



CUSTOMER ASSISTANCE  
**20% DISCOUNT  
 CARE APPLICATION**

Through the California Alternate Rates for Energy (CARE) program, SoCalGas® offers a 20 percent discount to eligible customers on their monthly gas bill. Eligible customers who are approved within 90 days after starting new gas service will also receive a \$15 discount on the Service Establishment Charge. The discount will be applied to the monthly gas bill following the date that the application is approved by SoCalGas. If you are a submetered tenant, your property owner/manager will be notified whether or not you are approved to receive the discount.

Please complete and return the following application by mail, fax, or apply online at **socalgas.com** (Search "CARE").

THERE ARE TWO WAYS TO QUALIFY			
PUBLIC ASSISTANCE PROGRAMS If you or another person in your household receives benefits from any of the following programs:	MAXIMUM HOUSEHOLD INCOME (Effective June 1, 2016 to May 31, 2017)		
	Number of Persons in Household	Total Annual Income*	
Medi-Cal/Medicaid	←OR→	1-2	\$32,040
Medi-Cal for Families A & B		3	\$40,320
Women, Infants, & Children (WIC)		4	\$48,600
CalWORKs (TANF) <sup>1</sup> / Tribal TANF		5	\$56,880
Head Start Income Eligible – Tribal Only		6	\$65,160
Bureau of Indian Affairs General Assistance		7	\$73,460
CalFresh (Food Stamps)		8	\$81,780
National School Lunch Program (NSLP)			
Low-Income Home Energy Assistance Program (LIHEAP)			
Supplemental Security Income (SSI)			
		For each additional household member, add \$8,320 *Includes current household income from all sources before deductions.	

<sup>1</sup>Includes Welfare-to-Work

**CONDITIONS FOR PARTICIPATION**

1) The natural gas bill must be in your name and the address must be your primary address. 2) You must not be claimed as a dependent on another person's income tax return other than your spouse. 3) You must recertify your application when requested. 4) You must notify SoCalGas within 30 days if you no longer qualify. 5) You may be asked to verify your eligibility for CARE.

**OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR:**

**Energy Savings Assistance Program:** Offers no-cost energy-saving home improvements such as attic insulation, low-flow showerheads, faucet aerators, door weather-stripping, caulking and minor home repairs to eligible income-qualified home-owners and renters. For more information, please call 1-800-331-7593.



**Medical Baseline:** Provides additional allowance of gas at a lower rate to customers with certain medical conditions. For more information, call 1-800-427-2200.

**Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the California Dept. of Community Services and Development at 1-866-675-6623.

**California Lifeline:** A discounted telephone access for customers meeting similar income guidelines to CARE. For more information, contact your local telephone service provider.

**FOR MORE INFORMATION ON CUSTOMER ASSISTANCE:**

English: 1-800-427-2200      한국어: 1-800-427-0471      中文: 1-800-427-1429  
 廣東話: 1-800-427-1420      Español: 1-800-342-4545      Việt: 1-800-427-0478  
 FAX: (213) 244-4665  
 Hearing Impaired (TDD/TTY): 1-800-252-0259 (available in English and Spanish only)

# 20% DISCOUNT CARE APPLICATION

PLEASE USE DARK BLUE OR BLACK INK ONLY

Please complete and return the application by mail, fax, or apply online at **socalgas.com** (Search "CARE").

**Mail to:** SoCalGas M.L. GT19A1, P.O. Box 3249 Los Angeles, CA 90051-1249 or **Fax to:** (213) 244-4665

ACCOUNT NUMBER/FACILITY I.D.

PLEASE PROVIDE YOUR ACCOUNT NUMBER OR FACILITY I.D. TO EXPEDITE PROCESSING.

CUSTOMER NAME (FIRST AND LAST AS IT APPEARS ON YOUR BILL)

ADDRESS

APT/SPACE #

CITY

HOME PHONE

EMAIL

## 1 Total number of persons in your household (include yourself, other adults, and children):

- 1    2    3    4    5    6    If more than 6:

## 2 Are you (or someone in your household) enrolled in any of the following assistance programs?

YES (If yes, please fill in the circle(s) ●)

- Medi-Cal/Medicaid: Under age 65
- Medi-Cal/Medicaid: 65 or older
- Medi-Cal for Families A&B
- Women, Infants and Children Program (WIC)
- CalWORKs (TANF) or Tribal TANF
- Head Start Income Eligible - Tribal Only
- Bureau of Indian Affairs General Assistance
- CalFresh (Food Stamps)
- National School Lunch Program (NSLP)
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Security Income (SSI)

NO If no, what is your yearly household income (before deductions, including all members of the household)?

- \$0 - \$32,040
- \$32,041 - \$40,320
- \$40,321 - \$48,600
- \$48,601 - \$56,880
- \$56,881 - \$65,160
- If more than \$65,160, enter the dollar amount here  
\$  ,  .00 per year.

### Please mark your sources of income

- Social Security
- SSP or SSDI
- Pensions
- Interest or dividends from savings, stocks, bonds, or retirement accounts
- Wages and/or profit from self employment
- Unemployment benefits
- Insurance or legal settlements
- Disability or workers compensation payments
- Spousal or child support
- Scholarships, grants, or other aid used for living expenses
- Rental or royalty income
- Cash or other income

## 3 Declaration Please read and sign below.

I state that the information I have provided in this application is true and correct. I agree to provide proof of CARE eligibility if asked. I agree to inform Southern California Gas Company (SoCalGas®) within 30 days if I no longer qualify to receive a discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that SoCalGas can share my information with other utilities or agents to enroll me in their assistance programs.

SIGNATURE:

DATE:  /  /