



A  Sempra Energy utility®

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:

Medi-Cal/Medicaid

Medi-Cal for Families A & B

Women, Infants, & Children (WIC)

CalWORKs (TANF)¹ / 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)

OR

¹Includes Welfare-to-Work

MAXIMUM HOUSEHOLD INCOME

(effective June 1, 2016 to May 31, 2017)

Number of Persons in Household	Total Annual Income*
1-2	\$32,040
3	\$40,320
4	\$48,600
5	\$56,880
6	\$65,160
7	\$73,460
8	\$81,780

For each additional household member, add \$8,320

*Includes current household income from all sources before deductions.

CONDITIONS FOR PARTICIPATION

1) The 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 low-income home-owners and renters. For more information, please call 1-800-331-7593.

**Energy Savings
.....
Assistance ProgramSM**

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.

2 (CONTINUED)

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: X

DATE: / /