

# **20% DISCOUNT**CARE APPLICATION

The California Alternate Rates for Energy (CARE) program, offers eligible SoCalGas® customers a 20 percent discount on their monthly natural gas bill. The discount will be applied to the monthly natural 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 SUBMIT A COMPLETED APPLICATION BY USING ONE OF THE METHODS LISTED BELOW:

- 1) Apply online at socalgas.com/care
- 2) Call 866-716-3452 anytime, 24 hours a day. Please have your SoCalGas account number ready.
- 3) Return the completed and signed form by mail or fax to 213-244-4665.

THERE ARE <b>TWO</b> WAYS TO QUALIFY								
PUBLIC ASSISTANCE PROGRAMS  The individual resident in the facility receives benefits from any of the following programs:	MAXIMUM HOUSE  (effective June 1, 2019  Number of Persons in Household	9 to May 31, 2020)						
Medi-Cal/Medicaid	1-2	\$33,820						
Medi-Cal for Families A & B	3	\$42,660						
Women, Infants, & Children (WIC)	1	\$51,500						
CalWORKs (TANF)¹ / Tribal TANF								
Head Start Income Eligible – Tribal Only	5	\$60,340						
Bureau of Indian Affairs General Assistance	6	\$69,180						
CalFresh (Food Stamps)	7	\$78,020						
National School Lunch Program (NSLP)		\$96.96N						
Low-Income Home Energy Assistance Program (LIHEAP)		\$86,860						
Supplemental Security Income	For each additional household member, add \$8,840 *Includes current household income from all sources before deductions.							
¹ Includes Welfare-to-Work								

#### **CONDITIONS FOR PARTICIPATION:**

1) You must meet the qualification requirements in the table above. 2) The natural gas bill must be in your name and the address must be your primary address. 3) You must not be claimed as a dependent on another person's income tax return other than your spouse. 4) You must recertify your application when requested. 5) You must notify SoCalGas within 30 days if you no longer qualify. 6) You must agree to verify your eligibility for CARE upon request.

## OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR:

#### HELP FOR YOUR HOME



Receive energy-saving home improvements at no cost that help you save money and make you more comfortable

Energy Savings
Assistance Program

socalgas.com/improvements 1-800-331-7593

#### **HELP FOR MEDICAL NEEDS**



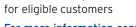
MEDICAL BASELINE ALLOWANCE
Get additional natural gas at the

lowest baseline rate if you have a serious health condition

socalgas.com/medical 1-866-431-3517

#### **HELP WITH YOUR PHONE**





For more information contact your telephone service provider

#### **HELP WITH YOUR BILL**



LOW INCOME HOME ENERGY ASSISTANCE

Bill payment assistance, emergency bill assistance and weatherization services

1-866-675-6623

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 this application by mail or fax.

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

CUSTOMER	CCOUNT									
ADDRESS CITY  1 To		MASTER ACCOUNT				.D.				
ADDRESS CITY  1 To										
1 To	R NAME (FIR	ST AND LAST	Γ AS IT APPEAF	RS ON YOUR E	BILL)					
1 To										
1 To									SPACE #	
1 To										
<b>2</b> Ar						PRIMARY PHONE				
<b>2</b> Ar								-	-	
<b>2</b> Ar	otal number	of nersons i	n your housel	oold (include	vourself o	ther ad	ults and	children).		
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<ul> <li>Medi-Cal for Families A&amp;B</li> <li>Women, Infants and Children Program (WIC)</li> <li>CalWORKs (TANF) or Tribal TANF</li> <li>Head Start Income Eligible - Tribal Only</li> <li>Bureau of Indian Affairs General Assistance</li> <li>CalFresh (Food Stamps)</li> <li>National School Lunch Program (NSLP)</li> </ul>					\$ \$ \$ \$ Plea.	\$33,821 - \$42,660 \$42,661 - \$51,500 \$51,501 - \$60,340 \$60,341 - \$69,180 If more than \$69,180, enter the dollar amount h \$				
					<ul> <li>Interest or dividends from savings, stocks,</li> </ul>				s, stocks, bonds,	
	Low Income Home Energy Assistance Program (LIHEAP)					or retirement accounts  Wages and/or salary				
	Supple	Supplemental Security Income					-	or saiary ent benefits		
								r legal settlements		
								workers compensation	on payments	
						O S <sub>I</sub>	pousal or c	child support		
							cholarships or living exp	s, grants, or other aid penses	used	
						○ R	ental or ro	yalty income		
						O C	ash, other	income, or profit fror	n self-employmen	
I st		formation I hav	e provided in this	as <sup>®</sup> ) within 30 d	ays if I no long	er qualify		roof of CARE eligibility it a discount. I understand	that if I receive the	