

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](http://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 TWO WAYS TO QUALIFY**

PUBLIC ASSISTANCE PROGRAMS The individual resident in the facility receives benefits from any of the following programs:	←OR→	MAXIMUM HOUSEHOLD INCOME (effective June 1, 2019 to May 31, 2020)	
		Number of Persons in Household	Total Annual Income*
Medi-Cal/Medicaid		1-2	\$33,820
Medi-Cal for Families A & B		3	\$42,660
Women, Infants, & Children (WIC)		4	\$51,500
CalWORKs (TANF) <sup>1</sup> / Tribal TANF		5	\$60,340
Head Start Income Eligible – Tribal Only		6	\$69,180
Bureau of Indian Affairs General Assistance		7	\$78,020
CalFresh (Food Stamps)		8	\$86,860
National School Lunch Program (NSLP)		*For each additional household member, add \$8,840 *Includes current household income from all sources before deductions.	
Low-Income Home Energy Assistance Program (LIHEAP)			
Supplemental Security Income			

<sup>1</sup> 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	<b>Energy Savings Assistance Program</b> <a href="http://socalgas.com/improvements">socalgas.com/improvements</a> 1-800-331-7593
HELP FOR MEDICAL NEEDS	HELP WITH YOUR PHONE	HELP WITH YOUR BILL
 <p><b>MEDICAL BASELINE ALLOWANCE</b> Get additional natural gas at the lowest baseline rate if you have a serious health condition <a href="http://socalgas.com/medical">socalgas.com/medical</a> 1-866-431-3517</p>	 <p><b>CALIFORNIA LIFELINE</b> Discounted telephone services for eligible customers For more information contact your telephone service provider</p>	 <p><b>LOW INCOME HOME ENERGY ASSISTANCE</b> Bill payment assistance, emergency bill assistance and weatherization services 1-866-675-6623</p>

# 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

**PLEASE PROVIDE YOUR MASTER ACCOUNT AND FACILITY ID TO EXPEDITE THE PROCESS.**

MASTER ACCOUNT

FACILITY I.D.

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

ADDRESS

SPACE #

CITY

PRIMARY PHONE

**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

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

- \$0 - \$33,820
- \$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 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 salary
- 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, other income, or profit from self-employment

**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 am 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:  /  /