



SoCalGasTM



Percentage of Income Payment Plan (PIPP)

To help residential customers manage and pay bills, the California Public Utilities Commission (CPUC) has approved the Percentage of Income Payment Plan (PIPP) pilot program to help reduce utility disconnections for non-payment of electric and natural gas bills. PIPP is a pilot program with limited availability. Not all eligible customers may be enrolled during the pilot timeframe.

When a qualifying customer enrolls in PIPP, their utility bill is capped at 4% of monthly household income for electricity and natural gas, with monthly bills not exceeding a certain amount.

How To Qualify

PIPP eligibility is limited to active residential customers enrolled in the California Alternative Rates for Energy (CARE) program and who either:

- 1 Reside in one of the zip codes with the highest rates of recurring disconnections
- OR**
- 2 Have been disconnected two or more times during the 12 months prior to the disconnection moratorium as set by the CPUC

Please Submit

Submit a completed application by using one of the methods listed below:


- 1 Visit socalgas.com/PIPP. Your request will be processed promptly.
- OR**
- 2 Return the completed and signed form by mail or fax.
Mail – PIPP Support Team, SoCalGas, P.O. Box 512670, Los Angeles, CA 90051-0670
Fax – ATTN: PIPP Support Team at 213-244-4665

Let's Get Started

On the following page, please enter your 11-digit Account Number, Address, and Zip Code so that we can validate your account and service address.

If you require any assistance during the application process, please contact us at 1-888-431-2226 or via email at scgprocessing@socalgas.com, and a representative will be glad to assist you.

INTAKE FORM

| | | |
|---|---|----------------|
|  | ACCOUNT NUMBER | 100 521 1200 3 |
| | SERVICE FOR | |
| | JOHN Q. PUBLIC | |
| | 1801 ATLANTIC BLVD MONTEREY PARK CA 91754-6135 | |



You can find your eleven digit account number on the top of your bill.

Example Data:

Account Number: 100 521 1200 3
 Address: 1801 Atlantic Blvd, Monterey Park, CA
 ZIP Code: 91754

1. Account Information (please print)

Account Number:

Service Address:

Zip / Postal Code:

2. Applicant Information

Customer Name (as it appears on bill):

Primary Phone: ()

Alternate Phone: ()

Email:

3. Mailing Address (if different from service address)

Is this a PO Box? ☐ Yes ☐ No

Street:

Unit:

Zip / Postal Code:

City:

State:

4. Annual Income Information

You may elect your appropriate bill cap tier based on your total annual household income.

TIER 1

| Persons in Family/Household | Poverty Guideline |
|---|-------------------|
| 1 | \$13,590 |
| 2 | \$18,310 |
| 3 | \$23,030 |
| 4 | \$27,750 |
| 5 | \$32,470 |
| 6 | \$37,190 |
| 7 | \$41,910 |
| 8 | \$46,630 |
| For families/households with more than 8 persons, add \$4,720 for each additional person. | |

CARE enrolled customers that meet the poverty guidelines in the chart may elect the **TIER 1** bill cap.

TIER 1 Individual PIPP Bill Cap: \$9

CARE enrolled customers outside of these poverty guidelines may elect the **TIER 2** bill cap.

TIER 2 Individual PIPP Bill Cap: \$29

Select Your Bill Cap Tier: ☐ Tier 1 ☐ Tier 2

State Your Income:

or Select Your Income Range:

- ☐ \$10,000 or less
 ☐ \$10,001 – \$20,000
 ☐ \$20,001 – \$30,000
 ☐ \$30,001 – \$40,000
- ☐ \$40,001 – \$50,000
 ☐ \$50,001 – \$60,000
 ☐ \$60,001 – \$70,000
 ☐ \$70,001 – \$80,000
- ☐ \$80,001 – \$90,000
 ☐ \$90,001 – \$100,000
 ☐ \$100,001 – \$110,000
 ☐ \$110,001 or more
- ☐ Not Sure

Occupancy Status: ☐ Homeowner ☐ Renter

Prior Year's Household Headcount (include yourself, other adults, and children):

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

5. Contact Information

Please provide your contact phone number and the best time for the PIPP Support Team to contact you.

Contact Phone Number:

Best Time to Call: ☐ Morning (8 a.m. – 12 p.m. pacific time) ☐ Afternoon (12 p.m. – 5 p.m. pacific time)

6. Program Awareness

To help us serve you better, please answer the following questions.

How did you hear about the PIPP program?

- ☐ Community Based Organization
 ☐ Email
 ☐ Friend
 ☐ SoCalGas Letter
- ☐ Other (please describe): _____

Have you participated in the Energy Savings Assistance Program?

- ☐ Yes, I have participated
☐ No, I have never participated
☐ Not sure

7. Documentation Guide

If you selected **TIER 2**, please skip to step 8.

If you selected **TIER 1**, please provide qualifying documentation from the sections below to verify program eligibility. If not provided during this application process, you will have 90 calendar days to provide qualifying documentation via mail or fax.

| If you receive: | Acceptable Documents: |
|--|---|
| Wages, Salary, Paychecks, Tips, Commissions | Copies of the two most recent consecutive pay stubs showing gross income, or W-2, or IRS 1040 form Federal Tax Form: Form 1040 and accompanying worksheets Schedule(s) 1, 2, 3, 4 or 5, or Form 2555, or Form W-2, or Form 1065 or Form 1099M for all wage earners |
| Social Security, SSI, SSDI, Workers Compensation | Statements of Benefits, Copy of the Check, Bank Statements showing the deposits, IRS Form 1040, or IRS Form 1099 |
| Unemployment Benefits | Copy of current check or printout from Employment Development Department |
| Pensions and Annuities | Copies of current check, annual statement from pension plan or bank statement showing direct deposit |
| Disability Compensation | Copy of current check, printout from agency or insurance company verifying the amount |
| Profit from Self-Employment | IRS Form 1040, plus Schedule C or C-EZ |
| Rental Income, Royalty Income | IRS Form 1040, plus Schedule E for rental income or Form 1065 |
| Interest/Dividends from Savings Accounts, Retirement Accounts, Stocks, Bonds | Monthly or quarterly statement of interest income from bank or agency, IRS Form 1040, or IRS Form 1099(s) |
| Insurance, Legal settlements | Settlement documents |
| Child and/or Spousal Support | Court Documents, or Copy of current check, or letter from spouse showing amount and frequency |
| Veteran's Benefits | A letter indicating receipt of Veteran's Pension or copy of V.A. check |

Documentation Guide *(Continued from page 3)*

| | |
|---|---|
| School Grants, Scholarships, or Other Aid | Award Letters, 2 most recent consecutive Pay Stubs, or copy of the check or financial statement of annual benefit from college, university, or bank |
| Support from an Individual | Copy of check and statement signed by person providing support showing amount and frequency |
| Bank Statement | Current bank statements showing deposits, etc. |
| Other sources of income | Documentation of other monies received by your household and used to pay your monthly bills |
| None of the Sources Above | A statement explaining the sources of income used to support your household |

8. Terms and Conditions

The information I have provided in this application is true and correct. I agree to provide proof of income, if asked. I agree to inform SoCalGas if I no longer qualify to receive the discount. I agree to allow SoCalGas to verify information that I provide.

If I move within the SoCalGas service territory and establish service at a new location, I agree to notify SoCalGas within 30 days. If I do not notify SoCalGas, I understand that I will be removed from the PIPP Pilot.

I authorize SoCalGas to share my information with third parties that assist in the enrollment or evaluation of the PIPP Pilot. The information that may be shared includes, without limitation, my name, address, email address, contact information, my energy usage, and enrollment in other utility energy savings, energy management or customer assistance programs.

☐ I agree to the terms and conditions of this program.

Signature: X

Date: / /



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