



20% Discount CARE APPLICATION

For Qualified Nonprofit Group Living Facilities
and Homekey (HK) Program Awardees

Application for California Alternate Rates for Energy (CARE) Program

The CARE program provides a 20% monthly discount on the natural gas bill of eligible nonprofit group living and Homekey Program facilities that meet the program criteria established by the California Public Utilities Commission (CPUC). The discounted rate is available to qualified facilities once SoCalGas receives and approves the application.

- Instructions:**
- 1 **Read** the information on pages 2 and 3. If you have questions, call SoCalGas at 1-800-427-2200.
 - 2 **Determine** if the facility meets the definition of a “qualified agricultural employee housing facility.” The facility **MUST** meet ALL criteria to qualify for the 20% monthly discount.
 - 3 **Complete** and **Submit** the entire application (please print). Complete a separate application for each qualified facility (including satellite facilities).
 - 4 **Attach** all required documents. Application will not be approved without all requested documentation.
 - 5 **Mail To:** SoCalGas
CARE Program
P.O. Box 3249
Los Angeles, CA 90051-1249



Eligible Facilities

Nonprofit Group Living Facilities:

If you are operating a women's shelter, homeless shelter, hospice, or a nonprofit group living facility, or a Homekey Awardee, your facility may be eligible to save on its monthly natural gas bill. Eligible group living facilities may include transitional housing (drug rehabilitation facilities, half-way houses), short-term or long-term care facilities (Homekey, hospice, nursing homes, senior's or children's homes), or group homes for physically or mentally disabled persons.

Facility Requirements

- Have tax-exempt status under Internal Revenue Code Section 501(c)(3).
- If Homekey Awardee, the account must be in the name of Homekey, a nonprofit funded by Homekey, or the public housing authority that owns or administers the facility.
- Use at least 70 percent of the facility's natural gas consumption for residential purposes.
- Recertify eligibility upon request to remain enrolled in the program.
- Use the CARE discount for the direct benefit of the facility's residents.
- Ensure that all of the facility's residents meet the CARE eligibility guidelines (as shown in the chart on page 3).

Satellite Facilities:

- A nonprofit group living facility may consist of a licensed primary facility and related non-licensed facilities at other locations (satellites).
- The primary facility must be licensed by the appropriate state agency or provide adequate proof of eligibility and meet all other CARE criteria.
- At least 70 percent of the natural gas used at the satellite facility must be for residential purposes.
- The primary licensed facility's name must appear as the customer-of-record on the natural gas bill for the satellite facility.

Facilities Not Eligible

- Group living facilities offering only a place to live and no other services.
- Nonprofit facilities providing social services only.
- Student housing/dorms, military barracks, fraternities/sororities, privately owned for-profit housing, and government-subsidized housing.
- Government-owned and/or government-operated facilities.

How to Qualify/Recertify For the CARE program

Approved facilities are required to recertify for the CARE program upon request. An application will be mailed when it is time to recertify. Facilities must include total savings from the prior year and information on how the discount was used for the direct benefit of the qualified residents.

There are **two** ways to qualify

Public Assistance Programs

If you or another person in your household participates in any of these programs:

- Medi-Cal/Medicaid
- Medi-Cal for Families A&B
- Women, Infants & Children (WIC)
- CalWORKs (TANF)¹ 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
- Supplemental Security Income

¹Includes Welfare-To-Work

← OR →

Maximum household income

effective June 1, 2025 to May 31, 2026

 Number of persons in household	1-2	\$42,300	 Total annual income*
	3	\$53,300	
	4	\$64,300	
	5	\$75,300	
	6	\$86,300	
	7	\$97,300	
	8	\$108,300	

Each additional person +\$11,000

*Current household income from all sources before deductions.

Qualification Requirements:

- Completed and signed application.
- A copy of IRS letter granting tax-exempt status of corporation operating the facility under Internal Revenue Code Section 501(c)(3).
- Group living facility must provide a copy of license from appropriate state agency, conditional use permit for each facility, OR other adequate proof of eligibility.
- If the account is in the name of Homekey, a nonprofit funded by Homekey, or the public housing authority that owns or administers the facility, please provide award letter or other adequate proof of eligibility.
- Each facility must meet the guidelines shown in one of the tables above.

Energy Savings Assistance ProgramSM

Energy Savings Assistance Program

You may also qualify for home improvement services at no cost.
Learn more at socalgas.com/Improvements.

For 20% CARE discount
please **FILL OUT** and **PRINT** pages 4 - 6

The Energy Savings Assistance Program is funded by California utility customers and administered by Southern California Gas Company under the auspices of the California Public Utilities Commission. Energy improvements completed under this program are made by third-party providers contracted by SoCalGas. Program funds, including any funds utilized for rebates or incentives, will be allocated on a first-come, first-served basis until such funds are no longer available. This program may be modified or terminated without prior notice. The selection, purchase, and ownership of goods and/or services are the sole responsibility of customer. SoCalGas makes no warranty, whether express or implied, including the warranty of merchantability or fitness for a particular purpose, of goods or services selected by customer. Customers who choose to participate in this program are not obligated to purchase any additional goods or services offered by contractor or any other third party. SoCalGas does not endorse, qualify, or guarantee the work of any contractor or other third party. Eligibility requirements apply; see the program conditions for details.

20% Discount CARE Application

Primary Facility Account Information (please print)

Name on natural gas bill:			Account number:		
Name of facility (if different from name on natural gas bill):					
Service address:			City:		State:
Mailing address:			City:		State:
Primary contact:			Email:		
Phone: ()			Fax: ()		

Type of Facility

<input type="checkbox"/> Group living facility, total number of residents at this facility:		Total number of residents who are qualified : (see Individual Eligibility Guidelines)	
<input type="checkbox"/> Hospice <input type="checkbox"/> Homeless shelter <input type="checkbox"/> Women's shelter <input type="checkbox"/> Homekey	Number of beds:		Number of days occupied each year:
Other:		Total number of residents at this facility:	
		Total number of residents who are qualified : (see Individual Eligibility Guidelines)	

Primary services offered by the facility

<input type="checkbox"/> Lodging <input type="checkbox"/> Meals <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Training <input type="checkbox"/> Counseling	Other:	
Is at least 70% of the natural gas used at the facility for residential purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does nonprofit corporation operation facility have a tax-exempt status under Internal Revenue Section 501(c)(3)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the facility government-owned or operated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Business License (Please attach a copy of the State-Issued License or other adequate proof of eligibility for each facility):		
Name on Conditional Use Permit (Please attach a copy of the Conditional Use Permit or other adequate proof of eligibility for each facility):		

All Qualified Satellite Facilities (if applicable)

Facility name:			Account number:		
Service address:			Satellite facility:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Group living facility Total number of residents at this facility:		Total number of residents who are qualified : (see Individual Eligibility Guidelines)			
<input type="checkbox"/> Hospice <input type="checkbox"/> Homeless shelter <input type="checkbox"/> Women's shelter	Number of beds:		Number of days occupied each year:		
Is at least 70% of the natural gas used at the facility for residential purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No					

20% Discount CARE Application

All Qualified Satellite Facilities (continued)

Facility name:			Account number:		
Service address:			Satellite facility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Group living facility	Total number of residents at this facility:		Total number of residents who are qualified : (see Individual Eligibility Guidelines)		
<input type="checkbox"/> Hospice	<input type="checkbox"/> Homeless shelter	<input type="checkbox"/> Women's shelter	Number of beds:		Number of days occupied each year:
Is at least 70% of the natural gas used at the facility for residential purposes?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Facility name:			Account number:		
Service address:			Satellite facility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Group living facility	Total number of residents at this facility:		Total number of residents who are qualified : (see Individual Eligibility Guidelines)		
<input type="checkbox"/> Hospice	<input type="checkbox"/> Homeless shelter	<input type="checkbox"/> Women's shelter	Number of beds:		Number of days occupied each year:
Is at least 70% of the natural gas used at the facility for residential purposes?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Certification of Eligibility

I certify, under penalty of perjury, under the laws of the State of California, that the information on this application is true and accurate. I am authorized by this facility to sign this application, and I have verified the income eligibility of all residents. I am responsible for the renewal of the facility's license from the appropriate State Licensing Department, or for the Conditional Use Permit, or to provide adequate proof of eligibility. I understand that SoCalGas may verify the accuracy of this information and confirm the direct benefit to the residents through random samplings. Errors in any information provided may cause the account(s) to be re-billed without the CARE discount. I authorize SoCalGas to share my information in order to remain eligible for available energy management assistance, and price reduction and residential rate programs with other utilities, state agencies and entities designated by the CPUC.

Authorized representative's name and title (please print):		
Authorized representative's signature:		Date:
Authorized representative's telephone number:		



Return to:
SoCalGas CARE Program
P.O. Box 3249, Los Angeles, CA 90051-1249