SoCalGas

Glad to be of service®

California Alternate Rates for Energy (CARE) Program

TO COMPLETE YOUR **ELIGIBILITY VERIFICATION**
PLEASE FILL OUT AND RETURN THIS FORM

Affidavit of Income

ACCOUNT HOLDER/HOUSEHOLD MEMBER INFORMATION

Customer/Tenant Name (as it appears on your bill):

Home Address:

Account/Facility Number:

Complete this form: To confirm your income status if you are paid in cash or if an adult member in your household has no income.

Adult Household Member Name	Income Status (Check all that apply)	Income Details	Household Member Signature
EXAMPLE: JOHN DOE	☐ I am paid in cash ☐ I receive other income (please explain) ☐ This adult household member has no sources of income	Type of income or work: Cash/Construction Estimated monthly amount: $3000	John Doe
1.	☐ I am paid in cash ☐ I receive other income (please explain) ☐ This adult household member has no sources of income	Type of income or work: Estimated monthly amount:	
2.	☐ I am paid in cash ☐ I receive other income (please explain) ☐ This adult household member has no sources of income	Type of income or work: Estimated monthly amount:	
3.	☐ I am paid in cash ☐ I receive other income (please explain) ☐ This adult household member has no sources of income	Type of income or work: Estimated monthly amount:	
4.	☐ I am paid in cash ☐ I receive other income (please explain) ☐ This adult household member has no sources of income	Type of income or work: Estimated monthly amount:	

SIGNATURE

By signing below, I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Print Customer's Full Names as on bill	Account Holder's Signature	Date

The CARE program is funded by California utility customers and administered by SoCalGas under the auspices of the California Public Utilities Commission. Program funds 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. Eligibility requirements apply; see the program conditions for details.