



# 20% DISCOUNT CARE APPLICATION

The California Alternate Rates for Energy (CARE) program offers eligible SoCalGas® customers a 20% discount on their monthly natural gas bill. The discount will be applied to the monthly bill following the date that the application is approved by SoCalGas.

**Please submit a completed application by using one of the methods listed below:**

- 1) Visit [myaccount.socalgas.com](https://myaccount.socalgas.com) or [socalgas.com/CARE](https://socalgas.com/CARE). Your request will be processed promptly.
- 2) Call 1-866-716-3452 anytime, 24 hours a day. Please have your account number ready.
- 3) Return the completed and signed form by mail or fax to (213) 244-4665.

**There are TWO ways to qualify:**

Assistance programs	← OR →	Maximum household income														
If you or another person in your household participates in any of these programs:		effective June 1, 2023 to May 31, 2024														
Medi-Cal/Medicaid		<div> Number of persons in household</div> <table><tr><td>1-2</td><td>\$39,440</td></tr><tr><td>3</td><td>\$49,720</td></tr><tr><td>4</td><td>\$60,000</td></tr><tr><td>5</td><td>\$70,280</td></tr><tr><td>6</td><td>\$80,560</td></tr><tr><td>7</td><td>\$90,840</td></tr><tr><td>8</td><td>\$101,120</td></tr></table> <div>Each additional person +\$10,280</div>	1-2	\$39,440	3	\$49,720	4	\$60,000	5	\$70,280	6	\$80,560	7	\$90,840	8	\$101,120
1-2	\$39,440															
3	\$49,720															
4	\$60,000															
5	\$70,280															
6	\$80,560															
7	\$90,840															
8	\$101,120															
Medi-Cal for Families A&B																
Women, Infants & Children (WIC)																
CalWORKs (TANF) <sup>1</sup> 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		<div> Total annual income*</div>														
Supplemental Security Income																
<sup>1</sup> Includes Welfare-To-Work		*Current household income from all sources before deductions.														

## 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 may be asked to verify your eligibility for CARE.

## Other programs and services you may qualify for:



## Help for your home

Energy-saving home improvements from authorized local contractors at no cost

### Energy Savings Assistance Program

[socalgas.com/Improvements](https://socalgas.com/Improvements)  
1-800-331-7593



## Help for medical needs

Medical Baseline Allowance Program offers additional natural gas at the lowest baseline rate for those with qualifying medical conditions.

[socalgas.com/Medical](https://socalgas.com/Medical)  
1-866-431-3517

## Help with your bill

### Low Income Home Energy Assistance

Utility bill assistance and weatherization services

**1-866-675-6623**

### Arrearage Management Plan

Past due bill forgiveness for qualified customers

[socalgas.com/Forgiveness](https://socalgas.com/Forgiveness) **1-800-427-2200**



## Help with your phone

### California Lifeline

Discounted telephone services for eligible customers

Learn more at [californialifeline.com](https://californialifeline.com)

English: 1-800-427-2200  
廣東話: 1-800-427-1420  
FAX: (213) 244-4665

한국어: 1-800-427-0471  
Español: 1-800-342-4545  
Hearing Impaired (TDD/TTY): 1-800-252-0259 (available in English and Spanish only)

中文: 1-800-427-1429  
Việt: 1-800-427-0478



socalgas.com

1 (800) 427-2200



