20% DISCOUNT CARE APPLICATION

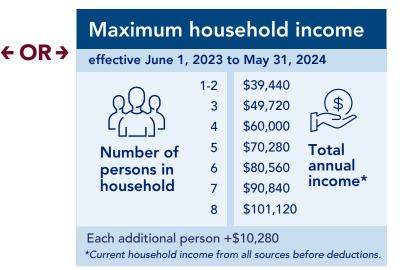
The California Alternate Rates for Energy (CARE) program offers eligible SoCalGas® customers a 20% discount on their monthly natural gas bill. The discount will be applied to the monthly bill following the date that the application is approved by SoCalGas.

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

- 1) Visit myaccount.socalgas.com or 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 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



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 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 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 1-800-427-2200

Help with your phone



California Lifeline

Discounted telephone services for eligible customers

Learn more at 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

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

Hearing Impaired (TDD/TTY): 1-800-252-0259 (available in English and Spanish only)





20% DISCOUNT CARE APPLICATION

Please use dark blue or black ink only

Please complete and return this application by mail, fax, or apply online at socalgas.com/CARE.

Mail to: SoCalGas CARE Program, P.O. Box 3249, Los Angeles, CA 90051-1249 or Fax to: (213) 244-4665

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) F	SS							APT/SPAC	`F #	
\ L								AF 1/3F AC	,L #	
						PRIMARY PHONE				
								-		
	Total number	of persons i	in your house	hold (include y	ourself, ot	her adults, and	children):			
	O 1	O 2	, () 3	O 4	O 5	O 6	O If more	than 6:		
	Are you (or so	omeone in y	your househo	ld) enrolled in	any of the	e following ass	istance progra	ms?		
	YES (If yes, please fill in the circle(s) ●)Medi-Cal/Medicaid: Under age 65					 NO (If no, what is your yearly household income be deductions, including all members of the household 				
	•					\$0 - \$39,440				
	Medi-Cal/Medicaid: 65 or older					\$39,441 - \$49,720 \$49,721 - \$60,000				
	 Medi-Cal for Families A&B 					\$60,001 - \$70,280				
	 Women, Infants and Children Program (WIC) 					\$70,281 - \$80,560				
	CalWORKs (TANF) or Tribal TANF					O If more than \$80,560, enter the dollar amount here				
						\$.00 per year.				
	Head Start Income Eligible - Tribal Only					Dloaco mark voi	ur sources of inc	omo		
	O Bureau	of Indian Aff	fairs General A	ssistance		 Social Securi 		onie		
	CalFresh	ı (Food Stan	nps)			SSP or SSDI	,			
	,					Pensions				
	National School Lunch Program (NSLP)						ividends from sa	vings, stocks, b	onds, c	
	 Low Income Home Energy Assistance Program (LIHE) 									
	Supplem	Supplemental Security Income			Wages and/or salaryUnemployment benefits					
			,				legal settlemen	ts		
							workers comper		ts	
						O Spousal or cl	•	, , , , , , , , , , , , , , , , , , , ,		
							, grants, or othe	r aid used		
						Rental or roy	alty income			
						Cash, other i	ncome, or profit	from self-emplo	oymen	