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:

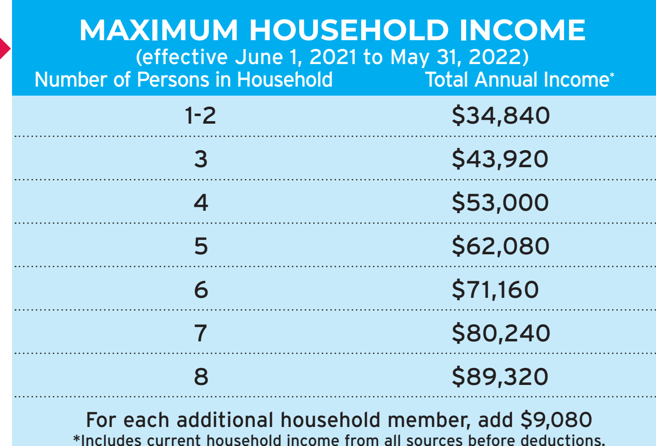
1) Visit **myaccount.socalgas.com** or **socalgas.com/CARE**. Your request will be processed promptly.
2) Call 1-866-716-3452 anytime, 24 hours a day. Please have your account number ready.
3) Return the completed and signed form by mail or fax to (213) 244-4665.

THERE ARE **TWO** WAYS TO QUALIFY

PUBLIC ASSISTANCE PROGRAMS If you or another person in your household receives benefits from any of the following programs:
Medi-Cal/Medicaid
Medi-Cal for Families A & B
Women, Infants, & Children (WIC)
CalWORKs (TANF)[1] / 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 (LIHEAP)
Supplemental Security Income

[1] Includes Welfare-to-Work

←OR→



MAXIMUM HOUSEHOLD INCOME (effective June 1, 2021 to May 31, 2022) Number of Persons in Household	Total Annual Income*
1-2	$34,840
3	$43,920
4	$53,000
5	$62,080
6	$71,160
7	$80,240
8	$89,320

For each additional household member, add $9,080

*Includes 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

Receive energy-saving home improvements at no cost that can help you save money and make you more comfortable

Energy Savings Assistance Program

socalgas.com/improvements
1-800-331-7593

HELP FOR MEDICAL NEEDS

MEDICAL BASELINE ALLOWANCE

Get additional natural gas at the lowest baseline rate if you have a serious health condition

socalgas.com/medical
1-866-431-3517

HELP WITH YOUR BILL

LOW INCOME HOME ENERGY ASSISTANCE

Bill payment and emergency bill assistance, weatherization services **1-866-675-6623**

ARREARAGE MANAGEMENT PLAN

Offers past due bill forgiveness to qualified customers **1-800-427-2200**

HELP WITH YOUR PHONE

CALIFORNIA LIFELINE

Discounted telephone services for eligible customers

For more information contact your telephone service provider

English: 1-800-427-2200
한국어: 1-800-427-0471
中文: 1-800-427-1429
廣東話: 1-800-427-1420
Español: 1-800-342-4545
Việt: 1-800-427-0478
FAX: (213) 244-4665
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 M.L. GT19A1, P.O. Box 3249 Los Angeles, CA 90051-1249 or **Fax to:** (213) 244-4665

ACCOUNT NUMBER

PLEASE PROVIDE YOUR ACCOUNT NUMBER TO EXPEDITE PROCESSING.

CUSTOMER NAME (FIRST AND LAST AS IT APPEARS ON YOUR BILL)

ADDRESS

APT/SPACE #

CITY

PRIMARY PHONE

1

Total number of persons in your household (include yourself, other adults, and children):

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

2

Are you (or someone in your household) enrolled in any of the following assistance programs?

○ **YES (If yes, please fill in the circle(s) ●)**

- ○ Medi-Cal/Medicaid: Under age 65
- ○ Medi-Cal/Medicaid: 65 or older
- ○ Medi-Cal for Families A&B
- ○ Women, Infants and Children Program (WIC)
- ○ CalWORKs (TANF) 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 (LIHEAP)
- ○ Supplemental Security Income

○ **NO (If no, what is your yearly household income before deductions, including all members of the household?)**

- ○ $0 - $34,840
- ○ $34,841 - $43,920
- ○ $43,921 - $53,000
- ○ $53,001 - $62,080
- ○ $62,081 - $71,160
- ○ If more than $71,160, enter the dollar amount here

$, .00 per year.

Please mark your sources of income

- ○ Social Security
- ○ SSP or SSDI
- ○ Pensions
- ○ Interest or dividends from savings, stocks, bonds, or retirement accounts
- ○ Wages and/or salary
- ○ Unemployment benefits
- ○ Insurance or legal settlements
- ○ Disability or workers compensation payments
- ○ Spousal or child support
- ○ Scholarships, grants, or other aid used for living expenses
- ○ Rental or royalty income
- ○ Cash, other income, or profit from self-employment

3

Declaration, Please read and sign below.

I state that the information I have provided in this application is true and correct. I agree to provide proof of CARE eligibility if asked. I agree to inform Southern California Gas Company (SoCalGas®) within 30 days if I no longer qualify to receive a discount. I understand that if I receive the discount without qualifying for it, I am required to pay back the discount I received. I understand that SoCalGas can share my information with other utilities or agents to enroll me in their assistance programs.

SIGNATURE: X

DATE: / /

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The CARE program is funded by California utility customers and administered by Southern California Gas Company 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.

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