# 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. If you are a submetered tenant, your property owner/manager will be notified whether or not you are approved to receive the discount.

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

- 1) Visit socalgas.com/CARE and apply as a submetered tenant.
- 2) Call 1-866-716-3452 anytime, 24 hours a day. Please have your Facility ID 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		Maximum household income				
If you or another person in your household participates in any of these programs:	←OR→	effective June 1, 2024 to May 31, 2025				
Medi-Cal/Medicaid 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		Number of persons in household	1-2 3 4 5 6 7 8	\$40,880 \$51,640 \$62,400 \$73,160 \$83,920 \$94,680 \$105,440		
Supplemental Security Income		Each additional person +\$10,760 *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.



#### Help for your home

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

Energy Savings Assistance Program

Low Income Home Energy

Utility bill assistance and

weatherization services.

Help with your bill

Assistance

1-866-675-6623

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

Help with your phone

**California Lifeline** 

for eligible customers.

californialifeline.com

Discounted telephone services

#### 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

English: 1-800-427-2200 廣東話: 1-800-427-1420 FAX: (213) 244-4665 **한국어**: 1-800-427-0471 中文: 1-800-427-1429 Español: 1-800-342-4545 Việt: 1-800-427-0478 Hearing Impaired (TDD/TTY): 1-800-252-0259 (available in English and Spanish only)



socalgas.com

1 (800) 427-2200

### **20% DISCOUNT CARE APPLICATION**

Pleas	se use dark	blue or b	lack ink or	nly.						
Please	e complete a	nd return t	his applicati	ion by mail	, fax, or app	ly online at	socalgas.com/CARE.			
MAIL	TO: SoCalGas	s CARE Pro	gram, P.O. I	Box 3249, L	os Angeles	CA 90051-12	249 or Fax to: (213) 244-4665			
Pleas	e provide yo	ur Master /	Account an	d Facility I	D to exped	lite the proc	cess.			
MASTE	ER ACCOUNT N	UMBER (FIR	ST 10 DIGITS)		FACILITY I.I	D.				
OLICTO										
CUSIC	) MER NAME (F	-IRST AND LA	AST AS IT APP	EARS ON YC	OUR BILL)			_		
								_		
ADDRE	ESS						APT/SPACE #	_		
CITY							PRIMARY PHONE	_		
								_		
1	Total numbe	er of person	is in your ho	usebold (in	clude vours	elf other ad	lults, and children):			
	0 1	0 2	0 3	0 4	0 5	0 6	If more than 6:			
		0 Z	0.5		0.5	00				
	Are you (or s	someone ir	ז your house	ehold) enro	olled in any	of the follov	ving assistance programs?			
	• YES (If yes	s. please fill	in the circle	(s) ●)	0 NO	(If no, what i	is your yearly household income before			
							uding all members of the household?)			
	O Medi-Ca	al/Medicald.	: Under age 6	5	0 9	\$0 - \$40,880				
Medi-Cal/Medicaid: 65 or older			0 9	○ \$40,881 - \$51,640						
	O Medi-Ca	al for Familie	es A&B			○ \$51,641 - \$62,400				
	O Womer	n. Infants an	d Children Pi	rogram (WI	()	\$62,401 - \$73,160				
					0	○ \$73,161 - \$83,920				
	O Calwol	RKS (IANF) (	or Tribal TAN	F		If more than \$83,920, enter the dollar amount here				
Head Start Income Eligible - Tribal Only			9	5	,00 per year.					
	O Bureau of Indian Affairs General Assistance				Ple	Please mark your sources of income				
<ul> <li>CalFresh (Food Stamps)</li> </ul>			0	Social Security						
			0	SSP or SSDI						
	National School Lunch Program (NSLP)			0	O Pensions					
			Energy Assis	stance		Interest or di retirement a	vidends from savings, stocks, bonds, or ccounts			
Program (LIHEAP)				<ul> <li>Wages and/or salary</li> </ul>						
	Suppler	mental Secu	urity Income			Unemploym				
					0	Insurance or	legal settlements			
					0	Disability or <b>v</b>	workers compensation payments			
						Spousal or ch				
						Scholarships, for living exp	, grants, or other aid used enses			
					0	Rental or roy	alty income			
					0	Cash, other ir	ncome, or profit from self-employment			
3	agree to inform it, I am required management as	nformation I ha SoCalGas within to pay back the ssistance, and p	ave provided in th n 30 days if I no e discount I rece	longer qualify t ived. I authorize	to receive a disc e SoCalGas to sl	ount. I understa nare my informa	ovide proof of CARE program eligibility if asked. I nd that if I receive the discount without qualifying fr tion in order to remain eligible for available energy is, state agencies and entities designated by the CPI			
	SIGNATURE:	λ								
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These programs are 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. These programs may be modified or terminated without prior notice.