

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
The individual resident in the facility 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



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 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 must agree to verify your eligibility for CARE upon request.

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	
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
 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

20% DISCOUNT CARE APPLICATION

PLEASE USE DARK BLUE OR BLACK INK ONLY.

Please complete and return this application by mail or fax.

Mail to: SoCalGas M.L. GT19A1, P.O. Box 3249 Los Angeles, CA 90051-1249 or **Fax to:** (213) 244-4665

PLEASE PROVIDE YOUR MASTER ACCOUNT AND FACILITY ID TO EXPEDITE THE PROCESS.

MASTER ACCOUNT

FACILITY I.D.

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

ADDRESS

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: / /