

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 natural gas 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 socialgas.com/CARE and apply as a submetered tenant.
- 2) Call 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 |



| MAXIMUM HOUSEHOLD INCOME | |
|--|----------------------|
| (effective June 1, 2020 to May 31, 2021) | |
| Number of Persons in Household | Total Annual Income* |
| 1-2 | \$34,480 |
| 3 | \$43,440 |
| 4 | \$52,400 |
| 5 | \$61,360 |
| 6 | \$70,320 |
| 7 | \$79,280 |
| 8 | \$88,240 |
| For each additional household member, add \$8,960 | |
| *Includes current household income from all sources before deductions. | |

¹ Includes Welfare-to-Work

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 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 socialgas.com/Improvements 1-800-331-7593 |
| HELP FOR MEDICAL NEEDS | HELP WITH YOUR PHONE | HELP WITH YOUR BILL |
| MEDICAL BASELINE ALLOWANCE Get additional natural gas at the lowest baseline rate if you have a serious health condition socialgas.com/Medical 1-866-431-3517 | CALIFORNIA LIFELINE Discounted telephone services for eligible customers For more information contact your telephone service provider | LOW INCOME HOME ENERGY ASSISTANCE Bill payment assistance, emergency bill assistance and weatherization services 1-866-675-6623 |

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

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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 - \$34,480
- \$34,481 - \$43,440
- \$43,441 - \$52,400
- \$52,401 - \$61,360
- \$61,361 - \$70,320
- If more than \$70,320, 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: / /