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May 14, 2013

Advice No. 4492
(U 904 G)

Public Utilities Commission of the State of California

Subject: Revision of the Income-Eligibility Guidelines, and Submission of Revised Application Forms and Instructions for the CARE Program

Southern California Gas Company (SoCalGas) hereby submits for filing with the California Public Utilities Commission (Commission) revisions to its Schedule No. G-CARE, California Alternate Rates for Energy (CARE) Program, and the associated tariff forms, applicable throughout its service territory, as shown on Attachment B.

Purpose

This filing revises SoCalGas' Schedule No. G-CARE and application forms and instructions to reflect the increased income-eligibility guidelines used to qualify individuals or households for the CARE program. This filing is made in compliance with Public Utilities (PU) Code Section 739.1(b)(1)¹ and Ordering Paragraph (OP) 3 of Resolution (Res.) E-3524, adopted February 19, 1998.²

Background

The Energy Division (ED) determined that, pursuant to Res. E-3524 and to the requirements of PU Code Section 739.1(b)(1), effective beginning with the 2012-2013 income guidelines update, it would use the Federal Poverty Guideline values and corresponding household size to

¹ The Commission shall establish a program of assistance to low-income electric and gas customers with annual household incomes that are no greater than 200 percent of the federal poverty guideline levels, the cost of which shall not be borne solely by any single class of customer. The program shall be referred to as the California Alternate Rates for Energy or CARE program. The Commission shall ensure that the level of discount for low-income electric and gas customers correctly reflects the level of need.

² Res. E-3524 authorizes the energy utilities to change the income-eligibility guidelines for the CARE program pursuant to a communication issued by the Director of the Energy Division by May 1st of each year, with tariff revisions to be filed and become effective June 1st of each year.

determine and update the annual CARE and Energy Savings Assistance (ESA) Programs' income limits in its income guidelines letter. The income limits for households with 1-2 persons were listed separately and no longer consolidated, and income limits were displayed for household sizes of 1-8 persons.

Effective beginning with the 2013-2014 income guidelines update, OP 88(b)(ii) of Decision (D.) 12-08-044 directed the ED, for the first time, to also include an approved updated list of categorical eligible programs in its income guidelines letter.

Pursuant to the letter dated April 1, 2013 from the Director of the ED, SoCalGas was provided with the new CARE and ESA Programs' income-eligibility levels to be effective from June 1, 2013 through May 31, 2014. The letter also indicated that the current list of categorical programs, as outlined in Appendix A of that document, should remain in effect until further notice. The letter further directs the energy utilities to file revised tariffs with the ED reflecting the new income levels by May 14, 2013.

Tariff Revisions

Included with this filing are the updated Schedule No. G-CARE and CARE application instructions and forms to reflect the revised income guidelines. This filing includes 11 application forms: qualified agricultural employee housing; qualified nonprofit group living facilities; general purpose bilingual direct mail; individually metered self-certification in 13 languages; individually metered self-recertification in five languages; bilingual form for the Capitation program; individually metered post-enrollment verification in five languages; sub-metered bilingual post-enrollment verification, sub-metered bilingual self-certification; sub-metered bilingual self-recertification; and bilingual bill insert.

Since the 2012-2013 list of categorical eligible programs remains unchanged with the 2013-2014 income guidelines update, as outlined in Appendix A of that document, no tariff revisions regarding the list are required. The updated Schedule No. G-CARE and CARE application instructions and forms for enrollment in the CARE and ESA Programs include the following list of categorical eligible programs: Medicaid; Medi-Cal; Healthy Families A&B; Women, Infants, and Children (WIC); CalWORKs/Temporary Assistance for Needy Families (TANF); Tribal TANF; Head Start Income Eligible (Tribal Only); Bureau of Indian Affairs General Assistance; CalFresh/Supplemental Nutrition Assistance Program (SNAP); National School Lunch Program (NSLP); Low-Income Home Energy Assistance Program (LIHEAP); and Supplemental Security Income (SSI).

Protest

Anyone may protest this Advice Letter (AL) to the Commission. The protest must state the grounds upon which it is based, including such items as financial and service impact, and should be submitted expeditiously. The protest must be made in writing and received within 20 days of the date of this AL, which is June 3, 2013. There is no restriction on who may file a protest. The address for mailing or delivering a protest to the Commission is:

CPUC Energy Division
Attention: Tariff Unit
505 Van Ness Avenue
San Francisco, CA 94102

A copy of the protest should also be sent via e-mail to the attention of the ED Tariff Unit (EDTariffUnit@cpuc.ca.gov). A copy of the protest should also be sent via both e-mail and facsimile to the address shown below on the same date it is mailed or delivered to the Commission.

Attn: Sid Newsom
Tariff Manager - GT14D6
555 West Fifth Street
Los Angeles, CA 90013-1011
Facsimile No. (213) 244-4957
E-mail: snewsom@SempraUtilities.com

Effective Date

SoCalGas believes that this filing is subject to ED disposition and should be classified as Tier 1 (effective pending disposition) pursuant to GO 96-B. In compliance with OP 3 of Res. E-3524, adopted February 19, 1998; PU Code Section 739.1(b)(1), and the April 1, 2013 notice from the ED, the tariff sheets filed herein are to be effective for service on and after June 1, 2013.

Notice

A copy of this advice letter is being sent to the parties listed on Attachment A, which includes the service lists for A.11-05-018 and R.08-07-011.

Rasha Prince
Director – Regulatory Affairs

Attachments

CALIFORNIA PUBLIC UTILITIES COMMISSION

ADVICE LETTER FILING SUMMARY ENERGY UTILITY

MUST BE COMPLETED BY UTILITY (Attach additional pages as needed)

Company name/CPUC Utility No. **SOUTHERN CALIFORNIA GAS COMPANY (U 904-G)**

Utility type:

ELC GAS
 PLC HEAT WATER

Contact Person: Sid Newsom

Phone #: (213) 244-2846

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EXPLANATION OF UTILITY TYPE

ELC = Electric GAS = Gas
 PLC = Pipeline HEAT = Heat WATER = Water

(Date Filed/ Received Stamp by CPUC)

Advice Letter (AL) #: 4492

Subject of AL: Revision of the Income-Eligibility Guidelines, and Submission of Revised Application Forms and Instructions for the CARE Program

Keywords (choose from CPUC listing): CARE; Forms

AL filing type: Monthly Quarterly Annual One-Time Other _____

If AL filed in compliance with a Commission order, indicate relevant Decision/Resolution #:

E-3524

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL: No

Summarize differences between the AL and the prior withdrawn or rejected AL: N/A

Does AL request confidential treatment? If so, provide explanation: No

Resolution Required? Yes No

Tier Designation: 1 2 3

Requested effective date: 6/1/13

No. of tariff sheets: 15

Estimated system annual revenue effect (%): N/A

Estimated system average rate effect (%): N/A

When rates are affected by AL, include attachment in AL showing average rate effects on customer classes (residential, small commercial, large C/I, agricultural, lighting).

Tariff schedules affected: G-CARE, Sample Forms, and TOCs

Service affected and changes proposed¹: N/A

Pending advice letters that revise the same tariff sheets: _____

Protests and all other correspondence regarding this AL are due no later than 20 days after the date of this filing, unless otherwise authorized by the Commission, and shall be sent to:

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¹ Discuss in AL if more space is needed.

ATTACHMENT A

Advice No. 4492

(See Attached Service List)

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SACRAMENTO, CA 95814-3577

ATTACHMENT B
Advice No. 4492

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
Revised 49144-G	Schedule No. G-CARE, CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM, Sheet 2	Revised 48174-G
Revised 49145-G	APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY (CARE) PROGRAM FOR QUALIFIED , AGRICULTURAL EMPLOYEE HOUSING (Form 6632-C, 06/12)	Revised 48177-G
Revised 49146-G	APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY PROGRAM FOR QUALIFIED NONPROFIT, GROUP LIVING FACILITIES (Form 6571-D, 06/12)	Revised 48178-G
Revised 49147-G	APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY PROGRAM - GENERAL PURPOSE, DIRECT MAIL (Form 6491-DM, 06/12)	Revised 48179-G
Revised 49148-G	SAMPLE FORMS: APPLICATIONS, Self- Certification CARE Application, Individually Metered Residential (Form 6491-D, 06/12)	Revised 48180-G
Revised 49149-G	SAMPLE FORMS: APPLICATIONS, Self- Recertification CARE Application, Individually Metered Residential (Form 6674-D, 06/12)	Revised 48181-G
Revised 49150-G	SAMPLE FORMS: APPLICATIONS, Capitation Program CARE Application, (Form 6491-2D, 06/12)	Revised 48182-G
Revised 49151-G	SAMPLE FORMS: APPLICATIONS, Post- Enrollment Verification CARE Application, Individually Metered Residential (Form 6675-D, 06/12)	Revised 48183-G
Revised 49152-G	SAMPLE FORMS: APPLICATIONS, Post- Enrollment Verification CARE Application, Sub- Metered Residential (Form 6675-DS, 06/12)	Revised 48184-G
Revised 49153-G	SAMPLE FORMS: APPLICATIONS, Self- Certification CARE Application, Submetered Residential (Form 6677-D, 06/12)	Revised 48185-G
Revised 49154-G	SAMPLE FORMS: APPLICATIONS, Self- Recertification CARE Application, Submetered	Revised 48186-G

ATTACHMENT B
Advice No. 4492

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
	Residential (Form 6678-D, 06/12)	
Revised 49155-G	APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY PROGRAM - BILL INSERT, (Form 6491-BI, 06/12)	Revised 48187-G
Revised 49156-G	TABLE OF CONTENTS	Revised 49141-G
Revised 49157-G	TABLE OF CONTENTS	Revised 48189-G
Revised 49158-G	TABLE OF CONTENTS	Revised 49143-G

Schedule No. G-CARE
CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

Sheet 2

(Continued)

SPECIAL CONDITIONS (Continued)

ALL CUSTOMERS (Continued)

4. Eligibility: A customer can qualify for the CARE discount by meeting either of the two eligibility requirements shown below:

- a. Income Eligibility: An income-qualified customer, submetered tenant, or facility resident has total annual gross household income from all sources that is no more than shown in the table below for the number of persons in the household. The combined income of all persons from all sources, both taxable and non-taxable, shall be no more than:

<u>Number of Persons In Household</u>	<u>Total Annual Household Income</u>
1	\$22,980
2	\$31,020
3	\$39,060
4	\$47,100
5	\$55,140
6	\$63,180
7	\$71,220
8	\$79,260

For households with more than six persons, add \$8,040 annually for each additional person living in the household. The above income levels are subject to change annually by the Commission.

- b. Categorical Eligibility: If the applicant or any person in the household receives benefits from any of the following programs: Medicaid; Medi-Cal; Healthy Families A&B; Women, Infant & Children (WIC); TANF; Tribal TANF; Head Start income Eligible - Tribal Only; Bureau of Indian Affairs General Assistance; Food Stamps (SNAP); National School Lunch Program (NSLP); Low Income Home Energy Assistance Program (LIHEAP); and Supplemental Security Income (SSI).

The applicant for the CARE discount must be the Utility's customer of record or a submetered tenant of a Utility customer.

No customer, submetered tenant, or facility resident claimed on another person's income tax return shall be eligible for this rate.

(Continued)

(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 4492
 DECISION NO.

ISSUED BY
Lee Schavrien
 Senior Vice President

(TO BE INSERTED BY CAL. PUC)
 DATE FILED May 14, 2013
 EFFECTIVE _____
 RESOLUTION NO. E-3524

APPLICATION FOR CALIFORNIA ALTERNATE RATES
FOR ENERGY (CARE) PROGRAM FOR QUALIFIED
AGRICULTURAL EMPLOYEE HOUSING (Form 6632-C, 06/13)

T

(See Attached Form)

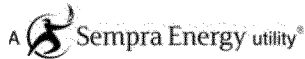
(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 4492
DECISION NO.

ISSUED BY
Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)
DATE FILED May 14, 2013
EFFECTIVE _____
RESOLUTION NO. E-3524



APPLICATION FOR 20% DISCOUNT
California Alternate Rates for Energy (CARE) Program
For Qualified Agricultural Employee Housing Facilities



INSTRUCTIONS

1. **PLEASE READ ALL** information and instructions before you complete, sign, and date this application. If you have questions, call 1-800-207-8567, Monday through Friday, 7:00 am-4:00 pm.
2. **DETERMINE** if the facility meets the definition of a qualified agricultural employee housing facility. The facility **MUST** meet **ALL** criteria to qualify for the 20% discount from the CARE Program.
3. **COMPLETE** the entire application (please print or type). Complete a separate application for each qualified facility (including satellite facilities).
4. **ATTACH** all required documents. (Application is considered incomplete without documents).
5. **MAIL to:** The Gas Company®
 CARE Program - ML 19A1
 PO Box 3249
 Los Angeles, CA 90051-1249

DISCOUNT

The CARE program provides a 20% discount off the utility bill for facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates, upon formal approval by the California Public Utilities Commission, are available to qualified facilities. The facility will receive the discount after the utility receives and approves the completed and signed application.

ELIGIBILITY CRITERIA FOR APPLICANT

Each applicant **MUST** meet all of the following criteria:

- ☐☐ Applicant must be the utility customer of record.
- ☐☐ Applicant must verify that 100% of the residents and/or households meet the current CARE eligibility shown below, excluding any employee operating or managing the facility who resides at the facility.

HOW TO QUALIFY FOR THE CARE DISCOUNT:

PUBLIC ASSISTANCE PROGRAMS:
<p style="text-align: center;">If another person in the household participates in any of these programs:</p> <p style="text-align: center;"> Medicaid or Medi-Cal Healthy Families A&B Women, Infants, & Children (WIC) CalWORKs (TANF) or Tribal TANF Head Start Income Eligible - Tribal Only Bureau of Indian Affairs General Assistance CalFresh / SNAP (Food Stamps) National School Lunch Program (NSLP) Low Income Home Energy Assistance Program Supplemental Security Income (SSI) </p>

OR

MAXIMUM HOUSEHOLD INCOME*:	
<i>(effective June 1, 2017 to May 31, 2018)</i>	
<small>*current household income from all sources before deductions</small>	
Number of Persons in Household	Total Annual Income
1	\$22,710
2	\$33,120
3	\$37,140
4	\$46,100
5	\$54,100
6	\$64,100
7	\$74,100
8	\$77,100
Each Additional Person	+\$1,100

- ☐☐ Applicant is required to certify CARE eligibility annually by completing a new application, including how the discount will be used in the first year for the direct benefit of the residents.

ELIGIBLE FACILITIES

Employee Housing (privately owned), as defined in section 17008 of the Health and Safety Code, that is licensed and inspected by state and/or local agencies pursuant to Part I (commencing with Section 17000) of Division 13.

☐☐ Supporting documentation required:

☒☒ Provide copy of current permit issued by the Department of Housing and Community Development.

☐☐ Total energy used must be 100% residential.

Housing for Agricultural Employees (non-migrant and operated by non-profit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code.

☐☐ Supporting documentation required:

☒☒ Provide current copy of federal 501(c) (3) tax exemption or copy of state tax exemption form, and current copy of local property tax exemption form.

☐☐ Total Energy used:

☒☒ Master-metered facilities must be 70% residential use.

☒☒ Individually metered units must be 100% residential use.

APPLICANTS RESPONSIBILITIES

The applicant is required to:

☐☐ Provide proof of facility's eligibility (see Eligible Facilities) and submit required documentation with the application (see requirements on the application).

☐☐ Verify that all individuals residing in the facility meet the CARE eligibility (see Eligibility Criteria for Applicant) and make a certification to that effect, under penalty of perjury, under the laws of the state of California.

☐☐ At annual recertification, show how the past year's discount was used and how the next year's discount is expected to be used for direct benefit of the residents.

☐☐ Maintain records of residents' CARE eligibility, which should come from federal tax return, payroll stubs or similar records acceptable to the utility. These records must be retained for three (3) years from the date of initial application and/or recertification.

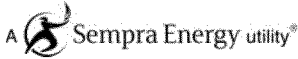
☐☐ Maintain accounting entries and supporting documentation of how the discount was used for the direct benefit of the residents. These records must be retained for three (3) years from the date of initial application and/or recertification.

☐☐ Upon request from the utility, provide documentation of the residents' CARE eligibility and/or documentation of how the discount was used for the direct benefit of the residents.

☐☐ Provide all information requested by the utility. Failure to do so will result in denial or removal from the program. The applicant may be subject to rebilling for the period they were ineligible for the discount as determined by the utility.



Application for 20% Discount California Alternate Rates for Energy (CARE) Program For Qualified Agricultural Employee Housing Facilities



If you have any questions: Call The Gas Company's CARE toll-free line at 1-800-207-8567, Monday through Friday, 7:00 a.m. to 4:00 p.m.

1 APPLICANT INFORMATION: (please type or print)

Name on Gas Bill _____

Name of Facility _____
(if different than on bill)

Account Number for This Facility                     

Service Address _____ City _____, CA Zip Code _____

Mailing Address _____ City _____, CA Zip Code _____
(if different)

Facility Contact _____
(who to contact if utility needs more information)

E-mail Address _____
(optional)

Daytime Phone (                                     ) _____ Fax (                     ) _____

2 FACILITY INFORMATION (check one)

***EMPLOYEE HOUSING (privately owned), as defined in Section 17008 of the Health and Safety Code, that is licensed and inspected in state and/or local agencies pursuant to part 1 of Division 13.

**HOUSING FOR AGRICULTURAL EMPLOYEES (non-migrant and operated by non profit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has received exemptions from local property taxes pursuant to subdivision (g) of the Revenue and Taxation Code.

FOR ALL FACILITIES (continued)

For recertification, I have provided information on how the discount was used for the direct benefit of the residents and I have documentation on file (if initial certification, leave blank). Yes No

I understand the utility reserves the right to request documentation on the eligibility of the residents and the use of the discount. Yes No

I understand the utility has the right to rebill me at the applicable rate if appropriate. Yes No

I understand if the facility(ies), or the residents, become(s) ineligible to received the discount, I must notify the utility within 30 days. Yes No

3 DECLARATION

By signing this application, I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and accurate. I have:

- Verified the CARE eligibility of all residents of the facility and/or households meet CARE eligibility guidelines.
- Documentation is available to substantiate the above.
- Verified that each facility meets the residential energy usage criteria.

Last year's discount was used for _____
IF INITIAL CERTIFICATION, LEAVE BLANK

This year's discount will be used for _____

By signing this application, I give my consent that the information provided by me may be shared with other energy utility companies (limited to name and address).

FOR ALL FACILITIES
Applicant is customer of record. Yes No

100% of residents and/or households meet CARE eligibility guidelines. Yes No

I have provided information on how the Discount for the coming year will be used to directly benefit the residents. Yes No

Authorized Representative's Name (please print or type) _____


Authorized Representative's Title _____


Authorized Representative's Signature _____


Date _____

4 FOR INDIVIDUAL FACILITIES OF THE SAME TYPE, ATTACH SEPARATE SHEET FOR MORE THAN FOUR (4) ADDRESSES:

Account Number: 
Service Address _____ City _____ CA Zip Code _____
Type of metering: Individually metered Master metered
Energy used for residential purpose: 100% At least 70%
Total number of residents (exclude on-site manager) _____
100% of residents and/or households meet CARE eligibility criteria Yes No

Account Number: 
Service Address _____ City _____ CA Zip Code _____
Type of metering: Individually metered Master metered
Energy used for residential purpose: 100% At least 70%
Total number of residents (exclude on-site manager) _____
100% of residents and/or households meet CARE eligibility criteria Yes No

Account Number: 
Service Address _____ City _____ CA Zip Code _____
Type of metering: Individually metered Master metered
Energy used for residential purpose: 100% At least 70%
Total number of residents (exclude on-site manager) _____
100% of residents and/or households meet CARE eligibility criteria Yes No

Account Number: 
Service Address _____ City _____ CA Zip Code _____
Type of metering: Individually metered Master metered
Energy used for residential purpose: 100% At least 70%
Total number of residents (exclude on-site manager) _____
100% of residents and/or households meet CARE eligibility criteria Yes No

APPLICATION FOR CALIFORNIA ALTERNATE RATES
FOR ENERGY PROGRAM FOR QUALIFIED NONPROFIT
GROUP LIVING FACILITIES (Form 6571-D, 06/13)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 4492
DECISION NO.

ISSUED BY
Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)
DATE FILED May 14, 2013
EFFECTIVE _____
RESOLUTION NO. E-3524



Glad to be of service.®

Application for California Alternate Rates For Energy (CARE) Program

For Qualified Nonprofit Group Living Facilities

The CARE Program provides a 20% discount on the utility bill for facilities that meet program criteria established by the California Public Utilities Commission (CPUC). The discounted rate is available only to qualified facilities once the utility receives and approves the application.

INSTRUCTIONS

1. **READ** the information on page 2. If you have questions, call The Gas Company® CARE Department at 1-800-207-8567.
2. **DETERMINE** if the facility meets the definition of a qualified nonprofit group living facility. The facility **MUST** meet **ALL** criteria to qualify for the 20% discount.
3. **COMPLETE** the entire application (please print or type). Nonprofit corporations must complete this application for all qualified satellites.
4. **ATTACH** all required documents. (Application is not considered complete without documents.)
5. **MAIL TO:** The Gas Company®
CARE PROGRAM
SOUTHERN CALIFORNIA GAS COMPANY
PO BOX 515005 ML GT19A1
LOS ANGELES CA 90099-9316

20% Discount

Terms and Conditions

California Alternative Rate Gas Program

Eligible Facilities

GROUP LIVING FACILITIES:

- ☐☐ Defined as transitional housing (such as drug rehabilitation or halfway houses), short-term or long-term care facilities (such as hospices, nursing home, children's or seniors' homes), group homes for physically or mentally challenged persons, or other nonprofit group living facilities.
- ☐☐ Corporation operating facility must have tax-exempt status under Internal Revenue Code Section 501(c)(3).
- ☐☐ Facility must be licensed by the appropriate state agency, such as the State Department of Social Services.
- ☐☐ Facility must provide service, such as meals or rehabilitation, in addition to lodging.
- ☐☐ 100% of residents must meet current CARE eligibility guidelines for a single-person household (see enclosed Eligibility Guidelines).
- ☐☐ At least 70% of the natural gas used at the facility must be for residential purposes.

HOMELESS SHELTERS, WOMEN'S SHELTERS, & HOSPICES:

- ☐☐ Corporation operating facility must have tax-exempt status under Internal Revenue Code Section 501(c)(3).
- ☐☐ Facility must have a Conditional Use Permit or provide adequate proof of eligibility.
- ☐☐ Facility must provide at least six (6) beds each day or night for a minimum of 180 days each year for persons who have no alternative residence.
- ☐☐ Primary function of facility must be to provide lodging.
- ☐☐ At least 70% of natural gas used at the facility must be for residential purposes.

SATELLITE FACILITIES:

- ☐☐ A nonprofit group living facility may consist of a licensed primary facility and related non-licensed facilities at other locations (satellites).
- ☐☐ The primary facility must be licensed by the appropriate state agency or provide adequate proof of eligibility and meet all other CARE criteria.
- ☐☐ At least 70% of the natural gas used at the satellite facility must be for residential purposes.
- ☐☐ The primary license facility's name must appear as the customer-of-record on the gas bill for the satellite facility.

Facilities Not Eligible

- ☐☐ Group living facilities offering only a place to live and no other services.
- ☐☐ Non-profit facilities providing social services only.
- ☐☐ Student housing/dorms, military barracks, fraternities/sororities, privately owned for-profit housing, and government-subsidized housing.
- ☐☐ Government-owned and/or government-operated facilities.

Application Requirements

- ☐☐ Completed and signed application.
- ☐☐ A copy of IRS letter granting tax-exempt status of corporation operating the facility under Internal Revenue Code Section 501(c)(3).
- ☐☐ Group living facility must also provide a copy of license from appropriate state agency, conditional use permit for each facility, OR other adequate proof of eligibility.

Recertification

Facilities receiving the discount are required to recertify every 2 years. To recertify, complete this application and provide:

- ┆ The amount of discount received in prior year, and
- ┆ An explanation of how the discount was used for the direct benefit of qualified residents.

CARE Department 1-800-207-8567 (English / Spanish)
Hearing Impaired (TDD/TTY) 1-800-252-0259 (English / Spanish)

FAX: 1-213-244-4665



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Application for 20% Discount

California Alternate Rates for Energy (CARE) Program
For Qualified Nonprofit Group Living Facilities

Primary Facility Account Information:

Name on Gas Bill	Name of Facility (if different from name on gas bill)	
Service Address	City	State
Mailing Address	City	State
Primary Contact		
Phone	FAX	
E-mail Address:	Account Number *****	

Type of Facility:

*** Group living facility:
Total Number of Residents at this Facility: _____ Total Number of Residents who are qualified: _____
(see Individual Eligibility Guidelines)

*** Hospice *** Homeless Shelter or *** Women's Shelter:
Number of Beds: _____ Number of Days Occupied Each Year: _____

*** Other: _____
Total Number of Residents at this Facility: _____ Total Number of Residents who are qualified: _____
(see Individual Eligibility Guidelines)

Primary Services Offered by Facility:

*** Lodging *** Meals *** Rehabilitation *** Training *** Counseling
*** Other: _____

Is at least 70% of the natural gas used at the facility for residential purposes?	Yes ***	No ***
Does nonprofit corporation operation facility have a tax-exempt status under Internal Revenue Section 501(c)(3)?	Yes ***	No ***
Is the facility government-owned or operated?	Yes ***	No ***

Name of Business License (Please attach a copy of the State-issued License or other adequate proof of eligibility for each facility)

Name on Conditional Use Permit (Please attach a copy of the Conditional Use Permit or other adequate proof of eligibility for each facility)

All Qualified Satellite Facilities (if applicable):

Facility Name	Satellite Facility?	
Service Address	Yes ***	No ***
Account Number	Yes ***	No ***
Group Living Facilities:	Total Number of Residents at this Facility:	Total Number of Residents who are qualified: (see Individual Eligibility Guidelines)
Hospice, Homeless Shelter, or Women's Shelter:	Number of Beds:	Number of Days Occupied Each Year:
Is at least 70% of the natural gas used at the facility for residential purposes?	Yes ***	No ***

(Continued on Back) *

Form 6571-D EN 1-1

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Please complete the following information for all qualified satellite facilities:

Facility Name _____

Service Address _____

Account Number _____ Satellite Facility? Yes No
 ***** **

Group Living Facilities: Total Number of Residents at this Facility: Total Number of Residents who are qualified :
 (see Individual Eligibility Guidelines)

Hospice, Homeless Shelter, or Women's Shelter: Number of Beds: Number of Days Occupied Each Year:

Is at least 70% of the natural gas used at the facility for residential purposes? Yes No
 *** **

Facility Name _____

Service Address _____

Account Number _____ Satellite Facility? Yes No
 ***** **

Group Living Facilities: Total Number of Residents at this Facility: Total Number of Residents who are qualified :
 (see Individual Eligibility Guidelines)

Hospice, Homeless Shelter, or Women's Shelter: Number of Beds: Number of Days Occupied Each Year:

Is at least 70% of the natural gas used at the facility for residential purposes? Yes No
 *** **

Facility Name _____

Service Address _____

Account Number _____ Satellite Facility? Yes No
 ***** **

Group Living Facilities: Total Number of Residents at this Facility: Total Number of Residents who are qualified :
 (see Individual Eligibility Guidelines)

Hospice, Homeless Shelter, or Women's Shelter: Number of Beds: Number of Days Occupied Each Year:

Is at least 70% of the natural gas used at the facility for residential purposes? Yes No
 *** **

Certification of Eligibility:

Return to:
 Southern California
 Gas Company
 CARE Program, MLGT12F1
 PO Box 515005
 Los Angeles, California
 90099-9316

I certify, under penalty of perjury, under the laws of the State of California, that the information on this application is true and accurate. I am authorized by this facility to sign this application, and I have verified the income eligibility of all residents.
 I am responsible for the annual renewal of the facility's license from the appropriate State Licensing Department, or for the Conditional Use Permit, or to provide adequate proof of eligibility. I understand that Southern California Gas Company may verify the accuracy of this information and confirm the direct benefit to the residents through random samplings. Errors in any information provided may cause the account(s) to be rebilled without the CARE discount.

Notice to customer: Signing this application allows The Gas Company to share your CARE information with other utilities, so that you may receive their discount, if applicable.

Authorized Representative's Name & Title (please print)

Authorized Representative's Signature Date

Authorized Representative's Telephone Number



A Sempra Energy utility®

CARE QUALIFICATIONS SOUTHERN CALIFORNIA GAS COMPANY

ENCLOSURE TO APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM FOR QUALIFIED NONPROFIT GROUP LIVING FACILITIES

The California Alternate Rates for Energy (CARE) program provides a 20% discounted rate on your gas bill.

PROGRAM QUALIFICATIONS

Each facility must meet all of the eligibility guidelines as shown on Southern California Gas Company Form Number 6571B and the CARE guidelines as shown below.

CARE QUALIFICATIONS

Individual Eligibility Guidelines

- ☐☐ Each resident's annual gross income does not exceed the amount shown OR receives benefits from any of the public assistance programs on the chart below.
- ☐☐ No resident can be claimed as a dependent on another person's State or Federal income tax form.

The following are the ways to qualify for the CARE discount:

PUBLIC ASSISTANCE PROGRAMS:

The individual resident in facility receives benefits from any of the following programs:

MAXIMUM HOUSEHOLD INCOME*:

Total yearly income for each resident in the facility cannot be more than the following:

OR

	Number of Persons	Total Yearly Individual Resident's Income In Facility Cannot Be More Than*
Medicaid or Medi-Cal		
Healthy Families A&B		
Women, Infants, & Children (WIC)	1	\$22,980
CalWORKs (TANF) or Tribal TANF	2	\$31,020
Head Start Income Eligible - Tribal Only	3	\$39,060
Bureau of Indian Affairs General Assistance	4	\$47,100
CalFresh / SNAP (Food Stamps)	5	\$55,140
National School Lunch Program (NSLP)	6	\$63,180
Low Income Home Energy Assistance Program	7	\$71,220
Supplemental Security Income (SSI)	8	\$79,260
	Each Additional Person	+\$8,040

*(effective June 1, 2013 to May 31, 2014)

WHAT COUNTS AS INCOME?

Total household income is all revenues, from all household members, from whatever sources derived, whether taxable or nontaxable, including, but not limited to: wages, salaries, interest, dividends, spousal and child support payments; public assistance payments, Social Security and pensions, rental income, income from self-employment, and all employment-related non-cash income.

If you have any questions, please call: 1-800-207-8567.

APPLICATION FOR CALIFORNIA ALTERNATE RATES
FOR ENERGY PROGRAM - GENERAL PURPOSE
DIRECT MAIL (Form 6491-DM, 06/13)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 4492
DECISION NO.

ISSUED BY
Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)
DATE FILED May 14, 2013
EFFECTIVE _____
RESOLUTION NO. E-3524



Southern
California
Gas Company



CARE 20 PERCENT DISCOUNT

Dear Customer,

Through our California Alternate Rates for Energy (CARE) program, Southern California Gas Company (SoCalGas®) offers a 20 percent discount for customers who meet certain requirements. This program is helping people save money every month, so perhaps it could help you, too.

To see if you qualify, check the requirements listed below. The income qualifications are based on current income for the total number of people living in your household. If you are recently unemployed, you may now be eligible for our CARE program. If you think you meet the requirements, just fill out the application on the back of this letter and mail it back to us in the postage-paid envelope provided. This application can also be completed online at socialgas.com (search "CARE").

If you do not qualify for the CARE program, but know someone who might, please share this with them.

HOW TO QUALIFY

PUBLIC ASSISTANCE PROGRAMS:

If you or another person in your household receives benefits from any of the following programs:

- Medi-Cal/Medicaid
- Healthy Families Categories A & B
- Women, Infants, & Children (WIC)
- CalWORKs (TANF) or Tribal TANF
- Head Start Income Eligible—Tribal Only
- Bureau of Indian Affairs General Assistance (BIA GA)
- CalFresh/SNAP (Food Stamps)
- National School Lunch Program (NSLP)
- Low-Income Home Energy Assistance Program (LIHEAP)
- Supplemental Security Income (SSI)

ffi OR ffi

MAXIMUM HOUSEHOLD INCOME:

(effective June 1, 2013 to May 31, 2014)

Number of Persons in Household	Total Annual Income
1	\$22,980
2	\$31,020
3	\$39,060
4	\$47,100
5	\$55,140
6	\$63,180
7	\$71,220
8	\$79,260
For each additional household member, add \$8,040	

* Includes current household income from all sources before deductions.

CONDITIONS FOR PARTICIPATION

- 1) The gas bill must be in your name and the address must be your primary address.
- 2) You may not be claimed as a dependent on another person's income tax return other than your spouse's.
- 3) You will need to recertify your application when requested.
- 4) You are required to notify SoCalGas within 30 days if you no longer qualify.
- 5) You may be asked to verify your eligibility for CARE.

SoCalGas is committed to creating ways to help our customers manage their energy use and save money. If you have any questions, or would like more information about our assistance programs, please visit socialgas.com (search "ASSISTANCE") or call 1-800-427-2200.

Sincerely,
Ted Humphrey
CARE Program Sr. Market Advisor



CARE APPLICATION

For a 20 Percent Discount

A Semptra Energy utility®

To qualify for the 20 percent discount, please complete the application form and return it to Southern California Gas Company (SoCalGas®). You will receive your discount once your completed, signed application is approved by SoCalGas.

NAME:

ADDRESS:

CITY/ZIP:

ACCOUNT #:

HOME PHONE: -

EMAIL:

PLEASE COMPLETE IN BLACK OR DARK BLUE INK. CORRECT WAY TO MARK CIRCLES: ●

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

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

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

YES (if yes, mark the program(s) of participation)

- Medi-Cal/Medicaid: Under Age 65
- Medi-Cal/Medicaid: 65 or older
- Healthy Families Categories A & B
- Women, Infants and Children Program (WIC)
- CalWORKs (TANF) or Tribal TANF
- CalFresh/SNAP (Food Stamps)
- Low-Income Home Energy Assistance Program (LIHEAP)
- Supplemental Security Income (SSI)
- National School Lunch Program (NSLP)
- Bureau of Indian Affairs General Assistance (BIA GA)
- Head Start Income Eligible - Tribal Only

NO

What is your yearly household income (before deductions, including all members of the household)?

- \$0 – \$22,980
- \$22,981 – \$31,020
- \$31,021 – \$39,060
- \$39,061 – \$47,100
- \$47,101 – \$55,140
- If more than \$55,140, 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 Profit from Self-Employment
- 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 or Other Income

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 SoCalGas if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be 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: / /

Mail this application in the postage-paid envelope provided to:

SOUTHERN CALIFORNIA GAS COMPANY CARE PROGRAM
M.L. GT19A1, PO Box 515005, Los Angeles CA 90099-9316

Southern California Gas Company – Source Code



CARE 20 POR CIENTO DE DESCUENTO



Estimado Cliente:

Por medio de nuestro programa Tarifas Alternas para Energía de California (CARE), Southern California Gas Company (SoCalGas®) ofrece un 20 por ciento de descuento a los clientes que reúnen ciertos requisitos en el hogar. Este programa está ayudando a personas a ahorrar dinero mensualmente, así que tal vez le podría ayudar a usted también.

Para saber si califica, revise los requisitos que se presentan a continuación. Los requisitos de ingreso se basan en el ingreso total actual del número de personas que viven en su hogar. Si usted está recientemente desempleado, usted ahora puede tener derecho al programa CARE. Si usted cree que califica, entonces sólo llene la solicitud detrás de esta carta y envíenosla por correo en el sobre con timbre pagado por adelantado. Esta solicitud también puede ser llenada por Internet en socialgas.com/espanol (busque la palabra clave "CARE").

Si no reúne los requisitos del programa CARE, pero conoce alguien que tal vez califique, por favor comparta esta información con ellos.

COMO PUEDE CALIFICAR

PROGRAMAS DE ASISTENCIA PÚBLICA:

Si usted u otra persona que vive en su hogar recibe beneficios de cualquiera de los siguientes programas:

- Medi-Cal/Medicaid
- Healthy Families Categories A & B
- Programa de mujeres, infantes y niños (WIC)
- CaWORKs (TANF) o TANF tribal
- Elegible para ingreso de Ventaja Inicial – Solamente tribal
- Agencia de Asuntos Indios, Asistencia General (BIA GA)
- CalFresh/SNAP (Food Stamps/Estampillas para comida)
- National School Lunch Program (NSLP)
- Programa de Asistencia con la Energía Doméstica para Hogares de Bajos Ingresos (LIHEAP)
- Ingreso Suplementario del Seguro Social (SSI)



INGRESO MÁXIMO EN EL HOGAR:

(en vigor del 1 de junio de 2013 al 31 de mayo de 2014)

Número de personas en el hogar	Ingreso total anual*
1	\$22,980
2	\$31,020
3	\$39,060
4	\$47,100
5	\$55,140
6	\$63,180
7	\$71,220
8	\$79,260

Por cada miembro adicional en el hogar, añada \$8,040

* Incluye los ingresos actuales del hogar de todas las fuentes de ingreso antes de deducciones.

CONDICIONES PARA PARTICIPAR

- 1) La factura de gas debe estar a su nombre y la dirección debe ser su domicilio principal.
- 2) No puede aparecer como dependiente en la declaración de impuestos sobre el ingreso de otra persona que no sea su cónyuge.
- 3) Debe volver a acreditar su elegibilidad para CARE siempre que se lo soliciten.
- 4) Debe notificar a SoCalGas dentro de un plazo de 30 días si deja de ser apto para el programa.
- 5) Puede solicitarse que verifique su elegibilidad para CARE.

SoCalGas se compromete a crear maneras de ayudar a nuestros clientes manejar su consumo de energía y ahorrar dinero. Si tiene preguntas o quisiera más información acerca de nuestros programas de asistencia, por favor visite socialgas.com/espanol (busque la palabra clave "ASISTENCIA") o llámenos al 1-800-342-4545.

Atentamente,
Ted Humphrey
Gerente del programa CARE



SOLICITUD CARE PARA UN 20 Por Ciento de Descuento



Para tener derecho al 20 por ciento de descuento, por favor llene el formulario de solicitud y regréselo a Southern California Gas Company (SoCalGas®). Recibirá su descuento una vez que su solicitud llena y firmada sea aprobada por SoCalGas.

NOMBRE: _____

DOMICILIO: _____

CUIDAD/ZIP: _____

TELÉFONO DE CASA: - -

NO. DE CUENTA: _____

CORREO ELECTRÓNICO:

POR FAVOR DE COMPLETAR EN TINTA NEGRA O AZUL OSCURA. FORMA CORRECTA DE MARCAR LOS CÍRCULOS: ●

Número total de personas que viven en su hogar (inclúyase usted, otros adultos y niños):

1 2 3 4 5 6 7 u más de 6:

¿Está usted (o alguien que vive en su hogar) inscrito en alguno de los siguientes programas de asistencia?

SI (Si su respuesta es afirmativa, marque el/los programa/s de participación)

- Medi-Cal/Medicaid: menor de 65 años
- Medi-Cal/Medicaid: 65 años o más
- Healthy Families Categories A & B
- Programa para Mujeres, Infantes y Niños (WIC)
- CaWORKs (TANF) o TANF Tribal
- CalFresh/SNAP (Estampillas para comida)
- Programa de Asistencia con la Energía Doméstica para Hogares de Bajos Ingresos (LIHEAP)
- Ingreso Suplementario del Seguro Social (SSI)
- National School Lunch Program (NSLP)
- Agencia de Asuntos Indios, Asistencia General (BIA GA)
- Asistencia General Elegible para Ingreso de Ventaja Inicial - Solamente tribal

NO

¿Cuál es el ingreso anual de su hogar (antes de deducciones, incluyendo a todos los miembros del hogar)?

\$0 – \$22,980 \$22,981 – \$31,020 \$31,021 – \$39,060 \$39,061 – \$47,100 \$47,101 – \$55,140

Si es más de \$55,140, escriba la suma anual: \$, .00

Por favor marque sus fuentes de ingreso:

- Seguro Social
- Salarios y/o ingresos de autoempleo
- Pension conyugal o alimenticia
- SSP o SSDI
- Beneficios de desempleo
- Becas, subvenciones u otra ayuda usada para sufragar el costo de la vida
- Pensiones
- Pagos de pólizas de seguro o convenios judiciales
- Ingresos por alquiler o regalías
- Intereses o dividendos de cuentas de ahorro, acciones, bonos o cuentas para el retiro
- Pagos por incapacidad o indemnización para los trabajadores
- Dinero en efectivo y/u otros ingresos

Declaración: Por favor lea y firme abajo.

Declaro que la información que proporcioné en este formulario de solicitud es verdadera y correcta. Si se me solicita, convengo en presentar comprobantes de que reúno los requisitos de CARE. Convengo en informar a SoCalGas si dejo de calificar para recibir el descuento. Entiendo que, si recibo el descuento sin tener derecho al mismo, se me puede exigir la devolución del descuento recibido. Entiendo que SoCalGas puede compartir mis datos con otras empresas de servicios públicos o agentes para inscribirme en sus programas de asistencia.

FIRMA: X

FECHA: / /

Envíe ésta solicitud por correo en el sobre con timbre pagado por adelantado a:

SOUTHERN CALIFORNIA GAS COMPANY CARE PROGRAM

M.L. GT19A1, PO Box 515005, Los Angeles CA 90099-9316

Southern California Gas Company – Source Code

SAMPLE FORMS: APPLICATIONS
Self-Certification CARE Application
Individually Metered Residential (Form 6491-D, 06/13)

T

(See Attached Form)

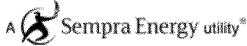
(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 4492
DECISION NO.

ISSUED BY
Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)
DATE FILED May 14, 2013
EFFECTIVE _____
RESOLUTION NO. E-3524



20% DISCOUNT CARE APPLICATION



The Gas Company's California Alternate Rates for Energy (CARE) program provides a 20% discount on the monthly gas bill for eligible households. Those who qualify and are approved within 90 days of starting new gas service will also receive a \$15 discount on the Service Establishment Charge. The discount will be applied once your completed and signed application is approved by The Gas CompanySM.

Please complete and return the application by mail, fax, or apply online at socialgas.com (Search "CARE")

HOW TO QUALIFY FOR THE CARE DISCOUNT:

PUBLIC ASSISTANCE PROGRAMS:
If you or someone in your household participates in any of these programs:
<ul style="list-style-type: none"> Medicaid or Medi-Cal Healthy Families A&B Women, Infants, & Children (WIC) CalWORKs (TANF) or Tribal TANF Head Start Income Eligible - Tribal Only Bureau of Indian Affairs General Assistance CalFresh / SNAP (Food Stamps) National School Lunch Program (NSLP) Low Income Home Energy Assistance Program Supplemental Security Income (SSI)

OR

MAXIMUM HOUSEHOLD INCOME*: <i>(effective June 1, 2013 to May 31, 2014)</i>	
*current household income from all sources before deductions	
Number of Persons in Household	Total Annual Income
1	\$22,980
2	\$31,020
3	\$39,060
4	\$47,100
5	\$55,140
6	\$63,180
7	\$71,220
8	\$79,260
Each Additional Person	+\$8,040

CONDITIONS FOR PARTICIPATION

The gas bill must be in your name and the address must be your primary address. / You must not be claimed as a dependent on another person's income tax return other than your spouse. / You must recertify your application when requested. / You must notify The Gas Company within 30 days if you no longer qualify. / You may be asked to verify your eligibility for CARE.

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR:

Energy Savings Assistance Program: Offers no-cost energy-saving home improvements such as ceiling insulation, door weather-stripping, caulking and minor home repairs to eligible low-income home-owners and renters. For more information, please call 1-800-331-7593.



Medical Baseline: Provides additional allowance of gas at a lower rate to customers with certain medical conditions. For more information, call 1-800-427-2200.

LIHEAP: Low Income Home Energy Assistance Program provides bill payment assistance, emergency bill assistance and weatherization services. Call the California Dept. of Community Services and Development at 1-866-675-6623.

California Lifeline: A discounted telephone access for customers meeting similar income guidelines to CARE. For more information, contact your local telephone service provider.

FOR MORE INFORMATION ON CUSTOMER ASSISTANCE:

English: 1-800-427-2200 Mandarin: 1-800-427-1429 Spanish: 1-800-342-4545
 Korean: 1-800-427-0471 Cantonese: 1-800-427-1420 Vietnamese: 1-800-427-0478
 Hearing Impaired (TDD/TTY): 1-800-252-0259 (available in English and Spanish only)
 FAX: (213) 244-4665



A Sempra Energy utility

CARE 20% Rate Discount Application

Please use DARK ink and print clearly to ensure proper processing

Correct way to mark circles: -

Form 6491-D EN (06/13)

THE GAS COMPANY
CARE PROGRAM, ML GT19A1
PO BOX 3249
LOS ANGELES, CA 90051-1249

1

Customer Name
(as it appears on your bill):

Home Address
(street, city, zip):

Account Number:

Phone Number:

E-mail:

2

Total # of adults and children in your household: 1 2 3 4 5 6 If more than 6:

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

YES (If yes, mark the program(s) of participation)

- | | |
|---|---|
| <input type="checkbox"/> Medi-Cal / Medicaid: Under Age 65 | <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) |
| <input type="checkbox"/> Medi-Cal / Medicaid: 65 or older | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Healthy Families Categories A & B | <input type="checkbox"/> National School Lunch Program (NSLP) |
| <input type="checkbox"/> Women, Infants, and Children Program (WIC) | <input type="checkbox"/> Bureau of Indian Affairs General Assistance (BIA GA) |
| <input type="checkbox"/> CalWORKs (TANF) or Tribal TANF | <input type="checkbox"/> Head Start Income Eligible - Tribal Only |
| <input type="checkbox"/> CalFresh / SNAP (Food Stamps) | |

NO

What is your yearly household income (before deductions, including all members of the household)?

\$0 - \$22,980 \$22,981 - \$31,020 \$31,021 - \$39,060 \$39,061 - \$47,100 \$47,101 - \$55,140

If more than \$55,140, enter amount here: \$ per year

Please mark your sources of income:

- | | | |
|---|--|--|
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Wages and/or Profit from Self Employment | <input type="checkbox"/> Spousal or Child Support |
| <input type="checkbox"/> SSP or SSDI | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Scholarships, grants, or other aid used for living expenses |
| <input type="checkbox"/> Pensions | <input type="checkbox"/> Insurance or Legal Settlements | <input type="checkbox"/> Rental or Royalty Income |
| <input type="checkbox"/> Interest or Dividends from: Savings, Stocks, Bonds, or Retirement Accounts | <input type="checkbox"/> Disability or Workers Compensation Payments | <input type="checkbox"/> Cash or Other Income |

3

Do you agree to the following? 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 The Gas Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that The Gas Company can share my information with other utilities or agents to enroll me in their assistance programs.

Signature: **X**

Date:



FORMULARIO DE SOLICITUD PARA EL DESCUENTO CARE DEL 20%

EL PROGRAMA DE TARIFAS ALTERNAS PARA ENERGÍA EN CALIFORNIA

El programa de Tarifas Alternas para Energía en California (CARE) de The Gas Company ofrece un descuento del 20% en la factura mensual de gas a los hogares que reúnen los requisitos. Aquellos que califiquen y sean aprobados en un término de 90 días a partir del inicio de su nuevo servicio de gas también recibirán un descuento de \$15 en el Cargo de Conexión de Servicio (*Service Establishment Charge*). El descuento se aplicará una vez que el formulario de solicitud debidamente llenado y firmado haya sido aprobado por The Gas CompanySM.

Por favor, complete y envíe la solicitud por correo, fax, o visite socialgas.com/español (busque la palabra clave "CARE").

CÓMO CALIFICAR PARA EL DESCUENTO CARE:

PROGRAMAS DE ASISTENCIA PÚBLICA:
Si usted o alguien que vive en su hogar participa en cualquiera de estos programas:
Medicaid / Medi-Cal
Healthy Families Categorías A & B
Programa para Mujeres, Infantes, y Niños (WIC)
CalWORKs (TANF) o TANF Tribal
CalFresh / SNAP (Estampillas para Comida)
Programa de Asistencia con la Energía Doméstica para Hogares de Bajos Ingresos (LIHEAP)
Ingreso Suplementario del Seguro Social (SSI)
National School Lunch Program (NSLP)
Agencia de Asuntos Indios, Asistencia General (BIA GA)
Asistencia General Elegible para Ingreso de Ventaja Inicial - solamente tribal

INGRESO MÁXIMO EN EL HOGAR: (en vigor del 1 de junio de 2013 al 31 de mayo de 2014) *ingreso actual en el hogar de todas las fuentes antes de deducciones	
Número de personas en el hogar	Ingreso total anual
1	\$22,980
2	\$31,020
3	\$39,060
4	\$47,100
5	\$55,140
6	\$63,180
7	\$71,220
8	\$79,260
Cada personal adicional	+\$8,040

CONDICIONES PARA PARTICIPAR

La factura de gas debe estar a su nombre y la dirección debe ser su domicilio principal. / No debe aparecer como dependiente en la declaración de impuestos de otra persona que no sea su cónyuge. / Debe recertificar su solicitud cuando se le solicite. / Debe notificar a The Gas Company en un término de 30 días si deja de calificar. / Tal vez se le pida comprobar que reúne los requisitos para CARE.

OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE TAL VEZ CALIFIQUE:

Energy Savings Assistance Program: un programa de eficiencia energética para clientes de bajos recursos, ofrece mejoras gratuitas que ahorran energía en el hogar, tales como aislamiento de techo, colocación de burletes para puertas, enmasillado y reparaciones menores a la casa. Para más información, llame al 1-800-331-7593.



Asignación Médica Inicial (Medical Baseline): Provee asignación adicional de gas a una tarifa menor a los clientes con ciertas afecciones. Para más información, llame al 1-800-342-4545.

LIHEAP: El Programa de Ayuda Energética para Hogares de Bajos Recursos ofrece asistencia para el pago de facturas, asistencia de emergencia para el pago de facturas y protección de la casa contra los agentes atmosféricos. Llame al Departamento de Servicios a la Comunidad al 1-866-675-6623.

California Lifeline: Acceso telefónico a precios de descuento para los clientes que reúnan requisitos de ingreso similares a los del programa CARE. Para más información, llame al proveedor de servicio telefónico de su localidad.

PARA MÁS INFORMACIÓN ACERCA DE ASISTENCIA AL CLIENTE:

Inglés: 1-800-427-2200

Mandarín: 1-800-427-1429

Español: 1-800-342-4545

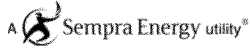
Coreano: 1-800-427-0471

Cantonés: 1-800-427-1420

Vietnamita: 1-800-427-0478

Para clientes con limitaciones auditivas (TDD/TTY): 1-800-252-0259 (disponible en inglés y español únicamente)

Fax: (213)244-4665



Formulario de solicitud para la tarifa CARE del 20% de descuento

Form 6491-D SP (06/13)

THE GAS COMPANY
CARE PROGRAM, ML GT19A1
PO BOX 3249
LOS ANGELES, CA 90051-1249

Por favor use tinta OSCURA y escriba claramente con letra de molde para asegurar el procesamiento apropiado

Forma correcta de marcar los círculos: -

1

Nombre del cliente (tal como aparece en su factura):	
Domicilio:	
Número de cuenta:	
Teléfono:	
Correo electrónico:	<input type="text"/>

2

Número total de adultos y niños que viven en su hogar: 1 2 3 4 5 6 si más de 6:

¿Está usted (o alguien que vive en su hogar) inscrito en alguno de los siguientes programas de asistencia?

Sí

<ul style="list-style-type: none"> Medi-Cal / Medicaid: menor de 65 años Medi-Cal / Medicaid: 65 años o más Healthy Families Categorías A & B Programa para Mujeres, Infantes, y Niños (WIC) CalWORKs (TANF) o TANF Tribal CalFresh / SNAP (Estampillas para Comida) 	<ul style="list-style-type: none"> Programa de Asistencia con la Energía Doméstica para Hogares de Bajos Ingresos (LIHEAP) Ingreso Suplementario del Seguro Social (SSI) National School Lunch Program (NSLP) Agencia de Asuntos Indios, Asistencia General (BIA GA) Asistencia General Elegible para Ingreso de Ventaja Inicial - solamente tribal
--	--

No

¿Cuál es el ingreso anual de su hogar (antes de deducciones, incluyendo a todos los miembros del hogar)?

\$0 - \$22,980 \$22,981 - \$31,020 \$31,021 - \$39,060 \$39,061 - \$47,100 \$47,101 - \$55,140

Si es más de \$55,140, escriba el monto aquí : al año

Por favor marque sus fuentes de ingreso:

<ul style="list-style-type: none"> Seguro Social SSP o SSDI Pensiones Intereses o dividendos de: cuentas de ahorro, acciones, bonos, o cuentas para el retiro 	<ul style="list-style-type: none"> Salarios y/o ingresos de autoempleo Beneficios de desempleo Pagos de pólizas de seguro o convenios judiciales Pagos por incapacidad o Indemnización para los trabajadores 	<ul style="list-style-type: none"> Pensión conyugal o alimenticia Becas, subvenciones u otra ayuda usada para sufragar el costo de la vida Ingresos por alquiler o regalías Dinero en efectivo y/u otros ingresos
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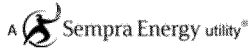
3

¿Acepta usted lo siguiente? Por favor lea y firme abajo.

Declaro que la información que proporcioné en este formulario de solicitud es verdadera y correcta. Convengo en proporcionar comprobantes de elegibilidad para CARE si se me solicita. Convengo en informar a The Gas Company si deo de calificar para recibir el descuento. Entiendo que, si recibo el descuento sin tener derecho al mismo, se me puede exigir la devolución del descuento recibido. Entiendo que The Gas Company puede compartir mis datos con otras empresas de servicios públicos o agentes para inscribirme en sus programas de asistencia.

Firma:

Fecha :



20% CARE

* * * * *

* * * * *

The Gas Company (CARE) 20
90 \$15 The Gas CompanySM

* * * CARE * * * * *

Medicaid / Medi-Cal ()
Healthy Families A&B ()
*** A * B) * Women, Infants & Children (WIC, **
*** * * * *) * CalWORKs (TANF) * *
*** TANF * Head Start Income Eligible (* * * * *)
*** * * * *) * Bureau of Indian Affairs
General Assistance (* * * * *) * * * * *
CalFresh / SNAP (* * * *) * National School Lunch
Program (NSLP, * * * * *) * Low Income
Home Energy Assistance Program (LIHEAP, * * * * *)
* * * * *) * Supplemental Security Income (SSI,
* * * * *) * * * *

* * * * * 2013 * * * * * 2014 * * * * *	
* * * * * 6 * 7 * * * * * 5 * 31 * * * * *	
* *	
* *	
1	\$22,980
2	\$31,020
3	\$39,060
4	\$47,100
5	\$55,140
6	\$63,180
7	\$71,220
8	\$79,260
* * * * * * * * * *	+\$8,040

* * * * *

* * * * * CARE * * * * * CARE 30 * * * * * The Gas Company * / *

* * * * *

Energy Savings Assistance Program:



* * * * * 1-800-427-1429 * * * * * / * * * * * 1-800-427-1420 * * * * *

Medical Baseline

* * * * * 1-800-427-1429 * * * * * / * * * * * 1-800-427-1420 * * * * *

LIHEAP

Dept. of Community Services and Development * * * * * 1-866-875-8623 * * * * *

California Lifeline

* * * * * CARE *

* * * * *

* * * * * 1-800-427-2200

* * * * * 1-800-427-1429

* * * * * 1-800-342-4545

* * * * * 1-800-427-0471

* * * * * 1-800-427-1420

* * * * * 1-800-427-0478

* * * * * (TDD/TTY): 1-800-252-0259 * * * * *

FAX: (213) 244-4665



CARE 20% * * * * *

Form 6491-D CH (06/13)

THE GAS COMPANY
CARE PROGRAM, ML GT19A1
PO BOX 3249
LOS ANGELES, CA 90051-1249

A Sempra Energy utility®

1

* * * * *

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* * * * * (SS) * * * * *

***** (NSEP) * * * * *

* * * * *

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2

1 2 3 4 5 6 *****

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*****) / * * * * *

*****65**	LIHEAP * * * * *
*****65** * * * * *	* * * * * (SS) * *
*****A * B * * * * *	* * * * * (NSEP) * *
WIC - * * * * *	* * * * *
CalWORKs (TANF) * * * * TANF	* * * * *
CalFresh / SNAP (* * * *) *	* * * * *

* * *

***** / * * * * *

\$0 - \$22,980	\$22,981 - \$31,020	\$31,021 - \$39,060	\$39,061 - \$47,100	\$47,101 - \$55,140
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***** \$54,140 * * * * *

*****Social Security	*****	*****
*****SSP, SSDI	*****	*****
*****	*****	*****
*****	*****	*****

3

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CARE * * * * *

The Gas Company * * * * *

Gas Company * * * * *

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Sempra Energy utility

The Gas Company (CARE) 20%
\$15 The Gas Company SM

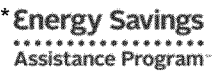
CARE

Table listing various assistance programs: Medicaid / Medi-Cal, Healthy Families A&B, WIC, CalWORKs (TANF), Head Start - Income Eligible, Bureau of Indian Affairs General Assistance, CalFresh / SNAP, National School Lunch Program, LIHEAP, SSI.

Table with 2 columns: Program Number (1-8) and Amount. Values range from \$22,980 to \$79,260, with a total of +\$8,040.

CARE 30 The Gas Company

Energy Savings Assistance Program



1-800-427-0471

Medical Baseline

1-800-427-0471

LIHEAP

1-866-675-6623

California Lifeline - CARE

1-800-427-2200 1-800-427-1429 1-800-342-4545
1-800-427-0471 1-800-427-1420 1-800-427-0478
(TDD/TTY): 1-800-252-0259
Fax: (213) 244-4665



Sempra Energy utility

Header information line with icons and text

Quý v... ng Thay Th" California (California Alternate Rates for Energy hay CARE) c#a The Gas Company gi<m giá 20% trên biên nh=...

Additional header information line

Table with 2 columns: GIÚP CÔNG C"NG: (Medicaid, Medi-Cal, WIC, etc.) and HO[C (HOUSING) (1-8)

Table with 2 columns: S (1-8) and T. ng L!i T! t! c H! p! (Monthly housing assistance amounts)

LĐU KI<| \ THAM GIA

Quý v ph<ZQ!+ }<] ng tên trong biên nh=... CARE.

GIÚP TIỀN Đ< <CH V| KHÁC MÀ QUÝ V{ CÓ TH\ H"Đ< LĐU KI<N:

Energy Savings Assistance Program - Z... bi"t thêm thông tin, xin gS! 1-800-427-0478.



LIHEAP - \<... bi"t thêm thông tin, xin gS! 1-800-427-0478.

California Lifeline - Gi< ... bi"t thêm thông tin, xin liên l c v i nhà cung đ! p d ch v }

Additional header information line

- Phone numbers: 1-800-427-2200, 1-800-427-0471, 1-800-427-1429, 1-800-427-1420, 1-800-342-4545, 1-800-427-0478, TDD/TTY: 1-800-252-0259



Xin dùng mã và vị trí bọng chữ in đậm để kiểm tra tính chính xác

Form 6491-D VI (06/13)

THE GAS COMPANY
CARE PROGRAM MLGT19A1
PO BOX 3249
LOS ANGELES, CA 90051-1249

1

Tên Khách Hàng:

Địa chỉ:

Số điện thoại:

Điện thoại Nhà:

E-mail:

2

Tổng số trong hộ gia đình của quý vị

Quý vị (hoặc người đại diện) đang bắt đầu?

CÓ (NSP, Medi-Cal, CalWORKs, CalFresh/SNAP, TANF, BIC, LIHEAP, SSI, BIA, Head Start)

- | | |
|---|---|
| Medi-Cal/Medicaid: ≥ 65 tuổi | LIHEAP |
| Medi-Cal/Medicaid: 65 tuổi hoặc trẻ hơn | Trợ cấp An Sinh (SSI) |
| Chương trình M nh Lo i A & B | Chương trình trợ cấp (NSLP) |
| Chương trình WIC | Bureau of Indian Affairs General Assistance |
| CalWORKs (TANF) hoặc TANF Bậc 1 | Chương trình trợ cấp cho Head Start (Bậc 1 mà thôi) |
| CalFresh / SNAP (TANF Bậc 2) | |

KHÔNG

Mức thu nhập cá nhân là bao nhiêu (tính cá nhân, bao gồm tất cả thu nhập)

- \$0 - \$22,980
- \$22,981 - \$31,020
- \$31,021 - \$39,060
- \$39,061 - \$47,100
- \$47,101 - \$55,140

Nếu bạn nhận được ít nhất \$55,140 mỗi năm, vui lòng chọn mức thu nhập khác.

Đã nhận được các nguồn thu nhập cá nhân khác?

- | | | |
|---------------------|--------------------------|--|
| An sinh Xã hội | Trợ cấp Việc Làm | Chương trình nuôi Con hoặc Phụ nữ |
| SSP, SSDI | T do | Học bổng, tài trợ giáo dục hay trợ cấp |
| Thu nhập | Trợ cấp Thi t nghi | Chương trình trợ cấp chi phí sinh sống |
| Tiền Lãi hay Cổ tức | Bonus hoặc Thưởng | Lãi cho Thuê hoặc Tiền Bậc |
| Phiếu lương hưu, C | Thu nhập khác | quy định |
| Phiếu hưu trí, hay | Lãnh tiền Bậc hoặc Bonus | Lãi cho Tiền mặt hoặc Lãi khác |
| Thu nhập khác | Thu nhập khác | |

3

Tôi xin khai rõ ràng và chính xác thông tin cá nhân của tôi. Tôi không còn nhận được trợ cấp nào khác từ The Gas Company và tôi không còn nhận được trợ cấp nào khác từ các cơ quan khác. Tôi hi vọng The Gas Company có thể chia sẻ thông tin của tôi với các hãng tiện ích khác một cách an toàn.

Chữ ký: X

Ngày:



%20NÜ ; ý ; \$!&K < KYP&ÜTÜSý



WÜ IRMÜG-ÜVÍÜKÜ& T ; \$-K<KPY %208WÜ I -ÜM ÜÜ ÜP yÜ (CARE) Í< MÜ ; ÜK ÍK<ÜRÍ-ÜV ýRÍ I <-ÜMÜPÍ WÜ Í ;
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socalgas.com(Ü Üy)Mý Íý <Üy<ÜQÍ ; í-R !!ÜRÜ WÜTÜSý <ÜKW!
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\$31,020	2
\$39,060	3
\$47,100	4
\$55,140	5
\$63,180	6
\$71,220	7
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(Women, Infants & Children (WIC) CalWORKs (TANF) -&Ü< MÜ íÜ ÜP Í ; ýSR&R Tribal TANF ÜyQ\PIQ !!Ü ; SÍ ; ý& MÜ R&R !!Ü ; SZ ýR&(Head Start)ý ÜyÜÜ" -&WÜ I <Ü ÜyQ\PIQ Í&ÜM&M Ü R&R-Ü CalFresh/SNAP (MÜ3 \ R) (NSLP) QÜ&Í- ÜV-Ü IÜÜ M!!ÜÜ Í ; (LIHEAP)-&-R ÜKÜMÜ ; R&M Í< R&R WÜ Í ; (SSI)M&ýWÜ <ý & Í-ÜÜ<

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**Energy Savings
Assistance Program**

í-Í&K&SQMÜQ SÜB !!& I ; 8Í< MKU íKÍZ NÜÍ ; RQ& ÜV-Ü MÜQ Í <Ü ; :á| /9 äB : 7 | 8e|52#2 #è|5
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7593-331-800-1-<Í<V ; Q&ý íÜ&Í <Ü ; ÍyI< ; yÜBÜMÜ ;

íÜ&Ü ; ÍyI< ; yÜBÜMÜ ; -R &ÜK ZÍPNÜMÜ& ; ÜK-ÜÍy I&MÜ ; Íy!!Ü PÍ Ü ; Ü ÜVMÍyI< ; Í<ÜS WÜ Í ; Ü:Medical Baseline
.-<Í<V ; Q&ý 2200-427-800-1

ÜMÍ<V!!U y&ÜSÜMÜWTÜWÜ I Í-T ; SPÜ\ R&R&T ; S YPÜ\ R&R&P&S Í-&RÜKÜMÜ ; RQ&N< R&R WÜ Í ; LIHEAP
Ü ÍK<ÜR Ü&B M&ýWÜ&P Ü&ÜÜ ; -R &NÜÜ RQ&Í- Í< KÍZ&!!<B ÜÜ ; G yÜ<^P PQ Í
.-<Í<V ; Q&ý 6623-675-866-1íÜ& I ; (California Dept. of Community Services and Development)

y&Pí- R&ÜKÜ ; ÍyI< ; yÜBÜMÜ ; -Ü CAREÍ ; MÜÜI&M&S-WÜ I IRMÜÍy I&MÜ ; K<KPYÜ M KÝMQÍyQ- California Lifeline
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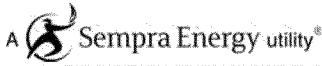
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(-Ü ; &QÍyQ-Í-M!!<ÜÜMQ<!!VÜMÜ Ü ; í ; ÜKÍZ) 0259-252-800-1 (Hearing Impaired (TDD/TTY)) - Ü-MÜ I !!R I&IR MZÜP IÜ

4665-244 (213) :QRK



**CARE DAIM NTAWV THOV
KEV PAB LUV NQI 20%**



Lub Lag Luam Tso Roj Zeb Ntsuam (The Gas Company) txoj kev pab cuam Lwm Cov Nqi Hluav Taws Xob Hauv California (California Alternate Rates for Energy) (CARE) muaj kev pab luv 20% rau daim nqi hluav taws xob txhua lub hlis rau cov tsev neeg uas tsim nyog tau. Cov tsev neeg tsim nyog tau thiab cov uas tau txais qhov kev pab no ua ntej 90 hnuv txij li pib siv hluav taws xob tshiab yuav tau \$15 luv nqi ntiv ntawm Tus Nqi Txuas Hluav Taws Xob. Yuav pib luv nqi thaum twg koj sau tiav thiab kos npe tas rau tsab ntawv thov kev pab thiab lub Lag Luam Tso Roj Zeb Ntsuam (The Gas CompanySM) tau pom zoo tag.

Thov sau kom txhij thiab muab tsab ntawv thov kev pab xa rov qab los yog ua ntawv mus thov kev pab saum huab cua ntawm socalgas.com (Nrhiav "CARE")

YUAV UA LI CAS THIAJ MUAJ FEEM TAU CARE QHOV KEV PAB LUV NQI:

COV KEV PAB CUAM UAS SIV:
Yog koj lossis ib tug hauv tsev neeg nyob rau ib qhov kev pab cuam no:
Kev Pab Them Nqi Kho Mob Medicaid los sis Medi-Cal Healthy Families A&B
Nyiaj Pab Poj Niam thiab Menyuum Kev Noj Kev Haus (WIC)
CalWORKs (TANF) los sis Pab Pawg Neeg TANF
Tau Nyiaj Tsim Nyog Muab Me Nyuam Kawm Ntawv
Hauv Head Start (Pab Pawg Neeg Khab Xwb)
Nyiaj Pab Rau Cov Xwm Txheej Neeg Khab
CalFresh / SNAP (Nyiaj Muas Noj)
Lub Teb Chaws Txoj Kev Pab Su Noj Dawb Hauv Tsev Kawm Ntawv (NSLP)
Low Income Home Energy Assistance Program (Kev Pab Nqi Hluav Taws Xob)
Nyiaj Pab Neeg Tsis Taus (SSI)

LOS SIS

TUS NYIAJ TSI PUB TSEV NEEG TAU DHAU*: <i>(pib txij lub Rau Hli Ntuj Hnuv Tim 1, 2013 txog Tsib Hlis Ntuj Hnuv Tim 31, 2014)</i>	
*tag nrho tsev neeg txhua hom nyiaj khwv tau ua ntej rho tawm nqi se	
Pes Tsawg Leej Nyob Hauv Lub Tsev	Tag Nrho Cov Nyiaj Khwv Tau Ib Xyoos
1	\$22,980
2	\$31,020
3	\$39,060
4	\$47,100
5	\$55,140
6	\$63,180
7	\$71,220
8	\$79,260
Ib Tug Neeg Twg Ntxiv	+\$8,040

COV CAI NTAWM KEV KOOM QHOV KEV PAB

Daim nqi hluav taws xob yuav tsum yog koj npe thiab qhov chaw nyob yuav tsum yog koj qhov chaw koj nyob kiag. / Yuav tsum tsis muaj lwm tus neeg uas koj npe ua se nrog tsuas yog koj tus txij nkawm xwb. / Koj yuav tsum rov qab muab tsab ntawv thov kev pab ua tshiab dua thaum twg nug txog. / Koj yuav tsum hu cuag Lub Lag Luam Tso Roj Zeb Ntsuam (The Gas Company) tsis pub dhau 30 hnuv yog tias koj tsis tsim nyog tau cov kev pab no lawm. / Yuav nug kom muab ntaub ntawv pov thawj txog koj txoj kev tsim nyog tau cov kev pab CARE.

LWM HOM KEV PAB CUAM THIAJ KEV PAB TXHAWB UAS TEJ ZAUM KOJ YUAV TSIM NYOG TAU:

Kev Pab Txuag Nyiaj (Energy Savings Assistance Program): Muaj kev pab txhim kho rau hauv vaj hauv tsev kom txhob siv hluav taws xob xws li ntsaws rwb rau qaum tsev, ntsaws kis qhov rooj, ntsaws kis kaum vaj kaum tsev thiab kho vaj tse me ntsis rau cov neeg yuav tsev thiab xauj tsev nyob uas tau nyiaj tsawg. Xav paub ntxiv, thov hu rau 1-800-331-7593.



Txoj Kev Pab Nyiaj Them Nqi Kho Mob (Medical Baseline) – Pab nyiaj ntxiv them nqi roj tsheb phee yig dua rau cov neeg muaj qee hom kev mob nkeeg. Xav paub ntxiv, hu rau 1-800-427-2200.

LIHEAP - Kev Pab Cov Tsev Neeg Tau Nyiaj Hlis Tsawg (Low Income Home Energy Assistance Program) pab them me ntsis nuj nqis, pab them nqi kub ceev thiab kev kho ntsaws vaj tse kom tiv taus huab cua. Hu rau lub koom haum California Tuam Tsev Tswj Xyuas Kev Pab Txhawb thiab Tsim Zeb Zog (California Department of Community Services and Development) ntawm 1-866-675-6623.

California Xov Tooj Cawm Siav (Lifeline) – Ib qho kev xaim xov tooj kom phee yig rau tej cov neeg muaj nyiaj tsawg sib xws li CARE. Xav paub ntxiv, hu rau koj lub lag luam txuas xov tooj.

YOG XAV PAUB NTXIV TXOG KEV PAB NEEG:

1-888-427-1345

Rau Cov Tsis Hnov Lus Zbo (TDD/TTY): 1-800-252-0259 (muaj rau hom lus Askiv thiab lus Mev xwb)
Fej: (213)244-4665

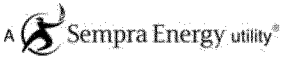


CARE TSAB NTAWV THOV KEV PAB LUV NQI 20%

Thov siv ib tug cwj mem DUB DUB sau thiab txhob sau ntawv sib cab kom txhob muaj teeb meem lis.

Form 6491-D HMO (06/13)
THE GAS COMPANY
CARE PROGRAM, ML GT19A1
PO BOX 3249
LOS ANGELES, CA 90051-1249

Txoj Kev Kos Lub Voj Kom Yog-



1

Neeg Qhua Lub Npe
(raws li tshwm nram koj daim nqi):

Chaw Nyob
(txoj kev, lub nroog, tus ZP):

Txhooj Zauv:

Tus Xov tooj:

Chaw Sau Ntawv E-mail:

2

Tag nrho cov neeg
 Tus thiab me nyuam hauv koj lub tsev:

Koj (los sis puas muaj ib tus hauv koj tsev neeg) uas nyob rau ib qho kev pab cuam li no?

↓ **MUAJ** (Yog muaj no, kos qhia (cov) hom kev pab tau koom nrog) ↓

- | | |
|---|--|
| <input type="checkbox"/> Medi-Cal / Medicaid: Hnub Nyooq Qis Dua 65 | <input type="checkbox"/> Kev Pab Cov Tsev Neeg Tau Nyiaj Hlis Tsawg (Low Income Home Energy Assistance Program) (LIHEAP) |
| <input type="checkbox"/> Medi-Cal / Medicaid: 65 xyoos los Laus Dua | <input type="checkbox"/> Nyiaj Pab Neeg Tsis Taus (SSI) |
| <input type="checkbox"/> Healthy Families Categories A & B | <input type="checkbox"/> Lub Teb Chaws Txoj Kev Pab Su Noj Dawb Hauv Tsev Kawm Ntawv (NSLP) |
| <input type="checkbox"/> Nyiaj Pab Poj Niam thiab Me Nyuam Kev Noj Kev Haus (WIC) | <input type="checkbox"/> Nyiaj Pab Rau Cov Xwm Txheej Neeg Khab (Bureau of Indian Affairs General Assistance) (BIA GA) |
| <input type="checkbox"/> CalWORKs (TANF) los sis Pab Pawg Neeg TANF | <input type="checkbox"/> Tau Nyiaj Tsim Nyog Muab Me Nyuam Kawm Ntawv Hauv Head Start (Pab Pawg Neeg Khab Xwb) |
| <input type="checkbox"/> CalFresh / SNAP (Nyiaj Muas Noj) | |

TSIS MUAJ

Koj qhov nyiaj khwv tau ib xyoos tau npaum li cas (ua ntej txiav cov nqi se, qhia tag nrho nyiaj ntawm txhua tus neeg hauv lub tsev)? ↓

0 - \$22,980 C \$22,981-\$31,020 C \$31,021- \$39,060 C \$39,061- \$47,100 C \$47,101 - \$55,140

Yog tias tau ntau tshaj \$55,140, sau tias tau pes tsawg rau ntawm no: \$

Thov khij seb koj cov nyiaj los qhov twg los: ↓

- | | | |
|--|--|--|
| <input type="checkbox"/> Nyiaj Laus (Social Security) | <input type="checkbox"/> Cov Nyiaj Khwv Tau thiab/los yog Peev tau los ntawm Kev Ua Hauj Lwm Rau Tus Kheej | <input type="checkbox"/> Nyiaj Yug Qub Txij Nkawm los yog Yug Me Nyuam |
| <input type="checkbox"/> Nyiaj Pab SSP los sis SSDI | <input type="checkbox"/> Nyiaj poob hauj lwm | <input type="checkbox"/> Nyiaj pab them nqi kawm ntawv, nyiaj pab, los yog lwm cov nyiaj pab tau los siv ua lub neej |
| <input type="checkbox"/> Nyiaj Laus (Pensions) | <input type="checkbox"/> Nyiaj Hais Plaub Ntug Yeej | <input type="checkbox"/> Nyiaj Tau Los Ntawm Tsev Khiav Nqi los yog Nyiaj Faib Los Ntawm Tswv Lag Luam |
| <input type="checkbox"/> Nyiam Paj Laum los yog Nyiaj Lag Luam Faib tau ntawm: Cov Nyiaj Txuag Cia, Cov Nyiaj Tso Ua Lag Luam (Stocks), Cov Nyiaj Cia Tseg (Bonds) los yog Cov Txhooj Cia Nyiaj Rau Yav Laus (Retirement Accounts) | <input type="checkbox"/> Nyiaj Tsis Taus los yog Nyiaj Ua Hauj Lwm Raug Mob | <input type="checkbox"/> Nyiaj Ntsuab los sis Lwm Hom Nyiaj |

3

Koj puas pom zoo raws li cov lus no? Thov nyeem thiab kos npe rau hauv qab no.

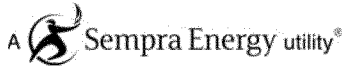
Kuv cog lus tias cov ncauj lus kuv tau sau nyob rau tsab ntawv thov kev pab no muaj tseeb thiab muaj tiag. Kuv pom zoo yuav npaj cov ntaub ntawv pov thawj kev tsim nyog tau kev pab rau CARE thaum nug txog. Kuv lees yuav qhia rau Lub Lag Luam Tso Roj Zeb Ntsuam (The Gas Company) yog thaum kuv tsis tsim nyog tau cov kev pab no lawm. Kuv to taub tias yog kuv tau txais cov kev pab no yam tsis tsim nyog, kuv yuav tau them cov nqi lov tawm rov qab. Kuv to taub tias Lub Lag Luam Tso Roj Zeb Ntsuam (The Gas Company) muaj cai muab kuv cov ntaub ntawv mus rau lwm lub lag luam tso hluav taws xob saib kom lawv muab kuv tso rau lawv cov kev pab.

Kos Npe: **X**

Hnub Tim:



Bak' smt'ht nA20 PaKr y
BlknvifEX r (CARE)



kmfFkn t nA20 famB l nanardka l lha ja (California Alternate Rates for Energy - CARE) rb s' kum h n ha s (Gas Company) p l l kardht nA20 PaKr y n kardht nA20 Ba H s n u t Tar luy s' mab p a s' v b g N a d l man l lA n i' Kb' KanTTYI kmfFen d . e l akGk Ed l man l lA n i' Kb' KanTTYI ehly ' l v n g r u j a t k g m l t g 90 « n k a r c a b e p f r e s v a k m h a s f h k h v g T T Y I k a r d h t n A 20 « n t n A e n i g s a b n a s v a k m (Service Establishment Charge) . kardht nA20 g r u j a t p l e l akGk m a b j n i g d i h v e l x a b a k' s m t' h ' l v n s t a r c e d a y ' k u m h n h a s (Gas Company SM) .

suh t a b j n i g e p a b a k' s u h k v i j e d a k b a k' s u t a m b N p j s o c a l g a s . c o m (Search "CARE")

m e f a v y e d m f n g m a n l l A n i' K b' K a n T T Y I s m a b k a r d h t n A :

Table with 1 column: kmfFOMy s a f a r N :
e b e l a k G k E n r N a n a k e T o t e n A k g p a r b s e l a k G k
d j l m n k m i f i n a n y d u t e t a :

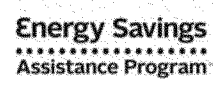
Table with 2 columns: d m n u i ' k y s a r g t i b m a * :
(m a n ' b s i t p a b e n a k g « t p 1 m i f n a 2 0 1 3 d l k t p 3 1 O s P a 2 0 1 4)
* d m n u i ' k y s a r b c i b o n m k b i b p b t b g s m h n e b l k a t t k
d m n n m r u s s r s e n a k g p a r d m n f v i k a e r o g r a l o q m

l l a x n e s u p p a b c a k l a k

s m t ' t T a r l u y h a s ' l u e t m a n e Q a h n i g G a s y d a n r b s e l a k G k e h l y ' l u e t m a n G a s y d a n d u g r b s e l a k G k . / e l a k G k m i n ' l u e f a d a k e Q a h l u h C a k u z i t e n A k g b a k s m a g e t a e l l f v i k a n n r N a n a k e T o t C a C a g ' b B n e b i j b s e l a k G k e l l y . / e l a k G k ' l u e t d a k e s t a m a r b J a k h t p e T o t d a b a b a k ' s m t b s e l a k G k e n a b l e s t a m . / e l a k G k ' l u e t ' v b ' k u m h n h a s (Gas Company) e G a y d u g y a g e h a c N a s ' 3 0 « e b e l a k G k m a n l l A n i' Kb' KanTTYI e T o t . / e l a k G k ' b e h l C a ' l v n e s t a m C a y b J a k h t l l A n i' Kb' KanTTYI k m f F E X r (CARE) r b s e l a k G k .

kmfF n i g e s v a k m a e T o t E d l e l a k G k m a n l l A n i' Kb' KanTTYI n g T T Y I :

kmfF p l l O m y s n g y m c f a m B l (Energy Savings Assistance Program) : p l l k a r e k l m g p a s v b g s n g y m c f a m B l e d a y m i n G s ' l u y d u c a k a d k ' T n a b e n a e l e i t a n b a e b i t b g d g F a t u C a k a s t a m c e n a h a r k a r b i t f a k a b i t n i g k a r O s Q u l t i c t i c n p a s v b g d l t a g n a s ' n i g G k O y l E d l m a n ' v k m n u i T a b . s m a b b t m a n b e n a s u h t u s a e l x 1-800-331-7593 .



m e d x a l e b s L a j (Medical Baseline) : p l l C a ' v k O m y x a g h a s e d a y m a n t n e f a k d e b a g k T i j E d l m a n l l a x n e s u p p a b c a k l a k . s m a b b t m a n b e n a s u h t u s a e l x 1-800-427-2200 .

l e h o b (LIHEAP) : k m f F O m y x a g f a m B l n p a s v b g E d l m a n f v i k a t i c p l l C a O m y x a g s m t ' t T a r l u y O m y x a g s m t ' t T a r l u y b a a n ' e h l y n i g e s v a k m x a g l e d a f a t u C a k a s . T u s a e k s i g e s v a k m s h K m n r d i k a l l h a j a (California Dept. of Community Services) e l x 1-866-675-6623 .

E x s n C m t r d i k a l l h a j a (California Lifeline): l t p a b m a b t u s e d a y m a n t n e f a k s m a b G k T i j E d l m a n l l A n i' Kb' KanTTYI m a b j t a n k a e n n a b d m n u i r b s ' k m f F E X r (CARE) . s m a b b t m a n b e n a s u h t a k t g G k p l l e s v a k m x a g t u s a e b c h i s k r b s e l a k G k .

s m a b b t m a n b e n a s G t i f C n : 1-888-427-1345

x b ' t e c o k (TDD/TTY): 1-800-252-0259 (CaPa s a G g e k a s n i g e G s a j b e N a h)
T u s a r (213)244-4665

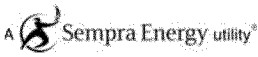


Bak' s' m' h' t' « 20% » n' km' i' FEX r (CARE)

Form 6491-D KH (06A) b
THE GAS COMPANY
CARE PROGRAM, ML GT19A1
PO BOX 3249
LOS ANGELES, CA 90051-1249

st' r' b' t' k' b' c' e' x' A' e' h' l' y' s' r' e' s' r' e' d' a' y' p' i' t' p' l' e' d' m' f' b' J' a' k' d' d' N' i' r' k' a' r' y' a' g' ' t' u' n' ' t' u'

v' i' f' t' t' u' n' ' t' u' k' i' s' r' g' e' h' u' l' : -



1

e Q' a' r' b' s' G' k' T' i' j
(d' u' b' m' a' n' e' l' i' s' m' u' i' t' T' a' r' l' u' y'):

C' a' s' y' d' a' n
(r' d' z' ' k' g' k' u' d' t' u' n' i'):

e l' x' k' g' :

e l' x' t' u' s' a' e' (

C' a' s' y' d' a' n' G' l' a' m' l' :

2

d' i' m' m' n' u' s' s' e' b' j' v' e' y

n' i' g' k' g' k' g' ' K' y' s' a' r' b' s' ' : 1 2 3 4 5 6 6+ :

e l' a' k' G' k' s' t' b' :

e t' e l' a' k' G' k' (v' n' r' N' a' n' y' k' g' ' K' y' s' a' r' b' s' e l' a' k' G' k') d' u' i' m' k' g' k' m' i' F' o' m' y' N' a' n' y' x' a' g' e' k' a' m' t' ?

man ebhan s' t' u' k' u' s' k' m' i' F' i' d' u' i' m' /

e' m' D' e' x' t' / e' m' D' i' a' l' : e' ' k' a' m' 65 q' a' i

e' m' D' e' x' t' / e' m' D' i' a' l' : e' l' l' 65 q' a' i / l' i' s' e' r' H

s' u' x' P' a' B' ' k' u' n' ' K' y' s' a' r' t' a' m' ' b' e' P' T' A' & B

k' m' i' F' i' s' t' i' T' a' r' k' e' h' l' y' n' i' g' k' u' m' a' r' (W' I' C)

x' i' W' k' (C' a' l' W' O' R' K' s' [T' A' N' F']) ' T' i' b' l' e' F' n' h' A' (T' r' i' b' a' l' T' A' N' F')

x' i' l' e' ' h' A' s' C' a' l' F' r' e' s' h' / S' N' A' P' (F' o' o' d' S' t' a' m' p' s)

k' m' i' F' o' m' y' f' a' n' B' l' e' n' A' p' e' d' l' m' a' n' d' u' n' i' T' a' b' (L' o' w' I' n' c' o' m' e' H' o' m' e' E' n' e' r' g' y' A' s' s' i' s' t' a' n' c' e' P' r' o' g' r' a' m' - L' I' H' E' A' P)

↓ d' u' n' i' e' s' k' i' t' b' e' r' a' n' (S' u' p' p' l' e' m' e' n' t' a' l' S' e' c' u' r' i' t' y' I' n' c' o' m' e' - S' S' I)

k' m' i' F' o' a' h' a' r' « t' o' t' g' ' t' k' i' t' « ' A' r' b' s' ' k' m' i' F' o' a' h' a' r' « t' o' t' g' e' n' A' s' a' l' a

C' a' t' i' (N' a' t' i' o' n' a' l' S' c' h' o' o' l' L' u' n' c' h' P' r' o' g' r' a' m' - N' S' L' P)

d' u' n' y' t' e' t' a' r' b' s' ' k' a' r' i' y' a' l' & y' k' i' c' k' a' r' ' 2' N' e' a' (B' u' r' e' a' u' o' f' I' n' d' i' a' n' A' f' f' a' i' r' s' G' e' n' e' r' a' l' A' s' s' i' s' t' a' n' c' e' - B' I' A' G' A)

↓ s' i' t' i' v' n' d' u' n' i' d' u' l' g' (H' e' a' d' S' t' a' r' t' I' n' c' o' m' e' E' l' i' g' i' b' l' e') -

s' ' m' a' b' e' t' C' n' C' a' t' P' a' k' t' i' c

minman

e t' i' d' u' n' i' ' K' y' s' a' r' ' b' o' c' a' p' i' b' s' e l' a' k' G' k' (n' o' n' e' B' l' k' a' t' ' m' n' s' m' a' c' k' ' K' y' s' a' r' t' u' g' s') m' a' n' b' i' h' a' n' ? ↓

↓ A' - \$22,980 ↓ A' 2,981 - \$31,020 ↓ A' 1,021 - \$39,060 ↓ \$39,061 - \$47,100 ↓ A' 7,101 - \$55,140

e b' e' ' c' h' C' a' g' A' 5,140 s' t' u' n' b' J' e' l' d' i' m' m' e' n' A' T' e' r' H' : \$

k' g' n' y' q' u' i' s' y' k' ' b' P' B' d' u' n' i' r' b' s' e l' a' k' G' k' : ↓

s' u' s' ' a' l' e' s' k' i' t' i' t' i

S' S' P' W' S' S' D' I

l' u' y' w' e' t' t

k' a' r' ' V' k' ' E' n' e' r' ' k' u' m' h' u' n' B' l' : k' u' g' s' n' y' i

' V' k' ' S' t' o' c' k' s' , B' o' n' d' s' W' u' y' w' e' t' t

' V' k' E' x' n' i' g' / E' ' V' k' o' d' N' j' B' i

B' a' N' i' k' o' m' p' a' i' ' e' n'

' V' k' G' ' A' b' e' y' a' C' n' B' i' k' a' r' ' 2' t' k' a' r' e' F' A

' V' k' m' k' B' G' i' n' s' u' l' i' n' W' V' k' m' k' B' i

k' a' r' k' a' t' e' s' c' k' i' t' i

' V' k' B' i' k' a' r' W' a' v' n' g' k' m' k' r

' V' k' u' n' y' B' i' l' e' ' b' n' i' v' u' n' y' k' u' h

' V' k' u' n' y' G' a' h' a' t' b' k' r' N' _ u' n' y'

W' u' n' y' a' e' T' o' t' e' ' b' i' s' m' a' b' ' k' a' r' c' a' y

v' a' y' « n' C' m' P' a' B

' V' k' m' k' B' i' k' a' r' C' y' l' W' e' y' s' a' r

' V' k' s' u' i' / E' ' f' i' k' a' e' T' o' t

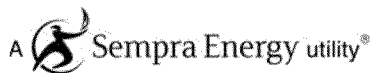
3

e t' e l' a' k' G' k' ' B' m' o' d' e' B' i' k' a' r' e' r' o' b' a' b' ' x' a' g' e' k' a' m' e' T' ? s' u' n' G' a' n' e' h' l' y' d' i' h' t' e' l' x' a' g' e' k' a' m' .

W' e' s' u' r' e' ' g' f' a' b' i' k' m' a' n' e' d' l' / n' p' i' l' l' e' n' a' k' g' B' a' k' ' s' m' i' h' m' o' d' e' h' l' y' ' t' u' . W' e' y' l' ' B' m' n' g' q' i' l' l' u' p' s' t' i' a' g' s' m' a' b' l' I' A' N' i' ' K' b' ' K' a' n' T' T' Y' i' k' m' i' F' E' X' r' (C' A' R' E) ' b' s' i' n' C' a' i' l' u' V' n' e' s' t' i' m' . W' e' y' l' ' B' m' n' g' ' V' b' ' k' u' n' h' u' n' h' a' s' (G' a' s' C' o' m' p' a' n' y) ' b' s' i' n' e' b' l' i' m' a' n' l' I' A' N' i' ' K' b' ' K' a' n' T' T' Y' i' e' d' m' i' n' g' T' T' Y' i' k' a' r' d' e' f' a' k' e' T' . W' e' y' l' ' f' a' e' b' l' i' m' e' T' Y' i' k' a' r' d' e' f' a' k' e' d' a' y' m' i' n' m' a' n' l' I' A' N' i' ' K' b' ' K' a' n' T' T' Y' i' W' e' c' ' t' u' v' n' m' e' C' a' y' b' g' s' g' k' a' r' d' e' f' a' k' e' d' l' / n' T' T' Y' i' . W' e' y' l' ' f' a' ' k' u' n' h' u' n' h' a' s' (G' a' s' C' o' m' p' a' n' y) G' a' c' e' c' k' c' a' y' B' i' k' a' r' n' b' s' ' B' a' n' y' i' n' g' ' k' u' n' h' u' n' n' i' g' P' a' k' g' a' r' a' e' T' o' t' e' d' m' f' o' t' e' Q' a' H' a' n' A' k' g' k' m' i' F' o' m' y' r' b' s' e' k' .

h' t' e' l' x' a' : **X**

« EX:



cdefgdghhg i jggg kg lmn edamp qer ogstgamuh v lwjudogjmtouxu jgdmno xuyjgtznsq qelwsetgamu {luzjde{oudfnu| (California Alternate Rates for Energy, (CARE)) qdur lfguhgp zehqgamu| The Gas Company qdureyjt lpuj lwfej} t tmru yam-uamp eqlg jx y| u jg sg fgs og 20% u~uhuypl oe r lp yuhu|, yeejtuyjt} m }yjgoetluooxh jdu etgamph . u yuhwp, zeedxu ejtu| g j }yletrp qdefgdghx m qel }m m qdgt e og }gyjmu t ou|, t ju| uamu 90 rou| y og| g l g qel }u amp oet x }y|f fgseyog ~uamp jgz~u qel }g j lwfej} t tmru yam-uamp edg sg }yjgoetz} }y|f (Service Establishment Charge) og \$15. wfejg }ruj qdureyjt luog qeylu jefe, zgz tg i u sqgelouooeu m qer qnygooeu sgpt luamu }ruj ere duoe zehqgamu| The Gas CompanySM.

ce~g| }y|jg, sqgel amjum tudamju sgpt luamu qe qel ju lm e sqgel amju ufe eol g| o og tu yg| ju socialgas.com dgsrulu"CARE"b

ABA CDEBFG HF I JKB JFJ LM I N COLH IMPQ LGRHFEHS TUHRUBQQN CARE:

TUHRUBQQN OHm MBLGEHS THQH o M:
y l m t x m l m z j e - l m e m s q d e - m t g m y t g h m l u o e t y u h w m q e l } g u j l w f e j x q e e r o e n s y l u r } m q d e f d g h h :
Medicaid m l m Medi-Cal Healthy Families A&B Women, Infants, & Children (WIC) CalWORKs (TANF) m l m Tribal TANF Head Start Income Eligible - e l w z e r l p z e d u o o e f e o g y u l u a m p v Bureau of Indian Affairs General Assistance CalFresh / SNAP (Food Stamps) (c d e r e t e l w y j t u o o x u j g l e o x) National School Lunch Program (NSLP) Low Income Home Energy Assistance Program Supplemental Security Income (SSI)

QBAOMQBLGEN S VH pHV OJQGM*: (J^_`z{ z^}~# `1 # 2013 . 31 2014 .) *yuhu ox re er t ogyjep m hehuojms tyu myjed onzet us }u jg e j my luam	
kel-te luoe t yuhwm	m ferete re er
1	\$22,980
2	\$31,020
3	\$39,060
4	\$47,100
5	\$55,140
6	\$63,180
7	\$71,220
8	\$79,260
g z g ~ r e f e r e q e l a m j u l w o e f e luog yuhwm re g twju	+ \$8,040

COLH IMP VLP CKBOFMP I TUHRUBQQJ

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Energy Savings Assistance Program: TXYZ[\] Y ^ _ ^ Ya l b c d e ^ X Y f _ \ ` g d h e i a \ j ^ d h ` k X _] X l e e Y rehet lgrulw gh m lm gh, gduor} mh ~mlwu uyqlgjoeu {oudfey udufg uu e }yjde|yjte rehg, ogqdmhud juqlenselp m qejelzet, }qlejouamu rtudox i tet, sgrulz} yjxzet, g jgz~u ou elwimu duheojoxu dg ejx. l p qel }u amp reqel amju lwoe| monedhg mm qe~g| }y|jg, steamju qe juluneo} 1-800-331-7593.



Medical Baseline: cdureyjt lpuj reqel amju lwoxu lwfejx og fgs qe eluu anszeh} jgdmn} rlp zlmuojet y eqduru luoox hm hurm moyznhm qezsgamphm l p qel }u amp reqel amju lwoe| monedhg mm steamju qe juluneo} 1-800-427-2200.

LIHEAP: oudfujni uyzgp qdefgdghhg ye mg lwoe| qehe m h g l e e u y q u l u o o x h y u h w p h (Low Income Home Energy Assistance Program) qdureyjt lpuj qehe w t e q l g j u y l u j e t s g x j e t x u } y l } f n , e q l g j u y l u j e t q d m g t g d m | o x y n j } g m p m o u e e r m h x y j d e m j u l w x d g e j y } u j e h z l m h g j m l u y z n e y e u o o e y j u l d g l e o g . c e s t e a m j u t j r u l x j e t e f e e y l } ~ m t g a m p m d g s t m j m p i j g g k g l m n e d a m p (California Dept. of Community Services and Development) qe juluneo} 1-866-675-6623.

California Lifeline: yqelwsetgamu juluneog qe yam-uooxh jgdmngh rlp zlmuojet, yeejtuyjt} mh jdu etgamph qe e~mh og }yletrp qdefgdghx CARE. l p qel }u amp reqel amju lwoe| monedhg mme {je| }y|fu, qe~g| }y|jg e dgjmju ywz tg i uh} huyjoeh} qeyjgt mz} juluneoox }y|f.

VLP THLCKJEMP VHTHLEMFJLGEHS ME I HUQBmMM HnUB oBSFJOG I HFVJL THQH oMALMJEFBQ
TH FJLJ I HEC: 1-888-427-1345 d|d I BAOC: (213) 244-4665

7 4 / - 0 2 0 2 1 / (TDD/TTY): 1 800 252 259 (- / 1) // 1 9 7 4 9 7 7 0 1 1 / 6 6 0 1 1 9 7 0 // 1 1 4 1 1 1 1 1 1 1



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Form 6491-D RU (06/13)

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THE GAS COMPANY
CARE PROGRAM, ML GT19A1
PO BOX 3249
LOS ANGELES, CA 90051-1249



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- ↓ Healthy Families, zgjufednm A & B
- ↓ Women, Infants, and Children Program (WIC)
- ↓ CalWORKs (TANF) mIm Tribal TANF
- CalFresh / SNAP (Food Stamps)
- (cderete lwyj tuooxu jgleox)

- Low Income Home Energy Assistance Program (LIHEAP)
- ↓ Supplemental Security Income (SSI)
- ↓ National School Lunch Program (NSLP)
- ↓ Bureau of Indian Affairs General Assistance (BIA GA)
- ↓ Head Start Income Eligible - elwze rlp zeduoefe
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APPLICATION PARA SA 20% NA DISKUWENTO SA CARE



Ang California Alternate Rates for Energy (CARE) program ng The Gas Company ay nagbibigay ng 20% diskuwento sa buwanang gas bill para sa mga karapat-dapat na sambahayan. Ang mga naging kwalipikado at naaprubahan sa loob ng 90 araw mula sa pag-uumpisa ng bagong serbisyong gas ay makakatanggap din ng \$15 na diskuwento sa Service Establishment Charge. Ibibigay ang diskuwento kapag naaprubahan ng The Gas CompanySM ang inyong kumpleto at nilagdaang application form.

Pakikumpleto at ibalik ang application o mag-apply online sa socialgas.com (Hanapin "CARE")

PAANO MAGING KWALIPIKADO PARA SA DISKUWENTONG CARE:

MGA PROGRAMANG NAGBIBIGAY NG TULONG SA MADLA:
Kung kayo o isa sa inyong mga kasambahay ay nakikilahok sa alinman sa mga sumusunod na programa:
Medicaid o Medi-Cal Healthy Families A&B Women, Infants & Children (WIC) CalWORKs (TANF) o Tribal TANF Head Start Income Eligible – Tribal Lamang Bureau of Indian Affairs General Assistance CalFresh / SNAP (Food Stamps) National School Lunch Program (NSLP) Low Income Home Energy Assistance Program Supplemental Security Income (SSI)

O

MGA HANGGANAN NG KITA NG SAMBAHAYAN*: <i>(may-bisa Hunyo 1, 2013 hanggang Mayo 31, 2014)</i> *kasalukuyang kita ng sambahayan mula sa lahat ng pinagkukunan bago mga kabawasan	
Bilang ng Tao sa Sambahayan	Kabuuang Kita para sa Taon
1	\$22,980
2	\$31,020
3	\$39,060
4	\$47,100
5	\$55,140
6	\$63,180
7	\$71,220
8	\$79,260
Bawat Dagdag na Tao	+\$8,040

MGA KONDISYON NG PAGLAHOK

Ang gas bill ay kinakailangang nasa inyong pangalan, at ang nakalahad na tirahan ay ang siya ninyong pangunahing tirahan. / Kayo ay hindi dapat nakatala bilang "dependent" sa income tax return ng iba maliban sa income tax return ng inyong asawa. / Kailangan ninyong patotohanang muli ang inyong application kapag ito'y hiniling. / Kailangan ninyong ipahayag sa The Gas Company sa loob ng 30 araw kung hindi na kayo kwalipikado. / Maaari kayong hilingin na patunayan ang inyong pagiging karapat-dapat sa CARE.

MGA IBANG PROGRAMA AT SERBISYO NA MAAARI KAYONG MAGING KWALIPIKADO:

Energy Savings Assistance Program: Nagbibigay ng libreng pagpapa-ayos ng bahay upang makatipid sa enerhiya gaya ng insulasyon sa kisame, weather-stripping sa mga pintuan, caulking at maliliit na pagkukumpuni ng bahay para sa mga karapat-dapat na may-ari ng bahay at mga nangungupahan. Para sa karagdagang impormasyon, mangyaring tumawag sa 1-800-331-7593.

Energy Savings
.....
Assistance Program

Medical Baseline: Nagbibigay ng karagdagang palabis na gas sa mas mababang presyo sa mga mamimili na may mga tiyak na kalagayang medikal. Upang makatanggap ng karagdagang impormasyon, makipag-alam sa 1-800-427-2200.

LIHEAP: Ang Low Income Home Energy Assistance Program ay nagbibigay ng tulong sa pagbayad ng kuwenta, tulong sa pagbayad ng mga kuwenta kapag may emerhensiya at mga serbisyo ukol sa weatherization. Makipag-alam sa California Department of Community Services and Development sa 1-866-675-6623.

California Lifeline: Paglapit sa CARE sa pamamagitan ng telepono na may diskuwento para sa mga mamimiling ang kita ay tumatalima sa mga kagayang tuntunin ukol sa kita. Upang makatanggap ng karagdagang impormasyon, makipag-alam sa inyong lokal na tagatustos ng serbisyong telepono.

UPANG MAKATANGGAP NG IMPORMASYON TUNGKOL SA TULONG PARA SA MAMIMILI:

1-888-427-1345

May Kakulangan ang Pandinig (TDD/TTY): 1-800-252-0259 (makukuha sa Ingles at Kastila lamang)
Fax: (213)244-4665



Application para sa CARE 20% Diskuwentong sa Singil

(Pakisuyong gumamit ng MADILIM na tinta at sumulat ng malinaw upang makasiguro ng tamang paghanda)
Tumpak na pagmarka ng mga bilog: -

Form 6491-D TAG (06/11)

THE GAS COMPANY
CARE PROGRAM, ML GT19A1
PO BOX 3249
LOS ANGELES, CA 90051-1249



1

Pangalan ng Mamimili
(gaya ng nakalista sa kuwenta):

Tirahan
(kalye, lungsod, ±):

Numero ng Kuwenta:

Telepono: (

E-mail Address:

2

Kabuuang bilang ng mga **may sapat na gulang at mga bata sa inyong sambahayan:** 1 2 3 4 5 6 6+:

Kayo ba (o isa sa inyong mga kasambahay) ay nakikilahok sa alinman sa mga sumusunod na programang nagbibigay ng tulong?

Oo (Kung oo, markahan ang (mga) programa kung saan kayo nakikilahok)

- | | |
|--|---|
| <input type="checkbox"/> Medi-Cal / Medicaid: Mas mababa kaysa Edad 65 | <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) |
| <input type="checkbox"/> Medi-Cal / Medicaid: 65 o higit | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Healthy Families mga kategoriya A & B | <input type="checkbox"/> National School Lunch Program (NSLP) |
| <input type="checkbox"/> Women, Infants, and Children Program (WIC) | <input type="checkbox"/> Bureau of Indian Affairs General Assistance (BIA GA) |
| <input type="checkbox"/> CalWORKS (TANF) o Tribal TANF | <input type="checkbox"/> Head Start Income Eligible - Tribal Lamang |
| <input type="checkbox"/> CalFresh / SNAP (Food Stamps) | |

HINDI

Ano ang taunang kita ng inyong pamamahay (bago mga pagbabawas, kasama ang kita ng lahat ng inyong mga kasambahay)?

- \$0 - \$22,980 \$22,981 - \$31,020 \$31,021 - \$39,060 \$39,061 - \$47,100 \$47,101 - \$55,140

Kapag higit sa \$55,140, ilagay halaga dito: \$ bawat taon

Pakisuyong markahan ang mga pinagkukunan ninyo ng kita:

- | | | |
|--|--|---|
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Mga Suweldo at/o Kita galing sa Self Employment | <input type="checkbox"/> Spousal o Child Support |
| <input type="checkbox"/> SSP o SSDI | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Mga scholarship, grant, o ibang tulong na ginagamit sa mga gastos pambuhay |
| <input type="checkbox"/> Mga Pensiyon | <input type="checkbox"/> Mga Insurance o Legal Settlement | <input type="checkbox"/> Rental o Royalty Income |
| <input type="checkbox"/> Mga Interes o Dibidendo galing sa: Savings, Stocks, Bonds, o Retirement Account | <input type="checkbox"/> Mga kabayaran galing sa Disability o Workers Compensation | <input type="checkbox"/> Kuwarta o Ibang Kita |

3

Sumasang-ayon ba kayo sa sumusunod? Mangyaring basahin at lumagda sa ibaba.

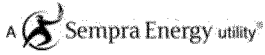
Isinasaad ko na ang impormasyong aking ibinigay sa aplikasyong ito ay tapat at tumpak. Sumasang-ayon ako na kung ako ay hihilingan, papatunayan ko na ako'y karapat-dapat sa CARE. Sumasang-ayon din ako na ipapahayag ko sa The Gas Company kung hindi na ako kwalipikadong tumanggap ng diskuwento. Nauunawaan ko na kung makatanggap ako ng diskuwento at ako'y hindi kwalipikado, maaari akong hingang-pautos na ibalik ang diskuwentong natanggap ko. Nauunawaan ko na maaring ipahayag ng The Gas Company ang aking impormasyon sa mga utilities o mga ahente upang matala ako sa kanilang mga programang nagbibigay ng tulong.

Lagda:

Petsa:



20% CARE DISCOUNT



California Alternate Rates for Energy (CARE) The Gas Company 20%
#8# \$15 (Service Establishment Charge)
773- (The Gas Company)

socialgas.com ("CARE")
THE CARE DISCOUNT:

(PUBLIC ASSISTANCE PROGRAMS:)

<p>Medicaid Medi-Cal Healthy Families A&B CalWORKs (TANF) Tribal TANF Head Start Income Eligible - KJ Bureau of Indian Affairs General Assistance CalFresh / SNAR(*/?) NSLP SSI</p>
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1	\$22,980
2	\$31,020
3	\$39,060
4	\$47,100
5	\$55,140
6	\$63,180
7	\$71,220
8	\$79,260
+ # + / 9 - + -	+ \$8,040

(Dependent) 1-F
The Gas Company 30
CARE

Energy Savings Assistance Program: ()
1-800-331-7593

Medical Baseline: ()
1-800-427-2200

LIHEAP: Low Income Home Energy Assistance Program ()
866-675-6623

California Lifeline: ()
CARE

1-888-427-1345
*(213)244-4665
TDD/TTY: 1-800-252-0259

SAMPLE FORMS: APPLICATIONS
Self-Recertification CARE Application
Individually Metered Residential (Form 6674-D, 06/13)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 4492
DECISION NO.

ISSUED BY
Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)
DATE FILED May 14, 2013
EFFECTIVE _____
RESOLUTION NO. E-3524



YOUR RATE DISCOUNT IS EXPIRING

A Sempra Energy utility®

Dear Customer:

You are currently receiving a 20% rate discount on your monthly gas bill through The Gas Company's California Alternate Rates for Energy (CARE) program. In order to continue receiving the CARE discount, you are required to renew your eligibility within 90 days. To renew, use one of the methods listed below:

1. Return the completed and signed form by mail or fax.

OR

2. Call **1-866-716-3452** anytime 24 hours a day, 7 days a week, and follow the instructions to recertify by phone. Please have your account number ready. You can locate your account number at the bottom of this page,

OR

3. Visit our Website <http://www.socalgas.com/care/recert/> and have your account number ready.

HOW TO QUALIFY FOR THE CARE DISCOUNT:

PUBLIC ASSISTANCE PROGRAMS:
If you or someone in your household participates in any of these programs:
Medicaid or Medi-Cal
Healthy Families A&B
Women, Infants, & Children (WIC)
CalWORKs (TANF) or Tribal TANF
Head Start Income Eligible – Tribal Only
Bureau of Indian Affairs General Assistance
CalFresh / SNAP (Food Stamps)
National School Lunch Program (NSLP)
Low Income Home Energy Assistance Program (LIHEAP)
Supplemental Security Income (SSI)

OR

MAXIMUM HOUSEHOLD INCOME*: <i>(effective June 1, 2013 to May 31, 2014)</i> *current household income from all sources before deductions	
Number of Persons in Household	Total Annual Income
1	\$22,980
2	\$31,020
3	\$39,060
4	\$47,100
5	\$55,140
6	\$63,180
7	\$71,220
8	\$79,260
Each additional person	+\$8,040

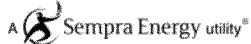
CONDITIONS FOR PARTICIPATION

The gas bill must be in your name and the address must be your primary address. / You must not be claimed as a dependent on another person's income tax return other than your spouse. / You must recertify your application when requested. / You must notify The Gas Company within 30 days if you no longer qualify. / You may be asked to verify your eligibility for CARE.

FOR INFORMATION ON CARE, CALL THE GAS COMPANY AT:

English: 1-800-427-2200 Mandarin: 1-800-427-1429 Spanish: 1-800-342-4545
 Korean: 1-800-427-0471 Cantonese: 1-800-427-1420 Vietnamese: 1-800-427-0478
 Hearing Impaired (TDD/TTY): 1-800-252-0259 (available in English and Spanish only)
 FAX: (213) 244-4665

Account Number:

**EL DESCUENTO EN SU
TARIFA ESTÁ POR VENCER**

Apreciable cliente:

Actualmente recibe en la factura mensual de gas un descuento del 20% en la tarifa a través del programa de Tarifas Alternas para Energía en California (CARE) de The Gas Company. Para continuar recibiendo el descuento CARE, debe renovar su derecho a participar en un plazo de 90 días. Para renovarlo, use uno de los métodos que se enumeran a continuación:

1. Devuelva el Formulario de Recertificación debidamente llenado y firmado por correo o fax,
○
2. Llame al 1-866-716-3452 en cualquier momento las 24 horas al día, 7 días a la semana, y siga las instrucciones para recertificar por teléfono. Por favor tenga listo su número de cuenta. Puede localizar su número de cuenta en la parte inferior de esta página,
○
3. Visite nuestro sitio Web www.socalgas.com/care/recert/ y tenga listo su número de cuenta.

CÓMO CALIFICAR PARA EL DESCUENTO CARE:

PROGRAMAS DE ASISTENCIA PÚBLICA:
Si usted o alguien que vive en su hogar participa en cualquiera de estos programas:
Medicaid / Medi-Cal Healthy Families Categorías A & B Programa para Mujeres, Infantes, y Niños (WIC) CalWORKs (TANF) o TANF Tribal CalFresh / SNAP (Estampillas para Comida) Programa de Asistencia con la Energía Doméstica para Hogares de Bajos Ingresos (LIHEAP) Ingreso Suplementario del Seguro Social (SSI) National School Lunch Program (NSLP) Agencia de Asuntos Indios, Asistencia General (BIA GA) Asistencia General Elegible para Ingreso de Ventaja Inicial - solamente tribal

INGRESO MÁXIMO EN EL HOGAR: <i>(en vigor del 1 de junio de 2013 al 31 de mayo de 2014)</i> *ingreso actual en el hogar de todas las fuentes antes de deducciones	
Número de personas en el hogar	Ingreso total anual
1	\$22,980
2	\$31,020
3	\$39,060
4	\$47,100
5	\$55,140
6	\$63,180
7	\$71,220
8	\$79,260
Cada persona adicional	+\$8,040

CONDICIONES PARA PARTICIPAR

La factura de gas debe estar a su nombre y la dirección debe ser su domicilio principal.

No debe aparecer como dependiente en la declaración de impuestos sobre el ingreso de otra persona que no sea su cónyuge.

Debe recertificar su solicitud cuando se le solicite.

Debe notificar a The Gas Company en un término de 30 días si deja de calificar.

Tal vez se le pida comprobar que reúne los requisitos para CARE.

PARA INFORMACIÓN SOBRE CARE, LLAME A THE GAS COMPANY AL:

Inglés: 1-800-427-2200

Mandarín: 1-800-427-1429

Español: 1-800-342-4545

Coreano: 1-800-427-0471

Cantonés: 1-800-427-1420

Vietnamita: 1-800-427-0478

Para clientes con limitaciones auditivas (TDD/TTY): 1-800-252-0259 (disponible en inglés y español únicamente)

FAX: (213) 244-4665

Número de cuenta:



A Sempra Energy utility

***** The Gas Company ***** (CARE) ***** 20 ***** CARE *****
***** CARE ***** 90 *****

1. ***** (Re-certification Form) *****

2. ***** 24 ***** 1-866-716-3452 *****

3. ***** www.socalgas.com/care/recert/ *****

***** CARE *****

Medicaid / Medi-Cal (*****)** Healthy Families A&B (***** A** B)*****
Women, Infants & Children (WIC, *****)*****
*****)** CalWORKs (TANF) * ** TANF * Head Start Income Eligible (*****)*****
Bureau of Indian Affairs General Assistance (*****)*****
*****)** CalFresh / SNAP (*****)** National School Lunch Program (NSLP, *****)*****
Low Income Home Energy Assistance Program (LIHEAP, *****)** Supplemental Security Income (SSI, *****)*****

***** 2013 *** 6 * 7 * * 2014 * 5 * 31 * * * *

1 \$22,980
2 \$31,020
3 \$39,060
4 \$47,100
5 \$55,140
6 \$63,180
7 \$71,220
8 \$79,260
***** +\$8,040

***** 7 *****
***** CARE ***** 7 ***** 30 ***** The Gas Company * /***** CARE *****

***** CARE ***** THE GAS COMPANY * *

***** 1-800-427-2200 ***** 1-800-427-1429 ***** 1-800-342-4545
***** 1-800-427-0471 ***** 1-800-427-1420 ***** 1-800-427-0478
***** (TDD/TTY) * 1-800-252-0259 * * * * *
* (FAX): (213) 244-4665



A Sempra Energy utility

***** The Gas Company ***** (CARE) *****
20% ***** CARE ***** 90 *****
3 *****

1. *****

1. ***** *1-866-716-3452 ***** *24*****

2. ***** www.socalgas.com/care/recert/ *****

CARE *****

Table listing various assistance programs: Medicaid / Medi-Cal, A B (Healthy Families A&B), WIC, CalWORKs (TANF), Head Start - Income Eligible, Bureau of Indian Affairs General Assistance, CalFresh / SNAP, National School Lunch Program, LIHEAP, SSI.

Table with 2 columns: Program Number (1-8) and Amount. Total amount is \$8,040.

CARE *****

***** 30 ***** The Gas Company *****

CARE *****

CARE ***** THE GAS COMPANY *****

*** : 1-800-427-2200

*** * 1-800-427-1429

***** * 1-800-342-4545

*** * 1-800-427-0471

*****: 1-800-427-1420

*****: 1-800-427-0478

***** (TDD/TTY): 1-800-252-0259 *****

*** (FAX): (213) 244-4665

SAMPLE FORMS: APPLICATIONS
Capitation Program CARE Application
(Form 6491-2D, 06/13)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 4492
DECISION NO.

ISSUED BY
Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)
DATE FILED May 14, 2013
EFFECTIVE _____
RESOLUTION NO. E-3524



A Sempra Energy utility®

20 PERCENT DISCOUNT CARE APPLICATION

Southern California Gas Company's (SoCalGas®) California Alternate Rates for Energy (CARE) program provides a 20 percent discount on the monthly gas bill for eligible households. Those who qualify and are approved within 90 days of starting new gas service will also receive a \$15 discount on the Service Establishment Charge. The discount will be applied once your completed and signed application is approved by SoCalGas.

Please complete the application and return it in the envelope provided or apply online at socalgas.com (search "CARE").

HOW TO QUALIFY FOR THE CARE DISCOUNT

PUBLIC ASSISTANCE PROGRAMS: If you or another person in your household receives benefits from any of the following programs:	MAXIMUM HOUSEHOLD INCOME: (effective June 1, 2013 to May 31, 2014)	
	Number of Persons in Household	Total Annual Income*
Medi-Cal/Medicaid	OR	
Healthy Families Categories A & B		
Women, Infants, & Children (WIC)		
CalWORKs (TANF) or Tribal TANF		
Head Start Income Eligible - Tribal Only		
Bureau of Indian Affairs General Assistance (BIA GA)		
CalFresh/SNAP (Food Stamps)		
National School Lunch Program (NSLP)		
Low-Income Home Energy Assistance Program (LIHEAP)		
Supplemental Security Income (SSI)		
	1	\$22,980
	2	\$31,020
	3	\$39,060
	4	\$47,100
	5	\$55,140
	6	\$63,180
	7	\$71,220
	8	\$79,260
	For each additional household member, add \$8,040	
	* Includes current household income from all sources before deductions.	

CONDITIONS FOR PARTICIPATION

The gas bill must be in your name and the address must be your primary address. / You must not be claimed as a dependent on another person's income tax return other than your spouse. / You must recertify your application when requested. / You must notify SoCalGas within 30 days if you no longer qualify. / You may be asked to verify your eligibility for CARE.

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR:

Energy Savings Assistance Program: Offers no-cost energy saving home improvements. For more information, please call 1-800-331-7593.



Medical Baseline: Provides additional allowance of gas at a lower rate to customers with certain medical conditions. For more information, call 1-800-427-2200.

Low-Income Home Energy Assistance Program (LIHEAP): Provides bill payment assistance, emergency bill assistance and weatherization services. Call the California Dept. of Community Services and Development at 1-866-675-6623.

California Lifeline: Provides discounted telephone access for customers meeting similar income guidelines to CARE. For more information, contact your local telephone service provider.

FOR MORE INFORMATION ON CUSTOMER ASSISTANCE:

English: 1-800-427-2200 Mandarin: 1-800-427-1429 Spanish: 1-800-342-4545
 Korean: 1-800-427-0471 Cantonese: 1-800-427-1420 Vietnamese: 1-800-427-0478
 Hearing Impaired (TDD/TTY): 1-800-252-0259 (available in English and Spanish only)

CONTRACTOR STAMP



CARE 20 PERCENT RATE DISCOUNT APPLICATION

To qualify for the 20 percent discount, please complete the application form and return it to SoCalGas. You will receive your discount once your completed, signed application is approved by SoCalGas.



PLEASE COMPLETE IN BLACK OR DARK BLUE INK. CORRECT WAY TO MARK CIRCLES:

1

CUSTOMER NAME (AS IT APPEARS ON YOUR BILL):

HOME ADDRESS (STREET, APT #, CITY, ZIP):

ACCOUNT NUMBER: SOURCE CODE:

PHONE NUMBER:

EMAIL ADDRESS:

2

Total # of adults and children in your household: 1 2 3 4 5 6 If more than 6:

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

YES (If yes, mark the program(s) of participation)

- Medi-Cal/Medicaid: Under Age 65
- Medi-Cal/Medicaid: 65 or older
- Healthy Families Categories A & B
- Women, Infants, and Children Program (WIC)
- CaWORKs (TANF) or Tribal TANF
- CalFresh/SNAP (Food Stamps)
- Low-Income Home Energy Assistance Program (LIHEAP)
- Supplemental Security Income (SSI)
- National School Lunch Program (NSLP)
- Bureau of Indian Affairs General Assistance (BIA GA)
- Head Start Income Eligible – Tribal Only

NO

What is your yearly household income (before deductions, including all members of the household)

\$0 - \$22,980 \$22,981 - \$31,020 \$31,021 - \$39,060 \$39,061 - \$47,100 \$47,101 - \$55,140

If more than \$55,140, 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 Profit from Self Employment
- 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 or Other Income

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 SoCalGas if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be 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:

DATE: / /



FORMULARIO DE SOLICITUD PARA EL DESCUENTO CARE DEL 20 POR CIENTO



El programa de Tarifas Alternas para Energía en California (CARE) de Southern California Gas Company's (SoCalGas®) ofrece un descuento del 20 por ciento en la factura mensual de gas a los hogares que reúnen los requisitos. Aquellos que califiquen y sean aprobados en un término de 90 días a partir del inicio de su nuevo servicio de gas también recibirán un descuento de \$15 en el Cargo de Conexión de Servicio (Service Establishment Charge). El descuento se aplicará una vez que el formulario de solicitud debidamente llenado y firmado haya sido aprobado por SoCalGas.

Sírvase llenar el formulario de solicitud y regresarlo en el sobre provisto, o presentarlo en línea en socialgas.com/espanol (busque la palabra clave "CARE").

CÓMO CALIFICAR PARA EL DESCUENTO CARE:

PROGRAMAS DE ASISTENCIA PÚBLICA:	INGRESO MÁXIMO EN EL HOGAR (en vigor del 1 de junio de 2013 al 31 de mayo de 2014)	
Si usted u otra persona que vive en su hogar recibe beneficios de cualquiera de los siguientes programas:	Número de personas en el hogar	Ingreso total anual*
Medi-Cal/Medicaid	1	\$22,980
Healthy Families Categories A & B	2	\$31,020
Programa de mujeres, infantes y niños (WIC)	3	\$39,060
CalWORKs (TANF) o TANF tribal	4	\$47,100
Elegible para ingreso de Ventaja Inicial – Solamente tribal	5	\$55,140
Agencia de Asuntos Indios, Asistencia General (BIA GA)	6	\$63,180
CalFresh/SNAP (Food Stamps/ Estampillas para comida)	7	\$71,220
National School Lunch Program (NSLP)	8	\$79,260
Programa de Asistencia con la Energía Doméstica para Hogares de Bajos Ingresos (LIHEAP)	Por cada miembro adicional en el hogar, añada \$8,040	
Ingreso Suplementario del Seguro Social (SSI)	* Incluye los ingresos actuales del hogar de todas las fuentes de ingreso antes de deducciones.	

CONDICIONES PARA PARTICIPAR

La factura de gas debe estar a su nombre y la dirección debe ser su domicilio principal. / No debe aparecer como dependiente en la declaración de impuestos de otra persona que no sea su cónyuge. / Debe recertificar su solicitud cuando se le solicite. / Debe notificar a SoCalGas en un término de 30 días si deja de calificar. / Tal vez se le pida comprobar que reúne los requisitos para CARE.

OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE TAL VEZ CALIFIQUE:

Energy Savings Assistance Program: Ofrece mejoras sin costo que ahorran energía. Para más información, llame al 1-800-331-7593.



Asignación Médica Inicial (Medical Baseline): Provee asignación adicional de gas a una tarifa menor a los clientes con ciertas afecciones. Para más información, llame al 1-800-342-4545.

El Programa de Ayuda Energética para Hogares de Bajos Ingresos (LIHEAP): Ofrece asistencia para el pago de facturas, asistencia de emergencia para el pago de facturas y protección de la casa contra los agentes atmosféricos. Llame al Departamento de Servicios a la Comunidad al 1-866-675-6623.

California Lifeline: Ofrece telefónico a precios de descuento para los clientes que reúnan requisitos de ingreso similares a los del programa CARE. Para más información, llame al proveedor de servicio telefónico de su localidad.

PARA MÁS INFORMACIÓN ACERCA DE ASISTENCIA AL CLIENTE:

Inglés: 1-800-427-2200 Mandarín: 1-800-427-1429 Español: 1-800-342-4545
Coreano: 1-800-427-0471 Cantonés: 1-800-427-1420 Vietnamita: 1-800-427-0478
Para clientes con limitaciones auditivas (TDD/TTY): 1-800-252-0259
(disponible en inglés y español únicamente)

CONTRACTOR STAMP



SOLICITUD CARE PARA UN 20 POR CIENTO DE DESCUENTO

Para tener derecho al 20 por ciento de descuento en la tarifa de gas de su factura, por favor llene el formulario de solicitud y regréselo a SoCalGas. Recibirá su descuento una vez que su solicitud llena y firmada sea aprobada por SoCalGas.



POR FAVOR DE COMPLETAR EN TINTA NEGRA O AZUL OSCURA. FORMA CORRECTA DE MARCAR LOS CÍRCULOS: J

1

NOMBRE DEL CLIENTE (TAL COMO APARECE EN SU FACTURA):

DOMICILIO PARTICULAR (CALLE, NO. DE APTO., CIUDAD, CÓDIGO POSTAL):

NÚMERO DE CUENTA: SOURCE CODE:

TELÉFONO:

CORREO ELECTRÓNICO:

2

Número total de adultos y niños que viven en su hogar: 1 2 3 4 5 6 Si más de 6:

¿Está usted (o alguien que vive en su hogar) inscrito en alguno de los siguientes programas de asistencia?

SÍ (Si su respuesta es afirmativa, marque el(los) programa(s) de participación) ffl

- Medi-Cal/Medicaid: menor de 65 años
- Medi-Cal/Medicaid: 65 años o más
- Healthy Families Categories A & B
- Programa para Mujeres, Infantes y Niños (WIC)
- CalWORKs (TANF) o TANF Tribal
- CalFresh/SNAP (Food Stamps/Estampillas para comida)
- Programa de Asistencia con la Energía Doméstica para Hogares de Bajos Ingresos (LIHEAP)
- Ingreso Suplementario del Seguro Social (SSI)
- National School Lunch Program (NSLP)
- Agencia de Asuntos Indios, Asistencia General (BIA GA)
- Asistencia General Elegible para Ingreso de Ventaja Inicial – Solamente tribal

NO ffl

¿Cuál es el ingreso anual de su hogar (antes de deducciones, incluyendo a todos los miembros del hogar)? ffl

\$0 - \$22,980 \$22,981 - \$31,020 \$31,021 - \$39,060 \$39,061 - \$47,100 \$47,101 - \$55,140

Si es más de \$55,140, escriba el monto aquí: \$.00 al año

Por favor marque sus fuentes de ingreso: ffl

- Seguro Social
- SSP o SSDI
- Pensiones
- Intereses o dividendos de: cuentas de ahorro, acciones, bonos, o cuentas para el retiro
- Salarios y/o ingresos de autoempleo
- Beneficios de desempleo
- Pagos de pólizas de seguro o convenios judiciales
- Pagos por incapacidad o indemnización para los trabajadores
- Pensión conyugal o alimenticia
- Becas, subvenciones u otra ayuda usada para sufragar el costo de la vida
- Ingresos por alquiler o regalías
- Dinero en efectivo y/u otros ingresos

3

¿Acepta usted lo siguiente? Por favor lea y firme abajo.

Declaro que la información que proporcioné en este formulario de solicitud es verdadera y correcta. Convengo en proporcionar comprobantes de elegibilidad para CARE si se me solicita. Convengo en informar a SoCalGas si dejo de calificar para recibir el descuento. Entiendo que, si recibo el descuento sin tener derecho al mismo, se me puede exigir la devolución del descuento recibido. Entiendo que SoCalGas puede compartir mis datos con otras empresas de servicios públicos o agentes para inscribirme en sus programas de asistencia.

FIRMA: X

FECHA: / /

SAMPLE FORMS: APPLICATIONS
Post-Enrollment Verification CARE Application
Individually Metered Residential (Form 6675-D, 06/13)

T

(See Attached Form)

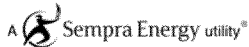
(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 4492
DECISION NO.

ISSUED BY
Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)
DATE FILED May 14, 2013
EFFECTIVE _____
RESOLUTION NO. E-3524



**IMMEDIATE REPLY
NEEDED**



Dear Customer:

You are currently receiving a 20% CARE discount on your monthly gas bill through The Gas Company's California Alternate Rates for Energy (CARE) program. Your household has been randomly selected for verification of eligibility. To continue receiving this discount, please return the completed and signed form including required document(s) in the envelope provided, or by fax, within 90 days. If you do not reply or are found ineligible, you may receive corrected billings.

Required Documents: You only need to provide copies of document(s) from either list **1** **O** **R** **2**(not both).

List 1) If you or another person in your household receives public assistance, **please send documentation proving participation** in any of the following programs:

Medicaid, Medi-Cal, Healthy Families A&B (Monthly Premium Statement), Women, Infants, & Children (WIC), CalWORKs (TANF), Tribal TANF, Head Start Income Eligible - Tribal Only, Bureau of Indian Affairs General Assistance, CalFresh / SNAP (Food Stamps), National School Lunch Program (NSLP), Low Income Home Energy Assistance Program (LIHEAP), Supplemental Security Income (SSI)

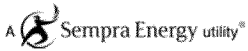
OR

List 2) If no one in your household participates in any of the programs mentioned above, **please send copies of income documents for every household member receiving income or aid.** The chart below lists income sources and required documents:

If you receive:	Acceptable Documents
Wages, Salary, Tips, Commissions	Two most recent consecutive Pay Stubs, or W2, or IRS 1040 form
Social Security, SSI, SSDI, Pensions, Disability Payments, Workers Compensation, Unemployment Benefits	Statements of Benefits, or Copy of the Check, or Bank Statements showing the deposits, or IRS Form 1040, or IRS Form 1099
Profit from Self-Employment	IRS Form 1040, plus Schedule C
Rental Income, Royalty Income	IRS Form 1040, plus Schedule E for rental income
Interest or Dividends from Savings Accounts, Retirement Accounts, Stocks, Bonds	IRS Form 1040, or IRS Form 1099(s).
Insurance, Legal settlements	Settlement documents
Child and/or Spousal Support	Court Documents, or Copy of the Check
School Grants, Scholarships, or Other Aid	Award Letters, or two most recent consecutive Pay Stubs, or Copy of the Check
None of the Sources Above	A statement explaining the sources of income used to support your household

FOR INFORMATION ON CARE, CALL THE GAS COMPANYSM AT:

English: 1-800-427-2200 Mandarin: 1-800-427-1429 Spanish: 1-800-342-4545
Korean: 1-800-427-0471 Cantonese: 1-800-427-1420 Vietnamese: 1-800-427-0478
Hearing Impaired (TDD/TTY): 1-800-252-0259 (available in English and Spanish only)
FAX: (213) 244-4665

**SE REQUIERE RESPUESTA INMEDIATA**

Apreciable cliente:

Actualmente recibe en la factura mensual de gas un descuento del 20% en la tarifa a través del programa de Tarifas Alternas para Energía en California (CARE) de The Gas Company. Su hogar fue seleccionado al azar para verificar que reúne los requisitos. Para continuar recibiendo este descuento, sírvase devolver el formulario debidamente llenado y firmado, junto con la documentación requerida en el sobre provisto, o por fax, en un término de 90 días. Si no responde o se determina que no reúne los requisitos, tal vez reciba facturas con los montos corregidos.

Documentación requerida: Sólo necesita proporcionar copias de la documentación de la lista **1 ó 2** (no ambas).

Lista 1) Si usted o alguien que vive en su hogar recibe asistencia pública, **sírvase enviar la documentación que compruebe su participación** en cualquiera de los siguientes programas:

Medicaid / Medi-Cal, Healthy Families Categorías A & B (Declaración de Prima Mensual), Programa para Mujeres, Infantes, y Niños (WIC), CaiWORKs (TANF) o TANF Tribal, CalFresh / SNAP (Estampillas para Comida), Programa de Asistencia con la Energía Doméstica para Hogares de Bajos Ingresos (LIHEAP), Ingreso Suplementario del Seguro Social (SSI), National School Lunch Program (NSLP), Agencia de Asuntos Indios, Asistencia General (BIA GA), Asistencia General Elegible para Ingreso de Ventaja Inicial - solamente tribal

O

Lista 2) Si ningún miembro del hogar participa en alguno de los programas mencionados con anterioridad, **sírvase enviar copias de los comprobantes de ingreso de cada uno de los miembros que viva en su hogar y que reciba ingresos o ayuda.** El siguiente cuadro enlista las fuentes de ingreso y la documentación requerida:

Si usted recibe:	Documentación aceptable
Salarios, sueldos, propinas, comisiones	Los dos últimos talones de pago, o W2, o formulario 1040 del IRS
Seguro social, SSI, SSDI, pensiones, pagos por incapacidad, indemnización para los trabajadores, beneficios de desempleo	Constancias de beneficios, o copia del cheque, o estados de cuenta bancarios que muestren los depósitos, o formulario 1040 del IRS o formulario 1099 del IRS
Ingresos por autoempleo	Formulario 1040 del IRS y Anexo C
Ingresos por alquiler o regalías	Formulario 1040 del IRS y Anexo E para ingresos por alquiler
Intereses o dividendos de cuentas de ahorro, cuentas para el retiro, acciones, bonos	Formulario 1040 del IRS o formulario 1099(s) del IRS
Pagos de pólizas de seguro o convenios judiciales	Documentación relativa al pago de pólizas o convenios
Pensión alimenticia y/o conyugal	Documentación judicial o copia del cheque
Subvenciones, becas u otro tipo de ayuda escolar	Cartas de otorgamiento, o los dos últimos talones de pago, o copia del cheque
Ninguna de las fuentes anteriores	Una declaración que explique las fuentes de ingreso usadas para mantener su hogar

PARA INFORMACIÓN SOBRE CARE, LLAME A THE GAS COMPANYSM AL:

Inglés: 1-800-427-2200

Mandarín: 1-800-427-1429

Español: 1-800-342-4545

Coreano: 1-800-427-0471

Cantonés: 1-800-427-1420

Vietnamita: 1-800-427-0478

Para clientes con limitaciones auditivas (TDD/TTY): 1-800-252-0259 (disponible en inglés y español únicamente)

FAX: (213) 244-4665



A Sempra Energy utility

***** The Gas Company ***** (CARE) ***** 20 *** CARE *****
***** 90 *****

***** 1 ***** 2 *****

*** 1 *****

Medicaid / Medi-Cal * Supplemental Social Security * CalFresh /
SNAP * Healthy Families A&B * A * B *
CalWORKs / TANF * TANF * WIC * LIHEAP *
* National School Lunch Program * Bureau of Indian Affairs General Assistance
* Head Start Income Eligible - Tribal Only

**

*** 2 *****

*****	*****
*****	***** (Pay Stubs) ** W2 **
*****	IRS 1040 *** *
Social Security * SSI, SSDI * *	***** Statements of Benefits * * * * * * * * * * IRS ** 1040 * *
*****	1099 *** *
*** (Self-Employment) * * * * *	IRS ** 1040 * * * * * Schedule C * * * *
*****	IRS ** 1040 * * * * * Schedule E ** * *
*****	IRS ** 1040 * * * * * IRS ** 1099(s) * * * *
*****	*****
*** / * * * * *	*****
*****	***** Pay * * * * *
*****	Stubs * * * * *
*****	*****

***** CARE ***** THE GAS COMPANYSM:

*** 1-800-427-2200 * 1-800-427-1429 ***** 1-800-342-4545
*** 1-800-427-0471 * 1-800-427-1420 ***** 1-800-427-0478
***** (TDD/TTY): 1-800-252-0259 * * * * *
* * * FAX: (213) 244-4665



A Sempra Energy utility

The Gas Company (CARE)
20% CARE
90

***** 1 ***** 2 (*****)*****

***** 1) *****

(Medicaid), Medi-Cal, A B (Healthy Families A&B),
(Women, Infants and Children WIC), CalWORKs / TANF,
(Head Start Income Eligible - Tribal Only),
(Bureau of Indian Affairs General Assistance),
CalFresh / SNAP, (National School Lunch Program, NSLP),
(Low Income Home Energy Assistance Program, LIHEAP),
(Supplemental Security Income, SSI)

*** *

***** 2) *****

Table with 2 columns and 10 rows containing tax-related information and codes like W2, IRS 1040, SSI, SSDI, 1099, 1099, 1099, 1099, 1099, 1099.

CARE THE GAS COMPANY SM

1-800-427-2200 1-800-427-1429 1-800-342-4545
1-800-427-0471 1-800-427-1420 1-800-427-0478
(TDD/TTY): 1-800-252-0259
(FAX): (213) 244-4665



CARE 20% * * * * *

Form 6675-D KO (06/13)

THE GAS COMPANY
CARE PROGRAM MLGT19A1
PO BOX 3249
LOS ANGELES, CA 90051-1249



***** CARE ***** CARE *****

***** (*) ***** 4 *****

*** 90 *****

(1) ***** (*, *****):

1 2 3 4 5 6 *****6 *****

(2) ***** (*, *****) ***** (*) *****

1.				7.			
2.				8.			
3.				9.			
4.				10.			
5.				11.			
6.				12.			

***** (*) *****

\$0 - \$22,980 \$22,981 - \$31,020 \$31,021 - \$39,060 \$39,061 - \$47,100 \$47,101 - \$55,140

\$55,140 *****

(3) *****

***** (*) ***** (*) *****

(4) *****

The Gas Company *****

***** The Gas Company *****

*** X ***

SOCAL GAS *****

1=CE 2=INCOME 3=BOTH INC: \$ HH: INITIALS:

BLANK = INCOMPLETE

SAMPLE FORMS: APPLICATIONS
Post-Enrollment Verification CARE Application
Sub-Metered Residential (Form 6675-DS, 06/13)

T

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 4492
DECISION NO.

ISSUED BY
Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)
DATE FILED May 14, 2013
EFFECTIVE _____
RESOLUTION NO. E-3524



A Semptra Energy utility®

**IMMEDIATE REPLY
NEEDED**

Dear ☐ |>|☐:

You are currently receiving a 20% CARE discount on your monthly gas bill through The Gas Company's California Alternate Rates for Energy (CARE) program. Your household has been randomly selected for verification of eligibility. To continue receiving this discount, please return the completed and signed form AND include required document(s) in the envelope provided, or by fax, within 90 days. If you do not reply or are found ineligible, you may receive corrected billings.

Required Documents: Please provide copies of document(s) from either list **1 O R 2**(not both).

List 1) If you or another person in your household receives public assistance, **please send documentation proving participation** in any of the following programs:

Medicaid, Medi-Cal, Healthy Families A&B (Monthly Premium Statement), Women, Infants, & Children (WIC), CalWORKs(TANF), Tribal TANF, Head Start Income Eligible - Tribal Only, Bureau of Indian Affairs General Assistance, CalFresh / SNAP (Food Stamps), National School Lunch Program (NSLP), Low Income Home Energy Assistance Program (LIHEAP), Supplemental Security Income (SSI)

OR

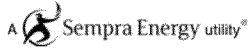
List 2) If no one in your household participates in any of the programs mentioned above, **please send copies of income documents for every household member receiving income or aid.** The chart below lists income sources and required documents:

If you receive:	Acceptable Documents
Wages, Salary, Tips, Commissions	Two most recent consecutive Pay Stubs, or W2, or IRS 1040 form
Social Security, SSI, SSDI, Pensions, Disability Payments, Workers Compensation, Unemployment Benefits	Statements of Benefits, or Copy of the Check, or Bank Statements showing the deposits, or IRS Form 1040, or IRS Form 1099
Profit from Self-Employment	IRS Form 1040, plus Schedule C
Rental Income, Royalty Income	IRS Form 1040, plus Schedule E for rental income
Interest or Dividends from Savings Accounts, Retirement Accounts, Stocks, Bonds	IRS Form 1040, or IRS Form 1099(s).
Insurance, Legal settlements	Settlement documents
Child and/or Spousal Support	Court Documents, or Copy of the Check
School Grants, Scholarships, or Other Aid	Award Letters, or two most recent consecutive Pay Stubs, or Copy of the Check
None of the Sources Above	A statement explaining the sources of income used to support your household

FOR INFORMATION ON CARE, CALL THE GAS COMPANYSM AT:

English:	1-800-427-2200	Mandarin:	1-800-427-1429	Spanish:	1-800-342-4545
Korean:	1-800-427-0471	Cantonese:	1-800-427-1420	Vietnamese:	1-800-427-0478

Hearing Impaired (TDD/TTY): 1-800-252-0259 (available in English and Spanish only)
FAX: (213) 244-4665

**SE REQUIERE RESPUESTA INMEDIATA**Apreciable $\frac{1}{4}$ $\frac{1}{4}$ \:

Actualmente recibe en la factura mensual de gas un descuento del 20% en la tarifa a través del programa de Tarifas Alternas para Energía en California (CARE) de The Gas Company. Su hogar fue seleccionado al azar para verificar que reúne los requisitos. Para continuar recibiendo este descuento, sírvase devolver el formulario debidamente llenado y firmado, junto con la documentación requerida en el sobre provisto, o por fax, en un término de 90 días. Si no responde o se determina que no reúne los requisitos, tal vez reciba facturas con los montos corregidos.

Documentación requerida: Sólo necesita proporcionar copias de la documentación de la lista **1 ó 2** (no ambas).

Lista 1) Si usted o alguien que vive en su hogar recibe asistencia pública, **sírvase enviar la documentación que compruebe su participación** en cualquiera de los siguientes programas:

Medicaid / Medi-Cal, Healthy Families Categorías A & B (Declaración de Prima Mensual), Programa para Mujeres, Infantes, y Niños (WIC), CaiWORKs (TANF) o TANF Tribal, CalFresh / SNAP (Estampillas para Comida), Programa de Asistencia con la Energía Doméstica para Hogares de Bajos Ingresos (LIHEAP), Ingreso Suplementario del Seguro Social (SSI), National School Lunch Program (NSLP), Agencia de Asuntos Indios, Asistencia General (BIA GA), Asistencia General Elegible para Ingreso de Ventaja Inicial - solamente tribal

O

Lista 2) Si ningún miembro del hogar participa en alguno de los programas mencionados con anterioridad, **sírvase enviar copias de los comprobantes de ingreso de cada uno de los miembros que viva en su hogar y que reciba ingresos o ayuda.** El siguiente cuadro enlista las fuentes de ingreso y la documentación requerida:

Si usted recibe:	Documentación aceptable
Salarios, sueldos, propinas, comisiones	Los dos últimos talones de pago, o W2, o formulario 1040 del IRS
Seguro social, SSI, SSDI, pensiones, pagos por incapacidad, indemnización para los trabajadores, beneficios de desempleo	Constancias de beneficios, o copia del cheque, o estados de cuenta bancarios que muestren los depósitos, o formulario 1040 del IRS o formulario 1099 del IRS
Ingresos por autoempleo	Formulario 1040 del IRS y Anexo C
Ingresos por alquiler o regalías	Formulario 1040 del IRS y Anexo E para ingresos por alquiler
Intereses o dividendos de cuentas de ahorro, cuentas para el retiro, acciones, bonos	Formulario 1040 del IRS o formulario 1099(s) del IRS
Pagos de pólizas de seguro o convenios judiciales	Documentación relativa al pago de pólizas o convenios
Pensión alimenticia y/o conyugal	Documentación judicial o copia del cheque
Subvenciones, becas u otro tipo de ayuda escolar	Cartas de otorgamiento, o los dos últimos talones de pago, o copia del cheque
Ninguna de las fuentes anteriores	Una declaración que explique las fuentes de ingreso usadas para mantener su hogar

PARA INFORMACIÓN SOBRE CARE, LLAME A THE GAS COMPANYSM AL:

Inglés: 1-800-427-2200

Mandarín: 1-800-427-1429

Español: 1-800-342-4545

Coreano: 1-800-427-0471

Cantonés: 1-800-427-1420

Vietnamita: 1-800-427-0478

Para clientes con limitaciones auditivas (TDD/TTY): 1-800-252-0259 (disponible en inglés y español únicamente)

FAX: (213) 244-4665

SAMPLE FORMS: APPLICATIONS
Self-Certification CARE Application
Submetered Residential (Form 6677-D, 06/13)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 4492
DECISION NO.

ISSUED BY
Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)
DATE FILED May 14, 2013
EFFECTIVE _____
RESOLUTION NO. E-3524



A Sempra Energy utility®

20% CARE DISCOUNT APPLICATION

CALIFORNIA ALTERNATE RATES FOR ENERGY

The Gas Company's California Alternate Rates for Energy (CARE) program provides a 20% discount on the monthly gas bill for eligible households. To see if you qualify, check the requirements shown below. Please complete the application and return by mail or fax. Once your completed and signed application is approved by The Gas CompanySM, you will receive the CARE discount from your property owner/manager. You and your property owner/manager will be notified whether or not you are approved for the discount.

Or apply online at socialgas.com (Search "CARE")

HOW TO QUALIFY FOR THE CARE DISCOUNT:

<p>PUBLIC ASSISTANCE PROGRAMS:</p> <p>If you or someone in your household participates in any of these programs:</p> <ul style="list-style-type: none"> Medicaid or Medi-Cal Healthy Families A&B Women, Infants, & Children (WIC) CalWORKs (TANF) or Tribal TANF Head Start Income Eligible - Tribal Only Bureau of Indian Affairs General Assistance CalFresh / SNAP (Food Stamps) National School Lunch Program (NSLP) Low Income Home Energy Assistance Program Supplemental Security Income (SSI) 	OR	<p>MAXIMUM HOUSEHOLD INCOME*: (effective June 1, 2013 to May 31, 2014) *current household income from all sources before deductions</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">Number of Persons in Household</th> <th style="width: 50%;">Total Annual Income</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td style="text-align: right;">\$22,980</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: right;">\$31,020</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: right;">\$39,060</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: right;">\$47,100</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: right;">\$55,140</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: right;">\$63,180</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: right;">\$71,220</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: right;">\$79,260</td></tr> <tr><td style="text-align: center;">Each additional person</td><td style="text-align: right;">+\$8,040</td></tr> </tbody> </table>	Number of Persons in Household	Total Annual Income	1	\$22,980	2	\$31,020	3	\$39,060	4	\$47,100	5	\$55,140	6	\$63,180	7	\$71,220	8	\$79,260	Each additional person	+\$8,040
Number of Persons in Household	Total Annual Income																					
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6	\$63,180																					
7	\$71,220																					
8	\$79,260																					
Each additional person	+\$8,040																					

CONDITIONS FOR PARTICIPATION

This address must be your primary address. / You must not be claimed as a dependent on another person's income tax return other than your spouse. / You must recertify your application when requested. / You must notify The Gas Company within 30 days if you no longer qualify. / You may be asked to verify your eligibility for CARE.

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR:

Energy Savings Assistance Program: Offers no-cost energy-saving home improvements such as ceiling insulation, door weather-stripping, caulking and minor home repairs to eligible low-income home-owners and renters. For more information, please call 1-800-331-7593.



Medical Baseline: Provides additional allowance of gas at a lower rate to customers with certain medical conditions. For more information, call 1-800-427-2200.

LIHEAP: Low Income Home Energy Assistance Program provides bill payment assistance, emergency bill assistance and weatherization services. Call the California Dept. of Community Services and Development at 1-866-675-6623.

California Lifeline: A discounted telephone access for customers meeting similar income guidelines to CARE. For more information, contact your local telephone service provider.

FOR INFORMATION ON CARE, CALL THE GAS COMPANY AT:

English: 1-800-427-2200	Mandarin: 1-800-427-1429	Spanish: 1-800-342-4545
Korean: 1-800-427-0471	Cantonese: 1-800-427-1420	Vietnamese: 1-800-427-0478

Hearing Impaired (TDD/TTY): 1-800-252-0259 (available in English and Spanish only)
Fax: (213) 244-4665



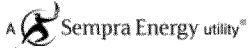
CARE 20% Rate Discount Application

Form 6677-D EN (06/13)

Please use DARK ink and print clearly to ensure proper processing

THE GAS COMPANY
CARE PROGRAM, M.L. GT19A1
PO BOX 3249
LOS ANGELES, CA 90051-1249

Correct way to mark circles: -



1

Tenant Name
(as it appears on your bill):

Home Address
(street, space #, city, zip):

Facility ID:

Phone Number:

E-mail Address:

2

Total # of adults and children in your household:



1 2 3 4 5 6 If more than 6:

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

YES (If yes, mark the program(s) of participation)

- | | |
|---|---|
| <input type="checkbox"/> Medi-Cal / Medicaid: Under Age 65 | <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) |
| <input type="checkbox"/> Medi-Cal / Medicaid: 65 or older | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Healthy Families Categories A & B | <input type="checkbox"/> National School Lunch Program (NSLP) |
| <input type="checkbox"/> Women, Infants, and Children Program (WIC) | <input type="checkbox"/> Bureau of Indian Affairs General Assistance (BIA GA) |
| <input type="checkbox"/> CalWORKs (TANF) or Tribal TANF | <input type="checkbox"/> Head Start Income Eligible - Tribal Only |
| <input type="checkbox"/> CalFresh / SNAP (Food Stamps) | |

NO

What is your yearly household income (before deductions, including all members of the household)?

\$0 - \$22,980 \$22,981 - \$31,020 \$31,021 - \$39,060 \$39,061 - \$47,100 \$47,101 - \$55,140

If more than \$55,140, enter amount here: \$ _____ per year

Please mark your sources of income:

- | | | |
|---|--|--|
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Wages and/or Profit from Self Employment | <input type="checkbox"/> Spousal or Child Support |
| <input type="checkbox"/> SSP or SSDI | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Scholarships, grants, or other aid used for living expenses |
| <input type="checkbox"/> Pensions | <input type="checkbox"/> Insurance or Legal Settlements | <input type="checkbox"/> Rental or Royalty Income |
| <input type="checkbox"/> Interest or Dividends from: Savings, Stocks, Bonds, or Retirement Accounts | <input type="checkbox"/> Disability or Workers Compensation Payments | <input type="checkbox"/> Cash or Other Income |

3

Do you agree to the following? 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 The Gas Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that The Gas Company can share my information with other utilities or agents to enroll me in their assistance programs.

Signature: **X**

Date: _____



FORMULARIO DE SOLICITUD PARA EL DESCUENTO CARE DEL 20%

EL PROGRAMA DE TARIFAS ALTERNAS PARA ENERGÍA EN CALIFORNIA

El programa de Tarifas Alternas para Energía en California (CARE) de The Gas Company ofrece un descuento del 20% en la factura mensual de gas a los hogares que reúnen los requisitos. Para ver si califica, revise los requisitos que aparecen a continuación. Por favor, complete y envíe la solicitud por correo o fax. Una vez que el formulario de solicitud debidamente llenado y firmado haya sido aprobado por The Gas CompanySM, recibirá el descuento CARE del propietario/administrador de su vivienda. Se les notificará a usted y al propietario/administrador de su vivienda si se aprobó o no el descuento.

O visite socialgas.com/español (busque la palabra clave "CARE").

CÓMO CALIFICAR PARA EL DESCUENTO CARE:

PROGRAMAS DE ASISTENCIA PÚBLICA:
Si usted o alguien que vive en su hogar participa en cualquiera de estos programas:
Medicaid / Medi-Cal
Healthy Families Categorías A & B
Programa para Mujeres, Infantes, y Niños (WIC)
CalWORKs (TANF) o TANF Tribal
CalFresh / SNAP (Estampillas para Comida)
Programa de Asistencia con la Energía Doméstica para Hogares de Bajos Ingresos (LIHEAP)
Ingreso Suplementario del Seguro Social (SSI)
National School Lunch Program (NSLP)
Agencia de Asuntos Indios, Asistencia General (BIA GA)
Asistencia General Elegible para Ingreso de Ventaja Inicial - solamente tribal

INGRESO MÁXIMO EN EL HOGAR: <i>(en vigor del 1 de junio de 2013 al 31 de mayo de 2014)</i> *ingreso actual en el hogar de todas las fuentes antes de deducciones	
Número de personas en el hogar	Ingreso total anual
1	\$22,980
2	\$31,020
3	\$39,060
4	\$47,100
5	\$55,140
6	\$63,180
7	\$71,220
8	\$79,260
Cada persona adicional	+\$8,040

CONDICIONES PARA PARTICIPAR

Esta dirección debe ser su domicilio principal. / No debe aparecer como dependiente en la declaración de impuestos de otra persona que no sea su cónyuge. / Debe recertificar su solicitud cuando se le solicite. / Debe notificar a The Gas Company en un término de 30 días si deja de calificar. / Tal vez se le pida comprobar que reúne los requisitos para CARE.

OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE TAL VEZ CALIFIQUE:

Energy Savings Assistance Program: Un programa de eficiencia energética para clientes de bajos recursos, ofrece mejoras gratuitas que ahorran energía en el hogar, tales como aislamiento de techo, colocación de burletes para puertas, enmasillado y reparaciones menores a la casa. Para más información, llame al 1-800-331-7593.



Asignación Médica Inicial (Medical Baseline): Provee asignación adicional de gas a una tarifa menor a los clientes con ciertas afecciones. Para más información, llame al 1-800-342-4545.

LIHEAP: El Programa de Ayuda Energética para Hogares de Bajos Recursos ofrece asistencia para el pago de facturas, asistencia de emergencia para el pago de facturas y protección de la casa contra los agentes atmosféricos. Llame al Departamento de Servicios a la Comunidad al 1-866-675-6623.

California Lifeline: Acceso telefónico a precios de descuento para los clientes que reúnan requisitos de ingreso similares a los del programa CARE. Para más información, llame al proveedor de servicio telefónico de su localidad

PARA INFORMACIÓN SOBRE CARE, LLAME A THE GAS COMPANY AL:

Inglés: 1-800-427-2200
Coreano: 1-800-427-0471

Mandarín: 1-800-427-1429
Cantonés: 1-800-427-1420

Español: 1-800-342-4545
Vietnamita: 1-800-427-0478

Para clientes con limitaciones auditivas (TDD/TTY): 1-800-252-0259 (disponible en inglés y español únicamente)
Fax: (213) 244-4665



Sempra Energy utility

Formulario de solicitud para la tarifa CARE del 20% de descuento

Form 6677-D SP (06/13)

THE GAS COMPANY
CARE PROGRAM, ML GT19A1
PO BOX 3249
LOS ANGELES, CA 90051-1249

Por favor use tinta OSCURA y escriba claramente con letra de molde para asegurar el procesamiento apropiado

Forma correcta de marcar los círculos: —

1

Nombre del inquilino
(tal como aparece en su factura):

Domicilio:

Facility ID/ Número de
complejo habitacional:

Teléfono:

Correo electrónico:

2

Número total de adultos y niños que viven en su hogar: 1 2 3 4 5 6 si más de 6:

¿Está usted (o alguien que vive en su hogar) inscrito en alguno de los siguientes programas de asistencia?

Sí

- | | |
|--|---|
| Medi-Cal / Medicaid: menor de 65 años | Programa de Asistencia con la Energía Doméstica para Hogares de Bajos Ingresos (LIHEAP) |
| Medi-Cal / Medicaid: 65 años o más | Ingreso Suplementario del Seguro Social (SSI) |
| Healthy Families Categorías A & B | National School Lunch Program (NSLP) |
| Programa para Mujeres, Infantes, y Niños (WIC) | Agencia de Asuntos Indios, Asistencia General (BIA GA) |
| CalWORKs (TANF) o TANF Tribal | Asistencia General Elegible para Ingreso de Ventaja Inicial - solamente tribal |
| CalFresh / SNAP (Estampillas para Comida) | |

No

¿Cuál es el ingreso anual de su hogar (antes de deducciones, incluyendo a todos los miembros del hogar)?

\$0 - \$22,980 \$22,981 - \$31,020 \$31,021 - \$39,060 \$39,061 - \$47,100 \$47,101 - \$55,140

Si es más de \$55,140, escriba el monto aquí : al año

Por favor marque sus fuentes de ingreso:

- | | | |
|---|---|--|
| Seguro Social
SSP o SSDI | Salarios y/o ingresos de autoempleo | Pensión conyugal o alimenticia |
| Pensiones | Beneficios de desempleo | Becas, subvenciones u otra ayuda usada para sufragar el costo de la vida |
| Intereses o dividendos de:
cuentas de ahorro, acciones,
bonos, o cuentas para el retiro | Pagos de pólizas de seguro o convenios judiciales | Ingresos por alquiler o regalías |
| | Pagos por incapacidad o Indemnización para los trabajadores | Dinero en efectivo y/u otros ingresos |

3

¿Acepta usted lo siguiente? Por favor lea y firme abajo.

Declaro que la información que proporcioné en este formulario de solicitud es verdadera y correcta. Convengo en proporcionar comprobantes de elegibilidad para CARE si se me solicita. Convengo en informar a The Gas Company si dejo de calificar para recibir el descuento. Entiendo que, si recibo el descuento sin tener derecho al mismo, se me puede exigir la devolución del descuento recibido. Entiendo que The Gas Company puede compartir mis datos con otras empresas de servicios públicos o agentes para inscribirme en sus programas de asistencia.

Firma: **X**

Fecha :

SAMPLE FORMS: APPLICATIONS
Self-Recertification CARE Application
Submetered Residential (Form 6678-D, 06/13)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 4492
DECISION NO.

ISSUED BY
Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)
DATE FILED May 14, 2013
EFFECTIVE _____
RESOLUTION NO. E-3524



YOUR RATE DISCOUNT IS EXPIRING



Dear [Name]:

You are currently receiving a 20% rate discount on your monthly gas bill through The Gas Company's California Alternate Rates for Energy (CARE) program. In order to continue receiving the CARE discount from your property owner/manager, you are required to renew your eligibility within 90 days. To renew, use one of the methods listed below:

1. Return your completed and signed by mail or fax,
- OR**
2. Call **1-866-716-3452** anytime 24 hours a day, 7 days a week, and follow the instructions to recertify by phone. Please have your account number ready. You can locate your facility ID at the bottom of this page,
- OR**
3. Visit our Website <http://www.socalgas.com/care/recert/> and have your facility ID ready.

HOW TO QUALIFY FOR THE CARE DISCOUNT:

PUBLIC ASSISTANCE PROGRAMS:
If you or someone in your household participates in any of these programs:
Medicaid or Medi-Cal
Healthy Families A&B
Women, Infants, & Children (WIC)
CalWORKs (TANF) or Tribal TANF
Head Start Income Eligible - Tribal Only
Bureau of Indian Affairs General Assistance
CalFresh / SNAP (Food Stamps)
National School Lunch Program (NSLP)
Low Income Home Energy Assistance Program
Supplemental Security Income (SSI)

OR

MAXIMUM HOUSEHOLD INCOME*: <i>(effective June 1, 2013 to May 31, 2014)</i>	
*current household income from all sources before deductions	
Number of Persons in Household	Total Annual Income
1	\$22,980
2	\$31,020
3	\$39,060
4	\$47,100
5	\$55,140
6	\$63,180
7	\$71,220
8	\$79,260
Each Additional Person	+\$8,040

CONDITIONS FOR PARTICIPATION

- ffi This address must be your primary address.
- ffi You must not be claimed as a dependent on another person's income tax return other than your spouse.
- ffi You must recertify your application when requested.
- ffi You must notify The Gas Company within 30 days if you no longer qualify.
- ffi You may be asked to verify your eligibility for CARE.

FOR INFORMATION ON CARE, CALL THE GAS COMPANY AT:

English: 1-800-427-2200 Mandarin: 1-800-427-1429 Spanish: 1-800-342-4545
 Korean: 1-800-427-0471 Cantonese: 1-800-427-1420 Vietnamese: 1-800-427-0478

Hearing Impaired (TDD/TTY): 1-800-252-0259 (available in English and Spanish only)
 FAX: (213) 244-4665

Facility ID:



CARE 20% Rate Discount Recertification Form

Please use DARK ink and print clearly to ensure proper processing
Correct way to mark circles: —

Form 6678-D EN (06/13)

THE GAS COMPANY
CARE PROGRAM, ML GT19A1
PO BOX 3249
LOS ANGELES, CA 90051-1249



1

Tenant Name
(as it appears on your bill):

Home Address
(street, city, zip):

Facility ID:

Phone Number:

E-mail Address:

I no longer qualify or wish to participate in CARE. Please remove my account from the CARE program.
If you filled in this circle, please go directly to #3, **sign** at the bottom, and mail this form in the postage paid envelope provided within 90 days.

2

Total # of adults and children in your household: 1 2 3 4 5 6 If more than 6:

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

YES / NO

- | | |
|---|---|
| <input type="checkbox"/> Medi-Cal / Medicaid: Under Age 65 | <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) |
| <input type="checkbox"/> Medi-Cal / Medicaid: 65 or older | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Healthy Families Categories A & B | <input type="checkbox"/> National School Lunch Program (NSLP) |
| <input type="checkbox"/> Women, Infants, and Children Program (WIC) | <input type="checkbox"/> Bureau of Indian Affairs General Assistance (BIA GA) |
| <input type="checkbox"/> CalWORKs (TANF) or Tribal TANF | <input type="checkbox"/> Head Start Income Eligible - Tribal Only |
| <input type="checkbox"/> CalFresh / SNAP (Food Stamps) | |

NO

What is your yearly household income (before deductions, including all members of the household)?

\$0 - \$22,980 \$22,981 - \$31,020 \$31,021 - \$39,060 \$39,061 - \$47,100 \$47,101 - \$55,140

If more than \$55,140, enter amount here: \$ per year

Please mark your sources of income:

- | | | |
|---|--|--|
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Wages and/or Profit from Self Employment | <input type="checkbox"/> Spousal or Child Support |
| <input type="checkbox"/> SSP or SSDI | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Scholarships, grants, or other aid used for living expenses |
| <input type="checkbox"/> Pensions | <input type="checkbox"/> Insurance or Legal Settlements | <input type="checkbox"/> Rental or Royalty Income |
| <input type="checkbox"/> Interest or Dividends from: Savings, Stocks, Bonds, or Retirement Accounts | <input type="checkbox"/> Disability or Workers Compensation Payments | <input type="checkbox"/> Cash or Other Income |

3

Do you agree to the following? 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 The Gas Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that The Gas Company can share my information with other utilities or agents to enroll me in their assistance programs.

Signature:

Date:

EL DESCUENTO EN SU TARIFA ESTÁ POR VENCER



A Sempra Energy utility®
Apreciable ↯ ↰ ↱ ↲:

Actualmente recibe en la factura mensual de gas un descuento del 20% en la tarifa a través del programa de Tarifas Alternas para Energía en California (CARE) de The Gas Company. Con el fin de continuar recibiendo el descuento CARE del propietario/administrador de su vivienda, debe renovar su derecho a participar dentro de 90 días. Para renovarlo, use uno de los métodos que se enumeran a continuación:

1. Devuelva el Formulario de Recertificación debidamente llenado y firmado por correo o fax,
○
2. Llame al 1-866-716-3452 en cualquier momento las 24 horas al día, 7 días a la semana, y siga las instrucciones para recertificar por teléfono. Por favor tenga listo su número de complejo habitacional (*Facility ID*). Puede localizar su número de complejo habitacional en la parte inferior de esta página,
○
3. Visite nuestro sitio web www.socalgas.com/care/recert/ y tenga listo el número de complejo habitacional (*Facility ID*).

CÓMO CALIFICAR PARA EL DESCUENTO CARE:

PROGRAMAS DE ASISTENCIA PÚBLICA:
Si usted o alguien que vive en su hogar participa en cualquiera de estos programas:
Medicaid / Medi-Cal Healthy Families Categorías A & B Programa para Mujeres, Infantes, y Niños (WIC) CalWORKs (TANF) o TANF Tribal CalFresh / SNAP (Estampillas para Comida) Programa de Asistencia con la Energía Doméstica para Hogares de Bajos Ingresos (LIHEAP) Ingreso Suplementario del Seguro Social (SSI) National School Lunch Program (NSLP) Agencia de Asuntos Indios, Asistencia General (BIA GA) Asistencia General Elegible para Ingreso de Ventaja Inicial - solamente tribal

○

INGRESO MÁXIMO EN EL HOGAR: <i>(en vigor del 1 de junio de 2013 al 31 de mayo de 2014)</i> *ingreso actual en el hogar de todas las fuentes antes de deducciones	
Número de personas en el hogar	Ingreso total anual
1	\$22,980
2	\$31,020
3	\$39,060
4	\$47,100
5	\$55,140
6	\$63,180
7	\$71,220
8	\$79,260
Cada personal adicional	+\$8,040

CONDICIONES PARA PARTICIPAR

Esta dirección debe ser su domicilio principal. / No debe aparecer como dependiente en la declaración de impuestos de otra persona que no sea su cónyuge. / Debe recertificar su solicitud cuando se le solicite. / Debe notificar a The Gas Company en un término de 30 días si deja de calificar. / Tal vez se le pida comprobar que reúne los requisitos para CARE.

PARA INFORMACIÓN SOBRE CARE, LLAME A THE GAS COMPANY AL:

Inglés: 1-800-427-2200 Mandarín: 1-800-427-1429 Español: 1-800-342-4545
 Coreano: 1-800-427-0471 Cantonés: 1-800-427-1420 Vietnamita: 1-800-427-0478
 Para clientes con limitaciones auditivas (TDD/TTY): 1-800-252-0259 (disponible en inglés y español únicamente)
 FAX: (213) 244-4665

Número de complejo habitacional (*Facility ID*):

APPLICATION FOR CALIFORNIA ALTERNATE RATES
FOR ENERGY PROGRAM - BILL INSERT
(Form 6491-BI, 06/13)

T

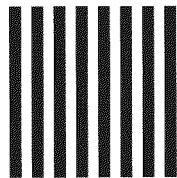
(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 4492
DECISION NO.

ISSUED BY
Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)
DATE FILED May 14, 2013
EFFECTIVE _____
RESOLUTION NO. E-3524

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

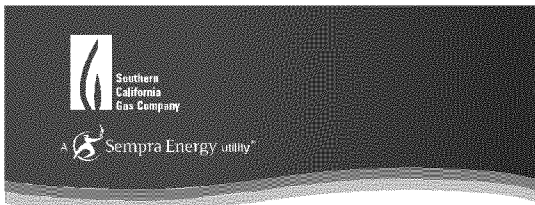


BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 11564 LOS ANGELES CA 90051

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN CARE PROGRAM ML GTBA 1
SOUTHERN CALIFORNIA GAS COMPANY
PO BOX 515005
LOS ANGELES CA 90099-9316



SAVE 20 Percent

SEE IF YOUR HOUSEHOLD QUALIFIES
IF YOU'RE RECENTLY UNEMPLOYED
YOU MAY ALSO BE ELIGIBLE

VEA SI SU HOGAR CALIFÍCA SI SE ENCUENTRA
LISTED FRECUENTEMENTE DESEMPLEADO LISTED
TAMBIÉN PODRÍA CALIFICAR PARA EL DESCUENTO.

APPLY TODAY!

See inside for program details.

California Alternate Rates for Energy (CARE)

20 PERCENT DISCOUNT
APPLICATION INSIDE OR APPLY AT
SOCALGAS.COM (SEARCH "ASSISTANCE")

Tarifas Alternas para Energía en California (CARE)

DESCUENTO DEL 20 POR CIENTO
EN SU TARIFA DE GAS NATURAL
SOLICITUD ADENTRO O APLIQUE EN
SOCALGAS.COM/ESPAÑOL
(BUSQUE LA PALABRA CLAVE "ASISTENCIA")

Dear Customer:

You may be eligible for a 20 percent discount on your gas bill at your primary residence. You may also qualify for a \$5 discount on your Service Establishment Charge if you are approved within 90 days of starting new gas service with Southern California Gas Company (SoCalGas®). Please review the program qualifications on the enclosed application to see if you qualify. If you think you qualify, complete the application form and mail it back to us. You will receive your discount once your completed, signed application is approved by SoCalGas. If you have any questions about the CARE program, or need assistance filling out the form, please visit socialgas.com (search "ASSISTANCE") or call 1-800-427-2200. Telecommunication Devices for the Speech and Hearing Impaired (TDD) are available at 1-800-252-0259.

Estimado(a) cliente:

Usted podría ser elegible para recibir un 20 por ciento de descuento en su cuenta de gas de su residencia principal. También podría calificar para un descuento de \$5 en el Cargo por Establecimiento de Servicio, si usted es aprobado durante los primeros 90 días desde el comienzo de su nuevo servicio de gas con SoCalGas. Por favor revise las calificaciones del programa en la solicitud. Si piensa que califica, complete y firme la solicitud y envíela a SoCalGas. Recibirá su(s) descuentos(s) una vez que su solicitud sea aprobada por SoCalGas. Si tiene alguna duda acerca de la solicitud, visite socialgas.com/espanol (busque la palabra clave "ASISTENCIA") o llame 1-800-342-4545. Clientes con limitaciones auditivas (TDD) llamen al 1-800-252-0259.

For information on CARE in other languages, call Southern California Gas Company at:

欲知詳情，請洽 免費國語專線: 1-800-427-1429

欲知詳情，請洽 免費粵語專線: 1-800-427-1420

더 자세한 안내를 받으시려면 다음 한국어 전화로 문의해 주십시오.
1-800-427-0471

Để biết thêm chi tiết bằng tiếng Việt, xin gọi:
1-800-427-0478

Other Programs and Services
You May Qualify For:

Energy Savings Assistance Program Energy Savings Assistance Program: Offers no-cost energy-saving home improvements.

For more information, please call 1-800-333-17593.

Medical Baseline: Provides additional allowance of gas at a lower rate to customers with certain medical conditions. For more information, call 1-800-427-2200.

Low-Income Home Energy Assistance Program (LIHEAP): Provides bill payment assistance, emergency bill assistance and weatherization services. Call the California Department of Community Services and Development at 1-866-675-6623.

California Lifeline: A discounted telephone access for customers meeting similar income guidelines to CARE. For more information, contact your local telephone service provider.

Otros programas y servicios para los que PODRÍA calificar:

El Programa Energy Savings Assistance Program: Ofrece mejoras sin costo que ahorran energía. Para más información, por favor llame al 1-800-333-17593.

Asignación Médica Inicial (Medical Baseline): Provee asignación adicional de gas a una tarifa menor a los clientes con ciertas afecciones médicas. Para más información, llame al 1-800-342-4545.

Programa de Ayuda Energética para Hogares de Bajos Recursos (LIHEAP): Ofrece asistencia para el pago de facturas, asistencia de emergencia para el pago de facturas y servicios de acondicionamiento contra las inclemencias del tiempo. Llame al Departamento de Servicios a la Comunidad de California al 1-866-675-6623.

Servicio Telefónico Universal Lifeline (California Lifeline): Acceso telefónico a precios de descuento para los clientes que reúnan requisitos de ingresos similares a los del programa CARE. Para más información, llame al proveedor de servicio telefónico de su localidad.

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Printed on recycled paper with soy-based inks. 9-804 N7640030 0 11/13 2,976/M

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