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November 27, 2013

Advice No. 4572

(U 904 G)

Public Utilities Commission of the State of California

Subject: Revision of the CARE Income-Eligibility Guideline Levels and Application Forms to Comply with Assembly Bill (AB) 327

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

The purpose of this filing is to comply with AB 327 which revises Section 739.1 (a) of the Public Utilities (PU) Code to require that the CARE income-eligibility guideline level for one-person households be based on the two-person household guideline level.

Background

The SoCalGas CARE Program provides a 20 percent discount to the utility bill for customers that meet program eligibility requirements.

On March 15, 2012, the Energy Division (ED) issued its annual notice to update the income-eligibility guidelines, effective June 1, 2012 - May 31, 2013, in compliance with Section 739.1 (b) (1) of the PU Code. The notice also declared that "income limits for households with 1-2 persons are now correctly listed separately and will no longer be consolidated." On May 14, 2012, SoCalGas filed Advice No. (AL) 4369 to comply with the notice, providing separate eligibility guidelines for households with 1 or 2 members, with the annual income thresholds associated with each household size.

SoCalGas most recently adjusted its CARE and ESA Programs' income-eligibility levels pursuant to updated income guidelines from the ED to be effective from June 1, 2013 through

May 31, 2014.¹ The notification letter, which continued to list 1 and 2 member households separately, directed the energy utilities to file revised tariffs with the ED reflecting the new income levels by May 14, 2013. SoCalGas submitted Advice Letter 4492 on that date and received approval on June 4, 2013. These represent the currently effective CARE eligibility guidelines and associated forms.

On October 7, 2013, AB 327 was approved by the Governor, in part, amending Section 739.1 of the PU Code. AB 327 becomes effective January 1, 2014 and specifically revises PU Code Section 739.1 (a) as follows:

For one-person households, program eligibility shall be based on two-person household guideline levels.²

In order to comply with AB 327 by its effective date, SoCalGas provides the necessary revisions to its CARE Program eligibility requirements and forms, such that the income-eligibility guidelines for one-person households will henceforth be based on two-person household guideline levels.

Tariff Revisions

Pursuant to the revised Section 739.1 (a), SoCalGas submits the updated Schedule No. G-CARE and CARE application instructions and forms. This filing includes nine 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; sub-metered bilingual self-certification; sub-metered bilingual self-recertification; and bilingual bill insert.

Protest

Anyone may protest this 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 December 17, 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.**

¹ Pursuant to a letter dated April 1, 2013 from the Director of the ED.

² See Assembly Bill 327, Section 3,

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140AB327.

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. The tariffs filed herein are to become effective January 1, 2014.

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

E-mail: snewsom@semprautilities.com

EXPLANATION OF UTILITY TYPE

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

(Date Filed/ Received Stamp by CPUC)

Advice Letter (AL) #: 4572

Subject of AL: Revision of the CARE Income-Eligibility Guideline Levels and Application Forms to Comply with Assembly Bill (AB) 327

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 AL¹: N/A

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

Resolution Required? Yes No

Tier Designation: 1 2 3

Requested effective date: 1/1/14

No. of tariff sheets: 14

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. 4572

(See Attached Service List)

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ASSOCIATION OF CALIFORNIA
WATER AGENCIES
910 K STREET, SUITE 100
SACRAMENTO, CA 95814-3577

ATTACHMENT B
Advice No. 4572

| Cal. P.U.C. Sheet No. | Title of Sheet | Cancelling Cal. P.U.C. Sheet No. |
|--------------------------|--|-------------------------------------|
| Revised 49797-G | Schedule No. G-CARE, CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM, Sheet 2 | Revised 49144-G |
| Revised 49798-G | Schedule No. G-CARE, CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM, Sheet 4 | Revised 48176-G* |
| Revised 49799-G | APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY (CARE) PROGRAM FOR QUALIFIED , AGRICULTURAL EMPLOYEE HOUSING (Form 6632-C, 01/14) | Revised 49145-G |
| Revised 49800-G | APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY PROGRAM FOR QUALIFIED NONPROFIT, GROUP LIVING FACILITIES (Form 6571-D, 01/14) | Revised 49146-G |
| Revised 49801-G | APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY PROGRAM - GENERAL PURPOSE, DIRECT MAIL (Form 6491-DM, 01/14) | Revised 49147-G |
| Revised 49802-G | SAMPLE FORMS: APPLICATIONS, Self- Certification CARE Application, Individually Metered Residential (Form 6491-D, 01/14) | Revised 49148-G |
| Revised 49803-G | SAMPLE FORMS: APPLICATIONS, Self- Recertification CARE Application, Individually Metered Residential (Form 6674-D, 01/14) | Revised 49149-G |
| Revised 49804-G | SAMPLE FORMS: APPLICATIONS, Capitation Program CARE Application, (Form 6491-2D, 01/14) | Revised 49150-G |
| Revised 49805-G | SAMPLE FORMS: APPLICATIONS, Self- Certification CARE Application, Submetered Residential (Form 6677-D, 01/14) | Revised 49153-G |
| Revised 49806-G | SAMPLE FORMS: APPLICATIONS, Self- Recertification CARE Application, Submetered Residential (Form 6678-D, 01/14) | Revised 49154-G |
| Revised 49807-G | APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY PROGRAM - BILL INSERT, (Form 6491-BI, 01/14) | Revised 49155-G |

ATTACHMENT B
Advice No. 4572

| Cal. P.U.C. Sheet No. | Title of Sheet | Cancelling Cal. P.U.C. Sheet No. |
|--------------------------|-------------------|-------------------------------------|
| Revised 49808-G | TABLE OF CONTENTS | Revised 49696-G |
| Revised 49809-G | TABLE OF CONTENTS | Revised 49157-G |
| Revised 49810-G | TABLE OF CONTENTS | Revised 49757-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 | \$31,020 |
| 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. 4572
 DECISION NO.

ISSUED BY
Lee Schavrien
 Senior Vice President

(TO BE INSERTED BY CAL. PUC)
 DATE FILED Nov 27, 2013
 EFFECTIVE _____
 RESOLUTION NO. _____

Schedule No. G-CARE

Sheet 4

CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

(Continued)

SPECIAL CONDITIONS (Continued)

NON-PROFIT GROUP LIVING FACILITY CUSTOMERS

13. Eligibility Criteria: In order for the customer to be eligible for the CARE discount, and to be considered a qualified non-profit group living facility, each of the following provisions must be met:
- a. The facility must certify that it is one of the following: a homeless shelter, women's shelter, transitional housing, a short- or long-term care facility, or a group home for physically or mentally disabled persons.
13. Eligibility Criteria (Continued)
- b. The facility must provide a copy of its IRS Nonprofit Tax ID Form No. 501(c)(3) and state business license, conditional use permit or other proof satisfactory to the Utility. Separately metered satellite facilities in the name of the licensed facility, where 70% of the energy supplied is for residential purposes, are also eligible.
 - c. With the exception of homeless shelters, all facilities must certify that 100% of the residents of the facility individually meet the CARE eligibility standard for a single-person household. A caregiver who lives in the facility is not a resident for purposes of determining eligibility. A single-person household is eligible for the CARE discount if total annual gross income does not exceed \$31,020.
 - d. With the exception of homeless shelters, all facilities must certify that they provide a "special needs" social service, such as meals, job development training, or rehabilitation programs, in addition to lodging for residents who qualify for the CARE discount.
 - e. Homeless shelters must certify that they provide at least six beds per day or night for a minimum of 180 days each year for persons who have no alternative residence.
 - f. The facility must certify that at least 70% of the energy supplied to the facility's premises is used for residential purposes.
 - g. Government-owned facilities are not considered qualified non-profit group living facilities, unless they are a qualified non-profit homeless shelter as defined above.
14. Certification of Benefits: At the time of annual renewal of eligibility, each facility is required to certify that monies saved through the CARE discount have benefited the residents of the facility who qualify for the CARE discount. Certification shall be made under penalty of perjury and include a quantification of funds saved annually due to the CARE discount, and identify how those funds have been spent for the benefit of the qualifying residents.

(Continued)

(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 4572
 DECISION NO.

ISSUED BY
Lee Schavrien
 Senior Vice President

(TO BE INSERTED BY CAL. PUC)
 DATE FILED Nov 27, 2013
 EFFECTIVE _____
 RESOLUTION NO. _____

APPLICATION FOR CALIFORNIA ALTERNATE RATES
FOR ENERGY (CARE) PROGRAM FOR QUALIFIED
AGRICULTURAL EMPLOYEE HOUSING (Form 6632-C, 01/14)

T

(See Attached Form)

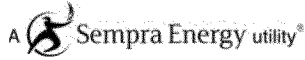
(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 4572
DECISION NO.

ISSUED BY
Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)
DATE FILED Nov 27, 2013
EFFECTIVE _____
RESOLUTION NO. _____

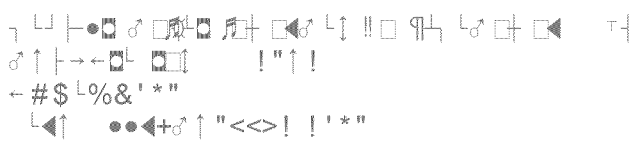


**APPLICATION FOR 20% DISCOUNT
California Alternate Rates for Energy (CARE) Program
For Qualified Agricultural Employee Housing Facilities**



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:** 

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>If another person in the 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

| MAXIMUM HOUSEHOLD INCOME*: <i>(effective July 1, 2011 to May 31, 2011)</i> | |
|--|---------------------|
| <small>*current household income from all sources before deductions</small> | |
| Number of Persons in Household | Total Annual Income |
| 1 | \$8,000 |
| 2 | \$12,000 |
| 3 | \$16,000 |
| 4 | \$20,100 |
| 5 | \$25,100 |
| 6 | \$30,100 |
| 7 | \$35,100 |
| 8 | \$40,100 |
| Each Additional Person | +\$5,000 |

☐ 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.

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, 01/14)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 4572
DECISION NO.

ISSUED BY
Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)
DATE FILED Nov 27, 2013
EFFECTIVE _____
RESOLUTION NO. _____

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 800-451-7246.
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. If you are a nonprofit corporation, you must file your application with the CPUC. If you are a nonprofit organization, you must file your application with the utility.

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



Glad to be of service.®

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 | _____ | | |
| 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 *** | |

(Continued on Back)



Please complete the following information for all qualified satellite facilities:



Glad to be of service.[®]

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:

I, _____
 of _____
 do hereby certify that _____
 is a qualified satellite facility.
 My signature _____
 is valid for _____
 months from the date of this
 certification.

Authorized Representative's Name & Title (please print)

Authorized Representative's Signature Date

Authorized Representative's Telephone Number

APPLICATION FOR CALIFORNIA ALTERNATE RATES
FOR ENERGY PROGRAM - GENERAL PURPOSE
DIRECT MAIL (Form 6491-DM, 01/14)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 4572
DECISION NO.

ISSUED BY
Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)
DATE FILED Nov 27, 2013
EFFECTIVE _____
RESOLUTION NO. _____



Southern California Gas Company

A Sempra Energy utility®

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)

OR

MAXIMUM HOUSEHOLD INCOME:

| Number of Persons in Household | Total Annual Income |
|---|---------------------------|
| 1 | <math>\\$14,000</math> |
| 2 | <math>\\$18,000</math> |
| 3 | <math>\\$22,000</math> |
| 4 | <math>\\$26,000</math> |
| 5 | <math>\\$30,000</math> |
| 6 | <math>\\$34,000</math> |
| 7 | <math>\\$38,000</math> |
| 8 | <math>\\$42,000</math> |
| 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)

- | | |
|---|--|
| <input type="radio"/> Medi-Cal/Medicaid: Under Age 65 | <input type="radio"/> Low-Income Home Energy Assistance Program (LIHEAP) |
| <input type="radio"/> Medi-Cal/Medicaid: 65 or older | <input type="radio"/> Supplemental Security Income (SSI) |
| <input type="radio"/> Healthy Families Categories A & B | <input type="radio"/> National School Lunch Program (NSLP) |
| <input type="radio"/> Women, Infants and Children Program (WIC) | <input type="radio"/> Bureau of Indian Affairs General Assistance (BIA GA) |
| <input type="radio"/> CalWORKs (TANF) or Tribal TANF | <input type="radio"/> Head Start Income Eligible - Tribal Only |
| <input type="radio"/> 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 the dollar amount here: \$, .00 per year

Please mark your sources of income:

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

• k/ □-• | ~•• •□ ~••' < | * & | ~• | □ | ~••' < | * |

Número de personas en el hogar

Ingreso total anual*

0

| | |
|---|-------------|
| 1 | & ! + < ' < |
| 2 | & ! + < ' < |
| 3 | & " + < ' < |
| 4 | * + ! << |
| 5 | >> + ! * < |
| 6 | [& + !] < |
| 7 | \ + ' ' < |
| 8 | \ " + ' [< |

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

SAMPLE FORMS: APPLICATIONS
Self-Certification CARE Application
Individually Metered Residential (Form 6491-D, 01/14)

T

(See Attached Form)

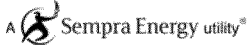
(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 4572
DECISION NO.

ISSUED BY
Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)
DATE FILED Nov 27, 2013
EFFECTIVE _____
RESOLUTION NO. _____



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 July 1, 2011 to May 31, 2014)</i> | |
|--|---------------------|
| *current household income from all sources before deductions | |
| Number of Persons in Household | Total Annual Income |
| 1 | \$8,100 |
| 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: fff

Form 6491-D EN (01/1*)

CARE PROGRAM, MLGT19A1

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: f 1 f f 2 i f 3 i f 4 i 5f i 6 f If more than 6: f f i

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

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

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

ffi **NO**

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

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

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

Please mark your sources of income: →

- f Social Security
- ffi SSP or SSDI
- ffi Pensions
- ffi Interest or Dividends from: Savings, Stocks, Bonds, or Retirement Accounts
- f f Wages and/or Profit from Self Employment
- ffi Unemployment Benefits
- ffi Insurance or Legal Settlements
- f Disability or Workers Compensation Payments
- i f f Spousal or Child Support
- ffi Scholarships, grants, or other aid used for living expenses
- ffi Rental or Royalty Income
- f f 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: f f i



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: <i>(en vigor del 1 de 1/1 de 2014 al 31 de mayo de 2014)</i> <i>*ingreso actual en el hogar de todas las fuentes antes de deducciones</i> | |
|---|---------------------|
| Número de personas en el hogar | Ingreso total anual |
| 1 | \$8,100 |
| 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

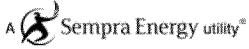
Coreano: 1-800-427-0471

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



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, |
| * * * * *) * * * * |

| | |
|-----------|-----------|
| 2014/5/31 | 2014/5/31 |
| 1 | \$<'0 |
| 2 | \$31,020 |
| 3 | \$39,060 |
| 4 | \$47,100 |
| 5 | \$55,140 |
| 6 | \$63,180 |
| 7 | \$71,220 |
| 8 | \$79,260 |
| | +\$8,040 |

* * * * *

CARE 30% The Gas Company
CARE

* * * * *

Energy Savings Assistance Program:

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

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 (01/1*)

* * * * *

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

A Sempra Energy utility®

***** ffi

1

2

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

ffii *****) *****

ffii *****65** ffii LIHEAP *****

ffii *****:65** ffii ***** (SSI)**

ffii *****A**B** ffii ***** (NSEP)**

ffii WIC- ***** ffii *****

ffii CalWORKs (TANF) * * * TANF ffii *****

ffii CalFresh / SNAP (***) * ffii *****

ffii * *

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

ffii ***** \$54,140 ***** \$ *****

ffii *****Social Security ffii *****

ffii *****SSP,SSDI ffii *****

ffii ***** ffii *****

ffii *****

3

*****CARE*****

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

Gas Company *****

***** X *****



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 \$8,040 to \$79,260.

CARE
30 The Gas Company
CARE

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



CARE 20% * ** * ** * ** * ** *

Form 6491-D KO (01/1*)

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

A Sempra Energy utility®

1

ff CARE ***** CARE *****
 ff () *****
 ff 90 *****

2

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

ff (*****) ***** ?

ff (*****) *L *****

| | |
|--|--|
| ff Medi-Cal / ***** (Medicaid): 65 * * * * | ff ***** (LIHEAP) |
| ff Medi-Cal / ***** (Medicaid): 65 * * * * | ff ***** (SSI) |
| ff ***** (Healthy Families Categories) A & B | ff ***** (National School Lunch Program) |
| ff ***** (MIC) | ff ***** (Bureau of Indian Affairs) |
| ff CaWORKs (TANF) ***** TANF | ff General Assistance) |
| ff CalFresh / SNAP (*****) | ff ***** (Head Start Income Eligible) |

ff *****

***** (***** , *****) ?

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

ff \$55,140 *****

***** L

| | | |
|-------------------|------------------|----------|
| ff ***** | ff ***** / ***** | ff ***** |
| ff SSP ***** SSDI | ff ***** | ff ***** |
| ff ***** | ff ***** | ff ***** |
| ff ***** | ff ***** | ff ***** |
| ff ***** | ff ***** | ff ***** |

3

***** ? *****

***** CARE *****

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

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

*** : X *****



Sempra Energy utility

CHÍNH SÁCH GIẢM GIÁ (California Alternate Rates for Energy hay CARE) của The Gas Company

Quý khách đang được hưởng ưu đãi giảm giá 20% trên biên nh... (California Alternate Rates for Energy hay CARE) của The Gas Company...

Để được hưởng ưu đãi này, quý khách cần phải đáp ứng các điều kiện sau đây:

Table listing eligible programs: Medicaid, Medi-Cal, CalWORKs (TANF), B... (Chánh hành cho B...), Bureau of Indian Affairs General Assistance, CalFresh / SNAP, NSLP, LIHEAP, SSI.

Table with columns: SA, HO C, TENG LAYI TUC. Lists income levels from 1 to 8 and a 'MEI' category.

U KI THAM GIA (Participation Requirements)

Quý khách phải đăng tên trong biên nh... (Participation Requirements) tùy thuộc trong hồ sơ...

CH V KHÁC MÀ QUÝ V CÓ TH ĐƯỢC HỖ TRỢ (Other Programs You May Qualify For)

Energy Savings Assistance Program - Giúp giảm chi phí năng lượng trong nhà...



LIHEAP - Giúp chi trả tiền thuê nhà, tiền điện, tiền gas...

California Lifeline - Giảm giá cước điện thoại cho các khách hàng...

Để biết thêm chi tiết, xin liên hệ:

- Hotline: 1-800-427-2200; Văn phòng: 1-800-427-1429; Tây Ban Nha: 1-800-342-4545; Hà Nội: 1-800-427-0471; ...



Sempra Energy utility

Xin dùng m... và viết b... chính xác

Form 6491-D VI (01/1*)

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

1

Tên Khách Hàng:

Địa chỉ

Số nhà:

Điện Thoại Nhà #:

E-mail:

2

T... trong họ... quý v:

Quý v... không?

CÓ (N...)

- Medi-Cal/Medicaid: i 65 tuÉi
Medi-Cal/Medicaid: 65 tuÉi hoÛ -
Mình Loá A & B
Em (WIC)
CalWORKs (TANF) hoÛ TANF B'n Épa
CalFresh / SNAP (P-Á P-Á)
Tháp (LIHEAP)
Tráp An Sinh (SSI)
Bureau of Indian Affairs General Assistance
Ép cho Head Start (B' Épa mà thôi)

KHÔNG

M... là bao nhiêu (l) i t... Ác khi kh... bao g... t...

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

N... 55,14 <+%

!... É! ;... c... các ngu... l) i t... c... quý v:

- An sinh Xã h-i
SSP, SSDI
bÉng
Ti-n L' i hay CÉtéc t³:
Phi'u, Trái Phi'u, hay
k' -l' Óc Lái təc Viéc Làm
TÁdo
Tráp Thát nghi@p
BÇt' óng B' o hi²m hoÛc Th'a
Lãnh ti-n Bónh hoÛc BÇt' óng
C±~ Úng nuôi Con hoÛc PhÁi ng Íu
HÑc bÉng, tài trégiáo d-c hay tré
«²trang tr'i chi phí sinh sÁng
Lái təc cho Thuê hoÛc Ti-n B'n quy-n
Lái təc Ti-n mÔt hoÛc Lái təc Khác

3

Tôi xin khai rõ... Tôi hi²u rõng The Gas Company có th²chia sÁthông tin csa tôi v, i các hāng tñn ích khác hoÛ É «l) lý

Ch - ký: X

Ngày:



Sempra Energy utility

11ENXO %20

California Alternate Rates for Energy, CARE) ... 20 ...

(“CARE” || PQ*) socialgas.com B ...

CARE Ì IËNÖÖ × ÖÜÜÏ ÆÑ ä lä

Table with 2 columns: Income level (73% to +73%) and corresponding CARE rate (1 to 8).

- List of eligible programs: Medi-Cal, Medicaid, Healthy Families A&B, WIC, CalWORKs, Tribal TANF, Head Start, etc.

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- HQ UL & HQ + V "WX \$... The Gas Company ... CARE w' NL* 7 X- W ...

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Energy Savings Assistance Program

Energy Savings Assistance Program ... 1-800-331-7593

Medical Baseline ... 1-800-427-2200

Low Income Home Energy Assistance Program - LIHEAP ... 866-675-6623

California Lifeline ... D: @ ...

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1-888-427-1345

(8- ... (213)244-4665 :+X



Sempra Energy utility

CARE 20% 1/4»Öäç, çUááù

ÉY¹ñíááù, Øàò¶Á³Ý³úáíÉñ³óÝÉ¶ í á³í³é»ñáíÑèí³í·ñ»É
Ñ³ñíÇÝ·áñí³íááùÁ»ñ³BÉ³íáñ»ÉáðÑ³Ù³ñ
pñç³Ý³íÝ»ñÁ×ç³íÝ³ÉáðÓ¹Á. ffi

Form 6491-D ARM (01/14)
CARE PROGRAM, ML GT19A1
PO BOX 3249
LOS ANGELES, CA
90051-1249

1

Ð³×³Éáñ¹Ç²ÝááÝª
(ÇÝáá»èÖ»½ááÖ³ñííááÖ
Ñ³BÇíÝ»ñááù)

í³ÝÑ³èóªª
(+ááÖáó, ù³Ö³ù, ÁEÜ, °øé)

Ð³Bí»Ñ³Ù³¶¶ [Icons]

Ð»é³Éáè³Ñ³Ù³¶¶ ([Icons])

»É»ííñáÝ³ÇÝÑ³èóªª [Icons]

2

Ö»ñÁÝí³ÝçUááù
»ñ»É³Ý»ñÇ
ÁÝ¹Ñ³ÝááñÁÇíÁª

§ 1 § 2 § 3 § 4 § 5 § 6 § 6+: [Icons]

ááù (í³Ùááñç, Ù»ÍÁÖ»ñÁÝí³ÝçUááù) Ù³éÝ³Íóááù »ù³ñ»ÙááùÑ»í³Ù³Éíñ³·ñ»ñçóááñç, Ù»ÍÇÝÉ

ffi ²Úà (°Á»³Úá, °á³ÝB»ùáñ íñ³·(»ñ)ÇÝ»ùÙ³éÝ³Íóááù →

- ffi Medi-Cal / Medicaid: ÚÇÝáç 65 í³ñ»í³Ý
ffi Medi-Cal / Medicaid: I: 65 í³ñ»í³Ý í³Ù³í»É
ffi Healthy Families Categories A & B
ffi Women, Infants, and Children Program (WIC)
ffi CalWORKs (TANF) Í²Ø Tribal TANF
ffi CalFresh / SNAP (éÝÝ¹Ç ííñáÝÝ»ñ)
ffi Low Income Home Energy Assistance Program (LIHEAP)
ffi Supplemental Security Income (SSI)
ffi National School Lunch Program (NSLP)
ffi Bureau of Indian Affairs General Assistance (BIA GA)
ffi Head Start Income Eligible - Tribal Only

ffi àá

áñù³Ý ç Ö»ñ í³ñ»í³ÝÁÝí³Ýí³Ýí³Ýí³ÝÚááùÁ (ÚÇÝáíñ×³íááùY»ñÁÁÝí³ÝçUááù) ááñ³Ý¹³ÙÝ»ñ»Ø
Ý»ñ³ááÉ) →

§ \$0-\$1,100 % '+»]! & !+<'<§ \$31,021 - \$39,060 § \$39,061 - \$47,100 § \$47,101- \$55,140

§ °Á» \$55,140-Çó³í»Éç, °á³í³í-¶¶ íáí-í³í-°Üá»Ö \$ [Icons] í³ñ»í³Ý [Icons]

ÉY¹ñíááù ç ÝB»ÉÖ»ñ»í³ÙíÇ³ÖíÜááùY»ñÁ. →

- ffi Social Security
ffi SSP í³ÙSSDI
ffi Í»Ye³ÁáB³í
ffi íáíáé í³ÙB³Ñ³¹³ÁÇÝª
ÉY³ÜááÖ³í³ÝÑ³BÇíÝ»ñçó,
í³ÁÝ»íáÜé»ñçó,
³ñÁ»ÁÖÁ»ñçó í³ÙÁáB³íÇ
Ñ³BíÇó
ffi ²BÉ³í³í³í³óç/í³Ù
B³ÑááÖé»+³í³Ý·áñíÇó
ffi ¶áñí³ñíááÖ³Ýá»èí
ffi ²á³Ñáí³·ñááÖ³Ýí³Ù
Çñ³í³í³Ýáááááá
ffi Ð³B³Ý³Ý³ÚááÖ³Ýí³×³ñááù
í³Ù²BÉ³íááç
+áÉÑ³íááááá

3

Ð³Ù³Ó³ÙÝ »ù³ñ»ÙááùÑ»í³Ù³ÉÇÝÉ ÉY¹ñááù »Ýù í³ñ¹³É¶ éíáñ³·ñ»É

°éÑ³ÙíÝááù»ù, áñ»Üé»çUááùÇ»ççUÙ³í³í³ñ³ñ³í³í»ÖíááááááY»ñÁ»B³ñçí»Ý¶×B·ñçíÉ°éÑ³Ù³Ó³ÙÝ»ù
Ù³í³í³ñ³ñ»ÉCARE á»W³ÝááÖ³íáááY³á³áááá, »Á»³ÙÝÉY¹ñíÇ°éÑ³Ù³Ó³ÙÝ»ùí»Öí³óÝÉ →+ ÇÝ, »Á»³Üé
çéáñ³í³íáñí³íááçY»ù»Öááéí³ÝÉáá»éÑ³éí³Ýááù»ù, áñ»Á»»é»Öááéí³Ý³Ù³é³Ýóáñ³í³íáñí³íááçYÉáá, ÇÝ³Ýçó
í³ñááÖçá³Ñ³Ýçí»Éí»ñ³¹³ñóÝ»ééí³ó³í³»Öááé°éÑ³éí³Ýááù»ù, áñ →+ ÇÝ, »Á»³Üéí³ñááÖçUí»ÖíááááááY»ñÁíÇé»É
³Üéí³Ýó³Ö³ÇÝéá³é³ñíÙ³ÝñçU³ñíÝ»ñçí³Ù·áñí³í³ÉY»ñçÑ»í, áñá»éíÇ»éÙ³éÝ³ÍóááùYñ³Ýóù·ÝáááYíñ³·ñ»ñçÝÉ

éíáñ³·ñáááááá X

²Üé³ÁÇíª [Icons]

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A Sempra Energy utility

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socalgas.com (N) NL: 1-800-427-2200 (Hearing Impaired) 1-800-252-0259 (TDD/TTY) N-6 1-800-466-244 (213) +

üöi (CARE DISCOUNT) yäü äiäN - äi ü'äüäü 3045

| IN4 - 6 | 6 6L 6>] |
|----------|-------------|
| \$31,020 | 1 |
| \$31,020 | 2 |
| \$39,060 | 3 |
| \$47,100 | 4 |
| \$55,140 | 5 |
| \$63,180 | 6 |
| \$71,220 | 7 |
| \$79,260 | 8 |
| +\$8,040 | 6 L:W* 3 L* |

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CalWORKs (TANF) 1' 2' 3' 4' 5' 6' 7' 8' 9' 10' 11' 12' 13' 14' 15' 16' 17' 18' 19' 20' 21' 22' 23' 24' 25' 26' 27' 28' 29' 30' 31' 32' 33' 34' 35' 36' 37' 38' 39' 40' 41' 42' 43' 44' 45' 46' 47' 48' 49' 50' 51' 52' 53' 54' 55' 56' 57' 58' 59' 60' 61' 62' 63' 64' 65' 66' 67' 68' 69' 70' 71' 72' 73' 74' 75' 76' 77' 78' 79' 80' 81' 82' 83' 84' 85' 86' 87' 88' 89' 90' 91' 92' 93' 94' 95' 96' 97' 98' 99

Tribal TANF <: - 1' 2' 3' 4' 5' 6' 7' 8' 9' 10' 11' 12' 13' 14' 15' 16' 17' 18' 19' 20' 21' 22' 23' 24' 25' 26' 27' 28' 29' 30' 31' 32' 33' 34' 35' 36' 37' 38' 39' 40' 41' 42' 43' 44' 45' 46' 47' 48' 49' 50' 51' 52' 53' 54' 55' 56' 57' 58' 59' 60' 61' 62' 63' 64' 65' 66' 67' 68' 69' 70' 71' 72' 73' 74' 75' 76' 77' 78' 79' 80' 81' 82' 83' 84' 85' 86' 87' 88' 89' 90' 91' 92' 93' 94' 95' 96' 97' 98' 99

CalFresh /SNAP (±) 1' 2' 3' 4' 5' 6' 7' 8' 9' 10' 11' 12' 13' 14' 15' 16' 17' 18' 19' 20' 21' 22' 23' 24' 25' 26' 27' 28' 29' 30' 31' 32' 33' 34' 35' 36' 37' 38' 39' 40' 41' 42' 43' 44' 45' 46' 47' 48' 49' 50' 51' 52' 53' 54' 55' 56' 57' 58' 59' 60' 61' 62' 63' 64' 65' 66' 67' 68' 69' 70' 71' 72' 73' 74' 75' 76' 77' 78' 79' 80' 81' 82' 83' 84' 85' 86' 87' 88' 89' 90' 91' 92' 93' 94' 95' 96' 97' 98' 99

(NSLP) 1' 2' 3' 4' 5' 6' 7' 8' 9' 10' 11' 12' 13' 14' 15' 16' 17' 18' 19' 20' 21' 22' 23' 24' 25' 26' 27' 28' 29' 30' 31' 32' 33' 34' 35' 36' 37' 38' 39' 40' 41' 42' 43' 44' 45' 46' 47' 48' 49' 50' 51' 52' 53' 54' 55' 56' 57' 58' 59' 60' 61' 62' 63' 64' 65' 66' 67' 68' 69' 70' 71' 72' 73' 74' 75' 76' 77' 78' 79' 80' 81' 82' 83' 84' 85' 86' 87' 88' 89' 90' 91' 92' 93' 94' 95' 96' 97' 98' 99

(LIHEAP) 1' 2' 3' 4' 5' 6' 7' 8' 9' 10' 11' 12' 13' 14' 15' 16' 17' 18' 19' 20' 21' 22' 23' 24' 25' 26' 27' 28' 29' 30' 31' 32' 33' 34' 35' 36' 37' 38' 39' 40' 41' 42' 43' 44' 45' 46' 47' 48' 49' 50' 51' 52' 53' 54' 55' 56' 57' 58' 59' 60' 61' 62' 63' 64' 65' 66' 67' 68' 69' 70' 71' 72' 73' 74' 75' 76' 77' 78' 79' 80' 81' 82' 83' 84' 85' 86' 87' 88' 89' 90' 91' 92' 93' 94' 95' 96' 97' 98' 99

(SSI) ± 1' 2' 3' 4' 5' 6' 7' 8' 9' 10' 11' 12' 13' 14' 15' 16' 17' 18' 19' 20' 21' 22' 23' 24' 25' 26' 27' 28' 29' 30' 31' 32' 33' 34' 35' 36' 37' 38' 39' 40' 41' 42' 43' 44' 45' 46' 47' 48' 49' 50' 51' 52' 53' 54' 55' 56' 57' 58' 59' 60' 61' 62' 63' 64' 65' 66' 67' 68' 69' 70' 71' 72' 73' 74' 75' 76' 77' 78' 79' 80' 81' 82' 83' 84' 85' 86' 87' 88' 89' 90' 91' 92' 93' 94' 95' 96' 97' 98' 99

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Energy Savings Assistance Program

üi iö - äi ü'äüäü - 9 8 1 / 8 9 1 4 !! ÷ äüö ääü 3 0 4 5

~ z 0 30% - ; 1' 2' 3' 4' 5' 6' 7' 8' 9' 10' 11' 12' 13' 14' 15' 16' 17' 18' 19' 20' 21' 22' 23' 24' 25' 26' 27' 28' 29' 30' 31' 32' 33' 34' 35' 36' 37' 38' 39' 40' 41' 42' 43' 44' 45' 46' 47' 48' 49' 50' 51' 52' 53' 54' 55' 56' 57' 58' 59' 60' 61' 62' 63' 64' 65' 66' 67' 68' 69' 70' 71' 72' 73' 74' 75' 76' 77' 78' 79' 80' 81' 82' 83' 84' 85' 86' 87' 88' 89' 90' 91' 92' 93' 94' 95' 96' 97' 98' 99

* L:W d L F 3 L* 1' 2' 3' 4' 5' 6' 7' 8' 9' 10' 11' 12' 13' 14' 15' 16' 17' 18' 19' 20' 21' 22' 23' 24' 25' 26' 27' 28' 29' 30' 31' 32' 33' 34' 35' 36' 37' 38' 39' 40' 41' 42' 43' 44' 45' 46' 47' 48' 49' 50' 51' 52' 53' 54' 55' 56' 57' 58' 59' 60' 61' 62' 63' 64' 65' 66' 67' 68' 69' 70' 71' 72' 73' 74' 75' 76' 77' 78' 79' 80' 81' 82' 83' 84' 85' 86' 87' 88' 89' 90' 91' 92' 93' 94' 95' 96' 97' 98' 99

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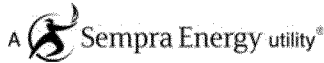
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1-888-427-1345

(Hearing Impaired) 1-800-252-0259 (TDD/TTY) N-6 1-800-466-244 (213) +



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 hnub txij li pib siv hluav taws xob tshiab yuav tau \$15 luv nqi ntxiv 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*: | |
|--|--------------------------------------|
| (Q&A) = 0-1/1: TWV # 11/1 • J # 11/1 X 1 # 11/1 | |
| *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 | \$&!, < * 0 |
| 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 hnub 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 THIAB 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 Tswg Xyuas Kev Pab Txhawb thiab Tsim Zej 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 Zoo (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.

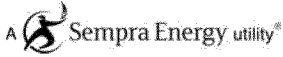
Form 6491-D HMO (01/1*)

CARE PROGRAM, ML GT19A1ff

PO BOX 3249

LOS ANGELES, CA 90051-1249

Txoj Kev Kos Lub Voj Kom Yogffl



1

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

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

Txhooj Zauv:

Tus Xov tooj:

Chaw Sau Ntawv E-mail:

2

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

| | % 1 | % 2 | % 3 | % 4 | % 5 | % 6 | % 6+: |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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) →

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

TSIS MUAJ

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

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

Yog tias tau ntau tshaj \$55,140, sau tias tau pes tsawg rau ntawm no: \$ **00** tauj ib xyos

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

- Nyiaj Laus (Social Security)
- Nyiaj Pab SSP los sis SSDI
- Nyiaj Laus (Pensions)
- 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)
- Cov Nyiaj Khwv Tau thiab/los yog Peev tau los ntawm Kev Ua Hauj Lwm Rau Tus Kheej
- Nyiaj poob hauj lwm
- Nyiaj Hais Plaub Ntug Yeej
- Nyiaj Tsis Taus los yog Nyiaj Ua Hauj Lwm Raug Mob
- Nyiaj Yug Qub Txij Nkawm los yog Yug Me Nyuam
- Nyiaj pab them nqi kawm ntawv, nyiaj pab, los yog lwm cov nyiaj pab tau los siv ua lub neej
- Nyiaj Tau Los Ntawm Tsev Khiav Nqi los yog Nyiaj Faib Los Ntawm Tswv Lag Luam
- Nyiaj Ntsuab los sis Lwm Hom Nyiaj

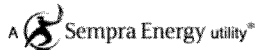
3

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:

Hnub Tim:



Bak' smit nA 20 PaKr y

Bikmi FEX r (CARE)

kmfkn t nA fAm B I nanard ka I hA j a (California Alternate Rates for Energy - CARE) rb s k m h n h a s ...

suntab j nige bak' smit nA j Edak bak' smit amb nA j socialgas.com (Search "CARE")

me f a v y ed m f m g m a n I h A n i k b k a n t t y i s m a b k a r d i t n A :

Table with 1 column: kmi f o m y s a f a r n :. Lists various programs like Enr Namak Toten Akg j a b s e l a k g k, Tribal TANF, Head Start, etc.

Table with 2 columns: d m n u i k y s a r g t i b m a *, and two columns for amounts. Lists amounts from \$31,020 to \$8,040.

I h A n n a m b a k a r d i t n A

s m i t T a r l u y h a s U E t m a n e Q a h n i g C a s y d a n r b s e l a k g k e h l y U E t m a n C a s y d a n d o g r b s e l a k g k . / e l a k g k m i n U E t d a k e Q a h k u C a k h z i t e n A k g b a k s t a g e T a e I l f i k a n n r N a m a k T o t C a C a g b n e b j b s e l a k g k e l l y . / e l a k g k U E t d a k e s t a k a r b j a k h f e T o t d a b a b a k s m b s e l a k g k e n A e B I e s t a m . / e l a k g k U E t V b k u n h n h a s () e C a y d i g y a g e h a c N a s ' 3 0 « T o e b e l a k g k m a n I h A n i k b k a n t t y i e T o t . / e l a k g k b e h I C a l i v n e s t a m C a y b j a k r w I h A n i k b k a n t t y i k m i F E X r (C A R E)

r h o b l a k g k

k m i f i n i g e s v a k m a e T o t E d I e l a k g k m a n I h A n i k b k a n t t y i n g T T Y I :

k m i f i p i l o m y s n g s m c f a m B (Energy Savings Assistance Program) : p i l i k a r e k I n g p e l s t o g s n g s m c f a m B I e d a y m i n G s l u y d b C a k a r d a k T n a b e n A e I B i t a n b a b i t b g o F a t u C a k a s t a n 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 e n p e l s t o g d I T a g n a s n i g G k Y I E d I m a n V K d m n u i T a b . s m a b e t m a n b e n a n s u h t u s a e I x 1-800-331-7593 .

Energy Savings Assistance Program

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

I b h o b (LIHEAP) : k m i f o m y x a g f a m B I n p e l s t o g E d I m a n f i k a t i c p i l i C a o m y x a g s m i t T a r l u y o m y x a g s m i t T a r l u y b r a n e h l y n i g e s v a k m x a g m a d a F a t u C a k a s . T u s a e k s y g e s v a k m s h K m n r d i k a I h A j a (California Dept. of Community Services) e l x 1-866-675-6623 .

E x s n o m i t r d i k a I h A j a (California Lifeline): I T i P a b o d e b a t u s a e d a y m a n t n a f a k s m a b G k T i j E d I m a n I h A n i k b k a n t t y i m a b j t a m k a r E N n a m m n u i r b s k m i F E X r (C A R E) . s m a b e t m a n b e n a n s u h T a k T g G k p i l i e s v a k m x a g T u s a e b a i s u k r b s e l a k g k .

s m a b e t m a n b e n a n G t i f C n :

1-888-427-1345

x b t e c o k (T D D / T T Y) : 1-800-252-0259 (C a P a s a G g e k a s n i g e G s a j b e N a t)

T u s a r (2 1 3) 2 4 4 - 4 6 6 5

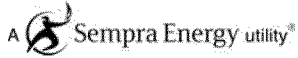


E` Id_]kh]k` oc_me]kh]_racbd`ui]]` 20% oco\ca`i i] CARE

Form 6491-D RU (01/1*)

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



1

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| <input type="checkbox"/> Medi-Cal / Medicaid: 1pkvmy 65 pyn | <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) |
| <input type="checkbox"/> Medi-Cal / Medicaid: 65 pynq}nkmy | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Healthy Families, ~knyjihqq 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) pqq Tribal TANF | <input type="checkbox"/> Head Start Income Eligible - ip{~ivpt~ihyssiji |
| <input type="checkbox"/> CalFresh / SNAP (Food Stamps) (ghivixip}{nxys ynkpis) | <input type="checkbox"/> sk}ypysqt z |

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| <input type="checkbox"/> Social Security (i qkp{siy ui}i qy) | <input type="checkbox"/> khupknq / qpvvi ivinqsv . uhyvuh. vytntp{si}nq | <input type="checkbox"/> gi}i qysk} uh jk (} uh j) qpqkpql ysn skhy ys-k |
| <input type="checkbox"/> SSP pqq SSDI | <input type="checkbox"/> gi}i qyui ywhk inq y | <input type="checkbox"/> nquysvqq, jhksn ppqqs y |
| <input type="checkbox"/> gys}qq | <input type="checkbox"/> nhk ix yx upkn ppq x upkn uiq}~kl | <input type="checkbox"/> ~iluys}k qqskuhi qxksqy |
| <input type="checkbox"/> ghi yns vi ivppq vqxqvysv :} yhyjknyp{s y } ynk, k~ qq, i pqjk qqppq uys}qiss y} ynk | <input type="checkbox"/> gi}i qyui qsxkpvsi}nqqpp ~iluys}k qqwknhkx l sk hk iny | <input type="checkbox"/> i iv inkhysv ppq jisihkh kpq s yvys{jqqpvh jkt uhq p{ |

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Uc^ohnr:

Y`b` :

**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*: (may-bisa ¹ / ₁ 1, 201* hanggang Mayo 31, 2014) *kasalukuyang kita ng sambahayan mula sa lahat ng pinagkukunan bago mga kabawasan | |
|---|----------------------------|
| Bilang ng Tao sa Sambahayan | Kabuuang Kita para sa Taon |
| 1 | \$&!,<'0 |
| 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.



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 serbisyong 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: **ff**

Form 6491-D TAG (01/1*)

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



1

Pangalan ng Mamimili
(gaya ng nakalista sa kuwenta):

Tirahan
(kalye, lungsod, 州):

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:

SAMPLE FORMS: APPLICATIONS
Self-Recertification CARE Application
Individually Metered Residential (Form 6674-D, 01/14)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 4572
DECISION NO.

ISSUED BY
Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)
DATE FILED Nov 27, 2013
EFFECTIVE _____
RESOLUTION NO. _____



YOUR RATE DISCOUNT IS EXPIRING



Dear Customer:

Date:

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 January 1, 2014 to May 31, 2014)</i> *current household income from all sources before deductions | |
|---|---------------------|
| Number of Persons in Household | Total Annual Income |
| 1 | \$31,020 |
| 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 enero de 2014 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 | \$31,020 |
| 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 ***** 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 (\$&1,020 to \$79,260, plus \$8,040 total).

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



đùng m@{ } «m và viết b-ng ch - in a@ a@m bao xét duy t chính xác

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

Sempra Energy utility®

1

Tên Khách Hàng:

Địa chỉ

Số nhà - số căn hộ:

Điện Thoại Nhà #: () - - - - -

E-mail: _____

Tôi không còn hạn mức tín dụng nữa, không mua thêm thiết bị khí ga nữa. Tôi xin báo cáo với bạn về tình hình này. Nếu bạn cần thêm thông tin, vui lòng gọi điện thoại hoặc viết thư. Mọi thắc mắc xin liên hệ: 1-800-4-A-GAS (4262).

2

Tình trạng hộ gia đình của quý v:
Số người sống trong hộ: 1 2 3 4 5 6. Nếu có người khác sống trong hộ, vui lòng ghi họ tên và số điện thoại của họ.

Quý v (hoặc người đại diện) có được các loại trợ cấp xã hội nào không?

- CÓ** (Nếu có, xin ghi vào vòng tròn của bảng sau đây)
- | | |
|--|---|
| <input type="checkbox"/> Medi-Cal/Medicaid: 65 tuổi trở lên | <input type="checkbox"/> Trợ cấp thất nghiệp (LIHEAP) |
| <input type="checkbox"/> Medi-Cal/Medicaid: 65 tuổi trở xuống | <input type="checkbox"/> Trợ cấp An Sinh Xã Hội (SSI) |
| <input type="checkbox"/> Trợ cấp cho người khuyết tật (Mức độ A & B) | <input type="checkbox"/> Trợ cấp cho người khuyết tật (NSLP) |
| <input type="checkbox"/> Trợ cấp cho người nghèo (WIC) | <input type="checkbox"/> Bureau of Indian Affairs General Assistance |
| <input type="checkbox"/> CalWORKs (TANF) hoặc TANF Bền vững | <input type="checkbox"/> Dịch vụ khởi đầu cho Head Start (Bền vững mà thôi) |
| <input type="checkbox"/> CalFresh / SNAP (Chương trình Thực phẩm và Đồ uống) | |

KHÔNG

Mức thu nhập hàng năm của quý v là bao nhiêu (nếu có)?
 Nếu không có thu nhập, vui lòng ghi "Không".

\$0 - \$22,980
 \$22,981 - \$31,020
 \$31,021 - \$39,060
 \$39,061 - \$47,100
 \$47,101 - \$55,140
 Nếu không có
 Nếu không có, vui lòng ghi "Không"

Xin liệt kê các nguồn thu nhập của quý v:

| | | |
|---|--|--|
| <input type="checkbox"/> An sinh Xã hội | <input type="checkbox"/> Trợ cấp thất nghiệp | <input type="checkbox"/> Trợ cấp cho người khuyết tật hoặc Phụ trợ |
| <input type="checkbox"/> SSP, SSDI | <input type="checkbox"/> Trợ cấp thất nghiệp | <input type="checkbox"/> Trợ cấp cho người khuyết tật hoặc Phụ trợ |
| <input type="checkbox"/> Trợ cấp cho người khuyết tật | <input type="checkbox"/> Trợ cấp thất nghiệp | <input type="checkbox"/> Trợ cấp cho người khuyết tật hoặc Phụ trợ |
| <input type="checkbox"/> Tiền lương hoặc CE khác: | <input type="checkbox"/> Trợ cấp thất nghiệp | <input type="checkbox"/> Trợ cấp cho người khuyết tật hoặc Phụ trợ |
| <input type="checkbox"/> Tiền lương, Tiền lương hưu, Tiền lương hưu | <input type="checkbox"/> Trợ cấp thất nghiệp | <input type="checkbox"/> Trợ cấp cho người khuyết tật hoặc Phụ trợ |
| <input type="checkbox"/> Tiền lương hưu | <input type="checkbox"/> Trợ cấp thất nghiệp | <input type="checkbox"/> Trợ cấp cho người khuyết tật hoặc Phụ trợ |

3

Tôi xin khai rõ rằng tôi không còn hạn mức tín dụng nữa. Tôi hi vọng rằng việc này sẽ giúp tôi tiết kiệm chi phí. Mọi thắc mắc xin liên hệ: 1-800-4-A-GAS (4262).

Ch - ký: Ngày: _____

SAMPLE FORMS: APPLICATIONS
Capitation Program CARE Application
(Form 6491-2D, 01/14)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 4572
DECISION NO.

ISSUED BY
Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)
DATE FILED Nov 27, 2013
EFFECTIVE _____
RESOLUTION NO. _____



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:

| |
|--|
| 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) |

OR

MAXIMUM HOUSEHOLD INCOME

| Number of Persons in Household | Total Annual Income* |
|--------------------------------|----------------------|
| 1 | < \$14,000 |
| 2 | < \$18,000 |
| 3 | < \$22,000 |
| 4 | < \$26,000 |
| 5 | < \$30,000 |
| 6 | < \$34,000 |
| 7 | < \$38,000 |
| 8 | < \$42,000 |

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.

Energy Savings Assistance Program

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) ff

- 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 ff

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

\$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: ff

- 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: X

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: |
|---|
| 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) |
| CalWORKs (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 | |
|---|----------------------|
| Número de personas en el hogar | Ingreso total anual* |
| 1 | <+<'< |
| 2 | <+<'< |
| 3 | &"<+<'< |
| 4 | *\ +<'< |
| 5 | >>+!*< |
| 6 | [&+!]< |
| 7 | \ +<'< |
| 8 | \ +<'< |
| 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

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)





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
Self-Certification CARE Application
Submetered Residential (Form 6677-D, 01/14)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 4572
DECISION NO.

ISSUED BY
Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)
DATE FILED Nov 27, 2013
EFFECTIVE _____
RESOLUTION NO. _____



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 July 1, 2011 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>1</td> <td>\$8,100</td> </tr> <tr> <td>2</td> <td>\$31,020</td> </tr> <tr> <td>3</td> <td>\$39,060</td> </tr> <tr> <td>4</td> <td>\$47,100</td> </tr> <tr> <td>5</td> <td>\$55,140</td> </tr> <tr> <td>6</td> <td>\$63,180</td> </tr> <tr> <td>7</td> <td>\$71,220</td> </tr> <tr> <td>8</td> <td>\$79,260</td> </tr> <tr> <td>Each additional person</td> <td>+\$8,040</td> </tr> </tbody> </table> | Number of Persons in Household | Total Annual Income | 1 | \$8,100 | 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 | | | | | | | | | | | | | | | | | | | | | |
| 1 | \$8,100 | | | | | | | | | | | | | | | | | | | | | |
| 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

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 (01/1*)

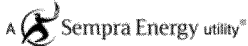
Please use DARK ink and print clearly to ensure proper processing

CARE PROGRAM, ML GT19A1

PO BOX 3249

Correct way to mark circles: fff

LOS ANGELES, CA 90051-1249



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:



f 1 fff 2 | f f 3 | f f 4 | 5f | 6 f | If more than 6:

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

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

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

ff **NO**

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

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

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

Please mark your sources of income: →

- | | | |
|---|--|--|
| ff Social Security | ff Wages and/or Profit from Self Employment | ff Spousal or Child Support |
| ff SSP or SSDI | ff Unemployment Benefits | ff Scholarships, grants, or other aid used for living expenses |
| ff Pensions | ff Insurance or Legal Settlements | ff Rental or Royalty Income |
| ff Interest or Dividends from: Savings, Stocks, Bonds, or Retirement Accounts | ff Disability or Workers Compensation Payments | ff 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 julio de 2011 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 | \$8,100 |
| 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

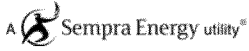
PARA INFORMACIÓN SOBRE CARE, LLAME A THE GAS COMPANY AL:

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



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

Form 6677-D SP (01/1*)

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: ffl

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

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Seguro Social | <input type="checkbox"/> Salarios y/o ingresos de autoempleo | <input type="checkbox"/> Pensión conyugal o alimenticia |
| <input type="checkbox"/> SSP o SSDI | <input type="checkbox"/> Beneficios de desempleo | <input type="checkbox"/> Becas, subvenciones u otra ayuda usada para sufragar el costo de la vida |
| <input type="checkbox"/> Pensiones | <input type="checkbox"/> Pagos de pólizas de seguro o convenios judiciales | <input type="checkbox"/> Ingresos por alquiler o regalías |
| <input type="checkbox"/> Intereses o dividendos de: cuentas de ahorro, acciones, bonos, o cuentas para el retiro | <input type="checkbox"/> Pagos por incapacidad o Indemnización para los trabajadores | <input type="checkbox"/> 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, 01/14)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 4572
DECISION NO.

ISSUED BY
Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)
DATE FILED Nov 27, 2013
EFFECTIVE _____
RESOLUTION NO. _____



YOUR RATE DISCOUNT IS EXPIRING



Dear Tenant:

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 January 1, 2014 to May 31, 2014)</i> | |
|---|---------------------|
| *current household income from all sources before deductions | |
| Number of Persons in Household | Total Annual Income |
| 1 | \$31,020 |
| 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

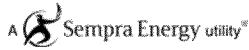
- ffi This address must be your primary address.
- ffi You must not be claimed as a dependent on another person's income tax return other than your spouse.
- ffi You must recertify your application when requested.
- ffi You must notify The Gas Company within 30 days if you no longer qualify.
- ffi You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

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

Apreciable inquilino:

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 enero de 2014 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 | \$31,020 |
| 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
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

Número de complejo habitacional (*Facility ID*):



Sempra Energy utility

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

Form 6678-D SP (01/14)

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: fff

1 Nombre del inquilino (tal como aparece en su factura): Domicilio: Número de complejo habitacional: Teléfono: Correo electrónico:

ffif Ya no califico o no deseo participar en CARE. Sírvanse retirar mi cuenta del programa CARE. Si rellenó este círculo, por favor vaya directamente al número 3, firme en la parte de abajo, y envíe este formulario en el sobre con porte pagado provisto en un término de 90 días.

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?

ffif Sí (Si su respuesta es afirmativa, marque el(los) # + / - / \$ / H

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

ffif 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:

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

APPLICATION FOR CALIFORNIA ALTERNATE RATES
FOR ENERGY PROGRAM - BILL INSERT
(Form 6491-BI, 01/14)

T

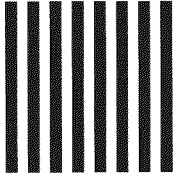
(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 4572
DECISION NO.

ISSUED BY
Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)
DATE FILED Nov 27, 2013
EFFECTIVE _____
RESOLUTION NO. _____

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

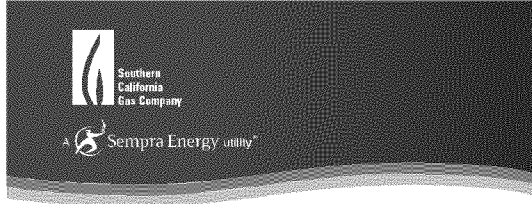


BUSINESS REPLY MAIL

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 CALIFINCA 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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Lee Schavrien
 Senior Vice President

(TO BE INSERTED BY CAL. PUC)
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