



Rasha Prince  
Director  
Regulatory Affairs

555 W. Fifth Street, GT14D6  
Los Angeles, CA 90013-1011  
Tel: 213.244.5141  
Fax: 213.244.4957  
RPrince@semprautilities.com

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.<sup>1</sup> 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.<sup>2</sup>*

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](mailto: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.**

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<sup>1</sup> Pursuant to a letter dated April 1, 2013 from the Director of the ED.

<sup>2</sup> See Assembly Bill 327, Section 3,

[http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201320140AB327](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](mailto: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.

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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 AL<sup>1</sup>: 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 proposed<sup>1</sup>: 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:**

CPUC, Energy Division  
Attention: Tariff Unit  
505 Van Ness Ave.  
San Francisco, CA 94102  
EDTariffUnit@cpuc.ca.gov

Southern California Gas Company  
Attention: Sid Newsom  
555 West Fifth Street, GT14D6  
Los Angeles, CA 90013-1011  
snewsom@semprautilities.com  
Tariffs@socalgas.com

<sup>1</sup> Discuss in AL if more space is needed.

**ATTACHMENT A**

**Advice No. 4572**

**(See Attached Service List)**

Alcantar & Kahl  
Seema Srinivasan  
sls@a-klaw.com

Alcantar & Kahl  
Kari Harteloo  
klc@a-klaw.com

Alcantar & Kahl LLP  
Annie Stange  
sas@a-klaw.com

Alcantar & Kahl, LLP  
Mike Cade  
wmc@a-klaw.com

Azusa Light & Water  
George Morrow  
gmorrow@ci.azusa.ca.us

Barkovich & Yap  
Catherine E. Yap  
cathy@barkovichandyap.com

Beta Consulting  
John Burkholder  
burkee@cts.com

CPUC  
Consumer Affairs Branch  
505 Van Ness Ave., #2003  
San Francisco, CA 94102

CPUC  
Pearlie Sabino  
pzs@cpuc.ca.gov

CPUC  
Energy Rate Design & Econ.  
505 Van Ness Ave., Rm. 4002  
San Francisco, CA 94102

CPUC - DRA  
R. Mark Pocta  
rmp@cpuc.ca.gov

California Energy Commission  
Robert Kennedy  
rkennedy@energy.state.ca.us

California Energy Market  
Lulu Weinzimer  
luluw@newsdata.com

Calpine Corp  
Avis Clark  
aclark@calpine.com

City of Banning  
Paul Toor  
P. O. Box 998  
Banning, CA 92220

City of Burbank  
Lincoln Bleveans  
lbleveans@burbankca.gov

City of Colton  
Thomas K. Clarke  
650 N. La Cadena Drive  
Colton, CA 92324

City of Long Beach Gas & Oil  
Renee Williams  
Renee.Williams@LongBeach.gov

City of Long Beach Gas & Oil  
Dennis Burke  
Dennis.Burke@LongBeach.gov

City of Los Angeles  
City Attorney  
200 North Main Street, 800  
Los Angeles, CA 90012

City of Pasadena - Water and Power  
Dept.  
G Bawa  
GBawa@cityofpasadena.net

City of Riverside  
Joanne Snowden  
jsnowden@riversideca.gov

City of Vernon  
Dan Bergmann  
dan@igservice.com

Commerce Energy  
Blake Lazusso  
blasuzzo@commerceenergy.com

Commerce Energy  
Catherine Sullivan  
csullivan@commerceenergy.com

Crossborder Energy  
Tom Beach  
tomb@crossborderenergy.com

DGS  
Henry Nanjo  
Henry.Nanjo@dgs.ca.gov

Davis, Wright, Tremaine  
Judy Pau  
judypau@dwt.com

Douglass & Liddell  
Dan Douglass  
douglass@energyattorney.com

Douglass & Liddell  
Donald C. Liddell  
liddell@energyattorney.com

Downey, Brand, Seymour & Rohwer  
Dan Carroll  
dcarroll@downeybrand.com

Dynegy  
Mark Mickelson  
Mark.Mickelson@dynegy.com

Energy Division Tariff Unit  
EDTariffUnit@cpuc.ca.gov

Gas Transmission Northwest  
Corporation  
Bevin Hong  
Bevin\_Hong@transcanada.com

General Services Administration  
Facilities Management (9PM-FT)  
450 Golden Gate Ave.  
San Francisco, CA 94102-3611

Genon Energy, Inc.  
Greg Bockholt  
Greg.Bockholt@Genon.com

Goodin, MacBride, Squeri, Ritchie &  
Day, LLP  
James D. Squeri  
jsqueri@gmssr.com

Hanna & Morton  
Norman A. Pedersen, Esq.  
npedersen@hanmor.com

Iberdrola Renewables Energy Services  
Julie Morris  
Julie.Morris@iberdrolaren.com

Imperial Irrigation District  
K. S. Noller  
P. O. Box 937  
Imperial, CA 92251

JBS Energy  
Jeff Nahigian  
jeff@jbsenergy.com

Kern River Gas Transmission Company  
Janie Nielsen  
Janie.Nielsen@KernRiverGas.com

LADWP  
Robert Pettinato  
Robert.Pettinato@ladwp.com

LADWP  
Nevenka Ubavich  
nevenka.ubavich@ladwp.com

MRW & Associates  
Robert Weisenmiller  
mrw@mrwassoc.com

Manatt Phelps Phillips  
Randy Keen  
rkeen@manatt.com

Manatt, Phelps & Phillips, LLP  
David Huard  
dhuard@manatt.com

March Joint Powers Authority  
Cindy Lockwood  
lockwood@marchjpa.com

McKenna Long & Aldridge, LLP  
John Leslie  
jleslie@Mckennialong.com

National Utility Service, Inc.  
Jim Boyle  
One Maynard Drive, P. O. Box 712  
Park Ridge, NJ 07656-0712

Navigant Consulting, Inc.  
Ray Welch  
ray.welch@navigantconsulting.com

Nexant, Inc.  
Carl Huppert  
chuppert@nexant.com

PG&E Tariffs  
Pacific Gas and Electric  
PGETariffs@pge.com

Praxair Inc  
Rick Noger  
rick\_noger@praxair.com

RCS, Inc  
Don Schoenbeck  
dws@r-c-s-inc.com

Safeway, Inc  
Cathy Ikeuchi  
cathy.ikeuchi@safeway.com

Sierra Pacific Company  
Christopher A. Hilén  
chilen@sppc.com

Southern California Edison Co.  
Kevin Cini  
Kevin.Cini@SCE.com

Southern California Edison Co.  
John Quinlan  
john.quinlan@sce.com

Southern California Edison Co.  
Karyn Gansecki  
karyn.gansecki@sce.com

Southern California Edison Co.  
Colin E. Cushnie  
Colin.Cushnie@SCE.com

Southern California Edison Company  
Michael Alexander  
Michael.Alexander@sce.com

Southwest Gas Corp.  
John Hester  
John.Hester@swgas.com

TURN  
Marcel Hawiger  
marcel@turn.org

The Mehle Law Firm PLLC  
Colette B. Mehle  
cmehle@mehlelaw.com

Western Manufactured Housing  
Communities Assoc.  
Sheila Day  
sheila@wma.org

BRIGHTLINE DEFENSE PROJECT EDDIE AHN eddie@brightlinedefense.org	CALIFORNIA PUBLIC UTILITIES COMMISSION ZAIDA C. AMAYA zca@cpuc.ca.gov	IDEATE CALIFORNIA JOSE ATILIO HERNANDEZ jhernandez@ideatecal.com
CALIF PUBLIC UTILITIES COMMISSION Bernard Ayanruoh ben@cpuc.ca.gov	NATIONAL ASIAN AMERICAN COALITION FAITH BAUTISTA bautistafaith@yahoo.com	CALIF PUBLIC UTILITIES COMMISSION Amy C. Baker ab1@cpuc.ca.gov
BLACK ECONOMIC COUNCIL LEN CANTY lencanty@BlackEconomicCouncil.org	PROTEUS, INC. BOB CASTANEDA robertprm@gmail.com	CALIF PUBLIC UTILITIES COMMISSION Radu Ciupagea rc5@cpuc.ca.gov
GREEN FOR ALL KAT DANIEL kat@greenforall.org	CALIF PUBLIC UTILITIES COMMISSION Kyle DeVine kyl@cpuc.ca.gov	JCEEP ERIK S. EMBLEM eemblem@JCEEP.net
AMERICAN INSULATION, INC. LYDIA L. FLORES LFlores@americanInsul.com	CALIF PUBLIC UTILITIES COMMISSION Michaela Flagg mf3@cpuc.ca.gov	CALIF PUBLIC UTILITIES COMMISSION Hazlyn Fortune hcf@cpuc.ca.gov
THE GREENLINING INSTITUTE ENRIQUE GALLARDO enriqueg@greenlining.org	THE UTILITY REFORM NETWORK HAYLEY GOODSON hayley@turn.org	COMMUNITY RESOURCE PROJECT, INC. JOAN GRAHAM joang@cresource.org
CALIF PUBLIC UTILITIES COMMISSION Syreeta Gibbs syg@cpuc.ca.gov	CALIF PUBLIC UTILITIES COMMISSION Alice Glasner ag6@cpuc.ca.gov	NATIONAL CONSUMER LAW CENTER CHARLIE HARAK CHarak@nclc.org
SOUTHERN CALIFORNIA GAS COMPANY KIM F. HASSAN KHassan@SempraUtilities.com	JAMES L. HODGES HodgesJL@surewest.net	CALIF PUBLIC UTILITIES COMMISSION Louis M. Irwin lmi@cpuc.ca.gov
NATURAL RESOURCES DEFENSE COUNCIL ALEX JACKSON ajackson@nrdc.org	CENTER FOR ACCESSIBLE TECHNOLOGY MELISSA W. KASNITZ service@cforat.org	PACIFIC GAS AND ELECTRIC COMPANY ANN H. KIM AHK4@pge.com
CALIFORNIA HOUSING PARTNERSHIP CORP. MEGAN KIRKEBY MKirkeby@chpc.net	CALIF PUBLIC UTILITIES COMMISSION Colette Kersten cek@cpuc.ca.gov	CALIF PUBLIC UTILITIES COMMISSION Kimberly Kim kk2@cpuc.ca.gov
CALIF PUBLIC UTILITIES COMMISSION Jonathan P. Knapp jp8@cpuc.ca.gov	LA COOPERATIVA CAMPESINA DE CALIFORNIA MARCO LIZZARAGA marco@directtechnology.com	CALIF PUBLIC UTILITIES COMMISSION Audrey Lee al4@cpuc.ca.gov



M.CUBED  
STEVEN MOSS  
steven@moss.net

CALIF PUBLIC UTILITIES COMMISSION  
Karen Miller  
knr@cpuc.ca.gov

CALIF PUBLIC UTILITIES COMMISSION  
Rahmon Momoh  
rmm@cpuc.ca.gov

OPOWER  
MATTHEW O'KEEFE  
california@opower.com

CPUC - DRA  
DAVID B. PECK  
dbp@cpuc.ca.gov

NATIONAL HOUSING LAW PROJECT  
KENT QIAN  
kqian@nhlp.org

QUALITY CONSERVATION SERVICES,  
INC.  
ALLAN RAGO  
arago@qcsca.com

CALIF PUBLIC UTILITIES COMMISSION  
Rashid A. Rashid  
rhd@cpuc.ca.gov

SYNERGY COMPANIES  
STEVEN R. SHALLENBERGER  
steve@synergycompanies.org

ALCANTAR & KAHL, LLP  
NORA SHERIFF  
nes@a-klaw.com

BROWNSTEIN HYATT FARBER  
SCHRECK, LLP  
C. WESLEY STRICKLAND  
wstrickland@bhfs.com

CALIF PUBLIC UTILITIES COMMISSION  
Brian Stevens  
brc@cpuc.ca.gov

SOUTHERN CALIFORNIA EDISON  
COMPANY  
ANDREA TOZER  
Andrea.Tozer@sce.com

CALIF PUBLIC UTILITIES COMMISSION  
Ava N. Tran  
atr@cpuc.ca.gov

DEPT. OF COMMUNITY SRVCS. & DEV.  
JASON WIMBLEY  
jwimbley@csd.ca.gov

UTILITY WORKERS UNION OF  
AMERICA  
CARL WOOD  
carl.wood@verizon.net

CALIF PUBLIC UTILITIES COMMISSION  
Karen Camille Watts-Zagha  
kwz@cpuc.ca.gov

LAT. BUS. CHAMBER OF GREATER  
L.A.  
info@lbcgla.com

ASSERT INC.  
ELISABETH ADAMS  
eadams.assert@verizon.net

CALIF PUBLIC UTILITIES COMMISSION  
Zaida Amaya-Pineda  
zca@cpuc.ca.gov

CALCERTS,, INC.  
MICHAEL E. BACHAND  
mike@calcerts.com

SAN DIEGO GAS & ELECTRIC  
COMPANY  
GEORGETTA J. BAKER  
GBaker@SempraUtilities.com

RESIDENTIAL WALL INSULATION  
CRISTAL BEDORTHA  
cristalfour@aol.com

CALIFORNIA ENERGY COMMISSION  
SYLVIA BENDER  
sbender@energy.state.ca.us

BRAUN BLAISING MCLAUGHLIN P.C.  
SCOTT BLAISING  
blaising@braunlegal.com

THE DOLPHIN GROUP  
MICHAEL BOCCADORO  
aeaconline@gmail.com

BRAUN BLAISING MCLAUGHLIN, P.C.  
C. ANTHONY BRAUN  
braun@braunlegal.com

RICHARD HEATH AND ASSOCIATES,  
INC.  
ART BRICE  
abrice@rhainc.com

CALIFORNIA URBAN WATER  
CONSERVATION  
CHRIS BROWN  
chris@cuwcc.org

A WORLD INSTITUTE FOR  
SUSTAINABLE HUMANI  
SUSAN E. BROWN  
PO BOX 428  
MILL VALLEY, CA 94942

INSULATION CONTRACTORS ASSN.  
ROBERT E. BURTT  
burtt@macnexus.org

CALIFORNIA STATE UNIVERSITY,  
FRESNO  
PETER CANESSA  
pcanessa@charter.net

PACIFIC GAS AND ELECTRIC  
COMPANY  
DANIEL F. COOLEY  
dfc2@pge.com

SOUTHERN CALIFORNIA EDISON  
COMPANY  
LARRY COPE  
larry.cope@sce.com

CALIFORNIA CONSERVATION CORPS  
PATRICK COUCH  
patrick.couch@ccc.ca.gov

CAROLYN COX  
carolyncox2@sbcglobal.net

MCR PERFORMANCE SOLUTIONS  
THOMAS S. CROOKS  
tcrooks@mcr-group.com

WEST COAST GAS COMPANY  
RAYMOND J. CZAHAR, C.P.A.  
westgas@aol.com

CALIF PUBLIC UTILITIES COMMISSION  
Jeanne Clinton  
cln@cpuc.ca.gov

CALIF PUBLIC UTILITIES COMMISSION  
Michael Colvin  
mc3@cpuc.ca.gov

CALIF PUBLIC UTILITIES COMMISSION  
Cheryl Cox  
cxc@cpuc.ca.gov

GOODIN MACBRIDE SQUERI DAY &  
LAMPREY LLP  
MICHAEL B. DAY  
mday@goodinmacbride.com

CALIF PUBLIC UTILITIES COMMISSION  
Tim G. Drew  
zap@cpuc.ca.gov

CAL - UCONS, INC.  
THOMAS ECKHART  
tom@ucons.com

SESCO, INC.  
RICHARD ESTEVES  
sesco@optonline.net

NATURAL RESOURCES DEFENSE  
COUNCIL  
LARA ETTENSON  
lettenson@nrdc.org

CHARTER COMMUNICATIONS  
SUSAN EVANS  
5797 EASTSIDE RD  
REDDING, CA 96001

ATKINSON, ANDELSON, LOYA, RUUD  
& ROMO  
ROBERT FRIED  
5776 STONERIDGE MALL ROAD, STE  
200  
PLEASANTON, CA 94588

<p>CALIF PUBLIC UTILITIES COMMISSION Cathleen A. Fogel cf1@cpuc.ca.gov</p>	<p>CALIF PUBLIC UTILITIES COMMISSION Hazlyn Fortune hcf@cpuc.ca.gov</p>	<p>CALIFORNIA ENERGY COMMISSION E.V. (AL) GARCIA agarcia@energy.state.ca.us</p>
<p>WOMEN'S ENERGY MATTERS BARBARA GEORGE wem@igc.org</p>	<p>NATIONAL ASSC. OF ENERGY SVC. COMPANIES DONALD GILLIGAN dgilligan@naesco.org</p>	<p>CALIFORNIA ATTORNEY GENERAL'S OFFICE SANDRA GOLDBERG sandra.goldberg@doj.ca.gov</p>
<p>SUSTAINABLE SPACES, INC. MATT GOLDEN matt@sustainablespaces.com</p>	<p>THE UTILITY REFORM NETWORK HAYLEY GOODSON hayley@turn.org</p>	<p>CALIF PUBLIC UTILITIES COMMISSION David M. Gamson dmg@cpuc.ca.gov</p>
<p>CALIF PUBLIC UTILITIES COMMISSION Monisha Gangopadhyay mgb@cpuc.ca.gov</p>	<p>PERKINS, MANN &amp; EVERETT, A.P.C. JERRY H. HANN jmann@pmelaw.com</p>	<p>ALLIANCE TO SAVE ENERGY MERRILEE HARRIGAN mharrigan@ase.org</p>
<p>SAN DIEGO GAS &amp; ELECTRIC COMPANY KIM F. HASSAN KHassan@SempraUtilities.com</p>	<p>ELLISON, SCHNEIDER &amp; HARRIS, LLP LYNN HAUG lmh@eslawfirm.com</p>	<p>THE UTILITY REFORM NETWORK MARCEL HAWIGER marcel@turn.org</p>
<p>HELLER MANUS ARCHITECTS JEFFREY HELLER JeffreyH@hellermanus.com</p>	<p>CITY AND COUNTY OF SAN FRANCISCO DENNIS J. HERRERA CITY HALL, ROOM 234 1 DR. CARLTON B. GOODLET PLACE SAN FRANCISCO, CA 94102</p>	<p>ACCES JAMES HODGES hodgesjl@surewest.net</p>
<p>REDEFINING PROGRESS J. ANDREW HOERNER hoerner@redefiningprogress.org</p>	<p>CALIF PUBLIC UTILITIES COMMISSION Katherine Hardy keh@cpuc.ca.gov</p>	<p>SACRAMENTO MUNICIPAL UTILITY DISTRICT LOURDES JIMENEZ-PRICE ljimene@smud.org</p>
<p>BILL JULIAN billjulian@sbcglobal.net</p>	<p>THE GREENLINING INSTITUTE SAMUEL KANG samuelk@greenlining.org</p>	<p>THE GREENLINING INSTITUTE SAMUEL S. KANG samuelk@greenlining.org</p>
<p>CENTER FOR ACCESSIBLE TECHNOLOGY MELISSA W. KASNITZ service@cforat.org</p>	<p>UTILITY COST MANAGEMENT, LLC PAUL KERKORIAN pk@utilitycostmanagement.com</p>	<p>DISABILITY RIGHTS ADVOCATES MARY - LEE KIMBER pucservice@dralegal.org</p>
<p>AIR CONDITIONING CONTRACTORS OF AMERICA W. RUSSELL KING russ.king@acca.org</p>	<p>CAL. BLDG. PERFORMANCE CONTRACTORS ASSN. ROBERT L. KNIGHT rknight@bki.com</p>	<p>GLOBAL ENERGY PARTNERS, LLC JOHN KOTOWSKI jak@gepllc.com</p>

<p>CALIF PUBLIC UTILITIES COMMISSION Kimberly Kim kk2@cpuc.ca.gov</p>	<p>ASSOCIATION OF BAY AREA GOVERNMENTS GERALD LAHR jerry1@abag.ca.gov</p>	<p>CALIFORNIA PUBLIC UTILITIES COMMISSION JEAN A. LAMMING JL2@cpuc.ca.gov</p>
<p>ALPINE NATURAL GAS OPERATING COMPANY MICHAEL LAMOND anginc@goldrush.com</p>	<p>SUNDOWNER INSULATION, INC. TIMOTHY J. LAWLER sundnr2@sbcglobal.net</p>	<p>SOUTHWEST GAS CORPORATION KEITH LAYTON keith.layton@swgas.com</p>
<p>CTG ENERGETICS, INC. MALCOLM LEWIS mlewis@ctg-net.com</p>	<p>DOUGLASS &amp; LIDDELL DONALD C. LIDDELL liddell@energyattorney.com</p>	<p>JODY LONDON CONSULTING JODY LONDON jody_london_consulting@earthlink.net</p>
<p>CALIF PUBLIC UTILITIES COMMISSION Peter Lai ppl@cpuc.ca.gov</p>	<p>CALIF PUBLIC UTILITIES COMMISSION Diana L. Lee dil@cpuc.ca.gov</p>	<p>PERKINS, MANN &amp; EVERETT JERRY H. MANN jmann@pmelaw.com</p>
<p>JBS ENERGY BILL MARCUS bill@jbsenergy.com</p>	<p>2030, INC./ARCHITECTURE 2030 EDWARD MAZRIA info@architecture2030.org</p>	<p>CALIFORNIA CENTER FOR SUSTAINABLE ENERGY ANDREW MCALLISTER andrew.mcallister@energycenter.org</p>
<p>SUTHERLAND ASBILL &amp; BRENNAN LLP KEITH R. MCCREA keith.mccrea@sutherland.com</p>	<p>DON MEEK 10949 SW 4TH AVENUE PORTLAND, OR 97219</p>	<p>CALIFORNIA FARM BUREAU FEDERATION KAREN NORENE MILLS kmills@cfbf.com</p>
<p>PACIFICORP MICHELLE R. MISHOE michelle.mishoe@pacificorp.com</p>	<p>ENERGY ECONOMICS, INC. CYNTHIA K. MITCHELL Cynthiakmitchell@gmail.com</p>	<p>UC DAVIS WESTERN COOLING EFFICENCY CTR MARK P. MODERA mpmodera@ucdavis.edu</p>
<p>SOUTHERN CALIFORNIA EDISON MICHAEL MONTOYA montoym1@sce.com</p>	<p>NEWPORT VENTURES MIKE MOORE mmoore@newportpartnersllc.com</p>	<p>BEAR VALLEY ELECTRIC RONALD MOORE rkmoore@gswater.com</p>
<p>WESTERN MANUFACTURED HOUSING COMM. SVCS. IRENE K. MOOSEN irene@igc.org</p>	<p>CITY &amp; COUNTY OF SAN FRANCISCO STEPHEN A. S. MORRISON CITY HALL, SUITE 234 1 DR CARLTON B. GOODLET PLACE SAN FRANCISCO, CA 94102-4682</p>	<p>LAW OFFICES OF SARA STECK MYERS SARA STECK MYERS ssmyers@att.net</p>
<p>ENVIRONMENTAL DESIGN/BUILD GEORGE J. NESBITT george@houseiasystem.com</p>	<p>CALIFORNIA CENTER FOR SUSTAINABLE ENERGY SEPHRA A. NINOW sephra.ninow@energycenter.org</p>	<p>SOUTHERN CALIFORNIA FORUM ARLEEN NOVOTNEY social.forum@yahoo.com</p>

<p>PACIFIC GAS AND ELECTRIC COMPANY CHONDA J. NWAMU cjn3@pge.com</p>	<p>CALIF PUBLIC UTILITIES COMMISSION David Ng dhn@cpuc.ca.gov</p>	<p>DAVIS WRIGHT TREMAINE LLP EDWARD W. O'NEILL edwardoneill@dwt.com</p>
<p>SOUTHWEST GAS CORPORATION VALERIE J. ONTIVEROZ valerie.ontiveroz@swgas.com</p>	<p>CALIF PUBLIC UTILITIES COMMISSION Ayat E. Osman aeo@cpuc.ca.gov</p>	<p>QUEST EILEEN PARKER 2001 ADDISON STREET, STE. 300 BERKELEY, CA 94704</p>
<p>COMMUNITY ACTION AGENCY OF SAN MATEO WILLIAM F. PARKER wparker@baprc.com</p>	<p>SACRAMENTO MUNICIPAL UTILITY DIST. JIM PARKS jparks@smud.org</p>	<p>THE METROPOLITAN WATER DISTRICT OF SOUTH MARK L. PARSONS mparsons@mwdh2o.com</p>
<p>SD GAS AND ELECTRIC CO / SOCAL GAS CO STEVEN D. PATRICK SDPatrick@SempraUtilities.com</p>	<p>RANCHO VALLEY BUILDERS, INC. BRUCE PATTON bpatton_rancho@sbcglobal.net</p>	<p>COMMUNITY RESOURCE PROJECT, INC. LOUISE A. PEREZ lperez@cresource.org</p>
<p>CALIFORNIA CENTER FOR SUSTAINABLE ENERGY JENNIFER PORTER jennifer.porter@energycenter.org</p>	<p>PROCTOR ENGINEERING GROUP JOHN PROCTOR john@proctoreng.com</p>	<p>CALIF PUBLIC UTILITIES COMMISSION Lisa Paulo lp1@cpuc.ca.gov</p>
<p>COMMUNITY ACTION AGENCY OF SAN MATEO GREGORY REDICAN gredican@caasm.org</p>	<p>CALIFORNIA ENERGY COMMISSION CYNTHIA ROGERS crogers@energy.state.ca.us</p>	<p>MARIN ENERGY MANAGEMENT TEAM TIM ROSENFELD tim@marinemt.org</p>
<p>RCS, INC. JAMES ROSS jimross@r-c-s-inc.com</p>	<p>SMALL BUSINESS CALIFORNIA/SB CALIFORNIA HANK RYAN hankryan2003@yahoo.com</p>	<p>CALIF PUBLIC UTILITIES COMMISSION Sazedur Rahman snr@cpuc.ca.gov</p>
<p>CALIF PUBLIC UTILITIES COMMISSION Rashid A. Rashid rhd@cpuc.ca.gov</p>	<p>CALIF PUBLIC UTILITIES COMMISSION Thomas Roberts tcr@cpuc.ca.gov</p>	<p>CALIFORNIA ENERGY COMMISSION IRENE SALAZAR isalazar@energy.state.ca.us</p>
<p>SOUTHERN CALIFORNIA EDISON COMPANY STACIE SCHAFFER stacie.schaffer@sce.com</p>	<p>PETER SCHWARTZ &amp; ASSOCIATES, LLC PETER M. SCHWARTZ pmschwartz@sbcglobal.net</p>	<p>SCHWEITZER AND ASSOCIATES, INC. JUDI G. SCHWEITZER judi.schweitzer@post.harvard.edu</p>
<p>CHRIS SCRUTON cscruton@energy.state.ca.us</p>	<p>CALIFORNIA ENERGY COMMISSION MARGARET SHERIDAN msherida@energy.state.ca.us</p>	<p>CLEAREDGE POWER CORPORATION JON W. SLANGERUP js@clearedgepower.com</p>

CITY AND COUNTY OF SAN FRANCISCO  
 JEANNE M. SOLE  
 jeanne.sole@sfgov.org

MARAVILLA FOUNDATION  
 ALEX SOTOMAYOR  
 alexsot@aol.com

GOODIN MACBRIDE SQUERI DAY & LAMPREYLLP  
 JAMES D. SQUERI  
 jsqueri@goodinmacbride.com

CALIFORNIA CENTER FOR SUSTAINABLE ENERGY  
 IRENE STILLINGS  
 irene.stillings@energycenter.org

BEAR VALLEY ELECTRIC SERVICE  
 KEITH SWITZER  
 kswitzer@gswater.com

CALIF PUBLIC UTILITIES COMMISSION  
 Don Schultz  
 dks@cpuc.ca.gov

CALIF PUBLIC UTILITIES COMMISSION  
 Yuliya Shmidt  
 ys2@cpuc.ca.gov

CALIF PUBLIC UTILITIES COMMISSION  
 Joyce Steingass  
 jws@cpuc.ca.gov

SILICON VALLEY LEADERSHIP GROUP  
 FRANK TENG  
 224 AIRPORT PARKWAY, SUITE 620  
 SAN JOSE, CA 95110

SO CAL GAS AND SDG&E  
 MICHAEL R. THORP  
 MThorp@SempraUtilities.com

CALIFORNIA PUBLIC UTILITIES COMMISSION  
 MATTHEW TISDALE  
 MWT@cpuc.ca.gov

ICE ENERGY, INC.  
 GREG TROPSA  
 gtropsa@ice-energy.com

CALIF PUBLIC UTILITIES COMMISSION  
 George S. Tagnipes  
 jst@cpuc.ca.gov

CALIF PUBLIC UTILITIES COMMISSION  
 Zenaida G. Tapawan-Conway  
 ztc@cpuc.ca.gov

CALIF PUBLIC UTILITIES COMMISSION  
 Sarah R. Thomas  
 srt@cpuc.ca.gov

CALIF PUBLIC UTILITIES COMMISSION  
 Ava N. Tran  
 atr@cpuc.ca.gov

CALIF PUBLIC UTILITIES COMMISSION  
 Chris Ungson  
 cu2@cpuc.ca.gov

TELACU  
 RICHARD VILLASENOR  
 richvilla4@hotmail.com

CALIF PUBLIC UTILITIES COMMISSION  
 Christopher R Villarreal  
 crv@cpuc.ca.gov

MODESTO IRRIGATION DISTRICT  
 JOY A. WARREN  
 joyw@mid.org

AGLET CONSUMER ALLIANCE  
 JAMES WEIL  
 jweil@aglet.org

CITY OF OAKLAND  
 SCOTT WENTWORTH  
 swentworth@oaklandnet.com

ELLISON SCHNEIDER & HARRIS L.L.P.  
 GREGGORY L. WHEATLAND  
 glw@eslawfirm.com

ROBERT C. WILKINSON  
 wilkinson@es.ucsb.edu

PACIFIC GAS AND ELECTRIC COMPANY  
 SHIRLEY A. WOO  
 saw0@pge.com

PACIFIC ENERGY POLICY CENTER  
 DON WOOD SR.  
 dwood8@cox.net

SOUTH COAST AIR QUALITY MANAGEMENT DIST  
 PAUL WUEBBEN  
 21865 COPLEY DRIVE  
 DIAMOND BAR, CA 91765-4178

BRAUN BLAISING MCLAUGHLIN, P.C.  
 JUSTIN C. WYNNE  
 wynne@braunlegal.com

CALIF PUBLIC UTILITIES COMMISSION  
 Natalie Walsh  
 nfw@cpuc.ca.gov

CALIF PUBLIC UTILITIES COMMISSION  
 Karen Camille Watts-Zagha  
 kwz@cpuc.ca.gov

CALIF PUBLIC UTILITIES COMMISSION  
Sean Wilson  
smw@cpuc.ca.gov

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  
CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

Sheet 4

(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)

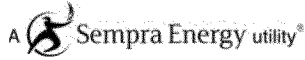
(TO BE INSERTED BY UTILITY)  
ADVICE LETTER NO. 4572  
DECISION NO.

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**

- 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.
- 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.
- COMPLETE** the entire application (please print or type). Complete a separate application for each qualified facility (including satellite facilities).
- 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:**

<b>PUBLIC ASSISTANCE PROGRAMS:</b>
If another person in the 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**

<b>MAXIMUM HOUSEHOLD INCOME*:</b> <i>(effective July 1, 2010 to May 31, 2011)</i>	
*current household income from all sources before deductions	
Number of Persons in Household	Total Annual Income
1	\$8,000
2	\$12,000
3	\$15,000
4	\$18,100
5	\$21,100
6	\$24,100
7	\$27,100
8	\$30,100
Each Additional Person	+\$3,000

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.

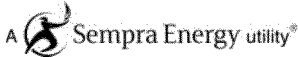
☐☐ Maintain accounting entries and supporting documentation of how the discount was used for the direct benefit of the residents. These records must be retained for three (3) years from the date of initial application and/or recertification.

☐☐ 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.



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



Navigation icons: back, forward, search, etc.

1 APPLICANT INFORMATION: (please type or print)

Name on Gas Bill \_\_\_\_\_

Name of Facility \_\_\_\_\_
(if different than on bill)

Account Number for This Facility [Icons]

Service Address \_\_\_\_\_ City \_\_\_\_\_, CA Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_, CA Zip Code \_\_\_\_\_
(if different)

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

E-mail Address \_\_\_\_\_
(optional)

Daytime Phone ( [Icons] ) Fax ( [Icons] )

2 FACILITY INFORMATION (check one)

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

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

FOR ALL FACILITIES (continued)

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

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

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

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

3 DECLARATION

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

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

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

This year's discount will be used for \_\_\_\_\_

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

FOR ALL FACILITIES

Applicant is customer of record. Yes [X] No [ ]

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

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

Authorized Representative's Name (please print or type)

Authorized Representative's Title

Authorized Representative's Signature

Date

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

Account Number: 

Service Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip Code \_\_\_\_\_

Type of metering:                     Individually metered     Master metered

Energy used for residential purpose:     100%                     At least 70%

Total number of residents (exclude on-site manager) \_\_\_\_\_

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

---

Account Number: 

Service Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip Code \_\_\_\_\_

Type of metering:                     Individually metered     Master metered

Energy used for residential purpose:     100%                     At least 70%

Total number of residents (exclude on-site manager) \_\_\_\_\_

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

---

Account Number: 

Service Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip Code \_\_\_\_\_

Type of metering:                     Individually metered     Master metered

Energy used for residential purpose:     100%                     At least 70%

Total number of residents (exclude on-site manager) \_\_\_\_\_

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

---

Account Number: 

Service Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip Code \_\_\_\_\_

Type of metering:                     Individually metered     Master metered

Energy used for residential purpose:     100%                     At least 70%

Total number of residents (exclude on-site manager) \_\_\_\_\_

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



APPLICATION FOR CALIFORNIA ALTERNATE RATES  
FOR ENERGY PROGRAM FOR QUALIFIED NONPROFIT  
GROUP LIVING FACILITIES (Form 6571-D, 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 1-800-451-7246.
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. ATTACH a copy of the facility's most recent financial statement.

# 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	Satellite Facility?	
Service Address	Yes ***	No ***
Account Number	***	***
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)



Glad to be of service.<sup>®</sup>

Please complete the following information for all qualified satellite facilities:

Facility Name

Service Address

Account Number

Satellite Facility?

Yes

No

\*\*\*\*\*

\*\*\*

\*\*\*

Group Living Facilities:

Total Number of Residents at this Facility:

Total Number of Residents who are qualified : (see Individual Eligibility Guidelines)

Hospice, Homeless Shelter, or Women's Shelter:

Number of Beds:

Number of Days Occupied Each Year:

Is at least 70% of the natural gas used at the facility for residential purposes?

Yes

No

\*\*\*

\*\*\*

Facility Name

Service Address

Account Number

Satellite Facility?

Yes

No

\*\*\*\*\*

\*\*\*

\*\*\*

Group Living Facilities:

Total Number of Residents at this Facility:

Total Number of Residents who are qualified : (see Individual Eligibility Guidelines)

Hospice, Homeless Shelter, or Women's Shelter:

Number of Beds:

Number of Days Occupied Each Year:

Is at least 70% of the natural gas used at the facility for residential purposes?

Yes

No

\*\*\*

\*\*\*

Facility Name

Service Address

Account Number

Satellite Facility?

Yes

No

\*\*\*\*\*

\*\*\*

\*\*\*

Group Living Facilities:

Total Number of Residents at this Facility:

Total Number of Residents who are qualified : (see Individual Eligibility Guidelines)

Hospice, Homeless Shelter, or Women's Shelter:

Number of Beds:

Number of Days Occupied Each Year:

Is at least 70% of the natural gas used at the facility for residential purposes?

Yes

No

\*\*\*

\*\*\*

**Certification of Eligibility:**

I certify that the information provided above is true and correct. I understand that any false information may result in the termination of service and the imposition of penalties.

Authorized Representative's Name & Title (please print)

Authorized Representative's Signature

Authorized Representative's Telephone Number



Sempra Energy utility

• 0 月 2 日 11:00 AM 至 12:00 PM 期间，我们将暂停服务。在此期间，我们将无法为您提供任何服务。如果您有任何疑问，请随时联系我们。我们将竭诚为您服务。

→ 0 月 2 日 11:00 AM 至 12:00 PM 期间，我们将暂停服务。在此期间，我们将无法为您提供任何服务。如果您有任何疑问，请随时联系我们。我们将竭诚为您服务。

→ 0 月 2 日 11:00 AM 至 12:00 PM 期间，我们将暂停服务。在此期间，我们将无法为您提供任何服务。如果您有任何疑问，请随时联系我们。我们将竭诚为您服务。

7 月 1 日 0 月 2 日 11:00 AM 至 12:00 PM 期间，我们将暂停服务。

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φφ1 → 0 月 2 日 11:00 AM 至 12:00 PM 期间，我们将暂停服务。在此期间，我们将无法为您提供任何服务。如果您有任何疑问，请随时联系我们。我们将竭诚为您服务。

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→ 0 月 2 日 11:00 AM 至 12:00 PM 期间，我们将暂停服务。

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0 月 2 日 11:00 AM 至 12:00 PM 期间，我们将暂停服务。在此期间，我们将无法为您提供任何服务。如果您有任何疑问，请随时联系我们。我们将竭诚为您服务。

} ↑ 0 月 2 日 11:00 AM 至 12:00 PM 期间，我们将暂停服务。

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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](http://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	&lt;math> \\$14,000 </math>
2	&lt;math> \\$18,000 </math>
3	&lt;math> \\$22,000 </math>
4	&lt;math> \\$26,000 </math>
5	&lt;math> \\$30,000 </math>
6	&lt;math> \\$34,000 </math>
7	&lt;math> \\$38,000 </math>
8	&lt;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](http://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<sup>®</sup>) 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 detras 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](http://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:

El ingreso máximo en el hogar se basa en el número de personas que viven en el hogar y el ingreso total anual.

Número de personas en el hogar	Ingreso total anual*
1	\$13,560
2	\$17,412
3	\$21,264
4	\$25,116
5	\$28,968
6	\$32,820
7	\$36,672
8	\$40,524
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 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](http://socialgas.com/espanol) (busque la palabra clave "ASISTENCIA") o llámenos al 1-800-342-4545.

Atentamente,  
Ted Humphrey  
Gerente del programa CARE



A Sempra Energy utility®

# SOLICITUD CARE PARA UN 20 Por Ciento de Descuento

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

NOMBRE:

DOMICILIO:

CUIDAD/ZIP:

TELÉFONO DE CASA:    -    -

NO. DE CUENTA:

CORREO ELECTRÓNICO:

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

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

1     2     3     4     5     6     7 o más de 6:

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

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

- Medi-Cal/Medicaid: menor de 65 años
- Medi-Cal/Medicaid: 65 años o más
- Healthy Families Categories A & B
- Programa para Mujeres, Infantes y Niños (WIC)
- CaWORKs (TANF) o TANF Tribal
- CalFresh/SNAP (Estampillas para comida)

- Programa de Asistencia con la Energía Doméstica para Hogares de Bajos Ingresos (LIHEAP)
- Ingreso Suplementario del Seguro Social (SSI)
- National School Lunch Program (NSLP)
- Agencia de Asuntos Indios, Asistencia General (BIA GA)
- Asistencia General Elegible para Ingreso de Ventaja Inicial - Solamente tribal

NO

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

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

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

Por favor marque sus fuentes de ingreso:

- Seguro Social
- 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
- Pension 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

**Declaración:** Por favor lea y firme abajo.

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

FIRMA: X

FECHA:  /  /

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

**SOUTHERN CALIFORNIA GAS COMPANY CARE PROGRAM**

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

Southern California Gas Company – Source Code  9  2

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

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(See Attached Form)

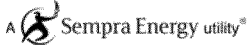
(TO BE INSERTED BY UTILITY)  
ADVICE LETTER NO. 4572  
DECISION NO.

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 Company<sup>SM</sup>.

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

## HOW TO QUALIFY FOR THE CARE DISCOUNT:

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

OR

<b>MAXIMUM HOUSEHOLD INCOME*:</b> <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 Company<sup>SM</sup>.

Por favor, complete y envíe la solicitud por correo, fax, o visite [socialgas.com/español](http://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:
<b>Medicaid / Medi-Cal</b>
<b>Healthy Families Categorías A &amp; B</b>
<b>Programa para Mujeres, Infantes, y Niños (WIC)</b>
<b>CalWORKs (TANF) o TANF Tribal</b>
<b>CalFresh / SNAP (Estampillas para Comida)</b>
<b>Programa de Asistencia con la Energía Doméstica para Hogares de Bajos Ingresos (LIHEAP)</b>
<b>Ingreso Suplementario del Seguro Social (SSI)</b>
<b>National School Lunch Program (NSLP)</b>
<b>Agencia de Asuntos Indios, Asistencia General (BIA GA)</b>
<b>Asistencia General Elegible para Ingreso de Ventaja Inicial - solamente tribal</b>

INGRESO MÁXIMO EN EL HOGAR: (en vigor del 1 de <sup>1</sup> / <sub>7</sub> de 2014 al 31 de mayo de 2014) *ingreso actual en el hogar de todas las fuentes antes de deducciones	
Número de personas en el hogar	Ingreso total anual
1	\$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)

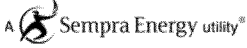
Fax: (213)244-4665



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

Form 6491-D SP (01/1\*)

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



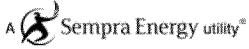
**Por favor use tinta OSCURA y escriba claramente con letra de molde para asegurar el procesamiento apropiado**  
**Forma correcta de marcar los círculos: fff**

<b>1</b>	Nombre del cliente (tal como aparece en su factura):	<input type="text"/>
	Domicilio:	<input type="text"/>
	Número de cuenta:	<input type="text"/>
	Teléfono:	<input type="text"/>
	Correo electrónico:	<input type="text"/>

<b>2</b>	<b>Número total de adultos y niños que viven en su hogar:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> si más de 6: <input type="text"/>												
	<b><u>¿Está usted (o alguien que vive en su hogar) inscrito en alguno de los siguientes programas de asistencia?</u></b>												
	<input checked="" type="checkbox"/> <b>Sí</b> <input type="checkbox"/> <b>No</b>												
	<table border="0"> <tr> <td><input type="checkbox"/> Medi-Cal / Medicaid: menor de 65 años</td> <td><input type="checkbox"/> Programa de Asistencia con la Energía Doméstica para Hogares de Bajos Ingresos (LIHEAP)</td> </tr> <tr> <td><input type="checkbox"/> Medi-Cal / Medicaid: 65 años o más</td> <td><input type="checkbox"/> Ingreso Suplementario del Seguro Social (SSI)</td> </tr> <tr> <td><input type="checkbox"/> Healthy Families Categorías A &amp; B</td> <td><input type="checkbox"/> National School Lunch Program (NSLP)</td> </tr> <tr> <td><input type="checkbox"/> Programa para Mujeres, Infantes, y Niños (WIC)</td> <td><input type="checkbox"/> Agencia de Asuntos Indios, Asistencia General (BIA GA)</td> </tr> <tr> <td><input type="checkbox"/> CalWORKs (TANF) o TANF Tribal</td> <td><input type="checkbox"/> Asistencia General Elegible para Ingreso de Ventaja Inicial - solamente tribal</td> </tr> <tr> <td><input type="checkbox"/> CalFresh / SNAP (Estampillas para Comida)</td> <td></td> </tr> </table>	<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)	
	<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)													
<input type="checkbox"/> <b>No</b> <b>¿Cuál es el ingreso anual de su hogar (antes de deducciones, incluyendo a todos los miembros del hogar)?</b> <input type="checkbox"/> \$0 - \$22,980 <input type="checkbox"/> \$22,981 - \$31,020 <input type="checkbox"/> \$31,021 - \$39,060 <input type="checkbox"/> \$39,061 - \$47,100 <input type="checkbox"/> \$47,101 - \$55,140													
<input type="checkbox"/> Si es más de \$55,140, escriba el monto aquí: <input type="text"/> al año													
<b>Por favor marque sus fuentes de ingreso:</b> <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													

<b>3</b>	<b>¿Acepta usted lo siguiente? Por favor lea y firme abajo.</b>
	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: <input checked="" type="checkbox"/> <input type="text"/> Fecha: <input type="text"/>





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

\* \*\* \*\* \*\* \* \* \* \*\* \* \*\* \*

The Gas Company \* \*\* \* (CARE) \* \*\* \* 20 \* \*\* \*  
\* \*\* \* 90 \* \*\* \* \$15 \* \*\* \* The Gas Company<sup>SM</sup> \* \*\* \*

\* \*\* 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	
1	\$&lt;'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\*)

Sempra Energy utility

\*\*\*\*\* ffl

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

1

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\*\*\*\*\* \* [Icons]

\*\*\*\*\* \* [Icons]

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2

[Icons] \*\*\*\*\* ffl 1 ffl 2 ffl 3 ffl 4 ffl 5 ffl 6 ffl \*\*\*\*\* [Icons]

\*\*\*\*\*

ffl \*\*\*\*\* ) \*\*\*\*\*

- ffl \*\*\*\*\* 65\*\* ffl LIHEAP \*\*\*\*\*
- ffl \*\*\*\*\* 65\*\* ffl \*\*\*\*\* (SSI)\*\*
- ffl \*\*\*\*\* A \* B \* ffl \*\*\*\*\* (NSLP)\*\*
- ffl WIC- ffl \*\*\*\*\*
- ffl CalWORKs (TANF) \* \* \* \* TANF ffl \*\*\*\*\*
- ffl CalFresh / SNAP (\*\*\*\*) \* ffl \*\*\*\*\*

ffl \* \*

\*\*\*\*\*

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

ffl \*\*\*\*\* \$54,140 \*\*\*\*\* \$ [Icons]

\*\*\*\*\*

ffl \*\*\*\*\* Social Security ffl \*\*\*\*\*  
ffl \*\*\*\*\* SSP, SSDI ffl \*\*\*\*\*  
ffl \*\*\*\*\* ffl \*\*\*\*\*  
ffl \*\*\*\*\* ffl \*\*\*\*\*  
ffl \*\*\*\*\* ffl \*\*\*\*\*

3

\*\*\*\*\*

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

\*\*\*\*\* X \*\*\*\*\* [Icons]



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

A Sempra Energy utility

\* \* \* \* \*

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

CARE \* \* \* \* \*

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

* * * * *	
(201 * . 1 . 1 * * * * 2014. 5. 31 * * * * *)	
* * * * *	
* * * * *	* * * * *
1	\$8,040
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

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

Medical Baseline (\* \* \* \* \*) - \* \* \* \* \*

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

LIHEAP - \* \* \* \* \* 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®

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ffi

\*\*\*\*\* CARE \*\*\*\*\* CARE \*\*\*\*\*  
J \*\*\*\*\* (\*) \*\*\*\*\* 3 \*\*\*\*\*  
90 \*\*\*\*\*

# 2

ffi 1 ffi 2 ffi 3 ffi 4 ffi 5 ffi 6 ffi \*\*\* 6

\*\*\*\*\* (\*) \*\*\*\*\* ?

ffi \*\* (\*\*\*\*\* ) \*L \*\*\*\*\*

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

ffi \*\*\*\*\*

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

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

\*\*\*\*\* L

ffi \*\*\*\*\* /\*\*\*\*\* \*\*\*\*\*

ffi SSP \*\*\*\*\* SSDI ffi \*\*\*\*\* ffi \*\*\*\*\* , \*\*\*\*\*

ffi \*\*\*\*\* ffi \*\*\*\*\* \*\*\*\*\*

ffi \*\*\*\*\* , \*\*\*\*\*

ffi \*\*\*\*\* \*\*\*\*\*

# 3

\*\*\*\*\* ? \*\*\*\*\*  
\*\*\*\*\* CARE \*\*\*\*\*  
\*\*\*\*\* The Gas Company \*\*\*\*\*  
\*\*\*\*\* The Gas Company \*\*\*\*\*  
\*\*\*\*\*

\*\*\* : X \*\*\*\*\*



A Sempra Energy utility

Thông tin chi tiết về chương trình giảm giá năng lượng

Chương trình giảm giá 20% trên biên nhuận (California Alternate Rates for Energy hay CARE) của The Gas Company...

Chương trình giảm giá năng lượng dành cho người thu nhập thấp

Table listing various assistance programs such as Medicaid, Medi-Cal, CalWORKs, and LIHEAP.

Table titled 'L I T C T AH' showing a scale of assistance from 1 to 8, plus a monthly benefit of \$8,040.

HO C

!! U KI THAM GIA

Quý khách phải đăng tên trong biên nhuận và chấp thuận chính sách của quý khách / Quý khách phải ký xác nhận...

CH V KHÁC MÀ QUÝ V CÓ TH ĐƯỢC !! U KI N:

Energy Savings Assistance Program - Cung cấp thêm tiêu chuẩn để được giảm giá... LIHEAP - Giúp biên nhuận, trợ giúp biên nhuận khẩn cấp... California Lifeline - Gọi để được trợ giúp cho các khách hàng...



Thông tin chi tiết về chương trình giảm giá năng lượng

Hotline: 1-800-427-2200, 1-800-427-1429, 1-800-427-1420, 1-800-427-4665



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... của quý v:

Quý v... không?

CÓ (N...)

- Medi-Cal/Medicaid: i 65 tuÉi
Medi-Cal/Medicaid: 65 tuÉi hoÖ -
Mình Lozì A & B
Em (WIC)
CalWORKs (TANF) hoÖc TANF Bìn Ép
CalFresh / SNAP (P-T-Á P-Á)

KHÔNG

M... là bao nhiêu (l) i t... Ác khi kh... bao gçm 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 nguçn l... c... quý v:

- An sinh Xã h-i
SSP, SSDI
bÉng
Ti-n L°i hay CÉtçc t³:
Phi'u, Trái Phi'u, hay

3

Tôi xin khai rõ... Tôi hi²u rõng The Gas Company có th² chia sÁthông tin cŞa tôi v, i các hång tìøn ích khác hoÖ É «çì lý

Ch - ký: X

Ngày:



Sempra Energy utility

THEXO %20

California Alternate Rates for Energy, CARE) ...

(CARE) socialgas.com

CARE

Table with 2 columns: Income level and corresponding CARE rate. Includes rows for income levels from 73,000 to 8,040.

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

Additional information

Additional text regarding CARE eligibility and application process.

Energy Savings Assistance Program

Energy Savings Assistance Program

Energy Savings Assistance Program details and contact information.

Medical Baseline details and contact information.

LIHEAP (Low Income Home Energy Assistance Program) details and contact information.

California Lifeline details and contact information.

1-888-427-1345

1-888-427-1345

(213)244-4665



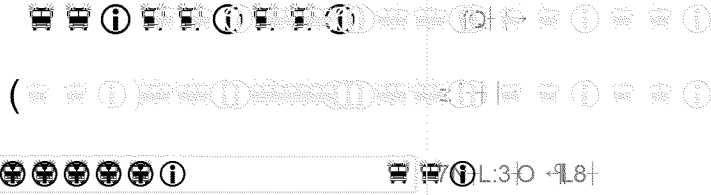
Sempra Energy utility

CARE Program Information

Form 6491-D ARA (01/14)

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

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- 65 !!' |=Medi-Cal / Medicaid:
LX= = ]-65 Medi-Cal / Medicaid:
Healthy Families Categories A & B
Women, Infants, and Children Program (WIC)
CalWORKs (TANF) 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

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î...\$ 47,101 \$ 55,140 î...\$ 39,061 \$ 47,100 î...\$ 31,021 \$ 39,060

Social Security
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1-ú... 2... CARE...
!... 4... 7...
(07 ; ç... ç...)

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X: \$i...

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20% CARE  
1/4° ÕâÆ , ÆØ àòØ

Gas Company California Alternate Rates for Energy (CARE) (Í ÉÇÝáñÝÇ ³ÙÇ ²ÆÁÝ í ñ ³ Ýù ³ ÛÇÝ ²ÆÝ»ñÁ²Ù»ñ· Ç ³ ÛÇ³ Ñ³ Ù³ ñ) á ² Û³ ÝáòÝ³ Í ÁÝ³ ³ ÝÇùÝ»ñÇÝ í ñ ³ · ÇñÁ Ù³ ³ í ³ ñ³ ñáð Ì ³ Ùè³ Í³ ³ Ý 20% ¹»Õã · ³ ¹»ÇÑ³ ÑÇÑ³ Ù³ ñè Ùñ³ Ýù, á í ù ñ á ñ³ Í³ í á ñ³ Í³ »Ý ³ ³ í ñ³ ó í³ Í³ · ³ ¹»Ç Ýá ñ³ Í³ è ³ Ûè ÆÙ ³ Ñ³ Æ Á à Ì³ è Æáò 90 ù ñ³ Í³ ÁÝ³ ³ ó ù á Ù ³ È³ ³ Ý³ ³ Ý³ ñ³ ³ \$15 ¹»Õã Í³ è ³ Ûè ÆÙ³ Ý Æ³ è³ ³ ³ Í³ Ù³ ³ Ý³ ³ Í³ È³ ÇÑ³ Ù³ ñè ¹»Õã Á Í³ Çñ³ è í Ç, »ñ³ á ñ Èñ³ óÝ»ñ ³ è³ í ñ³ ³ ñ³ í³ Í³ ³ ÇÙá Ù Á³ í³ í ñ³ ñ³ ó í Ç - + L ² L Ì ² ² ² ² Ç Í á ÆÙ Ç È

ÉÝ³ ñ³ í á Ù ³ È³ ³ óÝ»ñ È³ ³ í ñ³ ³ ¹³ ñ³ ³ ñ³ ³ ñ³ ³ ñ³ ³ ¹³ ÇÙá Ù Á³ ³ Ù³ ³ ÇÙ»È³ ³ èó³ ³ Ý³ ñ³ [socialgas.com](http://socialgas.com) (óÝ³ í ñ»ñ ³ Ç CARE³)

ÆÙ à à ° è à ² Ù Ø² Ù à ÆÙ² Í ², ² è Ù ² È ¹⁄⁴ ° Õ â Æ Ù

<p>È² è² ð² Í² Í² Ù³ ù³ Ç Ù à Æ Ù² Ù³ Ì² è² Ç ð³ ð³ Á²</p> <p>°Á» ¹ á ù Ì³ Ù³ Ó»ñ ÁÝ³ ³ ÝÇùÇó á ñ ÇÑ³ ³ Ý³ ³ Ù³ Ù³ · ³ ³ í á Ù³ »ñ Ñ³ ³ ³ Í³ ³ È³ ³ ³ ñ³ ñ³ Çó á ñ ³ ³ Ù³ Í³ Çó</p> <p>Medicaid Í² Ø Medi-Cal, Healthy Families A&amp;B, Women, Infants, &amp; Children (WIC), CalWORKs (TANF) Í² Ø Tribal TANF, Head Start Income Eligible - Tribal Only, Bureau of Indian Affairs General Assistance, CalFresh / SNAP (èÝÝ³ Ç Í³ í ñáÝ»ñ), National School Lunch Program (NSLP), Low Income Home Energy Assistance Program, Supplemental Security Income (SSI)</p>
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Í² Ø

<p>² è² í³ òÈ² Ç á ð Ù Ù³ Á Ù³ Í² Ù³ Ù³ Í² Ù³ ò³ ð³ á ð³ í³ (á Æ Ç Ù Ç ² 2014. ² ð³ ñ³ 1-² L Û Ç Á³ 2014. Ù³ Ù³ Ç 31-²) ³ Ý³ ñ³ Í³ ÁÝ³ ³ Ý³ Í³ Ý³ »³ Ù³ á ð³ Á³ Æ á ñ³ ³ Õ³ Û ð ñ Ý³ ñ³ Ç ò³ Ç Ù Ç Á³ ³ ³ í á Ù³ »ñ Á</p>	
<p>ÁÝ³ ³ ÝÇùÇ ³ Ý³ ³ ³ Ý³ »ñ Ç Æ Ç Í Á</p>	<p>ÁÝ³ ³ Ñ³ ³ í³ ñ³ ³ ³ Ý³ »³ ³ Ù³ á ð³ Í Á</p>
1	\$31,020
2	\$31,020
3	\$39,060
4	\$47,100
5	\$55,140
6	\$63,180
7	\$71,220
8	\$79,260
<p>² ² ð³ ð³ - ² ð³ ð³ Ç ñ³ - + L ² ² ² ² Ç ³ È³ ³ ó á ð³ Ç ³ Ý³ ³ Ù³</p>	<p>+\$8,040</p>

Ø² è Ù² Í ð à ð Á Ù² Ù³ à ² Ù Ø² Ù Ù³ ò³ ð

Ç ³ ¹³ ÇÑ³ ÑÇÍ Á à »³ ³ Ù³ Ì³ Ò»ñ ³ ³ ÝáòÝá Í ÈÇÝÇ ² Ñ³ èóÝ³ Á »³ ³ ³ ³ Ù³ Ì³ Ò»ñ ÑÇÙÝ³ ³ ³ Ý³ Ñ³ èóÝ³ ÈÇÝÇÈ / ³ á ù á »ñ Ì³ ñ á ð Í³ Ù³ È Ù³ ÈÑ³ Ù³ ñ³ í Æ Ò»ñ ³ Ù³ á ð è Ýá ð ò³ ³ ó Ç á ñ ³ ³ Ù³ Í³ Ç »³ ³ Í³ Ù³ Ñ³ ñ³ ¹³ ÇÑ³ Ù³ ³ ³ ñ³ ñ³ ³ ñ³ á ð Æ / ³ á ù á »ñ Ì³ Ù³ Ì³ Ç Ý³ ³ í ñ³ ñ³ óÝ»ñ Ò»ñ ³ ÇÙá Ù Ç Ó Á, »ñ ³ á ñ ÈÝ³ ñ³ í ÇÈ / ³ á ù á »ñ Ì³ Ù³ Ñ³ Ù³ ³ Ý³ »ñ - + L ² L Ì ² ² ² ² Ç Ý³ 30 ù ñ³ Í³ ÁÝ³ ³ ó ù á Ù³, »Á» ³ ² Û è á ³ Ù³ ³ ÝáòÝ³ ³ Í³ á ù Æ / Ò³ ²³ ³ ÝÇó Í³ ñ á ð Ì³ ÈÝ³ ñ³ í Æ È Ì³ á ð »È CARE-Ç Ò»ñ á ³ Ù³ ³ ÝáòÝ³ ³ Í³ á ÆÙ ³ Ñ³ Æ

² Ù È³ ² Ç ð³ ð³ Í² Ø³ ² è² Ù à ð Á Ù² Ù³ à ð Ù³ ò³ ð, á ð á Ù³ ò³, á ð ò³ Í² ð á Õ³ ¼ á ð² Í² ² í á ð³ ² ² Ì³ È ÆÙ³ ð³

Energy Savings Assistance Program - ³ ³ Í³ ñ³ Í³ Ù³ á ð³ á ð³ ò³ ÇÑ³ ³ ³ è á ð³ ³ Ý³ ³ ñ³ ñ³ ÇÝ³ ³ ³ Í³ ³ ñ³ Í³ ñ³ á³ ³ è³ Ç ³ ñ³ í á ð Ù³ ² ³ Ý³ Ý³ ñ³ · ÈÝ³ ³ Û è ÆÙ ³ ³ Ý³ á Ç Ç ³ ³ ñ³ Í³ ñ³ á Ù³ »ñ, ÇÝ á Ç Ç ² »Ý³ è³ è³ ñ³ Ç Ù³ Í³ á ð è³ ó á Ù Á, ¹ è³ Ý³ »Ò³ Ý³ ³ Í³ Ç Ù³ ñ³ ³ ó á Ù Á, · ³ Ç á Ù³ á ð Ù³ Ý³ ñ³ ³ Í³ Ý³ ÇÝ³ í ñ³ ³ Ýá ñ á · á Ù³ »ñ È³ ³ ó á ð³ Ç á í »Ò³ Í³ á ÆÙ ³ Ñ³ ÇÑ³ Ù³ ñ³ ÈÝ³ ñ á Ù³ »ñ ½³ Ý³ · Ñ³ ñ³ È¹-800-331-7593E

Medical Baseline - Ø³ ³ ³ í³ ñ³ ñ á ð Ù³ È³ ³ ó á ð³ Ç á · ¹³ Ç Á á Æ È³ Í³ á ÆÙ ³ Ñ³ í »ÈÇ ó³ Í³ · Ýá í á ñ á ñ³ Í³ Ç³ è á ÒÇ³ Í³ Ý³ í Ç ³ ³ ³ á ð³ »³ ó á Ò Ñ³ ³ ³ È á ñ³ ³ Ý³ ñ³ Ç Ý³ È³ ³ ó á ð³ Ç á í »Ò³ Í³ á ÆÙ ³ Ñ³ ÇÑ³ Ù³ ñ³ ½³ Ý³ · Ñ³ ñ³ ñ³ ñ³ 1-800-427-2200 Ñ³ è³ È è Æ Ç Ñ³ Ù³ ñ³ í Æ

LIHEAP- Low Income Home Energy Assistance Program Ù³ ³ ³ í³ ñ³ ñ á ð Ù³ Ì³ Ñ³ Ñ³ Ç Í³ »ñ Ç Ì³ ³ ñ³ Ù³ Ù³ · Ýá ð ÆÙ ³, Í³ ñ³ ñ³ ñ³ ð Ù³ · Ýá ð ÆÙ ³ ð³ »Ò³ Ý³ Í³ Ç Ñ³ ñ³ ñ³ ³ á³ ³ Í³ è³ Ù³ á ÆÙ ³ Ñ³ ¼³ Ý³ · Ñ³ ñ³ ñ³ ñ³ ñ³ California Department of Community Services and Development 1-866-675-6623 Ñ³ è³ È è Æ Ç Ñ³ Ù³ ñ³ í Æ

California Lifeline - ¹»Õã Á Ñ³ è³ È è Æ Ç Ù³ á ð³ Ù³ CARE-Ç Ù³ ³ Ý³ »³ ³ Í³ Ù³ ³ ÇÝ³ ó á ð Ù³ á ð Ù³ »ñ³ ÇÝ³ á ñ³ í³ ³ í á ñ³ ³ Í³ Ñ³ ³ ³ È á ñ³ ³ Ý³ ñ³ Ù³ ñ³ È³ ³ ó á ð³ Ç á í »Ò³ Í³ á ÆÙ ³ Ñ³ ÇÑ³ Ù³ ñ³ ³ ÇÙ»ñ Ò»ñ³ Í³ »Ò³ Í³ Ý³ Ñ³ è³ È è Æ Ç Ù³ ³ è³ Ù³ á ÆÙ ³ Ñ³ Ç Ù³ ñ³ ³ í³ ñ³ ñ³ ñ³ á Æ Ç Ý È

**Energy Savings  
Assistance Program**

È² Ò² È à ð, Ù³ ð³ Æ Õ Á² Ù³, ² Í³ à Æ Á Ù² Ù³ È ð² ð³ à Æ ò Æ Á í³ Ò³ Í³ à ð Á Ù² Ù³ ð³ Æ È ð² Ø² ð³  
1-888-427-1345

È è á ð á Ù³ ³ Ý³ Í³ ñ³ á ÆÙ ³ á ð³ »³ ó á Ò³ »ñ (TDD/TTY): 1-800-252-0259 (ÛÇ³ Ù³ ³ Ý³ È»ñ³ Ý³ Ç è á³ Ý³ ñ³ Ý³ È³ »á ð³ í)  
| - + L: (213)244-4665







Sempra Energy utility

# CARE) 20% )

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

Form 6491-D FAR (01/14)

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

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Ä-6 7 8 9 10 11 12

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Ä-6 ± 6 LN J MN T MN (LIHEAP) (SSI) ± ± 6 LN J MN T MN (NSLP) → ± 6 LN J MN T MN (BIA GA) < :- ± 6 LN J MN T MN

65 !- L% :- ± 6 LN J MN T MN L4 \* %5 :- ± 6 LN J MN T MN ± 6 LN J MN T MN (WIC) < ± 6 LN J MN T MN CaWORKs (TANF) :- ± 6 LN J MN T MN CalFresh /SNAP ( ± 6 LN J MN T MN

ff

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\$55,140 - \$47,101 ff \$47,100 - \$39,061 ff \$39,060 - \$31,021 ff & !+ < ' ' + " ] 0 - \$0 ff

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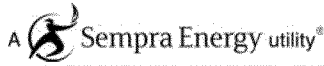
# 3

J-Bä 0 ± 6 LN J MN T MN CARE ± 6 LN J MN T MN

X : & ÄC



**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 Company<sup>SM</sup>) 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](http://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 • 1 11/1 VV/ X 1 11/1 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 THIAJ KEV PAB TXHAWB UAS TEJ ZAUM KOJ YUAV TSIM NYOG TAU:**

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



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

**LIHEAP** - Kev Pab Cov Tsev Neeg Tau Nyiaj Hlis Tsawg (Low Income Home Energy Assistance Program) pab them me ntsis nuj nqis, pab them nqi kub ceev thiab kev kho ntsaws vaj tse kom tiv taus huab cua. Hu rau lub koom haum California Tuam Tsev Tswj Xyuas Kev Pab Txhawb thiab Tsim 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 NTAUV 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.

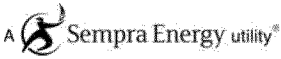
Form 6491-D HMO (01/1\*)

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	% 1	% 2	% 3	% 4	% 5	% 6	% 6+:
<b>Tus thiab me nyuam hauv koj lub tsev:</b>							

### 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 xyoos 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 xyoos tau npaum li cas (ua ntej txiav cov nqi se, qhia tag nrho nyiaj ntawm txhua tus neeg hauv lub tsev)? →

0 - \$22,980    \$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: \$

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

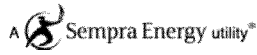
# 3

### 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:



kmfkn t nA fAm B I nanard ka I hA j a (California Alternate Rates for Energy - CARE) rb s kum h n h a s Gas Company\* p l k ar d h t n A 20 PaKry n k ar d h t n A B h s m i t Tar luy s v a b p a l s v b g N a e d I m a n I A N i K b K a n T T Y I k m i F e n a h . e l a k G k E d I m a n I A N i K b K a n T T Y I e h l y U V n G r u J a t k y I M L T g 90 e n k a r c a b e p f i n e s v a k m h a s f l k v g T T Y I k a r d h t n A \$ 15 n t n A e n v g s a b n a s v a k m (Service Establishment Charge) . k a r d h t n A v g G r u v t p B I e l a k G k b e B j n i g d i h t e I x a B a k ' s m i n H U V n s e r c e d a y k u m h n h a s Gas .

s u h t b e B j n i g e p B a k ' s m i n k v i j E d a k B a k ' s u t a m b N e j [socialgas.com](http://socialgas.com) (Search "CARE")

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

kmfCOMy s a F a r N :
ebb l a k G k E n r N a m e k T o t e n A k g p a l s e l a k G k
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s u x P a B k m i K y s a r t a n i b e P T A & B
s i j T a r k e h l y n i g k u m a r (WIC)
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E s i t i v n d m n u i d m g (Head Start Income Eligible) -
s m a b E t O n C a t P a k t i c
G n y T e T a r b s k a r i a l y k i o k a r N a (Bureau of Indian Affairs
General Assistance)
x l e h A s C a l F r e s h / S N A P (Food Stamps)
k m i F G a h a r e t g t g t k t k a b s k m i F G a h a r e t g e n A s a l a C a t i (National
School Lunch Program - NSLP)
k m i F O m y f a n B I e n a e d I m a n d m n u i T a b (Low Income Home
Energy Assistance Program - LIHEAP)
d m n u i e s k i t t e b e n (Supplemental Security Income - SSI)

d m n u i K y s a r g t i b m a * :	
(m a n b s i t P a B e n A k g e t 1 m k r a 2 0 1 4 d l k e t 3 1 O s P a 2 0 1 4)	
* d m n u i K y s a r b c i b o n m k e f b P B T g G s h n e B I k a t T k	
d m n k n m r u s S r s e n A k g p a l	d m n f v i k a e r o g r a l q a l
1	\$31,020
2	\$31,020
3	\$39,060
4	\$47,100
5	\$55,140
6	\$63,180
7	\$71,720
8	\$79,260
m r u s s m a k e b e n	+\$8,040

I k a x N a m B a k a r d U I t h

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 G 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 G 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 f i 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 v a g e T a e I l f v i k a n n r N a m e k T o t C a C a g b 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 s u k a r b J a k h f e T o t d e B a B a k ' s m i b s e l a k G k e n A e B I e s t m . / e l a k G k U E T V b k u m h n h a s ( U V n G r u J a t k y I M L T g 90 ) e G a y d i g y a g e h a c N a s ' 3 0 e t e b b e l a k G k m a n I 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 U V n e s t s m a c a y b J a k h v I A N i K b K a n T T Y I k m i F E X r (CARE)

r h e 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 A N i K b K a n T T Y I v g T T Y I :

k m i F i p l i O m y s n g s m c f a m B I (Energy Savings Assistance Program) : p l i k a r e k I n G p e l s v b 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 v i t n i g k a r O y s Q u l t i c t e n p e l s v b g d I T 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 v a b e t t r a n b e n s u h t j s a e I x 1-800-331-7593 .



n e D x a l e b s L a j (Medical Baseline) : p l i C a v k O m y x a g h a s e d a y m a n t n e f a k d e B a G k T i j E d I m a n I k a x N e s u x P a B C a k l a k ' . s v a b e t t r a n b e n s u h t j 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 n B I n p e l s v b g E d I m a n f v i k a t i c p 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 F a t u C a k a s . T j 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 C 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 e f a k s v a b G k T i j E d I m a n I 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 e d m n u i r b s k m i F E X r (CARE) . s v a b e t t r a n b e n s u h t a k T g G k p l i e s v a k m x a g T j s a e b c h i s u k r b s e l a k G k .

s v a b e t t r a n b e n O m y G t i f C n :

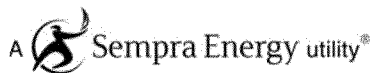
**1-888-427-1345**

x b t e c o k (TDD/TTY) : 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 j s a r (213)244-4665







ghijhkl | kmnknkqpqr | ihstq | uivskwksqyl zp {nyhsknqxs | ynkq r s | y} nkx~ qwkui p {wixksqy | py-nhil syhjyq (California Alternate Rates for Energy, (CARE)) uhyvpkjyl kt~il uksq The Gas Company uhyvi } nkxptynp {jin xxqvy } sq ysq iupkn | } ynkwxjkwsk 20% y yly } t sivpt } yly , } inxyn } nx q } nksixpys | lnhy ixksqtl . y } y | t , ~nih | y inxy k n } pixqt | uihjkhll | quip qpquhxisk k } nqyxsy , xny ysqy 90 vsy } sk kpkuip ysqtsix | } p j { jkwi } sk ysqtnk~ yuip knp { jin xxqvy } sq ysq ihkw } nksix~ } p j (Service Establishment Charge) sk \$15. { jink vyuhuyvi } nkxpyskui } pyniji , ~k~xkmywkuipsyssi yquivuq } kssi ywktxpysqy vynivi hysi~il uksq The Gas Company<sup>SM</sup>.

gi kp } nk , wkuipsqnyqxyhsqnywktxpysqyuiui nypq iwkui psqnyj iispk sskxy } k ny [socialgas.com](http://socialgas.com)  
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### BCBDEFCGH I GJKLCKGKMN J O DPM I JNQRMHS I GF I TUV I SVCRR O CARE:

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Medicaid q p q Medi-Cal Healthy Families A&B Women, Infants, & Children (WIC) CalWORKs (TANF) q p q Tribal TANF Head Start Income Eligible - ip { ~ i v p t ~ i h y s s i j i s k } y p y s q t z Bureau of Indian Affairs General Assistance CalFresh / SNAP (Food Stamps) (g h i v i x i p { n x y s s   y n k p i s   ) National School Lunch Program (NSLP) Low Income Home Energy Assistance Program Supplemental Security Income (SSI)	

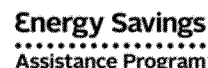
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3	\$39,060
4	\$47,100
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y n w k j k w i p y s | n { i r i h l p y s s k x k m y q l t q u h q i v q n { s k x k m i } s i x s i k v h y } . / | s y v i p s | | n { i r i h l p y s |  
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y } p q x | y } p q x | ip { m y s y } i n x y n } n x y n y n h y i x k s q t l u h i j h k l l | . / n x k } l i y n u i n h y i x k n { } t u i v n x y h v y s q n y j i , n i x |  
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s k u h q l y h n y u p i q w i p t q u i n i p ~ i x , u p i n s y s q y v x y h s | m x i x , w k v y p ~ } n | ~ i x , k n k ~ y s y i p { m q y  
h y l i s n s | y h k i n | . p t u i p y s q t v i u i p s q n y p { s i q s r i h k q q , u i k p } n k , w x i s q n y u i n y p y r i s  
1-800-331-7593.



Medical Baseline: g h y v i } n k x p t y n v i u i p s q n y p { s | y p { j i n | s k j k w u i i p y s q w - i l n k h q r v p t - p q y s n i x } i u h y v y p y s s | l q  
l y v q q s } - q l q u i - k w k s q t l q . p t u i p y s q t v i u i p s q n y p { s i q s r i h k q q w x i s q n y u i n y p y r i s 1-800-427-2200.

LIHEAP: s y h j y n q y } ~ k t u h i j h k l l k i q k p { s i u i l i q l k p i i y } u y y s s | l } y l { t l (Low Income Home Energy Assistance  
Program) u h y v i } n k x p t y n u i l i { x i u p k n y } y n i x w k | n i x | y } p j q , i u p k n y } y n i x u h q k x k h q s | } q n k q t q s y i i v q l |  
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m n k n k o k p q r i h s q t (California Dept. of Community Services and Development) u i n y p y r i s 1-866-675-6623.

California Lifeline: } u i p { w i x k s q n y p y r i s k u i } s q y s s | l n k h q r k l v p t ~ p q y s n i x , } i i n x y n } n x q l n h y i x k s q t l u i i q l  
s k } p i x q t u h i j h k l l | CARE. p t u i p y s q t v i u i p s q n y p { s i q s r i h k q q i } n i } p j y , u i k p } n k i h k n q n y } { ~ x k m y l  
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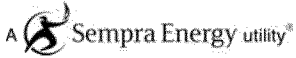


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Form 6491-D RU (01/1\*)

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



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Women, Infants, and Children Program (WIC)
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CalFresh / SNAP (Food Stamps)
Low Income Home Energy Assistance Program (LIHEAP)
Supplemental Security Income (SSI)
National School Lunch Program (NSLP)
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# APPLICATION PARA SA 20% NA DISKUWENTO SA CARE



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

Pakikumpleto at ibalik ang application o mag-apply online sa [socialgas.com](http://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 <sup>1</sup> / <sub>11</sub> 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 serbisyo ukol sa weatherization. Makipag-alam sa California Department of Community Services and Development sa 1-866-675-6623.

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

## UPANG MAKATANGGAP NG IMPORMASYON TUNGKOL SA TULONG PARA SA MAMIMILI:

**1-888-427-1345**

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



**Application para sa  
CARE 20% Diskuwentong sa Singil**  
(Pakisuyong gumamit ng MADILIM na tinta at sumulat ng malinaw  
upang makasiguro ng tamang paghanda)  
Tumpak na pagmarka ng mga bilog: **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:**

<b>PUBLIC ASSISTANCE PROGRAMS:</b>
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**

<b>MAXIMUM HOUSEHOLD INCOME*:</b> <i>(effective January 1, 2014 to May 31, 2014)</i> <small>*current household income from all sources before deductions</small>	
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:





# CARE 20% Rate Discount Recertification Form

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

Form 6674-D EN (01/14)

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



**1**

Customer Name  
 (as it appears on your bill):

Home Address  
 (street, city, zip):

Account Number:

Phone Number: ( fff ) fff fff fff fff fff fff fff fff fff fff fff fff fff fff fff

E-mail Address:

**I no longer qualify or wish to participate in CARE. Please remove my account from the CARE program.**

If you filled in this circle, please go directly to #3, **sign** at the bottom, and mail this form in the postage paid envelope provided within 90 days.

**2**

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

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

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

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

fff **NO**

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

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

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

Please mark your sources of income: →

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

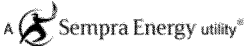
**3**

**Do you agree to the following? Please read and sign below.**

I state that the information I have provided in this application is true and correct. I agree to provide proof of CARE eligibility if asked. I agree to inform The Gas Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that The Gas Company can share my information with other utilities or agents to enroll me in their assistance programs.

Signature:

Date: fff fff fff fff fff fff fff fff fff fff fff fff



# 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/](http://www.socalgas.com/care/recert/) y tenga listo su número de cuenta.

### CÓMO CALIFICAR PARA EL DESCUENTO CARE:

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

<b>INGRESO MÁXIMO EN EL HOGAR:</b> <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 \*\*\*\*\*  
 \*\*\*\*\* CARE \*\*\*\*\* 90 \*\*\*\*\*

1. \*\*\*\*\* (Re-certification Form) \*\*\*\*\*
2. \*\*\*\*\* 24 \*\*\*\*\* 1-866-716-3452 \*\*\*\*\*
3. \*\*\*\*\* [www.socalgas.com/care/recert/](http://www.socalgas.com/care/recert/) \*\*\*\*\*

\*\*\* CARE \*\*\*\*\*

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

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

\*\*\*\*\*

\*\*\*\*\* CARE \*\*\*\*\* / \*\*\*\*\* CARE \*\*\*\*\* The Gas Company

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

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

\*\*\*\*\*





A Sempra Energy utility

\*\*\*\*\*

\*\*\*

\*\*\*\*\* The Gas Company \*\*\*\*\* (CARE) \*\*\*\*\*

20% \*\*\*\*\* CARE \*\*\*\*\* 90 \*\*\*\*\*

3 \*\*\*\*\*

1. \*\*\*\*\*

\*\*\*

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

\*\*\*\*\*

\*\*\*

2. \*\*\*\*\* [www.socalgas.com/care/recert/](http://www.socalgas.com/care/recert/) \*\*\*\*\*

CARE \*\*\*\*\*

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

*****	
(2014. 1. 1 ***** 2014. 5. 31 *****)	
*****	
*****	*****
1	\$8,102
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 \*\*\*\*\*

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

\*\*\*\*\*









Sempra Energy utility

đùng m... «m và viết b-ng ch - in a® aam bao xét duy t chính xác

Form 6674-D VI (01/14)

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

1

Tên Khách Hàng:

Địa chỉ

Số nhà - c:

Điện Thoại Nhà #: ( ) - - - - -

E-mail:

Tôi không còn hạn... Tôi không còn hạn... ra khỏi... N/u quý v =>... chuyển sang câu 3 (\*), ký tên O#G i, và gọi m... trong phong bì + // tr = G/6 + Lc cung c p s n trong vòng 90 ngày.

2

T2ng s... trong hộ;... c của quý v:

Quý v (họ... không?

Quý v CÓ (N/u có, xin => vào vòng tròn cDa...)

- Medi-Cal/Medicaid: 65 tuổi hoặc... Trại C±p An Sinh (SSI)... Bureau of Indian Affairs General Assistance... E§ «u kiøn lỵi tợc cho Head Start (B" Epa mà thôi)

KHÔNG

M%c l... là bao nhiêu (l... Ac khi kh/u trE, bao gçm t/á...

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

N/u nhi- 55,140+%... mEpa

Xi!... các nguçN l... c của quý v:

- An sinh Xã h-i k a - l Ồc Lỵi tợc Việc Làm C±~ Úng nuôi Con hoẶc PhAi ng Ấu
- SSP, SSDI TẢ do HÑc bÉng, tài trý giáo d - c hay trý
- bÉng Trý c±p Thút nghiĐp A! » - £ ~ Ú «2 trang tr'i chi phí
- Ti-n L' i hay CÉ tợc t³: BÇi th' òng B' o hi²m hoẶc Th/a sinh sẢng
- m - c Ti:t kiøm, CÉ l! - £! E!nh Lỵi tợc cho Thuê hoẶc Ti-n B' n
- Phi'u, Trái Phi'u, hay Lãnh ti-n Bõnh hoẶc BÇi òng quy-n
- m - trí - Ø - l ỳi SĐ làm Lỵi tợc Ti-n mỐt hoẶc Lỵi tợc Khác

3

Tôi xin khai rõ... Tôi xin khai rõ... «u kiøn... Tôi hi²u rõng n... gi m giá khi không h... Tôi hi²u rõng The Gas Company có th² chia sÀ thông tin cSà tôi v, i các hãng tE n ích khác hoẶc £ «ç l ỳ

Ch - ký: X

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](http://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](http://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	&lt;+<'<
2	&lt;+<'<
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.

**Energy Savings Assistance Program**

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

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

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

## PARA MÁS INFORMACIÓN ACERCA DE ASISTENCIA AL CLIENTE:

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

CONTRACTOR STAMP



# SOLICITUD CARE PARA UN 20 POR CIENTO DE DESCUENTO

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



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

**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:

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 Company<sup>SM</sup>, 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](http://socialgas.com) (Search "CARE")

**HOW TO QUALIFY FOR THE CARE DISCOUNT:**

<b>PUBLIC ASSISTANCE PROGRAMS:</b>
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

<b>MAXIMUM HOUSEHOLD INCOME*:</b> <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	\$&lt;1,000
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

LOS ANGELES, CA 90051-1249

Correct way to mark circles: fff



# 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   f f 2   | f f 3   | f f 4   | 5 f   | 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  |

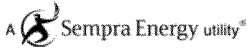
# 3

## **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 Company<sup>SM</sup>, 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](http://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:
<b>Medicaid / Medi-Cal</b>
<b>Healthy Families Categorías A &amp; B</b>
<b>Programa para Mujeres, Infantes, y Niños (WIC)</b>
<b>CalWORKs (TANF) o TANF Tribal</b>
<b>CalFresh / SNAP (Estampillas para Comida)</b>
<b>Programa de Asistencia con la Energía Doméstica para Hogares de Bajos Ingresos (LIHEAP)</b>
<b>Ingreso Suplementario del Seguro Social (SSI)</b>
<b>National School Lunch Program (NSLP)</b>
<b>Agencia de Asuntos Indios, Asistencia General (BIA GA)</b>
<b>Asistencia General Elegible para Ingreso de Ventaja Inicial - solamente tribal</b>

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



A Sempra Energy utility

# 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:**

<b>PUBLIC ASSISTANCE PROGRAMS:</b>
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**

<b>MAXIMUM HOUSEHOLD INCOME*:</b> <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:

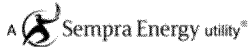


# CARE 20% Rate Discount Recertification Form

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

Form 6678-D EN (01/14)

CAREPROGRAM, MLGT19A1  
PO BOX 3249  
LOS ANGELES, CA 90051-1249



# 1

Tenant Name  
(as it appears on your bill):

Home Address  
(street, city, zip):

Facility ID:

Phone Number:

E-mail Address:

ffi

**I no longer qualify or wish to participate in CARE. Please remove my account from the CARE program.**

If you filled in this circle, please go directly to #3, **sign** at the bottom, and mail this form in the postage paid envelope provided within 90 days.

# 2

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

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

ffi YES *U A # 7 / 6 + H " H H # 7 / 2 7 7 7 7 7 7*

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

ffi NO

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

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

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

Please mark your sources of income: →

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

# 3

**Do you agree to the following? Please read and sign below.**

I state that the information I have provided in this application is true and correct. I agree to provide proof of CARE eligibility if asked. I agree to inform The Gas Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that The Gas Company can share my information with other utilities or agents to enroll me in their assistance programs.

Signature:

Date:

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

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/](http://www.socalgas.com/care/recert/) y tenga listo el número de complejo habitacional (*Facility ID*).

**CÓMO CALIFICAR PARA EL DESCUENTO CARE:**

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

○

<b>INGRESO MÁXIMO EN EL HOGAR:</b> <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*):



A Sempra Energy utility®

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

Form 6678-D SP (01/14)

CARE PROGRAM, MLGT19A1  
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:

fff

**Ya no califico o no deseo participar en CARE. Sírvanse retirar mi cuenta del programa CARE.**

Si relleno 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?**

fff Sí (Si su respuesta es afirmativa, marque el (lo # / " / / / # / / / \$ / / /

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

fff No

**¿Cuál es el ingreso anual de su hogar (antes de deducciones, incluyendo a todos los miembros del hogar)?** <sup>L</sup>

1 \$0 - \$22,980 1 \$22,981 - \$31,020 1 \$31,021 - \$39,060 1 \$39,061 - \$47,100 1 \$47,101 - \$55,140

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

**Por favor marque sus fuentes de ingreso:** <sup>L</sup>

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

Fecha:



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

T

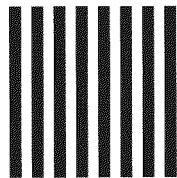
(See Attached Form)

(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

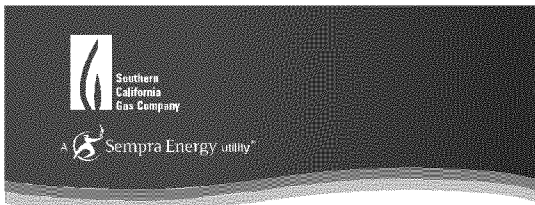


**BUSINESS REPLY MAIL**

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

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN CARE PROGRAM ML GTBA1  
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](http://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](http://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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HOW TO QUALIFY / COMO PUEDE CALIFICAR

**1 PUBLIC ASSISTANCE PROGRAMS  
PROGRAMAS DE ASISTENCIA PÚBLICA**  
If you or another person in your household receives benefits from any of the following programs:  
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
- Women, Infants, & Children (WIC)
- CalWORKs (TANF) or Tribal TANF
- Head Start Income Eligible—Tribal Only **Solamente tribal**
- Bureau of Indian Affairs General Assistance (BIA GA)
- CalFresh / SNAP (Food Stamps / **Estampillas para comida**)
- National School Lunch Program (NSLP)
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Security Income (SSI)

OR/O

**2 MAXIMUM HOUSEHOLD INCOME  
INGRESO MÁXIMO EN EL HOGAR:  $\leq$  \$\***

Number of Persons in Household Número de personas en el hogar	Total Annual Income Ingreso total anual
1	$\leq$ \$14,174
2	$\leq$ \$18,824
3	$\leq$ \$23,474
4	$\leq$ \$28,124
5	$\leq$ \$32,774
6	$\leq$ \$37,424
7	$\leq$ \$42,074
8	$\leq$ \$46,724

For each additional household member, add \$8,040  
Por cada miembro adicional en el hogar, añada \$8,040

\*Includes current household income from all sources before deductions  
\*Incluye los ingresos actuales del hogar de todas las fuentes de ingresos antes de deducciones

**CONDITIONS FOR PARTICIPATION / CONDICIONES PARA PARTICIPAR**  
1) The gas bill must be in your name and the address must be your primary address. / La factura de gas debe estar a su nombre y la dirección debe ser su domicilio principal. 2) You must not be claimed as a dependent on another person's income tax return other than your spouse. / No debe aparecer como dependiente en la declaración de impuestos sobre el ingreso de otra persona que no sea su cónyuge. 3) You must recertify your application when requested. / Debe recertificar su solicitud cuando se le solicite. 4) You must notify SoCalGas within 30 days if you no longer qualify. / Debe notificar a SoCalGas en un término de 30 días si deja de calificar. 5) You may be asked to verify your eligibility for CARE. Tal vez se le pida comprobar que reúne los requisitos para CARE.

**CARE APPLICATION / SOLICITUD PARA EL PROGRAMA CARE**

PLEASE USE DARK BLUE OR BLACK INK ONLY / POR FAVOR USE TINTA AZUL OSCURA O NEGRA ÚNICAMENTE

ACCOUNT NO. / NO. DE CUENTA

CUSTOMER NAME / NOMBRE DEL CLIENTE (FIRST AND LAST AS IT APPEARS ON YOUR BILL / NOMBRE(S) Y APELLIDO COMO APARECE EN SU FACTURA)

ADDRESS / DOMICILIO  APT #/NO. DE APTO.

CITY / CIUDAD  HOME PHONE / TELÉFONO DE SU CASA  -  -

EMAIL / CORREO ELECTRÓNICO:

Total number of persons in your household (include yourself, other adults, and children):  
Número total de personas que viven en su hogar (inclúyase usted, otros adultos y niños):

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

YES (If yes, please fill in the circle(s) fff) / SÍ (Si su respuesta es afirmativa, por favor rellene el/los círculo/s fff).

Medi-Cal / Medicaid: Under Age 65 / menor de 65 años  Low-Income Home Energy Assistance Program (LIHEAP)

Medi-Cal / Medicaid: 65 or older / 65 años o más  Supplemental Security Income (SSI)

Healthy Families Categories A & B  National School Lunch Program (NSLP)

Women, Infants, and Children Program (WIC)  Bureau of Indian Affairs General Assistance (BIA GA)

CalWORKs (TANF) or Tribal TANF  Head Start Income Eligible - Tribal Only / Solamente tribal

CalFresh / SNAP (Food Stamps / Estampillas para comida)

NO

What is your yearly household income (before deductions, including all members of the household)? / ¿Cual es el ingreso anual de su hogar (antes de deducciones, incluyendo a todos miembros del hogar)?

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

Please mark your sources of income / Por favor marque sus fuentes de ingreso

Social Security/Seguro Social  Insurance or Legal Settlements/Pagos de pólizas de seguro o convenios judiciales

SSP or SSDI/SSP o SSDI  Disability or Workers Compensation Payments/Pagos por incapacidad o indemnización para los trabajadores

Pensions/Pensiones  Spousal or Child Support/Pension conyugal o alimenticia

Interest or Dividends from Savings, Stocks, Bonds, or Retirement Accounts/Intereses o dividendos de cuentas de ahorro, acciones, bonos, o cuentas para el retiro  Scholarships, Grants, or Other Aid used for Living Expenses / Becas, subvenciones u otra ayuda usada para sufragar el costo de la vida

Wages and/or Profit from Self Employment/Salarios y/o ingresos de autoempleo  Rental or Royalty Income/Ingresos por alquiler o regalías

Unemployment Benefits/Beneficios de desempleo  Cash or Other Income/Dinero en efectivo y/u otros ingresos

**Declaration / Declaración:** Please read and sign below / Por favor lea y firme abajo  
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 a 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. / Declaro que la información que proporcioné en este formulario de solicitud es verdadera y correcta. Convengo en proporcionar prueba de elegibilidad en el programa CARE si se me requiere. 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 programas de asistencia.

SIGNATURE / FIRMA  DATE / FECHA  /  /

No Tape / No use cinta adhesiva      Moisten and Seal / Humedezca y selle      No Staples / No engrape

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G-NGVR	Natural Gas Service for Home Refueling of Motor Vehicles (Includes G-NGVR, G-NGVRC and GT-NGVR Rates) .....	49688-G,43000-G 43001-G,41221-G
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(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. \_\_\_\_\_

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(Continued)

(TO BE INSERTED BY UTILITY)  
 ADVICE LETTER NO. 4572  
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ISSUED BY  
**Lee Schavrien**  
 Senior Vice President

(TO BE INSERTED BY CAL. PUC)  
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Description and Listing of Balancing Accounts .....	49344-G
Purchased Gas Account (PGA) .....	49089-G,49090-G
Core Fixed Cost Account (CFCA) .....	49305-G,49306-G
Noncore Fixed Cost Account (NFCA) .....	49307-G,49308-G
Enhanced Oil Recovery Account (EORA) .....	47160-G
Noncore Storage Balancing Account (NSBA) .....	46962-G,46963-G
California Alternate Rates for Energy Account (CAREA) .....	45882-G,45883-G
Hazardous Substance Cost Recovery Account (HSCRA) .....	40875-G, 40876-G,40877-G
Gas Cost Rewards and Penalties Account (GCRPA) .....	40881-G
Pension Balancing Account (PBA) .....	49309-G,49310-G
Post-Retirement Benefits Other Than Pensions Balancing Account (PBOPBA) .	49311-G,49312-G

(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. \_\_\_\_\_