



A Sempra Energy utility

20% DISCOUNT CARE APPLICATION

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

Please complete the application and return it in the envelope provided or apply online at <http://www.socalgas.com/assistance/care/>

HOW TO QUALIFY FOR THE CARE DISCOUNT:

PUBLIC ASSISTANCE PROGRAMS:
If you or someone in your household participates in any of these programs:
Medicaid, Medi-Cal, Healthy Families A&B, Women, Infants, & 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, Supplemental Security Income (SSI)

OR

MAXIMUM HOUSEHOLD INCOME*: <i>(effective June 1, 2010 to May 31, 2011)</i>	
*current household income from all sources before deductions	
Number of Persons in Household	Total Annual Income
1-2	\$31,300
3	\$36,800
4	\$44,400
5	\$52,000
6	\$59,600
Each Additional household member, add	\$7,600

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:

DAP: Direct Assistance Program, a low income energy efficiency program, offers free energy-saving home improvements such as ceiling insulation, door weather-stripping, caulking and minor home repair. 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)



CARE 20% Rate Discount Application

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

Form 6491-C EN (06/10)

THE GAS COMPANY
CARE PROGRAM, ML GT12F1
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 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, and go to question 3) ▼

- Medi-Cal / Medicaid: Under Age 65
- Medi-Cal / Medicaid: 65 or older
- Healthy Families Categories A & B
- Women, Infants, and Children Program (WIC)
- Temporary Assistance for Needy Families (TANF) or Tribal TANF
- Food Stamps / SNAP
- 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 (If no, please continue with following questions) ►

If you are not currently enrolled in any of the programs above, what is your yearly household income (before deductions, including all members of the household)? ▼

\$0 - \$31,300 \$31,301 - \$36,800 \$36,801 - \$44,400 \$44,401 - \$52,000 \$52,001 - \$59,600

If more than \$59,600, enter amount here: \$, .00 per year

Please mark your sources of income: ▼

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

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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: / /