



A Sempra Energy utility

**20% CARE DISCOUNT APPLICATION**

**CALIFORNIA ALTERNATE RATES FOR ENERGY 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. Please complete this form and return within 90 days.

To see if you qualify, check the requirements shown below. Please complete the application and return it in the envelope provided. The discount will be applied once your completed and signed application is approved by The Gas Company<sup>SM</sup>.

**THERE ARE 2 WAYS TO QUALIFY FOR THE CARE DISCOUNT:**

<b>PUBLIC ASSISTANCE PROGRAMS:</b>
If you or another person in your household receives benefits from any of the following programs:
<p style="text-align: center;">Medi-Cal  Food Stamps  TANF(AFDC)  Women, Infants &amp; Children (WIC)  Healthy Families Categories A&amp;B  LIHEAP</p>

**OR**

<b>MAXIMUM HOUSEHOLD INCOME:</b>	
<i>(effective June 1, 2008 to May 31, 2009)</i>	
<b>Number of Persons in Household</b>	<b>Total Annual Income</b>
1-2	\$30,500
3	\$35,800
4	\$43,200
5	\$50,600
6	\$58,000
Each Additional household member, add	\$7,400

## 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.
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## 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 Department of Community Services and Development at 1-866-675-6623.
  - **California Lifeline (ULTS)** - A discounted telephone access for customers meeting similar income guidelines to CARE. For more information, contact your local telephone service provider.
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## FOR INFORMATION ON CARE, CALL THE GAS COMPANY AT:

English: 1-800-427-2200

Spanish: 1-800-342-4545

Mandarin: 1-800-427-1429

Cantonese: 1-800-427-1420

Korean: 1-800-427-0471

Vietnamese: 1-800-427-0478

Hearing Impaired (TDD/TYY): 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)

Form 6491-B (06/08) EN  
 THE GAS COMPANY  
 CARE PROGRAM, ML GT12F1  
 PO BOX 3249  
 LOS ANGELES, CA 90051-1249

Customer Name:

Address:

Space / Apt #:

City:

Zip Code:  Home Phone #:  -  -

Account Number:

Source Code: 9Q

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

## 2A: Public Assistance Programs Benefits Received:

If you or someone in your household receives benefits from any of the programs below, please fill in the circle (●), and go directly to **3**.

- |   |                                   |
|---|-----------------------------------|
| <input type="radio"/> Medi-Cal: Under 65 of age | <input type="radio"/> Food Stamps |
| <input type="radio"/> Medi-Cal: 65 or older     | <input type="radio"/> TANF (AFDC) |
| <input type="radio"/> WIC                       | <input type="radio"/> LIHEAP      |
| <input type="radio"/> Healthy Families A&B      |                                   |

***If NONE of the above, please complete section **2B**.***

**Household Income: Skip if you completed section 2A.**

**2B Part 1:** If you do not participate in any of the programs listed above, please fill in the circle (●) for all sources of income in your household, and provide your total household income in the spaces provided below:

- Social Security
  - Pensions
  - SSI, SSP, SSDI
  - Wages or Salaries
  - Legal Settlements
  - Unemployment Benefits
  - Insurance Settlements
  - Disability Payments
  - Workers Compensation
  - Spousal Support
  - Child Support
- Interest or Dividends from:
- Savings Accounts, Pensions
  - Stocks or Bonds
  - Retirement Accounts
  - Scholarships, Grants, or Other Aid Used for Living Expenses
  - Cash and/or other Income
  - Rental or Royalty Income
  - Profit from Self-Employment (IRS Form 1040, Schedule C, line 29)

**2B Part 2: Skip if you completed section 2A**

Please fill in the circle (●) of your household's income range per year before deductions.

- \$0 - \$30,500
  - \$30,501 - \$35,800
  - \$35,801 - \$43,200
  - \$43,201 - \$50,600
  - \$50,601 - \$58,000
- If more than \$58,000, enter amount here: \$   ,    .00 per year

**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 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:**