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June 23, 2003

Advice No. 3261-A  
(U 904 G)

Public Utilities Commission of the State of California

**Subject: Revision of the Income-Eligibility Guidelines and Submission of Revised Application Forms and Instructions for the California Alternate Rates for Energy (CARE) Program**

Southern California Gas Company (SoCalGas) hereby submits for filing this partial supplement to Advice No. 3261 filed on May 20, 2003.

SoCalGas filed Advice No. 3261 on May 20, 2003 to update the income-qualified rate schedules and forms to reflect the revised CARE income guidelines issued by the Director of the Energy Division on April 30, 2003. At the direction of the Energy Division, this filing adds the CARE application bill insert as Attachment C to the original Advice No. 3261.

**Protest**

Anyone may protest this Advice Letter to the California Public Utilities 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 Advice Letter. There is no restriction on who may file a protest. The address for mailing or delivering a protest to the Commission is:

Energy Division - IMC Branch  
California Public Utilities Commission  
505 Van Ness Avenue, 4<sup>th</sup> Floor  
San Francisco, CA 94102

Copies of the protest should also be sent via e-mail to the attention of both Jerry Royer ([jjr@cpuc.ca.gov](mailto:jjr@cpuc.ca.gov)) and Honesto Gatchalian ([jnj@cpuc.ca.gov](mailto:jnj@cpuc.ca.gov)) of the Energy Division. A copy of the protest shall also be sent via both e-mail and facsimile to the address shown below on the same date it is mailed or delivered to the Commission.

Attn: Sid Newsom  
Regulatory 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 respectfully requests that this be approved June 1, 2003, concurrent with the approval of Advice No. 3261.

**Notice**

In accordance with Section III.G of General Order No. 96-A, a copy of this advice letter is being sent to the parties listed on Attachment A, which includes the service list for R. 01 08-027.

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Attachment

**ATTACHMENT A**  
**Advice No. 3261-A**

**(See Attached Service Lists)**

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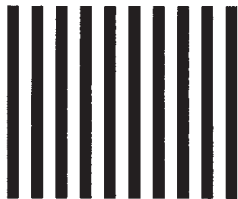


**ATTACHMENT C**

**Advice No. 3261-A**

**CARE Application Bill Insert**

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 114 LOS ANGELES CA 90051

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN: CARE PROGRAM ML 711A  
THE GAS COMPANY  
PO BOX 515005  
LOS ANGELES CA 90099-9316



A Sempra Energy utility™

## California Alternate Rates for Energy

(CARE) – 20% Rate Discount

## Tarifas Alternas para Energía de California

(CARE) – Descuento de 20% en su cuenta de gas



## Application Inside Solicitud adentro

### Dear Customer:

You may be eligible for a 20% discount on your gas bill at your primary residence. You may also qualify for a 60% discount on your Service Establishment Charge if you are qualified within 90 days of starting new gas service. Please review the program qualifications on the enclosed application to see if you qualify. If you think you qualify, please complete the application form and mail it back to us. You will receive your discount once your completed, signed application is approved by The Gas Company®. If you have any questions about the CARE program, or need assistance filling out the form, please call us at 1-800-427-2200.

### Estimado(a) Cliente:

Usted podría ser elegible para recibir un 20% de descuento en su cuenta de gas de su residencia principal. También podría calificar para un descuento de 60% en el Cargo por Establecimiento de Servicio, si usted es aprobado antes de 90 días desde el comienzo de su nuevo servicio de gas. Por favor revise las calificaciones del programa en la solicitud. Si piensa que califica, complete y firme la solicitud y envíela a The Gas Company. Recibirá su(s) descuentos(s) una vez que su solicitud sea aprobada por The Gas Company. Si tiene alguna duda acerca de la solicitud, favor de llamar al 1-800-342-4545.

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

- Mandarin: 1-800-427-1429
- Cantonese: 1-800-427-1420
- Korean: 1-800-427-0471
- Vietnamese: 1-800-427-0478

### Other programs and services you may qualify for:

#### LIHEAP—Low Income Home Energy Assistance Program

Provides bill payment assistance, emergency bill assistance and weatherization services. Call the California Department of Community Services at 1-866-675-6623.

#### DAP—The Gas Company's Direct Assistance Program

Provides weatherization services at no cost. Call 1-800-331-7593.

### Otros programas y servicios para los que puede calificar:

#### LIHEAP—Programa de Ayuda para la Energía del Hogar para Personas de Bajos Recursos

Provee asistencia para pagar su cuenta, asistencia urgente de su cuenta y servicios de impermeabilización, llame a LIHEAP al Departamento de Servicios para la Comunidad de California al 1-866-675-6623.

#### DAP—Programa de Asistencia Directa de The Gas Company

Provee servicios de impermeabilización sin costo. Llame al 1-800-331-7593.

# California Alternate Rates for Energy (CARE) Application

## Solicitud para el Programa de Tarifas Alternativas para Energía en California (CARE)

Account Number/Número de cuenta

### Conditions for Participation

- The gas bill is in your name.
- You may not be claimed on another person's income tax return other than your spouse.
- Your total yearly household income (the income or aid received by all persons living in your home)—before deductions—is no more than the income level shown to the right.
- You may be asked to verify your income. If you do not reply or are found not eligible, you may receive corrected billings.
- You will be reminded to renew your application every two years.

### Condiciones para participar

- La factura de gas está a su nombre.
- No puede aparecer como dependiente en la declaración de impuestos de otra persona que no sea su cónyuge.
- El ingreso anual total de su hogar (el ingreso o ayuda recibido por todas las personas que viven en su hogar)—antes de deducciones—no sobrepasa el nivel de ingresos mostrados a su derecha.
- Se le puede pedir que verifique su ingreso. Si no responde o si no es considerado elegible, podría recibir cuentas corregidas.
- Se le recordará que renueve su solicitud cada dos años.

Maximum Household Income	
Number of Persons in Household	Total Combined Yearly Income
1 or 2	\$23,000
3	\$27,000
4	\$32,500
5	\$38,000
6	\$43,500
Add \$5,500 for each additional person.	
Ingreso Máximo en el Hogar	
Número de Personas en el Hogar	Ingreso Total Anual Combinado
1 ó 2	\$23,000
3	\$27,000
4	\$32,500
5	\$38,000
6	\$43,500
Añada \$5,500 por cada persona adicional.	

### 1 Check the total number of persons in your household **Marque el número total de personas que viven en su hogar:**

- One/*Uno* (1)   
  Two/*Dos* (2)   
  Three/*Tres* (3)   
  Four/*Cuatro* (4)   
  Five/*Cinco* (5)   
  Six/*Seis* (6)

More than Six/*Más de Seis* (6+),

Number/*Número* \_\_\_\_\_

+  =

Adults/*Adultos*      Children/*Niños*      Total Number/*Número Total*

### 2 Check the total yearly household income for all persons in your household from all sources:

**Marque el ingreso anual total de su hogar de todas las personas viviendo en su hogar, y de todas fuentes de ingresos:**

- a. \$0 to \$23,000                       d. \$32,501 to \$38,000  
 b. \$23,001 to \$27,000                 e. \$38,001 to \$43,500  
 c. \$27,001 to \$32,500                 f. More than \$43,500/*Más de \$43,500*

Total Income/*Ingreso total:*

### 3 Check all sources of income for your household:

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

**Marque todas las fuentes de ingresos de su hogar:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Sueldos o Salarios   | <input type="checkbox"/> Pagos de discapacidad      | <input type="checkbox"/> TANF (AFDC)                           |
| Interés o Dividendos de:  | <input type="checkbox"/> Compensación al trabajador | <input type="checkbox"/> Estampillas de comida                 |
| <input type="checkbox"/> Cuentas de Ahorros   | <input type="checkbox"/> Seguro Social, SSI, SSP    | <input type="checkbox"/> Apoyo para los niños                  |
| <input type="checkbox"/> Acciones o Bonos   | <input type="checkbox"/> Pensiones                  | <input type="checkbox"/> Dinero en efectivo y/u otros ingresos |
| <input type="checkbox"/> Cuentas de Retiro  | <input type="checkbox"/> Indemnizaciones de seguro  | <input type="checkbox"/> Apoyo de cónyuge                      |
| <input type="checkbox"/> Beneficios de desempleo  | <input type="checkbox"/> Indemnizaciones legales    |  |
| <input type="checkbox"/> Ingresos de alquiler o regalías  |   |  |
| <input type="checkbox"/> Becas, subvenciones, u otra ayuda usada para sufragar el costo de vida |   |  |
| <input type="checkbox"/> Ganancias de autoempleo (Forma 1040, tabla C, línea 29 del IRS)        |   |  |

### 4 Can anyone else claim you as a dependent on his/her Income Tax (other than your spouse)?

**¿Alguien (que no sea su cónyuge) lo declara como dependiente en la declaración de impuestos?**

- Yes/*Sí*                       No/*No*

Did you complete 1 through 4? **¿Completó preguntas número 1 a 4?**

**Declaration and Self-Certification Statement:** I state the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform The Gas Company if I no longer qualify to receive the discount. I know that if I receive any 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 their agents to enroll me in their assistance programs.

**Declaración y Afirmación de Autocertificación:** Yo declaro que la información provista en esta solicitud es verdadera y correcta. Estoy de acuerdo con proveer comprobantes de mis ingresos si me lo piden. Si en algún momento no califico para recibir el descuento, notificaré a The Gas Company. Si ya no califico pero sigo recibiendo el descuento, tal vez tendré que pagar la cantidad del descuento que recibí. Entiendo que The Gas Company puede compartir mi información con otras compañías de servicios públicos o sus representantes, para registrarme en sus programas de asistencia.



Signature/*Firma*

Date/*Fecha*

(      )

Phone/*Teléfono*

Print Name/*Nombre en letra de molde*

Address/*Dirección*

City/*Ciudad*