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May 20, 2003

Advice No. 3261
(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 revisions to its tariff schedules, applicable throughout its service territory, as shown on Attachment B.

This filing is made in compliance with Ordering Paragraph 3 of Resolution (Res.) E-3524, dated February 19, 1998.

Purpose

This filing revises SoCalGas' income-qualified rate schedules to reflect the increased income-eligibility guidelines used to qualify individuals or households for the California Alternate Rates for Energy (CARE) program. It also revises the application instructions and forms to reflect the revised income guidelines. This filing contains six forms: individually-metered self-certification, individually-metered self-recertification, random post-enrollment verification, submetered self-certification, submetered self-recertification, and self-mailer.

Information

Res. E-3524 authorizes the energy utilities to change the income-eligibility guidelines for the CARE program pursuant to a communication issued by the Director of the Energy Division by May 1st of each year, with tariff revisions to be filed and become effective June 1st of each year.

Pursuant to a notice dated April 30, 2003, from the Director of the Energy Division, SoCalGas was provided with the new CARE income-eligibility levels to be effective from June 1, 2003, through May 31, 2004. This notice further directs the energy utilities to file revised tariffs with the Energy Division reflecting the new income levels by May 20, 2003.

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, 4th 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) and Honesto Gatchalian (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
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555 West Fifth Street
Los Angeles, CA 90013-1011
Facsimile No. (213) 244-4957
E-Mail: snewsom@semprautilities.com

Effective Date

In compliance with Ordering Paragraph 3 of Res. E-3524, dated February 19, 1998, the tariff sheets filed herein are to be effective for service on and after June 1, 2003.

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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Attachments

ATTACHMENT A

Advice No. 3261

(See Attached Service Lists)

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ATTACHMENT B
Advice No. 3261

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
Revised 36552-G	Schedule No. GRL, RESIDENTIAL SERVICE, INCOME-QUALIFIED, Sheet 4	Revised 35660-G
Revised 36553-G	Schedule No. GT-RL, CORE AGGREGATION TRANSPORTATION, RESIDENTIAL SERVICE, INCOME-QUALIFIED, Sheet 4	Revised 35399-G
Revised 36554-G	Schedule No. GSL, SUBMETERED MULTI-FAMILY SERVICE, INCOME-QUALIFIED, Sheet 4	Revised 35400-G
Revised 36555-G	Schedule No. GT-SL, CORE AGGREGATION TRANSPORTATION, SUBMETERED MULTI-FAMILY SERVICE, INCOME-QUALIFIED, Sheet 4	Revised 35401-G
Revised 36556-G	Schedule No. GN-10L, CORE COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED, Sheet 5	Revised 35402-G
Revised 36557-G	Schedule No. GN-10L, CORE COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED, Sheet 8	Revised 35403-G
Revised 36558-G	Schedule No. GT-10L, CORE AGGREGATION TRANSPORTATION, COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED, Sheet 6	Revised 35404-G
Revised 36559-G	Schedule No. GT-10L, CORE AGGREGATION TRANSPORTATION, COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED, Sheet 8	Revised 35405-G
Revised 36560-G	Schedule No. G-AC, CORE AIR CONDITIONING SERVICE, FOR COMMERCIAL AND INDUSTRIAL, Sheet 5	Revised 35406-G
Revised 36561-G	Schedule No. GT-AC, CORE TRANSPORTATION-ONLY AIR CONDITIONING, SERVICE FOR COMMERCIAL AND INDUSTRIAL, Sheet 5	Revised 35407-G
Revised 36562-G	SAMPLE FORMS: APPLICATIONS, Self-Certification CARE Application, Individually Metered Residential Form No. 6491-D (05/03), Sheet 1	Revised 35408-G
Revised 36563-G	SAMPLE FORMS: APPLICATIONS, Self-Mailer CARE Application, Form No. 6491-2A	Revised 35409-G

ATTACHMENT B
Advice No. 3261

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
	(06/03), Sheet 1	
Revised 36564-G	SAMPLE FORMS: APPLICATIONS, Self-Recertification CARE Application, Individually Metered Residential Form No. 6674-A (05/03), Sheet 1	Revised 35410-G
Revised 36565-G	SAMPLE FORMS: APPLICATIONS, Post-Enrollment Verification CARE Application, Individually Metered Residential Form No. 6675-A (05/03), Sheet 1	Revised 35411-G
Revised 36566-G	SAMPLE FORMS: APPLICATIONS, Self-Certification CARE Application, Submetered Residential Form No. 6677 (05/03), Sheet 1	Revised 35412-G
Revised 36567-G	SAMPLE FORMS: APPLICATIONS, Self-Recertification CARE Application, Submetered Residential Form No. 6678 (05/03), Sheet 1	Revised 35413-G
Revised 36568-G	TABLE OF CONTENTS	Revised 36518-G
Revised 36569-G	TABLE OF CONTENTS	Revised 36519-G
Revised 36570-G	TABLE OF CONTENTS	Revised 36236-G
Revised 36571-G	TABLE OF CONTENTS	Revised 36534-G

Schedule No. G-AC
CORE AIR CONDITIONING SERVICE
FOR COMMERCIAL AND INDUSTRIAL

(Continued)

SPECIAL CONDITIONS (Continued)

CARE (Continued)

14. (Continued)

Each resident (100%) must meet the CARE income eligibility standards for a single-person household for the facility or the non-licensed, separately metered facility to qualify for the G-ACL rate. At least 70% of the energy consumed on the CARE rate must be used for residential purposes.

The Utility shall require the facility to provide a copy of its IRS Non-Profit Tax ID Form 501(c)(3), and state business license, conditional use permit, or any other proof satisfactory to the Utility. Facilities that have been qualified by the Utility under self-certification or self-recertification and are receiving the rate discount may be subject to post-enrollment verification by the Utility.

An authorized representative of the facility shall sign Form No. 6571 certifying that any savings derived from the discount shall be used for the direct benefit of the residents. Such direct benefit may be in the form of improved quality of care or improved food service.

Customers who are found to be ineligible or fail to timely notify the Utility when they no longer qualify for the rate discount may be subject to corrective rebilling under the appropriate rate schedule.

Upon completion of Form No. 6571 and acceptance, eligible facilities or their affiliates shall receive the discount commencing with the next regularly scheduled bill.

Income Eligibility Requirements for Residents: The total annual household income from all sources (taxable and non-taxable) shall not be more than \$23,000 for each resident of the facility, and the resident shall not be claimed on another person's income tax return.

The owner or authorized representative of the facility shall notify the Utility within 30 days following any change that may impact the facility's eligibility for the discount.

Self-Certification and Self-Recertification Requirements: Non-profit group living facilities must provide proof of the appropriate state license to care for residents who, either temporarily or permanently, cannot function normally outside of the group-home environment and certification from the appropriate state agency showing what services, besides lodging, are provided, or any other proof satisfactory to the Utility. Primary facilities must meet the licensing and certification requirements, but not their separately-metered affiliated facilities.

(Continued)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 3261
DECISION NO.

ISSUED BY
Lee Schavrien
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
DATE FILED May 20, 2003
EFFECTIVE Jun 1, 2003
RESOLUTION NO. E-3524

Schedule No. GRL
RESIDENTIAL SERVICE, INCOME-QUALIFIED

Sheet 4

(Continued)

SPECIAL CONDITIONS (Continued)

3. (Continued)

Upon completion of an application and verification by a state-licensed physician (Form No. 4859-E), an additional Baseline allowance of .822 therms per day will be provided for paraplegic, quadriplegic, or hemiplegic persons, those afflicted with multiple sclerosis or scleroderma, or persons being treated for a life threatening illness or who have a compromised immune system.

Upon completion of an application and verification by a state-licensed physician or osteopath (Form No. 4859-E), an additional uniform daily Baseline allowance will be provided to customers requiring regular use of a medical life-support device (including heating and cooling needs), as defined in Rule No. 1, which utilizes mechanical or artificial means to sustain, restore, or supplant a vital function and requires the use of Utility-supplied gas. The amount of the additional allowances will be determined by the Utility from load and operating time data of the medical life-support device.

4. Seasonal Changes: Bills reflecting Baseline allowances will be prepared in the May and November billing periods using the applicable daily allowance from each respective seasonal period.
5. Customers receiving service hereunder with usage at each facility in excess of 250,000 therms per year may qualify for transportation service under a special contract. Additionally, customers may aggregate their gas volumes to qualify for transportation service under Schedule No. GT-RL.
6. Eligibility: An income-qualified household has total annual income from all sources (taxable and non-taxable) that is no more than shown in the table below for the number of persons in the household.

<u>Number of Persons In Household</u>	<u>Total Annual Household Income</u>
1 or 2	\$23,000
3	\$27,000
4	\$32,500
5	\$38,000
6	\$43,500
7	\$49,000

For households with more than seven persons, add \$5,500 annually for each additional person living in the household.

No person who is claimed on another person's income tax return shall be eligible for this rate.

(Continued)

(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 3261
 DECISION NO.

ISSUED BY
Lee Schavrien
 Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
 DATE FILED May 20, 2003
 EFFECTIVE Jun 1, 2003
 RESOLUTION NO. E-3524

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Schedule No. GT-RL

Sheet 4

CORE AGGREGATION TRANSPORTATION
RESIDENTIAL SERVICE, INCOME-QUALIFIED

(Continued)

SPECIAL CONDITIONS (Continued)

4. Seasonal Changes: Bills reflecting Baseline allowances will be prepared in the May and November billing periods using the applicable daily allowance from each respective seasonal period.
5. Eligibility: An income-qualified household has total annual income from all sources (taxable and non-taxable) that is no more than shown in the table below for the number of persons in the household.

<u>Number of Persons In Household</u>	<u>Total Annual Household Income</u>
1 or 2	\$23,000
3	\$27,000
4	\$32,500
5	\$38,000
6	\$43,500
7	\$49,000

For households with more than seven persons, add \$5,500 annually for each additional person living in the household.

No person who is claimed on another person's income tax return shall be eligible for this rate.

Upon completion and acceptance of the self-certification or self-recertification applications by SoCalGas (Form Nos. 6491-A or 6491-B), customers shall be billed on this rate commencing with their next regularly scheduled bill.

Customers are only eligible to receive this rate at one residential location at any one time.

Random Post-Enrollment Verification: Resolution E-3586 authorized SoCalGas to undertake random post-enrollment verification of customers receiving the CARE rate. If selected for random post-enrollment verification, customers must provide proof of income to SoCalGas. SoCalGas will verify the eligibility of each customer so selected.

Further, questionable applications will also be subject to post-enrollment verification. A customer either suspected or found to have provided incorrect information will be required to submit proof of income eligibility. Customer refusal or failure to provide proof of eligibility, upon request, will be removed immediately from the CARE rate.

Customers who are found to be ineligible or fail to timely notify SoCalGas that they are no longer qualify for the rate discount may be subject to corrective rebilling under the appropriate rate schedule.

(Continued)

(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 3261
 DECISION NO.

ISSUED BY
Lee Schavrien
 Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
 DATE FILED May 20, 2003
 EFFECTIVE Jun 1, 2003
 RESOLUTION NO. E-3524

Schedule No. GN-10L

Sheet 5

CORE COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED

(Continued)

SPECIAL CONDITIONS (Continued)

NONPROFIT GROUP LIVING FACILITIES (Continued)

7. (Continued)

a. Facility Eligibility Requirements (Continued)

Each resident (100%) must meet the CARE income-eligibility standards for a single-person household for the facility or the non-licensed, separately metered facility to qualify under this schedule. A caregiver who lives in the facility is not a resident for purposes of determining eligibility. At least 70% of the energy consumed on the CARE rate must be used for residential purposes.

The Utility shall require the facility to provide a copy of its IRS Nonprofit Tax ID Form 501(c)(3), and state business license, conditional use permit or any other proof satisfactory to the Utility. Facilities that have been qualified by the Utility under self-certification or self-recertification and are receiving the rate discount may be subject to random post-enrollment verification by the Utility.

An authorized representative of the facility shall sign Form No. 6571 certifying that any savings derived from the discount shall be used for the direct benefit of the residents. Such direct benefit may be in the form of improved quality of care or improved food services.

Customers who are found to be ineligible or fail to timely notify the Utility when they no longer qualify for the rate discount may be subject to corrective rebilling under the appropriate rate schedule.

Upon completion of Form No. 6571 and acceptance, eligible facilities or their affiliates shall receive the discount commencing with the next regularly scheduled bill.

b. Residents' Income-Eligibility Requirements: The total annual household income (from all sources (taxable and non-taxable) shall not be more than \$23,000 for each resident of the facility, and the resident shall not be claimed on another person's income tax return.

The owner or authorized representative of the facility shall notify the Utility within 30 days following any change that may impact the facility's eligibility for the discount.

(Continued)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 3261
DECISION NO.

ISSUED BY
Lee Schavrien
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
DATE FILED May 20, 2003
EFFECTIVE Jun 1, 2003
RESOLUTION NO. E-3524

Schedule No. GN-10L

Sheet 8

CORE COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED

(Continued)

SPECIAL CONDITIONS (Continued)

QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES (continued)

8. (Continued)

a. Facility Eligibility Requirements: (Continued)

Customers who are found to be ineligible or fail to timely notify the Utility when they no longer qualify for the rate discount may be subject to corrective rebilling under the appropriate rate schedule.

b. Income-Eligibility Requirements for Resident Households: An income-qualified household has total annual income from all sources (taxable and non-taxable) that is no more than shown in the table below for the number of persons in the household.

<u>Number of Persons In Household</u>	<u>Total Annual Household Income</u>
1 or 2	\$23,000
3	\$27,000
4	\$32,500
5	\$38,000
6	\$43,500
7	\$49,000

For households with more than seven persons, add \$5,500 annually for each additional person living in the household.

No person claimed on another person's income tax return shall be eligible for this rate.

The owner or authorized representative of the facility shall notify the Utility within 30 days following any change that may impact the facility's eligibility for the discount.

c. Self-Certification and Self-Recertification Requirements: The Applicant must also provide copies of the following:

(1) Migrant Farmworker Housing Centers: the facility's current contract with the Office of Migrant Services, Department of Housing and Community Development.

(2) Privately-Owned Employee Housing: a valid permit or license issued to the facility pursuant to Section 17030 of the Health and Safety Code.

(Continued)

(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 3261
 DECISION NO.

ISSUED BY
Lee Schavrien
 Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
 DATE FILED May 20, 2003
 EFFECTIVE Jun 1, 2003
 RESOLUTION NO. E-3524

Schedule No. GT-10L

Sheet 6

CORE AGGREGATION TRANSPORTATION
COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED

(Continued)

SPECIAL CONDITIONS (Continued)

NONPROFIT GROUP LIVING FACILITIES (Continued)

13. (Continued)

- b. Residents' Income-Eligibility Requirements: The total annual household income (from all sources (taxable and non-taxable) shall not be more than \$23,000 for each resident of the facility, and the resident shall not be claimed on another person's income tax return.

The owner or authorized representative of the facility shall notify SoCalGas within 30 days following any change that may impact the facility's eligibility for the discount.

- c. Self-Certification and Self-Recertification Requirements: Nonprofit group living facilities must provide proof of the appropriate state license to care for residents who, either temporarily or permanently, cannot function normally outside of the group home environment and certification from the appropriate state agency showing what services, besides lodging, are provided or any other documentation SoCalGas may reasonably require. Primary facilities must meet the licensing and certification requirements, but not their separately-metered affiliated facilities.

Homeless shelters must provide verification that at least six (6) beds each day or night are provided during a minimum 180 days each year for persons who have no alternate residence, and must provide proof of a valid municipal or county conditional-use permit or any other documentation SoCalGas may reasonably require. Nonprofit group living facilities are not required to be licensed or certified.

- d. Self-Recertification Requirements: Facilities will be required to recertify on an annual basis. At the time of each annual self-recertification, SoCalGas shall require the facility to certify how it intends to pass on the rate discount.
- e. Random Post-Enrollment Verification: The self-certification and self-recertification applications for CARE benefits, and certification of the flow-through of the rate discount, shall be made under penalty of perjury by the same individual who is responsible for the annual renewal of the facility's license from the appropriate state agency, when applicable. The accuracy of the self-certification or self-recertification applications may be subject to random post-enrollment verification by SoCalGas.

QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES

14. SoCalGas shall offer the CARE discount to migrant farmworker housing centers; privately-owned employee housing, or agricultural employee housing operated by nonprofit entities that qualify as follows:

(Continued)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 3261
DECISION NO.

ISSUED BY
Lee Schavrien
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
DATE FILED May 20, 2003
EFFECTIVE Jun 1, 2003
RESOLUTION NO. E-3524

Schedule No. GT-10L

Sheet 8

CORE AGGREGATION TRANSPORTATION
COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED

(Continued)

SPECIAL CONDITIONS (Continued)

QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES (Continued)

14. (Continued)

a. Facility Eligibility Requirements (Continued)

Upon completion of Form No. 6632 and acceptance, eligible facilities or their affiliates shall receive the discount commencing with the next regularly scheduled bill.

Facilities that have been qualified under self-certification or self-recertification and are receiving the rate discount may be subject to random post-enrollment verification by SoCalGas.

Customers who are found to be ineligible or fail to timely notify SoCalGas when they no longer qualify for the rate discount may be subject to corrective rebilling under the appropriate rate schedule.

b. Income-Eligibility Requirements for Resident Households: An income-qualified household has total annual income from all sources (taxable and non-taxable) that is no more than shown in the table below for the number of persons in the household.

<u>Number of Persons In Household</u>	<u>Total Annual Household Income</u>
1 or 2	\$23,000
3	\$27,000
4	\$32,500
5	\$38,000
6	\$43,500
7	\$49,000

For households with more than seven persons, add \$5,500 annually for each additional person living in the household.

No person claimed on another person's income tax return shall be eligible for this rate.

The owner or authorized representative of the facility shall notify SoCalGas within 30 days following any change that may impact the facility's eligibility for the discount.

(Continued)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 3261

DECISION NO.

848

ISSUED BY

Lee Schavrien

Vice President

Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 20, 2003

EFFECTIVE Jun 1, 2003

RESOLUTION NO. E-3524

Schedule No. GSL

Sheet 4

SUBMETERED MULTI-FAMILY SERVICE, INCOME-QUALIFIED

(Continued)

SPECIAL CONDITIONS (Continued)

4. As a condition of service under this schedule, the customer must provide (1) a certification that all tenants have been notified in writing that the customer is applying for gas service under Schedule No. GSL which provides a submetering credit, and (2) a copy of such written notice.
5. It is the responsibility of the customer to advise the Utility within 15 days following any change in the number of dwelling units or mobile home spaces provided gas service.
6. Seasonal Changes: Bills reflecting Baseline allowances will be prepared in the May and November billing periods using the applicable daily allowance from each respective seasonal period.
7. This schedule is closed as of December 15, 1981 for gas service to new multi-unit residential structures where such multi-unit tenants use gas directly in gas appliances in each occupancy and which requires venting. If a written commitment has been made by the Utility to provide master-metered service to new multi-unit residential structures where such multi-unit tenants use gas directly in gas appliances in each occupancy and which require venting, such commitment shall constitute authority for service under this schedule; however, such commitment shall become null and void if construction does not commence within twelve months from December 15, 1981.
8. Customers receiving service hereunder with usage at each facility in excess of 250,000 therms per year may qualify for transportation service under a special contract. Additionally, customers may aggregate their gas volumes to qualify for transportation service under Schedule No. GT-SL.
9. Eligibility: An income-qualified household has total annual income from all sources (taxable and non-taxable) that is no more than shown in the table below for the number of persons in the household.

<u>Number of Persons In Household</u>	<u>Total Annual Household Income</u>
1 or 2	\$23,000
3	\$27,000
4	\$32,500
5	\$38,000
6	\$43,500
7	\$49,000

For households with more than seven persons, add \$5,500 annually for each additional person living in the household.

(Continued)

(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 3261
 DECISION NO.

ISSUED BY
Lee Schavrien
 Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
 DATE FILED May 20, 2003
 EFFECTIVE Jun 1, 2003
 RESOLUTION NO. E-3524

Schedule No. GT-SL

Sheet 4

**CORE AGGREGATION TRANSPORTATION
 SUBMETERED MULTI-FAMILY SERVICE, INCOME-QUALIFIED**

(Continued)

SPECIAL CONDITIONS (Continued)

4. As a condition of service under this schedule, the customer must provide (1) a certification that all tenants have been notified in writing that the customer is applying for gas service under Schedule No. GT-SL which provides a submetering credit, and (2) a copy of such written notice.
5. It is the responsibility of the customer to advise SoCalGas within 15 days following any change in the number of dwelling units or mobile home spaces provided gas service.
6. Seasonal Changes: Bills reflecting Baseline allowances will be prepared in the May and November billing periods using the applicable daily allowance from each respective seasonal period.
7. This schedule is closed as of December 15, 1981 for gas service to new multi-unit residential structures where such multi-unit tenants use gas directly in gas appliances in each occupancy and which requires venting. If a written commitment has been made by SoCalGas to provide master-metered service to new multi-unit residential structures where such multi-unit tenants use gas directly in gas appliances in each occupancy and which require venting, such commitment shall constitute authority for service under this schedule; however, such commitment shall become null and void if construction did not commence within twelve months from December 15, 1981.
8. Eligibility: An income-qualified household has a total annual income from all sources (taxable and non-taxable) that is no more than shown in the table below based on the number of persons in the household.

<u>Number of Persons In Household</u>	<u>Total Annual Household Income</u>
1 or 2	\$23,000
3	\$27,000
4	\$32,500
5	\$38,000
6	\$43,500
7	\$49,000

For households with more than seven persons, add \$5,500 annually for each additional person living in the household.

No person who is claimed on another person's income tax return shall be eligible for this rate.

Upon completion and acceptance of the self-certification or self-recertification application by SoCalGas (Form Nos. 6491-A or 6491-B), tenants shall be billed on this rate commencing with their next regularly scheduled bill.

(Continued)

(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 3261
 DECISION NO.

ISSUED BY
Lee Schavrien
 Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
 DATE FILED May 20, 2003
 EFFECTIVE Jun 1, 2003
 RESOLUTION NO. E-3524

Schedule No. GT-AC

Sheet 5

CORE TRANSPORTATION-ONLY AIR CONDITIONING
SERVICE FOR COMMERCIAL AND INDUSTRIAL

(Continued)

SPECIAL CONDITIONS (Continued)

CARE (Continued)

17. (Continued)

The discount shall apply to non-licensed, separately metered affiliates of qualifying non-profit group facilities so long as the customer of record is the qualifying non-profit facility.

Each resident of the facility or the non-licensed, separately metered facility (100%) must meet the CARE income eligibility standards for a single-person household to qualify for the G-ACL rate. At least 70% of the energy consumed on the CARE rate must be used for residential purposes.

SoCalGas shall require the facility to provide a copy of its IRS Non-Profit Tax ID Form 501(c)(3), and state business license, conditional use permit or any other proof satisfactory to SoCalGas. Facilities that have been qualified by SoCalGas under self-certification or self-recertification and are receiving the rate discount may be subject to random post-enrollment verification by SoCalGas.

An authorized representative of the facility shall sign Form No. 6571 certifying that any savings derived from the discount shall be used for the direct benefit of the residents. Such direct benefit may be in the form of improved quality of care or improved food service.

Customers who are found to be ineligible or fail to timely notify SoCalGas when they no longer qualify for the rate discount may be subject to corrective rebilling under the appropriate rate schedule.

Upon completion of Form No. 6571 and acceptance, eligible facilities or their affiliates shall receive the discount commencing with the next regularly scheduled bill.

Income Eligibility Requirements for Residents: The total annual household income from all sources (taxable and non-taxable) shall not be more than \$23,000 for each resident of the facility, and the resident shall not be claimed on another person's income tax return.

The owner or authorized representative of the facility shall notify SoCalGas within 30 days following any change that may impact the facility's eligibility for the discount.

Self-Certification and Self-Recertification Requirements: Non-profit group living facilities must provide proof of the appropriate state license to care for residents who, either temporarily or permanently, cannot function normally outside of the group-home environment and certification from the appropriate state agency showing what services, besides lodging, are provided, or any other proof satisfactory to SoCalGas. Primary facilities must meet the licensing and certification requirements, but not their separately-metered affiliated facilities.

(Continued)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 3261

DECISION NO.

5H9

ISSUED BY

Lee Schavrien

Vice President

Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 20, 2003

EFFECTIVE Jun 1, 2003

RESOLUTION NO. E-3524

SAMPLE FORMS: APPLICATIONS
Self-Certification CARE Application
Individually Metered Residential Form No. 6491-D (05/03)

Sheet 1

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 3261
DECISION NO.

ISSUED BY
Lee Schavrien
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
DATE FILED May 20, 2003
EFFECTIVE Jun 1, 2003
RESOLUTION NO. E-3524

Date:

Account Number:

California Alternate Rates for Energy (CARE) Application

- 1 Check the total number of persons in your household:**
 One (1) Two (2) Three (3) Four (4) Five (5)
 Six (6) More than Six (6+), Number: _____
Adults: _____ **Children:** _____

- 2 Check the total yearly household income for all persons in your household from all sources:**
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:
Total Income\$ _____

- 3 Check all sources of income for your household:**
 Wages or Salaries Disability Payments TANF (AFDC)
Interest or Dividends from: Workers Compensation Food Stamps
 Savings Accounts, Social Security, SSI, SSP Child Support
 Stocks or Bonds, or Pensions Cash and/or
 Retirement Accounts Insurance Settlements Other Income
 Unemployment Benefits Legal Settlements Spousal
 Rental or Royalty Income Support
 Scholarships, Grants, or Other Aid Used for Living Expenses
 Profit from Self-Employment (IRS Form 1040, Schedule C, line 29)

- 4 Can anyone else claim you as a dependent on his/her Income Tax (other than your spouse)?** Yes No

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.

Signature: _____ Date: _____

Phone No.:(_____)_____ Did you complete **1** through **4**?

Fecha:

Número de Cuenta:

**Solicitud para el programa de Tarifas
Alternativas para Energía en California (CARE)**

 **1 Favor de marcar el cuadro que corresponde al número total de personas que viven en su hogar:**

- Una (1) Dos (2) Tres (3) Cuatro (4) Cinco (5)
 Seis (6) Más de seis (6+), indique el número total: _____




Adultos: _____ **Niños:** _____

 **2 Favor de marcar el cuadro que corresponde al total de ingresos brutos anuales de su hogar:**

- | | |
|---|---|
| a. <input type="checkbox"/> \$0 a \$23,000 | d. <input type="checkbox"/> \$32,501 a \$38,000 |
| b. <input type="checkbox"/> \$23,001 a \$27,000 | e. <input type="checkbox"/> \$38,001 a \$43,500 |
| c. <input type="checkbox"/> \$27,001 a \$32,500 | f. <input type="checkbox"/> Más de \$43,500, indique los ingresos totales: \$ _____ |

 **3 Favor de marcar todas las fuentes de sus ingresos:**

- | | |
|---|--|
| <input type="checkbox"/> Sueldos o salarios | <input type="checkbox"/> Ingresos por incapacidad |
| <input type="checkbox"/> Intereses o Dividendos de: | <input type="checkbox"/> Compensación al trabajador |
| <input type="checkbox"/> Ahorros, | <input type="checkbox"/> TANF (AFDC) |
| <input type="checkbox"/> Bonos o Acciones | <input type="checkbox"/> Seguro Social, SSI, SSP |
| <input type="checkbox"/> Cuentas de retiro | <input type="checkbox"/> Estampillas de comida |
| <input type="checkbox"/> Beneficios de desempleo | <input type="checkbox"/> Apoyo económico para niños |
| <input type="checkbox"/> Ingresos de renta o realeza | <input type="checkbox"/> Apoyo económico del cónyuge |
| <input type="checkbox"/> Pensión y Retiro | <input type="checkbox"/> Pólizas de seguros |
| <input type="checkbox"/> Becas, Apoyos económicos escolares, u otra ayuda para gastos de vivienda | <input type="checkbox"/> Acuerdos legales |
| <input type="checkbox"/> Ingresos de negocio propio (IRS Forma 1040, Apéndice C, línea 29) | <input type="checkbox"/> Donativos en efectivo |
| | <input type="checkbox"/> Otros ingresos |

 **4 ¿Hay alguna otra persona que lo reclama como dependiente en el formulario de impuestos (que no sea su esposo(a))?** Sí No

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.

Firma del Cliente: _____  **Fecha:** _____

 **Teléfono:** (____) _____

Southern California Gas Company Form 6491-D (05/03)

¿Llenó número **1** al **4**?

Date:

Account Number:

How to Apply for the California Alternate Rates for Energy

(CARE) program: 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. To apply, please complete the application form included and return it in the envelope provided. You will receive your discount(s) once your completed, signed application is approved by The Gas Company.

Verification: You may be asked at a later date to verify your household's eligibility for CARE. If requested, you must provide proof of income for all persons living in your household. If you do not reply or are found not eligible, you may receive corrected billings.

Eligibility Requirements (All Must Be Met):

- The gas bill is in your name.
- No one else can claim you as a dependent on his/her Income Tax (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 below.**
- You reapply for CARE every time you move.
- You renew your application for CARE every 2 years.
- You verify your eligibility for CARE, if requested.
- You notify The Gas Company within 30 days of any changes in your eligibility.

Number of Persons in Household:	1 or 2	3	4	5	6
Total Yearly Household Income No More Than:	\$23,000	\$27,000	\$32,500	\$38,000	\$43,500
For each additional person in your household add \$5,500					

What Counts As Income? Total household income is all revenues, from all household members, from whatever sources derived, including but not limited to: wages, salaries, interest, dividends, spousal and child support payments; public assistance payments, Social Security and pensions, rental income, income from self-employment, and all employment-related non-cash income.

You may also qualify for assistance from the Low Income Home Energy Assistance Program (LIHEAP): 1-866-675-6623, and the Direct Assistance Program (DAP): 1-800-331-7593.

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

Southern California Gas Company Form 6491-D (05/03)

Fecha:

Número de Cuenta:

Cómo solicitar el Programa de Tarifas Alternativas para Energía en California (CARE): Usted puede ser elegible para un descuento de 20% en su cobro de gas en su domicilio principal. Usted también podría calificar para un descuento de 60% en el cobro del Servicio de Establecimiento si usted es aprobado dentro de 90 días del inicio de su servicio de gas. Para aplicar, por favor complete la solicitud incluida y regrésela en el sobre incluido. Usted recibirá el descuento(s) una vez que su completada y firmada aplicación es aprobada por The Gas Company.

Verificación: En una fecha posterior, pueda ser que se le pida que compruebe los ingresos de su hogar. Si se le pide, usted debe de proveer documentos de todas las personas en su hogar que reciben ingresos. Si usted no responde o se le encuentra no elegible, podría recibir cobros corregidos.

Requisitos De Elegibilidad (Todos deben ser cumplidos):

- La cuenta de gas está a su nombre.
- Usted no es reclamado como dependiente en el formulario de impuestos de otra persona (que no es su esposo(a)).
- **El total de sus ingresos anuales (los ingresos o ayuda recibidos de todas las personas que viven en su hogar) – antes de deducciones – no es más de los ingresos mostrados en la tabla de abajo.**
- Debe de aplicar cada vez que se cambie de domicilio.
- Debe de renovar su solicitud cada dos años.
- Debe de verificar su elegibilidad para CARE si se le pide.
- Debe de notificar a The Gas Company dentro de 30 días de cualquier cambio sobre su elegibilidad.

Número de Personas en su hogar:	1 o 2	3	4	5	6
Suma Total Anual de Ingresos en su hogar no puede ser más de:	\$23,000	\$27,000	\$32,500	\$38,000	\$43,500
Por cada persona adicional agregue \$5,500					

¿Que Cuenta como Ingresos? Ingresos totales de todas las personas en su hogar, es el dinero derivado de cualquier fuente, incluyendo pero no limitado a: sueldos, salarios, intereses, dividendos, apoyo económico para cónyuge y niños, asistencia pública, Seguro Social y pensiones, ingresos de negocio propio, ingresos de renta, y toda clase de ingresos no monetario relacionado con el empleo.

Usted también podría calificar para Asistencia de Energía del Hogar para consumidores de bajos ingresos (LIHEAP): 1-866-675-6623, y el programa de Asistencia Directa (DAP): 1-800-331-7593.

Spanish: 1-800-342-4545

English: 1-800-427-2200

SAMPLE FORMS: APPLICATIONS
Self-Recertification CARE Application
Individually Metered Residential Form No. 6674-A (05/03)

Sheet 1

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 3261
DECISION NO.

ISSUED BY
Lee Schavrien
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
DATE FILED May 20, 2003
EFFECTIVE Jun 1, 2003
RESOLUTION NO. E-3524

Date:

Account Number:

Check this box if you no longer qualify for CARE.

California Alternate Rates for Energy (CARE) Recertification

 **1 Check the total number of persons in your household:**

- One (1) Two (2) Three (3) Four (4) Five (5)
 Six (6) More than Six (6+), Number: _____


 **Adults:** _____ **Children:** _____

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

- 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:
Total Income \$ _____

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

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

 **4 Can anyone else claim you as a dependent on his/her Income Tax (other than your spouse)?** Yes No

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.

Signature: _____  Date: _____

 Phone No.: (____) _____ Did you complete **1** through **4**?

Fecha:

Número de Cuenta:


Marque éste cuadro, si usted no califica para el Programa CARE.

Recertificación para el programa de Tarifas Alternativas para Energía en California (CARE)

 **1 Favor de marcar el cuadro que corresponde al número total de personas que viven en su hogar:**

- Una (1) Dos (2) Tres (3) Cuatro (4) Cinco (5)
- Seis (6) Más de seis (6+), indique el número total: _____


 **Adultos:** _____ **Niños:** _____

 **2 Favor de marcar el cuadro que corresponde al total de ingresos anuales de su hogar:**

- a. \$0 a \$23,000 d. \$32,501 a \$38,000
- b. \$23,001 a \$27,000 e. \$38,001 a \$43,500
- c. \$27,001 a \$32,500 f. Más de \$43,500, indique los ingresos
totales: \$ _____


 **3 Favor de marcar todas las fuentes de sus ingresos:**

- Sueldos o salarios
- Intereses o Dividendos de:
 - Ahorros,
 - Bonos o Acciones
 - Cuentas de retiro
- Beneficios de desempleo
- Ingresos de renta o realeza
- Pensión y Retiro
- Becas, Apoyos económicos escolares, u otra ayuda para gastos de vivienda
- Ingresos de negocio propio (IRS Forma 1040, Apéndice C, línea 29)
- Ingresos por incapacidad
- Compensación al trabajador
- TANF (AFDC)
- Seguro Social, SSI, SSP
- Estampillas de comida
- Apoyo económico para niños
- Apoyo económico del cónyuge
- Pólizas de seguros
- Acuerdos legales
- Donativos en efectivo
- Otros ingresos

 **4 ¿Hay alguna otra persona que lo reclama como dependiente en el formulario de impuestos (que no sea su esposo(a))?** Sí No

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.

Firma del Cliente: _____  **Fecha:** _____

 **Teléfono;** (____) _____

Southern California Gas Company Form 6674-A (05/03)

¿Llenó número **1** al **4**?

Date:

Account Number:

How to Recertify for the California Alternate Rates for Energy (CARE) program:

You currently receive a 20% discount on your gas bill at your primary residence. You must recertify your eligibility to continue receiving this discount. To recertify, please complete the application form included and return it in the envelope provided. Your discount will continue if your completed, signed application is approved by The Gas Company within 30 days.

Verification: You may be asked at a later date to verify your household's eligibility for CARE. If requested, you must provide proof of income for all persons living in your household. If you do not reply or are found not eligible, you may receive corrected billings.

Eligibility Requirements (All Must Be Met):

- The gas bill is in your name.
- No one else can claim you as a dependent on his/her Income Tax (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 below.**
- You reapply for CARE every time you move.
- You renew your application for CARE every 2 years.
- You verify your eligibility for CARE, if requested.
- You notify The Gas Company within 30 days of any changes in your eligibility.

Number of Persons in Household:	1 or 2	3	4	5	6
Total Yearly Household Income No More Than:	\$23,000	\$27,000	\$32,500	\$38,000	\$43,500
For each additional person in your household add \$5,500					

What Counts as Income? Total household income is all revenues, from all household members, from whatever sources derived, including but not limited to: wages, salaries, interest, dividends, spousal and child support payments; public assistance payments, Social Security and pensions, rental income, income from self-employment, and all employment-related non-cash income.

You may also qualify for assistance from the Low Income Home Energy Assistance Program (LIHEAP): 1-866-675-6623, and the Direct Assistance Program (DAP): 1-800-331-7593.

English: 1-800-427-2200
Korean: 1-800-427-0471

Mandarin: 1-800-427-1429
Cantonese: 1-800-427-1420

Spanish: 1-800-342-4545
Vietnamese: 1-800-427-0478

Fecha:

Número de Cuenta:

Cómo Recertificar para el Programa de Tarifas Alternativas para Energía en California (CARE): Usted está recibiendo la tarifa de 20% de descuento en su cobro de gas en su domicilio principal. Usted debe de recertificar su elegibilidad para continuar recibiendo éste descuento. Para recertificar, por favor complete la aplicación incluida y regrésela en el sobre incluido. Su descuento continuará si su completada, firmada, aplicación es aprobada por The Gas Company dentro de 30 días.

Verificación: En una fecha posterior, pueda ser que se le pida que compruebe los ingresos de su hogar. Si se le pide, usted debe de proveer documentos de todas las personas en su hogar que reciben ingresos. Si usted no responde o se le encuentra no elegible, podría recibir cobros corregidos.

Requisitos De Elegibilidad (Todos deben ser cumplidos):

- La cuenta de gas está a su nombre.
- Usted no es reclamado como dependiente en el formulario de impuestos de otra persona (que no es su esposo(a)).
- **El total de sus ingresos anuales (los ingresos o ayuda recibidos de todas las personas que viven en su hogar) – antes de deducciones – no es más de los ingresos mostrados en la tabla de abajo.**
- Debe de aplicar cada vez que se cambie de domicilio.
- Debe de renovar su solicitud cada dos años.
- Debe de verificar su elegibilidad para CARE si se le pide.
- Debe de notificar a The Gas Company dentro de 30 días de cualquier cambio sobre su elegibilidad.

Número de Personas en su hogar:	1 o 2	3	4	5	6
Suma Total Anual de Ingresos en su hogar no puede ser más de:	\$23,000	\$27,000	\$32,500	\$38,000	\$43,500
Por cada persona adicional agregue \$5,500					

¿Que Cuenta como Ingresos? Ingresos totales de todas las personas en su hogar, es el dinero derivado de cualquier fuente, incluyendo pero no limitado a: sueldos, salarios, intereses, dividendos, apoyo económico para cónyuge y niños, asistencia pública, Seguro Social y pensiones, ingresos de negocio propio, ingresos de renta, y toda clase de ingresos no monetario relacionado con el empleo.

Usted también podría calificar para Asistencia de Energía del Hogar para consumidores de bajos ingresos (LIHEAP): 1-866-675-6623, y el programa de Asistencia Directa (DAP): 1-800-331-7593.

Spanish: 1-800-342-4545

English: 1-800-427-2200

SAMPLE FORMS: APPLICATIONS
Self-Mailer CARE Application
Form No. 6491-2A (06/03)

Sheet 1

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 3261
DECISION NO.

ISSUED BY
Lee Schavrien
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
DATE FILED May 20, 2003
EFFECTIVE Jun 1, 2003
RESOLUTION NO. E-3524

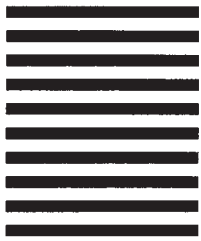


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

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



The California Alternate Rates For Energy (CARE) Program

El Programa de Tarifas Alternativas para Energía en California (CARE)



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. To apply, please complete the application form and return it to The Gas Company. You will receive your discount(s) once your completed, signed application is approved by The Gas Company®.

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. Para aplicar, por favor complete y firme la solicitud, y envíela a The Gas Company. Recibirá su(s) descuento(s) una vez que su solicitud sea aprobada por The Gas Company®.



Eligibility Requirements (All must be met)

Requisitos para ser Elegible (Tendrá que cumplir todos los requisitos)

- The gas bill is in your name.
- No one else can claim you as a dependent on his/her Income Tax (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 below.
- You reapply for CARE every time you move.
- You renew your application for CARE every 2 years.
- You verify your eligibility for CARE, if requested.
- You notify The Gas Company within 30 days of any changes in your eligibility.
- La cuenta de gas está a su nombre.
- Nadie más, aparte de su cónyuge, lo anota en la declaración de impuestos.
- 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 abajo.
- Tiene que aplicar de nuevo para CARE cada vez que se cambie de hogar.
- Tiene que renovar su solicitud para CARE cada 2 años.
- Tiene que verificar su situación económica para ser elegible para CARE, si se le pide.
- Tiene que notificar a The Gas Company dentro de 30 días si hay algún cambio en su situación para ser elegible.

Number of Persons in Household:	Número de personas en su hogar:				
1 or 2	3	4	5	6	
Total Yearly Household Income No More Than:	Ingreso anual total de su hogar no más de:				
\$23,000	\$27,000	\$32,500	\$38,000	\$43,500	
For each additional person in your household add \$5,500	Agregue \$5,500 por cada persona adicional				

What counts as income?

¿Qué cuenta como ingresos?

Total household income is all revenues, from all household members, from whatever sources derived, including but not limited to: wages, salaries, interest, dividends, spousal and child support payments; public assistance payments, Social Security and pensions, rental income, income from self-employment, and all employment-related non-cash income.

El ingreso anual total incluye todos los ingresos, de todos los miembros de su hogar, de cualquier fuente de ingresos, incluyendo, pero no limitado a: sueldos, salarios, intereses, dividendos, pagos de apoyo para su cónyuge y/o niños, pagos de asistencia pública, pensiones y pagos del seguro social, ingresos del alquiler, ingresos de autoempleo, y todos los ingresos que son relacionados al empleo que no sean pagados en efectivo.

VERIFICATION: You may be asked at a later date to verify your household's eligibility for CARE. If requested, you must provide proof of income or aid for all persons living in your household. If you do not reply or are found not eligible, you may receive corrected billings.

VERIFICACION: Para el programa CARE, puede ser que se le pida que compruebe el ingreso de su hogar. Si se le pide, usted debe proveer prueba del ingreso o ayuda de todas las personas que viven en su hogar. Si no responde o si no es considerado elegible, podría recibir cuentas corregidas.

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

English: 1-800-427-2200 Mandarin: 1-800-427-1429 Cantonese: 1-800-427-1420 Korean: 1-800-427-0471 Vietnamese: 1-800-427-0478

Para más información en español sobre CARE, llame a The Gas Company al 1-800-342-4545.

California Alternate Rates for Energy (CARE) Application

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

Date/Fecha _____ Account Number/Número de cuenta

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/Hijos _____ 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 _____

**DO NOT MAIL YOUR GAS PAYMENT WITH THIS APPLICATION AS IT WILL SIGNIFICANTLY DELAY PAYMENT PROCESSING.
NO ENVIE SU PAGO DE GAS CON ESTA SOLICITUD PORQUE EL PROCESO DE SU PAGO SE RETRASARA.**

Other Programs And Services You May Qualify For Otros programas y servicios para los que puede calificar

LIHEAP-Low Income Home Energy Assistance Program/Programa de Ayuda para la Energía del Hogar para Personas de Bajos Recursos

Provides bill payment assistance, emergency bill assistance and weatherization services. Call the California Department of Community Services at 1-866-675-6623. *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-The Gas Company's Direct Assistance Program/Programa de Asistencia Directa de The Gas Company

Provides weatherization services. Call 1-800-331-7593. *Provee servicios de impermeabilización. Llame al 1-800-331-7593.*

SAMPLE FORMS: APPLICATIONS
Post-Enrollment Verification CARE Application
Individually Metered Residential Form No. 6675-A (05/03)

Sheet 1

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 3261
DECISION NO.

ISSUED BY
Lee Schavrien
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
DATE FILED May 20, 2003
EFFECTIVE Jun 1, 2003
RESOLUTION NO. E-3524

Date:

Account Number:

Check this box if you no longer qualify for CARE.

California Alternate Rates for Energy (CARE) Verification

 **1 Check the total number of persons in your household:**

- One (1) Two (2) Three (3) Four (4) Five (5)
- Six (6) More than Six (6+), Number: _____


 **Adults:** _____ **Children:** _____

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

- 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:
- Total Income\$ _____

 **3 Check all sources of income for your household and PROVIDE DOCUMENTS showing proof of income:**

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

 **4 Can anyone else claim you on his/her Income Tax (other than your spouse)?** Yes No

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.

Signature: _____  Date: _____

 Phone No.:(_____)_____ Did you complete **1** through **4**?

Fecha:


Número de Cuenta:

Marque éste cuadro, si usted no califica para el Programa CARE.

Verificación para el programa de Tarifas
Alternativas para Energía en California (CARE)


 **1 Favor de marcar el cuadro que corresponde al número total de personas que viven en su hogar:**

- Una (1) Dos (2) Tres (3) Cuatro (4) Cinco (5)
 Seis (6) Más de seis (6+), indique el número total: _____

 **Adultos:** _____ **Niños:** _____


 **2 Favor de marcar el cuadro que corresponde al total de ingresos anuales de su hogar:**

- | | |
|---|---|
| a. <input type="checkbox"/> \$0 a \$23,000 | d. <input type="checkbox"/> \$32,501 a \$38,000 |
| b. <input type="checkbox"/> \$23,001 a \$27,000 | e. <input type="checkbox"/> \$38,001 a \$43,500 |
| c. <input type="checkbox"/> \$27,001 a \$32,500 | f. <input type="checkbox"/> Más de \$43,500, indique los ingresos totales: \$ _____ |

 **3 Favor de marcar todas las fuentes de sus ingresos y MANDE**

COMPROBANTES:

- | | |
|---|--|
| <input type="checkbox"/> Sueldos o salarios | <input type="checkbox"/> Ingresos por incapacidad |
| Intereses o Dividendos de: | <input type="checkbox"/> Compensación al trabajador |
| <input type="checkbox"/> Ahorros, | <input type="checkbox"/> TANF (AFDC) |
| <input type="checkbox"/> Bonos o Acciones | <input type="checkbox"/> Seguro Social, SSI, SSP |
| <input type="checkbox"/> Cuentas de retiro | <input type="checkbox"/> Estampillas de comida |
| <input type="checkbox"/> Beneficios de desempleo | <input type="checkbox"/> Apoyo económico para niños |
| <input type="checkbox"/> Ingresos de renta o realeza | <input type="checkbox"/> Apoyo económico del cónyuge |
| <input type="checkbox"/> Pensión y Retiro | <input type="checkbox"/> Pólizas de seguros |
| <input type="checkbox"/> Becas, Apoyos económicos escolares, u otra ayuda para gastos de vivienda | <input type="checkbox"/> Acuerdos legales |
| <input type="checkbox"/> Ingresos de negocio propio (IRS Forma 1040, Apéndice C, línea 29) | <input type="checkbox"/> Donativos en efectivo |
| | <input type="checkbox"/> Otros ingresos |

 **4 ¿Hay alguna otra persona que lo reclama como dependiente en el formulario de impuestos (que no sea su esposo(a))?** Sí No

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.

Firma del Cliente: _____  **Fecha:** _____

 **Teléfono:** (____) _____

¿Llenó número **1** al **4**?

Date:

Account Number:

How to Verify Your Eligibility for the California Alternate Rates for Energy (CARE) program:

You currently receive a 20% discount on your gas bill at your primary residence. You may have also received a 60% discount on your Service Establishment Charge. To verify your eligibility for the CARE program, please complete the application form included and return it with proof of income for each member of your household receiving income or aid. Your discount(s) will continue if your completed, signed application is approved by The Gas Company within 90 days. If you do not reply or are found not eligible, you may receive corrected billings.

Eligibility Requirements (All Must Be Met):

- The gas bill is in your name.
- No one else can claim you as a dependent on his/her Income Tax (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 below.**
- You reapply for CARE every time you move.
- You renew your application for CARE every 2 years.
- You verify your eligibility for CARE, if requested.
- You notify The Gas Company within 30 days of any changes in your eligibility.

Number of Persons in Household:	1 or 2	3	4	5	6
Total Yearly Household Income No More Than:	\$23,000	\$27,000	\$32,500	\$38,000	\$43,500
For each additional person in your household add \$5,500					

What Counts as Income? Total household income is all revenues, from all household members, from whatever sources derived, including but not limited to: wages, salaries, interest, dividends, spousal and child support payments; public assistance payments, Social Security and pensions, rental income, income from self-employment, and all employment-related non-cash income.

Required Attachments (Submit One or More of the Following Income Documents for All Persons in Your Household Receiving Income or Aid):

- Copy of the most recent month's payroll or check stubs.
- Copy of last year's Federal Income Tax Forms plus schedules (e.g., Schedule C or E).
- Copy of all of last year's Income Documents (e.g., W-2, 1099-M, 1099-R, 1099-INT).
- Copy of current Statement of Benefits (e.g., TANF, SSI, SSP, etc.).
- Copy of other evidence of income.

You may also qualify for assistance from the Low Income Home Energy Assistance Program (LIHEAP): 1-800-433-4327, and the Direct Assistance Program (DAP): 1-800-331-7593.

English: 1-800-427-2200
Korean: 1-800-427-0471

Mandarin: 1-800-427-1429
Cantonese: 1-800-427-1420

Spanish: 1-800-342-4545
Vietnamese: 1-800-427-0478

Fecha:

Número de Cuenta:

Cómo Verificar para el Programa de Tarifas Alternativas para Energía en California (CARE): Usted está recibiendo la tarifa de 20% de descuento en su cobro de gas en su domicilio principal. Tal vez también haya recibido un 60% de descuento en el cobro del Servicio de Establecimiento. Para verificar su elegibilidad para el programa CARE, por favor complete la aplicación incluida y regrésela junto con comprobantes de ingresos de todas las personas en su hogar que reciben ingresos o ayuda. Su descuento(s) continuará(n) si su completada, firmada, aplicación es aprobada por The Gas Company dentro de 90 días. Si usted no responde o se le encuentra no elegible, podría recibir cobros corregidos.

Requisitos De Elegibilidad (Todos deben ser cumplidos):

- La cuenta de gas está a su nombre.
- Usted no es reclamado como dependiente en el formulario de impuestos de otra persona (que no es su esposo(a)).
- **El total de sus ingresos anuales (los ingresos o ayuda recibidos de todas las personas que viven en su hogar) – antes de deducciones – no es más de los ingresos mostrados en la tabla de abajo.**
- Debe de aplicar cada vez que se cambie de domicilio.
- Debe de renovar su solicitud cada dos años.
- Debe de verificar su elegibilidad para CARE si se le pide.
- Debe de notificar a The Gas Company dentro de 30 días de cualquier cambio sobre su elegibilidad.

Número de Personas en su hogar:	1 o 2	3	4	5	6
Suma Total Anual de Ingresos en su hogar no puede ser más de:	\$23,000	\$27,000	\$32,500	\$38,000	\$43,500
Por cada persona adicional agregue \$5,500					

¿Que Cuenta como Ingresos? Ingresos totales de todas las personas en su hogar, es el dinero derivado de cualquier fuente, incluyendo pero no limitado a: sueldos, salarios, intereses, dividendos, apoyo económico para cónyuge y niños, asistencia pública, Seguro Social y pensiones, ingresos de negocio propio, ingresos de renta, y toda clase de ingresos no monetario relacionado con el empleo.

Documentos Requeridos (Favor de enviar uno o más de los siguientes documentos comprobando los ingresos de todas las personas en su hogar que reciben ingresos o ayuda):

- Copia de talones de cheques del más reciente mes.
- Copia de impuestos federales del último año con apéndices (como: Schedule C o E).
- Copia de documentos de todas las formas de impuestos del año pasado (como: W-2, 1099-M, 1099-R, 1099-INT).
- Copia de comprobantes recientes de beneficios (como: TANF, SSI, SSP, etc.).
- Copia de cualquier otra forma de ingresos.

Usted también podría calificar para Asistencia de Energía del Hogar para consumidores de bajos ingresos (LIHEAP): 1-800-433-4327, y el programa de Asistencia Directa (DAP): 1-800-331-7593.

Spanish: 1-800-342-4545
Southern California Gas Company Form 6675-A (05/03)

English: 1-800-427-2200

SAMPLE FORMS: APPLICATIONS
Self-Certification CARE Application
Submetered Residential Form No. 6677 (05/03)

Sheet 1

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 3261
DECISION NO.

ISSUED BY
Lee Schavrien
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
DATE FILED May 20, 2003
EFFECTIVE Jun 1, 2003
RESOLUTION NO. E-3524

Date:



Class of Service:


Account Number:


Facility ID:


Mobile Home Park Name:

California Alternate Rates for Energy (CARE) Application


-  **1 Check the total number of persons in your household:**
- One (1) Two (2) Three (3) Four (4) Five (5)
 Six (6) More than Six (6+), Number: _____
-  **Adults:** _____ **Children:** _____


-  **2 Check the total yearly household income for all persons in your household from all sources:**
- 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:
Total Income \$ _____

-  **3 Check all sources of income for your household:**
- Wages or Salaries Disability Payments TANF (AFDC)
Interest or Dividends from: Workers Compensation Food Stamps
 Savings Accounts, Social Security, SSI, SSP Child Support
 Stocks or Bonds, or Pensions Cash and/or
 Retirement Accounts Insurance Settlements Other Income
 Unemployment Benefits Legal Settlements Spousal
 Rental or Royalty Income Support
 Scholarships, Grants, or Other Aid Used for Living Expenses
 Profit from Self-Employment (IRS Form 1040, Schedule C, line 29)

-  **4 Can anyone else claim you as a dependent on his/her Income Tax (other than your spouse)?** Yes No

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.

Signature: _____  Date: _____

 Phone No.:(_____)_____ Did you complete **1** through **4**?

Date:

Class of Service:

Account Number:

Facility ID:

Mobile Home Park Name:

How to Apply for the California Alternate Rates for Energy (CARE)

program: You may be eligible for a 20% discount on your gas bill at your primary residence. To apply, please complete the application form included and return it in the envelope provided. You will receive your discount once your completed, signed application is approved by The Gas Company. You as well as your landlord or manager will be notified if your application is approved or denied.

Important Information: You, as well as the owner or manager, will be notified if your application is approved or denied.

Verification: You may be asked at a later date to verify your household's eligibility for CARE. If requested, you must provide proof of income for all persons living in your household. If you do not reply or are found not eligible, you may receive corrected billings.

Eligibility Requirements (All Must Be Met):

- No one else can claim you as a dependent on his/her Income Tax (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 below.**
- You reapply for CARE every time you move.
- You renew your application for CARE annually.
- You verify your eligibility for CARE, if requested.
- You notify The Gas Company within 30 days of any changes in your eligibility.

Number of Persons in Household:	1 or 2	3	4	5	6
Total Yearly Household Income No More Than:	\$23,000	\$27,000	\$32,500	\$38,000	\$43,500
For each additional person in your household add \$5,500					

What Counts as Income? Total household income is all revenues, from all household members, from whatever sources derived, including but not limited to: wages, salaries, interest, dividends, spousal and child support payments; public assistance payments, Social Security and pensions, rental income, income from self-employment, and all employment-related non-cash income.

You may also qualify for assistance from the Low Income Home Energy Assistance Program (LIHEAP): 1-866-675-6623, and the Direct Assistance Program (DAP): 1-800-331-7593.

English: 1-800-427-2200
Korean: 1-800-427-0471

Mandarin: 1-800-427-1429
Cantonese: 1-800-427-1420

Spanish: 1-800-342-4545
Vietnamese: 1-800-427-0478

Fecha:

Clase:

Número de Cuenta:

No. de Facilidad:

Estacionamiento de Casas Movibles:

Cómo solicitar el Programa de Tarifas Alternativas para Energía en

California (CARE): Usted puede ser elegible para un descuento de 20% en su cobro de gas en su domicilio principal. Para aplicar, por favor complete la solicitud incluida y regrésela en el sobre incluido. Usted recibirá el descuento(s) una vez que su completada y firmada aplicación es aprobada por The Gas Company.

Información Importante: A usted, al igual que el dueño o manejador, se le notificará si su aplicación es aprobada o negada.

Verificación: En una fecha posterior, pueda ser que se le pida que compruebe los ingresos de su hogar. Si se le pide, usted debe de proveer documentos de todas las personas en su hogar que reciben ingresos. Si usted no responde o se le encuentra no elegible, podría recibir cobros corregidos.

Requisitos De Elegibilidad (Todos deben ser cumplidos):

- Usted no es reclamado como dependiente en el formulario de impuestos de otra persona (que no es su esposo(a)).
- **El total de sus ingresos anuales (los ingresos o ayuda recibidos de todas las personas que viven en su hogar) – antes de deducciones – no es más de los ingresos mostrados en la tabla de abajo.**
- Debe de aplicar cada vez que se cambie de domicilio.
- Debe de renovar su solicitud cada año.
- Debe de verificar su elegibilidad para CARE si se le pide.
- Debe de notificar a The Gas Company dentro de 30 días de cualquier cambio sobre su elegibilidad.

Número de Personas en su hogar:	1 o 2	3	4	5	6
Suma Total Anual de Ingresos en su hogar no puede ser más de:	\$23,000	\$27,000	\$32,500	\$38,000	\$43,500
Por cada persona adicional agregue \$5,500					

¿Que Cuenta como Ingresos? Ingresos totales de todas las personas en su hogar, es el dinero derivado de cualquier fuente, incluyendo pero no limitado a: sueldos, salarios, intereses, dividendos, apoyo económico para cónyuge y niños, asistencia pública, Seguro Social y pensiones, ingresos de negocio propio, ingresos de renta, y toda clase de ingresos no monetario relacionado con el empleo.

Usted también podría calificar para Asistencia de Energía del Hogar para consumidores de bajos ingresos (LIHEAP): 1-866-675-6623, y el programa de Asistencia Directa (DAP): 1-800-331-7593.

Spanish: 1-800-342-4545
Southern California Gas Company Form 6677 (05/03)

English: 1-800-427-2200

SAMPLE FORMS: APPLICATIONS
Self-Recertification CARE Application
Submetered Residential Form No. 6678 (05/03)

Sheet 1

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 3261
DECISION NO.

ISSUED BY
Lee Schavrien
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
DATE FILED May 20, 2003
EFFECTIVE Jun 1, 2003
RESOLUTION NO. E-3524

Date:

Class of Service:


Account Number:

Facility ID:

Mobile Home Park Name:

Check this box if you no longer qualify for CARE.

California Alternate Rates for Energy (CARE) Recertification

 **1 Check the total number of persons in your household:**

- One (1) Two (2) Three (3) Four (4) Five (5)
- Six (6) More than Six (6+), Number: _____




Adults: _____ Children: _____

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

- 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:
- Total Income\$ _____


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

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

 **4 Can anyone else claim you as a dependent on his/her Income Tax (other than your spouse)?** Yes No

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.

Signature: _____  Date: _____

 Phone No.:(_____)_____ Did you complete **1** through **4**?

Fecha:

Clase:

Número de Cuenta:

No. de Facilidad:


Estacionamiento de Casas Movibles:

Marque éste cuadro, si usted no califica para el Programa CARE.

Recertificación para el programa de Tarifas Alternativas para Energía en California (CARE)

 **1 Favor de marcar el cuadro que corresponde al número total de personas que viven en su hogar:**

- Una (1) Dos (2) Tres (3) Cuatro (4) Cinco (5)
- Seis (6) Más de seis (6+), indique el número total: _____


 **Adultos:** _____ **Niños:** _____

 **2 Favor de marcar el cuadro que corresponde al total de ingresos anuales de su hogar:**

- a. \$0 a \$23,000 d. \$32,501 a \$38,000
- b. \$23,001 a \$27,000 e. \$38,001 a \$43,500
- c. \$27,001 a \$32,500 f. Más de \$43,500, indique los ingresos
totales: \$ _____


 **3 Favor de marcar todas las fuentes de sus ingresos:**

- | | |
|---|--|
| <input type="checkbox"/> Sueldos o salarios | <input type="checkbox"/> Ingresos por incapacidad |
| Intereses o Dividendos de: | <input type="checkbox"/> Compensación al trabajador |
| <input type="checkbox"/> Ahorros, | <input type="checkbox"/> TANF (AFDC) |
| <input type="checkbox"/> Bonos o Acciones | <input type="checkbox"/> Seguro Social, SSI, SSP |
| <input type="checkbox"/> Cuentas de retiro | <input type="checkbox"/> Estampillas de comida |
| <input type="checkbox"/> Beneficios de desempleo | <input type="checkbox"/> Apoyo económico para niños |
| <input type="checkbox"/> Ingresos de renta o realeza | <input type="checkbox"/> Apoyo económico del cónyuge |
| <input type="checkbox"/> Pensión y Retiro | <input type="checkbox"/> Pólizas de seguros |
| <input type="checkbox"/> Becas, Apoyos económicos
escolares, u otra ayuda para
gastos de vivienda | <input type="checkbox"/> Acuerdos legales |
| <input type="checkbox"/> Ingresos de negocio propio (IRS Forma 1040, Apéndice C, línea 29) | <input type="checkbox"/> Donativos en efectivo |
| | <input type="checkbox"/> Otros ingresos |

 **4 ¿Hay alguna otra persona que lo reclama como dependiente en el formulario de impuestos (que no sea su esposo(a))?** Sí No

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.

Firma del Cliente: _____  **Fecha:** _____

 **Teléfono:** (____) _____ ¿Llenó número **1** al **4**?

Date:

Class of Service:

Account Number:

Facility ID:

Mobile Home Park Name:

How to Recertify for the California Alternate Rates for Energy (CARE)

program: You currently receive a 20% discount on your gas bill at your primary residence. You must recertify your eligibility to continue receiving this discount. To recertify, please complete the application form included and return it in the envelope provided. Your discount will continue if your completed, signed application is approved by The Gas Company within 30 days.

Important Information: You, as well as the owner or manager, will be notified if your application is approved or denied.

Verification: You may be asked at a later date to verify your household's eligibility for CARE. If requested, you must provide proof of income for all persons living in your household. If you do not reply or are found not eligible, you may receive corrected billings.

Eligibility Requirements (All Must Be Met):

- No one else can claim you as a dependent on his/her Income Tax (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 below.**
- You reapply for CARE every time you move.
- You renew your application for CARE annually.
- You verify your eligibility for CARE, if requested.
- You notify The Gas Company within 30 days of any changes in your eligibility.

Number of Persons in Household:	1 or 2	3	4	5	6
Total Yearly Household Income No More Than:	\$23,000	\$27,000	\$32,500	\$38,000	\$43,500
For each additional person in your household add \$5,500					

What Counts as Income? Total household income is all revenues, from all household members, from whatever sources derived, including but not limited to: wages, salaries, interest, dividends, spousal and child support payments; public assistance payments, Social Security and pensions, rental income, income from self-employment, and all employment-related non-cash income.

You may also qualify for assistance from the Low Income Home Energy Assistance Program (LIHEAP): 1-800-433-4327, and the Direct Assistance Program (DAP): 1-800-331-7593.

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

Fecha:

Clase:

Número de Cuenta:

No. de Facilidad:

Estacionamiento de Casas Movibles:

Cómo Recertificar para el Programa de Tarifas Alternativas para Energía en California (CARE): Usted está recibiendo la tarifa de 20% de descuento en su cobro de gas en su domicilio principal. Usted debe de recertificar su elegibilidad para continuar recibiendo éste descuento. Para recertificar, por favor complete la aplicación incluida y regrésela en el sobre incluido. Su descuento continuará si su completada, firmada, aplicación es aprobada por The Gas Company dentro de 30 días.

Información Importante: A usted, al igual que el dueño o manejador, se le notificará si su aplicación es apropiada o negada.

Verificación: En una fecha posterior, pueda ser que se le pida que compruebe los ingresos de su hogar. Si se le pide, usted debe de proveer documentos de todas las personas en su hogar que reciben ingresos. Si usted no responde o se le encuentra no elegible, podría recibir cobros corregidos.

Requisitos De Elegibilidad (Todos deben ser cumplidos):

- Usted no es reclamado como dependiente en el formulario de impuestos de otra persona (que no es su esposo(a)).
- **El total de sus ingresos anuales (los ingresos o ayuda recibidos de todas las personas que viven en su hogar) – antes de deducciones – no es más de los ingresos mostrados en la tabla de abajo.**
- Debe de aplicar cada vez que se cambie de domicilio.
- Debe de renovar su solicitud cada año.
- Debe de verificar su elegibilidad para CARE si se le pide.
- Debe de notificar a The Gas Company dentro de 30 días de cualquier cambio sobre su elegibilidad.

Número de Personas en su hogar:	1 o 2	3	4	5	6
Suma Total Anual de Ingresos en su hogar no puede ser más de:	\$23,000	\$27,000	\$32,500	\$38,000	\$43,500
Por cada persona adicional agregue \$5,500					

¿Que Cuenta como Ingresos? Ingresos totales de todas las personas en su hogar, es el dinero derivado de cualquier fuente, incluyendo pero no limitado a: sueldos, salarios, intereses, dividendos, apoyo económico para cónyuge y niños, asistencia pública, Seguro Social y pensiones, ingresos de negocio propio, ingresos de renta, y toda clase de ingresos no monetario relacionado con el empleo.

Usted también podría calificar para Asistencia de Energía del Hogar para consumidores de bajos ingresos (LIHEAP): 1-866-675-6623, y el programa de Asistencia Directa (DAP): 1-800-331-7593.

Spanish: 1-800-342-4545

English: 1-800-427-2200

Southern California Gas Company Form 6678 (05/03)

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(Continued)

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