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March 29, 2006

Advice No. 3615
(U 904 G)

Public Utilities Commission of the State of California

Subject: California Alternate Rates for Energy (CARE) Application Form Nos. 6491-DM2 and 6491-BI

Southern California Gas Company (SoCalGas) hereby submits for filing revisions to its tariff schedules, applicable throughout its service territory, as shown on Attachment B.

Purpose

The purpose of this Advice filing is to add two new CARE application forms to SoCalGas' Sample Forms: 1) Form No. 6491-DM2, used during the winter period only, and 2) Form 6491-BI, used as a bill insert. These forms were inadvertently omitted from SoCalGas' Advice No. 3545 filed on November 1, 2005 and became effective also on November 1, 2005. In addition, included as Attachment C is a variation of the bill insert CARE form designed for specific outreach efforts.

Information

SoCalGas continues to explore new and creative avenues to reach the most number of customers who are eligible for the CARE rate discount. The direct mail pieces have been mailed to non-enrolled SoCalGas customers living in high eligibility and low penetration areas and have proven to be a cost effective avenue. Form 6491-DM2 and Form 6491-BI include the Winter Initiative Special Condition that the Utility shall not rebill any customer enrolled in the CARE program who is later found ineligible during the period November 1, 2005 to April 30, 2006. Attachment C is a variation of the bill insert Form 6491-BI for use in the *PennySaver* outreach effort. The *PennySaver* has been used by other utilities in the past as an advertising medium to promote the CARE program. SoCalGas created a two-page bilingual (English/Spanish) promotional CARE application form, to test the effectiveness of this marketing tactic in our service territory.

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:

CPUC Energy Division
Attention: Tariff Unit
505 Van Ness Avenue
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 (inj@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

Effective Date

SoCalGas believes that this filing is subject to Energy Division disposition and therefore respectfully requests that this Advice Letter be made effective April 28, 2006, which is 30 calendar days after filing.

Notice

A copy of this advice letter is being sent to the parties listed on Attachment A, which includes the service list for R.04-01-006.

J. STEVE RAHON
Director
Tariffs and Regulatory Accounts

Attachments

CALIFORNIA PUBLIC UTILITIES COMMISSION

ADVICE LETTER FILING SUMMARY ENERGY UTILITY

MUST BE COMPLETED BY UTILITY (Attach additional pages as needed)

Company name/CPUC Utility No. **SOUTHERN CALIFORNIA GAS COMPANY/ U 904 G**

Utility type:

ELC GAS
 PLC HEAT WATER

Contact Person: Nena Maralit

Phone #: (213) 244-2822

E-mail: nmaralit@semprautilities.com

EXPLANATION OF UTILITY TYPE

ELC = Electric GAS = Gas
PLC = Pipeline HEAT = Heat WATER = Water

(Date Filed/ Received Stamp by CPUC)

Advice Letter (AL) #: 3615

Subject of AL: CARE Application Form Nos. 6491-DM1, 6491-DM2 and 6491-BI

Keywords (choose from CPUC listing): CARE, Forms

AL filing type: Monthly Quarterly Annual One-Time Other _____

If AL filed in compliance with a Commission order, indicate relevant Decision/Resolution #:

D.05-10-044

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL _____

Summarize differences between the AL and the prior withdrawn or rejected AL¹: _____

Resolution Required? Yes No

Requested effective date: 4/28/06 No. of tariff sheets: 5

Estimated system annual revenue effect: (%): _____

Estimated system average rate effect (%): _____

When rates are affected by AL, include attachment in AL showing average rate effects on customer classes (residential, small commercial, large C/I, agricultural, lighting).

Tariff schedules affected: Sample Forms, TOCs

Service affected and changes proposed¹: _____

Pending advice letters that revise the same tariff sheets: _____

Protests and all other correspondence regarding this AL are due no later than 20 days after the date of this filing, unless otherwise authorized by the Commission, and shall be sent to:

CPUC, Energy Division

Attention: Tariff Unit

505 Van Ness Avenue

San Francisco, CA 94102

jjr@cpuc.ca.gov and jjn@cpuc.ca.gov

Southern California Gas Company

Attention: Sid Newsom

555 West Fifth Street, ML GT14D6

Los Angeles, CA 90013-4957

snewsom@semprautilities.com

¹ Discuss in AL if more space is needed.

ATTACHMENT A

Advice No. 3615

(See Attached Service Lists)

Aglet Consumer Alliance
James Weil
jweil@aglet.org

Alcantar & Kahl
Elizabeth Westby
egw@a-klaw.com

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

BP Amoco, Reg. Affairs
Marianne Jones
501 West Lake Park Blvd.
Houston, TX 77079

Barkovich & Yap
Catherine E. Yap
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Beta Consulting
John Burkholder
burkee@cts.com

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

CPUC
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pzs@cpuc.ca.gov

CPUC
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Light & Power Dept.
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Azusa, CA 91702

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

City of Burbank
Fred Fletcher/Ronald Davis
164 West Magnolia Blvd., Box 631
Burbank, CA 91503-0631

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City Attorney
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San Francisco, CA 94111

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ATTACHMENT B
Advice No. 3615

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
Original 40355-G	APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY PROGRAM - GENERAL PURPOSE, DIRECT MAIL (Form No. 6491-DM1)	
Original 40356-G	APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY PROGRAM - WINTER ONLY DIRECT, MAIL (Form No. 6491-DM2)	
Original 40357-G	APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY PROGRAM - BILL INSERT, (Form No. 6491- BI)	
Revised 40358-G	TABLE OF CONTENTS	Revised 39826-G
Revised 40359-G	TABLE OF CONTENTS	Revised 40342-G

APPLICATION FOR CALIFORNIA ALTERNATE RATES
FOR ENERGY PROGRAM - GENERAL PURPOSE
DIRECT MAIL (Form No. 6491-DM1)

N
N
N

(Continued)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 3615
DECISION NO. 05-10-044

ISSUED BY
Lee Schavrien
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
DATE FILED Mar 29, 2006
EFFECTIVE _____
RESOLUTION NO. _____



A  Semptra Energy utility™

CARE 20% Rate Discount

Dear Customer,

Through our "California Alternate Rates for Energy" (CARE) program, The Gas Company® offers a 20% rate discount for customers who meet certain household income levels. This program is helping many of our customers save money every month, so perhaps it could help you too.

To see if you qualify, check the chart and requirements listed below. The income qualifications are based on income for the total number of people living in your household. If you think you qualify, just fill out the enclosed application and mail it back to us in the postage-paid envelope provided.

If you do not qualify for the CARE program, but know someone who might, please share this with them.

20% DISCOUNT INCOME QUALIFICATIONS	
Number of persons living in your home	Maximum total annual income to qualify
1 or 2	\$27,700
3	\$32,500
4	\$39,200
5	\$45,900
6	\$52,600
For each additional person, add \$6,700	

These income levels are effective November 1, 2005 to May 31, 2006.

CONDITIONS FOR PARTICIPATION

1. The gas bill is in your name.
2. You may not be claimed on another person's income tax return other than your spouse.
3. Your total yearly household income (which is all the money and non-cash benefits received by every person living in your home) does not exceed the income levels shown.
4. You may be asked to verify your income.
5. You will be reminded to renew your application every two years.

We are committed to providing safe and reliable energy to all our customers and we strive to provide exceptional service. If you have any questions or would like more information about our assistance programs, please call us at **1-800-427-2200**.

Sincerely,

Athena Wang
CARE Program Manager



A  Semptra Energy utility™

CARE

20% de descuento

Estimado Cliente:

Por medio de nuestro programa "Tarifas Alternas para Energía de California" (CARE), The Gas Company® ofrece un 20% de descuento en la tarifa de gas a los clientes que reúnen ciertos niveles de ingreso en el hogar. Este programa está ayudando a muchos de nuestros clientes a ahorrar dinero mensualmente, así que tal vez le podría ayudar a usted también.

Para saber si califica, revise los requisitos en la tabla que se presenta a continuación. Los requisitos de ingreso se basan en el ingreso total del número de personas que viven en su hogar. Si cree usted que califica, entonces sólo llene la solicitud anexa y envíenla por correo en el sobre con timbre pagado por adelantado.

Si no reúne los requisitos del programa CARE, pero conoce alguien que tal vez califique, favor de compartir esta información con ellos.

REQUISITOS DE INGRESO PARA EL 20% DE DESCUENTO

Número de personas que viven en su hogar	Ingreso máximo total anual en el hogar
1 ó 2	\$27,700
3	\$32,500
4	\$39,200
5	\$45,900
6	\$52,600
Por cada persona adicional, añada \$6,700	

Estos niveles de ingreso estarán vigentes del 1 de noviembre de 2005 al 31 de mayo 2006.

CONDICIONES PARA PARTICIPAR

1. La factura de gas está a su nombre.
2. No puede aparecer como dependiente en la declaración de impuestos de otra persona que no sea su cónyuge.
3. El ingreso total anual de su hogar (que incluye todo el dinero y prestaciones no monetarias recibidas por cada una de las personas que viven en su hogar) no excede los niveles de ingreso señalados.
4. Se le puede pedir que verifique su ingreso.
5. Se le recordará que renueve su solicitud cada dos años.

Estamos comprometidos a proveer energía segura y confiable a nuestros clientes y nos esforzamos por proveer un excepcional servicio al cliente. Si tiene preguntas o quisiera más información acerca de nuestros programas de ayuda, por favor llámenos al **1-800-342-4545**.

Atentamente,

Athena Wang
Gerente del programa CARE



A Semptra Energy utility™

CARE Application for a 20% Rate Discount

To qualify for the 20% rate discount, please complete the application form and return it to The Gas Company®. You will receive your discount once your completed, signed application is approved by The Gas Company.

NAME: _____

ADDRESS: _____

CITY/ZIP: _____

PHONE: _____

ACCOUNT #: _____

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 Write the total yearly household income for all persons in your household. This is income before deductions from all sources:

3 Check all sources of income for your household:

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

4 Can anyone else claim you on his/her Income Tax Return (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: _____

Please don't forget to include your signature.

Mail this application in the postage-paid envelope provided to:

THE GAS COMPANY CARE PROGRAM

PO Box 515005

Los Angeles CA 90099-9316

Southern California Gas Company – Source Code 94



The
Gas
Company

A  Sempra Energy utility™

Solicitud CARE para un **20% de descuento** en la tarifa de gas

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

NOMBRE: _____

DOMICILIO: _____

CIUDAD/CÓDIGO POSTAL: _____

NÚMERO TELEFÓNICO: _____

NÚMERO DE CUENTA: _____

1 Señale el 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+), Número: _____

Adultos: _____ Niños: _____

2 Favor de escribir el ingreso anual de su hogar de todas las personas que viven en su hogar, y de todas fuentes de ingreso. El ingreso tiene que ser antes de cualesquier deducciones:

3 Señale todas las fuentes de ingreso de su hogar:

- | | | |
|---|---|---|
| <input type="radio"/> Sueldos o salarios | <input type="radio"/> Pagos de incapacidad laboral | <input type="radio"/> TANF (AFDC) |
| Interés o dividendos de: | <input type="radio"/> Seguro de indemnización de los trabajadores | <input type="radio"/> Estampillas para comida |
| <input type="radio"/> Cuentas de ahorro, | <input type="radio"/> Seguro Social, SSI, SSP | <input type="radio"/> Pensión alimenticia |
| <input type="radio"/> Acciones o bonos, o | <input type="radio"/> Pensiones | <input type="radio"/> Dinero en efectivo y/o otros ingresos |
| <input type="radio"/> Cuentas de retiro | <input type="radio"/> Indemnizaciones de seguro | <input type="radio"/> Prestaciones de desempleo |
| <input type="radio"/> Indemnizaciones legales | <input type="radio"/> Manutención conyugal | <input type="radio"/> Ingreso de alquiler o regalías |
| <input type="radio"/> Becas, subvenciones, u otra ayuda usada para sufragar el costo de la vida | | |
| <input type="radio"/> Utilidades de Autoempleo (Forma IRS 1040, Tabla C, línea 29) | | |

4 ¿Podría declarar a alguien (que no sea su cónyuge) como dependiente en su declaración de impuestos?

- Sí No

Declaración y afirmación de autocertificación:

Declaro que la información que he proveído en ésta solicitud es verdadera y correcta. Convengo en proporcionar constancias de ingreso si se me solicita. Convengo en informar a The Gas Company si dejo de tener derecho a recibir el descuento. Tengo entendido que si recibo cualquier descuento sin tener derecho al mismo, se me podrá exigir el reintegro del descuento recibido. Entiendo que The Gas Company puede compartir mi información con otras empresas de servicio público o sus representantes para inscribirme en sus programas de ayuda.

FIRMA: _____

FECHA: _____

Por favor no olvide su firma.

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

THE GAS COMPANY CARE PROGRAM

PO Box 515005

Los Angeles CA 90099-9316

Southern California Gas Company - Source Code 92

APPLICATION FOR CALIFORNIA ALTERNATE RATES
FOR ENERGY PROGRAM - BILL INSERT
(Form No. 6491-BI)

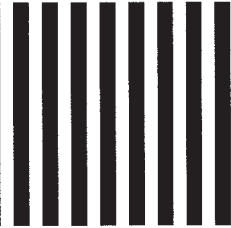
N
N
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(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 3615
DECISION NO. 05-10-044

ISSUED BY
Lee Schavrien
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
DATE FILED Mar 29, 2006
EFFECTIVE Apr 28, 2006
RESOLUTION NO. _____

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



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

POSTAGE WILL BE PAID BY ADDRESSEE

**ATTN CARE PROGRAM ML GT12F1
THE GAS COMPANY
PO BOX 515005
LOS ANGELES CA 90099-9316**



A  Sempra Energy utility™

NOW EVEN MORE MAY QUALIFY TO SAVE 20%

California Alternate Rates for Energy

(CARE) – 20% RATE DISCOUNT
APPLICATION INSIDE

Tarifas Alternas para Energía de California

(CARE) – DESCUENTO DEL 20% EN SU
CUENTA DE GAS 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**. Telecommunication Devices for the Speech and Hearing Impaired (TDD): 1-800-252-0259.

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. Recíbala 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 free energy-saving home improvements. 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 mejoras al hogar gratis para el ahorro de energía. 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	\$27,700
3	\$32,500
4	\$39,200
5	\$45,900
6	\$52,600
Add \$6,700 for each additional person.	
Ingreso Máximo en el Hogar	
Número de Personas en el Hogar	Ingreso Total Anual Combinado
1 ó 2	\$27,700
3	\$32,500
4	\$39,200
5	\$45,900
6	\$52,600
Añada \$6,700 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 Write the total yearly household income for all persons in your household. This is income before deductions from all sources:

Favor de escribir el ingreso anual de su hogar de todas las personas que viven en su hogar, y de todas fuentes de ingreso. El ingreso tiene que ser antes de cualesquier deducciones:

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 | <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 Jubilación | <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 del número 1 al 4?**

Declaration and Self-Certification Statement: I state that 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. However, if The Gas Company determines I do not qualify for the discount, The Gas Company will not rebill for the amount of the discount I received during the period of November 1, 2005 through April 30, 2006. 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. Sin embargo, si The Gas Company determina que no reúno los requisitos para el descuento, The Gas Company no refacturará por el monto del descuento que recibí durante el período comprendido entre noviembre 1, 2005 y abril 30, 2006. 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*

APPLICATION FOR CALIFORNIA ALTERNATE RATES
FOR ENERGY PROGRAM - WINTER ONLY DIRECT
MAIL (Form No. 6491-DM2)

N
N
N

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 3615
DECISION NO. 05-10-044

ISSUED BY
Lee Schavrien
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
DATE FILED Mar 29, 2006
EFFECTIVE Apr 28, 2006
RESOLUTION NO. _____



A  Semptra Energy utility™

Important News! Now more customers qualify for **20% rate discount.**

Dear Customer,

As you may have heard, natural gas prices have been rising nationwide. This winter, your natural gas bill may be about 45% to 55% higher than last winter. To help keep your gas bill lower, we encourage qualifying customers to enroll in our California Alternate Rates for Energy (CARE) program, which offers a 20% rate discount on your gas bill. And now, even more customers are eligible to receive the discount effective November 1, 2005 when the California Public Utilities Commission approved our request to increase the income guidelines to help more customers through this winter season.

To see if you qualify, check the chart and requirements listed below. The income qualifications are based on income for the total number of people living in your household. If you think you qualify, just fill out the enclosed application and mail it back to us in the postage-paid envelope provided.

If you do not qualify for the CARE program, but know someone who might, please share this with them.

20% DISCOUNT INCOME QUALIFICATIONS	
Number of persons living in your home	Maximum total annual income to qualify
1 or 2	\$27,700
3	\$32,500
4	\$39,200
5	\$45,900
6	\$52,600
For each additional person, add \$6,700	

These income levels are effective November 1, 2005 to May 31, 2006.

CONDITIONS FOR PARTICIPATION

1. The gas bill is in your name.
2. You may not be claimed on another person's income tax return other than your spouse.
3. Your total yearly household income (which is all the money and non-cash benefits received by every person living in your home) does not exceed the income levels shown.
4. You may be asked to verify your income.
5. You will be reminded to renew your application every two years.

We are committed to providing safe and reliable energy to all our customers and we strive to provide exceptional service. If you have any questions or would like more information about our assistance programs, please call us at **1-800-427-2200**.

Sincerely,

Athena Wang
CARE Program Manager



A Sempra Energy utility™

¡Noticias Importantes! Ahora más clientes califican para **20% de descuento** en la tarifa.

Estimado Cliente:

Los precios del gas natural han aumentado a nivel nacional. Este invierno su factura del gas natural podría ser aproximadamente 45% – 55% más alta del invierno pasado. Para ayudar a reducir su factura de gas, recomendamos a nuestros clientes quienes califiquen para ciertos niveles de ingreso que se inscriban en nuestro programa de Tarifas Alternas de Energía para California (CARE). El programa ofrece un descuento de 20% en la tarifa de gas. Y ahora, aún más clientes son elegibles a recibir el descuento efectivo el 1^{er} de noviembre de 2005 porque la Comisión de Servicios Públicos de California aprobó nuestra petición para aumentar los niveles de ingresos para ayudar a más clientes este invierno.

Para saber si califica, revise los requisitos en la tabla que se presenta a continuación. Los requisitos de ingreso se basan en el ingreso total del número de personas que viven en su hogar. Si cree usted que califica, entonces sólo llene la solicitud anexa y envíenosla por correo en el sobre con timbre pagado por adelantado.

Si no reúne los requisitos del programa CARE, pero conoce alguien que tal vez califique, favor de compartir esta información con ellos.

REQUISITOS DE INGRESO PARA EL 20% DE DESCUENTO	
Número de personas que viven en su hogar	Ingreso máximo total anual en el hogar
1 ó 2	\$27,700
3	\$32,500
4	\$39,200
5	\$45,900
6	\$52,600
Por cada persona adicional, añada \$6,700	

Estos niveles de ingreso estarán vigentes del 1 de noviembre de 2005 al 31 de mayo 2006.

CONDICIONES PARA PARTICIPAR

1. La factura de gas está a su nombre.
2. No puede aparecer como dependiente en la declaración de impuestos de otra persona que no sea su cónyuge.
3. El ingreso total anual de su hogar (que incluye todo el dinero y prestaciones no monetarias recibidas por cada una de las personas que viven en su hogar) no excede los niveles de ingreso señalados.
4. Se le puede pedir que verifique su ingreso.
5. Se le recordará que renueve su solicitud cada dos años.

Estamos comprometidos a proveer energía segura y confiable a nuestros clientes y nos esforzamos por proveer un excepcional servicio al cliente. Si tiene preguntas o quisiera más información acerca de nuestros programas de ayuda, por favor llámenos al **1-800-342-4545**.

Atentamente,

Athena Wang
Gerente del programa CARE



A Semptra Energy utility™

CARE Application for a 20% Rate Discount

To qualify for the 20% rate discount, please complete the application form and return it to The Gas Company®. You will receive your discount once your completed, signed application is approved by The Gas Company.

NAME: _____

ADDRESS: _____

CITY/ZIP: _____

PHONE: _____

ACCOUNT #: _____

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 Write the total yearly household income for all persons in your household. This is income before deductions from all sources:

3 Check all sources of income for your household:

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

4 Can anyone else claim you on his/her Income Tax Return (other than your spouse)?

- Yes
 No

Declaration and Self-Certification Statement:

I state that 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. However, if The Gas Company determines I do not qualify for the discount, The Gas Company will not rebill for the amount of the discount I received during the period of November 1, 2005 through April 30, 2006. 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: _____

Please don't forget to include your signature.
Mail this application in the postage-paid envelope provided to:

THE GAS COMPANY CARE PROGRAM
PO Box 515005
Los Angeles CA 90099-9316
Southern California Gas Company - Source Code 94



A Sempra Energy utility™

Solicitud CARE para un **20% de descuento** en la tarifa de gas

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

NOMBRE: _____

DOMICILIO: _____

CIUDAD/CÓDIGO POSTAL: _____

NÚMERO TELEFÓNICO: _____

NÚMERO DE CUENTA: _____

1 Señale el 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+), Número: _____

Adultos: _____ Niños: _____

2 Favor de escribir el ingreso anual de su hogar de todas las personas que viven en su hogar, y de todas fuentes de ingreso. El ingreso tiene que ser antes de cualesquieres deducciones:

3 Señale todas las fuentes de ingreso de su hogar:

- | | | |
|---|---|---|
| <input type="radio"/> Sueldos o salarios | <input type="radio"/> Pagos de incapacidad laboral | <input type="radio"/> TANF (AFDC) |
| Interés o dividendos de: | <input type="radio"/> Seguro de indemnización de los trabajadores | <input type="radio"/> Estampillas para comida |
| <input type="radio"/> Cuentas de ahorro, | <input type="radio"/> Seguro Social, SSI, SSP | <input type="radio"/> Pensión alimenticia |
| <input type="radio"/> Acciones o bonos, o | <input type="radio"/> Pensiones | <input type="radio"/> Dinero en efectivo y/o otros ingresos |
| <input type="radio"/> Cuentas de retiro | <input type="radio"/> Indemnizaciones de seguro | <input type="radio"/> Prestaciones de desempleo |
| <input type="radio"/> Indemnizaciones legales | <input type="radio"/> Manutención conyugal | <input type="radio"/> Ingreso de alquiler o regalías |
| <input type="radio"/> Becas, subvenciones, u otra ayuda usada para sufragar el costo de la vida | | |
| <input type="radio"/> Utilidades de Autoempleo (Forma IRS 1040, Tabla C, línea 29) | | |

4 ¿Podría declarar a alguien (que no sea su cónyuge) como dependiente en su declaración de impuestos?

- 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. Sin embargo, si The Gas Company determina que no reúno los requisitos para el descuento, The Gas Company no refacturará por el monto del descuento que recibí durante el período comprendido entre noviembre 1, 2005 y abril 30, 2006. 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: _____

FECHA: _____

Por favor no olvide su firma.

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

THE GAS COMPANY CARE PROGRAM

PO Box 515005

Los Angeles CA 90099-9316

Southern California Gas Company - Source Code 92

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N
N

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(Continued)

(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 3615
 DECISION NO. 05-10-044

ISSUED BY
Lee Schavrien
 Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
 DATE FILED Mar 29, 2006
 EFFECTIVE Apr 28, 2006
 RESOLUTION NO. _____

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The following listed sheets contain all effective Schedules of Rates and Rules affecting service and information relating thereto in effect on the date indicated thereon.

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(Continued)

(TO BE INSERTED BY UTILITY)
 ADVISE LETTER NO. 3615
 DECISION NO. 05-10-044

ISSUED BY
Lee Schavrien
 Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
 DATE FILED Mar 29, 2006
 EFFECTIVE Apr 28, 2006
 RESOLUTION NO. _____

ATTACHMENT C

Advice No. 3615

***PennySaver* Advertisement**

Lower your monthly natural gas bill by **20%** with a CARE discount.



Applying for the CARE (California Alternate Rates for Energy) program is as easy as 1-2-3.

1. Review the attached guidelines to see if you qualify.
2. Fill out the attached CARE application.
3. Mail the application today.

If you qualify, you will receive the 20% CARE rate discount within 30 days of approval. Know someone else who might qualify? Be a good neighbor and tell a friend! The CARE program is part of our commitment to providing safe and reliable service for nearly 140 years.



A  Sempra Energy utility™

Glad to be of service.™

Solicitar el Programa de Tarifas Alternas de Energía para California (CARE) de The Gas Company es facilísimo.

1. Revise los lineamientos anexos para ver si reúne los requisitos.
2. Llene el formulario de solicitud de CARE anexo.
3. Envíe por correo el formulario de solicitud hoy mismo.

Si reúne los requisitos recibirá el 20% de descuento en la tarifa de CARE en un lapso de 30 días después de la aprobación.

¿Conoce a otra persona que quizá reúna los requisitos? Sea un buen vecino y avísele a un amigo. El programa CARE ha sido parte de nuestro compromiso de proveer servicio seguro y confiable por casi 140 años.

Find out if you qualify.

CARE Conditions for Participation

1. The gas bill is in your name.
2. You may not be claimed on another person's income tax return other than your spouse.
3. 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.
4. You may be asked to verify your income. If you do not reply or are found not eligible, you may receive corrected billings.
5. You will be reminded to renew your application every two years.

Maximum Household Income

Number of persons living in your home	Maximum yearly income to qualify
1 or 2	\$27,700
3	\$32,500
4	\$39,200
5	\$45,900
6	\$52,600

For each additional person, add \$6,700

Household Income Guidelines

- Total gross household income includes the combined total of all money and cash benefits by every person living in your home including: wages, government checks, unemployment benefits, and other financial support.
- Qualifying income levels are subject to change.

Complete and mail the Application to:

The Gas Company CARE Program
PO Box 515005, Los Angeles, CA 90099-9316

Fill out your application today.

Name/Nombre

Address /Dirección

City/Ciudad

Zip Code/Código postal

Telephone/Teléfono

Account Number/Número de cuenta

Total Yearly Household Income/Ingreso anual de su hogar

Total Number of Persons in Household/ Número total de personas que viven en su hogar

Number of Adults in Household/Número de adultos

Number of Children/Número de niños

Vea si tiene derecho.

Condiciones para participar en CARE

1. La factura de gas está a su nombre.
2. No puede aparecer como dependiente en la declaración de impuestos de otra persona que no sea su cónyuge.
3. El ingreso total anual de su hogar (el ingreso o ayuda que reciben todas las personas que viven en su hogar) – antes de deducciones – no es mayor que el nivel de ingresos que se muestra a continuación.
4. Se le puede pedir que compruebe su ingreso. Si no responde o se resuelve que no tiene derecho, tal vez reciba facturas con las correcciones correspondientes.
5. Se le recordará que renueve su solicitud cada dos años.

Ingreso Máximo en el Hogar

Número de personas que viven en su hogar	Ingreso máximo anual para tener derecho
1 ó 2	\$27,700
3	\$32,500
4	\$39,200
5	\$45,900
6	\$52,600

Por cada persona adicional, agregue \$6,700

Lineamientos de ingreso en el hogar

- El ingreso total bruto en el hogar incluye el total combinado de todas las prestaciones monetarias y en efectivo de todas las personas que vivan en su hogar incluyendo: salarios, cheques gubernamentales, prestaciones de desempleo, y otro tipo de apoyo financiero.
- Los niveles de ingreso para tener derecho están sujetos a cambio.

Llene y envíe por correo la solicitud a:

The Gas Company CARE Program
PO Box 515005, Los Angeles, CA 90099-9316

Llene su solicitud hoy mismo.

Sign your application below

I state that 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. However, if The Gas Company determines I do not qualify for the discount, The Gas Company will not rebill for the amount of the discount received during the period of November 1, 2005 and April 30, 2006. I understand that The Gas Company can share my information with other utilities or their agents to enroll me in their assistance programs.

Can anyone else claim you as a dependent on his/her income tax (other than a spouse)? Yes No

Firme la solicitud al calce

Declaro que la información provista en esta solicitud es verdadera y correcta. Estoy de acuerdo en proveer comprobantes de ingreso si me los piden. Convengo en notificar a The Gas Company si dejo de reunir los requisitos para recibir el descuento. Sé que si recibo un descuento sin tener derecho al mismo, tal vez se me exija devolver el descuento recibido. Sin embargo, si The Gas Company determina que no reúno los requisitos para el descuento, The Gas Company no me reafacturará por el monto del descuento recibido durante el periodo comprendido entre el 1 de noviembre de 2005 y el 30 de abril de 2006. Entiendo que The Gas Company puede compartir mi información con otras compañías de servicios públicos o sus representantes, para inscribirme en sus programas de asistencia.

¿Puede alguna otra persona (aparte de un cónyuge) declararlo(a) como dependiente en su declaración de impuestos? Si No

Signature/Firma

Date/Fecha