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May 15, 2006

Advice No. 3631  
(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. The Energy Division has determined that the new income levels are increased by 3.2% and rounded to the nearest \$100. This filing revises the application instructions and forms to reflect the revised income guidelines. It contains nine application forms: qualified agricultural employee housing, general purpose, direct mail, individually metered self-certification, individually metered self-recertification, post-enrollment verification, submetered self-certification, submetered self-recertification, self-mailer, and bill insert.

**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 1<sup>st</sup> of each year, with tariff revisions to be filed and become effective June 1<sup>st</sup> of each year.

Pursuant to a notice dated May 4, 2006, from the Director of the Energy Division, SoCalGas was provided with the new CARE income-eligibility levels to be effective from June 1, 2006, through May 31, 2007. This notice further directs the energy utilities to file revised tariffs with the Energy Division reflecting the new income levels by May 13, 2006.

Since May 13, 2006 falls on a Saturday, SoCalGas is filing its Advice Letter on Monday, May 15, 2006.

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

Attn: Sid Newsom  
Regulatory Tariff Manager - GT14D6  
555 West Fifth Street  
Los Angeles, CA 90013-1011  
Facsimile No. (213) 244-4957  
E-Mail: [snewsom@semprautilities.com](mailto:snewsom@semprautilities.com)

### **Effective Date**

SoCalGas believes that this filing is subject to Energy Division disposition. In compliance with Ordering Paragraph 3 of Res. E-3524, dated February 19, 1998, and the May 4, 2006 notice from the Energy Division, the tariff sheets filed herein are to be effective for service on and after June 1, 2006.

### **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.

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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) #: 3631

Subject of AL: CARE Revision to Low Income Rate Schedules to Increase Income-Eligibility Standards  
And CARE Application Forms

Keywords (choose from CPUC listing): CARE

AL filing type:  Monthly  Quarterly  Annual  One-Time  Other \_\_\_\_\_

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

Resolution E-3524

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 AL<sup>1</sup>: \_\_\_\_\_

Resolution Required?  Yes  No

Requested effective date: 6/1/06

No. of tariff sheets: 23

Estimated system annual revenue effect: (%): N/A

Estimated system average rate effect (%): N/A

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: GSL, GT-SL, G-CARE, GN-10L, GT-10L, G-AC, GT-AC, S. Forms, TOCs

Service affected and changes proposed<sup>1</sup>: \_\_\_\_\_

Pending advice letters that revise the same tariff sheets: 3615

**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](mailto:jjr@cpuc.ca.gov) and [jnj@cpuc.ca.gov](mailto:jnj@cpuc.ca.gov)**

**Southern California Gas Company**

**Attention: Sid Newsom**

**555 West Fifth Street, ML GT14D6**

**Los Angeles, CA 90013-4957**

**[snewsom@semprautilities.com](mailto:snewsom@semprautilities.com)**

<sup>1</sup> Discuss in AL if more space is needed.

**ATTACHMENT A**

**Advice No. 3631**

**(See Attached Service Lists)**

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ATTACHMENT B  
Advice No. 3631

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
Revised 40548-G	Schedule No. GSL, SUBMETERED MULTI-FAMILY SERVICE, INCOME-QUALIFIED, Sheet 5	Revised 39794-G
Revised 40549-G	Schedule No. GT-SL, CORE AGGREGATION TRANSPORTATION, SUBMETERED MULTI-FAMILY SERVICE, INCOME-QUALIFIED, Sheet 4	Revised 39797-G
Revised 40550-G	Schedule No. G-CARE, CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM, Sheet 2	Revised 39799-G
Revised 40551-G	Schedule No. G-CARE, CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM, Sheet 3	Revised 39799.1-G
Revised 40552-G	Schedule No. GN-10L, CORE COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED, Sheet 5	Revised 39801-G
Revised 40553-G	Schedule No. GN-10L, CORE COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED, Sheet 8	Revised 39802-G
Revised 40554-G	Schedule No. GT-10L, CORE AGGREGATION TRANSPORTATION, COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED, Sheet 6	Revised 39804-G
Revised 40555-G	Schedule No. GT-10L, CORE AGGREGATION TRANSPORTATION, COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED, Sheet 8	Revised 39805-G
Revised 40556-G	Schedule No. G-AC, CORE AIR CONDITIONING SERVICE, FOR COMMERCIAL AND INDUSTRIAL, Sheet 7	Revised 39807-G*
Revised 40557-G	Schedule No. GT-AC, CORE TRANSPORTATION-ONLY AIR CONDITIONING, SERVICE FOR COMMERCIAL AND INDUSTRIAL, Sheet 5	Revised 39808-G
Revised 40558-G	APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY PROGRAM FOR QUALIFIED AGRICULTURAL, EMPLOYEE HOUSING (Form 6632 - 06/06)	Revised 39816-G
Original 40559-G	APPLICATION FOR CALIFORNIA	Original

ATTACHMENT B  
Advice No. 3631

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
	ALTERNATE RATES, FOR ENERGY PROGRAM - GENERAL PURPOSE, DIRECT MAIL (Form No. 6491-DM1, 05/06)	
Revised 40560-G	SAMPLE FORMS: APPLICATIONS, Self-Certification CARE Application, Individually Metered Residential Form No. 6491-D (06/06), Sheet 1	Revised 39817-G*
Revised 40561-G	SAMPLE FORMS: APPLICATIONS, Self-Recertification CARE Application, Individually Metered Residential Form No. 6674-A (06/06), Sheet 1	Revised 39234-G*
Revised 40562-G	SAMPLE FORMS: APPLICATIONS, Self-Mailer CARE Application, Form No. 6491-2A (06/06), Sheet 1	Revised 39818-G*
Revised 40563-G	SAMPLE FORMS: APPLICATIONS, Post-Enrollment Verification CARE Application, Individually Metered Residential Form No. 6675-A (06/06), Sheet 1	Revised 39235-G*
Revised 40564-G	SAMPLE FORMS: APPLICATIONS, Self-Certification CARE Application, Submetered Residential Form No. 6677 (06/06), Sheet 1	Revised 39821-G*
Revised 40565-G	SAMPLE FORMS: APPLICATIONS, Self-Recertification CARE Application, Submetered Residential Form No. 6678 (06/06), Sheet 1	Revised 39237-G*
Revised 40566-G	APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY PROGRAM - BILL INSERT, Form No. 6491-BI (06/06)	Original 40357-G
Revised 40567-G	TABLE OF CONTENTS	Revised 40545-G
Revised 40568-G	TABLE OF CONTENTS	Revised 40462-G
Revised 40569-G	TABLE OF CONTENTS	Revised 39826-G
Revised 40570-G	TABLE OF CONTENTS	Revised 40464-G

Schedule No. G-CARE  
CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

Sheet 2

(Continued)

SPECIAL CONDITIONS (Continued)

ALL CUSTOMERS (Continued)

4. Income Eligibility: An income-qualified customer, submetered tenant, or facility resident has total annual gross household income from all sources that is no more than shown in the table below for the number of persons in the household. The combined income of all persons from all sources, both taxable and non-taxable, shall be no more than:

<u>Number of Persons In Household</u>	<u>Total Annual Household Income</u>
1 or 2	\$28,600
3	\$33,600
4	\$40,500
5	\$47,400
6	\$54,300

For households with more than six persons, add \$6,900 annually for each additional person living in the household. The above income levels are subject to change annually by the Commission.

The applicant for the CARE discount must be the Utility's customer of record or a submetered tenant of a Utility customer.

No customer, submetered tenant, or facility resident claimed on another person's income tax return shall be eligible for this rate.

5. Verification: Information provided by the customer to the Utility is subject to verification as authorized by the Commission. Refusal or failure to provide documentation of eligibility acceptable to the Utility, upon request, shall result in the denial or termination of the CARE discount.
6. Backbilling: Customers may be backbilled under the applicable rate schedule for periods of ineligibility and/or if the direct benefits to a facility's residents claimed by the customer cannot be supported.
7. Customer Responsibility: It is the customer's responsibility to notify the Utility within 30 days if there is a change in eligibility status, except as specified for multi-family customers in Special Conditions 11 and 12 below.
8. Discount Calculation: The CARE discount shall be reflected through the use of separately stated discounted rates for each identified applicable service schedule, or alternatively, as an overall discount to the otherwise calculated customer, commodity and transportation charges.

(Continued)

(TO BE INSERTED BY UTILITY)  
 ADVICE LETTER NO. 3631  
 DECISION NO.

ISSUED BY  
**Lee Schavrien**  
 Vice President  
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)  
 DATE FILED May 15, 2006  
 EFFECTIVE Jun 1, 2006  
 RESOLUTION NO. E-3524

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Schedule No. G-CARE

Sheet 3

CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

(Continued)

SPECIAL CONDITIONS (Continued)

In addition to the Special Conditions above pertaining to all applicable customers, Special Conditions specific to each type of applicable customer are set forth below.

SINGLE FAMILY CUSTOMERS

9. Location Eligibility: Customers are only eligible to receive this rate at one residential location at any one time.

MULTI-FAMILY, SUBMETERED CUSTOMERS

10. Tenant Qualification: Submetered tenants, rather than the Utility's customer of record, qualify for CARE by completing an application and forwarding it to the Utility, and it is the tenant's responsibility to notify the Utility of a change in eligibility status.
11. Customer Responsibility: The Utility customer shall notify the Utility within 30 days following a reduction in the number of submetered units qualifying for the CARE rate as a result of unit(s) being vacated.
12. Location Eligibility: Eligible tenants can only receive this rate at one residential location at any one time.

NON-PROFIT GROUP LIVING FACILITY CUSTOMERS

13. Eligibility Criteria: In order for the customer to be eligible for the CARE discount, and to be considered a qualified non-profit group living facility, each of the following provisions must be met:
- a. The facility must certify that it is one of the following: a homeless shelter, women's shelter, transitional housing, a short- or long-term care facility, or a group home for physically or mentally disabled persons.
  - b. The facility must provide a copy of its IRS Nonprofit Tax ID Form No. 501(c)(3) and state business license, conditional use permit or other proof satisfactory to the Utility. Separately metered satellite facilities in the name of the licensed facility, where 70% of the energy supplied is for residential purposes, are also eligible.
  - c. With the exception of homeless shelters, all facilities must certify that 100% of the residents of the facility individually meet the CARE eligibility standard for a single-person household. A caregiver who lives in the facility is not a resident for purposes of determining eligibility. A single-person household is eligible for the CARE discount if total annual gross income does not exceed \$28,600.

(Continued)

(TO BE INSERTED BY UTILITY)  
ADVICE LETTER NO. 3631  
DECISION NO.

ISSUED BY  
**Lee Schavrien**  
Vice President  
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)  
DATE FILED May 15, 2006  
EFFECTIVE Jun 1, 2006  
RESOLUTION NO. E-3524

Schedule No. G-AC

Sheet 7

CORE AIR CONDITIONING SERVICE  
FOR COMMERCIAL AND INDUSTRIAL

(Continued)

SPECIAL CONDITIONS (Continued)

CARE (Continued)

15. (Continued)

Income Eligibility Requirements for Residents: The total annual household income from all sources (taxable and non-taxable) shall not be more than \$28,600 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.

Homeless shelters must provide verification that at least six (6) beds each day or night are provided a minimum of 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 proof satisfactory to the Utility. Non-profit group living facilities are not required to be licensed or certified.

Self-Recertification Requirements: Facilities will be required to recertify on an annual basis. At the time of each annual certification, the Utility shall require the facility, including homeless shelters, to certify how it intends to pass on the rate discount.

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 under the laws of the State of California 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 the Utility.

2005/2006 Winter Gas Initiative. Pursuant to Ordering Paragraphs 4 and 5 of D.05-10-044, for the period November 1, 2005 through April 30, 2006, the Utility: 1) may enroll CARE customers by telephone, 2) shall not rebill any customer so enrolled who is later found ineligible for the CARE program, and 3) shall suspend CARE recertification and post enrollment verification.

(Continued)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 3631

DECISION NO.

7H11

ISSUED BY

**Lee Schavrien**

Vice President

Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 15, 2006

EFFECTIVE Jun 1, 2006

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 \$28,600 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. 3631

DECISION NO.

5H17

ISSUED BY

**Lee Schavrien**

Vice President

Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 15, 2006

EFFECTIVE Jun 1, 2006

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	\$28,600
3	\$33,600
4	\$40,500
5	\$47,400
6	\$54,300

For households with more than six persons, add \$6,900 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. 3631  
 DECISION NO.

ISSUED BY  
**Lee Schavrien**  
 Vice President  
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)  
 DATE FILED May 15, 2006  
 EFFECTIVE Jun 1, 2006  
 RESOLUTION NO. E-3524

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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 \$28,600 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.

For Agricultural Employee Housing Facility Customers, please see Schedule No. G-CARE.

(Continued)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 3631

DECISION NO.

6H47

ISSUED BY

**Lee Schavrien**

Vice President

Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 15, 2006

EFFECTIVE Jun 1, 2006

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	\$28,600
3	\$33,600
4	\$40,500
5	\$47,400
6	\$54,300

For households with more than six persons, add \$6,900 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. 3631  
 DECISION NO.

ISSUED BY  
**Lee Schavrien**  
 Vice President  
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)  
 DATE FILED May 15, 2006  
 EFFECTIVE Jun 1, 2006  
 RESOLUTION NO. E-3524

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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	\$28,600
3	\$33,600
4	\$40,500
5	\$47,400
6	\$54,300

For households with more than six persons, add \$6,900 annually for each additional person living in the household.

(Continued)

(TO BE INSERTED BY UTILITY)  
 ADVICE LETTER NO. 3631  
 DECISION NO.

ISSUED BY  
**Lee Schavrien**  
 Vice President  
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)  
 DATE FILED May 15, 2006  
 EFFECTIVE \_\_\_\_\_  
 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	\$28,600
3	\$33,600
4	\$40,500
5	\$47,400
6	\$54,300

For households with more than six persons, add \$6,900 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 (Form No. 6677) or self-recertification (Form No. 6678) application by SoCalGas, tenants shall be billed on this rate commencing with their next regularly scheduled bill.

(Continued)

(TO BE INSERTED BY UTILITY)  
 ADVICE LETTER NO. 3631  
 DECISION NO.

ISSUED BY  
**Lee Schavrien**  
 Vice President  
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)  
 DATE FILED May 15, 2006  
 EFFECTIVE \_\_\_\_\_  
 RESOLUTION NO. E-3524

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Schedule No. GT-AC

Sheet 5

CORE TRANSPORTATION-ONLY AIR CONDITIONING  
SERVICE FOR COMMERCIAL AND INDUSTRIAL

(Continued)

SPECIAL CONDITIONS (Continued)

CARE

18. Eligibility Requirements: The CARE discount shall apply to non-profit group living facilities and non-licensed, separately metered affiliated facilities, such as homeless shelters, women's shelter, transitional housing (e.g., for drug rehabilitation, halfway house, etc.), short- or long-term care facility (hospice, nursing home, senior's or children's home), a group home for physically or mentally disabled persons, or non-profit residential facility whose construction was government-subsidized and meets all other applicable criteria. Student housing/dorms, military barracks, fraternities/sororities, government-owned, and privately owned "for profit" government-subsidized housing are excluded. The exclusion of government-owned and government-subsidized housing does not apply to homeless shelters.

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 \$28,600 for each resident of the facility, and the resident shall not be claimed on another person's income tax return.

(Continued)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 3631

DECISION NO.

5H15

ISSUED BY

**Lee Schavrien**

Vice President

Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 15, 2006

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RESOLUTION NO. E-3524

APPLICATION FOR CALIFORNIA ALTERNATE RATES  
FOR ENERGY (CARE) PROGRAM FOR QUALIFIED  
AGRICULTURAL EMPLOYEE HOUSING (Form 6632 - 06/06)

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(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 3631  
DECISION NO.

1H12

ISSUED BY

**Lee Schavrien**  
Vice President  
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 15, 2006  
EFFECTIVE Jun 1, 2006  
RESOLUTION NO. E-3524



# Application for California Alternate Rates for Energy (CARE) Program For Qualified Agricultural Employee Housing Facilities



## INSTRUCTIONS

1. PLEASE READ ALL information and instructions before you complete, sign, and date this application. If you have questions, call 1-800-207-8567, Monday through Friday, 7:00 am-4:00 pm.
2. DETERMINE if the facility meets the definition of a qualified agricultural employee housing facility. The facility MUST meet ALL criteria to qualify for the 20% discount from the CARE Program.
3. COMPLETE the entire application (please print or type). Complete a separate application for each qualified facility (including satellite facilities).
4. ATTACH all required documents. (Application is considered incomplete without documents).
5. MAIL to:           The Gas Company®  
                          CARE Program - ML 12F1  
                          PO Box 3249  
                          Los Angeles, CA 90051-1249

## DISCOUNT

The CARE program provides a 20% discount off the utility bill for facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates, upon formal approval by the California Public Utilities Commission, are available to qualified facilities. The facility will receive the discount after the utility receives and approves the completed and signed application.

## ELIGIBILITY CRITERIA FOR APPLICANT

Each applicant MUST meet all of the following criteria:

- Applicant must be the utility customer of record.
- Applicant must verify that 100% of the residents and/or households meet the current CARE income guidelines, excluding any employee operating or managing the facility who resides at the facility.

Income Qualifications	
Number of Persons In Household	Maximum Total Combined Annual Income
1 or 2	\$28,600
3	\$33,600
4	\$40,500
5	\$47,400
6	\$54,300
Add 6,900 for each additional person	

- Applicant is required to certify CARE eligibility annually by completing a new application, including how the discount will be used in the first year for the direct benefit of the residents.

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## ELIGIBLE FACILITIES

**Employee Housing** (privately owned), as defined in section 17008 of the Health and Safety Code, that is licensed and inspected by state and/or local agencies pursuant to Part I (commencing with Section 17000) of Division 13.

- Supporting documentation required:
  - ✓ Provide copy of current permit issued by the Department of Housing and Community Development.
- Total energy used must be 100% residential.

**Housing for Agricultural Employees** (non-migrant and operated by non-profit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code.

- Supporting documentation required:
  - ✓ Provide current copy of federal 501(c) (3) tax exemption or copy of state tax exemption form, and current copy of local property tax exemption form.
- Total Energy used:
  - ✓ Master-metered facilities must be 70% residential use.
  - ✓ Individually metered units must be 100% residential use.

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## APPLICANTS RESPONSIBILITIES

The applicant is required to:

- Provide proof of facility's eligibility (see Eligible Facilities) and submit required documentation with the application (see requirements on the application).
- Verify that all individuals residing in the facility meet the CARE income eligibility guidelines (see income guideline sheet) and make a certification to that effect, under penalty of perjury, under the laws of the state of California.
- At annual recertification, show how the past year's discount was used and how the next year's discount is expected to be used for direct benefit of the residents.
- Maintain records of residents' income eligibility, which should come from federal tax return, payroll stubs or similar records acceptable to the utility. These records must be retained for three (3) years from the date of initial application and/or recertification.
- Maintain accounting entries and supporting documentation of how the discount was used for the direct benefit of the residents. These records must be retained for three (3) years from the date of initial application and/or recertification.
- Upon request from the utility, provide documentation of the residents' income eligibility and/or documentation of how the discount was used for the direct benefit of the residents.
- Provide all information requested by the utility. Failure to do so will result in denial or removal from the program. The applicant may be subject to rebilling for the period they were ineligible for the discount as determined by the utility.





# Application for 20% Discount California Alternate Rates for Energy (CARE) Program For Qualified Agricultural Employee Housing Facilities

If you have any questions: Call The Gas Company's CARE toll-free line at 1-800-207-8567, Monday through Friday, 7:00 a.m. to 4:00 p.m.



## 1 APPLICANT INFORMATION: (please print)

Name on Gas Bill \_\_\_\_\_

Name of Facility \_\_\_\_\_  
(if different than on bill)

Account Number for This Facility 

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Service Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip Code \_\_\_\_\_  
(if different)

Facility Contact \_\_\_\_\_  
(who to contact if utility needs more information)

E-mail Address \_\_\_\_\_  
(optional)

Daytime Phone 

			-				-				
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 Fax 

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## 2 FACILITY INFORMATION (check one)

**EMPLOYEE HOUSING** (privately owned), as defined in Section 17008 of the Health and Safety Code, that is licensed and inspected in state and/or local agencies pursuant to part 1 of Division 13.

**HOUSING FOR AGRICULTURAL EMPLOYEES** (non-migrant and operated by non profit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has received exemptions from local property taxes pursuant to subdivision (g) of the Revenue and Taxation Code.

## 3 DECLARATION

By signing this application, I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and accurate. I have:

- Verified the income eligibility of all residents of the facility and/or households meet income guidelines.
- Documentation is available to substantiate the above.
- Verified that each facility meets the residential energy usage criteria.

### FOR ALL FACILITIES

Applicant is customer of record. Yes  No

100% of residents and/or households meet CARE income guidelines. Yes  No

I have provided information on how the Discount for the coming year will be used to directly benefit the residents. Yes  No

### FOR ALL FACILITIES (continued)

For recertification, I have provided information on how the discount was used for the direct benefit of the residents and I have documentation on file (if initial certification, leave blank). Yes  No

I understand the utility reserves the right to request documentation on the eligibility of the residents and the use of the discount. Yes  No

I understand the utility has the right to rebill me at the applicable rate if appropriate. Yes  No

I understand if the facility(ies), or the residents, become(s) ineligible to received the discount I must notify the utility within 30 days. Yes  No

Last year's discount was used for \_\_\_\_\_  
IF INITIAL CERTIFICATION LEAVE BLNK

This year's discount will be used for \_\_\_\_\_

By signing this application, I give my consent that the information provided by me may be shared with other energy utility companies (limited to name and address).

Authorized Representative's Name (please print or type)

Authorized Representative's Title

Authorized Representative's Signature

Date \_\_\_\_\_ **Form 6632(06/06)**

**FOR INDIVIDUAL FACILITIES OF THE SAME TYPE, ATTACH SEPARATE SHEET FOR MORE THAN FOUR (4) ADDRESSES:**

Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Service Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip Code \_\_\_\_\_

Type of metering:  Individually metered  Master metered

Energy used for residential purpose:  100%  At least 70%

Total number of residents (exclude on-site manager) \_\_\_\_\_

100% of residents and/or households meet income eligibility criteria  Yes  No

---

Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Service Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip Code \_\_\_\_\_

Type of metering:  Individually metered  Master metered

Energy used for residential purpose:  100%  At least 70%

Total number of residents (exclude on-site manager) \_\_\_\_\_

100% of residents and/or households meet income eligibility criteria  Yes  No

---

Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Service Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip Code \_\_\_\_\_

Type of metering:  Individually metered  Master metered

Energy used for residential purpose:  100%  At least 70%

Total number of residents (exclude on-site manager) \_\_\_\_\_

100% of residents and/or households meet income eligibility criteria  Yes  No

---

Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Service Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip Code \_\_\_\_\_

Type of metering:  Individually metered  Master metered

Energy used for residential purpose:  100%  At least 70%

Total number of residents (exclude on-site manager) \_\_\_\_\_

100% of residents and/or households meet income eligibility criteria  Yes  No

APPLICATION FOR CALIFORNIA ALTERNATE RATES  
FOR ENERGY PROGRAM - GENERAL PURPOSE  
DIRECT MAIL (Form No. 6491-DM1, 05/06)

N  
N  
N

(TO BE INSERTED BY UTILITY)  
ADVICE LETTER NO. 3631  
DECISION NO.

ISSUED BY  
**Lee Schavrien**  
Vice President  
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)  
DATE FILED May 15, 2006  
EFFECTIVE Jun 1, 2006  
RESOLUTION NO. E-3524



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	\$28,600
3	\$33,600
4	\$40,500
5	\$47,400
6	\$54,300
For each additional person, add \$6,900	

These income levels are effective June 1, 2006 to May 31, 2007.

## 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	\$28,600
3	\$33,600
4	\$40,500
5	\$47,400
6	\$54,300
Por cada persona adicional, añada \$6,900	

Estos niveles de ingreso estarán vigentes del 1 de junio de 2006 al 31 de mayo 2007.

#### 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 Sempra 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:

- 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 Other Income
  - Retirement Accounts
  - Insurance Settlements
  - Unemployment Benefits
  - Legal Settlements
  - Spousal Support
  - Rental or Royalty Income
  - 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 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. 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<sup>SM</sup>

# 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<sup>®</sup>. 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:

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: \_\_\_\_\_

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

SAMPLE FORMS: APPLICATIONS  
Self-Certification CARE Application  
Individually Metered Residential Form No. 6491-D (06/06)

Sheet 1

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)  
ADVICE LETTER NO. 3631  
DECISION NO.  
1H11

ISSUED BY  
**Lee Schavrien**  
Vice President  
Regulatory Affairs






(TO BE INSERTED BY CAL. PUC)  
DATE FILED May 15, 2006  
EFFECTIVE Jun 1, 2006  
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 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:**  
 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:

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 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:	<b>1 or 2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Total Yearly Household Income No More Than:	<b>\$28,600</b>	<b>\$33,600</b>	<b>\$40,500</b>	<b>\$47,400</b>	<b>\$54,300</b>
For each additional person in your household add \$6,900					

**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:**

LIHEAP- Low Income Home Energy Assistance Program provides bill payment assistance, emergency bill assistance and weatherization services. Call the California Department of Community Services at 1-866-675-6623.

DAP - The Gas Company's Direct Assistance Program provides weatherization services at no cost. Call 1-800-331-7593.

**For information on CARE, call The Gas Company at:**

English: 1-800-427-2200      Mandarin: 1-800-427-1429      Spanish: 1-800-342-4545  
 Korean: 1-800-427-0471      Cantonese: 1-800-427-1420      Vietnamese: 1-800-427-0478  
 Hearing Impaired (TDD): 1-800-252-0259

Fecha:


Número de cuenta:

**Solicitud Para El Programa De Tarifas  
Alternas 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 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 Favor de marcar todas las fuentes de sus ingresos:**

- |   |  |
|---|--|
| <input type="checkbox"/> Sueldos  | <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 jubilación  | <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 (06/06) SP

¿Llenó del número **1** al **4**?

Fecha:

Número de cuenta:

### Cómo Solicitar El Programa De Tarifas Alternas 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 instalación si usted es aprobado dentro de 90 días del inicio de su servicio de gas. Para solicitar, por favor complete la forma incluida y regrésela en el sobre adjunto. Usted recibirá el descuento(s) una vez que su solicitud esta llenada y firmada y es aprobada por *The Gas Company*.

**VERIFICACIÓN:** En una fecha posterior, se le puede pedir que compruebe los ingresos de su hogar. Si se le pide, usted debe 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 sea 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 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, 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:	\$28,600	\$33,600	\$40,500	\$47,400	\$54,300
<b>Por cada persona adicional agregue \$6,900</b>					

**¿Qué 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, 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 monetarios relacionados 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.

**Español: 1-800-342-4545**

**Inglés: 1-800-427-2200**

**Para clientes con limitaciones auditivas (TDD): 1-800-252-0259**

日期:

帳號:

## 加州能源低費率 (CARE) 計劃申請表 (Application)

☞ ① 請標示您府上的居住人口總數:

- 一 (1)       二 (2)       三 (3)       四 (4)       五 (5)  
 六 (6)       超過六人 (6+), 總人數: \_\_\_\_\_

 成人: \_\_\_\_\_       小孩: \_\_\_\_\_


☞ ② 請填寫府上所有人士的稅前年收入及其他經濟來源總額: \$ \_\_\_\_\_


☞ ③ 請從下列項目中註明您的經濟來源:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 薪資和佣金                                      | <input type="checkbox"/> 殘障福利金           | <input type="checkbox"/> TANF            |
| 利息或以下紅利收入:  | <input type="checkbox"/> 勞工賠償            | (以前的 AFDC)                               |
| <input type="checkbox"/> 儲蓄帳戶                                       | <input type="checkbox"/> 社會安全福利金/SSI/SSP | <input type="checkbox"/> 食物券             |
| <input type="checkbox"/> 股票或債券                                      | <input type="checkbox"/> 退休金             | <input type="checkbox"/> 小孩贍養費           |
| <input type="checkbox"/> 退休帳戶                                       | <input type="checkbox"/> 保險賠償            | <input type="checkbox"/> 現金餽贈和/或<br>其他收入 |
| <input type="checkbox"/> 失業福利金                                      | <input type="checkbox"/> 法律賠償            | <input type="checkbox"/> 配偶贍養費           |
| <input type="checkbox"/> 租金或權利金收入                                   |  |  |
| <input type="checkbox"/> 助學金, 獎學金或其他生活補助金                           |  |  |
| <input type="checkbox"/> 自由業收入 (IRS Form 1040, Schedule C, line 29) |  |  |

☞ ④ 請問您是否是其他報稅人稅單上的被撫養人(配偶不算)?     是     否

**聲明和個人證明:** 我願意證明上述申請資料正確屬實, 若需要我也同意提供經濟來源證明, 我同意若我不再符合條件時, 即通知 The Gas Company, 我瞭解若不合格接受折扣, 我可能須退還我之前所接受的折扣, 我了解 The Gas Company 可將有關我的資料提供給其他的公用事業公司和他們的業務代表以協助我加入他們的協助計劃。

簽名: \_\_\_\_\_  日期: \_\_\_\_\_

 電話號碼: (\_\_\_\_) \_\_\_\_\_ 您是否填寫了 ① 至 ④ 項?

日期：

帳號：

## 如何申請加州能源低費率 (CARE) 計劃

您的主要居住處所可能符合享有 20% 的瓦斯(煤氣)費折扣的條件。如果您啓用瓦斯(煤氣)服務的 90 天之內通過審核，還可以獲得 60% 的開戶手續費折扣。要申請取得瓦斯(煤氣)費用的折扣，請填妥申請表格後，用隨附上的回郵信封，寄回瓦斯公司(The Gas Company®)。在The Gas Company核准經您填寫簽名的申請表後，您即可獲得折扣。

**驗證：**本公司稍後可能要求您提出合格參加本計劃的證明。如經要求，您必須提出所有居住人的經濟來源證明文件，若您不回覆或經查核後認定您不合格，您可能會收到更正的帳單。

### 申請條件（須完全符合）：

- 瓦斯帳單上必須是您的名字。
- 您不能是其他人報稅單上的被撫養人（除了您的配偶外）。
- 您的家庭年總收入(年收入包含所有居住府上者的收入和補助)- 在抵稅前 -不能超過下面表格所列的金額。
- 每隔兩年，須重新申請此計劃。
- 如被要求，須提出證明文件。
- 如您的資格有更改，您必須在 30 天內通知瓦斯公司。

居住人數:	1	2	3	4	5	6
全家人所有來源的年總收入不能超過	\$28,600	\$28,600	\$33,600	\$40,500	\$47,400	\$54,300
每增加一人加	\$6,900					

### 什麼是應計算在內的家庭總收入？

家庭總收入是指所有住在府上的人的所有經濟來源，包括但不限於：工資、薪水、利息、紅利、配偶和子女贍養費、政府補助金、社會安全金和退休金、租金收入、自僱收入和所有與工作有關的非現金收入。

### 您也許有資格申請下列補助計劃：

**LIHEAP** - 低收入家庭能源補助計劃。提供付費協助、緊急付費協助和節約能源服務。請致電加州社區服務部 1-866-675-6623。

**DAP** - The Gas Company的直接協助計劃免費提供節約能源服務，請致電 1-800-331-7593。

如欲索取進一步資料，或需協助填表，請致電瓦斯公司：

英語：1-800-427-2200

國語：1-800-427-1429

西語：1-800-342-4545

韓語：1-800-427-0471

粵語：1-800-427-1420

越語：1-800-427-0478

Southern California Gas Company Form 6491-D (06/06) CH

날짜:

고객관리번호:

## 가주 에너지 요금제 전환 (CARE) 신청서

☞ ① 귀하의 세대원 수 전체를 표시하십시오.

- 1명    2명    3명    4명    5명  
 6명    6명 초과시 세대원 수: \_\_\_\_\_  
 ♣ 성인: \_\_\_\_\_      어린이: \_\_\_\_\_

☞ ② 모든 식구의 연간 총 가구 소득을 기입하십시오. 이것은 모든 소득원으로부터 발생한 공제전 소득입니다: \$\_\_\_\_\_.

☞ ③ 귀하의 모든 소득원을 표시하십시오.

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> 노임 또는 봉급                            | <input type="checkbox"/> 장애인 지원          | <input type="checkbox"/> TANF (AFDC) |
| <input type="checkbox"/> 이자 또는 배당금 (아래 출처)                   | <input type="checkbox"/> 산재 보상금          | <input type="checkbox"/> 식품 구매권      |
| <input type="checkbox"/> 예금 계좌                               | <input type="checkbox"/> 사회보장금, SSI, SSP | <input type="checkbox"/> 자녀 부양비      |
| <input type="checkbox"/> 주식 또는 채권                            | <input type="checkbox"/> 연금              | <input type="checkbox"/> 현금이나 기타 소득  |
| <input type="checkbox"/> 은퇴 계좌                               | <input type="checkbox"/> 보험 합의금          | <input type="checkbox"/> 배우자 부양비     |
| <input type="checkbox"/> 실업 수당                               | <input type="checkbox"/> 법적 합의금          |                                      |
| <input type="checkbox"/> 임대 또는 로열티 소득                        |  |                                      |
| <input type="checkbox"/> 장학금, 보조금, 또는 기타 생활비 지원금             |  |                                      |
| <input type="checkbox"/> 자영업 수익 (IRS 양식 1040, 스케줄 C, 29번째 줄) |  |                                      |

☞ ④ 소득세 신고서에 귀하를 피부양자로 기재할 수 있는 사람이 있습니까?  
(배우자 제외)       예     아니오

신상 증명에 대한 서약: 본인은 이 신청서에 기재한 모든 내용이 진실이며 사실과 다르지 않음을 서약합니다. 본인은 요청이 있을 경우 소득 증빙자료를 제출할 것에 동의합니다. 본인이 할인 받을 자격을 더 이상 갖지 않게 되면, The Gas Company에 통보할 것에 동의합니다. 본인은 자격이 없는 상태에서 받은 할인 혜택이 있을 경우, 추후에 그 할인 금액의 반환을 요구 받을 수 있음을 인정합니다. The Gas Company에서 다른 공공 사업체나 대행업체에게 그들의 지원 프로그램에 본인을 등록시키기 위해 본인의 정보를 공유할 수 있음을 인정합니다.

서명: \_\_\_\_\_      ✍ 날짜: \_\_\_\_\_

☎ 전화번호: ( ) \_\_\_\_\_      ① 번에서 ④ 번까지 모두 작성하셨습니까?

날짜:

고객관리번호:

**가주 에너지 요금제 전환 (CARE) 프로그램 신청 방법:** 귀하께서는 주 거주지의 가스 요금을 20% 할인 받을 수도 있습니다. 또한, 새로 가스 서비스가 시작된 지 90일 이내에 자격 조건이 해당되는 경우에는 '가스 가설료'의 60%를 할인 받을 수도 있습니다. 본 프로그램을 신청하시려면, 첨부된 신청서에 모두 기입하신 후 반송 봉투에 넣어 보내주십시오. 작성하여 서명한 신청서가 The Gas Company®로부터 승인되면 할인 요금이 적용됩니다.

**자격 확인:** 나중에 귀하가 CARE의 자격을 갖추고 있는 지에 대한 확인을 요구 받을 지도 모릅니다. 그렇게 되면, 귀하는 귀하의 세대원 전체의 소득 증빙 자료를 제출하여야 합니다. 귀하가 확인 요구에 응하지 않거나 자격이 없는 것으로 판명되면 수정된 고지서를 받을 가능성이 있습니다.

**자격 요건 (모두 해당되어야 함):**

- 가스 요금 고지서가 귀하의 명의로 되어 있어야 합니다.
- 배우자를 제외한 세대원 중 누구도 소득세 신고서에 귀하를 피부양자로 기재할 수 없어야 합니다.
- 귀하의 연간 가구 소득 (모든 세대원이 얻는 소득 또는 지원금)의 세금 공제 전 총액이 아래에 나오는 소득 수준 미만이어야 합니다.
- 2년마다 CARE 신청서를 새로 작성하셔야 합니다.
- CARE 자격 사항에 대한 확인 요구를 받으면, 그에 응하셔야 합니다.
- 자격 변동 사항이 있으면 그로부터 30일 이내에 The Gas Company에 통지하여야 합니다.

세대원의 수:	<b>1 혹은 2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
연간 가구 소득 한도액:	<b>\$28,600</b>	<b>\$33,600</b>	<b>\$40,500</b>	<b>\$47,400</b>	<b>\$54,300</b>
<b>세대원이 6명 초과시는 1인당 \$6,900씩 추가</b>					

**수입으로 간주되는 것은?** 가구 소득 총액은 세대원 전부가 각종 소득원으로부터 얻는 모든 수입으로서 다음을 모두 포함하지만 이것들에만 국한되지는 않습니다: 노임, 봉급, 이자, 배당금, 배우자 및 자녀 부양비, 공공 보조금, 사회 보장금 및 연금, 임대 소득, 자영 소득, 직업 관련 모든 비현금 소득 등.

**이용 가능한 다른 프로그램과 서비스:**

**LIHEAP** - 저소득 가정 에너지 보조 프로그램: 요금 지불 보조, 긴급 요금 보조 및 내후 처리 서비스를 제공합니다. 1-866-675-6623 번의 거주지역사회봉사부로 연락하십시오.

**DAP** - The Gas Company의 직접 보조 프로그램은 무료로 내후 처리 서비스를 제공합니다. 1-800-331-7593번으로 연락하십시오.

영어: 1-800-427-2200

북경어: 1-800-427-1429

스페인어: 1-800-342-4545

한국어: 1-800-427-0471

광둥어: 1-800-427-1420

베트남어: 1-800-427-0478



Ngày:

## Số Trương Mục:

### Đơn Xin Gia Nhập Chương Trình Giảm Giá Năng Lương Của California (CARE)



❶ **Đánh dấu vào ô thích hợp với số người trong nhà của quý vị:**

- Một (1)       Hai (2)       Ba (3)       Bốn (4)       Năm (5)  
 Sáu (6)       Nhiều hơn sáu người (6+), số người: \_\_\_\_\_



Người lớn: \_\_\_\_\_ Trẻ em: \_\_\_\_\_ Tổng cộng: \_\_\_\_\_



❷ **Hãy viết xuống đây tổng thu nhập trong năm của tất cả mọi người trong gia đình quý vị. Đây là thu nhập từ tất cả các nguồn trước khi khấu trừ: \$ \_\_\_\_\_**



❸ **Đánh dấu vào ô thích hợp với tất cả các nguồn lợi tức của mọi người trong nhà quý vị:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Lương hay bổng lộc  | <input type="checkbox"/> Tiền tàn tật                  | <input type="checkbox"/> Tiền trợ cấp xã hội (TANF, AFDC) |
| <input type="checkbox"/> Tiền lãi hay tiền lời cổ phần từ                              | <input type="checkbox"/> Tiền tai nạn lao động         | <input type="checkbox"/> Phiếu thực phẩm                  |
| <input type="checkbox"/> Trương mục tiết kiệm  | <input type="checkbox"/> Tiền An Sinh Xã Hội, SSI, SSP | <input type="checkbox"/> Tiền cấp dưỡng con cái           |
| <input type="checkbox"/> Chứng khoán hoặc trái phiếu                                   | <input type="checkbox"/> Tiền hưu trí                  | <input type="checkbox"/> Tiền mặt và/hoặc                 |
| <input type="checkbox"/> Trương mục hưu trí  | <input type="checkbox"/> Tiền bảo hiểm trả             | <input type="checkbox"/> Các lợi tức khác                 |
| <input type="checkbox"/> Trợ cấp thất nghiệp   | <input type="checkbox"/> Tiền do vụ kiện trả           | <input type="checkbox"/> Tiền cấp dưỡng do người hôn phối |
| <input type="checkbox"/> Tiền cho thuê nhà hay tiền bản quyền                          |  |   |
| <input type="checkbox"/> Học bổng, phụ cấp, hay các trợ cấp khác dùng cho đời sống     |  |   |
| <input type="checkbox"/> Lợi tức từ việc làm tự do (Mẫu thuế 1040, Bảng kê C, dòng 29) |  |   |



❹ **Có người nào (trừ người hôn phối của quý vị) khai quý vị là người phụ thuộc trên mẫu khai thuế của họ không?     Có     Không**

**Lời khai và tự xác nhận:** Tôi xác nhận rằng những điều tôi khai trong đơn này là đúng sự thật và chính xác. Tôi đồng ý cung cấp tất cả các tài liệu về thu nhập nếu được yêu cầu. Tôi đồng ý sẽ thông báo cho The Gas Company khi tôi không còn hợp lệ để được hưởng sự giảm giá. Tôi hiểu rằng nếu tôi nhận bất cứ sự giảm giá nào mà không hội đủ điều kiện, tôi có thể sẽ bị yêu cầu trả lại số tiền đã nhận. Tôi cũng hiểu rằng The Gas Company có thể sẽ chia sẻ những tin tức của tôi với các cơ quan cung cấp tiện ích khác hoặc các đại diện của họ để được ghi danh vào những chương trình trợ giúp của họ.

Chữ ký: \_\_\_\_\_

✍ Ngày: \_\_\_\_\_

☎ Số điện thoại: (\_\_\_\_) \_\_\_\_\_

Quý vị đã điền đầy đủ từ câu ❶ đến hết câu ❹ chưa?

Ngày:

Số trương mục:

### **Cách Làm Đơn Xin Hưởng Chương Trình Giảm Giá Năng Lượng Của California (CARE)**

Quý vị có thể hợp lệ để được giảm 20% trên hóa đơn Gas tại nơi cư ngụ chính của quý vị. Quý vị cũng có thể hợp lệ để được giảm 60% trên Lệ Phí Thiết Lập Dịch Vụ nếu quý vị hội đủ điều kiện trong vòng 90 ngày kể từ ngày bắt đầu dịch vụ mới. Muốn ghi danh, xin điền vào mẫu đơn và gửi lại cho The Gas Company®. Quý vị sẽ được hưởng giá giảm sau khi đơn xin đã được điền đầy đủ với chữ ký của quý vị được The Gas Company chấp thuận.

**Chứng Thực:** Về sau này, quý vị có thể được yêu cầu chứng thực tình trạng hợp lệ của quý vị để hưởng chương trình CARE. Nếu được yêu cầu, quý vị phải cung cấp các chứng từ lợi tức của tất cả mọi người sống trong nhà quý vị. Nếu quý vị không cung cấp đầy đủ, hoặc chúng tôi xét thấy quý vị không hội đủ điều kiện, chúng tôi sẽ gửi đến quý vị hóa đơn điều chỉnh lại số tiền đã giảm.

### **Các Điều Kiện Đòi Hỏi (Phải hội đủ tất cả các điều kiện sau):**

- Hóa đơn gas do quý vị đứng tên.
- Không ai được khai quý vị là người phụ thuộc trong mẫu khai thuế lợi tức của người ấy (trừ người hôn phối của quý vị).
- **Lợi tức hàng năm của cả nhà quý vị (tức tổng số lợi tức hoặc trợ cấp mà tất cả những người sống trong nhà quý vị nhận được) - trước mọi khấu trừ - không quá mức quy định liệt kê ở phần dưới.**
- Quý vị làm đơn lại để xin gia hạn chương trình CARE mỗi hai năm một lần.
- Quý vị chứng thực tình trạng hợp lệ của mình nếu được yêu cầu.
- Quý vị phải thông báo cho The Gas Company trong vòng 30 ngày về những thay đổi có ảnh hưởng đến tình trạng hợp lệ của quý vị.

Số người trong nhà:	1	2	3	4	5	6
Tổng số lợi tức hàng năm của cả nhà quý vị không vượt quá:	\$28,600	\$28,600	\$33,600	\$40,500	\$47,400	\$54,300
<b>Mỗi người phụ trội trong nhà, cộng thêm \$6,900</b>						

### **Những Gì Được Coi Là Lợi Tức?**

Tổng số lợi tức của cả nhà là tổng cộng các thu nhập của tất cả mọi người trong nhà quý vị, bất cứ từ những nguồn thu nhập nào, bao gồm, nhưng không hạn chế, những thứ như: tiền lương, bổng lộc, tiền lãi, tiền lời cổ phần, tiền cấp dưỡng nuôi con hay người hôn phối, tiền trợ cấp xã hội, tiền hưu trí và An Sinh Xã Hội, tiền cho thuê nhà, lợi tức từ việc làm tự do, và tất cả các lợi tức không dưới hình thức hiện kim, liên quan đến việc làm.

### **Các chương trình và dịch vụ mà quý vị có thể hội đủ điều kiện hưởng:**

**LIHEAP** – Chương Trình Trợ Giúp Năng Lượng Cho Gia Đình Có Lợi Tức Thấp: Giúp trả cho các hóa đơn, giúp trả cho những hóa đơn trong trường hợp khẩn cấp và các dịch vụ chống sự tàn phá của thời tiết. Gọi cho Ban Dịch Vụ Cộng Đồng California tại số 1-866-675-6623.

**DAP** - Chương Trình Trợ Giúp Trực Tiếp của The Gas Company cung cấp các dịch vụ miễn phí chống sự tàn phá của thời tiết. Gọi số 1-800-331-7593.

Muốn giao dịch bằng những ngôn ngữ khác, xin gọi THE GAS COMPANY tại các số điện thoại dưới đây:

Tiếng Anh: 1-800-427-2200

Tiếng Tây Ban Nha: 1-800-342-4545

Tiếng Quan Thoại: 1-800-427-1429

Tiếng Quảng Đông: 1-800-427-1420

Tiếng Đại Hàn: 1-800-427-0471

Tiếng Việt Nam: 1-800-427-0478

Southern California Gas Company Form 6491-D (06/06) VI

SAMPLE FORMS: APPLICATIONS  
Self-Recertification CARE Application  
Individually Metered Residential Form No. 6674-A (06/06)

Sheet 1

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)  
ADVICE LETTER NO. 3631  
DECISION NO.  
1H10

ISSUED BY  
**Lee Schavrien**  
Vice President  
Regulatory Affairs






(TO BE INSERTED BY CAL. PUC)  
DATE FILED May 15, 2006  
EFFECTIVE Jun 1, 2006  
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 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:**  
 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 Support  
 Rental or Royalty Income  
 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:

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 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:	<b>1 or 2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Total Yearly Household Income No More Than:	<b>\$28,600</b>	<b>\$33,600</b>	<b>\$40,500</b>	<b>\$47,400</b>	<b>\$54,300</b>
For each additional person in your household add \$6,900					

**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:**

LIHEAP- Low Income Home Energy Assistance Program provides bill payment assistance, emergency bill assistance and weatherization services. Call the California Department of Community Services at 1-866-675-6623.

DAP - The Gas Company's Direct Assistance Program provides weatherization services at no cost. Call 1-800-331-7593.

**For information on CARE, call The Gas Company at:**

English: 1-800-427-2200      Mandarin: 1-800-427-1429      Spanish: 1-800-342-4545  
 Korean: 1-800-427-0471      Cantonese: 1-800-427-1420      Vietnamese: 1-800-427-0478  
 Hearing Impaired (TDD): 1-800-252-0259

Fecha:


**Número de cuenta:**


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

**Recertificación Para El Programa De Tarifas  
Alternas 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 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 Favor de marcar todas las fuentes de sus ingresos:**

- |   |  |
|---|--|
| <input type="checkbox"/> Sueldos  | <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 jubilación  | <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 del número **1** al **4**?

Fecha:

Número de cuenta:

**Cómo Recertificar Para El Programa De Tarifas Alternas 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 forma incluida y regrésela en el sobre adjunto. Su descuento continuará si su solicitud completada y firmada es aprobada por *The Gas Company* dentro de 30 días.

**VERIFICACIÓN:** En una fecha posterior, se le puede pedir que compruebe los ingresos de su hogar. Si se le pide, usted debe 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 sea 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 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, cualquier cambio sobre su elegibilidad.

Número de personas en su hogar:	<b>1 o 2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Suma total anual de ingresos en su hogar no puede ser más de:	<b>\$28,600</b>	<b>\$33,600</b>	<b>\$40,500</b>	<b>\$47,400</b>	<b>\$54,300</b>
<b>Por cada persona adicional agregue \$6,900</b>					

**¿Qué 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, 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 monetarios relacionados 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.

**Español: 1-800-342-4545**

**Inglés: 1-800-427-2200**

**Para clientes con limitaciones auditivas (TDD): 1-800-252-0259**

日期:

帳號:

若您已不再符合加州能源低費率(CARE)計劃資格，請勾選本欄。

## 加州能源低費率(CARE)計劃復審申請表 (Recertification)

☞ ❶ 請標示您府上的居住人口總數:

- 一 (1)       二 (2)       三 (3)       四 (4)       五 (5)  
 六 (6)       超過六人 (6+), 總人數: \_\_\_\_\_

 成人: \_\_\_\_\_  小孩: \_\_\_\_\_

☞ ❷ 請填寫府上所有人士的稅前年收入及其他經濟來源總額: \$ \_\_\_\_\_

☞ ❸ 請從下列項目中註明您的經濟來源:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 薪資和佣金                                     | <input type="checkbox"/> 殘障福利金           | <input type="checkbox"/> TANF            |
| 利息或以下紅利收入:   | <input type="checkbox"/> 勞工賠償            | (以前的 AFDC)                               |
| <input type="checkbox"/> 儲蓄帳戶                                      | <input type="checkbox"/> 社會安全福利金/SSI/SSP | <input type="checkbox"/> 食物券             |
| <input type="checkbox"/> 股票或債券                                     | <input type="checkbox"/> 退休金             | <input type="checkbox"/> 小孩贍養費           |
| <input type="checkbox"/> 退休帳戶                                      | <input type="checkbox"/> 保險賠償            | <input type="checkbox"/> 現金餽贈和/或<br>其他收入 |
| <input type="checkbox"/> 失業福利金                                     | <input type="checkbox"/> 法律賠償            | <input type="checkbox"/> 配偶贍養費           |
| <input type="checkbox"/> 租金或權利金收入                                  |  |  |
| <input type="checkbox"/> 助學金, 獎學金或其他生活補助金                          |  |  |
| <input type="checkbox"/> 自由業收入(IRS Form 1040, Schedule C, line 29) |  |  |

☞ ❹ 請問您是否是其他報稅人稅單上的被撫養人(配偶不算)?  是  否

**聲明和個人證明:** 我願意證明上述申請資料正確屬實, 若需要我也同意提供經濟來源證明, 我同意若我不再符合條件時, 即通知 The Gas Company, 我瞭解若不合格接受折扣, 我可能須退還我之前所接受的折扣, 我了解 The Gas Company 可將有關我的資料提供給其他的公用事業公司和他們的業務代表以協助我加入他們的協助計劃。

簽名: \_\_\_\_\_ 日期: \_\_\_\_\_

☎ 電話號碼: (\_\_\_\_) \_\_\_\_\_ 您是否填寫了❶至❹項?



日期：

帳號：

## 如何重新證明您符合參加加州能源低費率 (CARE) 計劃的資格：

您的主要居住處目前享有 20%的瓦斯(煤氣)費折扣。您必須再證明您符合繼續享有瓦斯(煤氣)費折扣的資格，請填妥申請表格，並寄回瓦斯公司(The Gas Company®)，以完成再證明手續。三十天內，若The Gas Company核准經您填寫簽名的申請表，您即可繼續享有折扣。

**驗證：**本公司稍後可能要求您提出合格參加本計劃的證明。如經要求，您必須提供所有居住人的經濟來源證明文件，若您不回覆或經查核後認定您不合格，您可能會收到更正的帳單。

### 申請條件（須完全符合）：

- 瓦斯帳單上必須是您的名字。
- 您不能是其他人報稅單上的被撫養人（除了您的配偶外）。
- 您的家庭年總收入(年收入包含所有居住府上者的收入和補助)-在抵稅前-不能超過下面表格所列的金額。
- 每隔兩年，須重新申請此計劃。
- 如被要求，須提出證明文件。
- 如您的資格有更改，您必須在 30 天內通知瓦斯公司。

居住人數:	1	2	3	4	5	6
全家人所有來源的年總收入不能超過	\$28,600	\$28,600	\$33,600	\$40,500	\$47,400	\$54,300
每增加一人加	\$6,900					

### 什麼是應計算在內的家庭總收入？

家庭總收入是指所有住在府上的人的所有經濟來源，包括但不限於：工資、薪水、利息、紅利、配偶和子女贍養費、政府補助金、社會安全金和退休金、租金收入、自僱收入和所有與工作有關的非現金收入。

### 您也許有資格申請下列補助計劃：

**LIHEAP** - 低收入家庭能源補助計劃。提供付費協助、緊急付費協助和節約能源服務。請致電加州社區服務部 1-866-675-6623。

**DAP** - The Gas Company的直接協助計劃免費提供節約能源服務，請致電 1-800-331-7593。

### 如欲索取進一步資料，或需協助填表，請致電瓦斯公司：

英語：1-800-427-2200

國語：1-800-427-1429

西語：1-800-342-4545

韓語：1-800-427-0471

粵語：1-800-427-1420

越語：1-800-427-0478

Southern California Gas Company Form 6674-A (06/06) CH

날짜:

고객관리번호:

CARE 수혜 자격이 더 이상 없을 경우 이 상자에 체크하십시오.

### 가주 에너지 교체 요금 (CARE) 신청서

❶ 귀하의 세대원 수 전체를 표시하십시오.

- 1명    2명    3명    4명    5명
- 6명    6명 초과시 세대원 수: \_\_\_\_\_
- 성인: \_\_\_\_\_      어린이: \_\_\_\_\_

❷ 모든 식구의 연간 총 가구 소득을 기입하십시오. 이것은 모든 소득원으로부터 발생한 공제전 소득입니다: \$ \_\_\_\_\_.

❸ 귀하의 모든 소득원을 표시하십시오.

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> 노임 또는 봉급                            | <input type="checkbox"/> 장애인 지원          | <input type="checkbox"/> TANF (AFDC) |
| <input type="checkbox"/> 이자 또는 배당금 (아래 출처)                   | <input type="checkbox"/> 산재 보상금          | <input type="checkbox"/> 식품 구매권      |
| <input type="checkbox"/> 예금 계좌                               | <input type="checkbox"/> 사회보장금, SSI, SSP | <input type="checkbox"/> 자녀 부양비      |
| <input type="checkbox"/> 주식 또는 채권                            | <input type="checkbox"/> 연금              | <input type="checkbox"/> 현금이나 기타 소득  |
| <input type="checkbox"/> 은퇴 계좌                               | <input type="checkbox"/> 보험 합의금          | <input type="checkbox"/> 배우자 부양비     |
| <input type="checkbox"/> 실업 수당                               | <input type="checkbox"/> 법적 합의금          |                                      |
| <input type="checkbox"/> 임대 또는 로열티 소득                        |  |                                      |
| <input type="checkbox"/> 장학금, 보조금, 또는 기타 생활비 지원금             |  |                                      |
| <input type="checkbox"/> 자영업 수익 (IRS 양식 1040, 스케줄 C, 29번째 줄) |  |                                      |

❹ 소득세 신고서에 귀하를 피부양자로 기재할 수 있는 사람이 있습니까? (배우자 제외)       예     아니오

**신상 증명에 대한 서약:** 본인은 이 신청서에 기재한 모든 내용이 진실이며 사실과 다르지 않음을 서약합니다. 본인은 요청이 있을 경우 소득 증빙자료를 제출할 것에 동의합니다. 본인이 할인 받을 자격을 더 이상 갖지 않게 되면, The Gas Company에 통보할 것에 동의합니다. 본인은 자격이 없는 상태에서 받은 할인 혜택이 있을 경우, 추후에 그 할인 금액의 반환을 요구 받을 수 있음을 인정합니다. The Gas Company에서 다른 공공 사업체나 대행업체에게 그들의 지원 프로그램에 본인을 등록시키기 위해 본인의 정보를 공유할 수 있음을 인정합니다.

서명: \_\_\_\_\_      날짜: \_\_\_\_\_

전화번호: (\_\_\_\_) \_\_\_\_\_      ❶ 번에서 ❹ 번까지 모두 작성하셨습니다?

날짜:

고객관리번호:

**가주 에너지 교체 요금 (CARE) 프로그램을 위한 재증명 방법:** 귀하께서는 현재 주 거처에서 개스 요금의 20%를 할인 받고 계십니다. 이 할인을 계속 받으시려면 귀하의 자격을 재증명해야 합니다. 재증명하시려면 동봉된 신청서를 작성하여 제공된 봉투에 넣어 보내주시기 바랍니다. 30일 이내에 귀하가 작성하고 서명한 신청서를 The Gas Company®에서 승인할 경우 할인이 계속 됩니다.

**자격 확인:** 나중에 귀하가 CARE의 자격을 갖추고 있는 지에 대한 확인을 요구 받을 지도 모릅니다. 그렇게 되면, 귀하는 귀하의 세대원 전체의 소득 증빙 자료를 제출하여야 합니다. 귀하가 확인 요구에 응하지 않거나 자격이 없는 것으로 판명되면 수정된 고지서를 받을 가능성이 있습니다.

**자격 요건 (모두 해당되어야 함):**

- 개스 요금 고지서가 귀하의 명의로 되어 있어야 합니다.
- 배우자를 제외한 세대원 중 누구도 소득세 신고서에 귀하를 피부양자로 기재할 수 없어야 합니다.
- 귀하의 연간 가구 소득 (모든 세대원이 얻는 소득 또는 지원금)의 세금 공제 전 총액이 아래에 나오는 소득 수준 미만이어야 합니다.
- 2년마다 CARE 신청서를 새로 작성하셔야 합니다.
- CARE 자격 사항에 대한 확인 요구를 받으면, 그에 응하셔야 합니다.
- 자격 변동 사항이 있으면 그로부터 30일 이내에 The Gas Company에 통지하여야 합니다.

세대원의 수:	<b>1 혹은 2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
연간 가구 소득 한도액:	<b>\$28,600</b>	<b>\$33,600</b>	<b>\$40,500</b>	<b>\$47,400</b>	<b>\$54,300</b>
<b>세대원이 6명 초과시는 1인당 \$6,900씩 추가</b>					

**수입으로 간주되는 것은?** 가구 소득 총액은 세대원 전부가 각종 소득원으로부터 얻는 모든 수입으로서 다음을 모두 포함하지만 이것들에만 국한되지는 않습니다: 노임, 봉급, 이자, 배당금, 배우자 및 자녀 부양비, 공공 보조금, 사회 보장금 및 연금, 임대 소득, 자영 소득, 직업 관련 모든 비현금 소득 등.

**이용 가능한 다른 프로그램과 서비스:**

**LIHEAP** - 저소득 가정 에너지 보조 프로그램: 요금 지불 보조, 긴급 요금 보조 및 내후 처리 서비스를 제공합니다. 1-866-675-6623 번의 가주지역사회봉사부로 연락하십시오.

**DAP** - The Gas Company의 직접 보조 프로그램은 무료로 내후 처리 서비스를 제공합니다. 1-800-331-7593 번으로 연락하십시오.

영어: 1-800-427-2200

북경어: 1-800-427-1429

스페인어: 1-800-342-4545

한국어: 1-800-427-0471

광둥어: 1-800-427-1420

베트남어: 1-800-427-0478

Ngày:

## Recertification

### Số Trương Mục:

Xin đánh dấu vào ô này nếu quý vị không hội đủ điều kiện tham gia chương trình CARE nữa.


### Đơn Tái Xác Nhận Tình Trạng Hợp Lệ Cho Chương Trình Giảm Giá Năng Lượng Của California (CARE)

 ❶ **Đánh dấu vào ô thích hợp với số người trong nhà của quý vị:**

- Một (1)     Hai (2)     Ba (3)     Bốn (4)     Năm (5)  
 Sáu (6)     Nhiều hơn sáu người (6+), số người: \_\_\_\_\_




Người lớn: \_\_\_\_\_ Trẻ em: \_\_\_\_\_ Tổng cộng: \_\_\_\_\_

 ❷ **Hãy viết xuống đây tổng thu nhập trong năm của tất cả mọi người trong gia đình quý vị. Đây là thu nhập từ tất cả các nguồn trước khi khấu trừ: \$ \_\_\_\_\_:**

 ❸ **Đánh dấu vào ô thích hợp với tất cả các nguồn lợi tức của mọi người trong nhà quý vị:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Lương hay bổng lộc  | <input type="checkbox"/> Tiền tàn tật                  | <input type="checkbox"/> Tiền trợ cấp xã hội (TANF, AFDC)  |
| <input type="checkbox"/> Tiền lãi hay tiền lời cổ phần từ                              | <input type="checkbox"/> Tiền tai nạn lao động         | <input type="checkbox"/> Phiếu thực phẩm                   |
| <input type="checkbox"/> Trương mục tiết kiệm  | <input type="checkbox"/> Tiền An Sinh Xã Hội, SSI, SSP | <input type="checkbox"/> Tiền cấp dưỡng con cái            |
| <input type="checkbox"/> Chứng khoán hoặc trái phiếu                                   | <input type="checkbox"/> Tiền hưu trí                  | <input type="checkbox"/> Tiền mặt và/hoặc Các lợi tức khác |
| <input type="checkbox"/> Trương mục hưu trí  | <input type="checkbox"/> Tiền bảo hiểm trả             | <input type="checkbox"/> Tiền cấp dưỡng do người hôn phối  |
| <input type="checkbox"/> Trợ cấp thất nghiệp   | <input type="checkbox"/> Tiền do vụ kiện trả           |  |
| <input type="checkbox"/> Tiền cho thuê nhà hay tiền bản quyền                          |  |  |
| <input type="checkbox"/> Học bổng, phụ cấp, hay các trợ cấp khác dùng cho đời sống     |  |  |
| <input type="checkbox"/> Lợi tức từ việc làm tự do (Mẫu thuế 1040, Bảng Kê C, dòng 29) |  |  |

 ❹ **Có người nào (trừ người hôn phối của quý vị) khai quý vị là người phụ thuộc trên mẫu khai thuế của họ không?     Có     Không**

**Lời khai và tự xác nhận:** Tôi xác nhận rằng những điều tôi khai trong đơn này là đúng sự thật và chính xác. Tôi đồng ý cung cấp tất cả các tài liệu về thu nhập nếu được yêu cầu. Tôi đồng ý sẽ thông báo cho The Gas Company khi tôi không còn hợp lệ để được hưởng sự giảm giá. Tôi hiểu rằng nếu tôi nhận bất cứ sự giảm giá nào mà không hội đủ điều kiện, tôi có thể sẽ bị yêu cầu trả lại số tiền đã nhận. Tôi cũng hiểu rằng The Gas Company có thể sẽ chia sẻ những tin tức của tôi với các cơ quan cung cấp tiện ích khác hoặc các đại diện của họ để được ghi danh vào những chương trình hỗ trợ của họ.

Chữ ký: \_\_\_\_\_ Ngày: \_\_\_\_\_

 Số điện thoại: (\_\_\_\_) \_\_\_\_\_ Quý vị đã điền đầy đủ từ câu ❶ đến hết câu ❹ chưa?

Ngày:

Số trương mục:

**Làm Thế Nào Để Tái Xác Nhận Tình Trạng Hợp Lệ Để Tiếp Tục Hưởng Chương Trình Giảm Giá Năng**

**Lương Của California (CARE):** Quý vị hiện đang được giảm 20% trên hóa đơn Gas tại nơi cư ngụ chính của quý vị. Quý vị phải tái xác nhận tình trạng hợp lệ của mình để tiếp tục nhận giá giảm này. Để tái xác nhận, xin điền vào mẫu đơn và gửi lại cho The Gas Company® trong phong bì kèm theo đây. Giá giảm sẽ tiếp tục được áp dụng nếu đơn xin đã được điền đầy đủ với chữ ký của quý vị được The Gas Company chấp thuận trong vòng 30 ngày.

**Chứng Thực:** Về sau này, quý vị có thể được yêu cầu chứng thực tình trạng hợp lệ của quý vị để hưởng chương trình CARE. Nếu được yêu cầu, quý vị phải cung cấp các chứng từ lợi tức của tất cả mọi người sống trong nhà quý vị. Nếu quý vị không cung cấp đầy đủ, hoặc chúng tôi xét thấy quý vị không hội đủ điều kiện, chúng tôi sẽ gửi đến quý vị hóa đơn điều chỉnh lại số tiền đã giảm.

**Các Điều Kiện Đòi Hỏi (Phải hội đủ tất cả các điều kiện sau):**

- Hóa đơn gas do quý vị đứng tên.
- Không ai được khai quý vị là người phụ thuộc trong mẫu khai thuế lợi tức của người ấy (trừ người hôn phối của quý vị).
- Lợi tức hàng năm của cả nhà quý vị (tức tổng số lợi tức hoặc trợ cấp mà tất cả những người sống trong nhà quý vị nhận được) - trước mọi khấu trừ - không quá mức quy định liệt kê ở phần dưới.
- Quý vị làm đơn lại để xin gia hạn chương trình CARE mỗi hai năm một lần.
- Quý vị chứng thực tình trạng hợp lệ của mình nếu được yêu cầu.
- Quý vị phải thông báo cho The Gas Company trong vòng 30 ngày về những thay đổi có ảnh hưởng đến tình trạng hợp lệ của quý vị.

Số người trong nhà:	1	2	3	4	5	6
Tổng số lợi tức hàng năm của cả nhà quý vị không vượt quá:	\$28,600	\$28,600	\$33,600	\$40,500	\$47,400	\$54,300
<b>Mỗi người phụ trội trong nhà, cộng thêm \$6,900</b>						

**Những Gì Được Coi Là Lợi Tức?**

Tổng lợi tức của cả nhà là tổng cộng các thu nhập của tất cả mọi người trong nhà quý vị, bất cứ từ những nguồn thu nhập nào, bao gồm, nhưng không hạn chế, những thứ như: tiền lương, bổng lộc, tiền lãi, tiền lời cổ phần, tiền cấp dưỡng nuôi con hay người hôn phối, tiền trợ cấp xã hội, tiền hưu trí và An Sinh Xã Hội, tiền cho thuê nhà, lợi tức từ việc làm tự do, và tất cả các lợi tức không dưới hình thức hiện kim, liên quan đến việc làm.

**Các chương trình và dịch vụ mà quý vị có thể hội đủ điều kiện hưởng:**

**LIHEAP** – Chương Trình Trợ Giúp Năng Lượng Cho Gia Đình Có Lợi Tức Thấp: Giúp trả cho các hóa đơn, giúp trả cho những hóa đơn trong trường hợp khẩn cấp và các dịch vụ chống sự tàn phá của thời tiết. Gọi cho Ban Dịch Vụ Cộng Đồng California tại số 1-866-675-6623.

**DAP** - Chương Trình Trợ Giúp Trực Tiếp của The Gas Company cung cấp các dịch vụ miễn phí chống sự tàn phá của thời tiết. Gọi số 1-800-331-7593.

**Muốn giao dịch bằng những ngôn ngữ khác, xin gọi THE GAS COMPANY tại các số điện thoại dưới đây:**

Tiếng Anh: 1-800-427-2200      Tiếng Quan Thoại: 1-800-427-1429      Tiếng Tây Ban Nha: 1-800-342-4545  
Tiếng Đại Hàn: 1-800-427-0471      Tiếng Quảng Đông: 1-800-427-1420      Tiếng Việt Nam: 1-800-427-0478

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

Sheet 1

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 3631  
DECISION NO.

1H11

ISSUED BY

**Lee Schavrien**  
Vice President  
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 15, 2006  
EFFECTIVE Jun 1, 2006  
RESOLUTION NO. E-3524



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**ATTN CARE PROGRAM ML GT12F1  
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 solicitar, 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 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 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:			
\$28,600	\$33,600	\$40,500	\$47,400	\$54,300	
For each additional person in your household add \$6,900		Agregue \$6,900 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  
Telecommunication Devices for the Speech and Hearing Impaired (TDD): 1-800-252-0259.

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 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. 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 PROCESS!  
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**

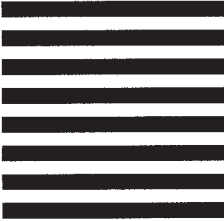
Provides weatherization services. Call 1-800-331-7593. *Provee servicios de impermeabilización. Llame al 1-800-331-7593.*





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THE GAS COMPANY  
PO BOX 515005  
LOS ANGELES CA 90099-9316**



**The California Alternate Rates For Energy (CARE) Program**  
**加州能源低費率 (CARE) 關心計劃**

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.



您的主要居住處所可能符合享有20%的瓦斯費折扣的條件。如果您在啟用瓦斯服務的90天之內通過審核，還可以獲得60%的開戶手續費折扣。要申請取得瓦斯費用的折扣，請填妥申請表格，寄回The Gas Company。在The Gas Company®核准經您填寫簽名的申請表後，您即可獲得折扣。

**Eligibility Requirements (All must be met)**  
**申請條件 (須完全符合)**

- The gas bill is in your name. (瓦斯帳單上必須是您的名字。)
- No one else can claim you as a dependent on his/her Income Tax (other than your spouse). (您不能是其他人報稅單上的被撫養人 (除了您的配偶外)。
- 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. (您的家庭年總收入 (年收入包含所有居住府上者的收入和補助) —在抵稅前—不能超過下面表格所列的金額。)
- You renew your application for CARE every 2 years. (每隔兩年，須重新申請此計劃。)
- You verify your eligibility for CARE, if requested. (如被要求，須提出證明文件。)
- You notify The Gas Company within 30 days of any changes in your eligibility. (如您的資格有更改，您必須在30天內通知瓦斯公司。)

Number of Persons in Household:		居住人數：			
1 or 2	3	4	5	6	
Total Yearly Household Income No More Than:		全家人所有來源的年總收入不能超過：			
\$28,600	\$33,600	\$40,500	\$47,400	\$54,300	
For each additional person in your household add \$6,900			每增加一人加 \$6,900		

**What counts as income?**  
**什麼是應計算在內的家庭總收入？**

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.

家庭總收入是指所有住在府上的人的所有經濟來源，包括但不限於：工資、薪水、利息、紅利、配偶和子女贍養費、政府補助金、社會安全金和退休金、租金收入、自僱收入和所有與工作有關的非現金收入。

**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.

**查證：**本公司稍後可能要求您提出合格參加本計劃的證明。如經要求，您必須提出所有居住人的經濟來源證明文件，若您不回覆或經查核後認定您不合格，您可能會收到更正帳單要求補繳差額。

For information in other languages, call The Gas Company at:  
如欲索取進一步資料，或需協助填表，請致電The Gas Company:

English/英語：1-800-427-2200 Mandarin/國語：1-800-427-1429 Cantonese/粵語：1-800-427-1420  
Korean/韓語：1-800-427-0471 Spanish/西語：1-800-342-4545 Vietnamese/越語：1-800-427-0478

Telecommunication Devices for the Speech and Hearing Impaired (TDD) : 1-800-252-0259

# California Alternate Rates for Energy (CARE) Application

## 加州能源低費率(CARE)關心計劃申請表

Date/日期 \_\_\_\_\_ Account Number/帳號

### 1 Check the total number of persons in your household/請標示您府上的居住人口總數：

One/一 (1)     Two/二 (2)     Three/三 (3)     Four/四 (4)     Five/五 (5)     Six/六 (6)

More than Six/超過六人 (6+), Number/總人數 \_\_\_\_\_

Adults/成人 \_\_\_\_\_ Children/小孩 \_\_\_\_\_ Total Number/總人數 \_\_\_\_\_

### 2 Write the total yearly household income for all persons in your household.

This is income before deductions from all sources: \$ \_\_\_\_\_

請填寫府上所有人士的稅前年收入及其他經濟來源總額: \$ \_\_\_\_\_

### 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) |  |   |

請從下列項目中註明您的經濟來源：

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 薪資和佣金                                      | <input type="checkbox"/> 殘障給付               | <input type="checkbox"/> TANF (以前的AFDC) |
| 利息或以下紅利收入:  | <input type="checkbox"/> 勞工賠償               | <input type="checkbox"/> 食物券            |
| <input type="checkbox"/> 儲蓄帳戶                                       | <input type="checkbox"/> 社會安全福利金/ SSI / SSP | <input type="checkbox"/> 小孩贍養費          |
| <input type="checkbox"/> 股票或債券                                      | <input type="checkbox"/> 退休金                | <input type="checkbox"/> 現金餽贈和/或其他收入    |
| <input type="checkbox"/> 退休帳戶                                       | <input type="checkbox"/> 保險給付               | <input type="checkbox"/> 配偶贍養費          |
| <input type="checkbox"/> 失業福利金                                      | <input type="checkbox"/> 法律賠償               |   |
| <input type="checkbox"/> 租金或權利金收入                                   |   |   |
| <input type="checkbox"/> 助學金, 獎學金或其他生活補助金                           |   |   |
| <input type="checkbox"/> 自由業收入 (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)?

請問您是否是其他報稅人稅單上的被撫養人(配偶不算)?

Yes/是     No/否

Did you complete 1 through 4? 您是否填寫了1至4項?

**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.

**聲明和個人證明:** 我願意證明上述申請資料正確屬實, 若需要我也同意提供經濟來源證明, 我同意若我不再符合條件時, 即通知 The Gas Company, 我瞭解若不合格接受折扣, 我可能須退還我之前所接受的折扣, 我了解 The Gas Company 可將有關我的資料提供給其他的公用事業公司和他們的業務代表以協助我加入他們的協助計劃。

Signature/簽名: \_\_\_\_\_ Date/日期: \_\_\_\_\_

Phone/電話號碼: (\_\_\_\_\_) \_\_\_\_\_

Print Name/姓名: \_\_\_\_\_

Address/地址: \_\_\_\_\_ City/城市: \_\_\_\_\_

**DO NOT MAIL YOUR GAS PAYMENT WITH THIS APPLICATION AS IT WILL SIGNIFICANTLY DELAY PAYMENT PROCESSING.**

請勿將瓦斯繳費隨本申請表一併郵寄, 如此會嚴重延遲瓦斯繳費處理時間。

## Other Programs And Services You May Qualify For

### 您也許有資格申請下列補助計劃

**LIHEAP-Low Income Home Energy Assistance Program/低收入家庭能源補助計劃**

Provides bill payment assistance, emergency bill assistance and weatherization services. Call the California Department of Community Services at 1-866-675-6623. 提供付費協助、緊急付費協助和節約能源服務。請致電加州社區服務部 1-866-675-6623。

**DAP-The Gas Company's Direct Assistance Program/The Gas Company 的直接協助計劃**

Provides weatherization services. Call 1-800-331-7593. 提供節約能源服務, 請致電 1-800-331-7593。



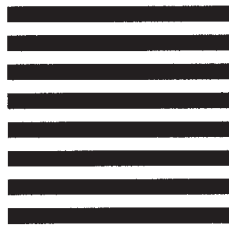
A Sempra Energy utility™



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



## The California Alternate Rates For Energy (CARE) Program

### 캘리포니아 에너지 교체 요금 (CARE) 프로그램

A Sempra Energy utility™

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.

귀하께서는 주 거주지에 한하여 개스 요금을 20% 할인 받을 수 있습니다. 또한, 새로 개스 서비스가 시작된 지 90일 이내에 자격 조건이 해당되는 경우에는 개스 가설료에 60%의 할인도 받으실 수 있습니다. 본 프로그램에 신청하시려면, 신청서에 모두 기입하신 후 The Gas Company로 보내주십시오. 서명과 함께 기입이 완료된 신청서가 The Gas Company®로부터 승인이 되면 그 다음부터 할인 요금이 적용됩니다.



### Eligibility Requirements (All must be met)

#### 해당자격 (모든 항목에 해당되어야 함):

- 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 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.
- 개스요금 청구서가 귀하의 이름으로 되어 있어야 합니다.
- (배우자를 제외한) 어느 누구도 귀하를 소득세 환불 (Income Tax Return)의 부양인으로 보고해서는 안됩니다.
- 귀하의 연간 총 수입(귀택의 모든 거주자의 소득 또는 보조금 총액)-세금 공제 이전 금액-이 아래 도표에 나타난 금액을 초과해서는 안됩니다.
- 매 2년 마다 갱신하셔야 합니다.
- 케어(CARE) 혜택의 자격조건에 해당되는지 증명할 것을 요구받는 경우, 이에 응하셔야 합니다.
- 귀하께서는 귀하의 자격 요건에 변경사항이 있을 때에는 30일 내에 The Gas Company에 통고하셔야 합니다.

Number of Persons in Household:		귀택의 총 식구 수:		
1 or 2	3	4	5	6
Total Yearly Household Income No More Than:		연간 총 수입 한도액:		
\$28,600	\$33,600	\$40,500	\$47,400	\$54,300
For each additional person in your household add \$6,900		식구 수 1인 증가 시마다 \$6,900 을 더하십시오.		

### What counts as income?

#### 수입으로 간주되는 것은?

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.

가정의 총수입이란 집에 거주하고 있는 모든 사람들이 어떤 수입원이든 지에 상관없이 얻는 소득으로, 다음 사항들을 포함하되 이것들에 국한 되는 것은 아닙니다: 임금, 봉급, 이자, 이익 배당금, 자녀/배우자 양육비; 공공 보조금, 사회 복지금(Social Security)이나 연금, 임대료 수입, 자기사업 수입금, 그리고 직업에 관련된 모든 비현금 소득임.

**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.

**소득 증명서:** 훗날에 귀하는 케어(CARE) 혜택의 자격 조건에 해당되는지 증명할 것을 요구 받을 수 있습니다. 이 경우, 귀하께서는 귀택에 거주하는 모든 식구의 수입에 관한 증명자료를 제출하셔야 합니다. 만일 요구에 불응하거나 자격에 해당되지 않음이 판정되는 경우 정정된 고지서를 받을 수 있습니다.

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

다른나라 언어로 정보를 받기 원하시면, The Gas Company의 다음 번호를 이용하시기 바랍니다:

English/영어: 1-800-427-2200 Mandarin/만다린: 1-800-427-1429 Cantonese/칸토니스: 1-800-427-1420

Korean/한국어: 1-800-427-0471 Spanish/스페인어: 1-800-342-4545 Vietnamese/월남어: 1-800-427-0478

Telecommunication Devices for the Speech and Hearing Impaired (TDD) : 1-800-252-0259

# California Alternate Rates for Energy (CARE) Application

## 캘리포니아 에너지 교체요금 (CARE) 프로그램 신청서

Date/날짜 \_\_\_\_\_ Account Number/구좌 번호

**1 Check the total number of persons in your household/귀댁의 총 식구 수를 표시하십시오.**

One/한 명 (1)  Two/두 명 (2)  Three/세 명 (3)  Four/네 명 (4)  Five/다섯명 (5)  Six/여섯명 (6)

More than Six/여섯명 초과시 (6+), Number/명 수: \_\_\_\_\_

Adults/성인: \_\_\_\_\_ Children/어린이: \_\_\_\_\_ Total Number/총 식구 수: \_\_\_\_\_

**2 Write the total yearly household income for all persons in your household.**

This is income before deductions from all sources: \$ \_\_\_\_\_

모든 식구의 연간 총 가구 소득을 기입하십시오.

이것은 모든 소득원으로부터 발생한 공제전 소득입니다: \$ \_\_\_\_\_

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

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

귀댁의 모든 소득원을 표시하십시오:

- 노임이나 봉급
- 장애인 지원금
- TANF (AFDC)
- 이자나 배당금:
- 산재 보상금
- 푸드 스탬프
- 저축예금
- 사회보장금, SSI, SSP
- 자녀 부양비
- 증권이나 채권
- 연금
- 현금과 (또는) 기타 소득
- 은퇴 구좌
- 보험 합의금
- 배우자 부양비
- 실업수당
- 법적 합의금
- 임대료나 로열티 소득
- 장학금, 보조금, 또는 기타 생활 보조비
- 자영업 수입 (IRS 양식 1040, 스케줄 C, 29 행)

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

소득세 신고서에 귀하를 부양가족으로 기재할 수 있는 사람이 있습니까? (배우자 제외)

Yes/예  No/아니오

Did you complete 1 through 4? 1번에서 4번까지 모두 작성하셔야 합니다.

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.

본인 신상진술에 관한 증명: 본인은 아래에 서명함으로써, 이 신청서에 기재한 모든 내용이 진실이며 사실과 틀림없음을 확인합니다. 본인은 요청이 있을 경우 소득원에 대한 증명서류를 제출하는데 동의합니다. 만약 자격 조건에 해당되지 않는 것이 판명될 경우 정정된 고지서를 받을 수 있음을 이해합니다. 본인은 또한 자격조건에 영향을 주는 어떤 변동사항에 대해서라도 The Gas Company에 통보할 것임을 동의합니다. The Gas Company에서 다른 에너지회사에게 그들의 보조 프로그램을 통해 혜택을 받을 수 있도록 본인의 정보를 공유할 수도 있음을 이해합니다.

Signature/서명: \_\_\_\_\_ Date/날짜: \_\_\_\_\_

Phone/전화번호: (\_\_\_\_\_) \_\_\_\_\_

Print Name/이름을 기입하여 주십시오: \_\_\_\_\_

Address/주소: \_\_\_\_\_ City/도시: \_\_\_\_\_

**DO NOT MAIL YOUR GAS PAYMENT WITH THIS APPLICATION AS IT WILL SIGNIFICANTLY DELAY PAYMENT PROCESSING.**

귀하의 가스 납부금을 본 신청서와 함께 우송하지 마십시오. 가스 요금의 납부 처리 과정이 현저히 지연됩니다.

### Other Programs And Services You May Qualify For

#### 귀하게 해당될 수도 있는 기타 프로그램 및 서비스들

LIHEAP-Low Income Home Energy Assistance Program/저소득 가정 에너지 보조 프로그램

Provides bill payment assistance, emergency bill assistance and weatherization services. Call the California Department of Community Services at 1-866-675-6623. 청구서 납부 보조, 에너지 청구서 보조, 그리고 단열재 설치 서비스를 제공합니다. 거주 커뮤니티 서비스국 1-866-675-6623으로 전화하십시오.

DAP-The Gas Company's Direct Assistance Program/가스 회사에서 직접 제공하는 프로그램으로

Provides weatherization services. Call 1-800-331-7593. 단열재 설치 서비스를 도와드립니다. 1-800-331-7593으로 전화하십시오.





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



**The California Alternate Rates For Energy (CARE) Program**  
**Chương Trình Giảm Giá Năng Lượng Của 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.

Quý vị có thể hợp lệ để được giảm 20% trên hóa đơn Gas tại nơi cư ngụ chính của quý vị. Quý vị cũng có thể hợp lệ để được giảm trên 60% trên Lệ Phí Thiết Lập Dịch Vụ nếu quý vị hội đủ điều kiện trong vòng 90 ngày kể từ ngày bắt đầu dịch vụ mới. Muốn ghi danh, xin điền vào mẫu đơn và gửi lại cho The Gas Company. Quý vị sẽ được hưởng giá giảm sau khi đơn xin đã được điền đầy đủ với chữ ký của quý vị được The Gas Company chấp thuận.



**Eligibility Requirements (All must be met)**

**Các Điều Kiện Đòi Hỏi (Phải hội đủ tất cả các điều kiện sau)**

- 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 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.
- Hóa đơn gas do quý vị đứng tên.
- Không ai được khai quý vị là người phụ thuộc trong mẫu khai thuế lợi tức của người ấy (trừ người hôn phối của quý vị).
- Lợi tức hàng năm của cả nhà quý vị (tức tổng số lợi tức hoặc trợ cấp mà tất cả những người sống trong nhà quý vị nhận được) - trước mọi khấu trừ - không quá mức quy định liệt kê ở phần dưới.
- Quý vị làm đơn lại để xin gia hạn chương trình CARE mỗi hai năm một lần.
- Quý vị chứng thực tình trạng hợp lệ của mình nếu được yêu cầu.
- Quý vị phải thông báo cho The Gas Company trong vòng 30 ngày về những thay đổi có ảnh hưởng đến tình trạng hợp lệ của quý vị.

	Number of Persons in Household:			Số người trong nhà:	
	1 or 2	3	4	5	6
Total Yearly Household Income No More Than:	Tổng số lợi tức hàng năm của cả nhà quý vị không vượt quá:				
	\$28,600	\$33,600	\$40,500	\$47,400	\$54,300
For each additional person in your household add \$6,900	Mỗi người phụ trội trong nhà, cộng thêm \$6,900				

**What counts as income?**  
**Những Gì Được Coi Là Lợi Tức?**

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.

Tổng số lợi tức của cả nhà là tổng cộng các thu nhập của tất cả mọi người trong nhà quý vị, bất cứ từ những nguồn thu nhập nào, bao gồm, nhưng không hạn chế, những thứ như: tiền lương, bổng lộc, tiền lãi, tiền lời cổ phần, tiền cấp dưỡng nuôi con hay người hôn phối, tiền trợ cấp xã hội, tiền hưu trí và An Sinh Xã Hội, tiền cho thuê nhà, lợi tức từ việc làm tự do, và tất cả các lợi tức không dưới hình thức hiện kim, liên quan đến việc làm.

**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.

**Chứng Thực:** Về sau này, quý vị sẽ có thể được yêu cầu chứng thực tình trạng hợp lệ của quý vị để hưởng chương trình CARE. Nếu được yêu cầu, quý vị phải cung cấp các chứng từ lợi tức của tất cả mọi người sống trong nhà quý vị. Nếu quý vị không cung cấp đầy đủ, hoặc chúng tôi xét thấy quý vị không hội đủ điều kiện, chúng tôi sẽ gửi đến quý vị hóa đơn điều chỉnh lại số tiền đã giảm.

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

Muốn giao dịch bằng những ngôn ngữ khác, xin gọi The Gas Company tại các số điện thoại dưới đây:

English/Tiếng Anh: 1-800-427-2200 Mandarin/Tiếng Quan Thoại: 1-800-427-1429 Cantonese/Tiếng Quảng Đông: 1-800-427-1420  
Korean/Tiếng Đại Hàn: 1-800-427-0471 Spanish/Tiếng Tây Ban Nha: 1-800-342-4545 Vietnamese/Tiếng Việt Nam: 1-800-427-0478

Telecommunication Devices for the Speech and Hearing Impaired (TDD) : 1-800-252-0259

# California Alternate Rates for Energy (CARE) Application

## Đơn Xin Gia Nhập Chương Trình Giảm Giá Năng Lượng Của California (CARE)

Date/Ngày \_\_\_\_\_ Account Number/Số Trường Mục

**1 Check the total number of persons in your household/Đánh dấu vào ô thích hợp với số người trong nhà của quý vị:**

One/Một (1)  Two/Hai (2)  Three/Ba (3)  Four/Bốn (4)  Five/Năm (5)  Six/Sáu (6)

More than Six/Nhiều hơn sáu người (6+), Number/số người: \_\_\_\_\_

Adults/Người lớn \_\_\_\_\_ Children/Trẻ em \_\_\_\_\_ Total Number/Tổng cộng \_\_\_\_\_

**2 Write the total yearly household income for all persons in your household.**

This is income before deductions from all sources: \$ \_\_\_\_\_

Hãy viết xuống đây tổng thu nhập trong năm của tất cả mọi người trong gia đình quý vị.

Đây là thu nhập từ tất cả các nguồn trước khi khấu trừ: \$ \_\_\_\_\_

**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)              |
| <input type="checkbox"/> 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) |  |   |

Đánh dấu vào ô thích hợp với tất cả các nguồn lợi tức của mọi người trong nhà quý vị:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Lương hay bổng lộc  | <input type="checkbox"/> Tiền tàn tật                  | <input type="checkbox"/> Tiền trợ cấp xã hội (TANF, AFDC)  |
| <input type="checkbox"/> Tiền lãi hay tiền lời cổ phần từ:                             | <input type="checkbox"/> Tiền tai nạn lao động         | <input type="checkbox"/> Phiếu thực phẩm                   |
| <input type="checkbox"/> Trường mục tiết kiệm  | <input type="checkbox"/> Tiền An Sinh Xã Hội, SSI, SSP | <input type="checkbox"/> Tiền cấp dưỡng con cái            |
| <input type="checkbox"/> Chứng khoán hoặc trái phiếu                                   | <input type="checkbox"/> Tiền hưu trí                  | <input type="checkbox"/> Tiền mặt và/hoặc Các lợi tức khác |
| <input type="checkbox"/> Trường mục hưu trí  | <input type="checkbox"/> Tiền bảo hiểm trả             | <input type="checkbox"/> Tiền cấp dưỡng do người hôn phối  |
| <input type="checkbox"/> Trợ cấp thất nghiệp   | <input type="checkbox"/> Tiền do vụ kiện trả           |  |
| <input type="checkbox"/> Tiền cho thuê nhà hay tiền bản quyền                          |  |  |
| <input type="checkbox"/> Học bổng, phụ cấp, hay các trợ cấp khác dùng cho đời sống     |  |  |
| <input type="checkbox"/> Lợi tức từ việc làm tự do (Mẫu thuế 1040, Bảng kê C, dòng 29) |  |  |

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

Có người nào (trừ người hôn phối của quý vị) khai quý vị là người phụ thuộc trên mẫu khai thuế của họ không?

Yes/Có  No/Không

Did you complete 1 through 4? Quý vị đã điền đầy đủ từ câu 1 đến hết câu 4 chưa?

**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.

**Lời khai và tự xác nhận:** Tôi xác nhận rằng những điều tôi khai trong đơn này là đúng sự thật và chính xác. Tôi đồng ý cung cấp tất cả các tài liệu về thu nhập nếu được yêu cầu. Tôi đồng ý sẽ thông báo cho The Gas Company khi tôi không còn hợp lệ để được hưởng sự giảm giá. Tôi hiểu rằng nếu tôi nhận bất cứ sự giảm giá nào mà không hội đủ điều kiện, tôi có thể sẽ bị yêu cầu trả lại số tiền đã nhận. Tôi cũng hiểu rằng The Gas Company có thể sẽ chia sẻ những tin tức của tôi với các cơ quan cung cấp tiện ích khác hoặc các đại diện của họ để được ghi danh vào những chương trình trợ giúp của họ.

Signature/Chữ ký: \_\_\_\_\_ Date/Ngày: \_\_\_\_\_

Phone/Số điện thoại: (\_\_\_\_\_) \_\_\_\_\_

Print Name/Họ Tên (xin viết bằng chữ in): \_\_\_\_\_

Address/Địa chỉ: \_\_\_\_\_ City/Thành phố: \_\_\_\_\_

**DO NOT MAIL YOUR GAS PAYMENT WITH THIS APPLICATION AS IT WILL SIGNIFICANTLY DELAY PAYMENT PROCESSING.  
XIN ĐỪNG GỬI CHI PHIẾU TRẢ TIỀN GAS CÙNG VỚI ĐƠN NÀY VÌ TIẾN TRÌNH GHI NHẬN CHI TRẢ SẼ BỊ CHẬM TRỄ.**

### Other Programs And Services You May Qualify For

#### Một số chương trình và dịch vụ khác mà quý vị có thể hợp lệ để được hưởng

**LIHEAP-Low Income Home Energy Assistance Program/Chương Trình Trợ Giúp Năng Lượng Cho Gia Đình Có Lợi Tức Thấp**  
Provides bill payment assistance, emergency bill assistance and weatherization services. Call the California Department of Community Services at **1-866-675-6623**. *Phụ giúp trong việc trả hóa đơn, giúp giải quyết các hóa đơn khẩn cấp và cung ứng những dịch vụ tiết kiệm năng lượng. Hãy gọi phòng Dịch Vụ Cộng Đồng của California tại số **1-866-675-6623**.*

**DAP-The Gas Company's Direct Assistance Program/Chương Trình Trợ Giúp Trực Tiếp của The Gas Company**  
Provides weatherization services. Call **1-800-331-7593**. *Ứng các dịch vụ tiết kiệm năng lượng. Hãy gọi: **1-800-331-7593**.*

SAMPLE FORMS: APPLICATIONS  
Post-Enrollment Verification CARE Application  
Individually Metered Residential Form No. 6675-A (06/06)

Sheet 1

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)  
ADVICE LETTER NO. 3631  
DECISION NO.  
1H10

ISSUED BY  
**Lee Schavrien**  
Vice President  
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)  
DATE FILED May 15, 2006  
EFFECTIVE Jun 1, 2006  
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 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 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 Support
- Rental or Royalty Income
- 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**?



Date:

Account Number:

## Income Documents Required

Dear Customer:

You are currently receiving a 20% discount on your monthly gas bill at your primary residence. You may have also received a 60% discount on your Service Establishment Charge. To keep your CARE 20% discount, please complete the enclosed application form and send in proof of income for all persons living in your household to verify your eligibility within 90 days. If you do not reply or are found not eligible, you may receive corrected billings.

### Income Eligibility Requirements:

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.

Number of Persons in Household:	1 or 2	3	4	5	6
Total Yearly Household Income No More Than:	\$28,600	\$33,600	\$40,500	\$47,400	\$54,300
<b>For each additional person in your household add \$6,900</b>					

### 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.

### How to Prove Eligibility:

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.

### For information on CARE, call The Gas Company at:

English: 1-800-427-2200

Mandarin: 1-800-427-1429

Spanish: 1-800-342-4545

Korean: 1-800-427-0471

Cantonese: 1-800-427-1420

Vietnamese: 1-800-427-0478

Hearing Impaired (TDD):

1-800-252-0259

Southern California Gas Company Form 6675-A (06/06) EN

Fecha:


Número de cuenta:


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

**Verificación Para El Programa De Tarifas  
Alternas 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 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 Favor de marcar todas las fuentes de sus ingresos y MANDE**


**COMPROBANTES:**

<input type="checkbox"/> Sueldos	<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 jubilación	<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 del número **1** al **4**?

Fecha:

## Comprobantes De Ingresos Son Requeridos

Número de cuenta:

### Estimado Cliente:

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 instalación. Para verificar su elegibilidad para el programa CARE, por favor complete la forma 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 solicitud completa y firmada 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:

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.

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:	\$28,600	\$33,600	\$40,500	\$47,400	\$54,300
<b>Por cada persona adicional agregue \$6,900</b>					

### ¿Qué 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, 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 monetarios relacionados con el empleo.

### Cómo Comprobar Su Elegibilidad:

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 talón de cheque del mes más reciente.
- 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.

Inglés: 1-800-427-2200

Mandarín: 1-800-427-1429

Español: 1-800-342-4545

Coreano 1-800-427-0471

Cantonés: 1-800-427-1420

Vietnamita: 1-800-427-0478


Para clientes con limitaciones auditivas (TDD): 1-800-252-0259

日期:

帳號:

若您已不再符合加州能源低費率 (CARE) 計劃資格，請勾選本欄。

### 加州能源低費率 (CARE) 計劃資格確認表 (Verification)

 ❶ 請標示您府上的居住人口總數:


- 一 (1)       二 (2)       三 (3)       四 (4)       五 (5)
- 六 (6)       超過六人 (6+), 總人數: \_\_\_\_\_

 成人: \_\_\_\_\_       小孩: \_\_\_\_\_


 ❷ 請填寫府上所有人士的稅前年收入及其他經濟來源總額: \$ \_\_\_\_\_


 ❸ 請從下列項目中註明您的經濟來源，並提供證明文件:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 薪資和佣金                                     | <input type="checkbox"/> 殘障福利金           | <input type="checkbox"/> TANF            |
| 利息或以下紅利收入:   | <input type="checkbox"/> 勞工賠償            | (以前的 AFDC)                               |
| <input type="checkbox"/> 儲蓄帳戶                                      | <input type="checkbox"/> 社會安全福利金/SSI/SSP | <input type="checkbox"/> 食物券             |
| <input type="checkbox"/> 股票或債券                                     | <input type="checkbox"/> 退休金             | <input type="checkbox"/> 小孩贍養費           |
| <input type="checkbox"/> 退休帳戶                                      | <input type="checkbox"/> 保險賠償            | <input type="checkbox"/> 現金餽贈和/或<br>其他收入 |
| <input type="checkbox"/> 失業福利金                                     | <input type="checkbox"/> 法律賠償            | <input type="checkbox"/> 配偶贍養費           |
| <input type="checkbox"/> 租金或權利金收入                                  |  |  |
| <input type="checkbox"/> 助學金，獎學金或其他生活補助金                           |  |  |
| <input type="checkbox"/> 自由業收入(IRS Form 1040, Schedule C, line 29) |  |  |

 ❹ 請問您是否是其他報稅人稅單上的被撫養人(配偶不算)?     是     否

**聲明和個人證明:** 我願意證明上述申請資料正確屬實，若需要我也同意提供經濟來源證明，我同意若我不再符合條件時，即通知 The Gas Company，我瞭解若不合格接受折扣，我可能須退還我之前所接受的折扣，我了解 The Gas Company 可將有關我的資料提供給其他的公用事業公司和他們的業務代表以協助我加入他們的協助計劃。

簽名: \_\_\_\_\_  日期: \_\_\_\_\_

 電話號碼: (\_\_\_\_) \_\_\_\_\_ 您是否填寫了❶至❹項?

日期：

帳號：

### 親愛的瓦斯用戶：

您的主要居住處目前享有 20% 的瓦斯(煤氣)費折扣。您或許也享受了 60% 的開戶手續費折扣。為確認您合格參加CARE計劃的資格，請填妥申請表格，連同家中所有成員的收入和經費補助證明，寄回瓦斯公司(The Gas Company®)。在九十天內，若The Gas Company核准經您填寫簽名的申請表，您即可繼續享有折扣。若您未回覆或經查不符合參加資格，您可能會收到更正的帳單。

### 家庭年總收入條件：

您的家庭年總收入(年收入包含所有居住府上者的收入和補助)-在抵稅前-不能超過下面表格所列的金額。

居住人數:	1	2	3	4	5	6
全家人所有來源的年總收入不能超過	\$28,600	\$28,600	\$33,600	\$40,500	\$47,400	\$54,300
每增加一人加	\$6,900					

### 什麼是應計算在內的家庭總收入？

家庭總收入是指所有住在府上的人的所有經濟來源，包括但不限於：工資、薪水、利息、紅利、配偶和子女贍養費、政府補助金、社會安全金和退休金、租金收入、自僱收入和所有與工作有關的非現金收入。

**怎麼證明您符合家庭收入條件：**呈交下列一項或多項有關所有家庭成員的收入或經濟補助證明

- 最近一個月的薪資支票存根
- 去年聯邦所得稅申報表格以及附表（如表格 C 或 E）
- 去年所有收入證明（如 W-2，1099-M、1099-R、1099-INT）
- 目前接受福利的證明文件（如 TANF、SSI、SSP 等）
- 其他收入證明文件

**如欲索取進一步資料，或需協助填表，請致電瓦斯公司：**

英語：1-800-427-2200

國語：1-800-427-1429

西語：1-800-342-4545

韓語：1-800-427-0471

粵話：1-800-427-1420

越語：1-800-427-0478

Southern California Gas Company Form 6675-A (06/06) CH

날짜:

## Verification

고객관리번호:

CARE 수혜 자격이 더 이상 없을 경우 이 상자에 체크하십시오.

### 가주 에너지 교체 요금 (CARE) 증명

☞ ❶ 귀하의 세대원 수 전체를 표시하십시오.

- 1명    2명    3명    4명    5명  
 6명    6명 초과시 세대원 수: \_\_\_\_\_  
 🗑️ 성인: \_\_\_\_\_      어린이: \_\_\_\_\_

☞ ❷ 모든 식구의 연간 총 가구 소득을 기입하십시오. 이것은 모든 소득원으로부터 발생한 공제전 소득입니다: \$ \_\_\_\_\_.

☞ ❸ 귀하의 모든 소득원을 표시하고 소득의 증거를 보여주는 서류를 제출하십시오.

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> 노임 또는 봉급                            | <input type="checkbox"/> 장애인 지원          | <input type="checkbox"/> TANF (AFDC) |
| <input type="checkbox"/> 이자 또는 배당금 (아래 출처)                   | <input type="checkbox"/> 산재 보상금          | <input type="checkbox"/> 식품 구매권      |
| <input type="checkbox"/> 예금 계좌                               | <input type="checkbox"/> 사회보장금, SSI, SSP | <input type="checkbox"/> 자녀 부양비      |
| <input type="checkbox"/> 주식 또는 채권                            | <input type="checkbox"/> 연금              | <input type="checkbox"/> 현금이나 기타 소득  |
| <input type="checkbox"/> 은퇴 계좌                               | <input type="checkbox"/> 보험 합의금          | <input type="checkbox"/> 배우자 부양비     |
| <input type="checkbox"/> 실업 수당                               | <input type="checkbox"/> 법적 합의금          |                                      |
| <input type="checkbox"/> 임대 또는 로열티 소득                        |  |                                      |
| <input type="checkbox"/> 장학금, 보조금, 또는 기타 생활비 지원금             |  |                                      |
| <input type="checkbox"/> 자영업 수익 (IRS 양식 1040, 스케줄 C, 29번째 줄) |  |                                      |

☞ ❹ 소득세 신고서에 귀하를 피부양자로 기재할 수 있는 사람이 있습니까? (배우자 제외)       예     아니오

**신상 증명에 대한 서약:** 본인은 이 신청서에 기재한 모든 내용이 진실이며 사실과 다르지 않음을 서약합니다. 본인은 요청이 있을 경우 소득 증빙자료를 제출할 것에 동의합니다. 본인이 할인 받을 자격을 더 이상 갖지 않게 되면, The Gas Company에 통보할 것에 동의합니다. 본인은 자격이 없는 상태에서 받은 할인 혜택이 있을 경우, 추후에 그 할인 금액의 반환을 요구 받을 수 있음을 인정합니다. The Gas Company에서 다른 공공 사업체나 대행업체에게 그들의 지원 프로그램에 본인을 등록시키기 위해 본인의 정보를 공유할 수 있음을 인정합니다.

서명: \_\_\_\_\_      ✉    날짜: \_\_\_\_\_

☎    전화번호: (    ) \_\_\_\_\_      ❶ 번에서 ❹ 번까지 모두 작성하셨습니까?

날짜:

구좌 번호:

친애하는 고객 귀하,

귀하께서는 현재 주 거처에서 매월 가스 요금의 20%를 할인 받고 계십니다. 가스 가설료의 60%를 할인 받으셨을 수도 있습니다. CARE 20% 할인을 계속 받으시려면, 90 일 이내에 동봉한 신청서를 작성하시고 귀하의 자격을 확인할 수 있도록 귀 가구 내에 사는 모든 사람에 대한 소득 입증 자료를 제출하시기 바랍니다. 회답을 하지 않으시거나 자격이 없는 것으로 판단되면, 수정된 청구서를 받으실 수 있습니다.

**소득 자격 요건:**

귀 가구의 공제전 연간 총 소득(귀 가정에 거주하는 모든 사람이 받는 소득이나 보조금)이 아래에 제시된 소득 수준 이하이어야 합니다.

가구의 식구 수:	1 또는 2	3	4	5	6
연간 총 가구 소득이 다음 금액 이하:	\$28,600	\$33,600	\$40,500	\$47,400	\$54,300
추가되는 식구 1인당 \$6,900 씩 추가하십시오					

**무엇이 소득으로 간주되는가?** 총 가구 소득은 다음 사항을 비롯하여 어디에서 비롯되었든 상관 없이 모든 식구의 모든 수입을 의미합니다: 임금, 봉급, 이자, 배당금, 배우자 및 자녀 부양비, 공공 보조금, 사회 보장금 및 연금, 임대 소득, 자영 소득, 직업 관련 모든 비현금 소득 등.

**자격 입증 방법:** 소득이나 보조금을 받는 귀 가구 내의 모든 사람들에 대해 다음 소득 서류를 하나 이상 제출하십시오.

- 최근의 월급 또는 급여 수표 전표 사본.
- 작년도 연방소득세신고서 및 스케줄 (예: 스케줄 C 또는 E)의 사본.
- 작년도의 모든 소득 서류(예: W-2, 1099-M, 1099-R, 1099-INT) 사본.
- 현재 혜택(예: TANF, SSI, SSP, 등) 내역서 사본
- 기타 소득 입증자료 사본.

영어: 1-800-427-2200

한국어: 1-800-427-0471

북경어: 1-800-427-1429

광둥어: 1-800-427-1420

스페인어: 1-800-342-4545

월남어: 1-800-427-0478


Ngày:

Verification

## Số Trương Mục:

Xin đánh dấu vào ô này nếu quý vị không hội đủ điều kiện tham gia chương trình CARE nữa.


### Đơn Xin Kiểm Chứng Tình Trạng Hợp Lệ Để Hưởng Chương Trình Giảm Giá Năng Lượng Của California (CARE)


 ❶ **Đánh dấu vào ô thích hợp với số người trong nhà của quý vị:**

- Một (1)     Hai (2)     Ba (3)     Bốn (4)     Năm (5)  
 Sáu (6)     Nhiều hơn sáu người (6+), số người: \_\_\_\_\_




Người lớn: \_\_\_\_\_ Trẻ em: \_\_\_\_\_ Tổng cộng: \_\_\_\_\_

 ❷ **Hãy viết xuống đây tổng thu nhập trong năm của tất cả mọi người trong gia đình quý vị. Đây là thu nhập từ tất cả các nguồn trước khi khấu trừ: \$ \_\_\_\_\_:**

 ❸ **Đánh dấu vào ô thích hợp với tất cả các nguồn lợi tức của mọi người trong nhà quý vị và**

#### Cung Cấp Các Tài Liệu chứng minh lợi tức:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Lương hay bổng lộc  | <input type="checkbox"/> Tiền tàn tật                  | <input type="checkbox"/> Tiền trợ cấp xã hội (TANF, AFDC)  |
| <input type="checkbox"/> Tiền lãi hay tiền lời cổ phần từ                              | <input type="checkbox"/> Tiền tai nạn lao động         | <input type="checkbox"/> Phiếu thực phẩm                   |
| <input type="checkbox"/> Trương mục tiết kiệm  | <input type="checkbox"/> Tiền An Sinh Xã Hội, SSI, SSP | <input type="checkbox"/> Tiền cấp dưỡng con cái            |
| <input type="checkbox"/> Chứng khoán hoặc trái phiếu                                   | <input type="checkbox"/> Tiền hưu trí                  | <input type="checkbox"/> Tiền mặt và/hoặc Các lợi tức khác |
| <input type="checkbox"/> Trương mục hưu trí  | <input type="checkbox"/> Tiền bảo hiểm trả             | <input type="checkbox"/> Tiền cấp dưỡng do người hôn phối  |
| <input type="checkbox"/> Trợ cấp thất nghiệp   | <input type="checkbox"/> Tiền do vụ kiện trả           |  |
| <input type="checkbox"/> Tiền cho thuê nhà hay tiền bản quyền                          |  |  |
| <input type="checkbox"/> Học bổng, phụ cấp, hay các trợ cấp khác dùng cho đời sống     |  |  |
| <input type="checkbox"/> Lợi tức từ việc làm tự do (Mẫu thuế 1040, Bảng Kê C, dòng 29) |  |  |

 ❹ **Có người nào (trừ người hôn phối của quý vị) khai quý vị là người phụ thuộc trên mẫu khai thuế của họ không?     Có     Không**

**Lời khai và tự xác nhận:** Tôi xác nhận rằng những điều tôi khai trong đơn này là đúng sự thật và chính xác. Tôi đồng ý cung cấp tất cả các tài liệu về thu nhập nếu được yêu cầu. Tôi đồng ý sẽ thông báo cho The Gas Company khi tôi không còn hợp lệ để được hưởng sự giảm giá. Tôi hiểu rằng nếu tôi nhận bất cứ sự giảm giá nào mà không hội đủ điều kiện, tôi có thể sẽ bị yêu cầu trả lại số tiền đã nhận. Tôi cũng hiểu rằng The Gas Company có thể sẽ chia sẻ những tin tức của tôi với các cơ quan cung cấp tiện ích khác hoặc các đại diện của họ để được ghi danh vào những chương trình hỗ trợ của họ.

Chữ ký: \_\_\_\_\_ Ngày: \_\_\_\_\_

 Số điện thoại: (\_\_\_\_) \_\_\_\_\_ Quý vị đã điền đầy đủ từ câu ❶ đến hết câu ❹ chưa?



Ngày:

Số trương mục:

### Thưa Quý Khách:

Quý vị hiện đang được giảm 20% trên hóa đơn gas tại nơi cư ngụ chính của quý vị. Quý vị cũng có thể đã được giảm 60% trên Lệ Phí Thiết Lập Dịch Vụ. Để tiếp tục được hưởng giảm giá 20% của chương trình CARE, xin quý vị điền vào mẫu đơn đính kèm và kèm theo chứng từ thu nhập của từng người trong gia đình đang có thu nhập để kiểm chứng sự hợp lệ của quý vị trong vòng 90 ngày. Nếu quý vị không trả lời hay không hội đủ điều kiện, quý vị có thể sẽ nhận hóa đơn được điều chỉnh lại.

### Các Điều Kiện Đòi Hỏi Về Lợi Tức:

Lợi tức hàng năm của cả nhà quý vị (tức tổng số lợi tức hoặc trợ cấp mà tất cả những người sống trong nhà quý vị nhận được) - trước mọi khấu trừ - không quá mức quy định liệt kê ở phần dưới.

Số người trong nhà:	1 hay 2	3	4	5	6
Tổng số lợi tức hàng năm của cả nhà quý vị không vượt quá:	\$28,600	\$33,600	\$40,500	\$47,400	\$54,300
<b>Mỗi người phụ trội trong nhà, cộng thêm \$6,900</b>					

**Những Gì Được Coi Là Lợi Tức?** Tổng số lợi tức của cả nhà là tổng cộng các thu nhập của tất cả mọi người trong nhà quý vị, bất cứ từ những nguồn thu nhập nào, bao gồm, nhưng không hạn chế, những thứ tiền như: tiền lương, bổng lộc, tiền lãi, tiền lời cổ phần, tiền cấp dưỡng nuôi con hay người hôn phối, tiền trợ cấp xã hội, tiền hưu trí và An Sinh Xã Hội, tiền cho thuê nhà, lợi tức từ việc làm tự do, và tất cả các lợi tức không dưới hình thức hiện kim, liên quan đến việc làm.

**Những tài liệu cần cung cấp:** Nộp Một hay Nhiều Tài Liệu Thu Nhập Sau Đây Của Mọi Người Trong Nhà Quý Vị Hiện Đang Có Thu Nhập Hay Trợ Cấp

- Bản sao chi phiếu lương hay cùi chi phiếu lương tháng gần nhất.
- Bản sao Mẫu Thuế Thu Nhập Liên Bang năm ngoài kèm theo bảng kê (schedules) -(như bảng kê C hay E).
- Bản sao mọi tài liệu thu nhập trong năm ngoài (như W-2, 1099-M, 1099-R, 1099-INT).
- Bản sao Bản Phúc Lợi hiện tại (như TANF, SSI, SSP, vân vân).
- Bản sao những chứng từ thu nhập khác.

Tiếng Anh: 1-800-427-2200

Tiếng Quan Thoại: 1-800-427-1429

Tiếng Tây Ban Nha: 1-800-342-4545

Tiếng Đại Hàn: 1-800-427-0471

Tiếng Quảng Đông: 1-800-427-1420

Tiếng Việt Nam: 1-800-427-0478

Southern California Gas Company Form 6675-A (06/06) VI

SAMPLE FORMS: APPLICATIONS  
Self-Certification CARE Application  
Submetered Residential Form No. 6677 (06/06)

Sheet 1

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)  
ADVICE LETTER NO. 3631  
DECISION NO.

ISSUED BY  
**Lee Schavrien**  
Vice President  
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)  
DATE FILED May 15, 2006  
EFFECTIVE Jun 1, 2006  
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 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:**  
 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 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:	<b>1 or 2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Total Yearly Household Income No More Than:	<b>\$28,600</b>	<b>\$33,600</b>	<b>\$40,500</b>	<b>\$47,400</b>	<b>\$54,300</b>
For each additional person in your household add \$6,900					

**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:**

LIHEAP- Low Income Home Energy Assistance Program provides bill payment assistance, emergency bill assistance and weatherization services. Call the California Department of Community Services at 1-866-675-6623.

DAP - The Gas Company's Direct Assistance Program provides weatherization services at no cost. Call 1-800-331-7593.

**For information on CARE, call The Gas Company at:**

- English: 1-800-427-2200
- Mandarin: 1-800-427-1429
- Spanish: 1-800-342-4545
- Korean: 1-800-427-0471
- Cantonese: 1-800-427-1420
- Vietnamese: 1-800-427-0478
- Hearing Impaired (TDD): 1-800-252-0259

Fecha:

Clase:

Número de cuenta:


No. de facilidad:


## Estacionamiento De Casas Móviles:

### Solicitud Para El Programa De Tarifas Alternas 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 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 Favor de marcar todas las fuentes de sus ingresos:**

- |   |  |
|---|--|
| <input type="checkbox"/> Sueldos  | <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 jubilación  | <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 del número **1** al **4**?

Fecha:

Clase:

Número de cuenta:

No. de facilidad:

## Estacionamiento De Casas Móviles:

### Cómo Solicitar El Programa De Tarifas Alternas Para Energía En

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

**IMPORTANTE INFORMACIÓN:** A usted, al igual que el dueño o el encargado, se le notificará si su solicitud es aprobada o negada.

**VERIFICACIÓN:** En una fecha posterior, se le puede pedir que compruebe los ingresos de su hogar. Si se le pide, usted debe 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 sea 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 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, 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:	\$28,600	\$33,600	\$40,500	\$47,400	\$54,300
<b>Por cada persona adicional agregue \$6,900</b>					

¿**Qué 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, 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 monetarios relacionados 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.

**Español: 1-800-342-4545**

**Inglés: 1-800-427-2200**

**Para clientes con limitaciones auditivas (TDD): 1-800-252-0259**

SAMPLE FORMS: APPLICATIONS  
Self-Recertification CARE Application  
Submetered Residential Form No. 6678 (06/06)

Sheet 1

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)  
ADVICE LETTER NO. 3631  
DECISION NO.

ISSUED BY  
**Lee Schavrien**  
Vice President  
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)  
DATE FILED May 15, 2006  
EFFECTIVE Jun 1, 2006  
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 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:**

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 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 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:	<b>1 or 2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Total Yearly Household Income No More Than:	<b>\$28,600</b>	<b>\$33,600</b>	<b>\$40,500</b>	<b>\$47,400</b>	<b>\$54,300</b>
For each additional person in your household add \$6,900					

**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:**

LIHEAP- Low Income Home Energy Assistance Program provides bill payment assistance, emergency bill assistance and weatherization services. Call the California Department of Community Services at 1-866-675-6623.

DAP - The Gas Company's Direct Assistance Program provides weatherization services at no cost. Call 1-800-331-7593.

**For information on CARE, call The Gas Company at:**

English: 1-800-427-2200

Mandarin: 1-800-427-1429

Spanish: 1-800-342-4545

Korean: 1-800-427-0471

Cantonese: 1-800-427-1420

Vietnamese: 1-800-427-0478

Hearing Impaired (TDD): 1-800-252-0259

Fecha:

Clase:

Número de cuenta:

No. de facilidad:


### Estacionamiento De Casas Móviles:


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

#### Recertificación Para El Programa De Tarifas Alternas 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 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 Favor de marcar todas las fuentes de sus ingresos:**

- |   |  |
|---|--|
| <input type="checkbox"/> Sueldos  | <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 jubilación  | <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 del número **1** al **4**?

Fecha:

Clase:

Número de cuenta:

No. de facilidad:

## Estacionamiento De Casas Móviles:

**Cómo Recertificar Para El Programa De Tarifas Alternas 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 forma incluida y regrésela en el sobre adjunto. Su descuento continuará si su solicitud completa y firmada es aprobada por *The Gas Company* dentro de 30 días.

**IMPORTANTE INFORMACIÓN:** A usted, al igual que el dueño o el encargado, se le notificará si su solicitud es aprobada o negada.

**VERIFICACIÓN:** En una fecha posterior, se le puede pedir que compruebe los ingresos de su hogar. Si se le pide, usted debe 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 sea 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 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, cualquier cambio sobre su elegibilidad.

Número de personas en su hogar:	<b>1 o 2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Suma total anual de ingresos en su hogar no puede ser más de:	<b>\$28,600</b>	<b>\$33,600</b>	<b>\$40,500</b>	<b>\$47,400</b>	<b>\$54,300</b>
<b>Por cada persona adicional agregue \$6,900</b>					

**¿Qué 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, 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 monetarios relacionados 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.

**Español: 1-800-342-4545**

**Inglés: 1-800-427-2200**

**Para clientes con limitaciones auditivas (TDD): 1-800-252-0259**

APPLICATION FOR CALIFORNIA ALTERNATE RATES  
FOR ENERGY PROGRAM - BILL INSERT  
Form No. 6491-BI (06/06)

T

(TO BE INSERTED BY UTILITY)  
ADVICE LETTER NO.    3631  
DECISION NO.

ISSUED BY  
**Lee Schavrien**  
Vice President  
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)  
DATE FILED    May 15, 2006  
EFFECTIVE    Jun 1, 2006  
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 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. Recibirá su(s) descuentos(s) una vez que su solicitud sea aprobada por The Gas Company. Si tiene alguna duda acerca de la solicitud, favor de llamar al 1-800-342-4545. Para clientes con limitaciones auditivas (TDD): 1(800)252-0259.

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	\$28,600
3	\$33,600
4	\$40,500
5	\$47,400
6	\$54,300
Add \$6,900 for each additional person.	
Ingreso Máximo en el Hogar	
Número de Personas en el Hogar	Ingreso Total Anual Combinado
1 ó 2	\$28,600
3	\$33,600
4	\$40,500
5	\$47,400
6	\$54,300
Añada \$6,900 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. 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*

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