

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE  
SAN FRANCISCO, CA 94102-3298



July 16, 2008

Advice Letter 3865

Ken Deremer  
Director  
Tariffs & Regulatory Accounts  
8330 Century Park Court CP32C  
San Diego, CA 92123-1548

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

Dear Mr. Deremer:

Advice Letter 3865 is effective June 1, 2008.

Sincerely,

A handwritten signature in black ink, appearing to read "Sean H. Gallagher".

Sean H. Gallagher, Director  
Energy Division



Ken Deremer  
Director  
Tariffs & Regulatory Accounts

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May 14, 2008

Advice No. 3865  
(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 4.1% 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 April 22, 2008 from the Director of the Energy Division, SoCalGas was provided with the new CARE income-eligibility levels to be effective from June 1, 2008 through May 31, 2009. This notice further directs the energy utilities to file revised tariffs with the Energy Division reflecting the new income levels by May 14, 2008.

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

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

### **Effective Date**

SoCalGas believes that this filing is subject to Energy Division disposition and should be classified as Tier 1 (effective pending disposition) pursuant to GO 96-B. In compliance with Ordering Paragraph 3 of Res. E-3524, dated February 19, 1998 and the April 22, 2008 notice from the Energy Division, the tariff sheets filed herein are to be effective for service on and after June 1, 2008.

### **Notice**

A copy of this advice letter is being sent to the parties listed on Attachment A, which includes the service list for R.07-01-042.

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KEN DEREMER  
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: Sid Newsom

Phone #: (213) 244-2846

E-mail: snewsom@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) #: 3865

Subject of AL: CARE Revision to Low-Income 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 #:  
E-3524

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL No

Summarize differences between the AL and the prior withdrawn or rejected AL<sup>1</sup>: N/A

Does AL request confidential treatment? If so, provide explanation: No

Resolution Required?  Yes  No

Tier Designation:  1     2     3

Requested effective date: 6/1/08

No. of tariff sheets: 16

Estimated system annual revenue effect (%): None

Estimated system average rate effect (%): None

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: G-CARE, G-AC, GT-AC, Sample Forms, TOCs

Service affected and changes proposed<sup>1</sup>: N/A

Pending advice letters that revise the same tariff sheets: None

**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 Ave.**

**San Francisco, CA 94102**

**mas@cpuc.ca.gov and jnj@cpuc.ca.gov**

**Southern California Gas Company**

**Attention: Sid Newsom**

**555 West Fifth Street, GT14D6**

**Los Angeles, CA 90013-1011**

**snewsom@semprautilities.com**

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

**ATTACHMENT A**

**Advice No. 3865**

**(See Attached Service Lists)**

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ATTACHMENT B  
Advice No. 3865

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
Revised 43436-G	Schedule No. G-CARE, CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM, Sheet 2	Revised 42340-G
Revised 43437-G	Schedule No. G-CARE, CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM, Sheet 4	Revised 42342-G
Revised 43438-G	Schedule No. G-AC, CORE AIR CONDITIONING SERVICE, FOR COMMERCIAL AND INDUSTRIAL, Sheet 7	Revised 41900-G
Revised 43439-G	Schedule No. GT-AC, CORE TRANSPORTATION-ONLY AIR CONDITIONING, SERVICE FOR COMMERCIAL AND INDUSTRIAL, Sheet 5	Revised 41901-G
Revised 43440-G	APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY (CARE) PROGRAM FOR QUALIFIED , AGRICULTURAL EMPLOYEE HOUSING (Form 6632-B, 6/08)	Revised 42344-G
Revised 43441-G	APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY PROGRAM - GENERAL PURPOSE, DIRECT MAIL (Form No. 6491-DMB, 6/08)	Revised 42345-G
Revised 43442-G	SAMPLE FORMS: APPLICATIONS, Self- Certification CARE Application, Individually Metered Residential (Form No. 6491-B, 6/08)	Revised 42346-G
Revised 43443-G	SAMPLE FORMS: APPLICATIONS, Self- Recertification CARE Application, Individually Metered Residential (Form No. 6674-B, 6/08)	Revised 42347-G
Revised 43444-G	SAMPLE FORMS: APPLICATIONS, Self- Mailer CARE Application, (Form No. 6491-2B, 6/08)	Revised 42348-G
Revised 43445-G	SAMPLE FORMS: APPLICATIONS, Post- Enrollment Verification CARE Application, Individually Metered Residential (Form No. 6675- B, 6/08)	Revised 42349-G
Revised 43446-G	SAMPLE FORMS: APPLICATIONS, Self- Certification CARE Application, Submetered Residential (Form No. 6677-B, 6/08)	Revised 42350-G

ATTACHMENT B  
Advice No. 3865

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
Revised 43447-G	SAMPLE FORMS: APPLICATIONS, Self- Recertification CARE Application, Submetered Residential (Form No. 6678-B, 6/08)	Revised 42351-G
Revised 43448-G	APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY PROGRAM - BILL INSERT, (Form No. 6491- BI, 6/08)	Revised 42352-G
Revised 43449-G	TABLE OF CONTENTS	Revised 43433-G
Revised 43450-G	TABLE OF CONTENTS	Revised 42354-G
Revised 43451-G	TABLE OF CONTENTS	Revised 43435-G

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

Sheet 2

(Continued)

SPECIAL CONDITIONS (Continued)

ALL CUSTOMERS (Continued)

2. Application and Eligibility Declaration: An application and eligibility declaration, on a form authorized by the Commission, is required for service under the CARE program unless otherwise authorized by the Commission. Renewal of a customer's eligibility declaration, also referred to as recertification, is required at the request of the Utility.
3. Commencement of CARE Discount: Eligible customers shall begin receiving the CARE rate discount no later than one billing period after receipt of a completed and approved application by the Utility or as may be authorized by the Commission.
4. Eligibility: A customer can qualify for the CARE discount by meeting either of the two eligibility requirements shown below:
  - a. 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:

Number of Persons <u>In Household</u>	Total Annual <u>Household Income</u>
1 or 2	\$30,500
3	\$35,800
4	\$43,200
5	\$50,600
6	\$58,000

For households with more than six persons, add \$7,400 annually for each additional person living in the household. The above income levels are subject to change annually by the Commission.

- b. Categorical Eligibility: If the applicant or any person in the household receives benefits from any of the following programs: Medi-Cal; Food Stamps; TANF (AFDC); Women, Infant & Children (WIC); Healthy Family Categories A&B; and LIHEAP.

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.

(Continued)

(TO BE INSERTED BY UTILITY)  
 ADVICE LETTER NO. 3865  
 DECISION NO.

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

(TO BE INSERTED BY CAL. PUC)  
 DATE FILED May 14, 2008  
 EFFECTIVE Jun 1, 2008  
 RESOLUTION NO. E-3524

I  
|  
|  
|  
|  
I  
I

Schedule No. G-CARE

Sheet 4

CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

(Continued)

SPECIAL CONDITIONS (Continued)

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 \$30,500.
  - d. With the exception of homeless shelters, all facilities must certify that they provide a "special needs" social service, such as meals, job development training, or rehabilitation programs, in addition to lodging for residents who qualify for the CARE discount.
  - e. Homeless shelters must certify that they provide at least six beds per day or night for a minimum of 180 days each year for persons who have no alternative residence.
  - f. The facility must certify that at least 70% of the energy supplied to the facility's premises is used for residential purposes.
  - g. Government-owned facilities are not considered qualified non-profit group living facilities, unless they are a qualified non-profit homeless shelter as defined above.
14. Certification of Benefits: At the time of annual renewal of eligibility, each facility is required to certify that monies saved through the CARE discount have benefited the residents of the facility who qualify for the CARE discount. Certification shall be made under penalty of perjury and include a quantification of funds saved annually due to the CARE discount, and identify how those funds have been spent for the benefit of the qualifying residents.

(Continued)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 3865  
DECISION NO.

4H17

ISSUED BY

**Lee Schavrien**  
Senior Vice President  
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 14, 2008  
EFFECTIVE Jun 1, 2008  
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 \$30,500 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.

(Continued)

(TO BE INSERTED BY UTILITY)  
ADVICE LETTER NO. 3865  
DECISION NO.

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

(TO BE INSERTED BY CAL. PUC)  
DATE FILED May 14, 2008  
EFFECTIVE Jun 1, 2008  
RESOLUTION NO. E-3524



Schedule No. GT-AC

Sheet 5

CORE TRANSPORTATION-ONLY AIR CONDITIONING  
SERVICE FOR COMMERCIAL AND INDUSTRIAL

(Continued)

SPECIAL CONDITIONS (Continued)

CARE

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 \$30,500 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. 3865  
DECISION NO.

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

(TO BE INSERTED BY CAL. PUC)  
DATE FILED May 14, 2008  
EFFECTIVE Jun 1, 2008  
RESOLUTION NO. E-3524

APPLICATION FOR CALIFORNIA ALTERNATE RATES  
FOR ENERGY (CARE) PROGRAM FOR QUALIFIED  
AGRICULTURAL EMPLOYEE HOUSING (Form 6632-B, 6/08)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 3865  
DECISION NO.

1H9

ISSUED BY

**Lee Schavrien**  
Senior Vice President  
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 14, 2008  
EFFECTIVE Jun 1, 2008  
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 eligibility shown below, excluding any employee operating or managing the facility who resides at the facility.

<b>PUBLIC ASSISTANCE PROGRAMS:</b>
If another person in the household receives benefits from any of the following programs:
Medi-Cal Food Stamps TANF(AFDC) Women, Infant & Children (WIC) Healthy Families Categories A&B LIHEAP

OR

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

- 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.

---

## 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 eligibility (see Eligibility Criteria for Applicant) 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' CARE 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' CARE 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 CALIFORNIA ALTERNATE RATES  
FOR ENERGY PROGRAM - GENERAL PURPOSE  
DIRECT MAIL (Form No. 6491-DMB, 6/08)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 3865  
DECISION NO.

1H9

ISSUED BY

**Lee Schavrien**  
Senior Vice President  
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 14, 2008  
EFFECTIVE Jun 1, 2008  
RESOLUTION NO. E-3524



Dear Customer,

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

To see if you qualify, check the requirements listed below. The income qualifications are based on income for the total number of people living in your household. If you think you meet the requirements, just fill out the application on the back of this letter 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.

### THERE ARE TWO WAYS TO QUALIFY FOR THE CARE DISCOUNT:

#### 1 PUBLIC ASSISTANCE PROGRAMS:

If you or another person in your household receives benefits from any of the following programs:

- Medi-Cal
- Food Stamps
- TANF(AFDC)
- Women, Infants & Children (WIC)
- Healthy Families Categories A&B
- LIHEAP

#### 2 MAXIMUM HOUSEHOLD INCOME:

(effective June 1, 2008 to May 31, 2009)

Number of Persons in Household	Total Annual Income
1-2	\$30,500
3	\$35,800
4	\$43,200
5	\$50,600
6	\$58,000
For each additional household member, add \$7,400	

←OR→

### CONDITIONS FOR PARTICIPATION

1) The gas bill must be in your name and the address must be your primary address. 2) You may not be claimed as a dependent on another person's income tax return other than your spouse's. 3) You will need to recertify your application when requested. 4) You are required to notify The Gas Company within 30 days if you no longer qualify. 5) You may be asked to verify your eligibility for CARE.

At The Gas Company, 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 or apply online at [www.socalgas.com/residential/assistance/](http://www.socalgas.com/residential/assistance/).

Sincerely,

Kirk Morales  
CARE Program Sr. Market Advisor





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:

ACCOUNT #:

PLEASE COMPLETE IN BLACK OR DARK BLUE INK.

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

HOME PHONE: --

### 2A Public Assistance Programs Benefits Received

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

- Medi-Cal: Under 65 years of age
- Food Stamps
- Healthy Families A&B
- WIC
- Medi-Cal: 65 years or older
- TANF (AFDC)
- LIHEAP

OR

If NONE of the above, please complete Section 2B

### 2B Household Income Information: Skip if you completed Section 2A

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

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

Part 2: Please fill in the circle ● of your household's income range per year before deductions.

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

### 3 Declaration: Please read and sign below.

I state that the information I have provided in this application is true and correct. I agree to provide proof of CARE eligibility if asked. I agree to inform The Gas Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that The Gas Company can share my information with other utilities or agents to enroll me in their assistance programs.

SIGNATURE: X  DATE:  /  /

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



Estimado Cliente:

Por medio de nuestro programa Tarifas Alternas para Energía de California (CARE), The Gas Company<sup>SM</sup> 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 personas a ahorrar dinero mensualmente, así que tal vez le podría ayudar a usted también.

Para saber si califica, revise los requisitos que se presentan 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 detrás de esta carta y envíenosla por correo en el sobre con timbre pagado por adelantado.

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

### HAY DOS FORMAS DE CALIFICAR PARA EL DESCUENTO DE CARE:

#### 1 PROGRAMAS DE ASISTENCIA PÚBLICA:

Si usted u otra persona que vive en su hogar recibe beneficios de cualquiera de los siguientes programas:

- Medi-Cal
- Food Stamps
- TANF(AFDC)
- Women, Infants & Children (WIC)
- Healthy Families Categories A&B
- LIHEAP (Programa de Asistencia de Energía para Hogares de Bajos Ingresos)

#### 2 INGRESO MÁXIMO EN EL HOGAR:

(en vigor del 1 de junio de 2008 al 31 de mayo de 2009)

Número de personas en el hogar	Ingreso total anual
1-2	\$30,500
3	\$35,800
4	\$43,200
5	\$50,600
6	\$58,000
Por cada miembro adicional en el hogar, añade \$7,400	



### CONDICIONES PARA PARTICIPAR

- 1) La factura de gas debe estar a su nombre y la dirección debe ser su domicilio principal.
- 2) No puede aparecer como dependiente en la declaración de impuestos sobre el ingreso de otra persona que no sea su cónyuge.
- 3) Debe recertificar su solicitud CARE cuando se le solicite.
- 4) Debe notificar a The Gas Company en un término de 30 días si deja de calificar.
- 5) Tal vez se le pida comprobar que reúne los requisitos para CARE.

En The Gas Company, 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 ó aplique en línea en [www.socalgas.com/sp/residential/assistance/](http://www.socalgas.com/sp/residential/assistance/).

Atentamente,

Kirk Morales

Gerente del programa CARE



A Sempra Energy utility®

# SOLICITUD CARE PARA UN 20% DE DESCUENTO EN LA TARIFA DE GAS

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

NOMBRE:

DOMICILIO:

CIUDAD/CÓDIGO POSTAL:

NÚMERO DE CUENTA:

**POR FAVOR DE COMPLETAR EN TINTA NEGRA O AZUL OSCURA.**

**1** Número total de personas que viven en su hogar (inclúyase usted, otros adultos y niños):

TELEFÓNO DE CASA: --

**2A** Beneficios que recibe a través de programas de asistencia pública: Si usted, o alguien que vive en su hogar está recibiendo beneficios de uno de los programas siguientes, por favor rellene el/los círculo/s ● y vaya directamente a la sección 3.

- Medi-Cal: menor de 65 años
- Medi-Cal: 65 años o más
- Food Stamps
- TANF (AFDC)
- Healthy Families A&B
- LIHEAP
- WIC

**Si no marcó NINGUNO, sírvase llenar la sección 2B**

**2B** Ingreso anual de su hogar: Si llenó la sección 2A, vaya directamente a la sección 3.

Parte 1: Si no participa en ninguno de los programas que aparecen en la lista anterior, por favor rellene el/los círculo/s ● para todas las fuentes de ingreso en su hogar y proporcione el ingreso total de su hogar en los espacios que se proporcionan en la parte de abajo:

- Seguro Social
- Pensiones
- SSI, SSP, SSDI
- Intereses o dividendos de:
  - Cuentas de ahorro, pensiones
  - Acciones o bonos
  - Cuentas para el retiro
- Salarios o sueldos
- Pagos de reclamaciones legales
- Beneficios de desempleo
- Pagos de reclamaciones a seguros
- Pagos de incapacidad
- Pensión conyugal
- Indemnización para los trabajadores
- Pensión alimenticia
- Dinero en efectivo y/u otros ingresos
- Becas, subvenciones u otra ayuda usada para sufragar el costo de la vida
- Ingresos por alquiler o regalías
- Utilidades de autoempleo, (Formulario 1040, Anexo C, Renglón 29 del IRS)

Parte 2: Sírvase rellenar el círculo ● de la gana que corresponde al ingreso anual de su hogar antes de deducciones.

- \$0 - \$30,500
- \$30,501 - \$35,800
- \$35,801 - \$43,200
- \$43,201 - \$50,600
- \$50,601 - \$58,000
- Si es más de \$58,000, escriba la suma anual: \$  ,   .00

**3** Declaración: Por favor lea y firme abajo.

Declaro que la información que proporcioné en este formulario de solicitud es verdadera y correcta. Si se me solicita, convengo en presentar comprobantes de que reúno los requisitos de CARE. Convengo en informar a The Gas Company si dejo de calificar para recibir el descuento. Entiendo que, si recibo el descuento sin tener derecho al mismo, se me puede exigir la devolución del descuento recibido. Entiendo que The Gas Company puede compartir mis datos con otras empresas de servicios públicos o agentes para inscribirme en sus programas de asistencia.

FIRMA: X

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-B, 6/08)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 3865  
DECISION NO.

1H12

ISSUED BY

**Lee Schavrien**  
Senior Vice President  
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 14, 2008  
EFFECTIVE Jun 1, 2008  
RESOLUTION NO. E-3524



A Sempra Energy utility

**20% CARE DISCOUNT APPLICATION**

**CALIFORNIA ALTERNATE RATES FOR ENERGY APPLICATION**

The Gas Company's California Alternate Rates for Energy (CARE) program provides a 20% discount on the monthly gas bill for eligible households. Those who qualify and are approved within 90 days of starting new gas service will also receive a \$15 discount on the Service Establishment Charge. Please complete this form and return within 90 days or apply online at <http://www.socalgas.com/residential/assistance/care/index.shtml>

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

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

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

**OR**

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

**CONDITIONS FOR PARTICIPATION**

- The gas bill must be in your name and the address must be your primary address.
- You must not be claimed as a dependent on another person's income tax return other than your spouse.
- You must recertify your application when requested.
- You must notify The Gas Company within 30 days if you no longer qualify.
- You may be asked to verify your eligibility for CARE.

**OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR:**

- **DAP** - Direct Assistance Program, a low income energy efficiency program, offers free energy-saving home improvements such as ceiling insulation, door weather-stripping, caulking and minor home repair. For more information, please call 1-800-331-7593.
- **Medical Baseline** - Provides additional allowance of gas at a lower rate to customers with certain medical conditions. For more information, call 1-800-427-2200.
- **LIHEAP** - Low Income Home Energy Assistance Program provides bill payment assistance, emergency bill assistance and weatherization services. Call the California Department of Community Services and Development at 1-866-675-6623.
- **California Lifeline (ULTS)** - A discounted telephone access for customers meeting similar income guidelines to CARE. For more information, contact your local telephone service provider.

**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/TYY): 1-800-252-0259 (available in English and Spanish only)

JOHN Q PUBLIC  
JANE Q PUBLIC  
1801 ATLANTIC BLVD  
MONTEREY PARK CA 91754-5207



# CARE 20% Rate Discount Application

(Please use dark ink and print clearly to ensure proper processing)

Form 6491-B (06/08) EN

THE GAS COMPANY  
CARE PROGRAM, ML GT12F1  
PO BOX 3249  
LOS ANGELES, CA 90051-1249

Account Number: 123 345 7890

Date: 12/01/2007

Customer Name: JOHN Q PUBLIC

Address: 1801 ATLANTIC BLVD, MONTEREY PARK CA 91754-5207

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

Home Phone #:    -    -

**2A** **Public Assistance Programs Benefits Received:**  
If you or someone in your household receives benefits from any of the programs below, please fill in the circle (●), then go directly to **3**.

- Medi-Cal: Under 65 of age       Food Stamps       Healthy Families A&B       WIC  
 Medi-Cal: 65 or older       TANF (AFDC)       LIHEAP

OR

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

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

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

**Part 2:** Please fill in the circle (●) of your household's income range per year before deductions.

- \$0 - \$30,500     \$30,501 - \$35,800     \$35,801 - \$43,200     \$43,201 - \$50,600     \$50,601 - \$58,000

If more than \$58,000, enter amount here: \$   ,    .00 per year

**3** **Declaration:** Please read and sign below.

I state that the information I have provided in this application is true and correct. I agree to provide proof of CARE eligibility if asked. I agree to inform The Gas Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that The Gas Company can share my information with other utilities or agents to enroll me in their assistance programs.

Signature: X  Date:

**FORMULARIO DE SOLICITUD  
PARA EL DESCUENTO DEL 20%****SOLICITUD PARA EL PROGRAMA DE TARIFAS ALTERNAS PARA ENERGÍA EN CALIFORNIA**

El programa de Tarifas Alternas para Energía en California (CARE) de The Gas Company<sup>SM</sup> ofrece un descuento del 20% en la factura mensual de gas a los hogares que reúnen los requisitos. Aquellos que califiquen y sean aprobados en un término de 90 días a partir del inicio de su servicio de gas también recibirán un descuento de \$15 en el Cargo de Conexión de Servicio (Service Establishment Charge).

Para ver si califica, revise los requisitos que aparecen a continuación. Sírvase llenar el formulario de solicitud y regresarlo en el sobre provisto. El descuento se aplicará una vez que el formulario de solicitud debidamente llenado y firmado haya sido aprobado por The Gas Company.

**HAY DOS FORMAS DE CALIFICAR PARA EL DESCUENTO DE CARE:**

<b>PROGRAMAS DE ASISTENCIA PÚBLICA:</b>
Si usted u otra persona que vive en su hogar recibe beneficios de cualquiera de los siguientes programas:
<p style="text-align: center;">Medi-Cal Food Stamps TANF(AFDC) Women, Infant &amp; Children (WIC) Healthy Families Categories A&amp;B LIHEAP (Programa de Asistencia de Energía para Hogares de Bajos Ingresos)</p>

O

<b>INGRESO MÁXIMO EN EL HOGAR:</b> <i>(en vigor del 1 de junio de 2008 al 31 de mayo de 2009)</i>	
Número de personas en el hogar	Ingreso total anual
1-2	\$30,500
3	\$35,800
4	\$43,200
5	\$50,600
6	\$58,000
Por cada miembro adicional en el hogar, añada	\$7,400

**CONDICIONES PARA PARTICIPAR**

- La factura de gas debe estar a su nombre y la dirección debe ser su domicilio principal.
- No debe aparecer como dependiente en la declaración de impuestos de otra persona que no sea su cónyuge.
- Debe recertificar su solicitud cuando se le solicite.
- Debe notificar a The Gas Company en un término de 30 días si deja de calificar.
- Tal vez se le pida comprobar que reúne los requisitos para CARE.

**OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE QUIZÁ PUDIERA CALIFICAR:**

- **Programa de Asistencia Directa (DAP):** Este programa de eficiencia energética para clientes de bajos recursos ofrece mejoras gratuitas para el hogar, tales como aislamiento de techo, colocación de burletes en puertas, enmasillado y reparaciones menores, a fin de ahorrar energía. Para más información, llame al 1-800-331-7593.
- **Asignación Médica Inicial (Medical Baseline):** Provee asignación adicional de gas a una tarifa menor a los clientes con ciertas afecciones médica. Para más información, llame al 1-800-342-4545.
- **Programa de Ayuda Energética para Hogares de Bajos Recursos (LIHEAP):** Ofrece asistencia para el pago de facturas, asistencia de emergencia para el pago de facturas y servicios de acondicionamiento contra las inclemencias del tiempo. Llame al Departamento de Servicios a la Comunidad de California al 1-866-675-6623.
- **Servicio Telefónico Universal Lifeline (California Lifeline-ULTS):** Acceso telefónico a precios de descuento para los clientes que reúnan requisitos de ingreso similares a los del programa CARE. Para más información, llame al proveedor de servicio telefónico de su localidad.

**PARA INFORMACIÓN SOBRE CARE, LLAME A THE GAS COMPANY AL:**

Inglés: 1-800-427-2200  
Coreano: 1-800-427-0471

Mandarín: 1-800-427-1429  
Cantonés: 1-800-427-1420

Español: 1-800-342-4545  
Vietnamita: 1-800-427-0478

Para clientes con limitaciones auditivas (TDD/TYY): 1-800-252-0259 (disponible en inglés y español únicamente)

JOHN Q PUBLIC  
JANE Q PUBLIC  
1801 ATLANTIC BLVD  
MONTEREY PARK CA 91754-5207







## 加州能源優惠率計劃申請

The Gas Company<sup>SM</sup> (瓦斯公司) 的加州能源優惠率 (CARE) 計劃提供符合特定資格的家庭 20% 的瓦斯 (煤氣) 費折扣。如果您在開新的瓦斯服務的 90 天之內申請並通過審核, 還可獲得 \$15 的開戶手續費優惠。

查看您是否符合資格, 請核對下列必要條件。請您填妥申請表格並用所提供的郵資已付信封寄回。在 The Gas Company 核准您填寫並簽名的申請表後, 您即可享受折扣。

### 符合 CARE 折扣的兩種資格:

政府協助計劃:
如果您或您的家人從下列任一計劃中受益
<b>Medi-Cal</b> - 加州醫療輔助計劃
<b>Food Stamps</b> - 食物券
<b>TANF(AFDC)</b> - 貧困家庭臨時現金資助計劃
<b>Women, Infants &amp; Children (WIC)</b> - 婦女、嬰兒和兒童營養輔助計劃)
<b>Healthy Families Categories A&amp;B</b> - 健康家庭低費兒童醫療健保計劃類別 A 及 B
<b>LIHEAP</b> - 低收入家庭能源協助計劃

或

家庭收入最高限額: (有效期 2008 年 6 月 1 日至 2009 年 5 月 31 日)	
家庭成員人數	年收入總額
1-2	\$30,500
3	\$35,800
4	\$43,200
5	\$50,600
6	\$58,000
每多一位家庭成員, 增加	\$7,400

### 參加條件

- 瓦斯帳單必須在您的名下並且地址必須為您的主要住宅。
- 除您配偶外, 您不能是其他人報稅單上的被撫養人。
- 您必須在被要求時, 重新認證您還符合 CARE 資格。
- 如果您已經不再符合該資格, 您必須在 30 天內通知 The Gas Company。
- 您有可能被要求提供符合 CARE 資格的證明文件。

### 您可能符合條件的優惠計劃和服務:

- **DAP (直接協助計劃):** 一項低收入能源效率計劃, 提供免費的節能住宅改進, 如屋頂絕緣隔熱、房門天氣封條、堵縫和次要的房屋維修。更多訊息, 請致電 1-800-331-7593。
- **Medical Baseline (醫療基線計劃):** 一定醫療狀況的客戶, 較多的瓦斯使用額度, 只需付較低的費率。若需更多訊息請致電 1-800-427-2200。
- **LIHEAP (低收入家庭能源協助計劃):** 提供帳單付費協助、緊急帳單協助和增強禦寒性能服務。請致電 California Department of Community Services and Development (加州社區服務與發展部) 1-866-675-6623。
- **California Lifeline (ULTS) (加州的普濟電話服務計劃):** 提供電話費優惠給類似 CARE 收入標準的低收入消費者。若需更多訊息, 請聯繫您的電話服務公司。

### 若需更多關於 CARE 計劃的諮詢, 請致電 THE GAS COMPANY:

英語: 1-800-427-2200  
韓語: 1-800-427-0471

國語: 1-800-427-1429  
粵語: 1-800-427-1420

西班牙語: 1-800-342-4545  
越南語: 1-800-427-0478

聽覺障礙專線 (TDD/TYY): 1-800-252-0259 (僅提供英語和西班牙語服務)

JOHN Q PUBLIC  
JANE Q PUBLIC  
1801 ATLANTIC BLVD  
MONTEREY PARK CA 91754-5207



# CARE 20% 費率折扣申請表

(請用深色筆以正楷填寫清晰以確保適當受理)

Form 6491-B (06/08) CH

THE GAS COMPANY  
CARE PROGRAM ML GT12F1  
PO BOX 3249  
LOS ANGELES, CA 90051-1249

帳戶號碼: 123 345 7890

日期: 06/01/2008

客戶姓名: JOHN Q PUBLIC

地址: 1801 ATLANTIC BLVD, MONTEREY PARK CA 91754-5207

**1** 您家庭中的總人數 (包括您本人, 其他成年人和兒童):

住宅電話 #:  -  -

**2A**

### 所接受的政府協助計劃福利:

請把您或您家人所接受福利的計劃前塗黑(●), 然後略過 **2B** 直接到 **3**。

- Medi-Cal (加州醫療輔助計劃): 低於 65 歲
- Medi-Cal (加州醫療輔助計劃): 65 或更大年齡
- WIC (婦女, 嬰兒和兒童營養輔助計劃)
- Healthy Families Categories A&B (健康家庭低費兒童醫療健保計劃類別 A 及 B)
- Food Stamps (食物券)
- TANF (AFDC) (貧困家庭臨時現金資助計劃)
- LIHEAP (低收入家庭能源協助計劃)

或

如果以上都不是, 請填寫下一個部分 **2B**。

**2B**

家庭收入: 請跳過這部分內容如果您已經填寫了 **2A** 部分。

第一部分: 如果您沒有參加以上任何計劃, 請把您家庭收入所有來源前面的圓圈塗黑(●), 並在下方提供的空間內提供您的家庭收入總額:

- 社會安全福利金 (Social Security)
- 失業救濟金
- 法律賠償
- 退休金
- 殘疾津貼
- 保險賠償
- SSI, SSP, SSDI (社會安全輔助金)
- 勞工補償
- 配偶支付的贍養費
- 從以下項目獲取的利息或紅利:
- 獎學金, 助學金, 或其它用於支付
- 子女贍養費
- 儲蓄賬戶, 退休金
- 生活費用的助學津貼
- 現金或其它收入
- 股票或債券
- 租金或權利金收入
- 退休賬戶
- 自由業收入 (IRS 1040 表格, Schedule C 表格, 第 29 行)

第二部分: 請按照您的稅前家庭年收入, 把適當項目的圓圈塗黑(●)

- \$0 - \$30,500
- \$30,501 - \$35,800
- \$35,801 - \$43,200
- \$43,201 - \$50,600
- \$50,601 - \$58,000

如果多於 \$58,000, 請在此處填寫金額: \$  ,  .00 每年

**3** 聲明: 請您閱讀並簽字。

我願意證明上述申請資料正確屬實。若需要我也同意提供文件證明符合 CARE 的資格。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。我瞭解 The Gas Company 可將有關我的資料提供給其他的公用事業公司和組織團體以協助我加入他們的協助計劃。

簽名: X

日期:

**캘리포니아 에너지 대체 요금 신청서**

The Gas Company<sup>SM</sup>의 캘리포니아 에너지 대체 요금(CARE) 프로그램은 적격 가구의 월별 가스 요금에 대해 20% 할인을 제공합니다. 자격을 갖추고 또한 가스 서비스를 새로 시작한 후 90일 내에 승인을 받은 사람은 가스 개설료에 대해 \$15 할인을 받습니다.

자격이 있는지 보시려면 아래에 제시된 요건을 검토하십시오. 신청서를 작성하여 제공된 봉투에 넣어 제출하십시오. 귀하의 작성되고 서명된 신청서를 The Gas Company에서 승인하면 할인이 적용될 것입니다.

**CARE 할인 수혜 자격을 충족시키는 2 가지 방법이 있습니다:**

공공 지원 프로그램:
귀하나 기타 가족일원이 다음 프로그램으로부터 혜택을 받는 경우:
Medi-Cal
Food Stamps (푸드 스탬프)
TANF(AFDC)
Women, Infants & Children (WIC, 여성, 유아 및 아동)
Healthy Families A&B (건강한 가족 유형 A 및 B)
LIHEAP

또는

최대 가구 소득: (2008. 6. 1부터 2009. 5. 31까지 유효)	
가구의 식구 수	총 연간 소득
1-2	\$30,500
3	\$35,800
4	\$43,200
5	\$50,600
6	\$58,000
추가되는 식구 1인당 추가액	\$7,400

**참여 조건**

- 가스 청구서는 귀하의 이름으로 되어 있어야 하며 주소는 귀하의 집 주소이어야 합니다.
- 배우자 이외에 다른 사람이 소득세 보고서에서 귀하를 부양가족으로 청구하지 않아야 합니다.
- 요청할 경우 CARE 수혜 자격을 재증명해야 합니다.
- 더 이상 수혜 자격이 없는 경우 30일 이내에 The Gas Company에 통보해야 합니다.
- CARE에 대한 수혜자격을 입증하도록 요청 받을 수 있습니다.

**수혜 대상이 가능한 기타 프로그램과 서비스:**

- **DAP** - 저소득 에너지 효율 프로그램인 DAP(직접 보조 프로그램)는 천장 단열, 문 통풍 마개 처리, 코킹 및 경미한 주택 수리와 같은 에너지 절약 주택 개량공사를 무료로 제공합니다. 자세한 내용은 1-800-331-7593 번으로 문의하십시오.
- **Medical Baseline (의료 저율요금)** - 특정한 의학적 상태에 처한 고객들에게 저렴한 요금으로 추가 할당량의 가스를 제공합니다. 자세한 내용은 1-800-427-2200 번으로 문의하십시오.
- **LIHEAP** - 저소득 주택 에너지 지원 프로그램인 LIHEAP는 청구금액 지원, 긴급 요금 지원 및 내후 단열 서비스를 제공합니다. 1-866-675-6623 번의 캘리포니아 지역사회 서비스 개발부로 문의하십시오.
- **California Lifeline (ULTS, 캘리포니아 라이프라인)** - CARE와 유사한 소득 기준을 충족시키는 고객들을 위한 할인 전화 이용. 자세한 내용은 현지의 전화회사에 문의하십시오.

**CARE에 대한 사항은 아래의 The Gas Company 번호로 문의하십시오:**

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

월남어: 1-800-427-0478

청각 장애자(TDD/TTY): 1-800-252-0259 (영어와 스페인어로 만 유효함)

JOHN Q PUBLIC  
JANE Q PUBLIC  
1801 ATLANTIC BLVD  
MONTEREY PARK CA 91754-5207



# CARE 20% 요금 할인 신청서

(정확히 처리되도록 하기 위해 진한 펜을 사용하여 분명히 인쇄체로 기입)

Form 6491-B (06/08) KO

THE GAS COMPANY  
CARE PROGRAM ML GT12F1  
PO BOX 3249  
LOS ANGELES, CA 90051-1249

구좌 번호: 123 345 7890

날짜: 06/01/2008

고객 이름: JOHN Q PUBLIC

주소: 1801 ATLANTIC BLVD, MONTEREY PARK CA 91754-5207

**1** 귀 가구의 총 식구 수 (귀하, 다른 성인 및 어린이 포함):

주택 전화번호:  -  -

**2A** 받는 공공 지원 프로그램 혜택:  
귀하나 식구 중에서 혜택을 받는 프로그램에 대해서는 동그라미(●) 안을 채우고 **2B** 번을 건너뛰어 직접 **3** 번으로 가십시오.

- Medi-Cal: 65 세 미만
- Food Stamps
- Healthy Families A&B
- WIC
- Medi-Cal: 65 세 이상
- TANF (AFDC)
- LIHEAP

위의 프로그램 중 어느 것도 해당되지 않으면, 다음의 **2B** 번을 작성하십시오.

가구 소득: **2A** 번을 작성한 경우 건너뛰십시오.

**2B** **1 부:** 위에 나열된 어느 프로그램에도 참여하지 않으시는 경우, 귀 가구의 모든 소득원에 대해 동그라미(●) 안을 채우고 아래에 있는 공란에 총 가구 소득을 기입하십시오:

- |                                      |                                 |                                     |
|--------------------------------------|---------------------------------|-------------------------------------|
| <input type="radio"/> 사회보장금          | <input type="radio"/> 임금 또는 봉급  | <input type="radio"/> 법적 타협금        |
| <input type="radio"/> 연금             | <input type="radio"/> 실업 혜택     | <input type="radio"/> 보험 타협금        |
| <input type="radio"/> SSI, SSP, SSDI | <input type="radio"/> 장애 지원금    | <input type="radio"/> 배우자 생활비       |
| 다음 사항으로부터의 이자나 배당금:                  | <input type="radio"/> 산재보상금     | <input type="radio"/> 자녀 부양비        |
| <input type="radio"/> 예금 구좌, 연금      | <input type="radio"/> 장학금, 보조금, | <input type="radio"/> 현금 및/또는 기타 소득 |
| <input type="radio"/> 주식이나 채권 또는     | 또는 다음 사항을 위해                    | <input type="radio"/> 임대료나 로열티 소득   |
| <input type="radio"/> 은퇴 구좌          | 사용된 기타 보조금 생활비                  | <input type="radio"/> 자영업 수익        |
|                                      |                                 | (IRS 양식 1040, 스케줄 C, 29 행)          |

**2 부:** 귀 가구의 공제전 연간 소득 범위에 해당되는 항목의 동그라미(●) 안을 채우십시오.

- \$0 - \$30,500
- \$30,501 - \$35,800
- \$35,801 - \$43,200
- \$43,201 - \$50,600
- \$50,601 - \$58,000

\$58,000 을 초과하는 경우, 여기에 금액을 기입하십시오: 연간 \$  .00

**3** 진술: 아래 사항을 읽고 서명하십시오:

본 신청서에서 제시한 정보가 정확한 사실임을 진술합니다. 본인은 요청 받을 경우 CARE 수혜 자격 증거자료를 제출하기로 동의하였습니다. 본인이 할인을 받을 자격이 더 이상 없게 될 경우 The Gas Company 에 통보함에 동의합니다. 자격이 없으면서 할인을 받은 경우 받은 할인액을 환불해야 할 수 있다는 것을 본인은 이해합니다. The Gas Company 에서 다른 유틸리티 회사나 에이전트의 지원 프로그램에 등록하기 위해 본인의 정보를 그들과 공유할 수 있다는 것을 본인은 이해합니다.

서명: X

날짜:



Sempira Energy utility®

Form 6491-B (06/08) VI

# ĐƠN XIN GIẢM GIÁ CARE 20%

## ĐƠN XIN HƯỞNG MỨC GIÁ NĂNG LƯỢNG THAY THẾ CỦA CALIFORNIA

Chương Trình Mức Giá Năng Lượng Thay Thế của California (California Alternate Rates for Energy hay CARE) của The Gas Company<sup>SM</sup> giảm giá 20% trên biên nhận gas hàng tháng cho các hộ gia đình hội đủ điều kiện. Những người nào hội đủ điều kiện và được chấp thuận trong vòng 90 ngày kể từ khi bắt đầu dịch vụ gas mới cũng sẽ được giảm giá \$15 trên Chi Phí Nhận Dịch Vụ (Service Establishment Charge).

Để biết quý vị có hội đủ điều kiện hay không, xin xem kỹ những yêu cầu nêu ra sau đây. Xin điền đầy đủ vào đơn và gửi trả lại bằng phong bì được cung cấp sẵn. Sẽ áp dụng giảm giá khi đơn xin đã điền đầy đủ và ký tên của quý vị được The Gas Company chấp thuận.

### CÓ 2 CÁCH ĐỂ HỘI ĐỦ ĐIỀU KIỆN ĐƯỢC GIẢM GIÁ THEO CHƯƠNG TRÌNH CARE:

CÁC CHƯƠNG TRÌNH TRỢ GIÚP CÔNG CỘNG:
Nếu quý vị hay người nào khác trong hộ gia đình của quý vị nhận trợ cấp từ bất cứ chương trình nào sau đây:
Medi-Cal
Phiếu Thực Phẩm (Food Stamps)
TANF(AFDC)
Phụ Nữ, Trẻ Sơ Sinh & Trẻ Em (Women, Infant & Children hay WIC)
Gia Đình Khỏe Mạnh Loại A&B (Healthy Families Categories A&B)
LIHEAP

HOẶC

LỢI TỨC TỐI ĐA CỦA HỘ GIA ĐÌNH: (có hiệu lực từ ngày 1 tháng Sáu, 2008 đến 31 tháng Năm, 2009)	
Số Người trong Hộ Gia Đình	Tổng Lợi Tức Hàng Năm
1-2	\$30,500
3	\$35,800
4	\$43,200
5	\$50,600
6	\$58,000
Mỗi người Thêm vào trong Hộ Gia Đình, được cộng thêm	\$7,400

### ĐIỀU KIỆN ĐỂ THAM GIA

- Quý vị phải là người đứng tên trong biên nhận gas và địa chỉ phải là địa chỉ chính của quý vị.
- Quý vị không được là người tùy thuộc trong hồ sơ khai thuế của người khác ngoại trừ người phối ngẫu của mình.
- Quý vị phải tái xác nhận sự hội đủ điều kiện của mình theo chương trình CARE khi được yêu cầu
- Quý vị phải thông báo cho The Gas Company trong vòng 30 ngày nếu quý vị không còn hội đủ điều kiện nữa.
- Quý vị có thể được yêu cầu thẩm tra tình trạng hội đủ điều kiện của mình cho chương trình CARE.

### CÁC CHƯƠNG TRÌNH VÀ DỊCH VỤ KHÁC MÀ QUÝ VỊ CÓ THỂ HỘI ĐỦ ĐIỀU KIỆN:

- **DAP** - Direct Assistance Program, là chương trình tiết kiệm hiệu quả năng lượng cho người có lợi tức thấp giúp sửa chữa miễn phí trong nhà để tiết kiệm năng lượng như gắn cách nhiệt trần nhà, bịt khe cửa, trét chỗ hở và các sửa chữa nhỏ trong nhà. Để biết thêm thông tin, xin gọi 1-800-331-7593.
- **Medical Baseline (Chương Trình Y Tế Cơ Bản)** – Cung cấp thêm tiêu chuẩn gas được dùng ở mức giá thấp hơn cho các khách hàng đang có bệnh trạng nào đó. Để biết thêm thông tin, xin gọi 1-800-427-2200.
- **LIHEAP** - Low Income Home Energy Assistance Program (Chương Trình Trợ Giúp Năng Lượng Tại Gia cho Người Có Lợi Tức Thấp) giúp trả biên nhận, trợ giúp biên nhận khẩn cấp và các dịch vụ thích nghi với thời tiết. Xin gọi California Department of Community Services and Development (Sở Dịch Vụ Cộng Đồng và Phát Triển California) tại số 1-866-675-6623.
- **California Lifeline (ULTS)** - Giảm giá điện thoại cho các khách hàng hội đủ điều kiện theo hướng dẫn về lợi tức tương tự như chương trình CARE. Để biết thêm thông tin, xin liên lạc với nhà cung cấp dịch vụ điện thoại địa phương của quý vị.

### ĐỂ BIẾT THÊM THÔNG TIN VỀ CHƯƠNG TRÌNH CARE, XIN GỌI CHO THE GAS COMPANY TẠI:

Tiếng Anh: 1-800-427-2200

Quan Thoại: 1-800-427-1429

Tây Ban Nha: 1-800-342-4545

Đại Hàn: 1-800-427-0471

Quảng Đông: 1-800-427-1420

Tiếng Việt: 1-800-427-0478

Số Máy dành cho Người Khiếm Thính (TDD/TYY): 1-800-252-0259 (chỉ có sẵn bằng tiếng Anh và tiếng Tây Ban Nha)

JOHN Q PUBLIC  
JANE Q PUBLIC  
1801 ATLANTIC BLVD  
MONTEREY PARK CA 91754-5207



# Đơn Xin Giảm Giá 20% Theo Chương Trình CARE

(Xin dùng mực đậm và viết bằng chữ in để đảm bảo xét duyệt chính xác)

Form 6491-B (06/08) VI

THE GAS COMPANY  
CARE PROGRAM ML GT12F1  
PO BOX 3249  
LOS ANGELES, CA 90051-1249

Số Trương Mục: 123 345 7890

Ngày: 06/01/2008

Tên Khách Hàng: JOHN Q PUBLIC

Địa chỉ: 1801 ATLANTIC BLVD, MONTEREY PARK CA 91754-5207

**1** Tổng số người trong hộ gia đình của quý vị (bao gồm quý vị, người lớn khác, và trẻ em):

Điện Thoại Nhà #:    -    -

**2A** Các Trợ Cấp từ các Chương Trình Trợ Giúp Công Cộng (Public Assistance Programs):

Hãy bôi đen vào vòng tròn (●) cho bất cứ chương trình nào mà quý vị hay ai đó trong gia đình của quý vị nhận trợ cấp, sau đó BỎ QUA phần **2B** và điền vào phần **3**.

- Medi-Cal: Dưới 65 tuổi
- Food Stamps
- Healthy Families A&B
- WIC
- Medi-Cal: 65 tuổi trở lên
- TANF (AFDC)
- LIHEAP

HOẶC Nếu KHÔNG có mục nào ở trên, hãy điền vào Phần **2B**.

**2B** Lợi Tức Hộ Gia Đình: Bỏ qua phần này nếu quý vị đã điền vào Phần **2A**.

**Phần 1:** Nếu quý vị không tham gia vào bất cứ chương trình nào được liệt kê ở trên, xin bôi đen vào vòng tròn (●) cho tất cả các nguồn lợi tức của hộ gia đình quý vị, và cung cấp tổng lợi tức gia đình của quý vị vào các khoảng trống bên dưới:

- An Sinh Xã Hội
- Lương tuần hay lương tháng
- Bồi Thường theo Pháp Luật
- Hưu Bổng
- Trợ Cấp Thất Nghiệp
- Bồi Thường Bảo Hiểm
- SSI, SSP, SSDI
- Trợ Cấp Tàn Phế
- Tiền Nuôi Người Phối Ngẫu
- Lợi Tức hay Cổ Tức từ:
- Bồi Thường Lao Động
- Tiền Nuôi Con Cái
- Trương Mục Tiết Kiệm, Hưu bổng
- Học Bổng, Tài Trợ hay Trợ Giúp Khác Dùng để trang
- Lợi Tức Tiền Mặt và/hoặc lợi tức khác
- Cổ Phiếu hay Trái Phiếu, hoặc
- trả Chi Phí Sinh Hoạt
- Lợi Tức Khi Cho Thuê hay Tiền Bản Quyền
- Trương Mục Hưu Trí
- Lợi nhuận khi Làm Việc Tự Do(Mẫu đơn 1040, Bản Kê C, dòng 29 của IRS)

**Phần 2:** Hãy bôi đen vào vòng tròn (●) mức lợi tức hàng năm của hộ gia đình trước khi khấu trừ.

- \$0 - \$30,500
- \$30,501 - \$35,800
- \$35,801 - \$43,200
- \$43,201 - \$50,600
- \$50,601 - \$58,000

Nếu nhiều hơn \$58,000, xin điền tổng số vào đây: \$    ,    .00 mỗi năm

**3** Lời Khai: Xin đọc và ký bên dưới.

Tôi xin khai rõ rằng thông tin mà tôi đã cung cấp trong đơn này là sự thật và chính xác. Tôi đồng ý sẽ cung cấp bằng cơ về việc hội đủ điều kiện theo chương trình CARE khi được yêu cầu. Tôi đồng ý thông báo cho The Gas Company biết nếu tôi không còn hội đủ điều kiện để nhận giảm giá nữa. Tôi hiểu rằng nếu tôi được giảm giá khi không hội đủ điều kiện, tôi có thể được yêu cầu phải trả lại khoản giảm giá mà tôi đã nhận. Tôi hiểu rằng The Gas Company có thể chia sẻ thông tin của tôi với các hãng tiện ích khác hoặc các đại lý để ghi danh tôi vào các chương trình trợ giúp của họ.

Chữ ký: X

Ngày:

SAMPLE FORMS: APPLICATIONS  
Self-Recertification CARE Application  
Individually Metered Residential (Form No. 6674-B, 6/08)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)  
ADVICE LETTER NO. 3865  
DECISION NO.

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

(TO BE INSERTED BY CAL. PUC)  
DATE FILED May 14, 2008  
EFFECTIVE Jun 1, 2008  
RESOLUTION NO. E-3524



**YOUR RATE DISCOUNT IS EXPIRING**

Dear Customer:

Date: 06/01/2008

You are currently receiving a 20% rate discount on your monthly gas bill through The Gas Company's California Alternate Rates for Energy (CARE) program. In order to continue receiving the CARE discount, you are required to renew your eligibility within 90 days. To renew, use one of two methods listed below:

1. Return the completed and signed Certification Form in the envelope provided.

**OR**

2. Call 1-866-716-3452 anytime 24 hours a day, 7 days a week, and follow the instructions to recertify by phone. Please have your account number ready. You can locate your account number at the bottom of this page,

**OR**

3. Visit our Website <http://www.socalgas.com/care/recert/> and have your account number ready.

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

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

**OR**

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

**CONDITIONS FOR PARTICIPATION**

- The gas bill must be in your name and the address must be your primary address.
- You must not be claimed as a dependent on another person's income tax return other than your spouse.
- You must recertify your CARE eligibility when requested.
- You must notify The Gas Company<sup>SM</sup> within 30 days if you no longer qualify.
- You may be asked to verify your eligibility for CARE.

**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/TYY): 1-800-252-0259 (available in English and Spanish only)

Account Number: 123 345 7890

JOHN Q PUBLIC  
 JANE Q PUBLIC  
 1801 ATLANTIC BLVD  
 MONTEREY PARK CA 91754-5207





Semptra Energy utility

# CARE 20% Rate Discount Recertification Form

(Please use dark ink and print clearly to ensure proper processing)

Form 6674-B (06/08) EN

THE GAS COMPANY  
CARE PROGRAM, ML GT12F1  
PO BOX 3249  
LOS ANGELES, CA 90051-1249

Account Number: 123 345 7890

Date: 12/01/2007

Customer Name: JOHN Q PUBLIC

Address: 1801 ATLANTIC BLVD, MONTEREY PARK CA 91754-5207

I no longer qualify or wish to participate in CARE. Please remove my account from the CARE program. If you filled in this circle (●), please skip Sections 1 and 2, sign at the bottom, and mail this form in the postage paid envelope provided within 90 days.

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

↓  
Home Phone #:    -    -

**2A** **Public Assistance Programs Benefits Received:**  
If you or someone in your household receives benefits from any of the programs below, please fill in the circle (●), then SKIP **2B** and go directly to **3**.

- Medi-Cal: Under 65 of age
- Food Stamps
- Healthy Families A&B
- WIC
- Medi-Cal: 65 or older
- TANF (AFDC)
- LIHEAP

OR

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

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

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

**Part 2:** Please fill in the circle (●) of your household's income range per year before deductions.

- \$0 - \$30,500
- \$30,501 - \$35,800
- \$35,801 - \$43,200
- \$43,201 - \$50,600
- \$50,601 - \$58,000

If more than \$58,000, enter amount here: \$   ,    .00 per year

**3** **Declaration:** Please read and sign below.

I state that the information I have provided in this application is true and correct. I agree to provide proof of CARE eligibility if asked. I agree to inform The Gas Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that The Gas Company can share my information with other utilities or agents to enroll me in their assistance programs.

Signature: X  Date:

**SU TARIFA DE DESCUENTO  
ESTÁ POR VENCER**

Apreciable cliente:

Fecha: 06/01/2008

Actualmente recibe una tarifa de descuento del 20% en su factura mensual de gas a través del programa de Tarifas Alternas para Energía en California (CARE) de The Gas Company<sup>SM</sup>. Con el fin de continuar recibiendo el descuento CARE, debe renovar su derecho a participar dentro de 90 días. Para renovarlo, use uno de los tres métodos que se enumeran a continuación:

1. Devuelva el Formulario de Certificación debidamente llenado y firmado en el sobre provisto,  
ó
2. Llame al **1-866-716-3452** cuando usted guste 24 horas al día, 7 días a la semana, y siga las instrucciones para recertificar por teléfono. Por favor tenga listo su número de cuenta. Puede localizar su número de cuenta en la parte inferior de esta página,  
ó
3. Visite nuestro sitio Web <http://www.socalgas.com/care/recert/> y tenga listo su número de cuenta.

**HAY DOS FORMAS DE CALIFICAR PARA EL DESCUENTO DE CARE:**

<b>PROGRAMAS DE ASISTENCIA PÚBLICA:</b>
Si usted u otra persona que vive en su hogar recibe beneficios de cualquiera de los siguientes programas:
Medi-Cal
Food Stamps
TANF(AFDC)
Women, Infants & Children (WIC)
Healthy Families Categories A&B
LIHEAP (Programa de Asistencia de Energía para Hogares de Bajos Ingresos)

ó

<b>INGRESO MÁXIMO EN EL HOGAR:</b> <i>(en vigor del 1 de junio de 2008 al 31 de mayo de 2009)</i>	
Número de personas en el hogar	Ingreso total anual
1-2	\$30,500
3	\$35,800
4	\$43,200
5	\$50,600
6	\$58,000
Por cada miembro adicional en el hogar, añada	\$7,400

**CONDICIONES PARA PARTICIPAR**

- La factura de gas debe estar a su nombre y la dirección debe ser su domicilio principal.
- No debe aparecer como dependiente en la declaración de impuestos sobre el ingreso de otra persona que no sea su cónyuge.
- Debe recertificar su solicitud CARE cuando se le solicite.
- Debe notificar a The Gas Company en un término de 30 días si deja de calificar.
- Tal vez se le pida comprobar que reúne los requisitos para CARE.

**PARA INFORMACIÓN SOBRE CARE, LLAME A THE GAS COMPANY AL:**

Inglés: 1-800-427-2200  
Coreano: 1-800-427-0471

Mandarín: 1-800-427-1429  
Cantonés: 1-800-427-1420

Español: 1-800-342-4545  
Vietnamita: 1-800-427-0478

Para clientes con limitaciones auditivas (TDD/TYY): 1-800-252-0259 (disponible en inglés y español únicamente)

**Número de cuenta: 123 345 7890**

JOHN Q PUBLIC  
JANE Q PUBLIC  
1801 ATLANTIC BLVD  
MONTEREY PARK CA 91754-5207



# Formulario de recertificación para la tarifa CARE del 20% de descuento

Form 6674-B (06/08) SP

THE GAS COMPANY  
CARE PROGRAM, ML GT12F1  
PO BOX 3249  
LOS ANGELES, CA 90051-1249

(Por favor use tinta oscura y escriba claramente con letra de molde para asegurar el procesamiento apropiado)

Número de cuenta: 123 345 7890

Fecha: 06/01/2008

Nombre del cliente: JOHN Q PUBLIC

Domicilio: 1801 ATLANTIC BLVD, MONTEREY PARK CA 91754-5207

- Ya no califico o no deseo participar en CARE. Sírvanse retirar mi cuenta del programa CARE. Si rellenó este círculo (●), por favor **vaya directamente a la sección 3, firme** en la parte de abajo, y envíe este formulario en el sobre con porte pagado provisto en un término de 90 días.

**1** Número total de personas que viven en su hogar (incluyáse usted, otros adultos y niños):

Teléfono de casa:    -    -

**2A** **Beneficios que recibe a través de programas de asistencia pública:**  
Si usted, o alguien que vive en su hogar está recibiendo beneficios de uno de los programas demostrados, por favor rellene el círculo (●), y vaya directamente a la sección **3**.

- Medi-Cal: menor de 65 años
- Food Stamps
- Healthy Families A&B
- WIC
- Medi-Cal: 65 años o más
- TANF (AFDC)
- LIHEAP

**0** **Si no marcó NINGUNO, sírvase llenar la sección 2B.**

**2B** **Ingreso en el hogar:**  
**Parte 1:** Si no participa en ninguno de los programas que aparecen en la lista anterior, por favor rellene el círculo (●) para todas las fuentes de ingreso en su hogar y proporcione el ingreso total de su hogar en los espacios que se proporcionan en la parte de abajo:

- Seguro Social
- Pensiones
- SSI, SSP, SSDI
- Salarios o sueldos
- Beneficios de desempleo
- Pagos de incapacidad
- Indemnización para los trabajadores
- Becas, subvenciones u otra ayuda usada para sufragar el costo de la vida
- Pagos de reclamaciones legales
- Pagos de reclamaciones a seguros
- Pensión conyugal
- Pensión alimenticia
- Dinero en efectivo y/u otros ingresos
- Ingresos por alquiler o regalías
- Utilidades de autoempleo (Formulario 1040, Anexo C, Renglón 29 del IRS)

**Parte 2:** Sírvase rellenar el círculo (●) de la gana que corresponde al ingreso anual de su hogar antes de deducciones.

- \$0 - \$30,500
- \$30,501 - \$35,800
- \$35,801 - \$43,200
- \$43,201 - \$50,600
- \$50,601 - \$58,000
- Si es más de \$58,000, escriba el monto aquí: \$    ,    .00 al año

**3** **Declaración:** Por favor lea y firme abajo.  
Declaro que la información que proporcioné en este formulario de solicitud es verdadera y correcta. Convengo en informar a The Gas Company si dejo de calificar para recibir el descuento. Entiendo que, si recibo el descuento sin tener derecho al mismo, se me puede exigir la devolución del descuento recibido. Entiendo que The Gas Company puede compartir mis datos con otras empresas de servicios públicos o agentes para inscribirme en sus programas de asistencia con requisitos de ingreso.

Firma : X

Fecha:



**您的費率折扣  
即將過期**

親愛的客戶:

日期: 月/日/年

您現在正通過 **The Gas Company<sup>SM</sup>** (瓦斯公司) 的加州能源優惠率(CARE)計劃, 享受占每月瓦斯(煤氣)帳單 **20%** 的 CARE 折扣優惠。若要繼續享有 CARE 計劃的折扣, 您需要在 90 天內再認證您仍符合資格。您可以以下二種方式之一來重新認證你的資格:

1. 填寫好並在重新認證表格 (Certification Form) 上簽名, 用所提供的信封寄回。

或者

2. 訪問網站 <http://www.socalgas.com/care/recert/>, 上網前請準備好您的帳戶號碼。

### 符合 CARE 折扣的兩種資格:

政府協助計劃:
如果您或您的家人從下列任一計劃中受益
<b>Medi-Cal</b> - 加州醫療輔助計劃
<b>Food Stamps</b> - 食物券
<b>TANF(AFDC)</b> - 貧困家庭臨時現金資助計劃
<b>Women, Infants &amp; Children (WIC)</b> - 婦女, 嬰兒和兒童營養輔助計劃)
<b>Healthy Families Categories A&amp;B</b> - 健康家庭低費兒童醫療健保計劃類別 A 及 B
<b>LIHEAP</b> - 低收入家庭能源協助計劃

或

家庭收入最高限額: (有效期 2008 年 6 月 1 日至 2009 年 5 月 31 日)	
家庭成員人數	年收入總額
1-2	\$30,500
3	\$35,800
4	\$43,200
5	\$50,600
6	\$58,000
每多一位家庭成員, 增加	\$7,400

### 參加條件

- 瓦斯帳單必須在您的名下並且地址必須為您的主要住宅。
- 除您配偶外, 您不能是其他人報稅單上的被撫養人。
- 您必須在被要求時, 重新認證您還符合 CARE 資格。
- 如果您已經不再符合該資格, 您必須在 30 天內通知 **The Gas Company**。
- 您可能被要求提供符合 CARE 資格的證明文件。

### 若需更多關於 CARE 計劃的諮詢, 請致電 THE GAS COMPANY:

英語: 1-800-427-2200  
韓語: 1-800-427-0471

國語: 1-800-427-1429  
粵語: 1-800-427-1420

西班牙語: 1-800-342-4545  
越南語: 1-800-427-0478

聽覺障礙專線 (TDD/TYY): 1-800-252-0259 (僅提供英語和西班牙語服務)

帳戶號碼: 123 456 7890

JOHN Q PUBLIC  
MOBILE HOME PART/APARTMENT  
1801 ATLANTIC BLVD  
MONTEREY PARK CA 91754-5207



# CARE 20% 費率折扣資格重新認證表格

(請用深色筆以正楷填寫清晰以確保適當受理)

Form 6674-B (06/08) CH

THE GAS COMPANY  
CARE PROGRAM ML GT12F1  
PO BOX 3249  
LOS ANGELES, CA 90051-1249

帳戶號碼: 123 345 7890

日期: 06/01/2008

客戶姓名: JOHN Q PUBLIC

地址: 1801 ATLANTIC BLVD, MONTEREY PARK CA 91754-5207

○ 我不再符合或不願再參加 CARE 計劃。請把我的賬戶從 CARE 計劃中取消。如果您將這個圓圈塗黑(●)，請跳過第一和第二部分的內容，在文件下方簽字，將此表格放在所提供的郵資已付的信封中，在 90 天內寄回。

**1** 您家庭中的總人數（包括您本人，其他成年人和兒童）：

住宅電話 #:  -  -

**2A** 所接受的政府協助計劃福利:  
請把您或您家人所接受福利的計劃前塗黑(●)，然後略過 **2B** 直接到 **3**。

- Medi-Cal (加州醫療輔助計劃) : 低於 65 歲
- Medi-Cal (加州醫療輔助計劃) : 65 或更大年齡
- WIC (婦女, 嬰兒和兒童營養輔助計劃)
- Healthy Families Categories A&B (健康家庭低費兒童醫療健保計劃類別 A 及 B)
- Food Stamps (食物券)
- TANF (AFDC) (貧困家庭臨時現金資助計劃)
- LIHEAP (低收入家庭能源協助計劃)

如果以上都不是, 請填寫下一個部分 **2B**。

**2B** 家庭收入: 請跳過這部分內容如果您已經填寫了 **2A** 部分。

第一部分: 如果您沒有參加以上任何計劃, 請把您家庭收入所有來源前面的圓圈塗黑(●), 並在下方提供的空間內提供您的家庭收入總額:

- 社會安全福利金 (Social Security)
- 退休金
- SSI, SSP, SSDI (社會安全補助金)
- 從以下項目獲取的利息或紅利:
  - 儲蓄賬戶, 退休金
  - 股票或債券
  - 退休賬戶
- 工資或薪金
- 失業救濟金
- 殘疾津貼
- 勞工補償
- 獎學金, 助學金, 或其它用于支付生活費用的助學津貼
- 法律賠償
- 保險賠償
- 配偶支付的贍養費
- 子女贍養費
- 現金或其它收入
- 租金或權利金收入
- 自由業收入 (IRS 1040 表格, Schedule C 表格, 第 29 行)

第二部分: 請按照您的稅前家庭年收入, 把適當項目前的圓圈塗黑(●)

- \$0 - \$30,500
- \$30,501 - \$35,800
- \$35,801 - \$43,200
- \$43,201 - \$50,600
- \$50,601 - \$58,000

如果多於 \$58,000, 請在此處填寫金額: \$ ,  .00 每年

**3** 聲明: 請您閱讀並簽字。

我願意證明上述申請資料正確屬實。若需要我也同意提供文件證明符合 CARE 的資格。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。我瞭解 The Gas Company 可將有關我的資料提供給其他的公用事業公司和組織團體以協助我加入他們的協助計劃。

簽名: X

日期:



**귀하의 요금 할인이 종료됩니다**

친애하는 고객님:

귀하께서는 현재 The Gas Company<sup>SM</sup>의 캘리포니아 에너지 대체 요금 (CARE) 프로그램을 통하여 월별 가스 요금에 대해 20% 할인을 받고 계십니다. CARE 할인을 계속 받으시려면, 90 일 내에 수혜 자격을 갱신하셔야 합니다. 아래에 나열된 두 방법 중 하나를 사용하여 갱신을 하실 수 있습니다.

1. 제공된 봉투를 사용하여 작성하고 서명한 증명 양식을 제출합니다  
**또는**
2. 구좌 번호를 갖추고 저의 웹사이트 <http://www.socalgas.com/care/recert/> 를 방문하여 갱신에 임하실 수 있습니다.

**CARE 할인 수혜 자격을 충족시키는 2 가지 방법이 있습니다:**

<b>공공 지원 프로그램:</b>
귀하나 기타 가족일원이 다음 프로그램으로부터 혜택을 받는 경우:
<b>Medi-Cal</b>
<b>Food Stamps (푸드 스탬프)</b>
<b>TANF(AFDC)</b>
<b>Women, Infants &amp; Children (WIC, 여성, 유아 및 아동)</b>
<b>Healthy Families A&amp;B (건강한 가족 유형 A 및 B)</b>
<b>LIHEAP</b>

**또는**

<b>최대 가구 소득:</b> (2008. 6. 1부터 2009. 5. 31 까지 유효)	
가구의 식구 수	총 연간 소득
1-2	\$30,500
3	\$35,800
4	\$43,200
5	\$50,600
6	\$58,000
추가되는 식구 1인당 추가액	\$7,400

**참여 조건**

- 가스 청구서는 귀하의 이름으로 되어 있어야 하며 주소는 귀하의 주 주소이어야 합니다.
- 배우자 이외에 다른 사람이 소득세 보고서에서 귀하를 부양가족으로 청구하지 않아야 합니다.
- 요청할 경우 CARE 수혜 자격을 재증명해야 합니다.
- 더 이상 수혜 자격이 없는 경우 30 일 이내에 The Gas Company 에 통보해야 합니다.
- CARE 에 대한 수혜자격을 증명하도록 요청 받을 수 있습니다.

**CARE 에 대한 사항은 아래의 THE GAS COMPANY 번호로 문의하십시오:**

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

월남어: 1-800-427-0478

청각 장애인(TDD/TYY): 1-800-252-0259 (영어와 스페인어로 만 유효함)



# CARE 20% 요금 할인 재증명 양식

(정확히 처리되도록 하기 위해 진한 펜을 사용하여 분명히 인쇄체로 기입)

Form 6674-B (06/08) KO

THE GAS COMPANY  
CARE PROGRAM ML GT12F1  
PO BOX 3249  
LOS ANGELES, CA 90051-1249

번호: 123 345 7890

날짜: 06/01/2008

고객 이름: JOHN Q PUBLIC

주소: 1801 ATLANTIC BLVD, MONTEREY PARK CA 91754-5207

- 본인은 더 이상 자격이 없거나 CARE에 참여하기를 원치 않습니다. 본인의 구좌를 CARE 프로그램에서 삭제하십시오. 이 동그라미(●) 안을 채운 경우, 1번 및 2번을 생략하고 하단에 서명하여 이 양식을 제공된 우송료 선불 봉투에 넣어 90일 내에 우송하십시오.

**1** 귀 가구의 총 식구 수 (귀하, 다른 성인 및 어린이 포함):

주택 전화번호:  -  -

**2A** 받는 공공 지원 프로그램 혜택:  
귀하나 식구 중에서 혜택을 받는 프로그램에 대해서는 동그라미(●) 안을 채우고 **2B**번을 건너뛰어 직접 **3**번으로 가십시오.

- Medi-Cal: 65 세 미만
- Food Stamps
- Healthy Families A&B
- WIC
- Medi-Cal: 65 세 이상
- TANF (AFDC)
- LIHEAP

위의 프로그램 중 어느 것도 해당되지 않으면, 다음의 **2B**번을 작성하십시오.

가구 소득: **2A** 번을 작성한 경우 건너뛰십시오.

**2B** **1부:** 위에 나열된 어느 프로그램에도 참여하지 않으시는 경우, 귀 가구의 모든 소득원에 대해 동그라미(●) 안을 채우고 아래에 있는 공란에 총 가구 소득을 기입하십시오:

- 사회보장금
  - 임금 또는 봉급
  - 법적 타협금
  - 연금
  - 실업 혜택
  - 보험 타협금
  - SSI, SSP, SSDI
  - 장애 지원금
  - 배우자 생활비
  - 다음 사항으로부터의 이자나 배당금:
  - 산재보상금
  - 자녀 부양비
  - 예금 구좌, 연금
  - 장학금, 보조금,
  - 현금 및/또는 기타 소득
  - 주식이나 채권 또는
  - 또는 다음 사항을 위해
  - 임대료나 로열티 소득
  - 은퇴 구좌
  - 사용된 기타 보조금 생활비
  - 자영업 수익
- (IRS 양식 1040, 스케줄 C, 29 행)

**2부:** 귀 가구의 공제전 연간 소득 범위에 해당되는 항목의 동그라미(●) 안을 채우십시오.

\$0 - \$30,500     \$30,501 - \$35,800     \$35,801 - \$43,200     \$43,201 - \$50,600     \$50,601 - \$58,000

\$58,000 을 초과하는 경우, 여기에 금액을 기입하십시오: 연간 \$ ,  .00

**3** **진술:** 아래 사항을 읽고 서명하십시오:

본 신청서에서 제시한 정보가 정확한 사실임을 진술합니다. 본인은 요청 받을 경우 CARE 수혜 자격 증거자료를 제출하기로 동의하였습니다. 본인이 할인을 받을 자격이 더 이상 없게 될 경우 The Gas Company에 통보함에 동의합니다. 자격이 없으면서 할인을 받은 경우 받은 할인액을 환불해야 할 수 있다는 것을 본인은 이해합니다. The Gas Company에서 다른 유틸리티 회사나 에이전트의 지원 프로그램에 등록하기 위해 본인의 정보를 그들과 공유할 수 있다는 것을 본인은 이해합니다.

서명: X

날짜:

**CHƯƠNG TRÌNH GIẢM GIÁ  
CỦA QUÝ VỊ SẮP HẾT HẠN**

Kính Gởi Quý Khách Hàng:

Ngày: MM/DD/YY

Quý vị hiện đang được giảm giá 20% trên biên nhận gas hàng tháng qua chương trình Mức Giá Năng Lượng Thay Thế của California (California Alternate Rates for Energy hay CARE) của The Gas Company<sup>SM</sup>. Để tiếp tục được giảm giá theo chương trình CARE, quý vị được yêu cầu phải gia hạn hồ sơ chứng minh sự hội đủ điều kiện của mình trong vòng 90 ngày. Để gia hạn hồ sơ, xin dùng một trong hai cách được liệt kê dưới đây:

- Gởi trả Mẫu Giấy Chứng Nhận được điền đầy đủ và ký tên trong phong bì được cung cấp sẵn.

**HOẶC**

- Vào trang mạng của chúng tôi <http://www.socalgas.com/care/recert/> và chuẩn bị sẵn số trương mục của quý vị.

**CÓ 2 CÁCH ĐỂ HỘI ĐỦ ĐIỀU KIỆN ĐƯỢC GIẢM GIÁ THEO CHƯƠNG TRÌNH CARE:**

<b>CÁC CHƯƠNG TRÌNH TRỢ GIÚP CÔNG CỘNG:</b>
Nếu quý vị hay người nào khác trong hộ gia đình của quý vị nhận trợ cấp từ bất cứ chương trình nào sau đây:
Medi-Cal
Phiếu Thực Phẩm (Food Stamps)
TANF(AFDC)
Phụ Nữ, Trẻ Sơ Sinh & Trẻ Em (Women, Infant & Children hay WIC)
Gia Đình Khỏe Mạnh Loại A&B (Healthy Families Categories A&B)
LIHEAP

**HOẶC**

<b>LỢI TỨC TỐI ĐA CỦA HỘ GIA ĐÌNH:</b> <i>(có hiệu lực từ ngày 1 tháng Sáu, 2008 đến 31 tháng Năm, 2009)</i>	
Số Người trong Hộ Gia Đình	Tổng Lợi Tức Hàng Năm
1-2	\$30,500
3	\$35,800
4	\$43,200
5	\$50,600
6	\$58,000
Mỗi người Thêm vào trong Hộ Gia Đình, được cộng thêm	\$7,400

**ĐIỀU KIỆN ĐỂ THAM GIA**

- Quý vị phải là người đứng tên trong biên nhận gas và địa chỉ phải là địa chỉ chính của quý vị.
- Quý vị không được là người tùy thuộc trong hồ sơ khai thuế của người khác ngoại trừ người phối ngẫu của mình.
- Quý vị phải tái xác nhận sự hội đủ điều kiện của mình theo chương trình CARE khi được yêu cầu.
- Quý vị phải thông báo cho The Gas Company trong vòng 30 ngày nếu quý vị không còn hội đủ điều kiện nữa.
- Quý vị có thể được yêu cầu thẩm tra tình trạng hội đủ điều kiện của mình cho chương trình CARE.

**ĐỂ BIẾT THÊM THÔNG TIN VỀ CHƯƠNG TRÌNH CARE, XIN GỌI CHO THE GAS COMPANY TẠI:**

Tiếng Anh: 1-800-427-2200

Quan Thoại: 1-800-427-1429

Tây Ban Nha: 1-800-342-4545

Đại Hàn: 1-800-427-0471

Quảng Đông: 1-800-427-1420

Tiếng Việt: 1-800-427-0478

Số Máy dành cho Người Khiếm Thính (TDD/TYY): 1-800-252-0259 (chỉ có sẵn bằng tiếng Anh và tiếng Tây Ban Nha)

Số Trương Mục: 123 456 7890

JOHN Q PUBLIC  
JANE Q PUBLIC  
1801 ATLANTIC BLVD  
MONTEREY PARK CA 91754-5207





# Đơn Xin Giảm Giá 20% Theo Chương Trình CARE

(Xin dùng mực đậm và viết bằng chữ in để đảm bảo xét duyệt chính xác)

Form 6674-B (06/08) VI

THE GAS COMPANY  
CARE PROGRAM ML GT12F1  
PO BOX 3249  
LOS ANGELES, CA 90051-1249

Sempra Energy Utility

Số Trương Mục: 123 345 7890

Ngày: 06/01/2008

Tên Khách Hàng: JOHN Q PUBLIC

Địa chỉ: 1801 ATLANTIC BLVD, MONTEREY PARK CA 91754-5207

- Tôi không còn hội đủ điều kiện hoặc không muốn tham gia vào chương trình CARE nữa. Xin rút trương mục của tôi ra khỏi chương trình CARE. Nếu quý vị bôi đen vào vòng tròn này (●), xin bỏ qua Phần 1 và 2, **ký tên** ở dưới, và gửi mẫu đơn này vào phong bì được cung cấp sẵn đã trả bưu phí trước trong vòng 90 ngày.

**1** Tổng số người trong hộ gia đình của quý vị (bao gồm quý vị, người lớn khác, và trẻ em):

Điện Thoại Nhà #:    -    -

**2A**

## Các Trợ Cấp từ các Chương Trình Trợ Giúp Công Cộng (Public Assistance Programs):

Hãy bôi đen vào vòng tròn (●) cho bất cứ chương trình nào mà quý vị hay ai đó trong gia đình của quý vị nhận trợ cấp, sau đó BỎ QUA phần **2B** và điền vào phần **3**.

- Medi-Cal: Dưới 65 tuổi       Food Stamps       Healthy Families A&B       WIC  
 Medi-Cal: 65 tuổi trở lên       TANF (AFDC)       LIHEAP

HOẶC

**Nếu KHÔNG có mục nào ở trên, hãy điền vào Phần **2B**.**

## Lợi Tức Hộ Gia Đình: Bỏ qua phần này nếu quý vị đã điền vào Phần **2A**.

**Phần 1:** Nếu quý vị không tham gia vào bất cứ chương trình nào được liệt kê ở trên, xin bôi đen vào vòng tròn (●) cho tất cả các nguồn lợi tức của hộ gia đình quý vị, và cung cấp tổng lợi tức gia đình của quý vị vào các khoảng trống bên dưới:

**2B**

- An Sinh Xã Hội       Lương tuần hay lương tháng       Bồi Thường theo Pháp Luật  
 Hưu Bổng       Trợ Cấp Thất Nghiệp       Bồi Thường Bảo Hiểm  
 SSI, SSP, SSDI       Trợ Cấp Tàn Phế       Tiền Nuôi Người Phối Ngẫu  
Lợi Tức hay Cổ Tức từ:       Bồi Thường Lao Động       Tiền Nuôi Con Cái  
 Trương Mục Tiết Kiệm, Hưu bổng       Học Bổng, Tài Trợ hay Trợ       Lợi Tức Tiền Mặt và/hoặc lợi tức khác  
 Cổ Phiếu hay Trái Phiếu, hoặc       Giúp Khác Dùng để trang       Lợi Tức Khi Cho Thuê hay Tiền Bản Quyền  
 Trương Mục Hưu Trí       trả Chi Phí Sinh Hoạt       Lợi nhuận khi Làm Việc Tự Do(Mẫu đơn  
1040, Bản Kê C, dòng 29 của IRS)

**Phần 2:** Hãy bôi đen vào vòng tròn (●) mức lợi tức hàng năm của hộ gia đình trước khi khấu trừ.

- \$0 - \$30,500       \$30,501 - \$35,800       \$35,801 - \$43,200       \$43,201 - \$50,600       \$50,601 - \$58,000

Nếu nhiều hơn \$58,000, xin điền tổng số vào đây: \$    ,    .00 mỗi năm

## **3** Lời Khai: Xin đọc và ký bên dưới.

Tôi xin khai rõ rằng thông tin mà tôi đã cung cấp trong đơn này là sự thật và chính xác. Tôi đồng ý sẽ cung cấp bằng chứng về việc hội đủ điều kiện theo chương trình CARE khi được yêu cầu. Tôi đồng ý thông báo cho The Gas Company biết nếu tôi không còn hội đủ điều kiện để nhận giảm giá nữa. Tôi hiểu rằng nếu tôi được giảm giá khi không hội đủ điều kiện, tôi có thể được yêu cầu phải trả lại khoản giảm giá mà tôi đã nhận. Tôi hiểu rằng The Gas Company có thể chia sẻ thông tin của tôi với các hãng tiện ích khác hoặc các đại lý để ghi danh tôi vào các chương trình trợ giúp của họ.

Chữ ký: X

Ngày:

SAMPLE FORMS: APPLICATIONS  
Self-Mailer CARE Application  
(Form No. 6491-2B, 6/08)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 3865  
DECISION NO.

1H12

ISSUED BY

**Lee Schavrien**  
Senior Vice President  
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 14, 2008  
EFFECTIVE Jun 1, 2008  
RESOLUTION NO. E-3524





A Sempra Energy utility®

CARE

20% RATE DISCOUNT

The Gas Company's California Alternate Rates for Energy (CARE) program provides a 20% discount on the monthly gas bill for eligible households. Those who qualify and are approved within 90 days of starting new gas service will also receive a \$15 discount on the Service Establishment Charge.

To see if you qualify, check the requirements shown below. Please complete the application and return it to The Gas CompanySM. The discount will be applied once your completed and signed application is approved by The Gas Company or you can apply online at [www.socalgas.com/residential/assistance/](http://www.socalgas.com/residential/assistance/).

THERE ARE TWO WAYS TO QUALIFY FOR THE CARE DISCOUNT:

1 PUBLIC ASSISTANCE PROGRAMS: If you or another person in your household receives benefits from any of the following programs:

- Medi-Cal
- Food Stamps
- TANF(AFDC)
- Women, Infants & Children (WIC)
- Healthy Families Categories A&B
- LIHEAP

2 MAXIMUM HOUSEHOLD INCOME: (effective June 1, 2008 to May 31, 2009)

Number of Persons in Household	Total Annual Income
1-2	\$30,500
3	\$35,800
4	\$43,200
5	\$50,600
6	\$58,000
For each additional household member, add \$7,400	

<OR>

CONDITIONS FOR PARTICIPATION

1) The gas bill must be in your name and the address must be your primary address. 2) You may not be claimed as a dependent on another person's income tax return other than your spouse's. 3) You will need to recertify your application when requested. 4) You are required to notify The Gas Company within 30 days if you no longer qualify. 5) You may be asked to verify your eligibility for CARE.

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR:

- **DAP** – Direct Assistance Program, offers no-cost energy-saving home improvements such as ceiling insulation, door weather-stripping, caulking and minor home repair to qualified customers. For more information, please call 1-800-331-7593.
- **Medical Baseline** – Provides additional allowance of gas at a lower rate to customers with certain medical conditions. For more information, call 1-800-427-2200.
- **LIHEAP** – Low Income Home Energy Assistance Program provides bill payment assistance, emergency bill assistance and weatherization services. Call the California Department of Community Services and Development at 1-866-675-6623.
- **California Lifeline (ULTS)** – A discounted telephone access for customers meeting similar income guidelines to CARE. For more information, contact your local telephone service provider.

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/TYY): 1-800-252-0259 (available in English and Spanish only)



El programa de Tarifas Alternas para Energía en California (CARE) de The Gas Company<sup>SM</sup> ofrece un descuento del 20% en la factura mensual de gas a los hogares que reúnen los requisitos. Aquellos que califiquen y sean aprobados en un término de 90 días a partir del inicio de su servicio de gas también recibirán un descuento de \$15 en el cargo de establecimiento de servicio (cargo de conexión inicial).

Para ver si califica, revise los requisitos que aparecen a continuación. Por favor llene el formulario de solicitud y regréselo a The Gas Company. El descuento se aplicará una vez que el formulario de solicitud debidamente llenado y firmado haya sido aprobado por The Gas Company o puede aplicar en línea en [www.socalgas.com/sp/residential/assistance/](http://www.socalgas.com/sp/residential/assistance/).

### HAY DOS FORMAS DE CALIFICAR PARA EL DESCUENTO DE CARE:

#### 1 PROGRAMAS DE ASISTENCIA PÚBLICA:

Si usted u otra persona que vive en su hogar recibe beneficios de cualquiera de los siguientes programas:

- Medi-Cal
- Food Stamps
- TANF(AFDC)
- Women, Infants & Children (WIC)
- Healthy Families Categories A&B
- LIHEAP (Programa de Asistencia de Energía para Hogares de Bajos Ingresos)

#### 2 INGRESO MÁXIMO EN EL HOGAR:

(en vigor del 1 de junio de 2008 al 31 de mayo de 2009)

Número de personas en el hogar	Ingreso total anual
1-2	\$30,500
3	\$35,800
4	\$43,200
5	\$50,600
6	\$58,000
Por cada miembro adicional en el hogar, añada \$7,400	



### CONDICIONES PARA PARTICIPAR

- 1) La factura de gas debe estar a su nombre y la dirección debe ser su domicilio principal.
- 2) No puede aparecer como dependiente en la declaración de impuestos sobre el ingreso de otra persona que no sea su cónyuge.
- 3) Debe recertificar su solicitud CARE cuando se le solicite.
- 4) Debe notificar a The Gas Company en un término de 30 días si deja de calificar.
- 5) Tal vez se le pida comprobar que reúne los requisitos para CARE.

### OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE QUIZÁ PUDIERA CALIFICAR:

- **Programa de Asistencia Directa (DAP):** Este programa de eficiencia energética para clientes que califican ofrece mejoras gratuitas para el hogar, tales como aislamiento de techo, colocación de burletes en puertas, enmasillado y reparaciones menores, a fin de ahorrar energía. Para más información, por favor llame al 1-800-331-7593.
- **Asignación Médica Inicial (Medical Baseline):** Provee asignación adicional de gas a una tarifa menor a los clientes con ciertas afecciones médica. Para más información, llame al 1-800-342-4545.
- **Programa de Ayuda Energética para Hogares de Bajos Recursos (LIHEAP):** Ofrece asistencia para el pago de facturas, asistencia de emergencia para el pago de facturas y servicios de acondicionamiento contra las inclemencias del tiempo. Llame al Departamento de Servicios a la Comunidad de California al 1-866-675-6623.
- **Servicio Telefónico Universal Lifeline (California Lifeline-ULTS):** Acceso telefónico a precios de descuento para los clientes que reúnan requisitos de ingreso similares a los del programa CARE. Para más información, llame al proveedor de servicio telefónico de su localidad.

### PARA INFORMACIÓN SOBRE CARE, LLAME A THE GAS COMPANY AL:

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/TYY): 1-800-252-0259 (disponible en inglés y español únicamente)



SAMPLE FORMS: APPLICATIONS  
Post-Enrollment Verification CARE Application  
Individually Metered Residential (Form No. 6675-B, 6/08)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 3865  
DECISION NO.

1H12

ISSUED BY

**Lee Schavrien**  
Senior Vice President  
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 14, 2008  
EFFECTIVE Jun 1, 2008  
RESOLUTION NO. E-3524



**IMMEDIATE REPLY  
NEEDED**



Dear Customer:

Date: 06/01/2008

You are currently receiving a 20% CARE discount on your monthly gas bill through The Gas Company's California Alternate Rates for Energy (CARE) program. Your household has been randomly selected for verification of eligibility. To continue receiving this discount, please return the completed and signed form including required document(s) in the envelope provided within 90 days. If you do not reply or are found ineligible, you may receive corrected billings.

**Required Documents:** You only need to provide copies of document(s) from either list **1 OR 2** (not both).

**List 1)** If you or another person in your household receives public assistance, please send documentation proving participation in any of the following programs:

Medi-cal	Food Stamps	TANF(AFDC)	WIC	Healthy Families A&B	LIHEAP
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**OR**

**List 2)** If no one in your household participates in any of the programs mentioned above, please send copies of income documents for every household member receiving income or aid. The chart below lists income sources and required documents:

<b>If you receive:</b>	<b>Acceptable Documents</b>
<b>Wages, Salary, Tips, Commissions</b>	Two most recent consecutive Pay Stubs, or W2, or IRS 1040 form
<b>Social Security, SSI, SSDI, Pensions, Disability Payments, Workers Compensation, Unemployment Benefits</b>	Statements of Benefits, or Copy of the Check, or Bank Statements showing the deposits, or IRS Form 1040, or IRS Form 1099
<b>Profit from Self-Employment</b>	IRS Form 1040 plus Schedule C
<b>Rental Income, Royalty Income</b>	IRS Form 1040, plus Schedule E for rental income
<b>Interest or Dividends from Savings Accounts, Retirement Accounts, Stocks, Bonds</b>	IRS Form 1040, or IRS Form 1099(s).
<b>Insurance, Legal settlements</b>	Settlement documents
<b>Child and/or Spousal Support</b>	Court Documents, or Copy of the Check
<b>School Grants, Scholarships, or Other Aid</b>	Award Letters, or two most recent consecutive Pay Stubs, or Copy of the Check
<b>None of the Sources Above</b>	A statement explaining the sources of income used to support your household

**FOR INFORMATION ON CARE, CALL THE GAS COMPANY<sup>SM</sup> AT:**

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

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

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

Hearing Impaired (TDD/TYY): 1-800-252-0259 (available in English and Spanish only)

JOHN Q PUBLIC  
JANE Q PUBLIC  
1801 ATLANTIC BLVD  
MONTEREY PARK CA 91754-5207





**SE REQUIERE  
RESPUESTA INMEDIATA**

Apreciable cliente:

Fecha: 06/01/2008

Actualmente recibe una tarifa de descuento del 20% en su factura mensual de gas a través del programa de Tarifas Alternas para Energía en California (CARE) de The Gas Company<sup>SM</sup>. Su hogar fue seleccionado al azar para verificar que reúne los requisitos. Para continuar recibiendo este descuento, sírvase devolver el formulario debidamente llenado y firmado, junto con la documentación requerida en el sobre provisto en un término de 90 días. Si no responde o se determina que no reunía los requisitos, tal vez reciba facturas con los montos corregidos.

**Documentación requerida:** Sólo necesita proporcionar copias de la documentación de la lista 1 ó 2 (no ambas).

**Lista 1)** Si usted u otra persona que vive en su hogar recibe asistencia pública, sírvase enviar la documentación que compruebe su participación en cualquiera de los siguientes programas:

Medi-cal	Food Stamps	TANF(AFDC)	WIC	Healthy Families A&B	LIHEAP
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ó

**Lista 2)** Si ningún miembro del hogar participa en alguno de los programas mencionados con anterioridad, sírvase enviar copias de los comprobantes de ingreso de cada miembro que viva en su hogar que reciba ingresos o alguna ayuda. El siguiente cuadro enlista las fuentes de ingreso y la documentación requerida:

Si recibe usted:	Documentación aceptable
<b>Salarios, sueldos, propinas, comisiones</b>	Los dos últimos talones de pago, W2, o formulario 1040 del IRS
<b>Seguro social, SSI, SSDI, pensiones, pagos de incapacidad, indemnización para los trabajadores, beneficios de desempleo</b>	Constancias de beneficios, copia del cheque, estados de cuenta bancarios que muestren los depósitos, formulario 1040 del IRS o formulario 1099 del IRS
<b>Utilidades de autoempleo</b>	Formulario 1040 del IRS y Anexo C
<b>Ingresos por alquiler o regalías</b>	Formulario 1040 del IRS y Anexo E para ingresos por alquiler
<b>Intereses o dividendos de cuentas de ahorro, cuentas para el retiro, acciones, bonos</b>	Formulario 1040 del IRS o formulario 1099(s) del IRS.
<b>Pagos de reclamaciones legales y/o a seguros</b>	Documentación relativa al pago de reclamaciones
<b>Pensión alimenticia y/o conyugal</b>	Documentación judicial o copia del cheque
<b>Subvenciones, becas u otro tipo de ayuda escolar</b>	Cartas de otorgamiento, los dos últimos talones de pago, o copia del cheque
<b>Ninguna de las fuentes anteriores</b>	Una declaración que explique las fuentes de ingreso usadas para mantener su hogar

**PARA INFORMACIÓN SOBRE CARE, LLAME A THE GAS COMPANY AL:**

Inglés: 1-800-427-2200  
Coreano: 1-800-427-0471

Mandarín: 1-800-427-1429  
Cantonés: 1-800-427-1420

Español: 1-800-342-4545  
Vietnamita: 1-800-427-0478

Para clientes con limitaciones auditivas (TDD/TTY): 1-800-252-0259 (disponible en inglés u español únicamente)

JOHN Q PUBLIC  
JANE Q PUBLIC  
1801 ATLANTIC BLVD  
MONTEREY PARK CA 91754-5207





親愛的客戶:

日期: 月/日/年

您現在正通過 **The Gas Company<sup>SM</sup>** (瓦斯公司) 的加州能源優惠率 (**CARE**) 計劃, 享受占每月瓦斯 (煤氣) 帳單 **20%** 的 **CARE** 折扣優惠。您的家庭被隨機選中進行資格確認。若要繼續享受此項折扣, 請您將填寫好并簽名的表格以及所需文件放入所提供的信封中, 在 **90** 天內寄回。如果您沒有回復或經查證不符合資格, 您將會收到更正折扣的帳單。

**所需文件:** 您只需要提供列表1 或 列表2 中的文件副本, 而不需要提供所有兩個列表中的文件。

**列表 1)** 如果您或您家中的其他成員接受政府協助, 請您提供能够證明參與以下任何計劃的文件:

Medi-cal (加州醫療 輔助計劃)	Food Stamps (食物券)	TANF(AFDC) (貧困家庭臨時 現金資助計劃)	WIC (婦女, 嬰兒和兒 童營養輔助計劃)	Healthy Families A&B (健康家庭低費兒童醫 療健保計劃類別A及B)	LIHEAP (低收入家庭能源 協助計劃)
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**列表 2)** 如果您家中無人參加上述任何計劃, 請您提供您家中每位成員的收入文件副本, 包括所有收入和協助。以下表格列出了收入來源和所需文件:

如果您收到:	可以接受的文件:
工資, 薪金, 小費, 傭金	兩份最近連續的薪金支票存根(Pay Stubs), W2, 或 IRS 1040 表格
<b>Social Security</b> (社會安全福利金), <b>SSI</b> , <b>SSDI</b> (社會安全輔助金), 退休金, 殘疾津貼, 勞工補償, 失業救濟	福利說明書 (Statements of Benefits), 或支票副本, 或顯示存款數額的銀行月結單, 或 IRS 的 1040 或 1099 表格
自由業 (Self-Employment) 取得的利潤	IRS 的 1040 表格和 Schedule C 表格
租金, 權利金收入	IRS 的 1040 表格和租金收入使用的 Schedule E 表格
儲蓄賬戶, 退休賬戶, 股票和債券中取得的利息和紅利	IRS 的 1040 表格或 IRS 的 1099(s) 表格
保險賠償金和法律賠償金	處理結果文件
子女或配偶贍養費	法庭文件或支票副本
學校補助, 獎學金和其它助學金	獲獎信件, 兩份最近連續的補助金支票存根 (Pay Stubs), 或支票副本
其上來源都不是	一份解釋您用於支撐家庭的收入來源的證明

**若需更多關於 CARE 計劃的諮詢, 請致電 THE GAS COMPANY**

英語: 1-800-427-2200

國語: 1-800-427-1429

西班牙語: 1-800-342-4545

韓語: 1-800-427-0471

粵語: 1-800-427-1420

越南語: 1-800-427-0478

聽覺障礙專線 (TDD/TYY): 1-800-252-0259 (僅提供英語和西班牙語服務)

JOHN Q PUBLIC  
JANE Q PUBLIC  
1801 ATLANTIC BLVD  
MONTEREY PARK CA 91754-5207



# CARE 計劃 20% 費率折扣確認表格

(請用深色筆以正楷填寫清晰以確保適當受理)

Form 6675-B (06/08) CH

THE GAS COMPANY  
CARE PROGRAM ML GT12FI  
PO BOX 3249  
LOS ANGELES, CA 90051-1249

帳戶號碼: 123 345 7890

日期: 06/01/2008

客戶姓名: JOHN Q PUBLIC

地址: 1801 ATLANTIC BLVD, MONTEREY PARK CA 91754-5207

我不再符合或不願再參加 CARE 計劃。請把我的賬戶從 CARE 計劃中取消。如果您將這個圓圈塗黑(●)，請跳過 1 至 3 部分的内容，在文件下方簽字，將此表格放在所提供的郵資已付的信封中，在 90 天內寄回。

(1) 您家庭中的總人數(包括您本人, 其他成年人和兒童):

(2) 請列出您家庭中每位成員的姓名(包括您本人, 其它成年人和兒童), 並將適當的圓圈塗黑(●)以顯示該成員是成人還是兒童。

姓名		成人/兒童		姓名		成人/兒童	
1.		<input type="radio"/>	<input type="radio"/>	7.		<input type="radio"/>	<input type="radio"/>
2.		<input type="radio"/>	<input type="radio"/>	8.		<input type="radio"/>	<input type="radio"/>
3.		<input type="radio"/>	<input type="radio"/>	9.		<input type="radio"/>	<input type="radio"/>
4.		<input type="radio"/>	<input type="radio"/>	10.		<input type="radio"/>	<input type="radio"/>
5.		<input type="radio"/>	<input type="radio"/>	11.		<input type="radio"/>	<input type="radio"/>
6.		<input type="radio"/>	<input type="radio"/>	12.		<input type="radio"/>	<input type="radio"/>

### 家庭年收入總額:

如果您的家庭沒有參加列表(1)中的任何協助計劃, 請您把能體現您每年毛收入的圓圈塗黑(●)。

\$0 - \$30,500     \$30,501 - \$35,800     \$35,801 - \$43,200     \$43,201 - \$50,600     \$50,601 - \$58,000

如果多於 \$58,000, 請在此處填寫金額: \$  ,  .00 每年

聯絡電話 #:  -  -

(3) 我已經附上了能够證明參與協助計劃(列表1)的文件副本或每個家庭成員的收入文件, 包括接受的所有收入和協助(列表2)。請塗黑符合您情況的圓圈(●)。

是                       否

### (4) 聲明: 請您閱讀並簽字。

我願意證明上述申請資料正確屬實。若需要我也同意提供文件證明符合 CARE 的資格。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。我瞭解 The Gas Company 可將有關我的資料提供給其他的公用事業公司和組織團體以協助我加入他們的協助計劃。

簽名: X                       日期:

### 僅供 SOCALGAS 填寫:

1 = CE    2 = INCOME    3 = BOTH  
BLANK = INCOMPLETE

INC: \$

HH:

INITIALS:



**즉시 회신하셔야  
합니다**

친애하는 고객님:

날짜: YY년 MM월 DD일

귀하께서는 현재 The Gas Company<sup>SM</sup>의 캘리포니아 에너지 대체 요금 (CARE) 프로그램을 통하여 월별 가스 요금에 대해 20% CARE 할인을 받고 계십니다. 귀 가구는 수혜 자격 확인 대상으로 무작위로 선정되었습니다. 이 할인을 계속 받으시려면, 작성하고 서명한 양식을 구비 서류와 함께 제공된 봉투를 사용하여 90일 내에 제출하십시오. 회답을 하지 않으시거나 자격이 없는 것으로 판단되면, 조정된 청구서를 받으실 수도 있습니다.

구비 서류: 목록 1 또는 2(두 목록 모두가 아님)의 문서의 사본을 제출하면 됩니다.

목록 1) 귀하나 기타 식구가 공공 지원을 받는 경우, 다음 중 해당 프로그램에 대한 참여를 입증하는 자료를 보내십시오.

Medi-cal	Food Stamps (푸드 스탬프)	TANF(AFDC)	WIC	Healthy Families A&B (건강한 가족 유형 A 및 B)	LIHEAP
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또는

목록 2) 식구 중 아무도 위에 언급된 어느 프로그램에도 참여하지 않는 경우, 소득이나 보조금을 받는 모든 식구에 대한 소득 서류 사본을 보내십시오. 아래 표는 소득원과 구비 서류를 나열합니다:

받는 소득:	인정되는 문서
임금, 봉급, 팁, 커미션	최근의 2 회 연속 보수 전표 또는 W2 또는 IRS 1040 양식
사회보장금, SSI, SSDI, 연금, 장애 지원금, 산재보상금, 실업수당	혜택 내역서 또는 수표 사본 또는 예금을 보여주는 은행 내역서 또는 IRS 양식 1040 또는 IRS 양식 1099
자영업 수익	IRS 양식 1040 과 스케줄 C
임대 소득, 로열티 소득	IRS 양식 1040 및 임대 소득에 대한 스케줄 E
예금 구좌, 은퇴 구좌, 주식, 채권의 이자나 배당금	IRS 양식 1040 또는 IRS 양식 1099.
보험, 법률 법적 타협금	타협 문서
어린이 및/또는 배우자 생활비	법원 문서 또는 수표 사본
학교 보조금, 장학금 또는 기타 보조금	수여 서신 또는 최근의 2 회 연속 보수 전표 또는 수표 사본
위의 소득원 해당되지 않음	가족 부양을 위해 사용된 소득의 원천을 설명하는 진술서

**CARE 에 대한 사항은 아래의 THE GAS COMPANY 번호로 문의하십시오:**

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

청각 장애자(TDD/TYY): 1-800-252-0259 (영어와 스페인어로 만 유효함)

JOHN Q PUBLIC  
JANE Q PUBLIC  
1801 ATLANTIC BLVD  
MONTEREY PARK CA 91754-5207





Kính Gởi Quý Khách Hàng:

Ngày: MM/DD/YY

Quý vị hiện đang được giảm giá 20% theo chương trình CARE trên biên nhận gas hàng tháng qua chương trình Mức Giá Năng Lượng Thay Thế của California (California Alternate Rates for Energy hay CARE) của The Gas Company<sup>SM</sup>. Hộ gia đình của quý vị được chọn ngẫu nhiên để xác minh tình trạng hội đủ điều kiện. Để tiếp tục được giảm giá theo chương trình này, xin gửi lại mẫu đơn đã điền đầy đủ và ký tên bao gồm cả (các) tài liệu được yêu cầu trong phong bì được cung cấp sẵn trong vòng 90 ngày. Nếu quý vị không hồi đáp hoặc cho thấy không hội đủ điều kiện, quý vị có thể nhận được biên nhận hiệu chỉnh.

**Các Tài Liệu Yêu Cầu:** Quý vị chỉ cần cung cấp bản sao của (các) tài liệu từ danh sách 1 **HOẶC** 2 (không phải cả hai)

**Danh sách 1)** Nếu quý vị hay người nào khác trong hộ gia đình được hưởng các chương trình trợ giúp công cộng, xin gửi tài liệu xác nhận được hưởng bất cứ chương trình nào sau đây:

Medi-cal	Food Stamps	TANF(AFDC)	WIC	Healthy Families A&B	LIHEAP
----------	-------------	------------	-----	----------------------	--------

**HOẶC**

**Danh sách 2)** Nếu không có ai trong hộ gia đình của quý vị được hưởng bất cứ chương trình nào ở trên, xin gửi bản sao các tài liệu về lợi tức của mọi thành viên trong hộ gia đình có lợi tức hoặc trợ cấp. Bảng dưới đây liệt kê các nguồn lợi tức và các tài liệu được yêu cầu:

<b>Nếu quý vị nhận:</b>	<b>Các Tài Liệu Có Thể Chấp Nhận Được</b>
<b>Lương Tuần, Lương Tháng, Tiền Thưởng, Hoa Hồng</b>	Hai Cùi Phiếu Lương liên tục gần đây nhất, hay mẫu đơn W2, hay mẫu đơn 1040 của IRS
<b>An Sinh Xã Hội, SSI, SSDI, Hưu Bổng, Trợ Cấp Tàn Phế, Bồi Thường Lao Động, Trợ Cấp Thất Nghiệp</b>	Bản Kế Trợ Cấp, hay Bản Sao Chi Phiếu, hoặc Bản Kế Trạng Mục Ngân Hàng về khoản tiền gửi vào, hoặc Mẫu Đơn 1040 của IRS, hoặc Mẫu Đơn 1099 của IRS
<b>Lợi Nhuận Khi Làm Việc Tự Do</b>	Mẫu Đơn 1040 của IRS và Bản Liệt Kế C
<b>Lợi Tức Cho Thuê, Lợi Tức Bản Quyền</b>	Mẫu Đơn 1040 của IRS và Bản Liệt Kế E về lợi tức khi cho thuê
<b>Lợi Tức hay Cổ Tức từ Trạng Mục Tiết Kiệm, Hưu Trí, Cổ Phiếu, Trái Phiếu</b>	Mẫu Đơn 1040 của IRS, hay (các) Mẫu Đơn 1099 của IRS
<b>Bảo Hiểm, Bồi Thường Theo Pháp Luật</b>	Tài Liệu về Bồi Thường
<b>Tiền Nuôi Con và/hoặc Người Phối Ngẫu</b>	Tài Liệu Toà Án, hay Bản Sao của Chi Phiếu
<b>Tài Trợ Học Hành, Học Bổng, hay Trợ Giúp Khác</b>	Thư Trao Tài Trợ, hoặc hai cùi phiếu lương liên tục gần đây nhất, hay Bản Sao của Chi Phiếu
<b>Không có Nguồn Nào nêu Trên</b>	Một bản kê giải thích các nguồn lợi tức dùng cho gia đình của quý vị

**ĐỂ BIẾT THÊM THÔNG TIN VỀ CHƯƠNG TRÌNH CARE, XIN GỌI THE GAS COMPANY TẠI:**

Tiếng Anh: 1-800-427-2200  
Đại Hàn: 1-800-427-0471

Quan Thoại: 1-800-427-1429  
Quảng Đông: 1-800-427-1420

Tây Ban Nha: 1-800-342-4545  
Tiếng Việt: 1-800-427-0478

Số Máy dành cho Người Khiếm Thính (TDD/TYY): 1-800-252-0259 (chỉ có sẵn bằng tiếng Anh và tiếng Tây Ban Nha)

JOHN Q PUBLIC  
JANE Q PUBLIC  
1801 ATLANTIC BLVD  
MONTEREY PARK CA 91754-5207





# Đơn Xác Minh Để Được Giảm Giá 20% Theo Chương Trình CARE

Form 6675-B (06/08) VI

THE GAS COMPANY  
CARE PROGRAM ML GT12F1  
PO BOX 3249  
LOS ANGELES, CA 90051-1249

(Xin dùng mực đậm và viết bằng chữ in để đảm bảo xét duyệt chính xác)

Số Trương Mục: 123 345 7890

Ngày: 06/01/2008

Tên Khách Hàng: JOHN Q PUBLIC

Địa chỉ: 1801 ATLANTIC BLVD, MONTEREY PARK CA 91754-5207

- Tôi không còn hội đủ điều kiện hoặc không muốn tham gia vào chương trình CARE nữa. Xin rút trương mục của tôi ra khỏi chương trình CARE. Nếu quý vị bôi đen vào vòng tròn này (●), xin bỏ qua Phần 1 – 3, **ký tên** ở dưới, và gửi mẫu đơn này vào phong bì được cung cấp sẵn đã trả bưu phí trước trong vòng 90 ngày.

- (1) Tổng số người trong hộ gia đình của quý vị (bao gồm quý vị, những người lớn khác, và trẻ em):
- (2) Xin ghi tên mọi người trong hộ gia đình của quý vị (bao gồm quý vị, các người lớn, và trẻ em) và bôi đen vào vòng tròn (●) để cho biết mỗi người là người lớn hay là trẻ em.

Tên		Người Lớn/Trẻ Em		Tên		Người Lớn/Trẻ Em	
1.		<input type="radio"/>	<input type="radio"/>	7.		<input type="radio"/>	<input type="radio"/>
2.		<input type="radio"/>	<input type="radio"/>	8.		<input type="radio"/>	<input type="radio"/>
3.		<input type="radio"/>	<input type="radio"/>	9.		<input type="radio"/>	<input type="radio"/>
4.		<input type="radio"/>	<input type="radio"/>	10.		<input type="radio"/>	<input type="radio"/>
5.		<input type="radio"/>	<input type="radio"/>	11.		<input type="radio"/>	<input type="radio"/>
6.		<input type="radio"/>	<input type="radio"/>	12.		<input type="radio"/>	<input type="radio"/>

**Tổng Lợi Tức Hàng Năm của Hộ Gia Đình:** Nếu gia đình của quý vị không được hưởng bất cứ chương trình trợ giúp nào ở **Danh Sách 1**, xin bôi đen vào vòng tròn (●) tổng mức lợi tức gộp hàng năm của quý vị.

- \$0 - \$30,500     \$30,501 - \$35,800     \$35,801 - \$43,200     \$43,201 - \$50,600     \$50,601 - \$58,000
- Nếu nhiều hơn \$58,000, xin điền tổng số vào đây: \$ ,  .00 mỗi năm

Điện Thoại Nhà #:  -  - 

- (3) Tôi đã **gởi kèm** các bản sao tài liệu chứng minh được hưởng một chương trình trợ giúp (danh sách 1) HOẶC (các) tài liệu về lợi tức cho mọi thành viên trong hộ gia đình có lợi tức/trợ cấp (danh sách 2).

Hãy bôi đen vào vòng tròn (●).     Có     Không

- (4) **Lời Khai: Xin đọc và ký tên bên dưới.**

Tôi xin khai rõ rằng thông tin mà tôi đã cung cấp trong đơn này là sự thật và chính xác. Tôi đồng ý thông báo cho The Gas Company biết nếu tôi không còn hội đủ điều kiện để nhận giảm giá nữa. Tôi hiểu rằng nếu tôi được giảm giá khi không hội đủ điều kiện, tôi có thể được yêu cầu phải trả lại khoản giảm giá mà tôi đã nhận. Tôi hiểu rằng The Gas Company có thể chia sẻ thông tin của tôi với các hãng tiện ích khác hoặc các đại lý để ghi danh tôi vào các chương trình trợ giúp của họ.

Chữ ký: X Ngày: **PHẦN DÀNH RIÊNG CHO SOCALGAS:**

1 = CE 2 = INCOME 3 = BOTH  
BLANK = INCOMPLETE

INC: \$

HH:

INITIALS:

SAMPLE FORMS: APPLICATIONS  
Self-Certification CARE Application  
Submetered Residential (Form No. 6677-B, 6/08)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 3865  
DECISION NO.

1H11

ISSUED BY

**Lee Schavrien**  
Senior Vice President  
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 14, 2008  
EFFECTIVE Jun 1, 2008  
RESOLUTION NO. E-3524



A Sempra Energy utility

**20% CARE DISCOUNT APPLICATION**

**CALIFORNIA ALTERNATE RATES FOR ENERGY APPLICATION**

The Gas Company's California Alternate Rates for Energy (CARE) program provides a 20% discount on the monthly gas bill for eligible households.

To see if you qualify, check the requirements shown below. Please complete the application and return it in the envelope provided. Once your completed and signed application is approved by The Gas Company<sup>SM</sup>, you will receive the CARE discount from your property owner/manager. You and your property owner/manager will be notified whether or not you are approved for the discount.

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

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

**OR**

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

**CONDITIONS FOR PARTICIPATION**

- This address must be your primary residence.
- You must not be claimed as a dependent on another person's income tax return other than your spouse.
- You must recertify your application when requested.
- You must notify The Gas Company within 30 days if you no longer qualify.
- You may be asked to verify your eligibility for CARE.

**OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR:**

- **DAP** - Direct Assistance Program, a low income energy efficiency program, offers free energy-saving home improvements such as ceiling insulation, door weather-stripping, caulking and minor home repair. For more information, please call 1-800-331-7593.
- **Medical Baseline** - Provides additional allowance of gas at a lower rate to customers with certain medical conditions. For more information, call 1-800-427-2200.
- **LIHEAP** - Low Income Home Energy Assistance Program provides bill payment assistance, emergency bill assistance and weatherization services. Call the California Department of Community Services and Development at 1-866-675-6623.
- **California Lifeline (ULTS)** - A discounted telephone access for customers meeting similar income guidelines to CARE. For more information, contact your local telephone service provider.

**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/TYY): 1-800-252-0259 (available in English and Spanish only)



# CARE 20% Rate Discount Application

(Please use dark ink and print clearly to ensure proper processing)

Form 6677-B (06/08) EN

THE GAS COMPANY  
CARE PROGRAM, ML GT12F1  
PO BOX 3249  
LOS ANGELES, CA 90051-1249



Facility ID: 123 345 7890

Date: 06/01/2008

Customer Name: JOHN Q PUBLIC

Address: 1801 ATLANTIC BLVD, MONTEREY PARK CA 91754-5207

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

↓  
Home Phone #:    -    -

**2A** **Public Assistance Programs Benefits Received:**  
If you or someone in your household receives benefits from any of the programs below, please fill in the circle (●), then SKIP **2B** and go directly to **3**.

- Medi-Cal: Under 65 of age       Food Stamps       Healthy Families A&B       WIC
- Medi-Cal: 65 or older       TANF (AFDC)       LIHEAP

OR

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

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

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

**Part 2:** Please fill in the circle (●) of your household's income range per year before deductions.

- \$0 - \$30,500     \$30,501 - \$35,800     \$35,801 - \$43,200     \$43,201 - \$50,600     \$50,601 - \$58,000

If more than \$58,000, enter amount here: \$   ,    .00 per year

**3** **Declaration:** Please read and sign below.

I state that the information I have provided in this application is true and correct. I agree to provide proof of CARE eligibility if asked. I agree to inform The Gas Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that The Gas Company can share my information with other utilities or agents to enroll me in their assistance programs.

Signature: X

Date:

**FORMULARIO DE SOLICITUD PARA EL DESCUENTO CARE DEL 20%****SOLICITUD PARA EL PROGRAMA DE TARIFAS ALTERNAS PARA ENERGÍA EN CALIFORNIA**

El programa de Tarifas Alternas para Energía en California (CARE) de The Gas Company<sup>SM</sup> ofrece un descuento del 20% en la factura mensual de gas a los hogares que reúnen los requisitos.

Para ver si califica, revise los requisitos que aparecen a continuación. Sírvase llenar el formulario de solicitud y regresarlo en el sobre provisto. Una vez que el formulario de solicitud debidamente llenado y firmado haya sido aprobado por The Gas Company, recibirá el descuento CARE del propietario / administrador de su vivienda. Se les notificará a usted y al propietario / administrador de su vivienda si se aprobó o no el descuento.

**HAY DOS FORMAS DE CALIFICAR PARA EL DESCUENTO DE CARE:**

<b>PROGRAMAS DE ASISTENCIA PÚBLICA:</b>
Si usted u otra persona que vive en su hogar recibe beneficios de cualquiera de los siguientes programas:
<p style="text-align: center;">Medi-Cal Food Stamps TANF(AFDC) Women, Infant &amp; Children (WIC) Healthy Families Categories A&amp;B LIHEAP (Programa de Asistencia de Energía para Hogares de Bajos Ingresos)</p>

O

<b>INGRESO MÁXIMO EN EL HOGAR:</b> <i>(en vigor del 1 de junio de 2008 al 31 de mayo de 2009)</i>	
Número de personas en el hogar	Ingreso total anual
1-2	\$30,500
3	\$35,800
4	\$43,200
5	\$50,600
6	\$58,000
Por cada miembro adicional en el hogar, añada	\$7,400

**CONDICIONES PARA PARTICIPAR**

- Esta dirección debe ser su domicilio principal.
- No debe aparecer como dependiente en la declaración de impuestos de otra persona que no sea su cónyuge.
- Debe recertificar que tiene derecho a CARE cuando se le solicite.
- Debe notificar a The Gas Company en un término de 30 días si deja de calificar.
- Tal vez se le pida comprobar que reúne los requisitos para CARE.

**OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE QUIZÁ PUDIERA CALIFICAR:**

- **Programa de Asistencia Directa (DAP):** Este programa de eficiencia energética para clientes de bajos recursos ofrece mejoras gratuitas para el hogar, tales como aislamiento de techo, colocación de burletes en puertas, enmasillado y reparaciones menores, a fin de ahorrar energía. Para más información, llame al 1-800-331-7593.
- **Asignación médica inicial (Medical Baseline):** Provee asignación adicional de gas a una tarifa menor a los clientes con ciertas afecciones. Para más información, llame al 1-800-342-4545.
- **Programa de Ayuda Energética para Hogares de Bajos Recursos (LIHEAP):** Ofrece asistencia para el pago de facturas, asistencia de emergencia para el pago de facturas y servicios de acondicionamiento contra las inclemencias del tiempo. Llame al Departamento de Servicios a la Comunidad de California al 1-866-675-6623.
- **Servicio Telefónico Universal Lifeline (California Lifeline-ULTS):** Acceso telefónico a precios de descuento para los clientes que reúnan requisitos de ingreso similares a los del programa CARE. Para más información, llame al proveedor de servicio telefónico de su localidad.

**PARA INFORMACIÓN SOBRE CARE, LLAME A THE GAS COMPANY AL:**

Inglés: 1-800-427-2200  
Coreano: 1-800-427-0471

Mandarín: 1-800-427-1429  
Cantonés: 1-800-427-1420

Español: 1-800-342-4545  
Vietnamita: 1-800-427-0478

Para clientes con limitaciones auditivas (TDD/TYY): 1-800-252-0259 (disponible en inglés y español únicamente)

JOHN Q PUBLIC  
MOBILE HOME PARK/APARTMENT  
1801 ATLANTIC BLVD # 42  
MONTEREY PARK CA 91754-5207



# Formulario de solicitud para la tarifa CARE del 20% de descuento

Form 6677-B (06/08) SP

THE GAS COMPANY  
CARE PROGRAM, ML GT12F1  
PO BOX 3249  
LOS ANGELES, CA 90051-1249

(Por favor use tinta oscura y escriba claramente con letra de molde para asegurar el procesamiento apropiado)

Número de complejo habitacional: 203 345 7890

Fecha: 06/01/2008

Nombre del cliente: JOHN Q PUBLIC

Domicilio: 1801 ATLANTIC BLVD SPACE #, MONTEREY PARK CA 91754-5207

**1** Número total de personas que viven en su hogar (incluidos usted, otros adultos y niños):

Teléfono de casa:     -     -

**2A** **Beneficios que recibe a través de programas de asistencia pública:**  
Si usted, o alguien que vive en su hogar está recibiendo beneficios de uno de los programas demostrados, por favor rellene el círculo (●), y vaya directamente a la sección **3**.

- Medi-Cal: menor de 65 años     Food Stamps     Healthy Families A&B     WIC  
 Medi-Cal: 65 años o más     TANF (AFDC)     LIHEAP

**Si no marcó NINGUNO, sírvase llenar la sección 2B.**

**Ingreso en el hogar: Sáteselo si llenó la sección 2A.**

**2B** **Parte 1:** Si no participa en ninguno de los programas que aparecen en la lista anterior, por favor rellene el círculo (●) para todas las fuentes de ingreso en su hogar y proporcione el ingreso total de su hogar en los espacios que se proporcionan en la parte de abajo:

- |  |  |   |
|--|--|---|
| <input type="radio"/> Seguro Social                | <input type="radio"/> Salarios o sueldos   | <input type="radio"/> Pagos de reclamaciones legales  |
| <input type="radio"/> Pensiones                    | <input type="radio"/> Beneficios de desempleo  | <input type="radio"/> Pagos de reclamaciones a seguros  |
| <input type="radio"/> SSI, SSP, SSDI               | <input type="radio"/> Pagos de incapacidad   | <input type="radio"/> Pensión conyugal  |
| Intereses o dividendos de:                         | <input type="radio"/> Indemnización para los trabajadores                                      | <input type="radio"/> Pensión alimenticia   |
| <input type="radio"/> Cuentas de ahorro, Pensiones | <input type="radio"/> Becas, subvenciones u otra ayuda usada para sufragar el costo de la vida | <input type="radio"/> Dinero en efectivo y/u otros ingresos                                   |
| <input type="radio"/> Acciones o bonos             |  | <input type="radio"/> Ingresos por alquiler o regalías  |
| <input type="radio"/> Cuentas para el retiro       |  | <input type="radio"/> Utilidades de autoempleo (Formulario 1040, Anexo C, Renglón 29 del IRS) |

**Parte 2:** Sírvase rellenar el círculo (●) que corresponde al rango del ingreso anual de su hogar antes de deducciones.

- \$0 - \$30,500     \$30,501 - \$35,800     \$35,801 - \$43,200     \$43,201 - \$50,600     \$50,601 - \$58,000  
 Si es más de \$58,000, escriba el monto aquí: \$     ,     .00 al año

**3** **Declaración:** Por favor lea y firme abajo.

Declaro que la información que proporcioné en este formulario de solicitud es verdadera y correcta. Convengo en informar a The Gas Company si dejo de calificar para recibir el descuento. Entiendo que, si recibo el descuento sin tener derecho al mismo, se me puede exigir la devolución del descuento recibido. Entiendo que The Gas Company puede compartir mis datos con otras empresas de servicios públicos o agentes para inscribirme en sus programas de asistencia con requisitos de ingreso.

Firma : X

Fecha:

SAMPLE FORMS: APPLICATIONS  
Self-Recertification CARE Application  
Submetered Residential (Form No. 6678-B, 6/08)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 3865  
DECISION NO.

1H11

ISSUED BY

**Lee Schavrien**  
Senior Vice President  
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 14, 2008  
EFFECTIVE Jun 1, 2008  
RESOLUTION NO. E-3524



**YOUR RATE DISCOUNT IS EXPIRING**

Dear Customer:

Date: 06/01/2008

You are currently receiving a 20% rate discount on your monthly gas bill through The Gas Company's California Alternate Rates for Energy (CARE) program. In order to continue receiving the CARE discount from your property owner/manger, you are required to renew your eligibility within 90 days. To renew, use one of two methods listed below:

1. Return the completed and signed Certification Form in the envelope provided,
- OR**
2. Visit our Website <http://www.socalgas.com/care/recert/> and have your facility ID ready.

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

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

**OR**

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

**CONDITIONS FOR PARTICIPATION**

- This address must be your primary residence.
- You must not be claimed as a dependent on another person's income tax return other than your spouse.
- You must recertify your CARE eligibility when requested.
- You must notify The Gas Company<sup>SM</sup> within 30 days if you no longer qualify.
- You may be asked to verify your eligibility for CARE.

**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/TYY): 1-800-252-0259 (available in English and Spanish only)

Facility ID: 123 345 7890

JOHN Q PUBLIC  
 JANE Q PUBLIC  
 1801 ATLANTIC BLVD  
 MONTEREY PARK CA 91754-5207





# CARE 20% Rate Discount Recertification Form

(Please use dark ink and print clearly to ensure proper processing)

Form 6678-B (06/08) EN

THE GAS COMPANY  
CARE PROGRAM, ML GT12F1  
PO BOX 3249  
LOS ANGELES, CA 90051-1249

Facility ID: 123 345 7890

Date: 06/01/2008

Customer Name: JOHN Q PUBLIC

Address: 1801 ATLANTIC BLVD, MONTEREY PARK CA 91754-5207

- I no longer qualify or wish to participate in CARE. Please remove my account from the CARE program. If you filled in this circle (●), please skip Sections 1 and 2, **sign** at the bottom, and mail this form in the postage paid envelope provided within 90 days.

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

Home Phone #:    -    -

**2A** **Public Assistance Programs Benefits Received:**  
If you or someone in your household receives benefits from any of the programs below, please fill in the circle (●), then go directly to **3**.

- Medi-Cal: Under 65 of age       Food Stamps       Healthy Families A&B       WIC  
 Medi-Cal: 65 or older       TANF (AFDC)       LIHEAP

OR

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

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

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

**Part 2:** Please fill in the circle (●) of your household's income range per year before deductions.

- \$0 - \$30,500     \$30,501 - \$35,800     \$35,801 - \$43,200     \$43,201 - \$50,600     \$50,601 - \$58,000

If more than \$58,000, enter amount here: \$  ,   .00 per year

**3** **Declaration:** Please read and sign below.

I state that the information I have provided in this application is true and correct. I agree to provide proof of CARE eligibility if asked. I agree to inform The Gas Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that The Gas Company can share my information with other utilities or agents to enroll me in their assistance programs.

Signature: X  Date:

**SU TARIFA DE DESCUENTO  
ESTÁ POR VENCER**

Apreciable cliente:

Fecha: 06/01/2008

Actualmente recibe una tarifa de descuento del 20% en su factura mensual de gas a través del programa de Tarifas Alternas para Energía en California (CARE) de The Gas Company<sup>SM</sup>. Con el fin de continuar recibiendo el descuento CARE del propietario / administrador de su vivienda, debe renovar su derecho a participar dentro de 90 días. Para renovarlo, use uno de los tres métodos que se enumeran a continuación:

1. Devuelva el Formulario de Recertificación debidamente llenado y firmado en el sobre provisto,

O

2. Visite nuestro sitio Web <http://www.socalgas.com/care/recert/> y tenga listo el número de complejo habitacional (*Facility ID*).

**HAY DOS FORMAS DE CALIFICAR PARA EL DESCUENTO DE CARE:**

<b>PROGRAMAS DE ASISTENCIA PÚBLICA:</b>
Si usted u otra persona que vive en su hogar recibe beneficios de cualquiera de los siguientes programas:
Medi-Cal
Food Stamps
TANF(AFDC)
Women, Infant & Children (WIC)
Healthy Families Categories A&B
LIHEAP (Programa de Asistencia de Energía para Hogares de Bajos Ingresos)

O

<b>INGRESO MÁXIMO EN EL HOGAR:</b> <i>(en vigor del 1 de junio de 2008 al 31 de mayo de 2009)</i>	
Número de personas en el hogar	Ingreso total anual
1-2	\$30,500
3	\$35,800
4	\$43,200
5	\$50,600
6	\$58,000
Por cada miembro adicional en el hogar, añada	\$7,400

**CONDICIONES PARA PARTICIPAR**

- Esta dirección debe ser su domicilio principal.
- No debe aparecer como dependiente en la declaración de impuestos de otra persona que no sea su cónyuge.
- Debe recertificar su solicitud cuando se le solicite.
- Debe notificar a The Gas Company en un término de 30 días si deja de calificar.
- Tal vez se le pida comprobar que reúne los requisitos para CARE.

**PARA INFORMACIÓN SOBRE CARE, LLAME A THE GAS COMPANY AL:**

Inglés: 1-800-427-2200  
Coreano: 1-800-427-0471

Mandarín: 1-800-427-1429  
Cantonés: 1-800-427-1420

Español: 1-800-342-4545  
Vietnamita: 1-800-427-0478

Para clientes con limitaciones auditivas (TDD/TYY): 1-800-252-0259 (disponible en inglés y español únicamente)

**Número de complejo habitacional (*Facility ID*): 123 456 7890**

JOHN Q PUBLIC  
MOBILE HOME PARK/APARTMENT  
1801 ATLANTIC BLVD # 42  
MONTEREY PARK CA 91754-5207



# Formulario de recertificación para la tarifa CARE del 20% de descuento

Form 6678-B (06/08) SP

THE GAS COMPANY  
CARE PROGRAM, ML GT12F1  
PO BOX 3249  
LOS ANGELES, CA 90051-1249

(Por favor use tinta oscura y escriba claramente con letra de molde para asegurar el procesamiento apropiado)

Número de complejo habitacional: 123 345 7890

Fecha: 06/01/2008

Nombre del cliente: JOHN Q PUBLIC

Domicilio: 1801 ATLANTIC BLVD, 74, MONTEREY PARK CA 91754-5207

- Ya no califico o no deseo participar en CARE. Sírvanse retirar mi cuenta del programa CARE. Si rellenó este círculo (●), por favor sáltese las secciones 1 y 2, firme en la parte de abajo, y envíe este formulario en el sobre con porte pagado provisto en un término de 90 días.

**1** Número total de personas que viven en su hogar (incluidos usted, otros adultos y niños):

Teléfono de casa:    -    -

**2A** **Beneficios que recibe a través de programas de asistencia pública:**  
Si usted, o alguien que vive en su hogar está recibiendo beneficios de uno de los programas demostrados, por favor rellene el círculo (●), luego SÁLTESE la sección **2B** y pase directamente a la sección **3**.

- Medi-Cal: menor de 65 años
- Food Stamps
- Healthy Families A&B
- WIC
- Medi-Cal: 65 años o más
- TANF (AFDC)
- LIHEAP

**Si no marcó NINGUNO, sírvase llenar la sección 2B.**

**2B** **Ingreso en el hogar: Sálteselo si llenó la sección 2A.**  
**Parte 1:** Si no participa en ninguno de los programas que aparecen en la lista anterior, por favor rellene el círculo (●) para todas las fuentes de ingreso en su hogar y proporcione el ingreso total de su hogar en los espacios que se proporcionan en la parte de abajo:

- Seguro Social
- Pensiones
- SSI, SSP, SSDI
- Intereses o dividendos de:
  - Cuentas de ahorro, Pensiones
  - Acciones o bonos
  - Cuentas para el retiro
- Salarios o sueldos
- Beneficios de desempleo
- Pagos de incapacidad
- Indemnización para los trabajadores
- Becas, subvenciones u otra ayuda usada para sufragar el costo de la vida
- Pagos de reclamaciones legales
- Pagos de reclamaciones a seguros
- Pensión conyugal
- Pensión alimenticia
- Dinero en efectivo y/u otros ingresos
- Ingresos por alquiler o regalías
- Utilidades de autoempleo (Formulario 1040, Anexo C, Renglón 29 del IRS)

**Parte 2:** Sírvase rellenar el círculo (●) que corresponde al rango del ingreso anual de su hogar antes de deducciones.

- \$0 - \$30,500
- \$30,501 - \$35,800
- \$35,801 - \$43,200
- \$43,201 - \$50,600
- \$50,601 - \$58,000

Si es más de \$58,000, escriba el monto aquí: \$    ,    .00 al año

**3** **Declaración:** Por favor lea y firme abajo.  
Declaro que la información que proporcioné en este formulario de solicitud es verdadera y correcta. Convengo en informar a The Gas Company si dejo de calificar para recibir el descuento. Entiendo que, si recibo el descuento sin tener derecho al mismo, se me puede exigir la devolución del descuento recibido. Entiendo que The Gas Company puede compartir mis datos con otras empresas de servicios públicos o agentes para inscribirme en sus programas de asistencia con requisitos de ingreso.

Firma : X

Fecha:

APPLICATION FOR CALIFORNIA ALTERNATE RATES  
FOR ENERGY PROGRAM - BILL INSERT  
(Form No. 6491-BI, 6/08)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 3865  
DECISION NO.

1H10

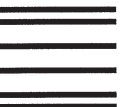
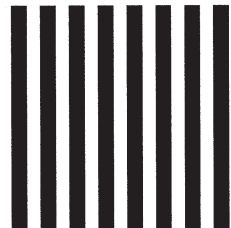
ISSUED BY

**Lee Schavrien**  
Senior Vice President  
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 14, 2008  
EFFECTIVE Jun 1, 2008  
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®

# SAVE 20%

**DID YOU KNOW A FAMILY  
OF FOUR EARNING UP TO  
\$43,200 A YEAR MAY QUALIFY?**

**¿SABIA USTED QUE UNA FAMILIA  
DE CUATRO GANANDO HASTA  
\$43,200 AL AÑO PUEDE CALIFICAR?**

## APPLY TODAY!

*See inside for program details.*

*California Alternate  
Rates for Energy*

**(CARE) – 20% RATE DISCOUNT  
APPLICATION INSIDE**

*Tarifas Alternas para  
Energía de California*

**(CARE) – DESCUENTO DEL 20% EN SU TARIFA  
DE GAS NATURAL 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 \$15 discount on your Service Establishment Charge if you are approved within 90 days of starting new gas service with The Gas Company<sup>SM</sup>. Please review the program qualifications on the enclosed application to see if you qualify. If you think you qualify, 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 visit [www.socalgas.com/residential/assistance/](http://www.socalgas.com/residential/assistance/) or call 1-800-427-2200. Telecommunication Devices for the Speech and Hearing Impaired (TDD) are available at 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 \$15 en el Cargo por Establecimiento de Servicio, si usted es aprobado durante los primeros 90 días desde el comienzo de su nuevo servicio de gas con The Gas Company<sup>SM</sup>. 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, visite [www.socalgas.com/sp/residential/assistance/](http://www.socalgas.com/sp/residential/assistance/) o llame 1-800-342-4545. Clientes con limitaciones auditivas (TDD) llamen al 1-800-252-0259.

**FOR INFORMATION ON CARE IN OTHER  
LANGUAGES, CALL THE GAS COMPANY AT:**

欲知詳情，請洽 免費國語專線: 1-800-427-1429

欲知詳情，請洽 免費粵語專線: 1-800-427-1420

더 자세한 안내를 받으시려면 다음 한국어 전화로 문의해 주십시오:  
**1-800-427-0471**

Để biết thêm chi tiết bằng tiếng Việt, xin gọi:  
**1-800-427-0478**

### OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR:

**Direct Assistance Program (DAP):** This low income energy efficiency program offers free, energy-saving home improvements such as ceiling insulation, door weather-stripping, caulking and minor home repairs. For more information, please call 1-800-331-7593.

**Medical Baseline:** Provides additional allowance of gas at a lower rate to customers with certain medical conditions. For more information, call 1-800-427-2200.

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

**California Lifeline (ULTS):** A discounted telephone access for customers meeting similar income guidelines to CARE. For more information, contact your local telephone service provider.

### OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE PUEDE CALIFICAR:

**Programa de Asistencia Directa (DAP):** Este programa de eficiencia energética para clientes de bajos recursos ofrece mejoras gratuitas para el hogar, tales como aislamiento de techo, colocación de burletes en puertas, enmasillado y reparaciones menores, a fin de ahorrar energía. Para más información, por favor llame al 1-800-331-7593.

**Asignación Médica Inicial (Medical Baseline):** Provee asignación adicional de gas a una tarifa menor a los clientes con ciertas afecciones médica. Para más información, llame al 1-800-342-4545.

**Programa de Ayuda Energética para Hogares de Bajos Recursos (LIHEAP):** Ofrece asistencia para el pago de facturas, asistencia de emergencia para el pago de facturas y servicios de acondicionamiento contra las inclemencias del tiempo. Llame al Departamento de Servicios a la Comunidad de California al 1-866-675-6623.

**Servicio Telefónico Universal Lifeline (California Lifeline-ULTS):** Acceso telefónico a precios de descuento para los clientes que reúnan requisitos de ingreso similares a los del programa CARE. Para más información, llame al proveedor de servicio telefónico de su localidad.



# THERE ARE TWO WAYS TO QUALIFY / HAY DOS FORMAS DE CALIFICAR

## 1 PUBLIC ASSISTANCE PROGRAMS PROGRAMAS DE ASISTENCIA PÚBLICA

If you or another person in your household receives benefits from any of the following programs:

Si usted u otra persona que vive en su hogar recibe beneficios de cualquiera de los siguientes programas:

Medi-Cal

Food Stamps / Estampillas de Comida

TANF(AFDC)

Women, Infants & Children (WIC)

Healthy Families Categories A&B

LIHEAP

## 2 MAXIMUM HOUSEHOLD INCOME INGRESO MÁXIMO EN EL HOGAR:

(effective June 1, 2008 to May 31, 2009)

(en vigor del 1 de junio de 2008 al 31 de mayo de 2009)

Number of Persons in Household Número de personas en el hogar	Total Annual Income Ingreso total anual
1-2	\$30,500
3	\$35,800
4	\$43,200
5	\$50,600
6	\$58,000

For each additional household member, add \$7,400  
Por cada miembro adicional en el hogar, añada \$7,400

### CONDITIONS FOR PARTICIPATION / CONDICIONES PARA PARTICIPAR

1) The gas bill must be in your name and the address must be your primary address. / La factura de gas debe estar a su nombre y la dirección debe ser su domicilio principal. 2) You must not be claimed as a dependent on another person's income tax return other than your spouse. / No debe aparecer como dependiente en la declaración de impuestos sobre el ingreso de otra persona que no sea su cónyuge.

3) You must recertify your application when requested. / Debe recertificar su solicitud cuando se le solicite. 4) You must notify The Gas Company within 30 days if you no longer qualify. / Debe notificar a The Gas Company en un término de 30 días si deja de calificar. 5) You may be asked to verify your eligibility for CARE. / Tal vez se le pida comprobar que reúne los requisitos para CARE.

FORM  
9E

# CARE APPLICATION / SOLICITUD PARA EL PROGRAMA CARE

PLEASE USE DARK BLUE OR BLACK INK ONLY / POR FAVOR USE TINTA AZUL OSCURA O NEGRA ÚNICAMENTE

ACCOUNT NO.  
NO. DE CUENTA

Please provide your account number to expedite processing.  
Por favor proporcione su número de cuenta para facilitar procesamiento.

FIRST NAME/NOMBRE

LAST NAME/APELLIDO

STREET NUMBER/NUMERO DE CALLE

STREET NAME/NOMBRE DE CALLE

APARTMENT/APARTAMENTO

CITY/CIUDAD

HOME PHONE/TELÉFONO DE SU CASA

1 Total number of persons in your household (include yourself, other adults, and children):  
Número total de personas que viven en su hogar (inclúyase usted, otros adultos y niños):

2A

### Public Assistance Programs Benefits Received / Beneficios que recibe a través de programas de asistencia pública:

If you or someone in your household receives benefits from any of the programs below, please fill in the circle(s) ●, and go directly to 3. Si usted, o alguien que vive en su hogar está recibiendo beneficios de uno de los programas siguientes, por favor rellene el/los círculo/s ●, y vaya directamente a la sección 3.

OR  
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- Medi-Cal: Under 65 years of age / menor de 65 años     Food Stamps     Healthy Families A&B     WIC  
 Medi-Cal: 65 years or older / 65 años o más     TANF (AFDC)     LIHEAP

If NONE of the above, please complete Section 2B / Si no marcó NINGUNO, sírvase llenar la sección 2B.

2B

### Household Income Information / Ingreso anual de su hogar

Part 1 / Parte 1: If you do not participate in any of the programs listed above, please fill in the circle(s) ● for all sources of income in your household, and indicate your total household income in the spaces provided below: / Si no participa en ninguno de los programas que aparecen en la lista anterior, por favor rellene el/los círculo/s ● para todas las fuentes de ingreso en su hogar y proporcione el ingreso total de su hogar en los espacios que se proporcionan en la parte de abajo:

- Social Security / Seguro Social     Spousal Support / Pensión conyugal  
 Pensions / Pensiones     Workers Compensation / Indemnización para los trabajadores  
 SSI, SSP, SSDI     Child Support / Pensión alimenticia  
Interest or Dividends from / Intereses o dividendos de:  
 Savings Accounts, Pensions / Cuentas de ahorro, pensiones     Cash and/or other income / Dinero en efectivo y/u otros ingresos  
 Stocks or Bonds / Acciones o bonos     Scholarships, Grants, or Other Aid Used for Living Expenses / Becas, subvenciones u otra ayuda usada para sufragar el costo de la vida  
 Retirement Accounts / Cuentas para el retiro  
 Wages or Salaries / Salarios o sueldos     Rental or Royalty Income / Ingresos por alquiler o regalías  
 Legal Settlements / Pagos de reclamaciones legales     Profit from Self-Employment, (IRS Form 1040, Schedule C, line 29) / Utilidades de autoempleo, (Formulario 1040, Anexo C, Renglón 29 del IRS)  
 Unemployment Benefits / Beneficios de desempleo  
 Insurance Settlements / Pagos de reclamaciones a seguros  
 Disability Payments / Pagos de incapacidad

Part 2 / Parte 2: Please fill in the circle ● of your household's income range per year before deductions. / Sírvase rellenar el círculo ● de la gana que corresponde al ingreso anual de su hogar antes de deducciones.

- \$0 - \$30,500     \$30,501 - \$35,800     \$35,801 - \$43,200     \$43,201 - \$50,600     \$50,601 - \$58,000  
 If more than \$58,000, enter the dollar amount here/Si es más de \$58,000, escriba el monto aquí: \$ \_\_\_\_\_, \_\_\_\_\_ .00 per year/al año

3 Declaration / Declaración: Please read and sign below / Por favor lea y firme abajo

I state that the information I have provided in this application is true and correct. I agree to provide proof of CARE eligibility if asked. I agree to inform The Gas Company if I no longer qualify to receive a discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that The Gas Company can share my information with other utilities or agents to enroll me in their assistance programs. / Declaro que la información que proporcioné en este formulario de solicitud es verdadera y correcta. Convengo en proporcionar prueba de elegibilidad en el programa CARE si se me requiere. Convengo en informar a The Gas Company si dejo de calificar para recibir el descuento. Entiendo que, si recibo el descuento sin tener derecho al mismo, se me puede exigir la devolución del descuento recibido. Entiendo que The Gas Company puede compartir mis datos con otras empresas de servicios públicos o agentes para inscribirme en programas de asistencia.

SIGNATURE/  
FIRMA

X

DATE/  
FECHA

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(TO BE INSERTED BY UTILITY)  
 ADVICE LETTER NO. 3865  
 DECISION NO.

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

(TO BE INSERTED BY CAL. PUC)  
 DATE FILED May 14, 2008  
 EFFECTIVE Jun 1, 2008  
 RESOLUTION NO. E-3524

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