

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



October 29, 2008

Advice Letter 3894

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

**Subject: Submission of Eight Additional Foreign Language Translations
of Application Forms and Instructions for the California Alternate
Rates for Energy (CARE) Program**

Dear Mr. Deremer:

Advice Letter 3894 is effective September 26, 2008.

Sincerely,

A handwritten signature in black ink, appearing to read "Ken Lewis".

Kenneth Lewis, Acting Director
Energy Division



Ken Deremer
Director
Tariffs & Regulatory Accounts

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August 27, 2008

Advice No. 3894
(U 904 G)

Public Utilities Commission of the State of California

Subject: Submission of Eight Additional Foreign Language Translations of Application Forms and Instructions for the California Alternate Rates for Energy (CARE) Program

Southern California Gas Company (SoCalGas) hereby submits for filing with the California Public Utilities Commission (Commission) revisions to its tariff schedules, applicable throughout its service territory, as shown on Attachment B. San Diego Gas & Electric Company (SDG&E) is concurrently making a similar filing of nine additional foreign language translations. The SDG&E filing includes the Korean language translation, which SoCalGas translated in the previously filed Advice Letter (AL) 3316.

Purpose

This AL files Arabic, Armenian, Farsi, Hmong, Khmer, Russian, Tagalog, and Thai translations of the previously filed form 6491-B approved in SoCalGas' AL 3865 effective June 1, 2008. AL 3865 filed, among others, the English and Spanish versions of Form 6491-B, Self-Certification CARE Application and Instructions on how to apply for the CARE program.

Information

In the fall of 2003, SoCalGas implemented a multi-level campaign to reach as many of its CARE eligible customers as possible by expanding its outreach efforts to contact "hard to reach" customers due to language barriers with three Asian language translations of Form 6491-B, Self-Certification CARE Application and Instructions on how to apply for the CARE program. Approved AL 3316, effective June 1, 2003, filed Chinese, Korean, and Vietnamese translations of Form 6491-B.

SoCalGas is now translating its CARE applications, as outlined above, into additional languages to make it easier for its multi-language customers to understand and participate in the CARE program, if eligible. The CARE applications for the eight additional foreign languages will be available on the SoCalGas Web site in a downloadable PDF format.

In addition to the English, Spanish, Chinese, Korean, and Vietnamese Form 6491-B, Self-Certification CARE Application and Instructions on how to apply for the CARE program forms previously approved and as discussed above, eight additional languages will be added to Form 6491-B.

Protest

Anyone may protest this Advice Letter to the 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) and Honesto Gatchalian (jnj@cpuc.ca.gov) of the Energy Division. A copy of the protest shall also be sent via both e-mail and facsimile to the address shown below on the same date it is mailed or delivered to the Commission.

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

Effective Date

SoCalGas believes that this filing is subject to Energy Division disposition and should be classified as Tier 2 (effective after staff approval) pursuant to GO 96-B and requests that this be effective on September 26, 2008, which is 30 calendar days after the date filed, inasmuch as the Commission has previously approved the content of these forms in accordance with SoCalGas AL 3865 effective 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.

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 904G)**

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) #: 3894

Subject of AL: Submission of Eight Additional Foreign Language Translations of Application Forms and Instructions for the California Alternate Rates for Energy (CARE) Program

Keywords (choose from CPUC listing): CARE and Sample Forms

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

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

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 AL¹: N/A

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

Resolution Required? Yes No

Tier Designation: 1 2 3

Requested effective date: September 26, 2008

No. of tariff sheets: 3

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

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

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

Tariff schedules affected: TOCs and Sample Forms

Service affected and changes proposed¹: 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 5th Street, GT14D6

Los Angeles, CA 90013-1011

SNewsom@semprautilities.com

¹ Discuss in AL if more space is needed.

ATTACHMENT A

Advice No. 3894

(See Attached Service Lists)

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ATTACHMENT B
Advice No. 3894

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
Revised 43791-G	SAMPLE FORMS: APPLICATIONS, Self-Certification CARE Application, Individually Metered Residential (Form No. 6491-B, 8/08)	Revised 43442-G
Revised 43792-G	TABLE OF CONTENTS	Revised 43450-G
Revised 43793-G	TABLE OF CONTENTS	Revised 43790-G

SAMPLE FORMS: APPLICATIONS
Self-Certification CARE Application
Individually Metered Residential (Form No. 6491-B, 09/08)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 3894
DECISION NO.

1H8

ISSUED BY

Lee Schavrien
Senior Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

DATE FILED Aug 27, 2008
EFFECTIVE Sep 26, 2008
RESOLUTION NO. _____



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 CompanySM.

THERE ARE 2 WAYS TO QUALIFY FOR THE CARE DISCOUNT:

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

OR

MAXIMUM HOUSEHOLD INCOME: <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 CompanySM 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:

PROGRAMAS DE ASISTENCIA PÚBLICA:
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 & Children (WIC) Healthy Families Categories A&B LIHEAP (Programa de Asistencia de Energía para Hogares de Bajos Ingresos)</p>

O

INGRESO MÁXIMO EN EL HOGAR: <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



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

Form 6491-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

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

O

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

2B

Ingreso en el hogar: Sáteselo 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:



加州能源優惠率計劃申請

The Gas CompanySM (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
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
Women, Infants & Children (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
LIHEAP - 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 CompanySM의 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 CompanySM 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:

**طلب تخفيض
%20**



طلب للحصول على أسعار بديلة للطاقة بولاية كاليفورنيا

يوفر برنامج الأسعار البديلة للطاقة بولاية كاليفورنيا (California Alternate Rates for Energy CARE) من شركة The Gas Company تخفيضاً مقداره 20% على فاتورة الغاز الشهرية للعائلات المؤهلة. كما سيتلقى أولئك المؤهلون والذين تمت الموافقة عليهم خلال 90 يوماً من بدء خدمة غاز جديدة تخفيضاً قدره 15 دولاراً من تكلفة تأسيس الخدمة. يرجى ملئ الاستمارة التالية وإعادتها خلال 90 يوماً.

لكي تتحقق من تأهلك، يرجى مراجعة المتطلبات المدرجة أدناه. يرجى ملئ الطلب وإعادته في الطرف المرفق. سيتم حسم التخفيض حال موافقة SM The Gas Company على طلبك المستكمل والموقع.

هناك طريقتان للتأهل لتخفيض CARE:

برامج المساعدة الحكومية:	الحد الأعلى لدخل العائلة:
إذا كنت أنت أو أي من أفراد أسرته تتلقون معونات من أي من البرامج التالية:	(ساري المفعول من 1 يونيو/حزيران، 2008 حتى 31 مايو/أيار، 2009)
Medi-Cal	الدخل السنوي الإجمالي
Food Stamps	عدد الأشخاص في العائلة
TANF (AFDC)	2-1
Woman, Infant & Children (WIC)	3
Healthy Families Categories A&B	4
LIHEAP	5
	6
	لكل شخص إضافي في العائلة، أضف
	30500 دولار
	35800 دولار
	43200 دولار
	50600 دولار
	58000 دولار
	7400 دولار

شروط الاشتراك

- يجب أن تكون فاتورة الغاز باسمك وأن يكون العنوان هو عنوانك الرئيسي.
- يجب ألا تكون مدرجاً كشخص تابع على استمارة الضريبة لشخص آخر غير زوجتك والعكس صحيح.
- يجب أن تعيد تأكيد المعلومات على طلبك عند الطلب.
- عليك إبلاغ The Gas Company خلال 30 يوماً من عدم تأهلك.
- قد يُطلب إليك إثبات تأهلك لـ CARE.

قد تتأهل لبرامج أو خدمات أخرى:

- **DAP – Direct Assistance Program**، برنامج فعالية الطاقة لذوي الدخل المحدود. يقدم تحسينات منزلية مجانية لتوفير الطاقة مثل عزل السقف، وضع شرائط عزل حول الأبواب، إملء الفراغات وإصلاحات ثانوية للمنزل. لمزيد من المعلومات، يرجى الاتصال بـ 1-888-427-1345.
- **Medical Baseline** – يوفر حصة إضافية من الغاز بسعر أرخص للعملاء ذو الاحتياجات الطبية الخاصة. لمزيد من المعلومات، اتصل بالرقم 1-888-427-1345.
- **LIHEAP – Low Income Home Energy Assistance Program**، ويقدم مساعدة في دفع الفاتورة وخدمات مقاومة العوامل الجوية. اتصل بـ California Department of Community Services and Development على الرقم: 1-866-675-6623.
- **California Lifeline (ULTS)** – خدمة هاتفية مخفضة للعملاء الذين يحققون مستويات دخل مماثلة لـ CARE. لمزيد من المعلومات، اتصل بالشركة المزودة للخدمات الهاتفية لمنطقتك.

لمزيد من المعلومات حول CARE، اتصل بـ The GAS COMPANY على الرقم: 1-888-427-1345



Sempra Energy utility

Form 6491-B (09/08) ARA

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

طلب تخفيض 20% الخاص ببرنامج CARE
(يرجى استخدام حبر غامق والكتابة بوضوح كي تتم دراسة الطلب بشكل جيد)

اسم العميل:

العنوان:

المحل/ الشقة رقم:

المدينة:

الرمز البريدي:

9B :Source Code

رقم الحساب:

عدد أفراد العائلة (بمن فيهم أنت، والبالغين الآخرين والأطفال):

1

رقم الهاتف:

↓

تلقي خدمات برامج مساعدة حكومية:

إذا كنت أنت أو شخص آخر في عائلتك تتلقون خدمات من أي من البرامج المدرجة أدناه، يرجى إملاء الدائرة (●)، ثم الانتقال إلى **2B** ثم مباشرة إلى **3**.

2A

WIC ○ Healthy Families A&B ○ Food Stamps ○ Medi-Cal: تحت سن 65
LIHEAP TANF (AFDC) ○ Medi-Cal: 65 سنة أو أكبر ○

أو

إذا لم ينطبق أي مما سبق عليك، يرجى إكمال الجزء **2B**.

دخل الأسرة: يرجى إملأه إذا أكملت الجزء **2A**

الجزء 1: إذا لم تكن مشتركاً في أي من البرنامج المدرجة أعلاه، يرجى إملاء الدائرة (●) لكافة مصادر الدخل في عائلتك ثم ضع دخل الأسرة الإجمالي في الفراغات المدرجة أدناه:

2B

- | | | |
|------------------------------|-----------------------------|-------------------------|
| ○ تسويات قانونية | ○ المرئيات والأجور | ○ Social Security |
| ○ تسويات قضايا تأمين | ○ تعويضات العاطلين عن العمل | ○ تعويضات |
| ○ نفقة زوجية | ○ تعويضات عجز (إعاقه) | ○ SSI, SSP, SSDI |
| ○ نفقة أطفال | ○ تعويضات العاملين | ○ فوائد أو أرباح من: |
| ○ نقد و/أو مصدر دخل آخر | ○ منح، هبات أو مساعدات | ○ حسابات ادخار، تعويضات |
| ○ إيجار عقارات أو حقوق ملكية | ○ أخرى تستخدم للمساعدة | ○ أسهم أو سندات |
| ○ أرباح من عمل حر | ○ في النفقات المعيشية | ○ حسابات تقاعد |

(IRS Form 1040, Schedule C, line 29)

الجزء 2: يرجى إملاء الدائرة (●) حسب دخل عائلتك الإجمالي في السنة قبل الخصومات.

0-30500 دولار ○ 30501-35800 دولار ○ 35801-43200 دولار ○ 43201-50600 دولار ○ 50601-58000 دولار

○ إذا زاد عن الدخل عن 58000 دولار ضع الرقم هنا: 00. \$ في السنة

تصريح: يرجى قراءة ما يلي والتوقيع أدناه.

3

أصرح بأن المعلومات التي أوردتها في هذا الطلب هي صحيحة وحقيقية. وأوافق على تقديم إثبات على أهليتي لبرنامج CARE في حال طلب مني. كما أوافق على إبلاغ The Gas Company في حال لم أعد مؤهلاً لاستلام التخفيض. إنني أعرف أنه في حال استلامي التخفيض دون أن أكون مؤهلاً، فقد يُطلب إلي دفع التخفيضات التي استلمتها. كما أعرف بأن The Gas Company قد تقدم معلوماتي إلى شركات خدمات أو مكاتب أخرى لإدراج برامج المساعدة الخاصة بهم.

التاريخ:

التوقيع: X



A Sempra Energy utility

**20% CARE
ՉԵՂՉԻ ԴԻՍՈՒՄ**

ԿԱԼԻՖՈՐՆԻԱՅԻ ԱՅԼԸՆՏՐԱՆՔԱՅԻՆ ԳՆԵՐԸ ԷՆԵՐԳԻԱՅԻ ԴԻՍՈՒՄԻ ՀԱՄԱՐ

The Gas Company-ի California Alternate Rates for Energy (CARE) (Կալիֆորնիայի Այլընտրանքային Գները Էներգիայի համար) պայմանուևակ ընտանիքներին ծրագիրը մատակարարում է ամսական 20% գեղչ գազի հաշվի համար: Նրանք, ովքեր որակավորված են և վավերացված՝ գազի նոր ծառայությունը սկսելուց 90 օրվա ընթացքում, կստանան նաև \$15 գեղչ Ծառայության Հաստատման Ծախքի համար: Խնդրվում է լրացնել այս ձևը և վերադարձնել 90 օրվա ընթացքում:

Որպեսզի իմանաք, թե դուք արդյոք որակավորված եք, ստուգեք ստորև նշված պահանջները: Խնդրվում է լրացնել դիմումը և վերադարձնել մատակարարված ծրագրով: Չեղչը կկիրառվի, երբ որ ձեր լրացված և ստորագրված դիմումի ձևը հաստատվի The Gas CompanySM-ի կողմից:

ԵՐԿՈՒ ՃԱՆԱՊԱՐՀ ԿԱ CARE ՉԵՂՉԸ ՍՏԱՆԱԼՈՒ ՀԱՄԱՐ՝

ՀԱՄԱՐԱԿԱԿԱՆ ՕԳՆՈՒԹՅԱՆ ԾՐԱԳՐԵՐԸ՝
Եթե դուք կամ ձեր ընտանիքից ուրիշ անդամ օգտվում եք հետևյալ ծրագրերից որևէ մեկից՝
Medi-Cal
Food Stamps
TANF(AFDC)
Women, Infant & Children (WIC)
Healthy Families Categories A&B
LIHEAP

ԿԱՍ

ԱՌԱՎԵԼԱԳՈՒՅՆ ԸՆՏԱՆԵԿԱՆ ԵԿԱՄՈՒՏ՝ (ուժի մեջ է հունիսի 1, 2008թ. մինչև մայիսի 31, 2009թ.)	
Ընտանիքի անդամների թիվը	Ընդհ. տարեկան եկամուտը
1-2	\$30,500
3	\$35,800
4	\$43,200
5	\$50,600
6	\$58,000
Ամեն մի լրացուցիչ ընտանիքի անդամի համար ավելացրեք	\$7,400

ՄԱՍՆԱԿՑՈՒԹՅԱՆ ՊԱՅՄԱՆՆԵՐ

- Գազի հաշիվը պետք է ձեր անունով լինի և հասցեն պետք է ձեր հիմնական հասցեն լինի:
- Չպետք է կախյալ համարվեք, բացի ձեր ամուսնուց, որևէ այլ անձի եկամտային հարկի հաշվետվության մեջ:
- Դուք պետք է կրկին վավերացնեք ձեր դիմումը, երբ որ պահանջվի:
- Դուք պետք է հայտնեք The Gas Company-ին 30 օրվա ընթացքում, եթե այլևս որակավորված չեք:
- Ձեզանից կարող է խնդրեն ստուգել ձեր որակավորումը CARE-ի համար:

ԱՅԼ ԾՐԱԳՐԵՐ ԿԱՍ ԾԱՌԱՅՈՒԹՅՈՒՆՆԵՐ, ՈՐՈՆՑ ԴՈՒՔ ԿԱՐՈՂ Ե ՈՐԱԿԱՎՈՐՎԱԾ ԼԻՆԵՐ՝

- **DAP - Direct Assistance Program**, ցածր եկամտի Էներգիայի արդյունավետության ծրագիր է, որն առաջարկում է անվճար Էներգիա խնայող տնային բարելավումներ, ինչպիսիք են առաստաղի մեկուսացում, դռան եղանակային մերկացում, գաճում և մանր տնային վերանորոգումներ: Լրացուցիչ տեղեկությունների համար խնդրվում է զանգահարել 1-888-427-1345 հեռախոսի համարով:
- **Medical Baseline** - Մատակարարում է լրացուցիչ գազի թույլտվություն ավելի ցածր գնով որոշակի առողջական վիճակ ունեցող հաճախորդներին: Լրացուցիչ տեղեկությունների համար զանգահարեք 1-888-427-1345 հեռախոսի համարով:
- **LIHEAP - Low Income Home Energy Assistance Program** մատակարարում է հաշիվների վճարման օգնություն, վթարների օգնություն և եղանակի հետ կապված ծառայություններ: Չանգահարեք California Department of Community Services and Development 1-866-675-6623 հեռախոսի համարով:
- **California Lifeline (ULTS)** - Չեղչով հեռախոսային մուտք՝ CARE-ի նման եկամտային ցուցմունքներին որակավորված հաճախորդների համար: Լրացուցիչ տեղեկությունների համար դիմեք ձեր տեղական հեռախոսային ծառայությունների մատակարարողին:

**CARE ՏԵՂԵԿՈՒԹՅՈՒՆՆԵՐԻ ՀԱՄԱՐ, ՉԱՆԳԱՅԱՐԵՔ THE GAS COMPANY-ին՝
1-888-427-1345**



تقاضا نامه نرخهای جایگزین برای انرژی در کالیفرنیا

برنامه نرخهای جایگزین انرژی شرکت گاز برای کالیفرنیا (Alternate Rates for Energy-CARE) برای خانواده های واجد شرایط 20% تخفیف در قبض ماهیانه گاز قابل میشود. آنهایی که واجد شرایط بوده و صرف 90 روز از شروع خدمات جدید گاز مورد تایید قرار گیرند 15 دلار تخفیف از هزینه راه اندازی خدمت خواهند گرفت. لطفا این فرم را کامل کرده و ظرف 90 روز بفرستید.

برای آگاهی از احراز صلاحیت خود شرایط زیر را ملاحظه فرمایید. لطفا این تقاضا نامه را کامل کرده و در پاکت نامه که در اختیارتان گذاشته شده بفرستید. تخفیف هنگامی به شما داده میشود که شرکت گاز (The Gas Company) تقاضانامه کامل و امضا شده شما را تایید کند.

دو راه برای احراز صلاحیت شما برای تخفیف CARE وجود دارد:

حد اکثر درآمد خانواده:	
موثر از تاریخ اول جونیو 2008 تا 31 مه 2009	
تعداد افراد در خانواده	مجموع درآمد سالانه
1-2	\$30,500
3	\$35,800
4	\$43,200
5	\$50,600
6	\$58,000
برای هر فرد اضافه بیافزایید	\$7,400

یا

برنامه های امداد عمومی:	
اگر شما و یا شخص دیگری در منزل شما از یکی از برنامه های زیرفایده ای دریافت میکند:	
Medi-Cal	مدیکال
Food Stamps	کوپن غذا
TANF(AFDC)	کمک موقت به خانواده های نیازمند
Women, Infant & Children (WIC)	زنان، نوزادان و کودکان
Healthy Families Categories A&B	خانواده های تندرست
LIHEAP	کمک برای انرژی

شرایط برای شرکت

- قبض گاز باید به نام شما باشد و آدرس باید آدرس اصلی شما و به نام شما باشد.
- کسی به غیر از همسرتان شما را به عنوان وابسته در مالیات خویش درج نکرده باشد.
- هنگامی که از شما تقاضا گردد شما باید تقاضانامه خود را مجدداً تایید نمایید.
- اگر شما دیگر واجد شرایط نیستید میباید شرکت گاز را (The Gas Company) ظرف 30 روز مطلع سازید.
- ممکن است از شما خواسته شود تا صلاحیت خود را برای CARE نشان دهید.

برنامه ها و خدمات دیگر که شما ممکن است برای آنها واجد شرایط باشید:

- **DAP**-برنامه کمک مستقیم، یک برنامه بهینه سازی انرژی، به شما برای بهینه سازی استفاده از انرژی به صورت رایگان کمک میکند. این کمکها شامل عایق کردن سقف، روزنه گیری درب، درزگیری و تعمیرات جزئی منزل میشوند. برای اطلاعات بیشتر با شماره زیر تماس بگیرید: 1-888-427-1345
- **Medical Baseline** - این برنامه مقادیر بیشتری گاز را به قیمت پایین برای مشتریان با برخی شرایط پزشکی فراهم میکند. برای اطلاعات بیشتر با شماره زیر تماس بگیرید: 1-888-427-1345
- **LIHEAP**- برنامه کمک انرژی برای خانواده های کم درآمد خدمات کمک پرداخت قبض، کمک اضطراری برای پرداخت قبض، متناسب کردن با آب و هوا را فراهم میکند. به سازمان خدمات اجتماعی کالیفرنیا California Department of Community Services با شماره 1-866-675-6623 تماس بگیرید.
- **California Lifeline (ULTS)** - خدمات دسترسی تلفنی با تخفیف برای مشتریانی که شرایط درآمدی مشابهی به CARE دارند. برای اطلاعات بیشتر با فراهم کننده محلی تلفن خود تماس بگیرید.

برای اطلاعات درباره CARE با شرکت گاز با شماره های زیر تماس بگیرید: 1-888-427-1345



تقاضا نامه نرخ تخفیف مراقبت (CARE) 20%

(لطفاً از جوهر تیره استفاده کرده و واضح چاپ کنید تا از رسیدگی مناسب اطمینان حاصل شود)

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



نام و نام خانوادگی مشتری:

آدرس: # آپارتمان / محوطه:

شهر: کد پستی:

شماره حساب: Source Code: 9B

1 تعداد افراد در خانوار شما (شامل شما، افراد بالغ دیگر، و کودکان):

شماره تلفن منزل #:

مزایای برنامه کمکهای دولتی دریافت شد

2A اگر شما یا یکی از اعضای خانواده شما از یکی از برنامه های زیر استفاده می کنید، لطفاً داخل دایره را پر کنید (●) و سپس قسمت 2B را نادیده گرفته و مستقیماً به قسمت 3 بروید.

○ مدیکال: زیر 65 سال ○ کوپن غذا ○ خانواده های تندرست آ و ب و Healthy Families A and B ○ WIC
○ مدیکال: 65 و بالاتر ○ TANF (AFDC) ○ LIHEAP

اگر هیچ یک از برنامه های بالا برای شما نیست پس قسمت 2B را کامل کنید.

2B در آمدخانوار: اگر قسمت 2A را کامل کردید این قسمت را پر نکنید.
بخش 1: اگر شما در هیچ یک از برنامه های فوق شرکت نمی کنید، لطفاً داخل دایره را (●) که به تمام منابع درآمد خانوار شما مربوط می باشد را علامت زده و مجموع درآمد خانه را در مکان مشخص شده زیر درج کنید:

○ مسالحه حقوقی	○ دستمزد یا حقوق	○ سوشل سکيوریتی
○ مسالحه های بیمه	○ مزایای از کار افتادگی	○ حقوق بازنشستگی
○ حمایت از همسر	○ پرداختی های معلولیت	○ SSI, SSP, SSD
○ حضانت کودک	○ غرامت کاری	○ بهره یا سود از:
○ پول نقد و/یا درآمد دیگر	○ بورس، گرانت یا هر گونه کمک	○ حسابهای پس انداز و حقوق بازنشستگی
○ درآمد از کرایه دادن یا از حق امتیاز	○ برای هزینه زندگی	○ سهام یا اوراق بهادار
○ (IRS Form 1040, Schedule C, line 29)	○ سود از کلر آزاد	○ حسابهای بازنشستگی

قسمت 2: لطفاً داخل دایره مربوط به حدود درآمد سالانه منزل شما قبل از کسورات علامت (●) بگذارید

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

○ اگر بیشتر از \$58,000 مبلغ را در این خانه ها بنویسید: \$, .00 سالانه

3 اعلامیه: لطفاً بخوانید و امضا کنید.

من اعلام می کنم که اطلاعات فراهم شده در این تقاضانامه صحیح و درست است. من موافقت می کنم تا در صورت لزوم گواهی و اجداشرایطی CARE را فراهم کنم. من موافقت می کنم تا در صورت صلب شرایط شرکت گاز را (The Gas Company) مطلع کنم. من متوجهم که در صورت دریافت خدمات بدون داشتن شرایط لازم ممکن است ادار به پس دادن تخفیف کردم. من متوجهم که شرکت گاز (The Gas Company) میتواند اطلاعات من را در اختیار نمایندگان سایر خدمات بگذارد تا آنها مرا در برنامه کمک خود ثبت نام کنند.

تاریخ:

امضاء: X

**DAIM NTAWV
CARE TXIAV 20%****DAIM NTAWV RAU CALIFORNIA ALTERNATE RATES FOR ENERGY**

The Gas Company's California Alternate Rates for Energy (CARE) program txiaiv tau 20% ntawm qhov nuj nqe them txhua hli rau nqe nkev rau tej tsev neeg uas tsim nyog. Tej tus xoom khuas raug txais es tsis tau txog 90 hnuv twb raug txais lawm thaum qhib nkev tshiab kuj yuav raug txiaiv \$15 tawm ntawm qhov Service Establishment Charge uas raug them thaum qhib nkev tshiab. Thov ua daim ntawv no kom tiav thiab muaj xa tuaj ua ntej 90 hnuv.

Kom paub seb koj puas yuav tsim nyog raug txais, saib cov kev laij hauv qab no. Thov ua daim ntawv no thiab muab xa rov qab hauv lub hnab xooos ntawv uas muab nrog daim ntawv no. Qhov kev yuav txiaiv nuj nqes tawm yuav pib thaum The Gas CompanySM tso cai lawm.

MUJ OB TXOJ KEV YUAV LOS TXAIS TAU QHOV CARE DISCOUNT:

KEV PAB CUAM XOOM QHAUB:	LOSSIS	TAG NRHO TSEV NEEG COV NYIAJ KHWV TAU: <i>(pib thaum June 1, 2008 rau May 31, 2009)</i>	
Yog koj lossis lwm tus neeg hauv koj tsev neeg txais kev pab los ntawm cov kev pab cuam no:		Npauv li cas tus neeg hauv lub tsev	Khv tau ib xyooos npaum li cas tag nrho ua ke
Medi-Cal		1-2	\$30,500
Nyiaj Muas Noj (Food Stamps)		3	\$35,800
TANF(AFDC)		4	\$43,200
Tshev Mis (WIC)		5	\$50,600
Healthy Families Categories A&B		6	\$58,000
LIHEAP		Tshaj ib tug neeg ntxiv, ces ntxiv npaum li no	\$7,400

LI CAS THIAJ LI SIV TAU

- Daim nqe nkev yuav tsum ua koj npe thiab qhov chaw nyob yuav tsum yog koj li chaw nyob.
- Koj tsis raug ua dependent hauv lwm tus daim income tax return rhu ntawm koj tus txwj nkawm.
- Koj yuav tsum rov ua daim ntawv no dua yog thaum hais.
- Koj yuav tsum qhia rau The Gas Company ua ntej 30 hnuv yog tias koj tsis tsim nyog raug txais lawm.
- Tej zaum yuav kom koj lees tseeb tias koj yeej tsim nyog raug txais CARE.

LWM YAM KEV PAB CUAM UAS TEJ ZAUM KOJ YUAV TSIM NYOG RAUG TXAIS:

- **DAP** - Direct Assistance Program, ib qho kev pab cuam rau tej tsev uas khv tau nyiaj txiag tsawg kom siv dej taws tsawg. Nws muaj kev xab vaj tse kom siv dej taws tsawg xws li insulation rau tej tsw tsev, muab tej kab yas los xiab qhov rooj, muab kuas yas ham tsev thiab khob me ntsis lub tsev. Kom paub ntxiv txog, thov hu rau 1-888-427-1345.
- **Medical Baseline** – Pab kom tau nkev ntxiv thiab nqe nkev tsawg rau tej tus uas muaj tej hom kev mob kev nqeeg. Kom paub ntxiv txog, hu rau 1-888-427-1345.
- **LIHEAP** - Low Income Home Energy Assistance Program pab them me ntsis nuj nqes, pab them tej thaum ti tes thiab kev los xab kom yus lub tsev thev taus hua cuab. Hu rau lub California Department of Community Services and Development ntawm 1-866-675-6623.
- **California Lifeline (ULTS)** – Ib qho kev tauj xov tooj kom pheej yig rau tej tus uas muaj ntsis raws nraim li qhov yuav tsim nyog raug txais CARE. Kom paub ntxiv txog, hu rau koj lub hoob kas tauj xov tooj.

KOM PAUB QHIA TAU TXOG CARE, HU RAU THE GAS COMPANY NTAWM: 1-888-427-1345



DAIM NTAWV CARE TXIAV 20% NTAWM NUJ NQES

(Thov siv tej xim uas tsaus tsaus thiab sau kom mee pem thiaj li txiav txim tau thwj)

Form 6491-B (09/08) HMO

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

Npe:

Chaw Nyob: Chav/Chav Tsev #:

Zos: Zauv Zip:

Tus Lej Account: Source Code: 9B

1 Tag nrho cov neeg hauv lub tsev (koj tus kheej, lwm cov neeg laus, thiab cov me nyuam):

Xov tooj hauv tsev #: - -

2A **LOSSIS** **KEV PAB CUAM XOOM QHAUB UAS NEJ TXAIS:**
Yog koj lossis lwm tus neeg hauv koj tsev raug txais kev pab cuam ntawm cov kev pab cuam hauv qab no, thov thas lub voj voos (●), ces HLAB them **2B** thiab mus ncaj qha rau them **3**.

Medi-Cal: Tsis tau muaj 65 xyoos Nyiaj muas noj (Food Stamps) Healthy Families A&B Tshev Mis (WIC)
 Medi-Cal: 65 lossis laus dua TANF (AFDC) LIHEAP

Yog TSIS MUAJ tej yam li no li, ces ua them **2B kom tiav.**

2B **Tag nrho ib tse cov nyiaj txiag khwv tau: Hla qho no yog tias koj tau ua them **2A** lawm.**
Ntu 1: Yog koj tsis nyob rau cov kev pab cuam uas muaj li saum ntej no, thov thas lub voj voos (●) rau txhua txoj kev txais tau nyiaj txiag hauv koj lub tsev, thiab qhia tias koj tsev neeg tau nyiaj txiag ib xyoos npaum li cas hauv cov chaw nram qab no:

Social Security Nyiaj ua hauj lwm Nyiaj Plaub Ntug
 Pensions Nyiaj Unemployment Nyiaj Pav Kas Phais
 SSI, SSP, SSDI Nyiaj Xiam Nyiaj Spousal Support
 Paj, Interest los Dividends los ntawm: Workers Compensation Nyiaj Child Support
 Savings Accounts, Pensions Scholarships, Grants, Nyiaj Ntsuab/lwmyam txaisnyiaj
 Stocks lossis Bonds lossis Lwm Yam Aid Uas Siv Nyiaj Xauj Tsev/Royalty Income
 Retirement Accounts rau tej iving Expenses Nyiaj Self-Employment
(IRS Form 1040, Schedule C, line 29)

Ntu 2: Thov thas lub voj voos (●) uas yog koj tsev neeg cov nyiaj txiag txais tau txhua xyoo ua ntej txiav se tawm.

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

Yog tias tshaj \$58,000, muab sau rau ntawm no: \$, .00 tauj ib xyoos

3 **Lus Lees:** Thov nyeem thiab xees hauv qab no.

Kuv hais tseeb tias tej yam kuv muab sau rau daim ntawv no muaj tiag thiab thwj. Kuv txaus siab muab pov thawj rau CARE kom paub tias kuv tsim nyog raug txais yog nug kuv. Kuv txaus siab qhia rau The Gas Company yog kuv tsis tsim nyog raug txais qhov kev txo nuj nqes no lawm. Kuv nkag siab tias yog kuv raug txais qhov kev txo nuj nqes no, es kuv yeej tsis tsim nyog raug txais, tej zaum kuv yuav tau rov them cov nqe uas muab txiav tawm lawm. Kuv nkag siab tias The Gas Company qhia tau txog kuv tej yam kuv qhia saum no rau lwm lub hoob kas dej taws lossis lwm tus neeg ua hauj lwm rau lawv kom muab tau kuv rau lawv cov kev pab cuam thiab.

Xees Npe: X **Hnub:**



Sempra Energy Utility

ក្រដាសដាក់សុំការចុះតម្លៃ
២០ ភាគរយ នៃកម្មវិធីវិលែរ (CARE)

ក្រដាសដាក់សុំសំរាប់តម្លៃនានាសំរាប់មាតិកាពលនៃរដ្ឋកាលីហ្វ័រញ៉ា

កម្មវិធីនៃតម្លៃនានានៃក្រុមហ៊ុន The Gas Company's California Alternate Rates សំរាប់ (CARE) ផ្តល់ជាការចុះតម្លៃ ២០ ភាគរយនៃការចុះតម្លៃចំពោះសំបុត្រទារលុយសំរាប់ ផ្ទះសំបែងណាដែលមានលក្ខណៈគ្រប់គ្រាន់ទទួលបានកម្មវិធីនោះ ។ លោកអ្នកដែលមានលក្ខណៈគ្រប់គ្រាន់ទទួលបាន ហើយត្រូវបានអនុញ្ញាតក្នុងកំឡុង ៩០ ថ្ងៃនៃការចាប់ផ្តើមសេវាកម្ម ហ្គាសថ្មី ក៏នឹងទទួលបានការចុះតម្លៃ \$១៥នៃការស្ថាបនាសេវាកម្មនៃការទារលុយ ។ សូមបំពេញក្រដាសសុំនេះ ហើយផ្ញើមកវិញនៅក្នុងកំឡុងពេល ៩០ ថ្ងៃ។

ដើម្បីរកឃើញថាតើលោកអ្នកមានលក្ខណៈគ្រប់គ្រាន់ទទួលបាន ឬទេ សូមស្វែងរកនូវកិច្ចសន្យាបង្ហាញខាងក្រោម ។ សូមបំពេញក្រដាសសុំ ហើយផ្ញើមកវិញ នៅក្នុងក្របខណ្ឌសំបុត្រ ដែលបានផ្តល់ជូនដល់លោកអ្នក ។ ការចុះតម្លៃនឹងអាចយកមកអនុវត្តក្រោយពិលោកអ្នកបានបំពេញរួចហើយ ហើយចុះហត្ថលេខានៅលើក្រដាសសុំ ហើយត្រូវបានអនុញ្ញាត ដោយក្រុមហ៊ុន The Gas CompanySM។

មានមធ្យោបាយពីរ ដើម្បីនឹងមានលក្ខណៈគ្រប់គ្រាន់ទទួលបានសំរាប់ការចុះតម្លៃនៃការថែទាំ :

កម្មវិធីជំនួយសាធារណៈ:
បើលោកអ្នក ឬនរណាម្នាក់ទៀតនៅក្នុងផ្ទះរបស់លោកអ្នក ទទួលបានអត្ថប្រយោជន៍ពីកម្មវិធីណាមួយដូចតទៅ :
ម៉ាឌីខាល
ប្រាក់កូតស្តែមស៍ (Food Stamps)
ផែនការ TANF(AFDC)
ស្ត្រី ទារក ហើយនិង កុមារ (WIC)
សុខភាពក្រុមគ្រួសារតាមប្រភេទ A&B
LIHEAP

ឬ

ចំនួនថវិការដ៏បំផុតនៅក្នុងផ្ទះ:	
<i>(នឹងមានលទ្ធភាពនៅក្នុងថ្ងៃទី ១ ខែមិថុនា ឆ្នាំ ២០០៩ រហូតដល់ថ្ងៃទី ៣១ ខែឧសភា ឆ្នាំ ២០០៩)</i>	
ចំនួននៃមនុស្សរស់នៅក្នុងផ្ទះ:	ចំនួនថវិការៀងរាល់ឆ្នាំ
1-2	\$30,500
3	\$35,800
4	\$43,200
5	\$50,600
6	\$58,000
សំរាប់ចំនួនសមាជិកនៃផ្ទះបន្ថែម បញ្ចូល	\$7,400

លក្ខខណ្ឌចំពោះការចូលរួម

- សំបុត្រទារលុយហ្គាសត្រូវតែមានឈ្មោះ និងអសយដ្ឋានរបស់លោកអ្នក ហើយត្រូវតែមានអសយដ្ឋានចំបងរបស់លោកអ្នក ។
- លោកអ្នកមិនត្រូវធ្វើដាក់ឈ្មោះកូនជាតូនបិតនៅក្នុងបន្ទប់សំអាងទៅលើថវិកានៃនរណាម្នាក់ទៀត ជាជាងប្រពន្ធឬប្តីរបស់លោកអ្នកឡើយ ។
- លោកអ្នកត្រូវតែដាក់ស្នើសុំការបញ្ជាក់ម្តងទៀតចំពោះក្រដាសសុំរបស់លោកអ្នក នៅពេលស្នើសុំ ។
- លោកអ្នកត្រូវតែប្រាប់ក្រុមហ៊ុន The Gas Company អោយដឹងយ៉ាងហោចណាស់ ៣០ថ្ងៃ បើលោកអ្នកពុំមានលក្ខណៈគ្រប់គ្រាន់ទទួលបានទៀតទេ ។
- លោកអ្នកប្រហែលជាត្រូវបានស្នើសុំអោយបញ្ជាក់នូវលក្ខណៈគ្រប់គ្រាន់ទទួលបានសំរាប់ការថែទាំ ។

កម្មវិធីនិងសេវាកម្មទៀត ដែលលោកអ្នកមានលក្ខណៈគ្រប់គ្រាន់ទទួលបាននឹងទទួលបាន :

- **ដាប (DAP)** – កម្មវិធីនៃជំនួយផ្ទាល់, ជាកម្មវិធីសំរាប់ការប្រើប្រាស់មាតិកាពលដែលមានប្រសិទ្ធភាពទាប ផ្តល់ជាការចុះតម្លៃចំពោះការសន្សំសំបែងមាតិកាពល នៅក្នុងផ្ទះ ដោយមិនអស់លុយ ដូចជាការដាក់ទ្រនាប់នៅលើពិភាន បន្ទះបិទបង្ហាញធាតុអាកាសតាមបន្លោះទ្វារ ការបិទថ្នាំការបិទ និងការជួសជុលគិតត្រឹមតម្លៃសំបែង ។ សំរាប់ព័ត៌មានបន្ថែម សូមទូរស័ព្ទលេខ 1-888-427-1345 ។
- **ម៉ាឌីខាល បេសឡាញ (Medical Baseline)** – ផ្តល់ជាការប្រាក់ជំនួយខាងហ្គាស ដោយមានតម្លៃថោក ចំពោះអ្នកទិញ ។ សំរាប់ព័ត៌មានបន្ថែម សូម ទូរស័ព្ទលេខ 1-888-427-1345។
- **លីហ្សេប (LIHEAP)** – កម្មវិធីជំនួយខាងមាតិកាពលនៃផ្ទះសំបែងដែលមានថវិកាតិច ជំនួយបណ្តោះអាសន្នខាងសំបុត្រទារលុយ ហើយនិងសេវាកម្មខាងរំដោះ ធាតុអាកាស ។ ទូរស័ព្ទក្រសួងសេវាកម្មនិងវឌ្ឍនភាពកម្រិតស្រុកនៃរដ្ឋកាលីហ្វ័រញ៉ា លេខ 1-866-675-6623 ។
- **ខ្សែនៃជីវិត California Lifeline (ULTS)** – លទ្ធភាពចំពោះទូរស័ព្ទដោយមានតម្លៃថោក សំរាប់អ្នកទិញដែលមានលក្ខណៈគ្រប់គ្រាន់ទទួលបាននៃថវិកា ស្រដៀងគ្នានឹងកម្មវិធីវិលែរ (CARE)។ សំរាប់ព័ត៌មានបន្ថែម សូមទាក់ទងអ្នកផ្តល់សេវាកម្មខាងទូរស័ព្ទប្រចាំស្រុករបស់លោកអ្នក ។

សំរាប់ព័ត៌មានអំពីកម្មវិធីវិលែរ (CARE) ទូរស័ព្ទហៅក្រុមហ៊ុនហ្គាស លេខ: 1-888-427-1345



ក្រដាសដាក់ពាក្យសុំចុះតម្លៃ ២០ភាគរយនៃកម្មវិធីវិធីវែរ (CARE)

(សូមប្រើទឹកបិទខ្មៅ ហើយសរសេរដោយច្បាស់ឆ្លុះផ្លូវដើម្បីបញ្ជាក់ដំណើរការយ៉ាងត្រឹមត្រូវ)

ឈ្មោះរបស់អ្នកទិញ :

អាសយដ្ឋាន : ទីតាំង/អាជ្ញាធរមិនលេខ :

ក្រុង : កូដតំបន់ :

លេខកូដ : Source Code: 9B

1 ចំនួនមនុស្សរស់នៅក្នុងផ្ទះ (រួមជាមួយនឹងខ្លួនអ្នក មនុស្សចាស់រាជ្យ ហើយនិងក្មេង ៗ) :
ទូរស័ព្ទ #: - -

2A កម្មវិធីជំនួយសាធារណៈ អត្ថប្រយោជន៍បានទទួល :
បើលោកអ្នក ឬនរណាម្នាក់នៅក្នុងផ្ទះ ទទួលបានអត្ថប្រយោជន៍ពីកម្មវិធីណាមួយនៅខាងក្រោម សូមបំពេញនៅក្នុងរង្វង់ (●), រួចហើយរំលង **2B**
ហើយទៅលេខ **3**.

- OR**
- មេឌីខាលៈ ក្រោមអាយុ ៦៥ឆ្នាំ
 - ប្រាក់ភូតស្មៃមស
 - សុខភាពក្រុមគ្រួសារ A&B
 - WIC
 - មេឌីខាលៈ អាយុ ៦៥ឆ្នាំឬចាស់ជាង
 - ផែនហ (AFDC)
 - LIHEAP

បើគ្មានជំរើសណាមួយទេ សូមបំពេញផ្នែកទី **2B.**

2B ថវិកានៅក្នុងផ្ទះ រំលងចោល ប្រសិនបើលោកអ្នកបានបំពេញផ្នែកទី **2A**.

ផ្នែកទី ១: បើលោកអ្នកមិនចូលរួមនៅក្នុងកម្មវិធីណាមួយ ដែលបានបរិយាយនៅខាងលើទេ សូមបំពេញនៅក្នុងរង្វង់ (●) សំរាប់ប្រភពទាំងអស់នៃ
ថវិកានៅក្នុងផ្ទះរបស់លោកអ្នក ហើយផ្តល់ចំនួនថវិកាសរុបទាំងអស់នៅក្នុងផ្ទះរបស់លោកអ្នក នៅក្នុងចន្លោះបានផ្តល់អោយនៅខាងក្រោម ។

- លុយ Social Security
- ប្រាក់ខែ ឬប្រាក់តាមម៉ោង
- ប្រាក់មកពីការកាត់សេចក្តី
- លុយរឹតត្រួត
- ប្រាក់អត្ថប្រយោជន៍ពីការតតការធ្វើ
- ប្រាក់មកពីអិទស្សិន
- លុយ SSI, SSP, SSDI
- ប្រាក់ពិការ
- ប្រាក់ជំនួយពីប្តីឬប្រពន្ធ
- ការប្រាក់ ឬកំរៃក្រុមហ៊ុនពី
- ប្រាក់របបសមកពីកន្លែងធ្វើការ
- ប្រាក់ជំនួយកូន
- កុងសន្សំប្រាក់, លុយរឹតត្រួត
- ប្រាក់ជំនួយដូចជា Scholarships, Grants, ឬប្រាក់ជំនួយដទៃទៀត ប្រើសំរាប់
- ប្រាក់សុទ្ធ ហើយនិង/ឬថវិកាដទៃទៀត
- លុយពី Stocks or Bonds
- ការងារវាយនៃជីវភាព
- ប្រាក់មកពីការជួល
- កុងលុយរឹតត្រួត
- ប្រាក់ចំណូលពិពាណិជ្ជកម្មផ្ទាល់ខ្លួន

(IRS Form 1040, Schedule C, line 29)

ផ្នែកទី ២: សូមបំពេញនៅក្នុងរង្វង់ (●) ទំហំនៃចំនួនថវិកានៅក្នុងផ្ទះរបស់លោកអ្នក មុននឹងការកាត់ ។

\$0 - \$30,500 \$30,501 - \$38,800 \$35,801 - \$43,200 \$43,201 - \$50,600 \$50,601 - \$58,000

បើច្រើនជាង \$58,000, ដាក់បញ្ចូលចំនួនកន្លែងនេះ: \$, .00 ក្នុងមួយឆ្នាំ

3 សេចក្តីប្រកាស : សូមសរសេរ ហើយចុះហត្ថលេខាខាងក្រោម ។

ខ្ញុំសូមថ្លែងថាព័ត៌មានដែលខ្ញុំបានផ្តល់ នៅក្នុងក្រដាសដាក់សុំនេះ គឺពិតហើយត្រូវ ។ ខ្ញុំយល់ប្រមនឹងផ្តល់នូវភស្តុតាងសំរាប់លក្ខណៈគ្រប់គ្រាន់ទទួលនៃ
កម្មវិធីវែរ (CARE) ប្រសិនបើត្រូវបានស្នើសុំ ។ ខ្ញុំយល់ប្រមនឹងប្រាប់ក្រុមហ៊ុន The Gas Company ប្រសិនបើខ្ញុំមានលក្ខណៈគ្រប់គ្រាន់ទទួល
ដើម្បីនឹងទទួលបានការចុះថោកទេ ។ ខ្ញុំយល់ថា ក្រុមហ៊ុន The Gas Company អាចចែកចាយព័ត៌មានរបស់ខ្ញុំជាមួយនឹងក្រុមហ៊ុន និងភ្នាក់ងារដទៃទៀត
នៅក្នុងកម្មវិធីជំនួយរបស់គេ ។

ហត្ថលេខា : X ថ្ងៃខែ :

**ЗАЯВЛЕНИЕ НА 20% СКИДКУ
ПО ПРОГРАММЕ CARE****БЛАНК ЗАЯВЛЕНИЯ НА СНИЖЕННЫЙ ТАРИФ ЗА ПОЛЬЗОВАНИЕ
ЭНЕРГОРЕСУРСАМИ В ШТАТЕ КАЛИФОРНИЯ**

Компания The Gas Company предлагает сниженный тариф за пользование энергоресурсами в штате Калифорния (программа CARE). 20% скидка предоставляется правомочным индивидуумам и семьям и отражается в их ежемесячном счете за пользование услугами. Подающие заявление на программу CARE и официально утвержденные индивидуумы в течение 90 дней после открытия нового счета получают также \$15-ую скидку на оплату за установление услуг (Service Establishment Charge).

Чтобы проверить, имеете ли вы право на получение скидки, прочтите необходимые условия ниже. Пожалуйста, заполните бланк и отошлите его в предоставленном конверте в течение 90 дней. Скидка будет высчитана, после того как ваше заполненное и подписанное заявление будет утверждено компанией The Gas CompanySM.

ВЫ ИМЕЕТЕ ПРАВО НА СКИДКУ ПО ПРОГРАММЕ CARE В ДВУХ СЛУЧАЯХ:

ЕСЛИ ВЫ ПОЛУЧАЕТЕ ФЕДЕРАЛЬНЫЕ ПРОГРАММЫ ПОМОЩИ:	ВАШ ОБЩИЙ СЕМЕЙНЫЙ ДОХОД НЕ ПРЕВЫШАЕТ:	
Если вы или кто-либо, живущий с вами, получает компенсации по одной из следующих программ:	<i>(утверждено на период с 1 июня 2008 до 31 мая 2009)</i>	
Medi-Cal Food Stamps TANF(AFDC) Women, Infant & Children (WIC) Healthy Families Categories A&B LIHEAP	ИЛИ	
	Кол-во членов семьи	Общий годовой доход
	1-2	30,500\$
	3	35,800\$
	4	43,200\$
	5	50,600\$
	6	58,000\$
	За каждого дополнительного члена семьи добавьте	
		7,400\$

УСЛОВИЯ ДЛЯ УЧАСТИЯ В ПРОГРАММЕ

- Счет за пользование газом должен быть оформлен на ваше имя и приходиться на ваш официальный адрес.
- Вы не оформлены иждивенцем в налоговой декларации какого-либо другого индивидуума за исключением вашего супруга (супруги).
- Вы обязаны будете перерегистрировать данное заявление по нашему требованию.
- Вы обязаны уведомить компанию The Gas Company в течение 30 дней, если вы теряете право на данную программу.
- От вас может потребоваться подтверждение вашего права на получение скидки по программе CARE.

ДРУГИЕ ПРОГРАММЫ, НА КОТОРЫЕ ВЫ МОЖЕТЕ ПОДПИСАТЬСЯ:

- **DAP** – Программа прямой помощи (Direct Assistance Program) – это программа по увеличению эффективности использования энергоресурсов для малообеспеченных семей, она предлагает бесплатные услуги по ремонту, такие как теплоизоляция потолков, герметизацию дверных прокладок, уплотнение внутренних стыков и небольшие ремонтные работы. За дополнительной информацией обращайтесь по телефону 1-888-427-1345.
- **Medical Baseline** – данная программа предоставляет скидки за дополнительное использование газа клиентам с определенными заболеваниями. За дополнительной информацией обращайтесь по телефону 1-888-427-1345.
- **LIHEAP** – Специальная программа помощи для малообеспеченных семей (Low Income Home Energy Assistance Program) предлагает помощь по оплате определенных домашних счетов, - в чрезвычайных ситуациях, при оплате строительных услуг с учетом климатических особенностей района и т.д. Звоните в калифорнийский Отдел коммунально-бытового обслуживания по телефону 1-866-675-6623.
- **California Lifeline (ULTS)** - Скидки на телефонные расценки для клиентов на похожих условиях программы CARE. За дополнительной информацией обращайтесь непосредственно в свою телефонную компанию.

ДЛЯ ПОЛУЧЕНИЯ ИНФОРМАЦИИ О ПРОГРАММЕ CARE, ЗВОНИТЕ В ОФИС КОМПАНИИ THE GAS COMPANY: 1-888-427-1345



Бланк заявки на 20% скидку по программе CARE

(Пожалуйста, используйте темные чернила и пишите печатными буквами)

Form 6491-B (09/08) RU

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

Номер счета:

Имя, фамилия: Квартира №:

Город: Почтовый индекс:

Адрес: Source Code: 9B

1 Число членов вашей семьи (включите себя, всех взрослых и детей):

↓
Номер домашнего телефона: - -

2A **Предоставляемые федеральные программы помощи:**
Если вы или кто-либо из членов вашей семьи получает компенсации по одной из ниже перечисленных программ, пожалуйста, закрасьте кружочек (●), отмечающий соответствующую программу. НЕ ЗАПОЛНЯЙТЕ СЕКЦИЮ **2B** и переходите сразу к заполнению секции **3**.

ИЛИ

- | | | | |
|---|-----------------------------------|--|---------------------------|
| <input type="radio"/> Medi-Cal: младше 65 лет | <input type="radio"/> Food Stamps | <input type="radio"/> Healthy Families A&B | <input type="radio"/> WIC |
| <input type="radio"/> Medi-Cal: 65 лет и старше | <input type="radio"/> TANF (AFDC) | <input type="radio"/> LIHEAP | |

Если ничего из вышеперечисленного вам не подходит, переходите к заполнению секции **2B.**

2B

Общий семейный доход: не заполняйте, если вы уже заполнили секцию **2A.**

Часть 1: Если вы не получаете компенсации ни по одной из вышеперечисленных федеральных программ, пожалуйста, закрасьте кружочки (●), отмечая все статьи дохода вашей семьи и укажите ваш общий семейный доход далее внизу:

- | | | |
|---|--|---|
| <input type="radio"/> Social Security (социальное обеспечение) | <input type="radio"/> Wages or Salaries (зарплата) | <input type="radio"/> Legal Settlements (выплаты по суду) |
| <input type="radio"/> Pensions (пенсионные пособия) | <input type="radio"/> Unemployment Benefits (пособие по безработице) | <input type="radio"/> Insurance Settlement (выплаты страховых компаний) |
| - SSI, SSP, SSDI (пенсии) | <input type="radio"/> Disability Payments (пособие по инвалидности) | <input type="radio"/> Spousal Support (пособие на супругу/ра) |
| - Прибыль и дивиденды от:
<input type="radio"/> Savings Accounts, Pensions (сберегательные счета и пенсии) | <input type="radio"/> Workers Compensation (компенсации по травме) | <input type="radio"/> Child Support (алименты на ребенка) |
| <input type="radio"/> Stocks or Bonds (акции и облигации) | <input type="radio"/> Scholarships, Grants or Other Aid Used for Living Expenses (стипендии, ссуды или прочие компенсации на проживание) | <input type="radio"/> Cash and/or other income (получение наличных денег и/или другой дополнительный доход) |
| <input type="radio"/> Retirement Accounts (пенсионные счета) | | <input type="radio"/> Profit from Self-Employment (доходы в результате индивидуальной трудовой деятельности) (IRS Form 1040, Schedule C, line 29) |

Часть 2: Пожалуйста, закрасьте кружочек (●) диапазона, под который подпадает цифра вашего семейного дохода до всех удержаний и отчислений.

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

Если ваш годовой доход больше 58,000\$, напишите сумму здесь: \$, .00

3 Декларация: пожалуйста, прочтите и распишитесь.

Я удостоверяю, что информация, которую я предоставил/а в данном заявлении, достоверна и правильна. Я обязуюсь по требованию предъявить доказательства моей правомочности на программу CARE. Я обязуюсь уведомить компанию The Gas Company, если я потеряю свои права на данную скидку. Я принимаю к сведению, что, если я получаю скидку, не имея на это право, от меня может потребоваться вернуть полученную компенсацию. Я разрешаю компании The Gas Company отправить мою личную информацию третьим лицам или агентам для последующей регистрации меня в других вспомогательных программах.

Подпись: X Дата: X



A Sempra Energy utility

**APPLICATION PARA SA 20%
NA DISKUWENTO SA CARE**

APPLICATION PARA SA CALIFORNIA ALTERNATE RATES FOR ENERGY

Ang California Alternate Rates for Energy (CARE) program ng The Gas Company ay nagbibigay ng 20% diskuwento sa buwanang gas bill para sa mga karapat-dapat na sambahayan. Para doon sa mga naging kwalipikado at naaprubahan sa loob ng 90 araw mula sa pag-uumpisa ng bagong serbisyong gas, ang mga ito ay makatanggap din ng \$15 na diskuwento mula sa Service Establishment Charge. Pakisuyong kumpletuhin ang form na ito at ibalik sa loob ng 90 araw.

Upang matiyak kung kayo ay kwalipakado, basahin ang mga kinakailangan na nakatala sa ibaba. Mangyaring kumpletuhin ang application form at ibalik ito sa ibinigay na sobre. Ibibigay ang diskuwento kapag naaprubahan ng The Gas CompanySM ang inyong kumpleto at nilagdaang application form.

MAY 2 PARAAN UPANG MAGING KWALIPIKADO PARA SA DISKUWENTONG CARE:

MGA PROGRAMANG NAGBIBIGAY NG TULONG SA MADLA:	PINAKAMATAAS NA KITA NG SAMBAHAYAN: (may-bisa Hunyo 1, 2008 hanggang Mayo 31, 2009)	
Kung kayo o ibang tao sa inyong sambahayan ay tumatanggap ng benepisyo galing sa alinman sa sumusunod na programa:	O	
Medi-Cal Food Stamps TANF(AFDC) Women, Infant & Children (WIC) Healthy Families Categories A&B LIHEAP	Bilang ng Tao sa Sambahayan	Kabuuang Kita para sa Taon
	1-2	\$30,500
	3	\$35,800
	4	\$43,200
	5	\$50,600
	6	\$58,000
	Para sa bawat karagdagang miyembro ng bahay, magdagdag ng \$7,400	

MGA KONDISYON SA PAGLAHOK

- Ang gas bill ay kinakailangang nasa inyong pangalan, at ang nakalahad na tirahan ay ang siya ninyong pangunahing tirahan.
- Kayo ay dapat hindi nakatala bilang “dependent” sa income tax return ng iba maliban sa income tax return ng inyong asawa.
- Kailangan ninyong patotohanang muli ang inyong application kapag ito’y hiniling.
- Kailangan ninyong ipahayag sa The Gas Company sa loob ng 30 araw kung hindi na kayo kwalipikado.
- Maaari kayong hilingin na patunayan ang inyong pagiging karapatdapat sa CARE.

MGA IBANG PROGRAMA O SERBISYO NA MAARI KAYONG MAGING KWALIPIKADO:

- **DAP** - Direct Assistance Program, isang programa para sa mas matipid na paggamit ng enerhiya, para sa mga taong may mababang kita, ay nag-aalok ng mga libreng pagpapa-ayos ng bahay upang makatipid sa enerhiya gaya ng insulasyon sa kisame, weather-stripping sa pintuan, caulking at maliliit na pagpapakumpuni ng bahay. Para sa karagdagang impormasyon, mangyaring makipag-alam sa 1-888-427-1345.
- **Medical Baseline** - Nagbibigay ng karagdagang palabis na gas sa mas mababang presyo sa mga mamimili na may mga tiyak na kalagayang medikal. Upang makatanggap ng karagdagang impormasyon, tumawag sa 1-888-427-1345.
- **LIHEAP** - Low Income Home Energy Assistance Program ay nagbibigay ng tulong sa pagbayad ng mga kuwenta, tulong sa pagbayad ng mga kuwenta kapag may emerhensiya at mga serbisyo ukol sa weatherization. Makipag-alam sa California Department of Community Services and Development sa 1-866-675-6623.
- **California Lifeline (ULTS)** - Paglapit sa CARE sa pamamagitan ng telepono na may diskuwento para sa mga mamimiling ang kita ay tumatalima sa mga kagayang tuntunin ukol sa kita. Upang makatanggap ng karagdagang impormasyon, makipag-alam sa inyong tagabigay ng lokal na serbisyong telepono.

**UPANG MAKATANGGAP NG IMPORMASYON TUNGKOL SA CARE,
TAWAGAN ANG GAS COMPANY SA: 1-888-427-1345**



Application para sa CARE 20% Diskuwento sa Singil

(Pakisuyong gumamit ng madilim na tinta at sumulat ng malinaw upang makasiguro ng tamang paghanda)

Form 6491-B (09/08) TAG
 THE GAS COMPANY
 CARE PROGRAM, ML GT12F1
 PO BOX 3249
 LOS ANGELES, CA 90051-1249

Pangalan ng Mamimili:

Tirahan: Lugar / Numero ng Apartamento

Lungsod: Zip Code:

Numero ng Kuwenta: Source Code: 9B

1 Kabuuan ng bilang ng tao sa inyong sambahayan (kasama kayo, mga ibang may sapat na edad, at mga bata):
 ↓
 Telepono sa Bahay: - -

2A **Mga Benepisyong Natanggap galing sa mga Programang Nagbibigay ng Tulong sa Madla**
 Kung kayo o ibang tao sa inyong sambahayan ay tumatanggap ng benepisyo galing sa alinman sa mga programa sa ibaba, mangyaring punuin ang bilog (●), pagkatapos HUWAG PUMUNTA SA **2B** at pumunta na agad sa **3**.

Medi-Cal: May edad na mas mababa sa 65 taong gulang Food Stamps Healthy Families A&B WIC

Medi-Cal: 65 taong gulang o higit TANF (AFDC) LIHEAP

Kung HINDI ANGKOP ang anuman sa itaas, mangyaring buuin ang bahaging ito **2B.**

2B **Kita ng Sambahayan: Huwag basahin ito kung binuo ninyo ang bahagi **2A**.**
Bahagi 1: Kung hindi kayo lumalahok sa anumang programang nakatala sa itaas, mangyaring buuin ang bilog (●) para sa lahat ng pinanggagalingan ng kita ng inyong sambahayan, at ibigay ang kabuuang halaga ng kita ng inyong sambahayan sa mga puwang sa ibaba:

Social Security Sahod o Suweldo Mga Legal Settlement
 Mga Pensiyon Pakinabang sa Kawalan ng Trabaho Mga Insurance Settlement

SSI, SSP, SSDI Disability Payments Tulong galing sa Asawa
 Interes o mga Dibidendo galing sa: Workers Compensation Child Support
 Mga Savings Accounts, mga Pensiyon Scholarships, Grants, o ibang Tulong na ginagamit para sa mga Living Expenses Pera at/o ibang kita
 Mga Stocks o Bonds Kita galing sa Self-Employment (IRS Form 1040, Schedule C, line 29)
 Mga Retirement Accounts

Bahagi 2: Mangyaring punuin ang bilog (●) ng agwat ng kita bawat taon ng inyong sambahayan bago mga pagbabawas (deductions).

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

Kung higit sa \$58,000, ilagay ang halaga dito: \$, .00 bawat taon

3 **Pahayag:** Mangyaring basahin at lumagda sa ibaba.

Inisasaad ko na ang impormasyon na aking ibinigay sa aplikasyong ito ay tapat at tumpak. Sumasang-ayon ako na kung ako ay hihilingan, papatunayan ko na ako'y karapatdapat sa CARE. Sumasang-ayon din ako na ipapahayag ko sa Gas Company kung hindi na ako kwalipikadong tumanggap ng diskuwento. Nauunawaan ko na kung makatanggap ako ng diskuwento ng hindi ako kwalipikado, maaari akong hingang-pautos na ibalik ang diskuwentong natanggap ko. Nauunawaan ko na maaring ipahayag ng The Gas Company ang aking impormasyon sa mga ibang utilities o mga ahente upang matala ako sa kanilang mga programang nagbibigay ng tulong.

Lagda: Petsa:



A Sempra Energy utility

Form 6491-B (09/08) TH

20% CARE DISCOUNT
โบสถ์ครเข้าร่วมโครงการ

โบสถ์ครเข้าร่วมโครงการ CALIFORNIA ALTERNATE RATES FOR ENERGY

โครงการ California Alternate Rates for Energy (CARE) โดย The Gas Company มอบส่วนลด 20% ของค่าบริการการใช้ก๊าซรายเดือนให้กับครัวเรือนที่มีสิทธิ์เข้าร่วมโครงการ

ผู้ที่ผ่านข้อกำหนดและได้รับการตอบรับเข้าร่วมโครงการภายใน 90 วันหลังจากการเริ่มต้นรับบริการใช้ก๊าซธรรมชาติจะได้รับส่วนลดอีก \$15 สำหรับค่าธรรมเนียมเริ่มต้นบริการ (Service Establishment Charge) กรุณากรอกข้อมูลโบสถ์ครให้ครบถ้วนและยื่นโบสถ์ครนี้ภายใน 90 วัน

ท่านสามารถตรวจสอบหลักเกณฑ์การเข้าร่วมโครงการทางด้านล่างของเอกสารนี้
กรุณากรอกโบสถ์ครและส่งคืนโดยใส่ซองที่แนบมา
ทั้งนี้ท่านจะได้รับส่วนลดต่อเมื่อท่านกรอกข้อมูลและลงนามในโบสถ์ครอย่างครบถ้วน
และหลังจากโบสถ์ครของท่านได้รับการอนุมัติจาก The Gas Company

2 วิธีในการผ่านเกณฑ์สำหรับการรับส่วนลด THE CARE DISCOUNT:

โครงการความช่วยเหลือสาธารณะ: (PUBLIC ASSISTANCE PROGRAMS:)	หรือ	รายได้รวมสูงสุดของครัวเรือน: (MAXIMUM HOUSEHOLD INCOME:) (มีผลตั้งแต่ 1 มิถุนายน 2008 ถึง 31 พฤษภาคม 2009)	
ในกรณีที่ท่านหรือสมาชิกในครอบครัวได้รับสิทธิประโยชน์จากโครงการดังต่อไปนี้: Medi-Cal Food Stamps TANF(AFDC) Women, Infant & Children (WIC) Healthy Families Categories A&B LIHEAP		จำนวนสมาชิกในครัวเรือน	รายได้รวมต่อปี
		1-2 3 4 5 6	\$30,500 \$35,800 \$43,200 \$50,600 \$58,000
		หากมีสมาชิกในครัวเรือนเพิ่มขึ้น 1 คน, ให้เพิ่มอีกคนละ	\$7,400

ข้อกำหนดสำหรับผู้เข้าร่วมโครงการ

- โบริเรียกเก็บเงินค่าบริการก๊าซต้องเป็นชื่อของท่านและที่อยู่ต้องเป็นที่อยู่หลักของท่าน
- ท่านต้องไม่ใช่สิทธิ์เป็นผู้อยู่ในความดูแล (Dependent) ของผู้อื่น นอกเหนือจากคู่สมรสของท่านในการเสียภาษีรายได้
- ท่านต้องแสดงหลักฐานตามที่ระบุไว้ในโบสถ์ครอีกครั้งหากมีการร้องขอ
- ท่านต้องแจ้งให้ The Gas Company ทราบภายใน 30 วัน หากท่านขาดสถานะภาพในการเข้าร่วมโครงการ
- ท่านอาจถูกร้องขอให้แสดงหลักฐานยืนยันว่าท่านมีสิทธิ์ในการเข้าร่วมโครงการ CARE

โครงการและบริการอื่น ๆ ที่ท่านอาจผ่านเกณฑ์ในการเข้าร่วม:

- **DAP - Direct Assistance Program** (โครงการให้ความช่วยเหลือโดยตรง), เป็นโครงการสำหรับผู้มีรายได้น้อย เพื่อให้ผู้เข้าร่วมโครงการสามารถใช้พลังงานได้อย่างมีประสิทธิภาพ, โครงการนี้จะมอบอุปกรณ์ประหยัดพลังงาน เช่น ฉนวนฝ้าเพดาน, ฐานใต้ประตูเพื่อกันลมและฝน, บริการการปรับปรุงและซ่อมแซมเล็กๆ น้อยๆ ในบ้าน โดยไม่คิดค่าใช้จ่ายใดๆ
ท่านสามารถโทรสอบถามข้อมูลเพิ่มเติมได้ที่หมายเลข 1-888-427-1345
- **Medical Baseline** – (โครงการบริการทางการแพทย์ขั้นพื้นฐาน) โครงการนี้จะมอบสิทธิเพิ่มเติมในการใช้ก๊าซในอัตราต่ำกว่าราคาปกติแก่ผู้ใช้บริการที่มีอาการป่วยบางประเภท ท่านสามารถโทรสอบถามข้อมูลเพิ่มเติมได้ที่หมายเลข 1-888-427-1345
- **LIHEAP - Low Income Home Energy Assistance Program** (โครงการความช่วยเหลือด้านพลังงานในบ้านแก่ผู้มีรายได้น้อย)
โครงการนี้จะมอบความช่วยเหลือในการชำระค่าบริการ
ความช่วยเหลือในการชำระค่าบริการในกรณีเกิดเหตุฉุกเฉินและการปรับปรุงอาคารเพื่อเพิ่มประสิทธิภาพในการประหยัดพลังงาน
ท่านสามารถติดต่อสอบถามข้อมูลได้ที่สำนักงานบริการและการพัฒนาสาธารณะแห่งรัฐแคลิฟอร์เนีย (California Department of Community Services and Development) ที่หมายเลขโทรศัพท์ 1-866-675-6623
- **California Lifeline (ULTS)** - (โครงการให้คำปรึกษาปัญหาชีวิตของรัฐแคลิฟอร์เนีย)
โครงการนี้จะมอบส่วนลดค่าบริการโทรศัพท์สำหรับผู้ใช้บริการที่มีรายได้ออยู่ในเกณฑ์เดียวกับผู้มีสิทธิ์เข้าร่วมโครงการ CARE
ท่านสามารถโทรสอบถามข้อมูลเพิ่มเติมได้จากผู้ให้บริการโทรศัพท์ในท้องถิ่นของท่าน

สอบถามข้อมูลเพิ่มเติมเกี่ยวกับโครงการ CARE ติดต่อ THE GAS COMPANY โทร. : 1-888-427-1345

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(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 3894
 DECISION NO.

ISSUED BY
Lee Schavrien
 Senior Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
 DATE FILED Aug 27, 2008
 EFFECTIVE Sep 26, 2008
 RESOLUTION NO. _____

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