

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



June 1, 2015

Advice Letter 4797

Ronald van der Leeden
Director, Regulatory Affairs
Southern California Gas
555 W. Fifth Street, GT14D6
Los Angeles, CA 90013-1011

**Subject: Revision of the Income-Eligibility Guidelines for the CARE
Program and Related Application Instructions and Forms**

Dear Mr. Leeden:

Advice Letter 4797 is effective June 1, 2015.

Sincerely,

A handwritten signature in cursive script that reads "Edward Randolph".

Edward Randolph
Director, Energy Division



Ronald van der Leeden
Director
Regulatory Affairs

555 W. Fifth Street, GT14D6
Los Angeles, CA 90013-1011
Tel: 213.244.2009
Fax: 213.244.4957
RvanderLeeden@semprautilities.com

April 30, 2015

Advice No. 4797
(U 904 G)

Public Utilities Commission of the State of California

Subject: Revision of the Income-Eligibility Guidelines for the CARE Program and Related Application Instructions and Forms

Southern California Gas Company (SoCalGas) hereby submits for filing with the California Public Utilities Commission (Commission) revisions to its Schedule No. G-CARE, California Alternate Rates for Energy (CARE) Program, and the associated tariff forms, applicable throughout its service territory, as shown on Attachment A.

Purpose

This filing revises SoCalGas' Schedule No. G-CARE and application instructions and forms to reflect the increased income-eligibility guidelines used to qualify individuals or households for the CARE program. This filing is made in compliance with Public Utilities (PU) Code Section 739.1(b)(1)¹ and Ordering Paragraph (OP) 3 of Resolution (Res.) E-3524, adopted February 19, 1998.²

¹ PU Code Section 739.1(b)(1) states: The Commission shall establish a program of assistance to low-income electric and gas customers with annual household incomes that are no greater than 200 percent of the federal poverty guideline levels, the cost of which shall not be borne solely by any single class of customer. The program shall be referred to as the California Alternate Rates for Energy or CARE program. The Commission shall ensure that the level of discount for low-income electric and gas customers correctly reflects the level of need.

² Res. E-3524 authorizes the energy utilities to change the income-eligibility guidelines for the CARE and Energy Savings Assistance (ESA) programs pursuant to a communication issued by the Director of the Energy Division by May 1st of each year, with tariff revisions to be filed and become effective June 1st of each year.

Background

Pursuant to the letter dated March 2, 2015 from the Director of the Commission's Energy Division (ED), SoCalGas was provided with the new CARE and ESA Programs' income-eligibility levels to be effective from June 1, 2015 through May 31, 2016, as follows:

<i>Household Size</i>	<i>Income Eligibility Upper Limit</i>
1 - 2	\$31,860
3	\$40,180
4	\$48,500
5	\$56,820
6	\$65,140
7	\$73,460
8	\$81,780
<i>Each Additional Person</i>	\$8,320

The approved list of the categorically eligible programs remains unchanged from last year's CARE and ESA Programs' income-eligibility guidelines, as follows:

<i>List of Categorical Eligible Programs</i>
Bureau of Indian Affairs General Assistance
CalFresh/Supplemental Nutrition Assistance Program (SNAP)
CalWORKs/Temporary Assistance for Needy Families (TANF)
Head Start Income Eligible (Tribal Only)
Low-income Home Energy Assistance Program (LIHEAP)
Medicaid/Medi-Cal for Families A & B
National School Lunch Program (NSLP)
Supplemental Security Income (SSI)
Tribal TANF
Women, Infants, and Children Program (WIC)

The letter further directs the energy utilities to file revised tariffs with the ED reflecting the new income levels by May 1, 2015. Because the CARE application instructions and forms are part of the tariffs, revised versions are provided in Attachment A.

Tariff Revisions

This filing updates Schedule No. G-CARE and the CARE application instructions and forms to reflect the revised income-eligibility guidelines, as follows:

<i>Schedule Revisions</i>
Schedule No. G-CARE

<i>Application Form Revisions</i>
Qualified Agricultural Employee Housing (Form 6632) - English
Qualified Non-Profit Group Living Facilities (Form 6571) - English
General Purpose, Direct Mail (Form 6491-DM) - English and Spanish
Individually Metered Residential Self Certification (Form 6491) - English, Spanish, Chinese, Korean, Vietnamese, Arabic, Armenian, Farsi, Hmong, Khmer, Russian, Tagalog, and Thai
Individually Metered Residential Self Recertification (Form 6674) - English, Spanish, Chinese, Korean, and Vietnamese
Capitation Program (Form 6491-2E) - English and Spanish
Individually Metered Residential Post-Enrollment Verification (Form 6675) - English, Spanish, Chinese, Korean, and Vietnamese
Sub-Metered Residential Post-Enrollment Verification (Form 6675S) - English and Spanish
Sub-Metered Residential Self-Certification (Form 6677) - English and Spanish
Sub-Metered Residential Self-Recertification (Form 6678) - English and Spanish
Bill Insert (Form 6491-BI) - English and Spanish

Protest

Anyone may protest this AL 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 AL, which is May 20, 2015. 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

A copy of the protest should also be sent via e-mail to the attention of the ED Tariff Unit (EDTariffUnit@cpuc.ca.gov). A copy of the protest should 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
 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 ED disposition and should be classified as Tier 1 (effective pending disposition) pursuant to GO 96-B. In compliance with OP 3 of Res. E-3524, adopted February 19, 1998; PU Code Section 739.1(b)(1), and the March 2, 2015 notice from the ED, the tariff sheets filed herein are to be effective for service on and after June 1, 2015.

Notice

A copy of this AL is being sent to SoCalGas' GO 96-B service list and the Commission's service lists in A.11-05-018, ESA Program, and R.08-07-011, Energy Efficiency Strategic Plan. Address change requests to the GO 96-B should be directed by electronic mail to tariffs@socalgas.com or call 213-244-3387. For changes to all other service lists, please contact the Commission's Process Office at 415-703-2021 or by electronic mail at Process_Office@cpuc.ca.gov.

Ronald van der Leeden
Director – Regulatory Affairs

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) #: 4797

Subject of AL: Revision of the Income-Eligibility Guidelines for the CARE Program and Related Application Instructions and Forms

Keywords (choose from CPUC listing): CARE; Forms

AL filing type: Monthly Quarterly Annual One-Time Other

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

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 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: 6/1/15

No. of tariff sheets: 16

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: G-CARE, Sample Forms, and TOCs

Service affected and changes proposed¹: N/A

Pending advice letters that revise the same tariff sheets: _____

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

**CPUC, Energy Division
Attention: Tariff Unit
505 Van Ness Ave.
San Francisco, CA 94102
EDTariffUnit@cpuc.ca.gov**

**Southern California Gas Company
Attention: Sid Newsom
555 West Fifth Street, GT14D6
Los Angeles, CA 90013-1011
snewsom@semprautilities.com
Tariffs@socalgas.com**

¹ Discuss in AL if more space is needed.

ATTACHMENT A
Advice No. 4797

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
Revised 51483-G	Schedule No. G-CARE, CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM, Sheet 2	Revised 50293-G
Revised 51484-G	Schedule No. G-CARE, CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM, Sheet 4	Revised 50294-G
Revised 51485-G	APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY (CARE) PROGRAM FOR QUALIFIED , AGRICULTURAL EMPLOYEE HOUSING (Form 6632, 06/15)	Revised 50295-G
Revised 51486-G	APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY PROGRAM FOR QUALIFIED NONPROFIT, GROUP LIVING FACILITIES (Form 6571, 06/15)	Revised 50296-G
Revised 51487-G	APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY PROGRAM - GENERAL PURPOSE, DIRECT MAIL (Form 6491-DM, 06/15)	Revised 50297-G
Revised 51488-G	SAMPLE FORMS: APPLICATIONS, Self- Certification CARE Application, Individually Metered Residential (Form 6491, 06/15)	Revised 50298-G
Revised 51489-G	SAMPLE FORMS: APPLICATIONS, Self- Recertification CARE Application, Individually Metered Residential (Form 6674, 06/15)	Revised 50299-G
Revised 51490-G	SAMPLE FORMS: APPLICATIONS, Capitation Program CARE Application, (Form 6491-2E, 06/15)	Revised 50300-G
Revised 51491-G	SAMPLE FORMS: APPLICATIONS, Post- Enrollment Verification CARE Application, Individually Metered Residential (Form 6675, 06/15)	Revised 50301-G
Revised 51492-G	SAMPLE FORMS: APPLICATIONS, Post- Enrollment Verification CARE Application, Sub- Metered Residential (Form 6675S, 06/15)	Revised 50302-G
Revised 51493-G	SAMPLE FORMS: APPLICATIONS, Self- Certification CARE Application, Submetered Residential (Form 6677, 06/15)	Revised 50303-G

ATTACHMENT A
Advice No. 4797

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
Revised 51494-G	SAMPLE FORMS: APPLICATIONS, Self- Recertification CARE Application, Submetered Residential (Form 6678, 06/15)	Revised 50304-G
Revised 51495-G	APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY PROGRAM - BILL INSERT, (Form 6491-BI, 06/15)	Revised 50305-G
Revised 51496-G	TABLE OF CONTENTS	Revised 51480-G
Revised 51497-G	TABLE OF CONTENTS	Revised 51379-G
Revised 51498-G	TABLE OF CONTENTS	Revised 51482-G

Schedule No. G-CARE

Sheet 2

CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

(Continued)

SPECIAL CONDITIONS (Continued)

ALL CUSTOMERS (Continued)

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:

<u>Number of Persons In Household</u>	<u>Total Annual Household Income</u>
1-2	\$31,860
3	\$40,180
4	\$48,500
5	\$56,820
6	\$65,140
7	\$73,460
8	\$81,780

For households with more than six persons, add \$8,320 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: Medicaid/Medi-Cal for Families A&B; Women, Infants & Children Program (WIC); CalWORKs/Temporary Assistance for needy Families (TANF); Tribal TANF; Head Start income Eligible (Tribal Only); Bureau of Indian Affairs General Assistance; CalFresh/Supplemental Nutrition Assistance Program (SNAP); National School Lunch Program (NSLP); Low-Income Home Energy Assistance Program (LIHEAP); and Supplemental Security Income (SSI).

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. 4797
 DECISION NO.

ISSUED BY
Lee Schavrien
 Senior Vice President

(TO BE INSERTED BY CAL. PUC)
 DATE FILED May 1, 2015
 EFFECTIVE Jun 1, 2015
 RESOLUTION NO. E-3524

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.

13. Eligibility Criteria (Continued)

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 \$31,860.

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. 4797
DECISION NO.

ISSUED BY
Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)
DATE FILED May 1, 2015
EFFECTIVE Jun 1, 2015
RESOLUTION NO. E-3524

APPLICATION FOR CALIFORNIA ALTERNATE RATES
FOR ENERGY (CARE) PROGRAM FOR QUALIFIED
AGRICULTURAL EMPLOYEE HOUSING (Form 6632, 06/15)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 4797
DECISION NO.

1H7

ISSUED BY

Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 1, 2015
EFFECTIVE Jun 1, 2015
RESOLUTION NO. E-3524



**APPLICATION FOR 20% DISCOUNT
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:** Southern California Gas Company (SoCalGas®)
CARE Program - ML 19A1 P.O. 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.

HOW TO QUALIFY FOR THE CARE DISCOUNT:

PUBLIC ASSISTANCE PROGRAMS:
If another person in the household participates in any of these programs:
Medicaid or Medi-Cal
Medi-Cal for Families A&B
Women, Infants, & Children (WIC) CalWORKs (TANF) or Tribal TANF
Head Start Income Eligible - Tribal Only Bureau of Indian Affairs General Assistance CalFresh (Food Stamps)
National School Lunch Program (NSLP)
Low Income Home Energy Assistance Program (LIHEAP)
Supplemental Security Income (SSI)

OR

MAXIMUM HOUSEHOLD INCOME*: <i>(effective June 1, 2015 to May 31, 2016)</i>	
*current household income from all sources before deductions	
Number of Persons in Household	Total Annual Income
1-2	\$31,860
3	\$40,180
4	\$48,500
5	\$56,820
6	\$65,140
7	\$73,460
8	\$81,780
Each Additional Person	+\$8,320

- 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.

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



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

1 APPLICANT INFORMATION: (please type or print)

Name on Utility Bill _____

Name of Facility _____
(if different than on bill)

Account Number for This Facility

Service Address _____ City _____, CA ZIP _____

Mailing Address _____ City _____, CA ZIP _____
(if different)

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

E-mail Address _____
(optional)

Daytime Phone ()- Fax ()-

2 FACILITY INFORMATION (check one)

- EMPLOYEE HOUSING** (privately owned), as defined in Section 17008 of the Health and Safety Code, that is licensed and inspected in state and/or local agencies pursuant to part 1 of Division 13.
- HOUSING FOR AGRICULTURAL EMPLOYEES** (non-migrant and operated by non profit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has received exemptions from local property taxes pursuant to subdivision (g) of the Revenue and Taxation Code.

3 DECLARATION

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

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

FOR ALL FACILITIES

Applicant is customer of record. Yes No

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

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

FOR ALL FACILITIES (continued)

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

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

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

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

Last year's discount was used for _____
IF INITIAL CERTIFICATION, LEAVE BLANK

This year's discount will be used for _____

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

Authorized Representative's Name (please print or type) _____

Authorized Representative's Title _____

Authorized Representative's Signature _____

Date _____

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

Account Number:

Service Address _____ City _____ CA Zip Code _____

Type of metering: Individually metered Master metered

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

Total number of residents (exclude on-site manager) _____

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

Account Number:

Service Address _____ City _____ CA Zip Code _____

Type of metering: Individually metered Master metered

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

Total number of residents (exclude on-site manager) _____

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

Account Number:

Service Address _____ City _____ CA Zip Code _____

Type of metering: Individually metered Master metered

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

Total number of residents (exclude on-site manager) _____

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

Account Number:

Service Address _____ City _____ CA Zip Code _____

Type of metering: Individually metered Master metered

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

Total number of residents (exclude on-site manager) _____

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

APPLICATION FOR CALIFORNIA ALTERNATE RATES
FOR ENERGY PROGRAM FOR QUALIFIED NONPROFIT
GROUP LIVING FACILITIES (Form 6571, 06/15)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 4797
DECISION NO.

1H6

ISSUED BY

Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 1, 2015
EFFECTIVE Jun 1, 2015
RESOLUTION NO. E-3524



A  Sempra Energy utility

Application for California Alternate Rates For Energy (CARE) Program

For Qualified Nonprofit Group Living Facilities

The CARE Program provides a 20% discount on the utility bill for facilities that meet program criteria established by the California Public Utilities Commission (CPUC). The discounted rate is available only to qualified facilities once the utility receives and approves the application.

INSTRUCTIONS

1. **READ** the information on page 2. If you have questions, call Southern California Gas Company (SoCalGas®) CARE Department at 1-800-207-8567.
2. **DETERMINE** if the facility meets the definition of a qualified nonprofit group living facility. The facility **MUST** meet ALL criteria to qualify for the 20% discount.
3. **COMPLETE** the entire application (please print or type). Nonprofit corporations must complete this application for all qualified satellites.
4. **ATTACH** all required documents. (Application is not considered complete without documents.)
5. **MAIL TO:** SoCalGas CARE Program
P.O. BOX 515005 ML GT19A1
LOS ANGELES CA 90099-9316

20% Discount

Terms and Conditions

California Alternate Rates for Energy (CARE) Program
For Qualified Nonprofit Group Living Facilities

Eligible Facilities

GROUP LIVING FACILITIES:

- Defined as transitional housing (such as drug rehabilitation or halfway houses), short-term or long-term care facilities (such as hospices, nursing home, children's or seniors' homes), group homes for physically or mentally challenged persons, or other nonprofit group living facilities.
- Corporation operating facility must have tax-exempt status under Internal Revenue Code Section 501 (c)(3).
- Facility must be licensed by the appropriate state agency, such as the State Department of Social Services.
- Facility must provide service, such as meals or rehabilitation, in addition to lodging.
- 100% of residents must meet current CARE eligibility guidelines for a single-person household (see enclosed Eligibility Guidelines).
- At least 70% of the natural gas used at the facility must be for residential purposes.

HOMELESS SHELTERS, WOMEN'S SHELTERS, & HOSPICES:

- Corporation operating facility must have tax-exempt status under Internal Revenue Code Section 501 (c)(3).
- Facility must have a Conditional Use Permit or provide adequate proof of eligibility.
- Facility must provide at least six (6) beds each day or night for a minimum of 180 days each year for persons who have no alternative residence.
- Primary function of facility must be to provide lodging.
- At least 70% of natural gas used at the facility must be for residential purposes.

SATELLITE FACILITIES:

- A nonprofit group living facility may consist of a licensed primary facility and related non-licensed facilities at other locations (satellites).
- The primary facility must be licensed by the appropriate state agency or provide adequate proof of eligibility and meet all other CARE criteria.
- At least 70% of the natural gas used at the satellite facility must be for residential purposes.
- The primary license facility's name must appear as the customer-of-record on the gas bill for the satellite facility.

Facilities Not Eligible

- Group living facilities offering only a place to live and no other services.
- Non-profit facilities providing social services only.
- Student housing/dorms, military barracks, fraternities/sororities, privately owned for-profit housing, and government-subsidized housing.
- Government-owned and/or government-operated facilities.

Application Requirements

- Completed and signed application.
- A copy of IRS letter granting tax-exempt status of corporation operating the facility under Internal Revenue Code Section 501(c)(3).
- Group living facility must also provide a copy of license from appropriate state agency, conditional use permit for each facility, **OR** other adequate proof of eligibility.

Recertification

Facilities receiving the discount are required to recertify every 2 years. To recertify, complete this application and provide:

- The amount of discount received in prior year, and
- An explanation of how the discount was used for the direct benefit of qualified residents.



A Sempra Energy utility

Application for 20% Discount

California Alternate Rates for Energy (CARE) Program
For Qualified Nonprofit Group Living Facilities

Primary Facility Account Information:

Name on Gas Bill	Name of Facility (if different from name on gas bill)	
Service Address	City	State
Mailing Address	City	State
Primary Contact		
Phone	FAX	
E-mail Address:	Account Number	

Type of Facility:

Group living facility:
Total Number of Residents at this Facility: _____ Total Number of Residents who are **qualified**: _____
(see Individual Eligibility Guidelines)

Hospice Homeless Shelter or Women's Shelter:
Number of Beds: _____ Number of Days Occupied Each Year: _____

Other: _____
Total Number of Residents at this Facility: _____ Total Number of Residents who are **qualified**: _____
(see Individual Eligibility Guidelines)

Primary Services Offered by Facility:

Lodging Meals Rehabilitation Training Counseling

Other: _____

Is at least 70% of the natural gas used at the facility for residential purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does nonprofit corporation operation facility have a tax-exempt status under Internal Revenue Section 501(c)(3)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the facility government-owned or operated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Name of Business License (Please attach a copy of the State-issued License or other adequate proof of eligibility for each facility)

Name on Conditional Use Permit (Please attach a copy of the Conditional Use Permit or other adequate proof of eligibility for each facility)

All Qualified Satellite Facilities (if applicable):

Facility Name	_____	
Service Address	_____	
Account Number	<input type="checkbox"/>	Satellite Facility? Yes <input type="checkbox"/> No <input type="checkbox"/>
Group Living Facilities:	Total Number of Residents at this Facility: _____	Total Number of Residents who are qualified : _____ (see Individual Eligibility Guidelines)
Hospice, Homeless Shelter, or Women's Shelter:	Number of Beds: _____	Number of Days Occupied Each Year: _____
Is at least 70% of the natural gas used at the facility for residential purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(Continued on Back)



Please complete the following information for all qualified satellite facilities:

Facility Name

Service Address

Account Number Satellite Facility? Yes No

-

Group Living Facilities: Total Number of Residents at this Facility: Total Number of Residents who are **qualified** : (see Individual Eligibility Guidelines)

Hospice, Homeless Shelter, or Women's Shelter: Number of Beds: Number of Days Occupied Each Year:

Is at least 70% of the natural gas used at the facility for residential purposes? Yes No

Facility Name

Service Address

Account Number Satellite Facility? Yes No

-

Group Living Facilities: Total Number of Residents at this Facility: Total Number of Residents who are **qualified** : (see Individual Eligibility Guidelines)

Hospice, Homeless Shelter, or Women's Shelter: Number of Beds: Number of Days Occupied Each Year:

Is at least 70% of the natural gas used at the facility for residential purposes? Yes No

Facility Name

Service Address

Account Number Satellite Facility? Yes No

-

Group Living Facilities: Total Number of Residents at this Facility: Total Number of Residents who are **qualified** : (see Individual Eligibility Guidelines)

Hospice, Homeless Shelter, or Women's Shelter: Number of Beds: Number of Days Occupied Each Year:

Is at least 70% of the natural gas used at the facility for residential purposes? Yes No

Certification of Eligibility:

Return to:
 SoCalGas
 CARE Program, ML GT19A1
 P.O. Box 515005
 Los Angeles, California
 90099-9316

I certify, under penalty of perjury, under the laws of the State of California, that the information on this application is true and accurate. I am authorized by this facility to sign this application, and I have verified the income eligibility of all residents. I am responsible for the annual renewal of the facility's license from the appropriate State Licensing Department, or for the Conditional Use Permit, or to provide adequate proof of eligibility. I understand that SoCalGas may verify the accuracy of this information and confirm the direct benefit to the residents through random samplings. Errors in any information provided may cause the account(s) to be rebilled without the CARE discount.

Notice to customer: Signing this application allows SoCalGas to share your CARE information with other utilities, so that you may receive their discount, if applicable.

Authorized Representative's Name & Title (please print)

Authorized Representative's Signature Date

Authorized Representative's Telephone Number



A Semptra Energy utility

CARE QUALIFICATIONS
SOUTHERN CALIFORNIA GAS COMPANY (SoCalGas®)
ENCLOSURE TO APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE)
PROGRAM FOR QUALIFIED NONPROFIT GROUP LIVING FACILITIES

The California Alternate Rates for Energy (CARE) program provides a 20% discounted rate on your gas bill.

PROGRAM QUALIFICATIONS

Each facility must meet all of the eligibility guidelines as shown on SoCalGas Form Number 6571 and the CARE guidelines as shown below.

CARE QUALIFICATIONS

Individual Eligibility Guidelines

- Each resident's annual gross income does not exceed the amount shown OR receives benefits from any of the public assistance programs on the chart below.
- No resident can be claimed as a dependent on another person's State or Federal income tax form.

The following are the ways to qualify for the CARE discount:

PUBLIC ASSISTANCE PROGRAMS: The individual resident in facility receives benefits from any of the following programs:	OR	MAXIMUM HOUSEHOLD INCOME*: Total yearly income for each resident in the facility cannot be more than the following:	
		Number of Persons	Total Yearly Individual Resident's Income In Facility Cannot Be More Than*
Medicaid or Medi-Cal			
Medi-Cal for Families A&B			
Women, Infants, & Children (WIC)			
CalWORKs (TANF) or Tribal TANF		1-2	\$31,860
Head Start Income Eligible - Tribal Only		3	\$40,180
Bureau of Indian Affairs General Assistance		4	\$48,500
CalFresh (Food Stamps)		5	\$56,820
National School Lunch Program (NSLP)		6	\$65,140
Low Income Home Energy Assistance Program (LIHEAP)		7	\$73,460
Supplemental Security Income (SSI)		8	\$81,780
		Each Additional Person	+ \$8,320

**(effective June 1, 2015 to May 31, 2016)*

WHAT COUNTS AS INCOME?

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

If you have any questions, please call: 1-800-207-8567.

APPLICATION FOR CALIFORNIA ALTERNATE RATES
FOR ENERGY PROGRAM - GENERAL PURPOSE
DIRECT MAIL (Form 6491-DM, 06/15)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 4797
DECISION NO.

1H7

ISSUED BY

Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 1, 2015
EFFECTIVE Jun 1, 2015
RESOLUTION NO. E-3524



CUSTOMER ASSISTANCE

CARE 20% DISCOUNT

Dear Customer,

Through the California Alternate Rates for Energy (CARE) program, SoCalGas® offers a 20 percent discount to eligible customers. This program is helping customers save an average of **\$145.44** every two years*.

To see if you qualify, check the requirements in the enclosed application. If you think you meet the requirements, just fill out the application and mail it back to us in the postage-paid envelope provided. This application can also be completed online at **socalgas.com** (search "CARE").

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

SoCalGas is committed to creating ways to help our customers save money and energy. For more information about our assistance programs, please visit **socalgas.com** (search "ASSISTANCE") or call 1-800-427-2200.

Sincerely,

Ted Humphrey
CARE Program Sr. Market Advisor



A  Sempra Energy utility

*Customers must re-apply for the CARE program every two years to continue receiving the monthly discount.



PROGRAMAS DE ASISTENCIA

**20% DE DESCUENTO
PARA CARE**

Estimado Cliente:

Por medio del programa Tarifas Alternas para Energía de California (CARE), SoCalGas® ofrece un 20 por ciento de descuento a los clientes que reúnen los requisitos. Este programa podría ayudarle a ahorrar un promedio de **\$145.44** cada dos años*.

Para saber si califica, revise los requisitos que se presentan en la aplicación. Si usted cree que califica, llene la solicitud y envíenosla por correo en el sobre con timbre pagado por adelantado. Esta solicitud también puede ser llenada por internet en socialgas.com/espanol (busque la palabra clave "CARE").

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

SoCalGas se compromete en crear formas de ayudar a nuestros clientes manejar su consumo de energía y ahorrar dinero. Para más información acerca de nuestros programas de asistencia, por favor visite socialgas.com/espanol (busque la palabra clave "ASISTENCIA") o llámenos al 1-800-342-4545.

Atentamente,

Ted Humphrey
CARE Program Sr. Market Advisor



A  Sempra Energy utility

*Clientes deben volver aplicar para el programa CARE cada dos años, para continuar recibiendo el descuento mensual.



A Sempra Energy utility

20% DISCOUNT CARE APPLICATION

PLEASE USE DARK BLUE OR BLACK INK ONLY

Please complete the application form and return it in the pre-paid envelope to SoCalGas®.

Mail to: SoCalGas M.L. GT19A1, P.O. Box 515005 Los Angeles, CA 90099-9316

ACCOUNT NUMBER

PLEASE PROVIDE YOUR ACCOUNT NUMBER TO EXPEDITE PROCESSING.

CUSTOMER NAME (FIRST AND LAST AS IT APPEARS ON YOUR BILL)

ADDRESS

APT#

CITY

HOME PHONE

EMAIL

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

- 1
 2
 3
 4
 5
 6
 If more than 6:

2 Are you (or someone in your household) enrolled in any of the following assistance programs?

YES (If yes, please fill in the circle(s) ●)

- Medi-Cal/Medicaid: Under age 65
- Medi-Cal/Medicaid: 65 or older
- Medi-Cal for Families A&B
- Women, Infants and Children Program (WIC)
- CalWORKs (TANF) or Tribal TANF
- Head Start Income Eligible - Tribal Only
- Bureau of Indian Affairs General Assistance
- CalFresh (Food Stamps)
- National School Lunch Program (NSLP)
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Security Income (SSI)

NO If no, what is your yearly household income (before deductions, including all members of the household)?

- \$0 - \$31,860
- \$31,861 - \$40,180
- \$40,181 - \$48,500
- \$48,501 - \$56,820
- \$56,821 - \$65,140
- If more than \$65,140, enter the dollar amount here
\$, .00 per year.

Please mark your sources of income

- Social Security
- SSP or SSDI
- Pensions
- Interest or dividends from savings, stocks, bonds, or retirement accounts
- Wages and/or profit from self employment
- Unemployment benefits
- Insurance or legal settlements
- Disability or workers compensation payments
- Spousal or child support
- Scholarships, grants, or other aid used for living expenses
- Rental or royalty income
- Cash or other income

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 Southern California Gas Company (SoCalGas®) within 30 days 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 SoCalGas can share my information with other utilities or agents to enroll me in their assistance programs.

SIGNATURE: X

DATE: / /



A Sempra Energy utility

SOLICITUD CARE PARA UN 20 POR CIENTO DE DESCUENTO

POR FAVOR DE COMPLETAR EN TINTA NEGRA O AZUL OSCURA. FORMA CORRECTA DE MARCAR LOS CÍRCULOS: ●

Por favor llene el formulario de solicitud y envíenoslo en el sobre con porte pagado provisto.

Correo: SoCalGas M.L. GT19A1, P.O. Box 515005 Los Angeles, CA 90099-9316

NÚMERO DE CUENTA

PARA PROCESAR EL FORMULARIO MÁS RÁPIDO

NOMBRE DEL CLIENTE (TAL COMO APARECE EN SU FACTURA)

DOMICILIO PARTICULAR (CALLE, NO. DE APTO., CIUDAD, CÓDIGO POSTAL):

NO. DE APTO

CIUDAD

TELÉFONO

CORREO ELECTRÓNICO

1 Número total de adultos y niños que viven en su hogar:

- 1
 2
 3
 4
 5
 6
 Si más de 6:

2 ¿Está usted (o alguien que vive en su hogar) inscrito en alguno de los siguientes programas de asistencia?

- SÍ** (Si su respuesta es afirmativa, marque el(los) programa(s) de participación) ●
 NO ¿Cuál es el ingreso anual de su hogar (antes de deducciones, incluyendo a todos los miembros del hogar)?
- Medi-Cal/Medicaid: menor de 65 años
 - Medi-Cal/Medicaid: 65 años o más
 - Medi-Cal para Familias A y B
 - Programa para Mujeres, Bebés y Niños (WIC)
 - CalWORKs (TANF) o TANF Tribal
 - Ingreso elegible para Head Start (tribal únicamente)
 - Buró de Asistencia General para Asuntos de Nativos American
 - CalFresh (Estampillas para comida)
 - Programa Nacional de Almuerzos Escolares (NSLP)
 - Programa de Asistencia a Hogares de Ingresos Limitados para Gastos de Energía (LIHEAP)
 - Ingreso Suplementario del Seguro Social (SSI)
- \$0 - \$31,860
 - \$31,861 - \$40,180
 - \$40,181 - \$48,500
 - \$48,501 - \$56,820
 - \$56,821 - \$65,140
 - Si es más de \$65,140, escriba el monto aquí:

\$, .00 al año.

Por favor marque sus fuentes de ingreso:

- Seguro Social
- SSP o SSDI
- Pensiones
- Intereses o dividendos de: cuentas de ahorro, acciones, bonos, o cuentas para el retiro
- Salarios y/o ingresos de autoempleo
- Beneficios de desempleo
- Pagos de pólizas de seguro o convenios judiciales
- Pagos por incapacidad o Indemnización para los trabajadores
- Pensión conyugal o alimenticia
- Becas, subvenciones u otra ayuda usada para sufragar el costo de la vida
- Ingresos por alquiler o regalías
- Dinero en efectivo y/u otros ingresos

3 ¿Acepta usted lo siguiente? Por favor lea y firme abajo.

Declaro que la información que proporcioné en este formulario de solicitud es verdadera y correcta. Convengo en proporcionar comprobantes de elegibilidad para CARE si se me solicita. Convengo en informar a Southern California Gas Company (SoCalGas®) 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 SoCalGas puede compartir mis datos con otras empresas de servicios públicos o agentes para inscribirme en sus programas de asistencia.

FIRMA:

FECHA: / /

SoCalGas - Source Code 92

SAMPLE FORMS: APPLICATIONS
Self-Certification CARE Application
Individually Metered Residential (Form 6491, 06/15)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 4797
DECISION NO.

ISSUED BY
Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)
DATE FILED May 1, 2015
EFFECTIVE Jun 1, 2015
RESOLUTION NO. E-3524



A Sempra Energy utility

**ACT IMMEDIATELY
QUALIFY TO RECEIVE
YOUR 20% CARE DISCOUNT**

Through the California Alternate Rates for Energy (CARE) program, SoCalGas® offers a 20 percent discount to eligible customers on their monthly gas bill. Eligible customers who are approved within 90 days after starting new gas service will also receive a \$15 discount on the Service Establishment Charge. The discount will be applied to the monthly gas bill following the date that the application is approved by SoCalGas. If you are a submetered tenant, your property owner/manager will be notified whether or not you are approved to receive the discount.

If you are currently receiving the CARE discount, you are required to renew your eligibility within 90 days to continue the discount.

1. Call **1-866-716-3452** anytime 24 hours a day and follow the enrollment/renewal instructions.
2. Apply online at <http://www.socalgas.com/care/app>
3. Return the completed and signed form by mail or FAX to **(213) 244-4665**

HOW TO QUALIFY FOR THE CARE DISCOUNT

PUBLIC ASSISTANCE PROGRAMS:
If you or someone in your household participates in any of these programs:
<ul style="list-style-type: none"> Medicaid or Medi-Cal Medi-Cal for Families A&B Women, Infants, & Children (WIC) CalWORKs (TANF) or Tribal TANF Head Start Income Eligible - Tribal Only Bureau of Indian Affairs General Assistance CalFresh (Food Stamps) National School Lunch Program (NSLP) Low Income Home Energy Assistance Program Supplemental Security Income (SSI)

OR

MAXIMUM HOUSEHOLD INCOME*: <i>(effective June 1, 2015 to May 31, 2016)</i>	
*current household income from all sources before deductions	
Number of Persons in Household	Total Annual Income
1-2	\$31,860
3	\$40,180
4	\$48,500
5	\$56,820
6	\$65,140
7	\$73,460
8	\$81,780
Each additional person	+\$8,320

CONDITIONS FOR PARTICIPATION

- 1) The natural gas bill must be in your name and the address must be your primary address.
- 2) You must not be claimed as a dependent on another person's income tax return other than your spouse.
- 3) You must recertify your application when requested.
- 4) You must notify SoCalGas 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

Energy Savings Assistance Program: Offers no-cost energy-saving home improvements such as attic insulation, low-flow showerheads, faucet aerators, door weather-stripping, caulking and minor home repairs to eligible low-income home-owners and renters. 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 Dept. of Community Services and Development at 1-866-675-6623.

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

FOR MORE INFORMATION ON CUSTOMER ASSISTANCE

English: 1-800-427-2200

中文: 1-800-427-1429

한국어: 1-800-427-0471

Español: 1-800-342-4545

廣東話: 1-800-427-1420

Việt: 1-800-427-0478

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

Fax: 1-213-244-4665

Account Number/Facility ID:



A Sempra Energy utility

CARE PROGRAM APPLICATION OR RENEWAL

Save 20% off your natural gas bill

P.O. Box 3249, Los Angeles, CA 90051-1249

FAX: 213-244-4665

Effective June 1, 2015 – May 31, 2016

Meter:

Account/Facility Number:

Customer/Tenant Name:

Customer Address: Apt/Space # City, ST ZIP

Phone: [][][][] [][][][] [][][][][]

1 Total adults and children in your household: 1 2 3 4 5 6 If 6+, how many? []

2 Are you (or someone in your household) enrolled in any of the following assistance programs?

YES: (If yes, mark the program(s) of participation):

NO: If no, what is your yearly household income (before deductions, including all members of the household)?

- Medi-Cal / Medicaid: Under age 65
Medi-Cal / Medicaid: 65 or older
Medi-Cal for Families A & B
Women, Infants, & Children Program (WIC)
CalWORKs (TANF) or Tribal TANF
Head Start Income Eligible - Tribal Only
Bureau of Indian Affairs General Assistance
CalFresh (Food Stamps)
National School Lunch Program (NSLP)
Low Income Home Energy Assistance Program (LIHEAP)
Supplemental Security Income (SSI)

- \$0 - \$31,860
\$31,861 - \$40,180
\$40,181 - \$48,500
\$48,501 - \$56,820
\$56,821 - \$65,140
If more than \$65,140, enter amount: \$ [] per year

Please mark your source(s) of income:

- Social Security
SSP or SSDI
Pensions
Interest or dividends from: savings, stocks, bonds, or retirement accounts
Wages and/or profit from self-employment
Unemployment benefits
Insurance or legal settlements
Disability or workers compensation payments
Spousal or child support
Scholarships, grants, or other aid used for living expenses
Rental or royalty income
Cash or other income

Check the box if you do not wish to participate or do not qualify for the CARE Program. Sign the form at the bottom and return it to the address above.

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 Southern California Gas Company (SoCalGas) 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 SoCalGas can share my information with other utilities or agents to enroll me in their assistance programs.

Signature: X [] Date: []



A Semptra Energy utility

**ACTUAR DE INMEDIATO
CALIFICA PARA RECIBIR SU
DESCUENTO CARE DE 20%**

A través del programa de Tarifas Alternas para Energía en California (CARE), SoCalGas® ofrece un descuento del 20 por ciento a clientes elegibles en su factura de gas mensual. Los clientes elegibles que se aprueben dentro de un plazo de 90 días a partir del inicio de un nuevo servicio de gas, también recibirán un descuento de \$15 en el cargo por conexión del servicio. El descuento se aplicará a la factura de gas mensual a partir de la fecha en que SoCalGas apruebe la solicitud. Si usted es un inquilino con submedidor, se le notificará al dueño o administrador de la propiedad si usted aprobó o no para recibir el descuento.

Si actualmente usted recibe el descuento CARE, se le pide renovar su elegibilidad dentro de un plazo de 90 días para continuar el descuento.

1. Llame al **1-866-716-3452** en cualquier momento, las 24 horas al día, y siga las instrucciones de solicitud/renovación.
2. Solicite en línea en <http://www.socalgas.com/care/app>
3. Envíe el formulario completo y firmado por correo o FAX al **(213) 244-4665**

CÓMO CALIFICAR PARA LOS PROGRAMAS DE DESCUENTO CARE

PROGRAMAS DE ASISTENCIA SOCIAL:
Si usted u otra persona de la casa participa de alguno de los siguientes programas:
Medicaid o Medi-Cal
Medi-Cal para Familias A&B
Mujeres, Infantes y Niños (WIC)
CalWORKs (Asistencia Temporal para Familias Necesitadas, TANF) o TANF Tribal
Persona con ingresos que califican para el Programa Head Start - Solo Tribal
Agencia de Asuntos Indígenas, Asistencia General
Programa CalFresh (cupones para alimentos)
Programa de Almuerzo "National School Lunch" (NSLP)
Programa de Ayuda Energética para Hogares de Bajos Ingresos
Ingreso Suplementario del Seguro Social (SSI)

O BIEN

INGRESO MÁXIMO POR HOGAR*:	
<i>(en vigor desde el 1 de junio de 2015 al 31 de mayo de 2016)</i>	
*ingreso por hogar actual de todas las fuentes antes de deducir los impuestos.	
Cantidad de personas en el hogar	Ingresos anuales totales
1-2	\$31,860
3	\$40,180
4	\$48,500
5	\$56,820
6	\$65,140
7	\$73,460
8	\$81,780
Cada persona adicional	+\$8,320

CONDICIONES PARA PARTICIPAR

- 1) La factura de gas debe estar a su nombre y la dirección debe ser su domicilio principal.
- 2) Usted no debe figurar como dependiente en las declaraciones de impuestos de otra persona que no sea su cónyuge.
- 3) Usted debe volver a acreditar su solicitud siempre que se lo soliciten.
- 4) Usted debe notificar a SoCalGas dentro de un plazo de 30 días si deja de ser apto para el programa.
- 5) Puede solicitársele que verifique su elegibilidad para CARE.

OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE PUEDE CALIFICAR

Programa Asistencial de Ahorro Energético: Ofrece mejoras gratuitas que ahorran energía en el hogar, como aislamiento del ático, regaderas con cabezales de bajo flujo, aireadores para llaves, burletes aislantes en puertas, enmasillado y reparaciones menores del hogar a propietarios e inquilinos de bajos ingresos. Para mayor información, llame al 1-800-331-7593.



Asignación Médica Básica: Ofrece asignación adicional de gas a una tarifa más baja a clientes con ciertas afecciones médicas. Para mayor información, llame al 1-800-427-2200.

LIHEAP: El Programa de Ayuda Energética para Hogares de Bajos Ingresos ofrece asistencia en el pago de facturas, asistencia de emergencia de facturas y servicios de impermeabilización. Comuníquese con el Departamento de Desarrollo y Servicios Comunitarios de California (California Department of Community Services and Development) al 1-866-675-6623.

California Lifeline: Un acceso telefónico con descuento para los clientes que cumplan con lineamientos de ingresos similares a CARE. Para mayor información, contacte su proveedor de servicio telefónico local.

PARA MAYOR INFORMACIÓN SOBRE ASISTENCIA AL CLIENTE

English: 1-800-427-2200

中文: 1-800-427-1429

한국어: 1-800-427-0471

Español: 1-800-342-4545

廣東話: 1-800-427-1420

Việt: 1-800-427-0478

Personas con discapacidad auditiva (TDD/TTY): 1-800-252-0259 (solo disponible en inglés y español)

Fax: 1-213-244-4665

Número de cuenta/ID de instalación:



A Sempra Energy utility

SOLICITUD O RENOVACIÓN PARA EL PROGRAMA CARE

Ahorre el 20% sobre su factura mensual de gas natural

P.O. Box 3249, Los Angeles, CA 90051-1249

FAX: 213-244-4665

Vigente a partir del 1ro de junio de 2015 hasta el 31 de mayo de 2016

Meter: Residential

Número de cuenta/
complejo habitacional:

Nombre del cliente/
inquilino:

Dirección del cliente
No. de apto/espacio
Ciudad, ZIP

Teléfono:

1 Cantidad total de adultos y niños en su hogar: 1 2 3 4 5 6 Si son más de 6:

2 ¿Usted o alguien de su hogar están inscriptos en alguno de los siguientes programas de asistencia?

SÍ: (Si su respuesta es positiva, rellene los círculos que correspondan)

NO: ¿Cuál es el ingreso anual de su hogar (antes de deducir los impuestos e incluidos todos los miembros del hogar)?

- Medi-Cal/Medicaid: Menos de 65 años
- Medi-Cal/Medicaid: 65 años o más
- Medi-Cal para familias clase A y B
- Programa para Mujeres, Infantes y Niños (WIC)
- CalWORKs (Asistencia Temporal para Familias Necesitadas, TANF) o TANF Tribal
- Persona con ingresos que califican para el Programa Head Start - Solo Tribal
- Agencia de Asuntos Indígenas, Asistencia General
- CalFresh (cupones para alimentos)
- Programa de Almuerzo "National School Lunch" (NSLP)
- Programa de Asistencia con la Energía Doméstica para Hogares de Bajos Ingresos (LIHEAP)
- Ingreso Suplementario del Seguro Social (SSI)

- \$0 - \$31,860
- \$31,861 - \$40,180
- \$40,181 - \$48,500
- \$48,501 - \$56,820
- \$56,821 - \$65,140
- En caso de ser más de \$65,140, ingrese el monto en dólares aquí \$ por año

Marque sus fuentes de ingreso

- Seguro Social
- SSP o SSDI
- Jubilaciones
- Intereses o dividendos de: ahorros, acciones, bonos o cuentas de jubilación
- Salario y/o ganancias de trabajo independiente
- Beneficios de desempleo
- Seguro o acuerdos legales
- Pagos por discapacidad o compensación al trabajador
- Manutención infantil o conyugal
- Becas, subvenciones u otra asistencia usada para gastos de subsistencia
- Ingresos por alquileres o regalías
- Efectivo u otros ingresos

Marque el cuadro si no desea participar o si no califica para el programa CARE. Firme la solicitud abajo y reenvíela a la dirección en la parte superior.

3 Declaración: Lea y firme abajo.

Declaro que la información que proporcioné en la presente solicitud es verdadera y correcta. Acepto proporcionar pruebas de elegibilidad para CARE si se me solicitan. Acepto informar a Southern California Gas Company (SoCalGas®) si ya no reúno los requisitos para recibir un descuento. Entiendo que si recibo el descuento sin reunir los requisitos para hacerlo, se me puede exigir que pague por el descuento que recibí. Entiendo que SoCalGas puede compartir mi información con otros servicios o agentes para que se me inscriba en sus programas de asistencia.

Firma: X

Fecha:

立即行動申請資格驗證 以獲得 20% CARE 折扣

SoCalGas® 透過加州能源優惠 (CARE) 計劃向合格客戶提供每月 20% 的瓦斯費折扣。合格客戶若在新開瓦斯服務的 90 天內通過審核，還可獲得 \$15 的開戶手續費折扣。若申請經 SoCalGas 核准，您下月的瓦斯帳單即可享受折扣。如果您是分錶租戶，我們將通知物業業主/管理人您是否已獲准享受折扣。

如果您目前正享受 CARE 折扣，必須在 90 天內重新驗證資格，才能繼續享受折扣。

1. 請隨時撥打 24 小時服務電話 1-866-716-3452 並依照註冊/重新驗證指示操作。
2. 如需上網申請，請至：<http://www.socalgas.com/care/app>
3. 請將填妥的表格寄回，或傳真到 (213) 244-4665

哪些人有資格獲得 CARE 折扣

公共援助計劃：	家庭收入最高限額*：	
您或您的家人參加以下任何援助計劃： Medicaid或Medi-Cal (加州醫療補助計劃) 家庭 Medi-Cal A 類及 B 類 WIC - 婦女、嬰兒和兒童營養補助計劃 CalWORKs (TANF) 或部落 TANF 學前教育班補助金計劃 — 僅限部落 印第安事務局一般援助計劃 CalFresh (糧食券) 全國學童免費午餐計劃 (NSLP) LIHEAP 低收入家庭能源補助計劃 社會安全補助金 (SSD)	或	(2015年6月1日至2016年5月31日有效) *目前家庭所有來源的稅前收入總和
	家庭成員人數	年收入總額
	1 - 2	\$31,860
	3	\$40,180
	4	\$48,500
	5	\$56,820
	6	\$65,140
	7	\$73,460
	8	\$81,780
	每多一人	增加\$8,320

參加條件

- 1) 瓦斯帳單必須在您的名下，且地址必須為您的主要住址。
- 2) 除配偶外，您不能是其他人報稅單上的被撫養人。
- 3) 您必須按要求重新驗證您的 CARE 資格。
- 4) 如果您失去資格，必須在 30 天內通知 SoCalGas。
- 5) 可能會要求您提供 CARE 資格證明文件。

您可能也有資格參加的其他優惠計劃和服務

Energy Savings Assistance Program (節能援助計劃)：為合格的低收入屋主或租戶免費提供住宅節能改善服務，如屋頂絕緣隔熱、節水型蓮蓬頭、水龍頭曝氣器、房門天氣封條、堵縫和簡易房屋維修。若需更多資訊，請致電 1-800-331-7593。



Medical Baseline (醫療基線計劃)：以較低費率向患有某些病症的客戶提供額外的瓦斯使用額度。若需更多資訊，請致電 1-800-427-2200。

LIHEAP (低收入家庭能源補助計劃)：提供帳單付費援助、緊急帳單援助及越冬禦寒服務。請致電 1-866-675-6623 與 California Dept. of Community Services and Development (加州社區服務與發展部) 聯絡。

California Lifeline (加州普濟電話服務計劃)：為滿足 CARE 計劃類似收入標準的客戶提供電話費折扣。如需更多資訊，請和您的電話公司聯絡。

如需更多客戶援助資訊

English: 1-800-427-2200
Español: 1-800-342-4545

國語: 1-800-427-1429
粵語: 1-800-427-1420

한국어: 1-800-427-0471
Việt: 1-800-427-0478

聽障專線 (TDD/TTY)：1-800-252-0259 (僅提供英語和西班牙語服務)

傳真：1-213-244-4665

帳號/設施 ID：



A Sempra Energy utility

CARE 計劃申請或更新
節省 20% 天然氣支出

P.O. Box 3249, Los Angeles, CA 90051-1249

傳真: 213-244-4665

2015 年 6 月 1 日 - 2016 年 5 月 31 日有效

賬戶/設施號碼:

客戶姓名:

客戶地址:

電話:

Meter:

1 家庭成人和兒童總人數: 1 2 3 4 5 6 超過6人:

2 您或您家是否有人參加以下任何援助計劃?
是 (請把圓圈塗黑)

- Medi-Cal / Medicaid: 65 歲以下
- Medi-Cal / Medicaid: 65 歲以上
- 家庭 Medi-Cal A 類及 B 類
- WIC - 婦女、嬰兒和兒童營養補助計劃
- CalWORKs (TANF) 或部落 TANF
- 學前教育班補助金計劃 - 僅限部落
- 印第安事務局一般援助計劃
- CalFresh (糧食券)
- 全國學童免費午餐計劃 (NSLP)
- LIHEAP 低收入家庭能源補助計劃
- 社會安全補助金 (SSI)

否: 請問您的家庭年收入是多少 (稅前, 包括家中所有成員)?

- \$0 - \$31,860
- \$31,861 - \$40,180
- \$40,181 - \$48,500
- \$48,501 - \$56,820
- \$56,821 - \$65,140
- 若超過 \$65,140, 請在此輸入金額: \$ 每年

請指出您的收入來源:

- 社會安全福利金
- 社會安全補助金 SSP 或 SSDI
- 退休金
- 儲蓄、股票、債券或退休帳戶的利息或紅利
- 工資和/或自雇者的盈利
- 失業救濟金
- 保險或法律賠償
- 殘疾津貼或勞工補償
- 配偶或子女贍養費
- 獎學金、助學金或其他生活費津貼
- 租金或權利金收入
- 現金或其他收入

如果您不希望加入 CARE 計劃或不符合參與資格, 請勾選此處。請在表格底部簽名, 並郵寄至上述地址。

3 聲明: 請閱讀下文並簽名。

我聲明本申請書所填資料正確無誤。我同意按要求提供 CARE 資格證明文件。我同意在失去折扣資格時通知 Southern California Gas Company (SoCalGas®)。我瞭解若我資格不符卻接受折扣, 可能須退還之前享受的折扣。我瞭解 SoCalGas 可將我的資料提供給其他公用事業公司或代理人, 以便我加入他們的援助計劃。

簽名: X

日期:

20% 할인 혜택을 받으시려면 즉시 회신하셔야 합니다

SoCalGas®는 California Alternate Rates for Energy(CARE) 프로그램을 통하여 자격을 갖춘 고객에게 월별 가스 요금에 대해 20% 할인 혜택을 제공합니다. 신규로 가스 서비스를 받기 시작한 후 90일 이내에 승인을 받은 고객도 서비스 개설 수수료 \$15 할인 혜택을 받을 수 있습니다. SoCalGas에서 신청서를 승인한 날 이후부터 월별 가스 요금에 대해 할인이 적용됩니다. 귀하가 부속 계량기를 사용하는 임차인일 경우 집주인이나 관리인이 귀하의 할인 수혜 승인 여부를 통지 받게 됩니다.

현재 CARE 할인을 받고 있는 경우 계속해서 할인 혜택을 받으려면 90일 이내에 자격을 갱신해야 합니다.

1. **1-866-716-3452** (24시간 연중무휴)로 언제든지 전화주시기 바람 등록/갱신 지침서를 준수하십시오.
2. 온라인으로 신청할 경우 다음 사이트에서 등록하십시오. <http://www.socalgas.com/care/app>
3. 신청서를 작성하고 서명한 다음 우편이나 팩스 **(213) 244-4665**로 송부하십시오.

CARE 할인 수혜 자격을 충족시키는 방법

공적 부조 프로그램:
귀하나 가족 일원이 다음 프로그램으로부터 혜택을 받는 경우 메디케이드(Medicaid /Medi-Cal), 건강한 가족 유형 A 및 B (Medi-Cal for Families A&B) 여성, 유아 및 어린이(WIC), CalWORKs (TANF) 또는 부속 TANF 헤드 스타트 소득 자격(Head Start Income Eligible) - 부족만 해당, 인디언 업무 일반 보조국(Bureau of Indian Affairs General Assistance), CalFresh (푸드 스탬프), 학교 급식 프로그램 (National School Lunch Program), 저소득 가정 에너지 보조 프로그램, 추가 사회보장 수입(SSI)

또는

최대 가구 소득*: 2015년 6월 1일부터 2016년 5월 31일까지 유효) *세액 공제전 가구의 현재 총소득	
가구 구성원 수	총 연간 가구 소득
1-2	\$31,860
3	\$40,180
4	\$48,500
5	\$56,820
6	\$65,140
7	\$73,460
8	\$81,780
각 추가 사용자 한 명당	+\$8,320

참여 조건

1) 가스 청구서는 귀하의 이름으로 되어 있어야 하며 주소는 귀하의 집 주소이어야 합니다. 2) 배우자 이외에 다른 사람이 소득세 보고서에 귀하를 부양가족으로 청구하지 않아야 합니다. 3) 요청할 경우 CARE 수혜 자격을 재증명해야 합니다. 4) 더 이상 수혜 자격이 없는 경우 30일 이내에 SoCalGas에 통보해야 합니다. 5) CARE에 대한 수혜 자격을 입증하도록 요청 받을 수 있습니다.

수혜 대상이 가능한 기타 프로그램과 서비스

Energy Savings Assistance Program(에너지 절약 지원 프로그램): 자격을 갖춘 저소득 주택 보유자 및 세입자에게 천장 단열, 저수량 샤워노즐, 수도꼭지용 물 분사기, 문 통풍 마개 처리, 코킹 및 경미한 주택 수리와 같은 에너지 절약 주택 개량 공사를 무료로 제공합니다. 자세한 내용은 1-800-331-7593으로 문의하십시오.



Medical Baseline(의료 저율요금): 특정 질병을 앓고 있는 고객에게 저렴한 요금으로 추가 할당량의 가스를 제공합니다. 자세한 내용은 1-800-427-2200으로 문의하십시오.

LIHEAP: 저소득자 주택 에너지 지원 프로그램인 LIHEAP는 청구금액 지원, 긴급 요금 지원 및 내후 단열 서비스를 제공합니다. 캘리포니아 지역사회 서비스 개발부(전화:1-866-675-6623)로 문의하십시오.

California Lifeline(캘리포니아 라이프라인): CARE와 유사한 소득 기준을 충족시키는 고객들을 위한 할인 전화 이용 혜택입니다. 자세한 내용은 현지 전화회사에 문의하십시오.

고객 지원에 대한 추가 사항은 다음 번호로 문의하십시오.

English: 1-800-427-2200

中文: 1-800-427-1429

한국어: 1-800-427-0471

Español: 1-800-342-4545

廣東話: 1-800-427-1420

Việt: 1-800-427-0478

청각 장애인(TDD/TTY): 1-800-252-0259 (영어와 스페인어만 지원 가능)

팩스: 1-213-244-4665

계정 번호/설비 ID:

계정 번호/설비:

Meter:

고객 이름:

고객 주소:

전화:

1 총 가구 구성원 수 성인 및 자녀 수 포함: 1 2 3 4 5 6 6인 이상인 경우

2 본인은 (또는 가족 중 어느 한 명이) 다음 지원 프로그램에 등록되어 있습니까?

예: ("예"인 경우 참여 프로그램에 표시할 것):

- 메디케이드(Medi-Cal/Medicaid): 65세 미만
- 메디케이드(Medi-Cal/Medicaid): 65세 이상
- 건강한 가족 유형 A 및 B(Medi-Cal for Families A&B)
- 여성, 유아 및 어린이(WIC)
- CalWORKs (TANF) 또는 인디언 부족 TANF
- 헤드 스타트 소득 자격 - 인디언 부족만 해당
- 인디언 업무 일반 보조국(Bureau of Indian Affairs General Assistance)
- CalFresh(푸드 스탬프)
- 학교 급식 프로그램(NSLP)
- LIHEAP(저소득자 주택 에너지 지원 프로그램)
- SSI(추가 사회보장 수입)

아니오 "아니오"인 경우 연간 가계 소득은 얼마나 됩니까 (공제전 모든 가족의 소득 포함)?

- \$0 - \$31,860
- \$31,861 - \$40,180
- \$40,181 - \$48,500
- \$48,501 - \$56,820
- \$56,821 - \$65,140
- \$65,140을 초과하는 경우 여기에 금액을 기입하십시오 \$ 연간.

본인의 소득원에 표시하십시오.

- 사회보장연금
- SSP 또는 SSDI
- 연금
- 예금, 주식, 채권 또는 퇴직 연금의 이자 및 배당금
- 임금 및/또는 자영업 수익
- 실업급여
- 보험금 또는 법적 합의금
- 장애 또는 산재 보상금
- 배우자 또는 자녀 부양비
- 장학금, 수여금 또는 기타 생활 보조금
- 임대 소득 또는 로열티 소득
- 현금 또는 기타 소득

참여하기를 원치 않거나 CARE 프로그램 자격이 안 되는 경우 확인란을 선택하십시오. 양식 아래쪽에 서명한 다음 위 주소로 송부하십시오.

3 진술 아래 내용을 읽고 서명하십시오.

본 신청서에서 본인이 제공한 정보는 모두 사실이며 정확함을 진술합니다. 요청이 있을 경우 CARE 자격 증명에 필요한 증빙 서류를 제출할 것에 동의합니다. 본인이 더 이상 할인 받을 자격이 없게 될 경우 (SoCalGas®)에 통보할 것에 동의합니다. 자격이 없으면서 할인을 받은 경우 받은 할인액을 환불해야 할 수도 있다는 것을 이해합니다. SoCalGas에서 다른 유틸리티 회사나 에이전트의 지원 프로그램에 등록하기 위해 본인의 정보를 그들과 공유할 수 있다는 것을 본인은 이해합니다.

서명: X

날짜:

CẦN HỒI ĐÁP NGAY VỀ VIỆC ĐỦ ĐIỀU KIỆN ĐỂ ĐƯỢC GIẢM GIÁ 20% TRONG CHƯƠNG TRÌNH CARE

Qua chương trình Giảm Tiền Trong Hóa Đơn Năng Lượng của California (CARE), SoCalGas® giảm 20 phần trăm trên hóa đơn tiền gas hàng tháng của những khách hàng hội đủ điều kiện. Những khách hàng nào hội đủ điều kiện đã được chấp thuận trong vòng 90 ngày kể từ khi bắt đầu sử dụng dịch vụ gas mới còn được giảm \$15 trong tiền Chi Phí Sử Dụng Dịch Vụ. Tiền giảm giá sẽ được áp dụng trong hóa đơn gas hàng tháng sau ngày đơn đã được SoCalGas chấp thuận. Nếu quý vị là người thuê nhà có đồng hồ điện phụ, thì chủ nhà/người quản lý khu nhà sẽ báo cho quý vị biết cho dù quý vị có được chấp thuận cho hưởng chương trình giảm giá hay không.

Nếu quý vị hiện đang được giảm giá trong chương trình CARE, quý vị cần phải làm đơn lại để xác định tình trạng hợp lệ của quý vị trong vòng 90 ngày để tiếp tục được giảm giá.

1. Xin gọi số **1-866-716-3452** bất cứ lúc nào 24 giờ một ngày và làm theo những hướng dẫn ghi danh/làm đơn lại.
2. Điền đơn trong mạng điện toán tại <http://www.socalgas.com/care/app>
3. Ký tên và gửi lại đơn đã điền đầy đủ bằng bưu điện hoặc FAX đến số **(213) 244-4665**

LÀM THẾ NÀO ĐỂ HỘI ĐỦ ĐIỀU KIỆN ĐƯỢC GIẢM GIÁ TRONG CHƯƠNG TRÌNH CARE

CHƯƠNG TRÌNH TRỢ CẤP XÃ HỘI:
Nếu quý vị hay người thân trong gia đình được hưởng bất cứ một trong những chương trình này: Medicaid hoặc Medi-Cal Medi-Cal A&B cho Gia I n Chdi-Cal A&B cho Giađồng Cho Phụ Nữ, Trẻ Sơ Sinh, & Trẻ Em (WIC) CalWORKs (TANF) hoặc TANF của Bộ Lạc Chương Trình Head Start Cho Những Người Hội Đủ Điều Kiện Về Lợi Tức - Chỉ Dành cho Bộ Lạc Trợ Cấp Tổng Quát của Phòng Sự Vụ Người Mỹ Da Đỏ CalFresh (Food Stamps) Chợ Cấp Tổng Quợ Giúp Của Quốc Gia Về Ăn Trưa Tại Trường (NSLP) Chợ Cấp Tổng Quợ Giúp Năng Lượng Cho Gia Đình Có Lợi Tức Thấp Tiền Phụ Cấp An Sinh (SSI)

HOẶC

LỢI TỨC TỐI ĐA CỦA GIA ĐÌNH*: <i>(có hiệu lực kể từ ngày 1 tháng Sáu, 2015 đến 31 tháng Năm 2016)</i> *tất cả các nguồn lợi tức hiện thời của gia đình trước khi khấu trừ	
Số Người Trong Gia Đình	Tổng Số Lợi Tức Hàng Năm
1-2	\$31,860
3	\$40,180
4	\$48,500
5	\$56,820
6	\$65,140
7	\$73,460
8	\$81,780
Mỗi một người cộng	+\$8,320

ĐIỀU KIỆN ĐỂ ĐƯỢC HƯỞNG

- 1) Hóa đơn tiền gas phải đứng tên của quý vị và địa chỉ phải là địa chỉ cư ngụ chính của quý vị.
- 2) Quý vị không được là người phụ thuộc trong hồ sơ khai thuế lợi tức của người khác ngoại trừ người phối ngẫu của mình.
- 3) Quý vị phải tái xác nhận đơn khi có yêu cầu.
- 4) Quý vị phải báo cho SoCalGas trong vòng 30 ngày nếu quý vị không còn hội đủ điều kiện.
- 5) Quý vị có thể phải xác minh tình trạng hội đủ điều kiện của quý vị trong chương trình CARE.

NHỮNG CHƯƠNG TRÌNH VÀ DỊCH VỤ KHÁC QUÝ VỊ CÓ THỂ ĐỦ ĐIỀU KIỆN HƯỞNG

Chương Trình Trợ Giúp Tiết Kiệm Năng Lượng: Là chương trình giúp sửa chữa miễn phí những thứ trong nhà để tiết kiệm năng lượng chẳng hạn như gắn lớp cách nhiệt bên trên trần nhà, thay đầu vòi hoa sen trong phòng tắm, đầu vòi của những vòi nước ở bồn rửa để tiết kiệm nước, trét những khe hở ở cửa ra vào, trét kín những chỗ hở khác và các sửa chữa nhỏ trong nhà dành cho những chủ nhà và người thuê nhà có lợi tức thấp. Muốn biết thêm chi tiết, xin gọi số 1-800-331-7593.

Energy Savings Assistance Program

Sử Dụng Trên Mức Căn Bản Do Tình Trạng Y Khoa: Được cấp thêm số lượng gas cho phép, ở mức giá thấp cho những khách hàng đang có tình trạng bệnh. Muốn biết thêm chi tiết, xin gọi số 1-800-427-2200.

LIHEAP: ChHEAP: thêm sự Giúp Năng Lượng Cho Gia Đình Có Lợi Tức Thấp trợ giúp trả hóa đơn hàng tháng, trả hóa đơn cấp bách và dịch vụ giúp làm cho căn nhà được cách nhiệt. Xin gọi cho Ban Dịch Vụ và Phát Triển Cộng Đồng của California số 1-866-675-6623.

California Lifeline: Giảm giá điện thoại cho những khách hàng hội đủ điều kiện theo như quy định về lợi tức tương tự như chương trình CARE. Muốn biết thêm chi tiết, xin liên lạc với hãng điện thoại ở địa phương quý vị.

MUỐN BIẾT THÊM CHI TIẾT VỀ TRỢ GIÚP KHÁCH HÀNG:

Tiếng Anh: 1-800-427-2200

中文: 1-800-427-1429

한국어: 1-800-427-0471

Español: 1-800-342-4545

廣東話: 1-800-427-1420

Tiếng Việt: 1-800-427-0478

Người Khiếm Thính (TDD/TTY): 1-800-252-0259 (chỉ có bằng tiếng Anh và tiếng Tây Ban Nha)

Fax: 1-213-244-4665

Số Trương Mục/I.D. Cơ Sở:



A Sempra Energy utility

ĐƠN XIN HƯỞNG HOẶC GHI DANH LẠI TRONG CHƯƠNG TRÌNH CARE

Tiết kiệm 20% trong hóa đơn tiền gas của quý vị

P.O. Box 3249, Los Angeles, CA 90051-1249

FAX: 213-244-4665

Có hiệu lực từ ngày 1 tháng Sáu, 2015 đến 31 tháng Năm 2016

Meter:

Số Trương Mục/Cơ Sở:

Tên Khách Hàng:

Địa chỉ Khách Hàng:

Điện Thoại:

1 Tổng số người lớn và trẻ em trong gia đình: 1 2 3 4 5 6 Nếu trên 6 người, là bao nhiêu?

2 Quý vị (hay người thân trong gia đình quý vị) có được hưởng chương trình nào sau đây không?

CÓ: (Nếu có, xin ghi (các) chương trình tham dự):

- Medi-Cal/Medicaid: Dưới 65 tuổi
- Medi-Cal/Medicaid: 65 tuổi trở lên
- Medi-Cal A&B cho Gia Đình
- Chương Trình Dinh Dưỡng cho Phụ Nữ, Trẻ Sơ Sinh và Trẻ Em (WIC)
- CalWORKs (TANF) hoặc TANF của Bộ Lạc
- Chương Trình Head Start Cho Những Người Hội Đủ Điều Kiện Về Lợi Tức - Chỉ Dành cho Bộ Lạc
- Trợ Cấp Tổng Quát của Phòng Sự Vụ Người Mỹ Da Đỏ
- CalFresh (Food Stamps)
- Chương Trình Trợ Giúp Của Quốc Gia Về Ăn Trưa Tại Trường (NSLP)
- Chương Trình Trợ Giúp Năng Lượng Cho Gia Đình Có Lợi Tức Thấp (LIHEAP)
- Tiền Phụ Cấp An Sinh (SSI)

KHÔNG: Nếu không, lợi tức hàng năm của gia đình quý vị là bao nhiêu (trước khi trừ thuế, cộng chung của tất cả mọi người trong gia đình)?

- \$0 – \$31,860
- \$31,861 – \$40,180
- \$40,181 – \$48,500
- \$48,501 – \$56,820
- \$56,821 – \$65,140
- Nếu trên \$65,140, xin ghi số tiền \$ mỗi năm.

Xin tô đậm vào nguồn lợi tức của quý vị:

- Phụ Cấp An Sinh
- SSP or SSDI
- Tiền Hưu Bổng
- Tiền lời hoặc tiền lãi cổ phần từ trương mục tiết kiệm, cổ phần, công khổ phiếu hay hưu trí
- Tiền lương và/hoặc lợi nhuận từ công việc tự làm chủ
- Tiền thất nghiệp
- Bồi thường của bảo hiểm hoặc Bồi thường pháp lý
- Trợ cấp khuyết tật hay tiền bồi thường tai nạn lao động
- Cấp dưỡng cho người phối ngẫu hoặc cấp dưỡng con
- Học bổng, tài trợ, hoặc trợ cấp khác để trang trải chi phí sinh sống
- Lợi tức nhà cho thuê hay bản quyền
- Tiền mặt hoặc lợi tức khác

Đánh dấu vào ô vuông nếu quý vị **không** muốn hoặc **không đủ điều kiện** hưởng Chương Trình CARE. Ký tên vào bên dưới của đơn và gửi đến địa chỉ ghi phía trên.

3 **Xác Nhận Lời Khai:** Xin đọc và ký tên vào bên dưới.

Tôi xác nhận rằng những chi tiết tôi khai trong đơn này là đúng sự thật và chính xác. Tôi đồng ý cung cấp bằng chứng về điều kiện hợp lệ được hưởng CARE nếu có yêu cầu. Tôi đồng ý báo cho Southern California Gas Company (SoCalGas[®]) biết nếu tôi không còn đủ điều kiện để được giảm giá nữa. Tôi hiểu rằng nếu tôi được giảm giá mà không đủ điều kiện, tôi có thể phải hoàn trả lại số tiền giảm giá đã nhận. Tôi hiểu rằng SoCalGas có thể chia sẻ thông tin của tôi với các công ty dịch vụ tiện ích khác hoặc người đại diện để ghi danh cho tôi vào các chương trình trợ giúp của họ.

Ký tên: X Ngày:

تقدم SoCalGas® من خلال برنامج أسعار كاليفورنيا البديلة للطاقة (CARE) خصم قدره 20% على فاتورة استهلاك الغاز للعملاء المستحقين. سيحصل العملاء المستحقون خلال 90 يوماً من تشغيل خدمة الغاز الجديدة على خصم أيضاً بقيمة 15 دولار على رسوم تأسيس خدمة الغاز. ويتم تفعيل الخصم على فاتورة الغاز الشهرية التالية بعد الموافقة على هذا البرنامج من SoCalGas. إذا كنت مستأجراً تتحمل فاتورتك للمرافق، فسيتم إخطار المالك/المدير بما إذا كنت مستحقاً للحصول على الخصم أم لا. يُرجى استكمال الاستمارة التالية وإعادتها بالبريد، أو الفاكس، أو تقديمها عبر الإنترنت على العنوان socialgas.com (للبحث "CARE").

هناك طريقتان لتحديد المستحقين

الحد الأقصى لدخل الأسرة (فعال من 1 يونيو 2015 إلى 31 مايو 2016)		برامج المساعدات العامة إذا كنت أنت أو شخص آخر في أسرته يتلقى إعانات من أي من البرامج التالية:
إجمالي الدخل السنوي	عدد أفراد الأسرة	
31,860 دولار أمريكي	1-2	مديكال / مديكيد
40,180 دولار أمريكي	3	مديكال للعائلات أ و ب
48,500 دولار أمريكي	4	النساء والرضع والأطفال (WIC)
56,820 دولار أمريكي	5	CalWORKs (TANF) / Tribal TANF
65,140 دولار أمريكي	6	مستحقى الدخل في مؤسسة هيد ستارت - Tribal فقط
73,460 دولار أمريكي	7	المساعدات العامة لمكتب الشؤون الهندية
81,780 دولار أمريكي	8	CalFresh (أنون الطعام)
لكل فرد إضافي من أفراد الأسرة، أضف 8,320 دولار أمريكي يشمل الدخل الحالي للأسرة من كل المصادر قبل الاستقطاعات.		برنامج الغذاء بالمدارس الوطنية (NSLP) برنامج مساعدات الطاقة المنزلية للدخل المنخفض (LIHEAP) الدخل التأميني التكميلي (SSI)

Welfare-to-Work

شروط المشاركة

(1) لا بد أن تصدر فاتورة الغاز باسمك ويجب أن يكون العنوان هو عنوانك الأساسي. (2) لا بد ألا تكون مسجلاً كشخص تحت رعاية شخص آخر يقوم بسداد ضريبة الدخل بخلاف الزوج. (3) لا بد من إعادة اعتماد الطلب الخاص بك عند الحاجة. (4) لا بد من إخطار SoCalGas خلال 30 يوماً إن لم تكن مستحقاً. (5) قد يُطلب منك إثبات استحقاقك لخصم برنامج CARE.

البرامج الأخرى والخدمات التي قد تكون مستحقاً لها:

**Energy Savings
Assistance Program™**

برنامج مساعدات توفير الطاقة يقدم توفير للطاقة المنزلية بدون تحمل تكاليف يتم عمل تحسينات مثل عزل الصندرة، وتركيب رؤوس للدش تسمح بتدفق أقل للمياه، ورؤوس تسمح بدخول الهواء مع المياه المتدفقة من الصنبور، ووشرايط الطقس للأبواب، والسد والإصلاحات البسيطة في المنزل للمستحقين من أصحاب الدخل المنخفض من أصحاب المنازل والمستأجرين. لمزيد من المعلومات، يُرجى الاتصال على 1-800-331-7593.

الخط الأساسي الطبي: يقدم بدل إضافي للغاز بأسعار منخفضة إلى العملاء الذين يعانون من حالات طبية محددة. لمزيد من المعلومات، اتصل على 1-800-427-2200.

برنامج مساعدة الطاقة المنزلية للدخل المنخفض (LIHEAP) يقدم مساعدات في سداد الفواتير، ومساعدات طارئة لسداد الفواتير، وخدمات حماية البناية من العوامل الجوية. اتصل بإدارة كاليفورنيا للخدمات المجتمعية والتنمية على 1-866-675-6623.

خط الحياة بكاليفورنيا: خدمة تليفونية منخفضة للعملاء الذين يواجهون إرشادات مشابهة خاصة بالدخل مع CARE. لمزيد من المعلومات، اتصل بمزود خدمة الهاتف المحلية لديك.

لمزيد من المعلومات حول مساعدات العميل:

1-800-427-1429 :廣東話

1-800-427-0471 :한국어

1-800-427-2200 : English

1-800-427-0478 :Việt

1-800-342-4545 :Español

1-800-427-1420 :中文

فاكس: (213)244-4665

لضعاف السمع (TDD/TTY): 1-800-252-0259 (متوفر باللغتين الإنجليزية والأسبانية فقط)

20% خصم لتطبيق CARE

يُرجى استخدام حبر باللون الأزرق الدامن أو الأسود

يُرجى استكمال الاستمارة وإعادتها بالبريد، أو الفاكس، أو التقديم عبر الإنترنت على **socalgas.com** (للبحث "CARE").
بالبريد على العنوان: SoCalGas M.L. GT19A1, P.O. Box 513249 Los Angeles, CA 90051-1249 or فاكس على : 244-4665 (213)

رقم الحساب/ الرقم التعريفي للمنشأة:

يُرجى تقديم رقم حسابك أو الرقم التعريفي للمنشأة. للتعامل السريع.

اسم العميل (الاسم الأول والأخير كما يظهران في فاتورتك)

العنوان

رقم الشقة/المساحة

المدينة

هاتف المنزل

البريد الإلكتروني

1 إجمالي عدد الأشخاص في منزلك (بما فيهم أنت، وغيرك من البالغين، والأطفال):

1 2 3 4 5 6 إذا كان أكثر من 6:

2 هل أنت (أو أحد أفراد أسرتك) مسجلاً في أي من برامج المساعدات التالية؟

- نعم، (إذا كانت الإجابة نعم، فاملأ البيانات في الدوائر ●)
- ميديكال/ميديكيد: تحت عمر 65
- ميديكال/ميديكيد: 65 أو أكثر
- ميديكال للأسر أ و ب
- برنامج النساء، والرضع، والأطفال (WIC)
- Tribal TANF أو CalWORKs (TANF)
- مستحق مساعدات هيد سنارت - Tribal فقط
- المساعدات العامة بمكتب الشؤون الهندية
- CalFresh (أذن الطعام)
- برنامج الغذاء بالمدارس الوطنية (NSLP)
- برنامج المساعدة للطاقة المنزلية لأصحاب الدخل المنخفض (LIHEAP)
- الدخل التأميني التكميلي (SSI)
- لا، إذا كانت الإجابة لا، فما هو الدخل السنوي للأسرة
- (قبل الاستقطاعات، بما في ذلك كل أفراد الأسرة)؟
- 0 دولار أمريكي - 31,860 دولار أمريكي
- 31,861 دولار أمريكي - 40,180 دولار أمريكي
- 40,181 دولار أمريكي - 48,500 دولار أمريكي
- 48,501 دولار أمريكي - 56,820 دولار أمريكي
- 56,821 دولار أمريكي - 65,140 دولار أمريكي
- إذا كان أكثر من 65,140 دولار أمريكي، أدخل القيمة هنا بالدولار سنويًا \$
- يرجى تحديد مصادر الدخل
- التأمين الاجتماعي
- SSDI أو SSP
- المعاش
- الفائدة، أو العائد على المدخرات، أو اليورصة، أو السندات، أو حسابات التقاعد
- الأجور و/أو الربح من الأعمال الخاصة
- إعانات البطالة
- التأمين أو التسويات القانونية
- مبالغ تعويض العمال أو المعاقين
- دعم الزوجة أو الطفل
- المنح الدراسي، أو العادية أو غيرها من المساعدات المستخدمة لتغطية نفقات المعيشة
- الإيجار أو الدخل الملكي
- النقد أو دخل آخر

3

إعلان يرجى قراءة ما يلي والتوقيع

أقر بأن المعلومات التي أوردتها في هذه الاستمارة صحيحة وحقيقية. أوافق على تقديم إثبات على استحقاقى للمشاركة في برنامج CARE إذا طلب مني ذلك. أوافق على إطلاع شركة غاز جنوب كاليفورنيا (SoCalGas) خلال 30 يومٍ إن لم أعد مستحقاً للخصم الذي أحصل عليه. أدرك أنني إذا حصلت على خصم بدون أن أستحقه، فقد أطالب بسداد مبالغ الخصم التي تلقيتها. أدرك أن شركة SoCalGas يمكنها أن تشارك المعلومات مع مؤسسات مرافق أخرى لتسجلي في برامج المساعدات.

التاريخ: / /

التوقيع:



A Sempra Energy utility

ՀԱՃԱԽՈՐԴԻ ԺԱՆԴԱԿՈՒԹՅԱՆ

20% ԶԵՂՉ CARE ԴԻՄՈՒՄ

Կալիֆոռնիայի այլընտրանքային սակագներ էլեկտրականության համար (CARE) ծրագրի միջոցով, SoCal-Gas® առաջարկում է 20 տոկոսի զեղչ իրավասու հաճախորդների իրենց ամսական գազի հաշվում: Իրավասու յաճախորդներն ովքեր վավերացվում են գազի նոր ծառայությունը սկսելուց 90 օրվա ընթացքում կստանան նաև \$15-ի զեղչ ծառայության հաստատման գումարից: Զեղչը կկիրարկվի ամսական գազի հաշվին՝ SoCalGas-ի կողմից դիմումի վավերացման ամսաթվից հետո: Եթե դուք վարձակալ եք, որի հաշվիչը գտնվում է տան գլխավոր հաշվիչի ներքո, ձեր կալվածի տերը կամ կառավարիչը կտեղեկացվի եթե դուք ընդունվել եք կամ ոչ՝ զեղչը ստանալու համար:

Խնդրում ենք լրացնել եւ վերադարձնել հետեւյալ դիմումը փոստով, ֆաքսով, կամ դիմել առցանց՝ socialgas.com հասցեով (որոնել "CARE"):

ՈՐԱԿԱՎՈՐՄԱՆ ԵՐԿՈՒ ԶԵՎ ԿԱ

ՀԱՆՐԱՅԻՆ ՕԺԱՆԴԱԿՈՒԹՅԱՆ ԾՐԱԳՐԵՐ ԵԹԵ ԴՈՒՔ ԿԱՍ ԶԵՐ ԸՆՏԱՆԻՔԻ ԱՅՆ ԱՆՁ ՍՏԱՆՈՒՄ Է ՆՊԱՍՏՆԵՐ ՀԵՏԵԻՅԱԼ ԾՐԱԳՐԵՐԻ ՈՐԵԻ ԵՄԵԿԻՑ	ԱՌԱՎԵԼԱԳՈՒՅՆ ԸՆՏԱՆԵԿԱՆ ԵԿԱՄՈՒՏ (ՈՒԺԻ ՄԵՋ Է 2015 Թ. ՀՈՒՆԻՍ 1-ԻՑ ՄԻՆՉԸ 2016 Թ. ՄԱՅԻՍԻ 31-Ը) Ընտանիքի անդամների թիվը	Ընդհանուր տարեկան եկամուտ*
Medi-Cal/Medicaid	1-2	\$31,860
Medi-Cal for Families A & B	3	\$40,180
Women, Infants, & Children (WIC)	4	\$48,500
CalWORKs (TANF) ¹ / ցեղային TANF	5	\$56,820
Head Start Income Eligible — փայն ցեղային	6	\$65,140
Bureau of Indian Affairs General Assistance	7	\$73,460
CalFresh (Սննդի կտրոններ)	8	\$81,780
National School Lunch Program (NSLP)		
Low-Income Home Energy Assistance Program (LIHEAP)		
Supplemental Security Income (SSI)		



*Ընտանիքի յուրաքանչյուր լրացուցիչ անդամի համար, ավելացրեք \$8,320
*Ներառում է ներկա ընտանեկան եկամուտը բոլոր աղբյուրներից հանուժներից առաջ

¹Ներառում է Welfare-to-Work

ՄԱՍՆԱԿՑՈՒԹՅԱՆ ՂԱՅՄԱՆՆԵՐ

1) Գազի հաշիվը պետք է լինի Ձեր անունով եւ հասցեն պետք է լինի Ձեր հիմնական բնակության հասցեն: 2) Դուք չեք կարող ներառվել այլ անձի եկամտահարկի զեկույցում, եթե նա Ձեր ամուսինը/կինը չէ: 3) Պահանջի դեպքում դուք պետք է նորացնեք Ձեր անդամակցությունը: 4) Դուք պետք է տեղեկացնեք SoCalGas-ին 30 օրվա ընթացքում, եթե այլևս չեք որակավորվում ծրագրի համար: 5) Հնարավոր է, որ ձեզ խնդրեն հաստատել CARE-ի Ձեր իրավասությունը:

ԱՅՆ ԾՐԱԳՐԵՐ ԵՎ ԾԱՌԱՅՈՒԹՅՈՒՆՆԵՐ ՈՐՈՆՑ ԴՈՒՔ ԿԱՐՈՂ ԵՔ ՈՐԱԿԱՎՈՐՎԵԼ

Energy Savings Assistance Program: Տան էներգիայի խնայարար անվճար բարեփոխումներ տանտերերի եւ վարձակալների համար, ինչպես վերնատան մեկուսացում, ցածր հոսքի ցնցուղի գլուխներ, ծորակների աերատորներ, դռների կլիմայական հարմարեցում, ծեփում եւ մանր տնային բարենորոգումներ: Զանգահարեք 1-800-331-7593 հեռախոսահամարով լրացուցիչ տեղեկությունների համար:



Medical Baseline: Տրամադրում է լրացուցիչ գազ ավելի ցածր սակագներով բժշկական խնդիրներ ունեցող հաճախորդների: Զանգահարեք 1-800-427-2200 հեռախոսահամարով լրացուցիչ տեղեկությունների համար:

Low Income Home Energy Assistance Program (LIHEAP): Տրամադրում է վճարման օժանդակություն, շտապ հաշվի օժանդակություն եւ եղանակակալուն պայմաններ ապահովող ծառայություններ: Զանգահարեք Կալիֆոռնիայի Համայնքային ծառայությունների եւ զարգացման բաժանմունք 1-866-675-6623 հեռախոսահամարով:

California Lifeline: Զեղչով հեռախոսային ծառայություն CARE -ի նման եկամտային ուղենիշներին համապատասխանող հաճախորդների համար: Այս ծառայության մասին լրացուցիչ տեղեկությունների համար, խնդրում ենք դիմել ձեր տեղական հեռախոսային ծառայություն մատակարարողին:

ԼՐԱՑՈՒՑԻՉ ՏԵՂԵԿՈՒԹՅԱՆ ՀԱՄԱՐ ՀԱՃԱԽՈՐԴԻ ՕԺԱՆԴԱԿՈՒԹՅԱՆ ՄԱՍԻՆ:

English: 1-800-427-2200 한국어: 1-800-427-0471 廣東話: 1-800-427-1429
中文: 1-800-427-1420 Español: 1-800-342-4545 Viêt: 1-800-427-0478
Ֆաքսով: (213) 244-4665
Լսելու խնդիր ունեցողներ (TDD/TTY): 1-800-252-0259 (առկա փայն անզլերեն եւ իսպաներեն)

کمک به مشتری 20 درصد تخفیف فرم درخواست CARE



از طریق نرخ های متفاوت کالیفرنیا برای برنامه انرژی 20 (CARE) درصد تخفیف به مشتریان واجد شرایط در قبض گازشان ارائه می نماید مشتریان واجد شرایط که ظرف مدت 90 روز پس از شروع خدمات گازی مورد تایید قرار گیرند، یک تخفیف 15 دلاری نیز برای هزینه راه اندازی خدمت دریافت خواهند نمود. تخفیف برای قبض های گاز ماهیانه و پس از تایید تقاضانامه توسط SoCalGas داده خواهد شد. در صورتی که به عنوان مستاجر قبض پرداخت می کنید، مالک/ مدیریت ملک اجاره شده در جریان این موضوع که برای دریافت تخفیف مورد تایید قرار گرفته اید یا خیر قرار خواهد گرفت. لطفاً تقاضانامه زیر را تکمیل نموده و از طریق پست، فکس یا به صورت آن لاین در این وب سایت ارائه نمایید socalgas.com (جستجو "CARE")

حد اکثر درآمد خانواده	Number of Persons in Household
\$31,860	2-1
\$40,180	3
\$48,500	4
\$56,820	5
\$65,140	6
\$73,460	7
\$81,780	8

قابل اجرا از تاریخ آژوئن 2015 الی 31 مه 2016
درآمد سالانه کل*

برای هر یک از اعضای اضافی خانه، \$8,320 دلار اضافه کنید
*شامل درآمد فعلی خانواده از کلیه منابع پیش از کسر مالیات.

برنامه های کمک به مردم
در صورتی که شما یا یکی از افراد دیگر در خانه مزایایی از برنامه های زیر دریافت می کنید:
مدی-کال / مدی-کید
مدی-کال برای خانواده های A و B
برنامه زنان، نوزادان و کودکان (WIC)
CalWORKs (TANF) / Tribal TANF
واجد شرایط درآمد برای Head Start - فقط قبیله ای
دفتر کمک به امور عمومی سرخپوستان
کوپن غذا (CalFresh)
برنامه ملی نهار مدرسه (NSLP)
برنامه انرژی خانه های با درآمد کم (LIHEAP)
درآمد مکمل سوشیال سکوریتی (SSI)

شامل رفاه برای کار

شرایط برای شرکت

1) قبض گاز باید به نام شما بوده و آدرس باید آدرس اصلی شما باشد. 2) نباید به عنوان فرد وابسته در اظهارنامه مالیاتی فرد دیگری به جز همسر خود نامتان ثبت شده باشد. 3) باید تقاضانامه خود را در صورت درخواست مجدداً تایید نمایید. 4) باید در صورتی که دیگر واجد شرایط نیستید، ظرف مدت 30 روز به SoCalGas اطلاع دهید. 5) ممکن است از شما درخواست شود هویت خود را ثابت نمایید احراز شرایط برای CARE.

برنامه ها و خدمات دیگری که ممکن است واجد شرایط دریافت آنها باشید:

Energy Savings Assistance Program™

برنامه کمک برای صرفه جویی در انرژی: ارائه بازسازی خانه برای صرفه جویی در انرژی بصورت رایگان مانند عایق بندی اتاق زیر شیروانی، سردوش با فشار کم، شیر آب با فشار کم، نوار عایق دو در، عایق بندی درها و تعمیرات جزئی خانه برای مالکان و مستاجران کم درآمد واجد شرایط. برای دریافت اطلاعات بیشتر لطفاً با تلفن 1-800-331-7593 تماس بگیرید.

مبنای پزشکی: ارائه کمک بیشتر برای گاز با نرخ پایین تر به مشتریانی که شرایط پزشکی خاصی دارند. برای دریافت اطلاعات بیشتر لطفاً با تلفن 1-800-427-2200 تماس بگیرید.

برنامه کمک انرژی به خانواده های کم درآمد (LIHEAP): ارائه کمک برای پرداخت قبض، کمک به قبض اورژانسی و خدمات محافظت خانه در برابر عوامل جوی. با دفتر توسعه و خدمات کامیونیتی کالیفرنیا به شماره 1-866-675-6623 تماس بگیرید.

خط لایف لاین کالیفرنیا (California Lifeline): دسترسی تلفنی تخفیف داده شده برای مشتریانی که ضوابط مشابه CARE در مورد افراد کم درآمد را دارا می باشند. برای اطلاعات بیشتر با ارائه کننده خدمات محلی خود تماس بگیرید.

برای دریافت اطلاعات بیشتر در مورد کمک به مشتریان:

廣東話: 1-800-427-1429

한국어: 1-800-427-0471

English: 1-800-427-2200

Việt: 800-427-0478

Español: 1-800-342-4545

中文: 1-800-427-1420

ويتنامي: 244-4665 (213)

افراد دچار اختلال شنوایی (TDD/TTY): 1-800-252-0259 (فقط به زبان انگلیسی و اسپانیولی)

20 درصد تخفیف تقاضانامه CARE

لطفاً فقط از جوهر مشکی یا آبی استفاده کنید

لطفاً تقاضانامه زیر را تکمیل نموده و از طریق پست، فکس یا به صورت آن لاین در این وب سایت ارائه نمایید **socialgas.com** (جستجو "CARE").
پست شود به: SoCalGas M.L. GT19A1, P.O. Box 513249 Los Angeles, CA 90051-1249 یا فکس شود به: (213) 244-4665.

شماره حساب / شناسایی تاسیسات

لطفاً شماره حساب یا شماره شناسایی تاسیسات خود را ارائه نمایید برای تسریع در پردازش.

نام مشتری (نام کوچک و نام خانوادگی که در قبض شما درج می شود)

شماره آپارتمان

آدرس

تلفن خانه

شهر

ایمیل

1 تعداد کل نفرت خانواده (شامل خودتان، افراد بزرگسال دیگر و بچه ها) :

1 2 3 4 5 6 اگر بیشتر از 6 نفر:

2

آیا شما (یا فرد دیگری در خانواده شما) در هر یک از برنامه های کمکی زیر ثبت نام کرده است؟

بلی (در صورت پاسخ مثبت، لطفاً دایره (ها) را پر کنید ●)

خیر در صورت پاسخ منفی درآمد واقعی خانواده شما

چقدر است (پیش از کسورات شامل کلیه

اعضاء خانواده)؟

\$0 - \$31,860

\$31,861 - \$40,180

\$40,181 - \$48,500

\$48,501 - \$56,820

\$56,821 - \$65,140

در صورتی که بیش از \$65,140 دلار است مقدار آن را اینجا وارد کنید

\$, .00 درسال.

لطفاً منابع درآمد خود را علامت بزنید

سوشیال سکوریتی

SSDI یا SSP

بازنشستگی

بهره یا سود حسابهای سپرده، سهام، اوراق قرضه، یا

حسابهای بازنشستگی

دستمزد ها و/یا سود ناشی از شغل آزاد

مزایای بیکاری

بیمه و تسویه حسابهای حقوقی

پرداختهای از کار افتادگی یا جراحات ناشی از کار

پرداختهای حمایت از کودک یا نفقه

بورس تحصیلی، کمک هزینه ها، و سایر کمک ها برای پوشش

هزینه زندگی

درآمد از اجاره یا حق امتیاز

پول نقد یا سایر درآمد ها

مدی-کال / مدی-کید: زیر 65 سال

مدی-کال / مدی-کید: 65 سال و بالاتر

مدی-کال / مدی-کید:

برنامه زنان، نوزادان و بچه ها (WIC)

Tribal TANF یا CalWORKs (TANF)

واجد شرایط درآمد Head Start - فقط قبیله ای

دقتر کمک به امور عمومی سرخپوستان

کوپن غذا (CalFresh)

برنامه ملی نهار مدرسه (NSLP)

برنامه کمک انرژی خانواده های کم درآمد (LIHEAP)

درآمد مکمل سوشیال سکوریتی (SSI)

3

بیانیه لطفاً بخوانید و در ذیل امضاء کنید.

اینجانب اظهار می نمایم که اطلاعات ارائه شده در این تقاضانامه صحیح و درست می باشد. من موافقت می کنم تا در صورت تقاضا مدارک اثبات کننده صلاحیت CARE را ارائه دهم. من موافقت می کنم که در صورتی که دیگر صلاحیت برخوردار از تخفیف Southern California Gas Company را نداشته باشم، طی 30 روز مراتب را به اطلاع آنها برسانم. (SoCalGas®) من متوجه هستم که اگر بدون داشتن صلاحیت تخفیف دریافت نمایم، ممکن است مجبور به بازپرداخت تخفیف دریافت شده باشم. من متوجه هستم که SoCalGas می تواند برای ثبت نام من در برنامه کمک، اطلاعات مرا با سایر برنامه های خدمات عمومی یا نماینده ها به اشتراک بگذارد.

تاریخ:

امضاء: X



A Sempra Energy utility

KEV PAB CUAM NEEG QHUA

TXO NQI 20%

DAIM NTAWV THOV SAIB XYUAS

Txoj kev pab cuam los ntawm California Alternate Rates for Energy (CARE), SoCalGas® peb muab ib qho kev txo nqi 20 feem pua rau cov neeg qhua uas tau txais kev pab rau lawv daim ntawv them nqi roj cua txhua hli. Cov neeg tau txais kev pab uas tsim nyog muaj npe ua ntej 90 hnuv tom qab lawv pib siv lawv cov roj cua tshab yuav tau txais ib qho nqi txo \$15 rau ntawm Qhov Kev Pab Them Tus Nqi (Service Establishment Charge.) Tu nqi txo no yuav muab siv rau daim ntawv teev nqi roj cua txhua hli tom qab lub hnuv tim uas SoCalGas tau pom zoo txais daim ntawv thov. Yog tias koj yog ib tug neeg xauj tsev, peb yuav qhia rau koj tug tswv tsev/tus neeg tswj saib vaj tse paub hais tias seb koj puas pom zoo los txais qhov nqi txo ntawd.

Thov muab daim ntawv thov ua kom tiav thiab muab xa rov tuaj raws li qhov chaw xa ntawv, muab fej tuaj, los yog ua ntawv thov hauv online rau ntawm socialgas.com (Mus nrhiav "CARE").

MUAJ OB TXOJ KEV UA KOM TSIM NYOG TXAIS KEV PAB

COV KEV PAB RAU PEJ XEEM Yog koj los yog lwm tus neeg nyob hauv koj tsev neeg tau txais cov txiaj ntsim kev pab los ntawm ib qho ntawm cov kev pab cuam nram qab no:	COV NYIAJ TAU LOS NTAU TSHAJ HAUV TSEV NEEG (pib siv tau Lub Rau Hli Ntuj Tim 1, 2015 txog rau Lub Tsib Hlis Ntuj Tim 31, 2016) Muaj pes tsawg Leej Neeg nyob hauv Tsev Neeg	Tag Nrho Cov Nyiaj Tau Los Txhua Xyoo
Medi-Cal/Medicaid	← LOS YOG → 1-2	\$31,860
Medi-Cal rau Cov Tsev Neeg A thiab B	3	\$40,180
Pojniam, Menyuam Mos, thiab Menyuam Yaus (WIC)	4	\$48,500
CalWORKs (TANF) / Tribal TANF	5	\$56,820
Head Start Qhov Muaj Cai ntawm Cov Nyiaj Tau Los – Rau Cov Neeg Qhab Nkaus Xwb	6	\$65,140
Lub Chaw Pabcuam Rau Cov Neeg Isdias (Bureau of Indian Affairs General Assistance)	7	\$73,460
CalFresh (Nyiaj Muas Noj)	8	\$81,780
Kev Pab Plua Su Noj Rau Hauv Lub Tsev Kawm Ntawv (National School Lunch Program) (NSLP)		
Kev Pab Them Hluav Taws Xob losyog Dej Siv Rau Tsev Neeg Txom Nyem (LIHEAP)		
Kev Pab Txhawb Nyiaj Ntxiv Rau Cov Neeg Txom Nyem (SSI)		

Rau txhua tus neeg ntxiv hauv tsev neeg, ntxiv \$8,320
*Xam tag nro cov nyiaj tau los ntawm tsev neeg tam sim no ua ntej rho nyiaj se tawm.

*Xam Nrog Kev Pab Nyiaj Mus Nrhiav Haujlwm (Welfare-to-Work)

TEJ YAM UA NTEJ YUAV KOOM TAU

- 1) Daim ntawv teev nqi roj cua yuav yog ua koj npe thiab yuav tsum qhov chaw nyob uaskoj xub nyob.
- 2) Koj yuav tsum tsis txhob yog ib tug neeg nyob tos lwm tus nrhiav rau koj noj los ntawm ib lug neeg cov nyiaj se them rov qab uas tsis yog koj tus txwj nkawm.
- 3) Koj yuav tsum tau rov txheeb xyuas koj daim ntawv thov thaum lawv thov txog.
- 4) Koj yuav tsum qhia rau SoCalGas paub ua ntej 30 hnuv yog tias koj tsis tsim nyog tau txais kev pab mus ntxiv lawm.
- 5) Tej zaum lawv yuav nug kom koj txheeb xyuas qhov tseeb ntawm koj qhov muaj cai tsim nyog rau CARE.

LWM COV KEV PAB CUAM THIAB COV KEV PAB UAS TEJ ZAUM KOJ YUAV TSIM NYOG TAU TXAIS:

Kev Pab Txuag Hluav Taws Xob: Muab kev pab tsim kho vaj tse pub dawb yam uas txuag tau nyiaj xws li kev tso rwb rau qab nthab, tso tus kais das dej kom los sib, cov hau pab tso dej kom los zoo, cov ntaub thaiv taw rooj, cov yas ceem thiab tej kev kho vaj tse me me rau cov tswv tsev khwv tau nyiaj tsawg uas tsim nyog tau txais kev pab thiab rau cov neeg xauj tsev nyob. Yog xav paub ntxiv, hu rau 1-800-331-7593.

Energy Savings Assistance Program™

Cov Ntaub Ntawv Hauv Paus Kev Mob Nkeeg: Muab kev pab nyiaj ntxiv rau cov roj cua kom tau them tus nqi tsawg dua rau Yog xav paub ntxiv, hu rau cov neeg qhua uas muaj mob nkeeg. Yog xav paub ntxiv, hu rau 1-800-427-2200.

Kev Pab Them Hluav Taws Xob losyog Dej Siv Rau Tsev Neeg Txom Nyem (LIHEAP): Pab them nuj nqi, kev pab them nuj nqi rau kis muaj xwm txheej ceev thiab cov kev pab saib xyuas cua kub cua txias. Hu rau California Lub Tsev Haujlwm Pabcuam Neeg Zej Zog thiab Kev Tsim Kho rauntawm 1-866-675-6623.

Tus Xov Tooj Cawm Siav Hauv California: Ib tug xov tooj txo nqi siv tau rau cov neeg tau txais kev pab uas yeej ua tau raws li cov kev taw qhia txog nyiaj khwv tau los mus rau CARE. Yog xav paub ntxiv, tiv tauj koj lub chaw hu xov tooj hauv zej zos.

YOG XAV PAUB NTXIV TXOG KEV PAB COV NEEG QHUA:

English 1-800-427-2200

한국어: 1-800-427-0471

廣東話: 1-800-427-1429

中文: 1-800-427-1420

Español: 1-800-342-4545

Việt: 1-800-427-0478

FEJ NTAWV: (213) 244-4665

Rau Cov Neeg Tsis Hnov Lus Zoo (TDD/TTY): 1-800-252-0259 (muaj hais lus Askiv thiab lus Spanish nkaus xwb)

TXO NQI 20% DAIM NTAWV THOV NTAWM CARE

THOV SIV TUS CWJ MEM KUA KUA XIAV LOSSIS DUB SAU XWB

Thov muab daim ntawv thov ua kom tiav thiab muab xa rov tuaj yam siv kev xa ntawv, muab fax, los yog ua ntawv thov hauv Internet nyob rau ntawm **socalgas.com** (Mus nrhiav "CARE").

Xa mus rau: SoCalGas M.L. GT19A1, P.O. Box 513249 Los Angeles, CA 90051-1249 lossis **Fej ntawv mus rau:** (213) 244-4665

TUS LEJ ASKHAUJ/LUB CHAW TUS I.D.

THOV MUAB KOJ TUS LEJ ASKHAUJ LOS YOG LUB CHAW TUS I.D. XAV KOM MUAB TXHEEB XYUAS SAI LI SAI TAU.

TUS NEEG QHUA LUB NPE (LUB NPE THIAB LUB XEEM RAWLS LI TSHWM NTAWM KOJ DAIM NTAWV TEEV NQI)

CHAW NYOB

LUB TSEV/CHAV TSEV LEJ #

LUB ZOS

XOV TOOJ TOM TSEV

- -

EMAIL

1 Tas nrho cov tib neeg hauv koj tsev neeg (xam koj, lwm tus neeg laus, thiab cov menyuam yaus):

- 1 2 3 4 5 6 Yog ntau dua 6:

2 Koj (los yog ib tug neeg hauv koj tsev neeg) puas tau tso npe nkag rau ib qho ntawm cov kev pab cuam nram qab no?

- TAU** (Yog tias tau, thov khij cov (lub) voj voog kom puv)
 - Medi-Cal/Medicaid: Hnub nyoog qis dua 65 xyoos
 - Medi-Cal/Medicaid: 65 xyoos los yog laus dua
 - Medi-Cal rau Cov Tsev Neeg A thiab B
 - Qhov Kev Pab Txhawb Pojnim, Menyuam Mos, thiab Menyuam Yaus (WIC)
 - CalWORKs (TANF) lossis Tribal TANF
 - Head Start Qhov Muaj Cai ntawm Cov Nyiaj Tau Los – Rau Cov Neeg Qhab Nkaus Xwb
 - Lub Chaw Pabcuam Rau Cov Neeg Isdias (Bureau of Indian Affairs General Assistance)
 - CalFresh (Nyiaj Muas Noj)
 - Kev Pab Plua Su Noj Rau Hauv Lub Tsev Kawm Ntawv (NSLP)
 - Kev Pab Them Hluav Taws Xob losyog Dej Siv Rau Tsev Neeg Txom Nyem (LIHEAP)
 - Kev Pab Txhawb Nyiaj Ntxiv Rau Cov Neeg Txom Nyem (SSI)
- TSIS TAU** Yog tsis tau, koj tsev neeg cov nyiaj khwv tau los txhua xyoo (ua ntej rho se tawm, xam tas nrog cov neeg hauv koj tsev neeg yog peb tsawg)?
 - \$0 - \$31,860
 - \$31,861 - \$40,180
 - \$40,181 - \$48,500
 - \$48,501 - \$56,820
 - \$56,821 - \$65,140
 - Yog ntau dua \$65,140, ntau cov nyiaj daus las rau ntawm no \$, .00 hauv ib xyoos.

Thov khij koj cov nyiaj tau los yog los ntawm qhov twg

- Nyiaj Xaus Saus
- SSP los yog SSDI
- Nyiaj so haujlwm
- Paj los ntawm kev tso nyiaj rau cov nyiaj khaws cia, nyiaj ua ua lag luam, nyiaj qiv, los yog nyiaj muab tso rau yav so haujlwm
- Nyiaj nqi dag zogthiab/los yog kev khwv tau los ntawm yus txoj haujlwm ua lag luam
- Nyiaj poob haujlwm
- Nyiaj pab kas phais los yog hais plaub ntug
- Nyiaj xiam oob qhab lossis nyiaj hli
- Nyiaj them pab yug txij nkawm los yog menyuam
- Nyiaj pab kawm ntawv, nyiaj pub dawb, los yog lwm cov nyiaj pab uas tau muab siv rau kev noj haus hauv lub neeg
- Nyiaj xauj tsev los yog nyiaj khwv tau los ntawm kev ua luam
- Nyiaj ntsuab los yog lwm qhov nyiaj khwv tau los

3 Cov lus lees txheej Thov muab nyeem thiab kos npe rau hauv qab no.

Kuv teev lus hais tias cov ntsiab lus uas kuv tau muab sau rau hauv daim ntawv thov no yeej muaj tseeb thiab raug lawm. Kuv pom zoo muab ntawv pov thawj txog kev tsim nyog tau txais CARE yog tias lawv thov txog. Kuv pom zoo qhia rau Southern California Gas Company (SoCalGas®) kom tsis pub dhau 30 hnub yog kuv tsim muaj cai tau txais kev txo tus nqi mus ntxiv lawm. Kuv nkag siab tias yog kuv tau txais qhov nqi tso yam uas tsis tsim nyog tau txais, tej zaum kuv yuav tsum tau them qhov nqi tso uas kuv tau txais ntawd rov qab. Kuv nkag siab tias SoCalGas tuaj yeem muab kuv cov ntau ntawv qhia rau lwm cov chaw dej taws los yog cov neeg sawv cev ua haujlwm rau lawv los tso kuv lub npe rau hauv lawv txoj kev pab txhawb.

KOS NPE: HNUB TIM: / /



A Sempra Energy utility

ជំនួយអតិថិជន

ការបញ្ចុះតម្លៃ 20% ពាក្យស្នើសុំ CARE

តាមរយៈកម្មវិធីអត្រាថាមពលជម្រើសរដ្ឋកាលីហ្វ័រញ៉ា (CARE) SoCalGas® ផ្តល់ជូនការបញ្ចុះតម្លៃ 20 ភាគរយដល់អតិថិជនដែលមានលក្ខណៈសម្បត្តិគ្រប់គ្រាន់លើ វិក្កយប័ត្រឧស្ម័នប្រចាំខែរបស់ពួកគេ។ អតិថិជនដែលមានលក្ខណៈសម្បត្តិគ្រប់គ្រាន់ ដែលបានអនុម័តអំឡុង 90 ថ្ងៃ បន្ទាប់ពីការចាប់ផ្តើមសេវាកម្មឧស្ម័នថ្មី ក៏នឹងទទួលបានការបញ្ចុះតម្លៃ \$15 លើកម្រៃភ្ជាប់សេវាកម្ម។ ការបញ្ចុះតម្លៃ នឹងត្រូវបានអនុវត្តចំពោះវិក្កយប័ត្រឧស្ម័នប្រចាំខែ បន្ទាប់ពីកាលបរិច្ឆេទដែលពាក្យស្នើសុំត្រូវបានអនុម័តដោយ SoCalGas។ ប្រសិនបើអ្នកគឺជាអ្នកជួលមានរង្វាស់រង ម្ចាស់/អ្នកគ្រប់គ្រងផ្ទះរបស់អ្នក នឹងត្រូវបានជូនដំណឹងថាអ្នកត្រូវបានអនុម័តឲ្យទទួលបានការបញ្ចុះតម្លៃប្រចាំខែ។

សូមបំពេញ និងផ្ញើពាក្យសុំខាងក្រោមតាមប្រៃសណីយ៍ ទូរសារ ឬដាក់ពាក្យសុំតាមអ៊ីនធឺណិតតាមរយៈគេហទំព័រ socialgas.com (ស្វែងរក "CARE")។

មានវិធី ពីរ យ៉ាងដើម្បីមានលក្ខណៈសម្បត្តិគ្រប់គ្រាន់ទទួលបាន

កម្មវិធីជំនួយសាធារណៈ: ប្រសិនបើអ្នក ឬនរណាម្នាក់ក្នុងគ្រួសាររបស់អ្នកទទួលបានអត្ថប្រយោជន៍ពីកម្មវិធី	ប្រាក់ចំណូលគ្រួសារអតិបរមា (មានប្រសិទ្ធភាពពីថ្ងៃទី 1 ខែ មិថុនា ឆ្នាំ 2015 រហូតដល់ថ្ងៃទី 31 ខែ ឧសភា ឆ្នាំ 2016)	
	ចំនួនមនុស្សក្នុងគ្រួសារ	ប្រាក់ចំណូលប្រចាំឆ្នាំសរុប*
Medi-Cal/Medicaid	1-2	\$31,860
Medi-Cal សម្រាប់ក្រុមគ្រួសារ A & B	3	\$40,180
កម្មវិធីស្ត្រី ទារក និងកុមារ (WIC)	4	\$48,500
CalWORKs (TANF) / កុលសម្ព័ន្ធ TANF	5	\$56,820
សិទ្ធិទទួលបានប្រាក់ចំណូលដំបូង - តែកុលសម្ព័ន្ធប៉ុណ្ណោះ)	6	\$65,140
ការិយាល័យជំនួយកិច្ចការទូទៅវេជ្ជសាស្ត្រ	7	\$73,460
CalFresh (ប័ណ្ណបរិភោគអាហារ)	8	\$81,780
កម្មវិធីបរិភោគអាហារថ្ងៃត្រង់នៅសាលាជាតិ (NSLP)		
កម្មវិធីផ្តល់ជំនួយថាមពលដល់គ្រួសារមានប្រាក់ចំណូលទាប (LIHEAP)		
ប្រាក់ចំណូលសេដ្ឋកិច្ចបន្ថែម (SSI)		



*បញ្ចូលប្រាក់ចំណូលគ្រួសារទាំងអស់ប្រចាំឆ្នាំប្រកបដោយសុវត្ថិភាព

លក្ខខណ្ឌសម្រាប់ការចូលរួម

- 1) វិក្កយប័ត្រឧស្ម័នត្រូវតែជាឈ្មោះរបស់អ្នក ហើយអាសយដ្ឋានត្រូវតែជាអាសយដ្ឋានចម្រុះរបស់អ្នក។
- 2) អ្នកមិនត្រូវទាមទារជាមនុស្សក្នុងបន្ទុកលើលិខិតប្រកាសពន្ធនិវត្តន៍របស់មនុស្សម្នាក់ផ្សេងទៀតក្រៅពីប្តីប្រពន្ធរបស់អ្នកទេ។
- 3) អ្នកត្រូវតែបញ្ជាក់ពាក្យស្នើសុំរបស់អ្នកឡើងវិញនៅពេលស្នើសុំ។
- 4) អ្នកត្រូវតែជូនដំណឹង SoCalGas អំឡុង 30 ថ្ងៃ ប្រសិនបើអ្នកលែងមានលក្ខណៈសម្បត្តិគ្រប់គ្រាន់។
- 5) អ្នកអាចត្រូវបានស្នើឲ្យផ្ទៀងផ្ទាត់ លក្ខណៈសម្បត្តិទទួលបាន CARE របស់អ្នក។

កម្មវិធី និងសេវាកម្មផ្សេងទៀតដែលអ្នកអាចមានលក្ខណៈសម្បត្តិគ្រប់គ្រាន់

កម្មវិធីជំនួយសន្សំថាមពល: ផ្តល់ជូនការកែលម្អផ្ទះដើម្បីសន្សំថាមពលដោយឥតគិតថ្លៃដូចជា ផ្តល់ជូនការកែលម្អផ្ទះដើម្បីសន្សំថាមពលដោយឥតគិតថ្លៃដូចជា ឧបករណ៍ទប់ស្កាត់ក្ដៅ ក្បាលបញ្ចេញទឹកហូរតិច ឧបករណ៍បញ្ចូលខ្យល់ក្បាលម៉ាស៊ីនទឹក បន្ទះទប់ទល់អាកាសធាតុតាមទ្វារ ការភ្ជិត និងការជួសជុលផ្ទះទំហំតូចជូនម្ចាស់ផ្ទះ និងអ្នកជួលដែលមានប្រាក់ចំណូលទាប។ សម្រាប់ព័ត៌មានបន្ថែម សូមទូរស័ព្ទមកលេខ 1-800-331-7593.

កម្មវិធីសុខភាពជាមូលដ្ឋាន: ផ្តល់ការឧបត្ថម្ភឧស្ម័នបន្ថែមត្រឹមត្រូវសម្រាប់មួយជួន អតិថិជនដែលមានស្ថានភាពវេជ្ជសាស្ត្រដាក់លាក់។ សម្រាប់ព័ត៌មានបន្ថែម សូមទូរស័ព្ទមកលេខ 1-800-427-2200.

កម្មវិធីផ្តល់ជំនួយថាមពលដល់គ្រួសារមានប្រាក់ចំណូលទាប (LIHEAP): ផ្តល់សេវាកម្មជំនួយបង់ថ្លៃវិក្កយប័ត្រ ជំនួយបង់ថ្លៃពេលមានអាសន្ន និងសេវារបៀបប្រឆាំងអាកាសធាតុ។ សូមហៅទូរស័ព្ទទៅកាន់ក្រសួងសេវាកម្មសហគមន៍ និង អភិវឌ្ឍន៍តាមរយៈលេខ 1-866-675-6623.

California Lifeline: ការចូលប្រើប្រាស់ទូរស័ព្ទបញ្ចុះតម្លៃសម្រាប់អតិថិជនដែលមានលក្ខណៈសម្បត្តិគ្រប់គ្រាន់ គោលការណ៍ណែនាំអំពីប្រាក់ចំណូលស្រដៀងគ្នាដូច CARE។ សម្រាប់ព័ត៌មានបន្ថែម សូមទាក់ទងអ្នកផ្តល់សេវាកម្មទូរស័ព្ទប្រចាំតំបន់របស់អ្នក។

Energy Savings Assistance Program

សម្រាប់ព័ត៌មានបន្ថែមអំពីជំនួយអតិថិជន

- English: 1-800-427-2200
- 中文: 1-800-427-1420
- ទូរសារ: (213) 244-4665
- 한국어: 1-800-427-0471
- Español: 1-800-342-4545
- អ្នកខ្មែរសោតវិញ្ញាណ (TDD/TTY): 1-800-252-0259 (ទទួលបានជាភាសាអង់គ្លេស និងអេស្ប៉ាញប៉ុណ្ណោះ)
- 廣東話: 1-800-427-1429
- Viêt: 1-800-427-0478

ការបញ្ចុះតម្លៃ 20% ពាក្យស្នើសុំ CARE

សូមប្រើប្រាស់ទឹកខៀវជិត ឬខ្មៅតែប៉ុណ្ណោះ

សូមបំពេញ និងផ្ញើពាក្យសុំតាមប្រៃសណីយ៍ ទូរសារ ឬដាក់ពាក្យសុំតាមអ៊ីនធឺណិតតាមរយៈគេហទំព័រ socialgas.com (ស្វែងរក "CARE").

សូមផ្ញើទៅកាន់៖ SoCalGas M.L. GT19A1, P.O. Box 513249 Los Angeles, CA 90051-1249 ឬ ផ្ញើទូរសារទៅកាន់៖ (213) 244-4665

លេខគណនី/លេខអត្តសញ្ញាណមណ្ឌល

សូមផ្តល់លេខគណនី ឬអត្តសញ្ញាណមណ្ឌលរបស់អ្នក ដើម្បីពិន្ទុដំណើរការ។

ឈ្មោះអតិថិជន (នាមខ្លួន និងនាមត្រកូលដូចដែលវាបង្ហាញលើកិច្ចបញ្ជីរបស់អ្នក)

អាសយដ្ឋាន

អាជ្ញាធរ/អគារលេខ #

ទីក្រុង

លេខទូរស័ព្ទនៅផ្ទះ

- -

អ៊ីម៉ែល

1

ចំនួនមនុស្សសរុបក្នុងគ្រួសាររបស់អ្នក (រួមទាំងខ្លួនអ្នក មនុស្សពេញវ័យផ្សេងទៀត និងកុមារ៖

1 2 3 4 5 6 ប្រសិនបើច្រើនជាង 6៖

2

តើអ្នក (ឬនរណាម្នាក់ក្នុងគ្រួសាររបស់អ្នក) ត្រូវបានចុះឈ្មោះក្នុងកម្មវិធីជំនួយខាងក្រោមណាមួយដែរទេ?

បាទ (ប្រសិនបើបាន សូមបំពេញក្នុងរង្វង់ ●)

- Medi-Cal/Medicaid តិចជាង 65 ឆ្នាំ
- Medi-Cal/Medicaid 65 ឆ្នាំឡើង
- Medi-Cal សម្រាប់ក្រុមគ្រួសារ A & B
- កម្មវិធីស្ត្រី ទារក និងកុមារ (WIC)
- CalWorks (TANF) ឬកុលសម្ព័ន្ធ TANF
- សិទ្ធិទទួលបានប្រាក់ចំណូលដំបូង - តែកុលសម្ព័ន្ធប៉ុណ្ណោះ
- ការិយាល័យជំនួយកិច្ចការទូទៅកណ្តាល
- CalFresh (ប័ណ្ណបរិភោគអាហារ)
- កម្មវិធីបរិភោគអាហារថ្ងៃត្រង់នៅសាលាជាតិ (NSLP)
- កម្មវិធីផ្តល់ជំនួយថាមពលដល់គ្រួសារមានប្រាក់ចំណូលទាប (LIHEAP)
- ប្រាក់ចំណូលសេតូរីទីបន្ថែម (SSI)

ទេ ប្រសិនបើទេ តើប្រាក់ចំណូលគ្រួសារប្រចាំឆ្នាំរបស់អ្នកគឺប៉ុន្មាន (មុនការកាត់ទុក ដោយរួមទាំងសមាជិកទាំងអស់នៃ គ្រួសារ)?

- \$0 - \$31,860
- \$31,861 - \$40,180
- \$40,181 - \$48,500
- \$48,501 - \$56,820
- \$56,821 - \$65,140
- ប្រសិនបើច្រើនជាង \$65,140, សូមបញ្ចូលទឹកប្រាក់ជាចំនួនដុល្លារនៅទីនេះ
\$.00 ក្នុងមួយឆ្នាំ។

សូមគូសដឹកលើប្រភពនៃប្រាក់ចំណូលរបស់អ្នក។

- ប្រាក់ចំណូលសូស្យាល់សេតូរីទី
- SSP ឬ SSDI
- ប្រាក់ចូលនិវត្តន៍
- ការប្រាក់ ឬប្រាក់ចំណេញពីការសន្សំ ស្តុក ប្រាក់ដំកល់ទុក ឬគណនីចូលនិវត្តន៍
- ប្រាក់ថ្លៃឈ្នួលនិង/ឬកម្រៃពីការងារខ្លួនឯង
- ប្រាក់អត្ថប្រយោជន៍អត់ការងារធ្វើ
- ប្រាក់សំណងធានារ៉ាប់រង ឬប្រាក់សំណងតាមផ្លូវច្បាប់
- ប្រាក់ពិការ ឬប្រាក់សំណងឲ្យកម្មករគ្រោះគ្រោះថ្នាក់នៅការដ្ឋាន
- ប្រាក់ឧបត្ថម្ភប្តីប្រពន្ធ ឬកូន
- អាហាររូបករណ៍ ប្រាក់សម្បទាន ឬជំនួយផ្សេងទៀតសម្រាប់ចំណាយលើការរស់នៅ
- ប្រាក់ឈ្នួល ឬប្រាក់សូយសារ
- ប្រាក់សុទ្ធ និង/ឬប្រាក់ចំណូលផ្សេងទៀត

3

លេខកូដរោង ឬលេខហាត់លេខា និងកាលបរិច្ឆេទនៅខាងក្រោម។

ខ្ញុំសូមបញ្ជាក់ថា ព័ត៌មានដែលខ្ញុំបានផ្តល់ជូននៅក្នុងពាក្យស្នើសុំនេះគឺពិតប្រាកដ និងត្រឹមត្រូវ។ ខ្ញុំយល់ព្រមផ្តល់ភស្តុតាងនៃលក្ខណៈសម្បត្តិគ្រប់គ្រាន់ទទួលបាន CARE ប្រសិនបើត្រូវបានស្នើសុំ។ ខ្ញុំយល់ព្រមជូនដំណឹងដល់ក្រុមហ៊ុនឧស្ម័ន Southern California Gas Company (SoCalGas) ដំឡើង 30 ថ្ងៃ ប្រសិនបើខ្ញុំលែងមានលក្ខណៈសម្បត្តិគ្រប់គ្រាន់ដើម្បីទទួលបានការបញ្ចុះតម្លៃ។ ខ្ញុំយល់ថាប្រសិនបើខ្ញុំទទួលបានការបញ្ចុះតម្លៃដោយខ្លួនឯងសម្បត្តិគ្រប់គ្រាន់ ខ្ញុំអាចនឹងត្រូវបានគម្របគ្រួសារវិញលើការបញ្ចុះតម្លៃដែលខ្ញុំបានទទួល។ ខ្ញុំយល់ថា SoCalGas អាចចែករំលែកព័ត៌មានរបស់ខ្ញុំជាមួយនិងសេវាសាធារណៈ ឬភ្នាក់ងារផ្សេងទៀតដើម្បីចុះឈ្មោះខ្ញុំនៅក្នុងកម្មវិធីជំនួយរបស់ពួកគេ។

ហត្ថលេខា កាលបរិច្ឆេទ៖



A Sempra Energy utility

ПОМОЩЬ ЗАКАЗЧИКУ

СКИДКА 20 %

ЗАЯВЛЕНИЕ ДЛЯ ВСТУПЛЕНИЯ В ПРОГРАММУ CARE

Посредством программы «Альтернативные тарифы на энергоносители в Калифорнии» (California Alternate Rates for Energy, CARE) SoCalGas® предлагает скидку 20% от суммы месячного счета за газ потребителям, соответствующим предъявляемым требованиям. Соответствующие предъявляемым требованиям потребители, получившие одобрение в течение 90 дней после начала нового газового обслуживания, также получают скидку 15 долл. США от взноса установления обслуживания. Скидка применяется к месячному счету за газ, следующему после даты одобрения заявления SoCalGas. Если вы являетесь арендатором помещения, то уведомление о том, получили ли вы одобрение скидки, будет направлено собственнику/управляющему помещению.

Заполните следующее заявление и отправьте его нам по почте, факсу, либо заполните онлайн-заявку на сайте socialgas.com (поисковый запрос «CARE»).

ПОПАСТЬ В ПРОГРАММУ МОЖНО ДВУМЯ СПОСОБАМИ

ПРОГРАММЫ ПОМОЩИ НАСЕЛЕНИЮ Если вы или кто-нибудь из членов вашей семьи получает льготы любой из следующих программ	МАКСИМАЛЬНЫЙ ДОХОД СЕМЬИ: (действует с 1 июня 2015 г. по 31 мая 2016 г.)	
	Количество членов семьи	Общий годовой доход*
Medi-Cal/Medicaid	1-2	\$31,860
Medi-Cal for Families A & B	3	\$40,180
Программа «Женщины, младенцы и дети» (Women Infant and Children Program, WIC)	4	\$48,500
CalWORKs (TANF) ¹ / TANF для коренного населения	5	\$56,820
Head Start Income Eligible — только для коренного населения	6	\$65,140
Общая помощь Бюро по делам индейцев	7	\$73,460
CalFresh (продовольственные талоны)	8	\$81,780
Национальная программа обеспечения школьными обедами (National School Lunch Program, NSLP)	Добавьте 8,320 долл. для каждого дополнительного члена семьи	
Программа помощи по оплате энергии потребителям с низкими доходами (Low-Income Home Energy Assistance Program, LIHEAP)	*Включая текущий доход вашей семьи из всех источников без учета вычетов.	
Дополнительный социальный доход (Supplemental Security Income, SSI)		

←ИЛИ→

УСЛОВИЯ УЧАСТИЯ

¹Включая льготы по программе «От социального обеспечения к труду»

1) Счет на газ должен быть выписан на ваше имя, а адрес должен быть адресом вашего преимущественного места жительства. 2) Вы не должны быть заявлены как иждивенец в налоговом заявлении другого лица, за исключением вашего супруга(супруги). 3) Вы обязаны повторно удостоверить свое заявление по требованию. 4) Если вы больше не соответствуете требованиям программы, вы обязаны уведомить SoCalGas в течение 30 дней. 5) У вас могут потребовать доказательств того, что вы соответствуете требованиям к участию в программе CARE.

ДРУГИЕ ПРОГРАММЫ И УСЛУГИ, НА КОТОРЫЕ ВЫ МОЖЕТЕ ПРЕТЕНДОВАТЬ:

Программа помощи в экономии оплаты коммунальных услуг: Предлагает бесплатные бытовые усовершенствования, позволяющие сэкономить на коммунальных платежах, например, теплоизоляция чердака, душевые лейки с низким расходом, аэраторы для смесителей, уплотнение дверей, уплотнение стыков и пр., соответствующим требованиям владельцам и арендаторам жилья с низкими доходами. Более подробную информацию можно получить по телефону 1-800-331-7593.

Energy Savings Assistance Program
.....

Medical Baseline: обеспечивает дополнительную квоту газа по сниженному тарифу для потребителей с определенными медицинскими показаниями. Для получения более подробной информации позвоните по телефону 1-800-427-2200.

Программа помощи по оплате энергии потребителям с низкими доходами (Low-Income Home Energy Assistance Program, LIHEAP): оказывает помощь с оплатой счетов, экстренную помощь с оплатой счетов, а также услуги по утеплению. Позвоните в Департамент социального обеспечения и развития штата Калифорния по телефону 1-866-675-6623.

California Lifeline: Скидки на оплату телефона для лиц, соответствующих требованиям, схожим с требованиями программы CARE. Для получения дополнительной информации обращайтесь к местному поставщику услуг телефонии.

ПОЛУЧЕНИЕ ДОПОЛНИТЕЛЬНОЙ ИНФОРМАЦИИ О ПОМОЩИ ПОТРЕБИТЕЛЯМ:

English: 1-800-427-2200

한국어: 1-800-427-0471

廣東話: 1-800-427-1429

中文: 1-800-427-1420

Español: 1-800-342-4545

Việt: 1-800-427-0478

FAX: (213) 244-4665

Линия для людей с нарушениями слуха (TDD/TTY): 1-800-252-0259 (только на английском и испанском языках)

ЗАЯВЛЕНИЕ НА ПОЛУЧЕНИЕ 20% СКИДКИ ПО ПРОГРАММЕ CARE

ПОЖАЛУЙСТА, ЗАПОЛНЯЙТЕ ТОЛЬКО СИНЕЙ ИЛИ ЧЁРНОЙ ПАСТОЙ

Заполните заявление и отправьте его нам по почте, факсу, либо заполните онлайн-заявку на сайте **socalgas.com** (поисковый запрос «CARE»).

По почте: SoCalGas M.L. GT19A1, P.O. Box 513249 Los Angeles, CA 90051-1249 или **По факсу:** (213) 244-4665

№ СЧЕТА/НАИМЕНОВАНИЕ УЧРЕЖДЕНИЯ

ПОЖАЛУЙСТА, УКАЖИТЕ № ВАШЕГО СЧЕТА ИЛИ НАИМЕНОВАНИЕ УЧРЕЖДЕНИЯ, ЧТОБЫ УСКОРИТЬ ОБРАБОТКУ ДАННЫХ.

ФИО ПОТРЕБИТЕЛЯ (ИМЯ И ФАМИЛИЯ, КАК ОНИ УКАЗАНЫ В СЧЕТЕ)

АДРЕС

КВ./КОМН. №

ОРОД

ДОМАШН. ТЕЛ.

EMAIL

1 Общее количество членов вашей семьи (включая вас, других взрослых и детей)

- 1 2 3 4 5 6 Если больше 6:

2 Вы (или кто-либо из членов вашей семьи) являетесь участником какой-либо из следующих программ помощи?

- ДА** (Если да, пожалуйста, закрасьте соответствующие кружки)
- Medi-Cal/Medicaid: Младше 65 лет
 - Medi-Cal/Medicaid: старше 65 лет
 - Medi-Cal for Families A&B
 - Программа «Женщины, младенцы и дети» (Women Infant and Children Program, WIC):
 - CalWORKs (TANF)1 / TANF для коренного населения
 - Head Start Income Eligible — только для коренного населения
 - Общая помощь Бюро по делам индейцев
 - CalFresh (продовольственные талоны)
 - Национальная программа обеспечения школьными обедами (National School Lunch Program, NSLP)
 - Программа помощи по оплате энергии потребителям с низкими доходами (LIHEAP)
 - Supplemental Security Income (SSI)
- НЕТ** Если нет, сколько составляет ваш годовой доход (без учета вычетов, включая всех членов семьи)?
- \$0 – \$31,860
 - \$31,861 – \$40,180
 - \$40,181 – \$48,500
 - \$48,501 – \$56,820
 - \$56,821 – \$65,140
 - Если больше 65,140, укажите сумму в долларах США здесь
\$.00 в год.
- Отметьте источники дохода
- Социальное обеспечение
 - SSP или SSDI
 - Пенсии
 - Проценты или дивиденды от сбережений, акций, облигаций или пенсионных счетов
 - Зарплата и/или доходы от предпринимательской деятельности
 - Пособие по безработице
 - Страховка или доходы от юридического урегулирования
 - Пособие по инвалидности или выплаты по страховке от несчастного случая на рабочем месте
 - Алименты
 - Стипендия, гранты или другая материальная помощь, используемая для оплаты проживания
 - Рента или авторские отчисления
 - Наличные выплаты или прочие доходы

3 Заявление Прочитайте следующую информацию и поставьте под ней свою подпись.

Я заявляю, что информация, указанная мной в данном заявлении, является верной и точной. По запросу я согласен (согласна) подтвердить свое соответствие требованиям программы CARE. Если я перестану соответствовать требованиям на получение скидки, я согласен (согласна) уведомить об этом Southern California Gas Company (SoCalGas). Я понимаю, что в случае получения скидки, не имея на нее права, мне, возможно, придется выплатить ее обратно. Я понимаю, что компания SoCalGas может передать мою информацию другим коммунальным службам или агентам, чтобы включить меня в их программы помощи.

ПОДПИСЬ:

X

ДАТА:

/ /



A Sempra Energy utility

TULONG SA KUSTOMER

20% DISKWENTO
APLIKASYON SA CARE

Sa pamamagitan ng programang California Alternate Rates for Energy (CARE), ang SoCalGas® ay nagbibigay ng isang 20% diskwento sa mga karapat-dapat na kustomer sa kanilang buwanang bill ng gas. Ang mga karapat-dapat na kustomer na naaprubahan sa loob ng 90 araw pagkatapos na makapagsimula sa isang bagong serbisyo ng gas ay tatanggap din ng isang \$15 diskwento sa Service Establishment Charge. Ang diskwento ay gagamitin sa buwanang bill ng gas kasunod ng petsa na ang aplikasyon ay inaprubahan ng SoCalGas. Kung kayo ay isang submetered tenant, ang may-ari/manager ng inyong ari-arian ay pasasabihan kung kayo ba ay naaprubahan o hindi na makatanggap ng diskwento.

Kumpletuhin po at ibalik ang sumusunod na aplikasyon sa pamamagitan ng koreo, fax, o mag-apply nang online sa **socalgas.com** (Search "CARE").

MAYDALAWANGPARAAN UPANG MAKWALIPIKA

MGA PROGRAMANG TULONG SA PUBLIKO Kung kayo o ang isa pang tao sa inyong sambahayan ay tumatanggap ng mga benepisyo mula sa alinman sa mga sumusunod na programa:		PINAMAKATAAS NA KITA NG SAMBAHAYAN (may bisa mula Hunyo 1, 2015 hanggang Mayo 31, 2016)	
		Dami ng Tao sa Sambahayan	Kabuuang Taunang Kita*
Medi-Cal/Medicaid	← 0 →	1-2	\$31,860
Medi-Cal para sa mga pamilyang A at B		3	\$40,180
Mga Babae, Sanggol, at Mga Bata (WIC)		4	\$48,500
CalWORKs (TANF) ¹ / Tribal TANF		5	\$56,820
Head Start Income Eligible – Tribal Lamang		6	\$65,140
Bureau of Indian Affairs General Assistance		7	\$73,460
CalFresh (Mga Stamp ng Pagkain)		8	\$81,780
National School Lunch Program (NSLP)			
Low-Income Home Energy Assistance Program (LIHEAP)			
Supplemental Security Income (SSI)			

Para sa bawat karagdagang miyembro ng sambahayan, magdagdag ng \$8,320
*Kasama ang kasalukuyang kita ng sambahayan mula sa lahat ng pinagkukunan bago ang mga malbabawas.

¹Kasama ang Welfare-to-Work

MGA KONDISYON PARA MAKASALI

1) Ang bill ng gas ay dapat na nasa inyong pangalan at ang address ay dapat na nasa inyong pangunahing address. 2) Hindi kayo dapat na inakong isang umaasa sa income tax return ng ibang tao na iba pa sa inyong asawa. 3) Kailangang sertipikahan ninyong muli ang inyong aplikasyon kapag hiniling. 4) Kailangang pasabihan ninyo ang SoCalGas sa loob ng 30 araw kung hindi na kayo kwalipikado. 5) Maaring hingin sa inyo na berepikahin ang inyong pagkakarapat-dapat sa CARE.

IBA PANG MGA PROGRAMA AT SERBISYO KUNG SAAN KAYO AY MAAARING MAGING KWALIPIKADO:

Energy Savings Assistance Program: Nagbibigay ng walang gastos at matipid sa kuryenteng pagpapaganda ng bahay tulad ng pagkakaroon ng insulasyon sa attic, mga showerhead na hindi masyadong malakas ang patak ng tubig, mga aerator ng gripo, weather-stripping ng pinto, caulking at maliliit na pagkukumpuni ng tahanan sa mga karapat-dapat na may mababang kiting mga may-ari ng tahanan at mga umuupa. Para sa karagdagang impormasyon, tumawag po sa 1-800-331-7593.

Energy Savings
Assistance Program™

Medical Baseline: Nagbibigay ng dagdag na allowance sa gas sa mas mababang rate sa mga kustomer na may mga partikular na kondisyong medikal. Para sa karagdagang impormasyon, tumawag po sa 1-800-427-2200.

Ang Low Income Home Energy Assistance Program (LIHEAP): ay nagbibigay ng tulong sa pagbabayad ng bill, ng tulong para sa bill na pang-emergency at mga serbisyo pang-weatherization. Tumawag sa California Dept. of Community Services and Development sa 1-866-675-6623.

California Lifeline: Isang may diskwentong access sa telepono para sa mga kustomer na nakatugon sa mga katulad na pamantayan ng CARE sa kita. Para sa karagdagang impormasyon, kontakin ang inyong lokal na service provider ng telepono.

PARA SA KARAGDAGANG IMPORMASYON TUNGKOL SA TULONG SA KUSTOMER:

English: 1-800-427-2200 한국어: 1-800-427-0471 廣東話: 1-800-427-1429
中文: 1-800-427-1420 Español: 1-800-342-4545 Việt: 1-800-427-0478
FAX: (213) 244-4665
May Problema sa Pandinig (TDD/TTY): 1-800-252-0259 (nasa English at Español lamang)

20% DISKWENTO APLIKASYON SA CARE

GUMAMIT PO NG TINTANG MATINGKAD NA ASUL O ITIM LAMANG

Kumpletuhin po at ibalik ang sumusunod na aplikasyon sa pamamagitan ng koreo, fax, o mag-apply nang online sa **socalgas.com** (Search "CARE").

Ipadala sa koreo sa: SoCalGas M.L. GT19A1, P.O. Box 513249 Los Angeles, CA 90051-1249 o **Mag-fax sa:** (213) 244-4665

ACCOUNT NUMBER/FACILITY I.D.

IBIGAY PO ANG INYONG ACCOUNT NUMBER O FACILITY I.D. UPANG MAPABILIS ANG PAGPOPROSESO.

PANGALAN NG KUSTOMER (PANGALAN AT APELYIDO AYON SA KUNG ANO ANG NAKIKITA SA INYONG BILL)

ADDRESS

APT/SPACE #

LUNGSOD

TELEPONO SA BAHAY

EMAIL

1

Kabuuang dami ng mga tao sa inyong sambahayan (kasama ang inyong sarili, iba pang mga nasa hustong gulang na, at mga bata):

- 1 2 3 4 5 6 Kung higit pa sa 6:

2

Kayo ba (o ang isang tao sa inyong sambahayan) ay nagpatala na sa alinman sa mga sumusunod na programang tulong?

- OO** (Kung oo, itiman po ang bilog (mga bilog) ●)
- Medi-Cal/Medicaid: Wala pang 65 taon
 - Medi-Cal/Medicaid: 65 o mas matanda
 - Medi-Cal para sa mga pamilyang A at B
 - Programa para sa mga Babae, Sanggol, at Mga Bata (WIC)
 - CalWORKs (TANF) o Tribal TANF
 - Head Start Income Eligible - Tribal Lamang
 - Bureau of Indian Affairs General Assistance
 - CalFresh (Mga Stamp ng Pagkain)
 - National School Lunch Program (NSLP)
 - Low Income Home Energy Assistance Program (LIHEAP)
 - Supplemental Security Income (SSI)
- HINDI** Kung hindi, ano ang inyong taunang kita ng sambahayan (bago ang mga maibabawas, kasama ang lahat ng mga miyembro ng sambahayan)?
- \$0 - \$31,860
 - \$31,861 - \$40,180
 - \$40,181 - \$48,500
 - \$48,501 - \$56,820
 - \$56,821 - \$65,140
 - Kung higit pa sa \$65,140, ilagay ang halaga ng dolyar dito
\$, .00 kada taon.
- Markahan po ang mga pinagkukunan ng inyong kita**
- Social Security
 - SSP o SSDI
 - Mga Pensyon
 - Interes o dibidendo mula sa savings, stocks, bonds, o retirement accounts
 - Mga suweldo at/o tubo mula sa sariling pag-eempleyo
 - Mga benepisyo dahil walang trabaho
 - Insurance o mga legal settlement
 - Mga kabayaran dahil sa kapansanan o mula sa sahod bilang manggagawa
 - Suporta sa asawa o anak
 - Mga scholarship, grant, o iba pang mga tulong na ginamit para sa mga pang-araw-araw na gastusin sa pamumuhay
 - Kita mula sa renta o royalty
 - Cash o iba pang kita

3

Deklarasyon Basahin po at pumirma sa ibaba.

Inihahayag ko na ang impormasyong ibinigay ko sa aplikasyong ito ay totoo at wasto. Sumasang-ayon ako na magbibigay sa CARE ng katibayan ng pagkakarapat-dapat kung hihingin. Sumasang-ayon ako na pasasabihan ang Southern California Gas Company (SoCalGas®) sa loob ng 30 araw kung hindi na ako kwalipikado pa para makatanggap ng isang diskwento. Naiintindihan ko na kapag tumanggap ako ng diskwento nang hindi naman naging kwalipikado para dito, maaaring iatas sa akin na bayaran ang diskwentong tinanggap ko. Naiintindihan ko na maaaring ibahagi ng SoCalGas ang impormasyon tungkol sa akin sa iba pang mga utility o mga ahente upang ipatala ako sa kanilang mga programang tulong.

PIRMA:

PETSA: / /

ด้วยโปรแกรม California Alternate Rates for Energy (CARE) SoCalGas® ขอเสนอส่วนลด 20% สำหรับลูกค้าที่มีสิทธิ์รับส่วนลด สำหรับใบเรียกเก็บเงินค่าบริการก๊าซประจำเดือน ลูกค้าที่มีสิทธิ์รับส่วนลดที่ได้รับการอนุมัติภายใน 90 วัน หลังจากวันเริ่มบริการก๊าซ ใหม่จะได้รับส่วนลด \$15 สำหรับค่าธรรมเนียมเริ่มต้นบริการ ทั้งนี้ท่านจะได้รับส่วนลดเมื่อท่านกรอกข้อมูลและลงนามในใบสมัคร อย่างครบถ้วนและหลังจากจากใบสมัครของท่านได้รับการอนุมัติจาก SoCalGas หากคุณเป็นผู้เช่าที่เช่ามิเตอร์ย่อย เจ้าของ/ผู้จัดการ ทรัพย์สินของคุณจะได้รับแจ้งว่าคุณได้รับอนุมัติเพื่อรับส่วนลดหรือไม่

โปรดกรอกใบสมัครให้ครบถ้วนและส่งกลับทางไปรษณีย์หรือโทรสาร หรือสมัครออนไลน์ที่ socialgas.com (ค้นหาโดยใช้คำว่า "CARE") วิธีในการผ่านเกณฑ์ของวิธีดังต่อไปนี้

วิธีในการผ่านเกณฑ์ของวิธีดังต่อไปนี้		
โปรแกรมสังคมสงเคราะห์: หากคุณหรือสมาชิกในครอบครัวของคุณได้รับสิทธิ์ประโยชน์จากโปรแกรมต่อไปนี้:		รายได้รวมสูงสุดของครัวเรือน (มีผลตั้งแต่ 1 มิถุนายน 2015 ถึง 31 พฤษภาคม 2016)
		จำนวนสมาชิกในครัวเรือน รายได้รวมต่อปี
Medi-Cal หรือ Medicaid	← หรือ →	1-2 \$31,860
Medi-Cal สำหรับครอบครัว A & B		3 \$40,180
โครงการสงเคราะห์สตรีทารกแรกเกิด และเด็ก (WIC) CalWORKs (TANF) ¹ หรือ Tribal TANF		4 \$48,500
Head Start Income Eligible — เฉพาะชนเผ่า		5 \$56,820
Bureau of Indian Affairs General Assistance CalFresh (แสดงป้ออาหาร)		6 \$65,140
โปรแกรมอาหารกลางวันฟรีแห่งชาติ (NSLP)		7 \$73,460
โปรแกรมให้ความช่วยเหลือด้านพลังงานในบ้านแก่ผู้มีรายได้น้อย (LIHEAP)		8 \$81,780
โครงการเสริมรายได้เพิ่มเติมจากเงินประกันสังคม (SSI)		สำหรับสมาชิกในครัวเรือนที่เพิ่มเติมให้เพิ่มอีกคนละ +\$8,320 <small>*รายได้รวมปัจจุบันของครัวเรือนจากทุกแหล่งรายได้ก่อนหักลดหย่อนภาษี</small>

รวมถึง Welfare-to-Work

เงื่อนไขสำหรับการเข้าร่วมโปรแกรม

1) ใบเรียกเก็บเงินค่าบริการก๊าซต้องเป็นชื่อของคุณและที่อยู่ต้องเป็นที่อยู่หลักของคุณ **2)** คุณต้องไม่ใช่สิทธิ์เป็นผู้อาศัยในความดูแลของผู้อื่น นอกเหนือจากคู่สมรสของคุณในการเสียภาษีรายได้ **3)** คุณต้องแสดงหลักฐานตามที่ระบุไว้ในใบสมัครอีกครั้งหากมีการร้องขอ **4)** คุณต้องแจ้งให้ SoCalGas ทราบภายใน 30 วันหากคุณขาดสถานะภาพในการเข้าร่วมโปรแกรม **5)** คุณอาจถูกร้องขอให้แสดงหลักฐานยืนยันว่าคุณมีสิทธิ์ในการเข้าร่วมโปรแกรม CARE

โปรแกรมและบริการอื่นๆ ที่คุณอาจผ่านเกณฑ์ในการเข้าร่วม:

Energy Savings Assistance Program: (โปรแกรมช่วยเหลือด้านการประหยัดพลังงาน)

เป็นโปรแกรมที่มอบความช่วยเหลือในการปรับปรุงบ้านเพื่อการประหยัดพลังงานโดยไม่เสียค่าใช้จ่าย เช่น การติดตั้งฉนวนใต้ฝ้าเพดาน หัวฝักบัวประหยัดน้ำ ก๊อกประหยัดน้ำ การปิดช่องประตู การอุดรอยแตกกราว และการซ่อมแซมบ้านเล็กๆ น้อยๆ สำหรับเจ้าของบ้านและผู้เช่าบ้านที่มีรายได้น้อยซึ่งมีคุณสมบัติตามเกณฑ์ สำหรับข้อมูลเพิ่มเติม โปรดโทรมาที่ 1-800-331-7593

Medical Baseline: (โปรแกรมบริการทางการแพทย์ขั้นพื้นฐาน) โปรแกรมนี้จะมอบสิทธิ์เพิ่มเติมในการใช้ก๊าซในอัตราต่ำกว่าราคาปกติแก่ผู้ใช้บริการที่มีอาการป่วยบางประเภท คุณสามารถโทรสอบถามข้อมูลเพิ่มเติมได้ที่หมายเลข 1-800-427-2200

Low Income Home Energy Assistance Program (LIHEAP): (โปรแกรมความช่วยเหลือด้านพลังงานในบ้านสำหรับผู้มีรายได้น้อย) โปรแกรมนี้จะมอบความช่วยเหลือในการชำระค่าบริการ ความช่วยเหลือในการชำระค่าบริการในกรณีเกิดเหตุฉุกเฉิน และการปรับปรุงอาคารเพื่อเพิ่มประสิทธิภาพในการประหยัดพลังงาน คุณสามารถติดต่อสอบถามข้อมูลเพิ่มเติมที่สำนักงานบริการและการพัฒนาชุมชนแห่งรัฐแคลิฟอร์เนีย (California Dept. of Community Services and Development) ที่หมายเลขโทรศัพท์ 1-866-675-6623

California Lifeline: (โปรแกรมส่วนลดค่าบริการโทรศัพท์สำหรับผู้ใช้บริการที่มีรายได้น้อยของรัฐแคลิฟอร์เนีย)

โปรแกรมนี้จะมอบส่วนลดค่าบริการโทรศัพท์สำหรับผู้ใช้บริการที่มีรายได้น้อยในเกณฑ์เดียวกับผู้มีสิทธิ์เข้าร่วมโปรแกรม CARE คุณสามารถโทรสอบถามข้อมูลเพิ่มเติมได้จากผู้ให้บริการโทรศัพท์ในท้องถิ่นของคุณ

Energy Savings Assistance Program™

สอบถามข้อมูลเพิ่มเติมได้ที่แผนลูกค้าสัมพันธ์:

English: 1-800-427-2200

한국어: 1-800-427-0471

廣東話: 1-800-427-1429

中文: 1-800-427-1420

Español: 1-800-342-4545

Việt: 1-800-427-0478

โทรสาร: (213) 244-4665

สำหรับผู้ที่มีความพิการทางการฟังหรือหูหนวกกรุณาติดต่อ (TDD/TTY): 1-800-252-0259 (เฉพาะภาษาอังกฤษและภาษาสเปนเท่านั้น)

ใบสมัครส่วนลด CARE 20%

โปรดกรอกข้อมูลด้วยหมึกสีน้ำเงินหรือสีดำเท่านั้น

โปรดกรอกใบสมัครให้ครบถ้วนและส่งกลับทางไปรษณีย์หรือโทรสาร หรือสมัครออนไลน์ที่ **socalgas.com** (ค้นหาโดยใช้คำว่า "CARE")
ส่งไปรษณีย์มาที่: SoCalGas M.L. GT19A1, P.O. Box 513249 Los Angeles, CA 90051-1249 หรือส่งโทรสารมาที่: (213) 244-4665

เลขที่บัญชี / รหัสสิ่งอำนวยความสะดวก

โปรดระบุเลขที่บัญชีหรือรหัสสิ่งอำนวยความสะดวกของคุณเพื่อความรวดเร็วในการดำเนินงาน
ชื่อลูกค้า (ชื่อและนามสกุลตามที่ระบุไว้ในใบเรียกเก็บค่าบริการของคุณ)

ที่อยู่

เลขที่อพาร์ทเมนต์/พื้นที่

เมือง

โทรศัพท์บ้าน

อีเมล

1 จำนวนสมาชิกทั้งหมดในครัวเรือนของคุณ (รวมถึงตัวคุณเอง ผู้ใหญ่คนอื่นๆ และลูกๆ):

- 1 2 3 4 5 6 หากมากกว่า 6:

2 คุณ (หรือสมาชิกในครัวเรือนของคุณ) ได้รับสิทธิประโยชน์จากโปรแกรมดังต่อไปนี้หรือไม่

- ใช่ (ถ้าใช่ โปรดทำเครื่องหมายในวงกลมดังนี้) ไม่ หากไม่ คุณมีรายได้ครัวเรือนเท่าใด (ก่อนหักภาษี ซึ่งรวมรายได้ของสมาชิกทุกคนในครัวเรือน)
- Medi-Cal/Medicaid: อายุน้อยกว่า 65
 - Medi-Cal/Medicaid: อายุ 65 ปีขึ้นไป
 - Medi-Cal สำหรับครอบครัว A&B
 - โปรแกรมสงเคราะห์สตรี ทารกแรกเกิด และเด็ก (WIC)
 - CalWORKs (TANF) หรือ Tribal TANF
 - Head Start Income Eligible - Tribal Only
 - Bureau of Indian Affairs General Assistance
 - CalFresh (แสดงป๊ออาหาร)
 - โปรแกรมอาหารกลางวันฟรีแห่งชาติ (NSLP)
 - โปรแกรมให้ความช่วยเหลือด้านพลังงานในบ้านแก่ผู้มีรายได้น้อย (LIHEAP)
 - โปรแกรมเสริมรายได้เพิ่มเติมจากเงินประกันสังคม (SSI)
 - \$0 – \$31,860
 - \$31,861 – \$40,180
 - \$40,181 – \$48,500
 - \$48,501 – \$56,820
 - \$56,821 – \$65,140
 - หากมากกว่า \$65,140 ระบุจำนวนเหรียญที่นี่
\$, .00 ต่อปี.
- โปรดเลือกที่มาของรายได้
- เงินประกันสังคม SSP
 - SSP หรือ SSDI เงินบำนาญ
 - เงินบำนาญ
 - ดอกเบี้ยเงินฝากหรือเงินปันผลจากบัญชีออมทรัพย์ หุ้น พันธบัตร หรือบัญชีสำหรับผู้เกษียณ
 - ค่าจ้างและ/หรือกำไรจากอาชีพอิสระ
 - สิทธิผลประโยชน์จากการว่างงาน
 - เงินประกันหรือเงินที่ได้จากการตกลงยอมคดีความ
 - เงินชดเชยทุพพลภาพหรือเงินชดเชยแรงงาน
 - เงินช่วยเหลือผู้สมรสหรือบุตร
 - ทุน เงินสนับสนุน หรือเงินช่วยเหลืออื่นๆ ที่ใช้ในการครองชีพ
 - ค่าเช่าหรือรายได้จากค่าลิขสิทธิ์
 - เงินสดหรือรายได้อื่นๆ

3 การยืนยัน โปรดอ่านและลงนามด้านล่าง

ข้าพเจ้ารับรองว่าข้อมูลที่ข้าพเจ้าระบุในเอกสารใบสมัครฉบับนี้ถูกต้องและเป็นความจริง หากมีการร้องขอข้าพเจ้ายินยอมที่จะแสดงหลักฐานที่แสดงว่าข้าพเจ้ามีสิทธิเข้าร่วมโปรแกรม CARE ข้าพเจ้าตกลงจะแจ้ง Southern California Gas Company (SoCalGas®) ภายใน 30 วันหากข้าพเจ้าขาดสถานะภาพในการได้รับส่วนลดจากโปรแกรม ข้าพเจ้าเข้าใจว่าหากข้าพเจ้าได้รับส่วนลดโดยไม่มีสิทธิ์ที่จะได้รับส่วนลดข้าพเจ้าอาจถูกร้องขอให้คืนส่วนลดที่ข้าพเจ้าได้รับข้าพเจ้าเข้าใจว่า SoCalGas สามารถแบ่งปันข้อมูลของข้าพเจ้ากับเจ้าหน้าที่หรือบริษัทสาธารณูปโภคอื่นๆ เพื่อลงทะเบียนข้าพเจ้าในโปรแกรมช่วยเหลืออื่นๆ ได้

ลงนาม:

X

วันที่:

, ,

SAMPLE FORMS: APPLICATIONS
Self-Recertification CARE Application
Individually Metered Residential (Form 6674, 06/15)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 4797
DECISION NO.

1H8

ISSUED BY

Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 1, 2015
EFFECTIVE Jun 1, 2015
RESOLUTION NO. E-3524



A Sempra Energy utility

**YOUR RATE DISCOUNT
IS EXPIRING**

Dear Customer:

Date:

Through the California Alternate Rates for Energy (CARE) program, you are currently receiving a 20 percent discount on your monthly Southern California Gas Company (SoCalGas[®]) gas bill. In order to continue receiving the CARE discount, you are required to renew your eligibility within 90 days. To renew, use one of the methods listed below:

1. 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

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

OR

3. Return the completed and signed form by mail or fax to **(213) 244-4665**.

HOW TO QUALIFY FOR THE CARE DISCOUNT:

PUBLIC ASSISTANCE PROGRAMS:
If you or someone in your household participates in any of these programs:
<ul style="list-style-type: none"> Medicaid or Medi-Cal Medi-Cal for Families A&B Women, Infants, & Children (WIC) CalWORKs (TANF) or Tribal TANF Head Start Income Eligible - Tribal Only Bureau of Indian Affairs General Assistance CalFresh (Food Stamps) National School Lunch Program (NSLP) Low Income Home Energy Assistance Program (LIHEAP) Supplemental Security Income (SSI)

OR

MAXIMUM HOUSEHOLD INCOME*: (effective June 1, 2015 to May 31, 2016) <small>*current household income from all sources before deductions</small>	
Number of Persons in Household	Total Annual Income
1-2	\$31,860
3	\$40,180
4	\$48,500
5	\$56,820
6	\$65,140
7	\$73,460
8	\$81,780
Each additional person	+\$8,320

CONDITIONS FOR PARTICIPATION

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

FOR INFORMATION ON CUSTOMER ASSISTANCE:

English: 1-800-427-2200

中文: 1-800-427-1429

한국어: 1-800-427-0471

Español: 1-800-342-4545

廣東話: 1-800-427-1420

Việt: 1-800-427-0478

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

FAX: (213) 244-4665

Account Number:



A Sempra Energy utility

CARE PROGRAM APPLICATION OR RENEWAL

Save 20% off your natural gas bill

P.O. Box 3249, Los Angeles, CA 90051-1249

FAX: 213-244-4665

Effective June 1, 2015 – May 31, 2016

Meter: Residential

Account/Facility Number:

Customer/Tenant Name:

Customer Address:
Apt/Space #
City, ST ZIP

Phone:

1 Total adults and children in your household: 1 2 3 4 5 6 If 6+, how many?

2 Are you (or someone in your household) enrolled in any of the following assistance programs?

YES: (If yes, mark the program(s) of participation):

NO: If no, what is your yearly household income (before deductions, including all members of the household)?

- Medi-Cal / Medicaid: Under age 65
- Medi-Cal / Medicaid: 65 or older
- Medi-Cal for Families A & B
- Women, Infants, & Children Program (WIC)
- CalWORKs (TANF) or Tribal TANF
- Head Start Income Eligible - Tribal Only
- Bureau of Indian Affairs General Assistance
- CalFresh (Food Stamps)
- National School Lunch Program (NSLP)
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Security Income (SSI)

- \$0 - \$31,860
- \$31,861 - \$40,180
- \$40,181 - \$48,500
- \$48,501 - \$56,820
- \$56,821 - \$65,140
- If more than \$65,140, enter amount: \$ per year

Please mark your source(s) of income:

- Social Security
- SSP or SSDI
- Pensions
- Interest or dividends from: savings, stocks, bonds, or retirement accounts
- Wages and/or profit from self-employment
- Unemployment benefits
- Insurance or legal settlements
- Disability or workers compensation payments
- Spousal or child support
- Scholarships, grants, or other aid used for living expenses
- Rental or royalty income
- Cash or other income

Check the box if you **do not** wish to participate or **do not qualify** for the CARE Program. Sign the form at the bottom and return it to the address above.

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 Southern California Gas Company (SoCalGas®) 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 SoCalGas can share my information with other utilities or agents to enroll me in their assistance programs.

Signature: X

Date:

**EL DESCUENTO EN SU TARIFA
ESTÁ POR VENCER**

A Sempra Energy utility

Apreciable cliente:

Actualmente recibe un descuento del 20 por ciento en su factura mensual a través del programa de Tarifas Alternas para Energía en California (CARE), por medio de Southern California Gas Company (SoCalGas®). Para continuar recibiendo el descuento de CARE, se requiere que renueve su elegibilidad **dentro de 90 días**. Para renovar, use uno de los métodos que se enumeran a continuación:

1. Llame al **1-866-716-3452** en cualquier momento las 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,

O

2. Visite nuestro sitio Web www.socalgas.com/care/recert/ y tenga listo su número de cuenta.

O

3. Devuelva la solicitud debidamente llenada y firmada por correo o fax a **1-213-244-4665**,

CÓMO CALIFICAR PARA EL DESCUENTO CARE:

PROGRAMAS DE ASISTENCIA PÚBLICA:
Si usted o alguien que vive en su hogar participa en cualquiera de estos programas:
Medicaid / Medi-Cal
Medi-Cal Para Familias A & B
Programa para Mujeres, Bebés y Niños (WIC)
CalWORKs (TANF) o TANF Tribal
Ingreso elegible para Head Start (tribal únicamente)
Buró de Asistencia General para Asuntos de Nativos Americanos
CalFresh (Estampillas para Comida)
Programa Nacional de Almuerzos Escolares (NSLP)
Programa de Asistencia a Hogares de Ingresos Limitados para Gastos de Energía (LIHEAP)
Ingreso Suplementario del Seguro Social (SSI)

O

INGRESO MÁXIMO EN EL HOGAR: <i>(en vigor del 1 de junio de 2015 al 31 de mayo de 2016)</i> *ingreso actual en el hogar de todas las fuentes antes de deducciones	
Número de personas en el hogar	Ingreso total anual
1-2	\$31,860
3	\$40,180
4	\$48,500
5	\$56,820
6	\$65,140
7	\$73,460
8	\$81,780
Cada persona adicional	+\$8,320

CONDICIONES PARA PARTICIPAR

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

PARA MÁS INFORMACIÓN ACERCA DE ASISTENCIA AL CLIENTE:

English: 1-800-427-2200

中文: 1-800-427-1429

한국어: 1-800-427-0471

Español: 1-800-342-4545

廣東話: 1-800-427-1420

Việt: 1-800-427-0478

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

FAX: (213) 244-4665

Número de cuenta:



A Sempra Energy utility

SOLICITUD O RENOVACIÓN PARA EL PROGRAMA CARE

Ahorre el 20% sobre su factura mensual de gas natural

P.O. Box 3249, Los Angeles, CA 90051-1249

FAX: 213-244-4665

Vigente a partir del 1ro de junio de 2015 hasta el 31 de mayo de 2016

Meter: Residential

Número de cuenta/
complejo habitacional:

Nombre del cliente/
inquilino:

Dirección del cliente
No. de apto/espacio
Ciudad, ZIP

Teléfono:

1 Cantidad total de adultos y niños en su hogar: 1 2 3 4 5 6 Si son más de 6:

2 ¿Usted o alguien de su hogar están inscriptos en alguno de los siguientes programas de asistencia?

SÍ: (Si su respuesta es positiva, rellene los círculos que correspondan)

- Medi-Cal/Medicaid: Menos de 65 años
- Medi-Cal/Medicaid: 65 años o más
- Medi-Cal para familias clase A y B
- Programa para Mujeres, Infantes y Niños (WIC)
- CalWORKs (Asistencia Temporal para Familias Necesitadas, TANF) o TANF Tribal
- Persona con ingresos que califican para el Programa Head Start - Solo Tribal
- Agencia de Asuntos Indígenas, Asistencia General
- CalFresh (cupones para alimentos)
- Programa de Almuerzo "National School Lunch" (NSLP)
- Programa de Asistencia con la Energía Doméstica para Hogares de Bajos Ingresos (LIHEAP)
- Ingreso Suplementario del Seguro Social (SSI)

NO: ¿Cuál es el ingreso anual de su hogar (antes de deducir los impuestos e incluidos todos los miembros del hogar)?

- \$0 - \$31,860
- \$31,861 - \$40,180
- \$40,181 - \$48,500
- \$48,501 - \$56,820
- \$56,821 - \$65,140
- En caso de ser más de \$65,140, ingrese el monto en dólares aquí \$ por año

Marque sus fuentes de ingreso

- Seguro Social
- SSP o SSDI
- Jubilaciones
- Intereses o dividendos de: ahorros, acciones, bonos o cuentas de jubilación
- Salario y/o ganancias de trabajo independiente
- Beneficios de desempleo
- Seguro o acuerdos legales
- Pagos por discapacidad o compensación al trabajador
- Manutención infantil o conyugal
- Becas, subvenciones u otra asistencia usada para gastos de subsistencia
- Ingresos por alquileres o regalías
- Efectivo u otros ingresos

Marque el cuadro si no desea participar o si no califica para el programa CARE. Firme la solicitud abajo y reenvíela a la dirección en la parte superior.

3 Declaración: Lea y firme abajo.

Declaro que la información que proporcioné en la presente solicitud es verdadera y correcta. Acepto proporcionar pruebas de elegibilidad para CARE si se me solicitan. Acepto informar a Southern California Gas Company (SoCalGas®) si ya no reúno los requisitos para recibir un descuento. Entiendo que si recibo el descuento sin reunir los requisitos para hacerlo, se me puede exigir que pague por el descuento que recibí. Entiendo que SoCalGas puede compartir mi información con otros servicios o agentes para que se me inscriba en sus programas de asistencia.

Firma: X

Fecha:



A Sempra Energy utility

Form 6674 CH (06/15)

**您的費率折扣
即將過期**

親愛的客戶：

日期：

您現在正通過 Southern California Gas Company(SoCalGas®)的加州能源優惠 (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。您可以使用下列方法之一來重新認證您的資格：

訪問網站 www.socalgas.com/care/recert/，請準備好您的賬戶號碼。

或者

填寫好並在重新認證表格 (Renewal Form) 上簽名，用所提供的信封寄回或傳真。

符合 CARE 折扣的這些種資格：

政府協助計劃：	家庭收入最高限額*：	
如果您或您的家人從下列任一計劃中受益： Medicaid / Medi-Cal (加州醫療輔助計劃) Medi-Cal for Families A&B (健康家庭低費兒童醫療健保計劃類別 A 及 B) Women, Infants & Children (WIC, 婦女、嬰兒和兒童營養輔助計劃) CalWORKs (TANF)、部落 TANF Head Start Income Eligible (學前教育班補助金計劃, 僅限於部落) Bureau of Indian Affairs General Assistance (印第安事務局一般協助計劃) CalFresh (食物券) National School Lunch Program (NSLP, 全國學童免費午餐計劃) Low Income Home Energy Assistance Program (LIHEAP, 低收入家庭能源協助計劃) Supplemental Security Income (SSI, 社會安全補助金)	(有效期 2015 年 6 月 1 日至 2016 年 5 月 31 日) *包括所有來源的家庭現有稅前收入	
或者	家庭成員人數	年收入總額
	1-2	\$31,860
	3	\$40,180
	4	\$48,500
	5	\$56,820
	6	\$65,140
	7	\$73,460
8	\$81,780	
每多一位家庭成員	+ \$8,320	

參加條件

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

若需更多關於 CARE 計劃的資訊，請致電 SOCALGAS：

English: 1-800-427-2200

中文: 1-800-427-1429

한국어: 1-800-427-0471

Español: 1-800-342-4545

廣東話: 1-800-427-1420

Việt: 1-800-427-0478

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

傳真(FAX): (213) 244-4665

賬戶號碼：



A Sempra Energy utility

CARE 計劃申請或更新
節省 20% 天然氣支出

P.O. Box 3249, Los Angeles, CA 90051-1249

傳真: 213-244-4665

2015 年 6 月 1 日 - 2016 年 5 月 31 日有效

Meter: Residential

賬戶/設施號碼:

客戶姓名:

客戶地址:

電話:

1 家庭成人和兒童總人數: 1 2 3 4 5 6 超過6人:

2 您或您家是否有人參加以下任何援助計劃?
是 (請把圓圈塗黑)

- Medi-Cal / Medicaid: 65 歲以下
- Medi-Cal / Medicaid: 65 歲以上
- 家庭 Medi-Cal A 類及 B 類
- WIC - 婦女、嬰兒和兒童營養補助計劃
- CalWORKs (TANF) 或部落 TANF
- 學前教育班補助金計劃 - 僅限部落
- 印第安事務局一般援助計劃
- CalFresh (糧食券)
- 全國學童免費午餐計劃 (NSLP)
- LIHEAP 低收入家庭能源補助計劃
- 社會安全補助金 (SSI)

否: 請問您的家庭年收入是多少 (稅前, 包括家中所有成員)?

- \$0 - \$31,860
- \$31,861 - \$40,180
- \$40,181 - \$48,500
- \$48,501 - \$56,820
- \$56,821 - \$65,140
- 若超過 \$65,140, 請在此輸入金額: \$ 每年

請指出您的收入來源:

- 社會安全福利金
- 社會安全補助金 SSP 或 SSDI
- 退休金
- 儲蓄、股票、債券或退休帳戶的利息或紅利
- 工資和/或自雇者的盈利
- 失業救濟金
- 保險或法律賠償
- 殘疾津貼或勞工補償
- 配偶或子女贍養費
- 獎學金、助學金或其他生活費津貼
- 租金或權利金收入
- 現金或其他收入

如果您不希望加入 CARE 計劃或不符合參與資格, 請勾選此處。請在表格底部簽名, 並郵寄至上述地址。

3 聲明: 請閱讀下文並簽名。

我聲明本申請書所填資料正確無誤。我同意按要求提供 CARE 資格證明文件。我同意在失去折扣資格時通知 Southern California Gas Company (SoCalGas®)。我瞭解若我資格不符卻接受折扣, 可能須退還之前享受的折扣。我瞭解 SoCalGas 可將我的資料提供給其他公用事業公司或代理人, 以便我加入他們的援助計劃。

簽名: X

日期:



A Sempra Energy utility

귀하의 요금 할인이
종료됩니다

친애하는 고객님:

날짜:

귀하께서는 현재 Southern California Gas Company (SoCalGas®)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 3 방법 중 하나를 사용하여 갱신을 하실 수 있습니다.

구좌 번호를 갖추고 저의 웹사이트 www.socalgas.com/care/recert/ 를 방문하여 갱신에 임하실 수 있습니다.

또는

제공된 봉투를 사용하여 작성하고 서명한 증명 양식을 택배나 팩스로 제출합니다.

CARE 할인 수혜 자격을 충족시키는 가지 방법이 있습니다:

공공 지원 프로그램:
귀하나 가족일원이 다음 프로그램으로부터 혜택을 받는 경우: 메디케이드 (Medicaid / Medi-Cal), 건강한 가족 유형 A 및 B (Medi-Cal for Families A&B), 여성, 유아 및 어린이 (WIC), CalWORKs (TANF), 또는 부족 TANF, 헤드 스타트 소득 자격 (Head Start - Income Eligible) (인디언 부족만 해당), 인디언 업무 일반 보조국(Bureau of Indian Affairs General Assistance), CalFresh (푸드 스탬프), 학교 점심 프로그램 (National School Lunch Program), 저소득 주택 에너지 지원 프로그램 (LIHEAP), 추가 사회보장 수입 (SSI)

또는

최대 가구 소득*: (2015. 6. 1 부터 2016. 5. 31 까지 유효) *세액 공제전 가구의 현재 총소득	
가구의 식구 수	총 연간 소득
1-2	\$31,860
3	\$40,180
4	\$48,500
5	\$56,820
6	\$65,140
7	\$73,460
8	\$81,780
각 추가 사용자	+\$8,320

참여 조건

- 1) 가스 청구서는 귀하의 이름으로 되어 있어야 하며 주소는 귀하의 집 주소이어야 합니다.
- 2) 배우자 이외에 다른 사람이 소득세 보고서에서 귀하를 부양가족으로 청구하지 않아야 합니다.
- 3) 요청할 경우 CARE 수혜 자격을 재증명해야 합니다.
- 4) 더 이상 수혜 자격이 없는 경우 30 일 이내에 SoCalGas 에 통보해야 합니다.
- 5) CARE 에 대한 수혜자격을 입증하도록 요청 받을 수 있습니다.

CARE 에 대한 사항은 아래의 SOCALGAS 번호로 문의하십시오:

English: 1-800-427-2200
Español: 1-800-342-4545

中文: 1-800-427-1429
廣東話: 1-800-427-1420

한국어: 1-800-427-0471
Việt: 1-800-427-0478

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

팩스 (FAX): (213) 244-4665

구좌 번호:



A Sempra Energy utility

CARE 프로그램 신청/갱신 가스 요금 20% 할인

P.O. Box 3249, Los Angeles, CA 90051-1249

팩스 : 213-244-4665

2015년 6월 1일부터 2016년 5월 31일까지 유효

Meter: Residential

계정 번호/설비:

고객 이름:

고객 주소:

전화:

1 총 가구 구성원 수 성인 및 자녀 수 포함: 1 2 3 4 5 6 6인 이상인 경우

2 본인은 (또는 가족 중 어느 한 명이) 다음 지원 프로그램에 등록되어 있습니까?

예: ("예"인 경우 참여 프로그램에 표시할 것):

- 메디케이드(Medi-Cal/Medicaid): 65세 미만
- 메디케이드(Medi-Cal/Medicaid): 65세 이상
- 건강한 가족 유형 A 및 B(Medi-Cal for Families A&B)
- 여성, 유아 및 어린이(WIC)
- CalWORKs (TANF) 또는 인디언 부족 TANF
- 헤드 스타트 소득 자격 - 인디언 부족만 해당
- 인디언 업무 일반 보조국(Bureau of Indian Affairs General Assistance)
- CalFresh(푸드 스탬프)
- 학교 급식 프로그램(NSLP)
- LIHEAP(저소득자 주택 에너지 지원 프로그램)
- SSI(추가 사회보장 수입)

아니오 "아니오"인 경우 연간 가계 소득은 얼마나 됩니까 (공제전 모든 가족의 소득 포함)?

- \$0 - \$31,860
- \$31,861 - \$40,180
- \$40,181 - \$48,500
- \$48,501 - \$56,820
- \$56,821 - \$65,140
- \$65,140을 초과하는 경우 여기에 금액을 기입하십시오 \$ 연간.

본인의 소득원에 표시하십시오.

- 사회보장연금
- SSP 또는 SSDI
- 연금
- 예금, 주식, 채권 또는 퇴직 연금의 이자 및 배당금
- 임금 및/또는 자영업 수익
- 실업급여
- 보험금 또는 법적 합의금
- 장애 또는 산재 보상금
- 배우자 또는 자녀 부양비
- 장학금, 수여금 또는 기타 생활 보조금
- 임대 소득 또는 로열티 소득
- 현금 또는 기타 소득

참여하기를 원치 않거나 CARE 프로그램 자격이 안 되는 경우 **확인란**을 선택하십시오. 양식 아래쪽에 서명한 다음 위 주소로 송부하십시오.

3 진술 아래 내용을 읽고 서명하십시오.

본 신청서에서 본인이 제공한 정보는 모두 사실이며 정확함을 진술합니다. 요청이 있을 경우 CARE 자격 증명에 필요한 증빙 서류를 제출할 것에 동의합니다. 본인이 더 이상 할인 받을 자격이 없게 될 경우 (SoCalGas®)에 통보할 것에 동의합니다. 자격이 없으면서 할인을 받은 경우 받은 할인액을 환불해야 할 수도 있다는 것을 이해합니다. SoCalGas에서 다른 유틸리티 회사나 에이전트의 지원 프로그램에 등록하기 위해 본인의 정보를 그들과 공유할 수 있다는 것을 본인은 이해합니다.

서명: X

날짜:



A Sempra Energy utility

Form 6674 VI (06/15)

CHƯƠNG TRÌNH GIẢM GIÁ CỦA QUÝ VỊ SẮP HẾT HẠN

Kính Gởi Quý Khách Hàng:

Ngày:

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

Vào mạng của chúng tôi www.socalgas.com/care/recert/ và chuẩn bị sẵn số trương mục của quý vị.

HOẶC

Gởi trả Mẫu Giấy Chứng Nhận được ký tên và điền đầy đủ trong phong bì cung cấp sẵn qua đường bưu điện hoặc fax.

CÁCH 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 gia đình nhận trợ cấp từ bất cứ chương trình nào sau đây:
Medicaid, Medi-Cal, Gia đình Khỏe mạnh loại A&B, Chương trình Phụ nữ, Sơ sinh, & Trẻ em (WIC), CalWORKs (TANF), Bản địa TANF, Chương trình Mầm non cho người có Lợi tức Hợp lệ (Chỉ dành cho Bản địa), Bureau of Indian Affairs General Assistance, CalFresh (Trợ Cấp Phiếu Thực Phẩm), Chương trình Toàn quốc ăn Trưa tại Trường (NSLP), Chương trình Trợ giúp Năng lượng cho Gia đình có Lợi tức Thấp (LIHEAP), Trợ Giúp An sinh Xã hội (SSI)

HOẶC

LỢI TỨC TỐI ĐA CỦA HỘ GIA ĐÌNH*: <i>(hiệu lực từ ngày 1 tháng Sáu, 2015 đến 31 tháng Năm, 2016)</i> <i>*tất cả các nguồn lợi tức hiện tại trước khi khấu trừ của gia đình</i>	
Số Người trong Gia Đình	Tổng Lợi Tức Hàng Năm
1-2	\$31,860
3	\$40,180
4	\$48,500
5	\$56,820
6	\$65,140
7	\$73,460
8	\$81,780
Mỗi người bổ sung	+\$8,320

ĐIỀU KIỆN ĐỂ THAM GIA

1) Quý vị phải là người đứng tên trong biên nhận gas và địa chỉ phải là địa chỉ chính của quý vị. 2) Quý vị không được là người tùy thuộc trong hồ sơ khai thuế của người khác ngoại trừ người phối ngẫu của mình. 3) Quý vị phải tái xác nhận sự hội đủ điều kiện của mình theo chương trình CARE khi được yêu cầu. 4) Quý vị phải thông báo cho SoCalGas trong vòng 30 ngày nếu quý vị không còn hội đủ điều kiện nữa. 5) 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 SOCALGAS TẠI:

English: 1-800-427-2200

中文: 1-800-427-1429

한국어: 1-800-427-0471

Español: 1-800-342-4545

廣東話: 1-800-427-1420

Việt: 1-800-427-0478

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

FAX: (213) 244-4665

Số Trương Mục:



A Sempra Energy utility

ĐƠN XIN HƯỞNG HOẶC GHI DANH LẠI TRONG CHƯƠNG TRÌNH CARE

Tiết kiệm 20% trong hóa đơn tiền gas của quý vị

P.O. Box 3249, Los Angeles, CA 90051-1249

FAX: 213-244-4665

Có hiệu lực từ ngày 1 tháng Sáu, 2015 đến 31 tháng Năm 2016

Meter: Residential

Số Trương Mục/Cơ Sở:

Tên Khách Hàng:

Địa chỉ Khách Hàng:

Điện Thoại:

1 Tổng số người lớn và trẻ em trong gia đình: 1 2 3 4 5 6 Nếu trên 6 người, là bao nhiêu?

2 Quý vị (hay người thân trong gia đình quý vị) có được hưởng chương trình nào sau đây không?

CÓ: (Nếu có, xin ghi (các) chương trình tham dự):

- Medi-Cal/Medicaid: Dưới 65 tuổi
- Medi-Cal/Medicaid: 65 tuổi trở lên
- Medi-Cal A&B cho Gia Đình
- Chương Trình Dinh Dưỡng cho Phụ Nữ, Trẻ Sơ Sinh và Trẻ Em (WIC)
- CalWORKs (TANF) hoặc TANF của Bộ Lạc
- Chương Trình Head Start Cho Những Người Hội Đủ Điều Kiện Về Lợi Tức - Chỉ Dành cho Bộ Lạc
- Trợ Cấp Tổng Quát của Phòng Sự Vụ Người Mỹ Da Đỏ
- CalFresh (Food Stamps)
- Chương Trình Trợ Giúp Của Quốc Gia Về Ăn Trưa Tại Trường (NSLP)
- Chương Trình Trợ Giúp Năng Lượng Cho Gia Đình Có Lợi Tức Thấp (LIHEAP)
- Tiền Phụ Cấp An Sinh (SSI)

KHÔNG: Nếu không, lợi tức hàng năm của gia đình quý vị là bao nhiêu (trước khi trừ thuế, cộng chung của tất cả mọi người trong gia đình)?

- \$0 – \$31,860
- \$31,861 – \$40,180
- \$40,181 – \$48,500
- \$48,501 – \$56,820
- \$56,821 – \$65,140
- Nếu trên \$65,140, xin ghi số tiền \$ mỗi năm.

Xin tô đậm vào nguồn lợi tức của quý vị:

- Phụ Cấp An Sinh
- SSP or SSDI
- Tiền Hưu Bổng
- Tiền lời hoặc tiền lãi cổ phần từ trương mục tiết kiệm, cổ phần, công khổ phiếu hay hưu trí
- Tiền lương và/hoặc lợi nhuận từ công việc tự làm chủ
- Tiền thất nghiệp
- Bồi thường của bảo hiểm hoặc Bồi thường pháp lý
- Trợ cấp khuyết tật hay tiền bồi thường tai nạn lao động
- Cấp dưỡng cho người phối ngẫu hoặc cấp dưỡng con
- Học bổng, tài trợ, hoặc trợ cấp khác để trang trải chi phí sinh sống
- Lợi tức nhà cho thuê hay bản quyền
- Tiền mặt hoặc lợi tức khác

Đánh dấu vào ô vuông nếu quý vị **không** muốn hoặc **không đủ điều kiện** hưởng Chương Trình CARE. Ký tên vào bên dưới của đơn và gửi đến địa chỉ ghi phía trên.

3 **Xác Nhận Lời Khai:** Xin đọc và ký tên vào bên dưới.

Tôi xác nhận rằng những chi tiết tôi khai trong đơn này là đúng sự thật và chính xác. Tôi đồng ý cung cấp bằng chứng về điều kiện hợp lệ được hưởng CARE nếu có yêu cầu. Tôi đồng ý báo cho Southern California Gas Company (SoCalGas[®]) biết nếu tôi không còn đủ điều kiện để được giảm giá nữa. Tôi hiểu rằng nếu tôi được giảm giá mà không đủ điều kiện, tôi có thể phải hoàn trả lại số tiền giảm giá đã nhận. Tôi hiểu rằng SoCalGas có thể chia sẻ thông tin của tôi với các công ty dịch vụ tiện ích khác hoặc người đại diện để ghi danh cho tôi vào các chương trình trợ giúp của họ.

Ký tên: X Ngày:

SAMPLE FORMS: APPLICATIONS
Capitation Program CARE Application
(Form 6491-2E, 06/15)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 4797
DECISION NO.

1H7

ISSUED BY

Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 1, 2015
EFFECTIVE Jun 1, 2015
RESOLUTION NO. E-3524



A Sempra Energy utility

CUSTOMER ASSISTANCE

20% DISCOUNT CARE APPLICATION

Through the California Alternate Rates for Energy (CARE) program, SoCalGas® offers a 20 percent discount to eligible customers on their monthly gas bill. Eligible customers who are approved within 90 days after starting new gas service will also receive a \$15 discount on the Service Establishment Charge. The discount will be applied to the monthly gas bill following the date that the application is approved by SoCalGas.

Please complete and return the following application by mail, fax, or apply online at socialgas.com (Search "CARE").

THERE ARE TWO WAYS TO QUALIFY

PUBLIC ASSISTANCE PROGRAMS If you or another person in your household receives benefits from any of the following programs:	MAXIMUM HOUSEHOLD INCOME (Effective June 1, 2015 to May 31, 2016)	
	Number of Persons in Household	Total Annual Income*
Medi-Cal/Medicaid	1-2	\$31,860
Medi-Cal for Families A & B	3	\$40,180
Women, Infants, & Children (WIC)	4	\$48,500
CalWORKs (TANF) ¹ / Tribal TANF	5	\$56,820
Head Start Income Eligible – Tribal Only	6	\$65,140
Bureau of Indian Affairs General Assistance	7	\$73,460
CalFresh (Food Stamps)	8	\$81,780
National School Lunch Program (NSLP)		
Low-Income Home Energy Assistance Program (LIHEAP)		
Supplemental Security Income (SSI)		



¹Includes Welfare-to-Work

CONDITIONS FOR PARTICIPATION

1) The gas bill must be in your name and the address must be your primary address. 2) You must not be claimed as a dependent on another person's income tax return other than your spouse. 3) You must recertify your application when requested. 4) You must notify SoCalGas 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:

Energy Savings Assistance Program: Offers no-cost energy-saving home improvements such as attic insulation, low-flow showerheads, faucet aerators, door weather-stripping, caulking and minor home repairs to eligible income-qualified home-owners and renters. For more information, please call 1-800-331-7593.



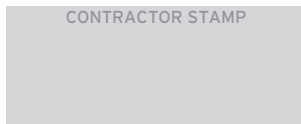
Medical Baseline: Provides additional allowance of gas at a lower rate to customers with certain medical conditions. For more information, call 1-800-427-2200.

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

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

FOR MORE INFORMATION ON CUSTOMER ASSISTANCE:

English: 1-800-427-2200 中文: 1-800-427-1420 한국어: 1-800-427-0471
Español: 1-800-342-4545 廣東話: 1-800-427-1429 Việt: 1-800-427-0478
FAX: (213) 244-4665
Hearing Impaired (TDD/TTY): 1-800-252-0259 (available in English and Spanish only)





A Sempra Energy utility

20% DISCOUNT CARE APPLICATION

PLEASE USE DARK BLUE OR BLACK INK ONLY

Please complete and return the application by mail, fax, or apply online at **socalgas.com** (Search "CARE").

Mail to: SoCalGas M.L. GT19A1, P.O. Box 3249 Los Angeles, CA 90051-1249 or **Fax to:** (213) 244-4665

ACCOUNT NUMBER/FACILITY I.D.

PLEASE PROVIDE YOUR ACCOUNT NUMBER OR FACILITY I.D. TO EXPEDITE PROCESSING.

CUSTOMER/TENANT NAME (FIRST AND LAST AS IT APPEARS ON YOUR BILL)

ADDRESS

APT/SPACE #

CITY

HOME PHONE

EMAIL

SOURCE CODE

1

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

- 1
 2
 3
 4
 5
 6
 If more than 6:

2

Are you (or someone in your household) enrolled in any of the following assistance programs?

YES (If yes, please fill in the circle(s) ●)

- Medi-Cal/Medicaid: Under age 65
- Medi-Cal/Medicaid: 65 or older
- Medi-Cal for Families A&B
- Women, Infants and Children Program (WIC)
- CalWORKs (TANF) or Tribal TANF
- Head Start Income Eligible - Tribal Only
- Bureau of Indian Affairs General Assistance
- CalFresh (Food Stamps)
- National School Lunch Program (NSLP)
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Security Income (SSI)

NO If no, what is your yearly household income (before deductions, including all members of the household)?

- \$0 - \$31,860
- \$31,861 - \$40,180
- \$40,181 - \$48,500
- \$48,501 - \$56,820
- \$56,821 - \$65,140
- If more than \$65,140, enter the dollar amount here
\$, .00 per year.

Please mark your sources of income

- Social Security
- SSP or SSDI
- Pensions
- Interest or dividends from savings, stocks, bonds, or retirement accounts
- Wages and/or profit from self employment
- Unemployment benefits
- Insurance or legal settlements
- Disability or workers compensation payments
- Spousal or child support
- Scholarships, grants, or other aid used for living expenses
- Rental or royalty income
- Cash or other income

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 Southern California Gas Company (SoCalGas®) 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 SoCalGas can share my information with other utilities or agents to enroll me in their assistance programs.

SIGNATURE:

DATE:



A Semptra Energy utility

PROGRAMAS DE ASISTENCIA

20% DE DESCUENTO PARA CARE

A través del programa Tarifas Alternas Para Energía de California (CARE), SoCalGas® ofrece un 20 por ciento de descuento en la factura mensual de gas a los clientes que reúnan los requisitos. Aquellos que califiquen y sean aprobados en un término de 90 días a partir del inicio de su nuevo servicio de gas también recibirán un descuento de \$15 en el Cargo por Establecimiento de Servicio. Recibirá su(s) descuento(s) una vez que su solicitud sea aprobada por SoCalGas.

Sírvase llenar el formulario de solicitud y regresarlo en el sobre provisto, o presentarlo en línea en socialgas.com/espanol (busque la palabra clave "CARE").

HAY DOS FORMAS DE CALIFICAR PARA EL PROGRAMA CARE

PROGRAMAS DE ASISTENCIA PÚBLICA:

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

Medi-Cal/Medicaid

Medi-Cal para Familias A y B

Programa para Mujeres, Bebés y Niños (WIC)

CalWORKs (TANF)¹ / TANF tribal

Ingreso elegible para Head Start (tribal únicamente)

Buró de Asistencia General para Asuntos de Nativos Americanos

CalFresh (Estampillas para comida)

Programa Nacional de Almuerzos Escolares (NSLP)

Programa de Asistencia a Hogares de Ingresos Limitados para Gastos de Energía (LIHEAP)

Ingreso Suplementario del Seguro Social (SSI)

¹Incluye Asistencia Pública al Trabajo

INGRESO MÁXIMO EN EL HOGAR:

(En vigor del 1 de junio de 2015 al 31 de mayo de 2016)

Número de personas en el hogar Ingreso total anual*

1-2 \$31,860

3 \$40,180

4 \$48,500

5 \$56,820

6 \$65,140

7 \$73,460

8 \$81,780

Por cada miembro adicional en el hogar, añada \$8,320

* Incluye todas las fuentes de ingreso actual en el hogar antes de deducciones.



CONDICIONES PARA PARTICIPAR

- 1) La factura de gas debe estar a su nombre y la dirección debe ser su domicilio principal.
- 2) No debe aparecer como dependiente en la declaración de impuestos de otra persona que no sea su cónyuge.
- 3) Debe recertificar su solicitud cuando se le solicite.
- 4) Debe notificar a SoCalGas 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 TAL VEZ CALIFIQUE:

Energy Savings Assistance Program: Ofrece mejoras sin costo que ahorran 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.

El Programa de Ayuda Energética para Hogares de Bajos Ingresos (LIHEAP): Ofrece asistencia para el pago de facturas, asistencia de emergencia para el pago de facturas y protección de la casa contra los agentes atmosféricos. Llame al Departamento de Servicios a la Comunidad al 1-866-675-6623.

California Lifeline: Ofrece 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 MÁS INFORMACIÓN ACERCA DE ASISTENCIA AL CLIENTE:

Inglés: 1-800-427-2200

中文: 1-800-427-1420

한국어: 1-800-427-0471

Español: 1-800-342-4545

廣東話: 1-800-427-1429

Việt: 1-800-427-0478

FAX: (213) 244-4665

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

CONTRACTOR STAMP



A Sempra Energy utility

SOLICITUD CARE PARA UN 20 POR CIENTO DE DESCUENTO

POR FAVOR DE COMPLETAR EN TINTA NEGRA O AZUL OSCURA. FORMA CORRECTA DE MARCAR LOS CÍRCULOS: ●

Por favor, complete y envíe la solicitud por correo, fax, o visite socalgas.com/español (busque la palabra clave "CARE").

Correo: SoCalGas M.L. GT19A1, P.O. Box 3249 Los Angeles, CA 90051-1249 o **Fax:** (213) 244-4665

NÚMERO DE CUENTA/NÚMERO DE COMPLEJO HABITACIONAL(FACILITY I.D.)

PARA PROCESAR EL FORMULARIO MÁS RÁPIDO

NOMBRE DEL CLIENTE/INQUILINO (TAL COMO APARECE EN SU FACTURA)

DOMICILIO PARTICULAR (CALLE, NO. DE APTO., CIUDAD, CÓDIGO POSTAL):

NO. DE APTO/ESPACIO

CIUDAD

TELÉFONO

- -

CORREO ELECTRÓNICO

CÓDIGO FUENTE

1 Número total de adultos y niños que viven en su hogar:

- 1 2 3 4 5 6 Si más de 6:

2 ¿Está usted (o alguien que vive en su hogar) inscrito en alguno de los siguientes programas de asistencia?

SÍ (Si su respuesta es afirmativa, marque el(los) programa(s) de participación) ●

- Medi-Cal/Medicaid: menor de 65 años
- Medi-Cal/Medicaid: 65 años o más
- Medi-Cal para Familias A y B
- Programa para Mujeres, Bebés y Niños (WIC)
- CalWORKs (TANF) o TANF Tribal
- Ingreso elegible para Head Start (tribal únicamente)
- Buró de Asistencia General para Asuntos de Nativos American
- CalFresh (Estampillas para comida)
- Programa Nacional de Almuerzos Escolares (NSLP)
- Programa de Asistencia a Hogares de Ingresos Limitados para Gastos de Energía (LIHEAP)
- Ingreso Suplementario del Seguro Social (SSI)

NO ¿Cuál es el ingreso anual de su hogar (antes de deducciones, incluyendo a todos los miembros del hogar)?

- \$0 - \$31,860
- \$31,861 - \$40,180
- \$40,181 - \$48,500
- \$48,501 - \$56,820
- \$56,821 - \$65,140
- Si es más de \$65,140, escriba el monto aquí:

\$, .00 al año.

Por favor marque sus fuentes de ingreso:

- Seguro Social
- SSP o SSDI
- Pensiones
- Intereses o dividendos de: cuentas de ahorro, acciones, bonos, o cuentas para el retiro
- Salarios y/o ingresos de autoempleo
- Beneficios de desempleo
- Pagos de pólizas de seguro o convenios judiciales
- Pagos por incapacidad o Indemnización para los trabajadores
- Pensión conyugal o alimenticia
- Becas, subvenciones u otra ayuda usada para sufragar el costo de la vida
- Ingresos por alquiler o regalías
- Dinero en efectivo y/u otros ingresos

3 ¿Acepta usted lo siguiente? Por favor lea y firme abajo.

Declaro que la información que proporcioné en este formulario de solicitud es verdadera y correcta. Convengo en proporcionar comprobantes de elegibilidad para CARE si se me solicita. Convengo en informar a Southern California Gas Company (SoCalGas®) 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 SoCalGas puede compartir mis datos con otras empresas de servicios públicos o agentes para inscribirme en sus programas de asistencia.

FIRMA:

FECHA: / /

SAMPLE FORMS: APPLICATIONS
Post-Enrollment Verification CARE Application
Individually Metered Residential (Form 6675, 06/15)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 4797
DECISION NO.

107

ISSUED BY

Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 1, 2015
EFFECTIVE Jun 1, 2015
RESOLUTION NO. E-3524



A Sempra Energy utility

**IMMEDIATE REPLY
NEEDED**

Dear Customer,

You are currently receiving a 20 percent discount on your monthly gas bill through the California Alternate Rates for Energy (CARE) program. Your household has been selected by SoCalGas® for verification of eligibility. To continue receiving this discount, please return the completed and signed form including required document(s) in the envelope provided, or by fax, within 90 days. If you do not reply or are found ineligible, you will 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:

Medicaid, Medi-Cal, Medi-Cal for Families A&B (Monthly Premium Statement), Women, Infants, & Children (WIC), CalWORKs (TANF), Tribal TANF, Head Start Income Eligible - Tribal Only, Bureau of Indian Affairs General Assistance, CalFresh (Food Stamps), National School Lunch Program (NSLP), Low Income Home Energy Assistance Program (LIHEAP), Supplemental Security Income (SSI)

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:

If you receive:	Acceptable Documents
Wages, salary, tips, commissions	Two most recent consecutive pay stubs, or W2, or IRS 1040 form
Social Security, SSI, SSDI, Pensions, Disability Payments, Workers Compensation, Unemployment Benefits	Statements of Benefits, or Copy of the Check, or Bank Statements showing the deposits, or IRS Form 1040, or IRS Form 1099
Profit from self-employment	IRS Form 1040, plus Schedule C
Rental income, royalty income	IRS Form 1040, plus Schedule E for rental income
Interest or dividends from savings accounts, retirement accounts, stocks, bonds	IRS Form 1040, or IRS Form 1099(s).
Insurance, legal settlements	Settlement documents
Child and/or spousal support	Court documents, or copy of the check
School grants, scholarships, or other aid	Award letters, or two most recent consecutive pay stubs, or copy of the check
None of the sources above	A statement explaining the sources of income used to support your household

FOR INFORMATION ON CARE, CALL SOCALGAS AT:

English: 1-800-427-2200

中文: 1-800-427-1429

한국어: 1-800-427-0471

Español: 1-800-342-4545

廣東話: 1-800-427-1420

Việt: 1-800-427-0478

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

Fax: 1-213-244-4665



A Sempra Energy utility

CARE ELIGIBILITY VERIFICATION

Documents Required

Please print clearly and use dark ink

Mailing Address:
CARE Program
P.O. Box 3249, GT19A1
Los Angeles, CA 90051-1249

1-800-427-2200
Fax: 213-244-4665
Meter : Residential

Customer/Tenant Name
(as it appears on your bill):

Home Address:

Account/Facility Number:

Telephone: () () () () - () () () () Home Cell

← Fill in the circle only if you **no longer** qualify or **do not** wish to participate in the CARE program and **sign** the Declaration.

Name of Each Household Member (including you)	Adult/Child <input checked="" type="checkbox"/>	Receives Assistance <input checked="" type="checkbox"/>	Receives Income <input checked="" type="checkbox"/>	Source(s) of Income or Assistance (e.g.: salary, pension, CalFresh, etc.)	Annual Income Before Taxes (If your household does not participate in any of the assistance programs from List 1)
«Customer_Name»	✓				\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

Total number of people living in your household: () ()

Adults: () () Children (under 18): () ()

Total Household Income = \$ () () () ()

Include this form, sign below, and return it along with copies of official verification documents for every household member receiving income or public assistance in the envelope provided.

Declaration: I state that the information and documents I have provided in this application are true and correct. I agree to inform Southern California Gas Company (SoCalGas®) 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 SoCalGas can share my information with other utilities or agents to enroll me in their assistance programs.

Signature: _____ Date: () () / () () / () ()

FOR SOCALGAS USE ONLY:

1 = CE 2 = INCOME 3 = BOTH
BLANK = INCOMPLETE : \$ () () () () HH: () () INITIALS: () ()



A Sempra Energy utility

**SE NECESITA
RESPUESTA INMEDIATA**

Estimado cliente:

Actualmente usted recibe un descuento del 20 por ciento en su factura de gas mensual a través del programa de Tarifas Alternas para Energía en California (CARE). SoCalGas® seleccionó su hogar para realizar una verificación de elegibilidad. Para continuar recibiendo este descuento, envíe el formulario lleno y firmado, incluido(s) el/los documento(s) requerido(s) en el sobre que se adjunta o por fax, dentro de un plazo de 90 días. Si no responde o se lo califica inelegible, recibirá las facturas corregidas.

Documentos requeridos: Solo debe proporcionar copias del / de los documento(s) de la lista **1 Ó 2** (no ambas).

Lista 1) Si usted u otra persona en su hogar recibe asistencia social, **envíe la documentación que pruebe la participación** en cualquiera de los siguientes programas:

Medicaid, Medi-Cal, Medi-Cal para familiar clase A&B (resumen de cuota mensual), Mujeres, Infantes y Niños (WIC), CalWORKs (Asistencia Temporal para Familias Necesitadas, TANF), TANF Tribal, Persona con ingresos que califican para el Programa Head Start - Solo Tribal, Agencia de Asuntos Indígenas Asistencia General, CalFresh (cupones para alimentos), Programa de Almuerzo "National School Lunch" (NSLP), Programa de Ayuda Energética para Hogares de Bajos Ingresos (LIHEAP), Ingreso Suplementario del Seguro Social (SSI)

O BIEN

Lista 2) Si ningún miembro de su hogar participa en ninguno de los programas que se mencionan arriba, **envíe copias de los ingresos de cada miembro del hogar que reciba ingresos o ayuda.** El cuadro de abajo enumera las fuentes de ingresos y la documentación requerida:

Si usted recibe:	Documentación aceptable
Sueldos, salarios, propinas, comisiones	Los dos talones de pago consecutivos más recientes o W2 o formulario IRS 1040
Seguridad Social, SSI, SSDI, pensiones, pagos por discapacidad, indemnización laboral, beneficios de desempleo	Resúmenes de beneficios o copia de cheque o resúmenes bancarios que muestren los depósitos o formulario IRS 1040 o formulario IRS 1099
Ganancias como trabajador autónomo	Formulario IRS 1040, más Anexo C
Ingreso por alquiler, ingreso por regalías	Formulario IRS 1040, más Anexo E para ingreso por alquiler
Intereses o dividendos de cuentas de ahorro, cuentas de jubilación, acciones, bonos	Formulario IRS 1040 o Formulario IRS 1099(s).
Seguro, acuerdos legales	Documentación de acuerdo
Manutención infantil y/o conyugal	Documentos judiciales o copia de cheque
Asignaciones escolares, becas u otro tipo de ayuda	Carta de concesión o los dos talones de pago consecutivos más recientes o copia de cheque
Ninguna de las fuentes de arriba	Una declaración que explique las fuentes de ingreso que se usan para mantener el hogar

PARA INFORMACIÓN SOBRE CARE, COMUNÍQUESE CON SOCALGAS AL:

English: 1-800-427-2200

中文: 1-800-427-1429

한국어: 1-800-427-0471

Español: 1-800-342-4545

廣東話: 1800-427-1420

Việt: 1-800-427-0478

Personas con discapacidad auditiva (TDD/TTY): 1-800-252-0259 (solo disponible en inglés y español)

Fax: 1-213-244-4665



A Sempra Energy utility

VERIFICACIÓN DE ELEGIBILIDAD CARE

Documentación requerida

Rellene con letra clara y use tinta oscura

Domicilio postal:
Programa CARE
P.O. Box 3249, GT19A1
Los Angeles, CA 90051-1249

1-800-427-2200
Fax: 213-244-4665
Meter: Residential

Nombre de cliente/inquilino
(como aparece en su factura)

Dirección de la casa:

Número de cuenta/
complejo habitacional:

Teléfono: () - - Casa Celular

← Rellene el círculo solo si usted **ya no** califica o **no** desea participar en el programa CARE y **firmar** la Declaración.

Nombre de cada miembro del hogar (incluido usted)	Adulto/niño <input checked="" type="checkbox"/>	Recibe asistencia <input checked="" type="checkbox"/>	Recibe ingreso <input checked="" type="checkbox"/>	Fuente(s) de ingreso o asistencia (por ejemplo: salario, pensión, CalFresh, etc.)	Ingresos anuales antes de los impuestos (Si su hogar no participa en ninguno de los programas de asistencia de la Lista 1)
«Customer_Name»	✓				\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

Cantidad total de personas que viven en su hogar

Adultos: Niños (menores de 18 años):

Ingreso total del hogar = \$

Incluya este formulario, firme abajo y envíelo junto con copias de la documentación de verificación oficial de cada miembro del hogar que reciba ingreso o asistencia social en el sobre que se adjunta.

Declaración: Declaro que la información y la documentación que suministré en esta aplicación son veraces y correctos. Me comprometo a informar a Southern California Gas Company (SoCalGas®) si ya no califico para recibir este descuento. Entiendo que de recibir el descuento sin ser apto para él, se me puede exigir pagar el descuento que recibí. Entiendo que SoCalGas puede compartir mi información con otros servicios o agentes para inscribirme en sus programas de asistencia.

Firma: Fecha: / /

PARA USO EXCLUSIVO DE SOCALGAS:

1 = CE 2 = INCOME 3 = BOTH
BLANK = INCOMPLETE INC: \$ HH: INITIALS:



A Sempra Energy utility

請立即回覆

親愛的客戶：

您目前正在透過加州能源優惠 (CARE) 計劃得到每月 20% 的瓦斯費折扣。您的家庭已被 SoCalGas® 選中，需要接受資格驗證。為繼續享有折扣，請在 90 天內將表格填妥簽名並附上所需文件，以內附信封寄回或傳真。如果您不回覆或被發現資格不符，會收到更正的帳單。

需提供的文件：您只需提供第 1 或第 2 類文件副本（無須兩類都提供）

第 1 類) 如果您或您家有人領取公共援助，請提供參加以下任何計劃的證明文件：

Medicaid 或 Medi-Cal (加州醫療補助計劃)、家庭 Medi-Cal A 類及 B 類 (每月保費明細表)、WIC - 婦女、嬰兒和兒童營養補助計劃、CalWORKs (TANF) 或部落 TANF、學前教育班補助金計劃 — 僅限部落、印第安事務局一般援助計劃、CalFresh (糧食券)、全國學童免費午餐計劃 (NSLP)、LIHEAP 低收入家庭能源補助計劃、社會安全補助金 (SSI)

或

第 2 類) 如果您家沒有人參加上述任何計劃，請提供家中每一位有收入或津貼者的收入證明文件副本。

下表列出各種收入來源及需提供的文件：

如果您收到：	可以接受的文件：
工資、薪水、小費、佣金	最近兩張連續的薪資條或 W2 憑單，或 IRS 1040 稅表
社會安全福利金 (Social Security)、社會安全補助金 (SSI)、退休金、殘疾津貼、勞工補償、失業救濟金	福利發放明細或支票影本，或顯示存款的銀行帳戶明細，或 IRS 1040 稅表或 1099 憑單
自雇者盈利	IRS 1040 稅表，另附 Schedule C
租金收入、權利金收入	IRS 1040 稅表，租金收入需另附 Schedule E
儲蓄帳戶、退休帳戶、股票或債券的利息或紅利	IRS 1040 稅表或 1099 憑單。
保險、法律賠償	和解理賠文件
子女和/或配偶贍養費	法庭文件或支票影本
助學金、獎學金或其他津貼	津貼發放函或最近兩張連續的付款存根，或支票影本
其他收入來源	出具一份聲明，解釋用於支持家用的其他收入來源

如需有關 CARE 的資訊，請致電 SOCALGAS：

English: 1-800-427-2200

中文: 1-800-427-1429

한국어: 1-800-427-0471

Español: 1-800-342-4545

廣東話: 1-800-427-1420

Việt: 1-800-427-0478

聽障專線 (TDD/TTY)：1-800-252-0259 (僅提供英語和西班牙語服務)

傳真：1-213-244-4665



A Sempra Energy utility

CARE 資格驗證
需提供的文件
請以正楷及深色墨水筆清楚填寫

郵寄地址：
SoCalGas CARE Program
P.O. Box 3249, GT19A1
Los Angeles, CA 90051-1249

1-800-427-2200
傳真：213-244-4665
Meter: Residential

用戶姓名 (與帳單上相同)：
住家地址：
帳戶號碼：
電話： () - - 住家 手機

如果您不再具備參與 CARE 計劃資格或不願參與該計劃，請填滿圓圈並簽署聲明。

Table with 6 columns: 家中每位成員的姓名 (包括您本人), 成年/未成年, 接受協助, 有收入, 收入或援助來源 (例如：薪水、退休金、CalFresh...等), 稅前年收入 (如果您的家庭沒有參加列表1中的任何協助計劃)

住在家中的總人數：
成年人： 未成年人 (不滿 18 歲)：
家庭總收入 = \$

包括這份表格，請在下面簽名，並在提供的信封內放入每位家庭成員接受收入或協助的正式驗證文件副本，然後寄還給我們。

聲明：本人聲明，我在這份申請中提供的資訊和文件都是真實和正確的。如果我不具備接受折扣的資格，我同意通知 Southern California Gas Company (SoCalGas)。我瞭解，在不符合資格的情況下接受折扣，我可能將需要退還我所接受的折扣。我瞭解 SoCalGas 可以與其他公共事業或機構分享我的資訊，幫我註冊他們的協助計劃。

簽名： X 日期： / /

以下由 SOCALGAS 填寫：

1 = CE 2 = INCOME 3 = BOTH BLANK = INCOMPLETE
收入： \$ 家庭人數： 首字母：

친애하는 고객님

귀하께서는 캘리포니아 에너지 대체 요금(CARE) 프로그램을 통하여 월별 가스 요금에 대해 20% CARE 할인을 받고 계십니다. 귀 가구는 SoCalGas® 에 의해 수혜 자격 확인 대상으로 선정되었습니다. 이 할인을 계속 받으시려면 양식을 작성하고 서명한 후 제공된 봉투에 구비 서류와 함께 동봉하여 90일 이내에 우편 또는 팩스로 제출하십시오. 회신하지 않거나 자격이 없는 것으로 판단되면 할인이 적용되지 않은 조정된 요금 청구서가 발송됩니다.

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

목록 1) 귀하나 기타 식구가 공적 부조 혜택을 받는 경우 다음 중 해당 프로그램에 대한 **참여를 입증하는 자료를 보내주십시오.**

메디케이드(Medicaid), Medi-Cal, 건강한 가족 유형 A 및 B(Medi-Cal for Families A&B)(월 보험료 명세서), 여성, 유아 및 어린이(Women, Infants and Children WIC), CalWORKs (TANF), 부족 TANF, 헤드 스타트 소득 자격(Head Start Income Eligible - 부족만 해당), 인디언 업무 일반 보조국(Bureau of Indian Affairs General Assistance), CalFresh(푸드 스탬프), 학교 급식 프로그램(National School Lunch Program, NSLP), 저소득 주택 에너지 지원 프로그램(Low Income Home Energy Assistance Program, LIHEAP), 추가 사회보장 수입(Supplemental Security Income, SSI)

또는

목록 2) 식구 중 아무도 위에 언급된 어느 프로그램에도 참여하지 않는 경우 **소득이 있거나 보조금을 받는 모든 가구 구성원에 대한 소득 서류 사본을 보내십시오.** 아래 표는 소득원과 구비 서류를 나열합니다.

받는 소득:	인정되는 문서
임금, 봉급, 팁, 커미션	최근 2회 연속 급여 명세서 또는 W2 또는 IRS 1040 양식
사회보장금, SSI, SSDI, 연금, 장애 지원금, 산재보상금, 실업수당	혜택 내역서 또는 수표 사본 또는 잔고증명 은행 내역서 또는 IRS 양식 1040 또는 IRS 양식 1099
자영업 수익	IRS 양식 1040 및 스케줄 C
임대 소득, 로열티 소득	IRS 양식 1040 및 임대 소득에 대한 스케줄 E
예금 계좌, 퇴직금 적립 계좌, 주식, 채권의 이자 및 배당금	IRS 양식 1040 또는 IRS 양식 1099
보험, 법적 합의금	합의 문서
자녀 및/또는 배우자 생활비	법원 문서 또는 수표 사본
학교 보조금, 장학금 또는 기타 보조금	수여 서신 또는 최근 2회 연속 급여 명세서 또는 수표 사본
위의 소득원에 해당되지 않는 경우	가족 부양을 위해 사용된 소득 원천 징수 내역서

CARE에 대한 사항은 아래 SOCALGAS로 문의하십시오.

영어: 1-800-427-2200

中文: 1-800-427-1429

한국어: 1-800-427-0471

Español: 1-800-342-4545

廣東話: 1-800-427-1420

Việt: 1-800-427-0478

청각 장애인(TDD/TTY): 1-800-252-0259 (영어와 스페인어로만 지원 가능)

팩스: 1-213-244-4665



A Sempra Energy utility

CARE 재등록 신청

구비 서류

진한 펜을 사용하여 인쇄체로 정확하게 기재할 것

Mailing Address: CARE Program P.O. Box 3249, GT19A1 Los Angeles, CA 90051-1249

1-800-427-2200 Fax: 213-244-4665 Meter: Residential

고객/임차인 이름 (청구서에 기재된 사항과 동일):
집주소:
계정/설비 번호:
전화: () - -
○ 자택 ○ 휴대폰

←본인은 더 이상 자격이 없거나 프로그램에 참여하기를 원치 않으므로 신고서에 서명하는 바입니다.

Table with 6 columns: 각 가구 구성원 이름 (귀하 포함), 성인/어린이, 공적 부조금 수령 여부, 소득 유무, 소득원이나 공적 부조금 출처, 세금 공제전 연소득. Includes a row for 'Customer_Name' and a total row at the bottom.

총 가구 구성원 수:
성인: 어린이 (18세 미만):
총 가계 소득 = \$

아래에 서명한 다음 소득이 있거나 공적 부조금을 받는 모든 가구 구성원에 대한 공식 증빙서류 사본을 이 양식과 함께 봉투에 동봉하여 반송합니다.

진술: 본 신청서에서 본인이 제공한 정보와 문서는 모두 사실이며 정확함을 진술합니다. 본인이 더 이상 할인 받을 자격이 없게 될 경우 SoCalGas에 통보할 것에 동의합니다. 자격이 없으면서 할인을 받은 경우 받은 할인액을 환불해야할 수도 있다는 것을 이해합니다. SoCalGas에서 다른 유틸리티 회사나 에이전트의 지원 프로그램에 등록하기 위해 본인의 정보를 그들과 공유할 수 있다는 것을 본인은 이해합니다.

서명: X 날짜: / /

SOCALGAS에 한해서만 사용:

INC: \$ HH: INITIALS:

Kính Gởi Quý Khách Hàng,

Quý vị hiện đang được giảm giá 20 phần trăm trên hóa đơn tiền gas hàng tháng qua chương trình Giảm Tiền Trong Hóa Đơn Năng Lượng của California (CARE). Gia đình của quý vị được SoCalGas® chọn để xác minh tình trạng hội đủ điều kiện. Để tiếp tục được giảm giá trong chương trình này, xin gửi lại đơn đã điền đầy đủ và có chữ ký trong phong bì đã có sẵn đồng thời kèm theo (những) giấy tờ yêu cầu cần nộp, hoặc fax, trong vòng 90 ngày. Nếu quý vị không hồi đáp hoặc xét thấy không còn hội đủ điều kiện nữa, quý vị sẽ nhận được hóa đơn điều chỉnh số tiền chênh lệch phải trả.

Những Giấy Tờ Cần Nộp: Quý vị chỉ cần nộp bản sao của (những) giấy tờ liệt kê trong phần **1 HOẶC 2** (không phải cả hai).

Phần 1) Nếu quý vị hay một người khác trong gia đình quý vị hưởng trợ cấp xã hội, **xin gửi giấy tờ xác nhận được hưởng** bất cứ chương trình nào sau đây:

Medicaid, Medi-Cal, Medi-Cal A&B cho Gia Đình (Hóa Đơn Đóng Tiền Bảo Hiểm Hàng Tháng), Chương Trình Dinh Dưỡng Cho Phụ Nữ, Trẻ Sơ Sinh, & Trẻ Em (WIC), CalWORKs (TANF), TANF của Bộ Lạc, Chương Trình Head Start Cho Những Người Hội Đủ Điều Kiện Về Lợi Tức - Chỉ Dành cho Bộ Lạc, Trợ Cấp Tổng Quát của Phòng Sự Vụ Người Mỹ Da Đỏ CalFresh (Food Stamps), Chương Trình Trợ Giúp Của Quốc Gia Về Ăn Trưa Tại Trường (NSLP), Chương Trình Trợ Giúp Năng Lượng Cho Gia Đình Có Lợi Tức Thấp (LIHEAP), Tiền Phụ Cấp An Sinh (SSI)

HOẶC

Phần 2) Nếu gia đình quý vị không có ai được hưởng bất cứ chương trình nào nêu trên, **xin gửi bản sao giấy tờ về lợi tức của mọi người trong gia đình có lợi tức hoặc trợ cấp.** Phần dưới đây liệt kê nguồn lợi tức và những giấy tờ yêu cầu nộp:

Nếu quý vị có:	Giấy Tờ Được Chấp Nhận
Lương tuần, lương tháng, tiền tips, tiền hoa hồng	Hai cuống phiếu tiền lương liên tục gần đây nhất, hoặc W2, hay đơn khai thuế 1040 nộp cho IRS
Phụ Cấp An Sinh, SSI, SSDI, Tiền Hưu, Tiền Tàn Tật, Tiền Bồi Thường Tai Nạn Lao Động, Tiền Thất Nghiệp	Thư Xác Nhận Được Hưởng Tiền, hoặc Bản Sao Chi Phiếu Nhận Tiền, hay Giấy Báo Cáo Hàng Tháng của Ngân Hàng về khoản tiền chuyển vào trương mục, hoặc Mẫu Thuế 1040 IRS, hoặc Mẫu Đơn 1099 IRS
Tiền lời do công việc tự làm chủ	Mẫu Thuế 1040 IRS, cùng với Bản Liệt Kê (Schedule) C
Lợi tức nhà cho thuê, lợi tức bản quyền	Mẫu Thuế 1040 IRS, cùng với Bản Liệt Kê (Schedule) E
Tiền lời hoặc tiền lãi cổ phần từ trương mục tiết kiệm, trương mục hưu trí, cổ phần, công khổ phiếu	Mẫu Thuế 1040 IRS, hoặc (các) Mẫu 1099 IRS.
Bồi thường của bảo hiểm, bồi thường pháp lý	Giấy tờ thỏa thuận sự bồi thường
Cấp dưỡng con và/hoặc người phối ngẫu	Giấy tờ của tòa, hoặc bản sao chi phiếu
Học bổng, tài trợ, hoặc trợ cấp khác	Thư cấp tiền, hoặc hai cuống phiếu tiền lương liên tục gần đây nhất, hay bản sao chi phiếu
Không có nguồn lợi tức nào nêu trên	Viết giấy giải thích quý vị dùng nguồn tiền nào để chi phí cho gia đình

MUỐN BIẾT THÊM CHI TIẾT VỀ CHƯƠNG TRÌNH CARE, XIN GỌI CHO SOCALGAS:

Tiếng Anh: 1-800-427-2200

中文: 1-800-427-1429

한국어: 1-800-427-0471

Español: 1-800-342-4545

廣東話: 1-800-427-1420

Tiếng Việt: 1-800-427-0478

Người Khiếm Thính (TDD/TTY): 1-800-252-0259 (chỉ có bằng tiếng Anh và tiếng Tây Ban Nha)

Fax: 1-213-244-4665



A Sempra Energy utility

**XÁC MINH TÌNH TRẠNG HỘI ĐỦ ĐIỀU
KIẾN HƯỞNG CHƯƠNG TRÌNH CARE**

Đơn Cần Thiết

Xin viết rõ ràng và dùng bút màu đậm

Địa Chỉ Gửi Thư:
CARE Program
P.O. Box 3249, GT19A1
Los Angeles, CA 90051-1249

1-800-427-2200
Số Fax: 213-244-4665
Meter: Residential

Tên Khách Hàng/Người Thuê Nhà
(giống như trong hóa đơn của quý vị):

Địa Chỉ Nhà:

Số Trương Mục/Cơ Sở:

Số Điện Thoại: () - - Nhà Cell

← Chỉ tô kín vào ô tròn nếu quý vị **không còn** hội đủ điều kiện hoặc **không muốn** hưởng chương trình CARE và ký tên vào phần **Xác Nhận Lời Khai**.

Tên của Mỗi Người Trong Gia Đình (kể cả quý vị)	Người Lớn/Trẻ Em <input checked="" type="checkbox"/>	Có Trợ Cấp <input checked="" type="checkbox"/>	Có Lợi Tức <input checked="" type="checkbox"/>	(Các) Nguồn Lợi Tức hoặc Trợ Cấp (thí dụ như: tiền lương, tiền hưu, CalFresh, v.v.)	Lợi Tức Hàng Năm Trước Khi Trừ Thuế (Nếu quý vị không được hưởng bất cứ chương trình trợ cấp xã hội)
	✓				\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

Số người ở chung trong gia đình quý vị:

Người Lớn: Trẻ Em (dưới 18 tuổi):

Tổng Cộng Lợi Tức
Của Gia Đình = \$

Gửi lại đơn này, có chữ ký bên dưới, và kèm theo bản sao những giấy tờ xác minh chính thức của mỗi người trong gia đình có lợi tức hoặc nhận trợ cấp xã hội trong phong bì có sẵn.

Xác Nhận Lời Khai: Tôi xác nhận rằng những chi tiết khai trong đơn này và giấy tờ kèm theo là đúng sự thật và chính xác. Tôi đồng ý báo cho Southern California Gas Company (SoCalGas®) biết nếu tôi không còn đủ điều kiện để được giảm giá. Tôi hiểu rằng nếu tôi được giảm giá mà không đủ điều kiện, tôi có thể phải hoàn trả lại số tiền giảm giá đã nhận. Tôi hiểu rằng SoCalGas có thể chia sẻ thông tin của tôi với các công ty dịch vụ tiện ích khác hoặc người đại diện để ghi danh cho tôi vào các chương trình trợ giúp của họ.

Ký Tên: **X** Ngày: / /

SAMPLE FORMS: APPLICATIONS
Post-Enrollment Verification CARE Application
Sub-Metered Residential (Form 6675S, 06/15)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 4797
DECISION NO.

ISSUED BY

Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 1, 2015
EFFECTIVE Jun 1, 2015
RESOLUTION NO. E-3524



A Sempra Energy utility

**IMMEDIATE REPLY
NEEDED**

Dear Customer,

You are currently receiving a 20 percent discount on your monthly gas bill through the California Alternate Rates for Energy (CARE) program. Your household has been selected by SoCalGas® for verification of eligibility. To continue receiving this discount, please return the completed and signed form including required document(s) in the envelope provided, or by fax, within 90 days. If you do not reply or are found ineligible, you will 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:

Medicaid, Medi-Cal, Medi-Cal for Families A&B (Monthly Premium Statement), Women, Infants, & Children (WIC), CalWORKs (TANF), Tribal TANF, Head Start Income Eligible - Tribal Only, Bureau of Indian Affairs General Assistance, CalFresh (Food Stamps), National School Lunch Program (NSLP), Low Income Home Energy Assistance Program (LIHEAP), Supplemental Security Income (SSI)

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:

If you receive:	Acceptable Documents
Wages, salary, tips, commissions	Two most recent consecutive pay stubs, or W2, or IRS 1040 form
Social Security, SSI, SSDI, Pensions, Disability Payments, Workers Compensation, Unemployment Benefits	Statements of Benefits, or Copy of the Check, or Bank Statements showing the deposits, or IRS Form 1040, or IRS Form 1099
Profit from self-employment	IRS Form 1040, plus Schedule C
Rental income, royalty income	IRS Form 1040, plus Schedule E for rental income
Interest or dividends from savings accounts, retirement accounts, stocks, bonds	IRS Form 1040, or IRS Form 1099(s).
Insurance, legal settlements	Settlement documents
Child and/or spousal support	Court documents, or copy of the check
School grants, scholarships, or other aid	Award letters, or two most recent consecutive pay stubs, or copy of the check
None of the sources above	A statement explaining the sources of income used to support your household

FOR INFORMATION ON CARE, CALL SOCALGAS AT:

English: 1-800-427-2200

中文: 1-800-427-1429

한국어: 1-800-427-0471

Español: 1-800-342-4545

廣東話: 1-800-427-1420

Việt: 1-800-427-0478

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

Fax: 1-213-244-4665



A Sempra Energy utility

CARE ELIGIBILITY VERIFICATION

Documents Required

Please print clearly and use dark ink

Mailing Address:
CARE Program
P.O. Box 3249, GT19A1
Los Angeles, CA 90051-1249

1-800-427-2200
Fax: 213-244-4665
Meter: Submetered

Customer/Tenant Name
(as it appears on your bill):

Home Address:

Account/Facility Number:

Telephone: () () () () - () () () () Home Cell

← Fill in the circle only if you **no longer** qualify or **do not** wish to participate in the CARE program and **sign** the Declaration.

Name of Each Household Member (including you)	Adult/Child <input checked="" type="checkbox"/>	Receives Assistance <input checked="" type="checkbox"/>	Receives Income <input checked="" type="checkbox"/>	Source(s) of Income or Assistance (e.g.: salary, pension, CalFresh, etc.)	Annual Income Before Taxes (If your household does not participate in any of the assistance programs from List 1)
«Customer_Name»	✓				\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

Total number of people living in your household: () ()

Adults: () () Children (under 18): () ()

Total Household Income = \$ () () () ()

Include this form, sign below, and return it along with copies of official verification documents for every household member receiving income or public assistance in the envelope provided.

Declaration: I state that the information and documents I have provided in this application are true and correct. I agree to inform Southern California Gas Company (SoCalGas®) 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 SoCalGas can share my information with other utilities or agents to enroll me in their assistance programs.

Signature: **X** _____ Date: () () / () () / () ()

FOR SOCALGAS USE ONLY:

1 = CE 2 = INCOME 3 = BOTH
BLANK = INCOMPLETE : \$ () () () () HH: () () INITIALS: () ()



A Sempra Energy utility

**SE NECESITA
RESPUESTA INMEDIATA**

Estimado cliente:

Actualmente usted recibe un descuento del 20 por ciento en su factura de gas mensual a través del programa de Tarifas Alternas para Energía en California (CARE). SoCalGas® seleccionó su hogar para realizar una verificación de elegibilidad. Para continuar recibiendo este descuento, envíe el formulario lleno y firmado, incluido(s) el/los documento(s) requerido(s) en el sobre que se adjunta o por fax, dentro de un plazo de 90 días. Si no responde o se lo califica inelegible, recibirá las facturas corregidas.

Documentos requeridos: Solo debe proporcionar copias del / de los documento(s) de la lista **1 Ó 2** (no ambas).

Lista 1) Si usted u otra persona en su hogar recibe asistencia social, **envíe la documentación que pruebe la participación** en cualquiera de los siguientes programas:

Medicaid, Medi-Cal, Medi-Cal para familiar clase A&B (resumen de cuota mensual), Mujeres, Infantes y Niños (WIC), CalWORKs (Asistencia Temporal para Familias Necesitadas, TANF), TANF Tribal, Persona con ingresos que califican para el Programa Head Start - Solo Tribal, Agencia de Asuntos Indígenas Asistencia General, CalFresh (cupones para alimentos), Programa de Almuerzo "National School Lunch" (NSLP), Programa de Ayuda Energética para Hogares de Bajos Ingresos (LIHEAP), Ingreso Suplementario del Seguro Social (SSI)

O BIEN

Lista 2) Si ningún miembro de su hogar participa en ninguno de los programas que se mencionan arriba, **envíe copias de los ingresos de cada miembro del hogar que reciba ingresos o ayuda.** El cuadro de abajo enumera las fuentes de ingresos y la documentación requerida:

Si usted recibe:	Documentación aceptable
Sueldos, salarios, propinas, comisiones	Los dos talones de pago consecutivos más recientes o W2 o formulario IRS 1040
Seguridad Social, SSI, SSDI, pensiones, pagos por discapacidad, indemnización laboral, beneficios de desempleo	Resúmenes de beneficios o copia de cheque o resúmenes bancarios que muestren los depósitos o formulario IRS 1040 o formulario IRS 1099
Ganancias como trabajador autónomo	Formulario IRS 1040, más Anexo C
Ingreso por alquiler, ingreso por regalías	Formulario IRS 1040, más Anexo E para ingreso por alquiler
Intereses o dividendos de cuentas de ahorro, cuentas de jubilación, acciones, bonos	Formulario IRS 1040 o Formulario IRS 1099(s).
Seguro, acuerdos legales	Documentación de acuerdo
Manutención infantil y/o conyugal	Documentos judiciales o copia de cheque
Asignaciones escolares, becas u otro tipo de ayuda	Carta de concesión o los dos talones de pago consecutivos más recientes o copia de cheque
Ninguna de las fuentes de arriba	Una declaración que explique las fuentes de ingreso que se usan para mantener el hogar

PARA INFORMACIÓN SOBRE CARE, COMUNÍQUESE CON SOCALGAS AL:

English: 1-800-427-2200

中文: 1-800-427-1429

한국어: 1-800-427-0471

Español: 1-800-342-4545

廣東話: 1800-427-1420

Việt: 1-800-427-0478

Personas con discapacidad auditiva (TDD/TTY): 1-800-252-0259 (solo disponible en inglés y español)

Fax: 1-213-244-4665



A Sempra Energy utility

VERIFICACIÓN DE ELEGIBILIDAD CARE

Documentación requerida

Rellene con letra clara y use tinta oscura

Domicilio postal:
Programa CARE
P.O. Box 3249, GT19A1
Los Angeles, CA 90051-1249

1-800-427-2200
Fax: 213-244-4665
Meter: Submetered

Nombre de cliente/inquilino
(como aparece en su factura)

Dirección de la casa:

Número de cuenta/
complejo habitacional:

Teléfono: () - - Casa Celular

← Rellene el círculo solo si usted **ya no** califica o **no** desea participar en el programa CARE y **firmar** la Declaración.

Nombre de cada miembro del hogar (incluido usted)	Adulto/niño <input checked="" type="checkbox"/>	Recibe asistencia <input checked="" type="checkbox"/>	Recibe ingreso <input checked="" type="checkbox"/>	Fuente(s) de ingreso o asistencia (por ejemplo: salario, pensión, CalFresh, etc.)	Ingresos anuales antes de los impuestos (Si su hogar no participa en ninguno de los programas de asistencia de la Lista 1)
«Customer_Name»	✓				\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

Cantidad total de personas que viven en su hogar

Adultos: Niños (menores de 18 años):

Ingreso total del hogar = \$

Incluya este formulario, firme abajo y envíelo junto con copias de la documentación de verificación oficial de cada miembro del hogar que reciba ingreso o asistencia social en el sobre que se adjunta.

Declaración: Declaro que la información y la documentación que suministré en esta aplicación son veraces y correctos. Me comprometo a informar a Southern California Gas Company (SoCalGas®) si ya no califico para recibir este descuento. Entiendo que de recibir el descuento sin ser apto para él, se me puede exigir pagar el descuento que recibí. Entiendo que SoCalGas puede compartir mi información con otros servicios o agentes para inscribirme en sus programas de asistencia.

Firma: Fecha: / /

PARA USO EXCLUSIVO DE SOCALGAS:

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

INC: \$ HH: INITIALS:

SAMPLE FORMS: APPLICATIONS
Self-Certification CARE Application
Submetered Residential (Form 6677, 06/15)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 4797
DECISION NO.

1H8

ISSUED BY

Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 1, 2015
EFFECTIVE Jun 1, 2015
RESOLUTION NO. E-3524



A Sempra Energy utility

**ACT IMMEDIATELY
QUALIFY TO RECEIVE
YOUR 20% CARE DISCOUNT**

Through the California Alternate Rates for Energy (CARE) program, SoCalGas® offers a 20 percent discount to eligible customers on their monthly gas bill. Eligible customers who are approved within 90 days after starting new gas service will also receive a \$15 discount on the Service Establishment Charge. The discount will be applied to the monthly gas bill following the date that the application is approved by SoCalGas. If you are a submetered tenant, your property owner/manager will be notified whether or not you are approved to receive the discount.

If you are currently receiving the CARE discount, you are required to renew your eligibility within 90 days to continue the discount.

1. Call **1-866-716-3452** anytime 24 hours a day and follow the enrollment/renewal instructions.
2. Apply online at <http://www.socalgas.com/care/app>
3. Return the completed and signed form by mail or FAX to **(213) 244-4665**

HOW TO QUALIFY FOR THE CARE DISCOUNT

PUBLIC ASSISTANCE PROGRAMS:
If you or someone in your household participates in any of these programs:
Medicaid or Medi-Cal
Medi-Cal for Families A&B
Women, Infants, & Children (WIC)
CalWORKs (TANF) or Tribal TANF
Head Start Income Eligible - Tribal Only
Bureau of Indian Affairs General Assistance
CalFresh (Food Stamps)
National School Lunch Program (NSLP)
Low Income Home Energy Assistance Program (LIHEAP)
Supplemental Security Income (SSI)

OR

MAXIMUM HOUSEHOLD INCOME*: <i>(effective June 1, 2015 to May 31, 2016)</i>	
*current household income from all sources before deductions	
Number of Persons in Household	Total Annual Income
1-2	\$31,860
3	\$40,180
4	\$48,500
5	\$56,820
6	\$65,140
7	\$73,460
8	\$81,780
Each additional person	+\$8,320

CONDITIONS FOR PARTICIPATION

- 1) The address must be your primary address.
- 2) You must not be claimed as a dependent on another person's income tax return other than your spouse.
- 3) You must recertify your application when requested.
- 4) You must notify SoCalGas 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

Energy Savings Assistance Program: Offers no-cost energy-saving home improvements such as attic insulation, low-flow showerheads, faucet aerators, door weather-stripping, caulking and minor home repairs to eligible low-income home-owners and renters. 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 Dept. of Community Services and Development at 1-866-675-6623.

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

FOR MORE INFORMATION ON CUSTOMER ASSISTANCE

English: 1-800-427-2200

中文: 1-800-427-1429

한국어: 1-800-427-0471

Español: 1-800-342-4545

廣東話: 1-800-427-1420

Việt: 1-800-427-0478

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

Fax: 1-213-244-4665

Account Number/Facility ID:



A Sempra Energy utility

CARE PROGRAM APPLICATION OR RENEWAL

Save 20% off your natural gas bill

P.O. Box 3249, Los Angeles, CA 90051-1249

FAX: 213-244-4665

Effective June 1, 2015 – May 31, 2016

Meter: Submetered

Account/Facility
Number:

Customer/Tenant
Name:

Customer Address:
Apt/Space #
City, ST ZIP

Phone:

1 Total adults and children in your household: 1 2 3 4 5 6 If 6+, how many?

2 Are you (or someone in your household) enrolled in any of the following assistance programs?

YES: (If yes, mark the program(s) of participation):

NO: If no, what is your yearly household income (before deductions, including all members of the household)?

- Medi-Cal / Medicaid: Under age 65
- Medi-Cal / Medicaid: 65 or older
- Medi-Cal for Families A & B
- Women, Infants, & Children Program (WIC)
- CalWORKs (TANF) or Tribal TANF
- Head Start Income Eligible - Tribal Only
- Bureau of Indian Affairs General Assistance
- CalFresh (Food Stamps)
- National School Lunch Program (NSLP)
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Security Income (SSI)

- \$0 - \$31,860
- \$31,861 - \$40,180
- \$40,181 - \$48,500
- \$48,501 - \$56,820
- \$56,821 - \$65,140
- If more than \$65,140, enter amount: \$ per year

Please mark your source(s) of income:

- Social Security
- SSP or SSDI
- Pensions
- Interest or dividends from: savings, stocks, bonds, or retirement accounts
- Wages and/or profit from self-employment
- Unemployment benefits
- Insurance or legal settlements
- Disability or workers compensation payments
- Spousal or child support
- Scholarships, grants, or other aid used for living expenses
- Rental or royalty income
- Cash or other income

Check the box if you **do not** wish to participate or **do not qualify** for the CARE Program. Sign the form at the bottom and return it to the address above.

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 Southern California Gas Company (SoCalGas®) 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 SoCalGas can share my information with other utilities or agents to enroll me in their assistance programs.

Signature: X

Date:



A Semptra Energy utility

**ACTUAR DE INMEDIATO
CALIFICA PARA RECIBIR SU
DESCUENTO CARE DE 20%**

A través del programa de Tarifas Alternas para Energía en California (CARE), SoCalGas® ofrece un descuento del 20 por ciento a clientes elegibles en su factura de gas mensual. Los clientes elegibles que se aprueben dentro de un plazo de 90 días a partir del inicio de un nuevo servicio de gas, también recibirán un descuento de \$15 en el cargo por conexión del servicio. El descuento se aplicará a la factura de gas mensual a partir de la fecha en que SoCalGas apruebe la solicitud. Si usted es un inquilino con submedidor, se le notificará al dueño o administrador de la propiedad si usted aprobó o no para recibir el descuento.

Si actualmente usted recibe el descuento CARE, se le pide renovar su elegibilidad dentro de un plazo de 90 días para continuar el descuento.

1. Llame al **1-866-716-3452** en cualquier momento, las 24 horas al día, y siga las instrucciones de solicitud/renovación.
2. Solicite en línea en <http://www.socalgas.com/care/app>
3. Envíe el formulario completo y firmado por correo o FAX al **(213) 244-4665**

CÓMO CALIFICAR PARA LOS PROGRAMAS DE DESCUENTO CARE

PROGRAMAS DE ASISTENCIA SOCIAL:
Si usted u otra persona de la casa participa de alguno de los siguientes programas:
Medicaid / Medi-Cal
Medi-Cal para Familias A&B
Programa para Mujeres, Infantes y Niños (WIC)
CalWORKs (Asistencia Temporal para Familias Necesitadas, TANF) / TANF Tribal
Personas con ingresos que califican para el Programa Head Start - Solo Tribal
Agencia de Asuntos Indígenas, Asistencia General
CalFresh (cupones para alimentos)
Programa de Almuerzo "National School Lunch" (NSLP)
Programa de Ayuda Energética para Hogares de Bajos Ingresos (LIHEAP)
Ingreso Suplementario del Seguro Social (SSI)

**O
BIEN**

INGRESO MÁXIMO POR HOGAR*:	
<i>(en vigor desde el 1 de junio de 2015 al 31 de mayo de 2016)</i>	
*ingreso por hogar actual de todas las fuentes antes de deducir los impuestos.	
Cantidad de personas en el hogar	Ingresos anuales totales
1-2	\$31,860
3	\$40,180
4	\$48,500
5	\$56,820
6	\$65,140
7	\$73,460
8	\$81,780
Cada persona adicional	+\$8,320

CONDICIONES PARA PARTICIPAR

- 1) La factura de gas debe estar a su nombre y la dirección debe ser su domicilio principal.
- 2) Usted no debe figurar como dependiente en las declaraciones de impuestos de otra persona que no sea su cónyuge.
- 3) Usted debe volver a acreditar su solicitud siempre que se lo soliciten.
- 4) Usted debe notificar a SoCalGas dentro de un plazo de 30 días si deja de ser apto para el programa.
- 5) Puede solicitársele que verifique su elegibilidad para CARE.

OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE PUEDE CALIFICAR

Programa Asistencial de Ahorro Energético: Ofrece mejoras gratuitas que ahorran energía en el hogar, como aislamiento del ático, regaderas con cabezales de bajo flujo, aireadores para llaves, burletes aislantes en puertas, enmasillado y reparaciones menores del hogar a propietarios e inquilinos de bajos ingresos. Para mayor información, llame al 1-800-331-7593.



Asignación Médica Básica: Ofrece asignación adicional de gas a una tarifa más baja a clientes con ciertas afecciones médicas. Para mayor información, llame al 1-800-427-2200.

LIHEAP: El Programa de Ayuda Energética para Hogares de Bajos Ingresos ofrece asistencia en el pago de facturas, asistencia de emergencia de facturas y servicios de impermeabilización. Comuníquese con el Departamento de Desarrollo y Servicios Comunitarios de California (California Department of Community Services and Development) al 1-866-675-6623.

California Lifeline: Un acceso telefónico con descuento para los clientes que cumplan con lineamientos de ingresos similares a CARE. Para mayor información, contacte su proveedor de servicio telefónico local.

PARA MAYOR INFORMACIÓN SOBRE ASISTENCIA AL CLIENTE

English: 1-800-427-2200

中文: 1-800-427-1429

한국어: 1-800-427-0471

Español: 1-800-342-4545

廣東話: 1-800-427-1420

Việt: 1-800-427-0478

Personas con discapacidad auditiva (TDD/TTY): 1-800-252-0259 (solo disponible en inglés y español)

Fax: 1-213-244-4665

Número de cuenta/ID de instalación:



A Sempra Energy utility

SOLICITUD O RENOVACIÓN PARA EL PROGRAMA CARE

Ahorre el 20% sobre su factura mensual de gas natural

P.O. Box 3249, Los Angeles, CA 90051-1249

FAX: 213-244-4665

Vigente a partir del 1ro de junio de 2015 hasta el 31 de mayo de 2016

Meter: Submetered

Número de cuenta/
complejo habitacional:

Nombre del cliente/
inquilino:

Dirección del cliente
No. de apto/espacio
Ciudad, ZIP

Teléfono:

1 Cantidad total de adultos y niños en su hogar: 1 2 3 4 5 6 Si son más de 6:

2 ¿Usted o alguien de su hogar están inscriptos en alguno de los siguientes programas de asistencia?

SÍ: (Si su respuesta es positiva, rellene los círculos que correspondan)

- Medi-Cal/Medicaid: Menos de 65 años
- Medi-Cal/Medicaid: 65 años o más
- Medi-Cal para familias clase A y B
- Programa para Mujeres, Infantes y Niños (WIC)
- CalWORKs (Asistencia Temporal para Familias Necesitadas, TANF) o TANF Tribal
- Persona con ingresos que califican para el Programa Head Start - Solo Tribal
- Agencia de Asuntos Indígenas, Asistencia General
- CalFresh (cupones para alimentos)
- Programa de Almuerzo "National School Lunch" (NSLP)
- Programa de Asistencia con la Energía Doméstica para Hogares de Bajos Ingresos (LIHEAP)
- Ingreso Suplementario del Seguro Social (SSI)

NO: ¿Cuál es el ingreso anual de su hogar (antes de deducir los impuestos e incluidos todos los miembros del hogar)?

- \$0 - \$31,860
- \$31,861 - \$40,180
- \$40,181 - \$48,500
- \$48,501 - \$56,820
- \$56,821 - \$65,140
- En caso de ser más de \$65,140, ingrese el monto en dólares aquí \$ por año

Marque sus fuentes de ingreso

- Seguro Social
- SSP o SSDI
- Jubilaciones
- Intereses o dividendos de: ahorros, acciones, bonos o cuentas de jubilación
- Salario y/o ganancias de trabajo independiente
- Beneficios de desempleo
- Seguro o acuerdos legales
- Pagos por discapacidad o compensación al trabajador
- Manutención infantil o conyugal
- Becas, subvenciones u otra asistencia usada para gastos de subsistencia
- Ingresos por alquileres o regalías
- Efectivo u otros ingresos

Marque el cuadro si no desea participar o si no califica para el programa CARE. Firme la solicitud abajo y reenvíela a la dirección en la parte superior.

3 Declaración: Lea y firme abajo.

Declaro que la información que proporcioné en la presente solicitud es verdadera y correcta. Acepto proporcionar pruebas de elegibilidad para CARE si se me solicitan. Acepto informar a Southern California Gas Company (SoCalGas®) si ya no reúno los requisitos para recibir un descuento. Entiendo que si recibo el descuento sin reunir los requisitos para hacerlo, se me puede exigir que pague por el descuento que recibí. Entiendo que SoCalGas puede compartir mi información con otros servicios o agentes para que se me inscriba en sus programas de asistencia.

Firma: X

Fecha:

SAMPLE FORMS: APPLICATIONS
Self-Recertification CARE Application
Submetered Residential (Form 6678, 06/15)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 4797
DECISION NO.

1H8

ISSUED BY

Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 1, 2015
EFFECTIVE Jun 1, 2015
RESOLUTION NO. E-3524



YOUR RATE DISCOUNT IS EXPIRING

A Sempra Energy utility

Dear Tenant:

Through the California Alternate Rates for Energy (CARE) program, you are currently receiving a 20 percent discount on your monthly Southern California Gas Company (SoCalGas[®]) gas bill. In order to continue receiving the CARE discount from your property owner/manager, you are required to renew your eligibility **within 90 days**.

To renew, use one of the methods listed below:

1. 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 facility ID at the bottom of this page,

OR

2. Visit our Website <http://www.socalgas.com/care/recert/> and have your facility ID ready.

OR

3. Return your completed and signed by mail or fax to (213) 244-4665,

HOW TO QUALIFY FOR THE CARE DISCOUNT:

PUBLIC ASSISTANCE PROGRAMS:
If you or someone in your household participates in any of these programs:
Medicaid or Medi-Cal
Medi-Cal for Families A&B
Women, Infants, & Children (WIC)
CalWORKs (TANF) or Tribal TANF
Head Start Income Eligible - Tribal Only
Bureau of Indian Affairs General Assistance
CalFresh (Food Stamps)
National School Lunch Program (NSLP)
Low Income Home Energy Assistance Program (LIHEAP)
Supplemental Security Income (SSI)

OR

MAXIMUM HOUSEHOLD INCOME*: <i>(effective June 1, 2015 to May 31, 2016)</i>	
*current household income from all sources before deductions	
Number of Persons in Household	Total Annual Income
1-2	\$31,860
3	\$40,180
4	\$48,500
5	\$56,820
6	\$65,140
7	\$73,460
8	\$81,780
Each additional person	+\$8,320

CONDITIONS FOR PARTICIPATION

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

FOR INFORMATION ON CUSTOMER ASSISTANCE, CALL SOCALGAS AT:

English: 1-800-427-2200

中文: 1-800-427-1429

한국어: 1-800-427-0471

Español: 1-800-342-4545

廣東話: 1-800-427-1420

Việt: 1-800-427-0478

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

FAX: (213) 244-4665

Facility ID:



A Sempra Energy utility

CARE PROGRAM APPLICATION OR RENEWAL

Save 20% off your natural gas bill

P.O. Box 3249, Los Angeles, CA 90051-1249

FAX: 213-244-4665

Effective June 1, 2015 – May 31, 2016

Meter: Submetered

Account/Facility
Number:

Customer/Tenant
Name:

Customer Address:
Apt/Space #
City, ST ZIP

Phone:

1 Total adults and children in your household: 1 2 3 4 5 6 If 6+, how many?

2 Are you (or someone in your household) enrolled in any of the following assistance programs?

YES: (If yes, mark the program(s) of participation):

NO: If no, what is your yearly household income (before deductions, including all members of the household)?

- Medi-Cal / Medicaid: Under age 65
- Medi-Cal / Medicaid: 65 or older
- Medi-Cal for Families A & B
- Women, Infants, & Children Program (WIC)
- CalWORKs (TANF) or Tribal TANF
- Head Start Income Eligible - Tribal Only
- Bureau of Indian Affairs General Assistance
- CalFresh (Food Stamps)
- National School Lunch Program (NSLP)
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Security Income (SSI)

- \$0 - \$31,860
- \$31,861 - \$40,180
- \$40,181 - \$48,500
- \$48,501 - \$56,820
- \$56,821 - \$65,140
- If more than \$65,140, enter amount: \$ per year

Please mark your source(s) of income:

- Social Security
- SSP or SSDI
- Pensions
- Interest or dividends from: savings, stocks, bonds, or retirement accounts
- Wages and/or profit from self-employment
- Unemployment benefits
- Insurance or legal settlements
- Disability or workers compensation payments
- Spousal or child support
- Scholarships, grants, or other aid used for living expenses
- Rental or royalty income
- Cash or other income

Check the box if you **do not** wish to participate or **do not qualify** for the CARE Program. Sign the form at the bottom and return it to the address above.

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 Southern California Gas Company (SoCalGas®) 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 SoCalGas can share my information with other utilities or agents to enroll me in their assistance programs.

Signature: X

Date:



A Sempra Energy utility

EL DESCUENTO EN SU TARIFA ESTÁ POR VENCER

Apreciable inquilino:

Actualmente recibe un descuento del 20 por ciento en su factura mensual a través del programa de Tarifas Alternas para Energía en California (CARE), por medio de Southern California Gas Company (SoCalGas®). Para continuar recibiendo el descuento de CARE del propietario/administrador de su vivienda, se requiere que renueve su elegibilidad **dentro de 90 días**. Para renovar, use uno de los métodos que se enumeran a continuación:

1. Llame al **1-866-716-3452** en cualquier momento las 24 horas al día, 7 días a la semana, y siga las instrucciones para recertificar por teléfono. Por favor tenga listo su número de complejo habitacional (*Facility ID*). Puede localizar su número de complejo habitacional en la parte inferior de esta página,
2. Visite nuestro sitio web www.socalgas.com/care/recert/ y tenga listo el número de complejo habitacional (*Facility ID*),
3. Devuelva la solicitud debidamente llenada y firmada por correo o fax a 1-213-244-4665.

CÓMO CALIFICAR PARA EL DESCUENTO CARE:

PROGRAMAS DE ASISTENCIA PÚBLICA:
Si usted o alguien que vive en su hogar participa en cualquiera de estos programas:
Medicaid / Medi-Cal
Medi-Cal Para Familias A & B
Programa para Mujeres, Bebés y Niños (WIC) CalWORKs (TANF) o TANF Tribal
Ingreso elegible para Head Start (tribal únicamente)
Buró de Asistencia General para Asuntos de Nativos Americanos
CalFresh (Estampillas para Comida)
Programa Nacional de Almuerzos Escolares (NSLP)
Programa de Asistencia a Hogares de Ingresos Limitados para Gastos de Energía (LIHEAP)
Ingreso Suplementario del Seguro Social (SSI)

O

INGRESO MÁXIMO EN EL HOGAR: <i>(en vigor del 1 de junio de 2015 al 31 de mayo de 2016)</i> *ingreso actual en el hogar de todas las fuentes antes de deducciones	
Número de personas en el hogar	Ingreso total anual
1-2	\$31,860
3	\$40,180
4	\$48,500
5	\$56,820
6	\$65,140
7	\$73,460
8	\$81,780
Cada persona adicional	+\$8,320

CONDICIONES PARA PARTICIPAR

1) Esta dirección debe ser su domicilio principal. 2) No debe aparecer como dependiente en la declaración de impuestos de otra persona que no sea su cónyuge. 3) Debe recertificar su solicitud cuando se le solicite. 4) Debe notificar a SoCalGas en un término de 30 días si deja de calificar. 5) Tal vez se le pida comprobar que reúne los requisitos para CARE.

PARA MÁS INFORMACIÓN ACERCA DE ASISTENCIA AL CLIENTE:

English: 1-800-427-2200 中文: 1-800-427-1429 한국어: 1-800-427-0471
Español: 1-800-342-4545 廣東話: 1-800-427-1420 Việt: 1-800-427-0478
Para clientes con limitaciones auditivas (TDD/TTY): 1-800-252-0259 (disponible en inglés y español únicamente)
FAX: (213) 244-4665

Número de complejo habitacional (*Facility ID*):



A Sempra Energy utility

SOLICITUD O RENOVACIÓN PARA EL PROGRAMA CARE

Ahorre el 20% sobre su factura mensual de gas natural

P.O. Box 3249, Los Angeles, CA 90051-1249

FAX: 213-244-4665

Vigente a partir del 1ro de junio de 2015 hasta el 31 de mayo de 2016

Meter: Submetered

Número de cuenta/
complejo habitacional:

Nombre del cliente/
inquilino:

Dirección del cliente
No. de apto/espacio
Ciudad, ZIP

Teléfono:

1 Cantidad total de adultos y niños en su hogar: 1 2 3 4 5 6 Si son más de 6:

2 ¿Usted o alguien de su hogar están inscriptos en alguno de los siguientes programas de asistencia?

SÍ: (Si su respuesta es positiva, rellene los círculos que correspondan)

- Medi-Cal/Medicaid: Menos de 65 años
- Medi-Cal/Medicaid: 65 años o más
- Medi-Cal para familias clase A y B
- Programa para Mujeres, Infantes y Niños (WIC)
- CalWORKs (Asistencia Temporal para Familias Necesitadas, TANF) o TANF Tribal
- Persona con ingresos que califican para el Programa Head Start - Solo Tribal
- Agencia de Asuntos Indígenas, Asistencia General
- CalFresh (cupones para alimentos)
- Programa de Almuerzo "National School Lunch" (NSLP)
- Programa de Asistencia con la Energía Doméstica para Hogares de Bajos Ingresos (LIHEAP)
- Ingreso Suplementario del Seguro Social (SSI)

NO: ¿Cuál es el ingreso anual de su hogar (antes de deducir los impuestos e incluidos todos los miembros del hogar)?

- \$0 - \$31,860
- \$31,861 - \$40,180
- \$40,181 - \$48,500
- \$48,501 - \$56,820
- \$56,821 - \$65,140
- En caso de ser más de \$65,140, ingrese el monto en dólares aquí \$ por año

Marque sus fuentes de ingreso

- Seguro Social
- SSP o SSDI
- Jubilaciones
- Intereses o dividendos de: ahorros, acciones, bonos o cuentas de jubilación
- Salario y/o ganancias de trabajo independiente
- Beneficios de desempleo
- Seguro o acuerdos legales
- Pagos por discapacidad o compensación al trabajador
- Manutención infantil o conyugal
- Becas, subvenciones u otra asistencia usada para gastos de subsistencia
- Ingresos por alquileres o regalías
- Efectivo u otros ingresos

Marque el cuadro si no desea participar o si no califica para el programa CARE. Firme la solicitud abajo y reenvíela a la dirección en la parte superior.

3 Declaración: Lea y firme abajo.

Declaro que la información que proporcioné en la presente solicitud es verdadera y correcta. Acepto proporcionar pruebas de elegibilidad para CARE si se me solicitan. Acepto informar a Southern California Gas Company (SoCalGas®) si ya no reúno los requisitos para recibir un descuento. Entiendo que si recibo el descuento sin reunir los requisitos para hacerlo, se me puede exigir que pague por el descuento que recibí. Entiendo que SoCalGas puede compartir mi información con otros servicios o agentes para que se me inscriba en sus programas de asistencia.

Firma: X

Fecha:

APPLICATION FOR CALIFORNIA ALTERNATE RATES
FOR ENERGY PROGRAM - BILL INSERT
(Form 6491-BI, 06/15)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 4797
DECISION NO.

1H7

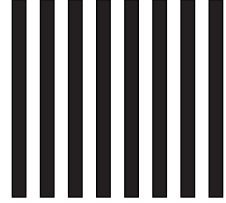
ISSUED BY

Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 1, 2015
EFFECTIVE Jun 1, 2015
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 GT19A1
SOCALGAS
PO BOX 515005
LOS ANGELES CA 90099-5409



CUSTOMER ASSISTANCE

20% DISCOUNT
DESCUENTO DEL 20%

Dear Customer:

You may be eligible for a 20 percent discount on your monthly natural 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 natural gas service with SoCalGas®. You will receive your discount once your completed, signed application is approved by SoCalGas. If you have any questions about the CARE program, or need assistance filling out the form, please visit socialgas.com (search "ASSISTANCE") or call 1-800-427-2200. Telecommunication devices for the speech and hearing impaired (TDD) are available at 1-800-252-0259.

**Other Programs and Services
You May Qualify For:**

Energy Savings Assistance Program: Offers no-cost energy-saving home improvements.

For more information, please call 1-800-331-7593.

Medical Baseline: Provides additional allowance of natural 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: 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 in other languages,
call SoCalGas 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

**Energy Savings
Assistance Program**

Estimado(a) cliente:

Usted podría ser elegible para recibir un 20 por ciento de descuento en su factura mensual de gas natural 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 SoCalGas®. Recibirá su(s) descuento(s) una vez que su solicitud sea aprobada por SoCalGas. Si tiene alguna pregunta acerca del programa CARE, o si necesita asistencia con la solicitud, visite socialgas.com/espanol (busque la palabra clave "ASISTENCIA") o llame al 1-800-342-4545.

**Otros programas y servicios
para los que PODRÍA calificar:**

Energy Savings Assistance Program: Ofrece mejoras sin costo que ahorran 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 médicas. 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): Acceso telefónico a precios de descuento para los clientes que reúnan requisitos de ingresos similares a los del programa CARE. Para más información, llame al proveedor de servicio telefónico de su localidad.

HOW TO QUALIFY / COMO PUEDE 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/Medicaid
- Medi-Cal for Families A&B
- Women, Infants, & Children (WIC)
- CalWORKs (TANF) or/ó Tribal TANF
- Head Start Income Eligible – Tribal Only/Solamente tribal
- Bureau of Indian Affairs General Assistance
- CalFresh (Food Stamps / Estampillas para comida)
- National School Lunch Program (NSLP)
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Security Income (SSI)

←OR/O→

2

MAXIMUM HOUSEHOLD INCOME INGRESO MÁXIMO EN EL HOGAR:

(effective June 1, 2015 to May 31, 2016)
(en vigor del 1 de junio de 2015 al 31 de mayo de 2016)

Number of Persons in Household Número de personas en el hogar	Total Annual Income* Ingreso total anual*
1-2	\$31,860
3	\$40,180
4	\$48,500
5	\$56,820
6	\$65,140
7	\$73,460
8	\$81,780

For each additional household member, add \$8,320
Por cada miembro adicional en el hogar, añada \$8,320

*Includes current household income from all sources before deductions
*Incluye los ingresos actuales del hogar de todas las fuentes de ingreso antes de deducciones

CONDITIONS FOR PARTICIPATION / CONDICIONES PARA PARTICIPAR

1) The natural gas bill must be in your name and the address must be your primary address. / La factura de gas natural 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 SoCalGas within 30 days if you no longer qualify. / Debe notificar a SoCalGas 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.

CUSTOMER NAME/NOMBRE DEL CLIENTE (FIRST AND LAST AS IT APPEARS ON YOUR BILL/NOMBRE(S) Y APELLIDO COMO APARECE EN SU FACTURA)

ADDRESS/DOMICILIO APT NO./NO. DE APTO.

CITY/CIUDAD HOME PHONE/TELÉFONO DE SU CASA

EMAIL/CORREO ELECTRÓNICO:

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):

1 2 3 4 5 6 If more than 6: si mas de 6:

2 Are you (or someone in your household) enrolled in any of the following assistance programs?
¿Está usted (o alguien que vive en su hogar) inscrito en alguno de los siguientes programas de asistencia?

- YES (If yes, please fill in the circle(s))
SÍ (Si su respuesta es afirmativa, por favor rellene el/los círculo/s)
- | | |
|---|---|
| <input type="radio"/> Medi-Cal / Medicaid: Under age 65/ menor de 65 años | <input type="radio"/> Low-Income Home Energy Assistance Program (LIHEAP) |
| <input type="radio"/> Medi-Cal / Medicaid: 65 or older/ 65 años o más | <input type="radio"/> Supplemental Security Income (SSI) |
| <input type="radio"/> Medi-Cal for Families A&B | <input type="radio"/> National School Lunch Program (NSLP) |
| <input type="radio"/> Women, Infants, and Children Program (WIC) | <input type="radio"/> Bureau of Indian Affairs General Assistance |
| <input type="radio"/> CalWORKs (TANF) or Tribal TANF | <input type="radio"/> Head Start Income Eligible - Tribal Only/Solamente tribal |
| <input type="radio"/> CalFresh (Food Stamps/Estampillas para comida) | |

NO
NO

What is your yearly household income (before deductions, including all members of the household)?
¿Cual es el ingreso anual de su hogar (antes de deducciones, incluyendo a todos miembros del hogar)?

\$0 - \$31,860 \$31,861 - \$40,180 \$40,181 - \$48,500 \$48,501 - \$56,820 \$56,821 - \$65,140

If more than \$65,140, enter the dollar amount here/Si es más de \$65,140, escriba el monto aquí: \$, .00 per year/al año

Please mark your sources of income / Por favor marque sus fuentes de ingreso

- | | |
|--|--|
| <input type="radio"/> Social Security/Seguro Social | <input type="radio"/> Insurance or legal settlements/Pagos de pólizas de seguro o convenios judiciales |
| <input type="radio"/> SSP or SSDI/SSP o SSDI | <input type="radio"/> Disability or workers compensation payments/Pagos por incapacidad o indemnización para los trabajadores |
| <input type="radio"/> Pensions/Pensiones | <input type="radio"/> Spousal or child support/Pension conyugal o alimenticia |
| <input type="radio"/> Interest or dividends from savings, stocks, bonds, or retirement accounts/Intereses o dividendos de cuentas de ahorro, acciones, bonos, o cuentas para el retiro | <input type="radio"/> Scholarships, grants, or other aid used for living expenses/Becas, subvenciones u otra ayuda usada para sufragar el costo de la vida |
| <input type="radio"/> Wages and/or profit from self employment/Salarios y/o ingresos de autoempleo | <input type="radio"/> Rental or royalty income/Ingresos por alquiler o regalías |
| <input type="radio"/> Unemployment benefits/Beneficios de desempleo | <input type="radio"/> Cash or other income/Dinero en efectivo y/u otros ingresos |

FORM 6491-BI 0165

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 Southern California Gas Company (SoCalGas®) within 30 days 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 SoCalGas 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 Southern California Gas Company (SoCalGas®) en un término de 30 días 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 SoCalGas puede compartir mis datos con otras empresas de servicios públicos o agentes para inscribirme en programas de asistencia.

SIGNATURE FIRMA DATE FECHA / /

TABLE OF CONTENTS

<u>Schedule Number</u>	<u>Title of Sheet</u>	<u>Cal. P.U.C. Sheet No.</u>
GR	Residential Service (Includes GR, GR-C and GT-R Rates)	51465-G,51034-G,42978-G,47110-G,42980-G
GS	Submetered Multi-Family Service (Includes GS, GS-C and GT-S Rates)	47111-G,51466-G,47112-G,42984-G 47113-G,47114-G
GM	Multi-Family Service (Includes GM-E, GM-C, GM-EC, GM-CC, GT-ME, GT-MC and all GMB Rates)	42987-G,51467-G,51468-G,41014-G 41015-G,41016-G,41017-G,45295-G
G-CARE	California Alternate Rates for Energy (CARE) Program	44092-G,51483-G 48175-G,51484-G,42343-G,41899-G
GO-AC	Optional Rate for Customers Purchasing New Gas Air Conditioning Equipment (Includes GO-AC and GTO-AC Rates)	51407-G,43154-G 40644-G,40645-G,40646-G
G-NGVR	Natural Gas Service for Home Refueling of Motor Vehicles (Includes G-NGVR, G-NGVRC and GT-NGVR Rates)	51470-G,43000-G 43001-G
GL	Street and Outdoor Lighting Natural Gas Service	51471-G,31022-G
G-10	Core Commercial and Industrial Service (Includes GN-10, 10C, and GT-10 Rates),	46445-G,51472-G 47116-G,51146-G,46449-G,51147-G
G-AC	Core Air Conditioning Service for Commercial and Industrial (Includes G-AC, G-ACC and GT-AC Rates)	51473-G,43252-G,51148-G,51149-G,43255-G
G-EN	Core Gas Engine Water Pumping Service for Commercial and Industrial (Includes G-EN, G-ENC and GT-EN Rates)	51474-G,44077-G,51150-G,44079-G,44980-G
G-NGV	Natural Gas Service for Motor Vehicles	51475-G,51476-G,48974-G 51151-G,42523-G
GO-ET	Emerging Technologies Optional Rate for Core Commercial and Industrial	30200-G,43168-G,51152-G
GTO-ET	Transportation-Only Emerging Technologies Optional Rate for Core Commercial and Industrial	30203-G,43169-G,51153-G
GO-IR	Incremental Rate for Existing Equipment for Core Commercial and Industrial	30206-G,43170-G,30208-G
GTO-IR	Transportation-Only Incremental Rate for Existing Equipment for Core Commercial and Industrial	30209-G,43171-G,30211-G
GO-CMPR	Compression Service	48859-G,48860-G,48861-G,48862-G,48863-G,48864-G

(Continued)

(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 4797
 DECISION NO.

ISSUED BY
Lee Schavrien
 Senior Vice President

(TO BE INSERTED BY CAL. PUC)
 DATE FILED May 1, 2015
 EFFECTIVE Jun 1, 2015
 RESOLUTION NO. E-3524

TABLE OF CONTENTS

SAMPLE FORMS

Applications

Medical Baseline Allowance Application (Form 4859-E, 06/11)	51378-G	
Medical Baseline Allowance Self-Certification (Form 4860, 07/11)	47388-G	
Application for California Alternate Rates for Energy (CARE) Program		
For Qualified Agricultural Employee Housing (Form 6632, 06/15)	51485-G	T
Application for California Alternate Rates for Energy (CARE) Program		
For Migrant Farmworker Housing Centers (Form 6635)	40407-G	
Application for California Alternate Rates for Energy (CARE) Program		
For Qualified Nonprofit Group Living Facilities (Form 6571, 06/15)	51486-G	T
Application for CARE, General Purpose, Direct Mail (Form 6491-DM, 06/15)	51487-G	T
Self-Certification CARE Application - Individually Metered Residential		
(Form 6491, 06/15)	51488-G	T
Self-Recertification CARE Application - Individually Metered Residential		
(Form 6674, 06/15)	51489-G	T
Capitation Program CARE Application (Form 6491-2E, 06/15)	51490-G	T
Post-Enrollment Verification CARE Application - Individually Metered Residential		
(Form 6675, 06/15)	51491-G	T
Post-Enrollment Verification CARE Application - Sub-Metered Residential		
(Form 6675S, 06/15)	51492-G	T
Self-Certification CARE Application - Submetered Residential		
(Form 6677, 06/15)	51493-G	T
Self-Recertification CARE Application - Submetered Residential		
(Form 6678, 06/15)	51494-G	T
Application for CARE, Bill Insert (Form 6491-BI, 06/15)	51495-G	T
Set and Turn-on Application (Form 1770H, 6-99)	32482-G	
SimplePay Direct Payment Application (Form 9706-08, 5/97)	28499-G	
Statement of Applicant's Contract Anticipated Cost for		
Applicant Installation Project, Form 66602	37772-G	
Mobilehome Park Utility Upgrade Program Application (Form 8208) 66602	50897-G	

Receipts and Notices

Receipt for Payment (Form 481-8, Rev. 7/96 CIS)	35708-G
Miscellaneous Account Receipt (Form 315U)	35709-G
Deposit Warning Letters A and B (Form 437.1R, 11/02)	36782-G
California Penal Code Tag (Form 81-A)	36783-G

Surety or Guarantee for Account

Continuing Guarantee Letter (Form 6447, 1/94)	36785-G
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(Continued)

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Lee Schavrien
 Senior Vice President

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 EFFECTIVE Jun 1, 2015
 RESOLUTION NO. E-3524

TABLE OF CONTENTS

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

<u>GENERAL</u>	<u>Cal. P.U.C. Sheet No.</u>	
Title Page	40864-G	
Table of Contents--General and Preliminary Statement	51498-G,51263-G,51264-G	T
Table of Contents--Service Area Maps and Descriptions	41970-G	
Table of Contents--Rate Schedules	51496-G,51481-G,51427-G	T
Table of Contents--List of Cities and Communities Served	50356-G	
Table of Contents--List of Contracts and Deviations	50356-G	
Table of Contents--Rules	51179-G,51180-G	
Table of Contents--Sample Forms	51497-G,51181-G,49402-G,51182-G,50598-G	T

PRELIMINARY STATEMENT

Part I General Service Information	45597-G,24332-G,24333-G,24334-G,48970-G
Part II Summary of Rates and Charges	51458-G,51459-G,51460-G,51024-G,51025-G,51461-G 51453-G,46431-G,46432-G,50855-G,51462-G,51463-G,51464-G,51030-G
Part III Cost Allocation and Revenue Requirement	51031-G,50447-G,50448-G
Part IV Income Tax Component of Contributions and Advances	51095-G,24354-G
Part V Balancing Accounts	
Description and Listing of Balancing Accounts	51259-G
Purchased Gas Account (PGA)	49671-G,49672-G
Core Fixed Cost Account (CFCA)	51352-G,51353-G
Noncore Fixed Cost Account (NFCA)	51354-G,51355-G,51356-G
Enhanced Oil Recovery Account (EORA)	49712-G
Noncore Storage Balancing Account (NSBA)	50450-G,50451-G
California Alternate Rates for Energy Account (CAREA)	45882-G,45883-G
Hazardous Substance Cost Recovery Account (HSCRA)	40875-G, 40876-G,40877-G
Gas Cost Rewards and Penalties Account (GCRPA)	40881-G
Pension Balancing Account (PBA)	49309-G,49310-G
Post-Retirement Benefits Other Than Pensions Balancing Account (PBOPBA) .	49311-G,49312-G
Research Development and Demonstration Surcharge Account (RDDGSA).....	40888-G
Demand Side Management Balancing Account (DSMBA).....	45194-G,41153-G
Direct Assistance Program Balancing Account (DAPBA)	40890-G
Integrated Transmission Balancing Account (ITBA)	49313-G

(Continued)

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