

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



May 24, 2018

Advice Letter 5287-G

Ronald van der Leeden
Director, Regulatory Affairs
Southern California Gas Company
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 Sample Forms.

Dear Mr. van der Leeden:

Advice Letter 5287-G is effective as of June 1, 2018.

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

May 1, 2018

Advice No. 5287
(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 Sample Forms

Southern California Gas Company (SoCalGas) hereby submits 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 sample forms, applicable throughout its service territory, as shown on Attachment A.

Purpose

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

¹ PU Code Section 739.1(a) states: The Commission shall continue 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. For one-person households, program eligibility shall be based on two-person household income levels. 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 1 of each year, with tariff revisions to be filed (submitted) and become effective June 1 of each year.

Background

Pursuant to the letter dated March 1, 2018 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, 2018 through May 31, 2019, as follows:

<i>Household Size</i>	<i>Income Eligibility Upper Limit</i>
1 - 2	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760
<i>Each Additional Person</i>	<i>\$8,640</i>

The approved list of the categorical eligible programs remains unchanged from last year's CARE and ESA Programs' 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 (submit) tariffs with the ED reflecting the new income levels by May 1, 2018. Because the CARE application instructions and sample forms are part of the tariffs, revised versions are provided in Attachment A.

Tariff Revisions

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

Schedule Revisions
Schedule No. G-CARE

Application Sample Form Revisions
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-CBO) - 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 Advice Letter to the Commission. The protest must state the grounds upon which it is based, including such items as financial and service impact, and should be submitted expeditiously. The protest must be made in writing and received within 20 days of the date of this Advice Letter, which is May 21, 2018. 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: Ray B. Ortiz
Tariff Manager - GT14D6
555 West Fifth Street
Los Angeles, CA 90013-1011
Facsimile No.: (213) 244-4957
E-mail: ROrtiz@SempraUtilities.com

Effective Date

SoCalGas believes that this submittal is subject to ED disposition and should be classified as Tier 1 (effective pending disposition) pursuant to General Order (GO) 96-B. In compliance with OP 3 of Res. E-3524, adopted February 19, 1998; PU Code Section 739.1(a), and the March 1, 2018 notice from the ED, the tariff sheets submitted herein are to be effective for service on and after June 1, 2018.

Notice

A copy of this Advice Letter is being sent to SoCalGas' GO 96-B service list and the Commission's service lists in R.13-11-005, Energy Efficiency Rolling Portfolios, and A.14-11-007, ESA and CARE Programs and Budgets for Program Years 2015-2017. Address change requests to the GO 96-B should be directed by electronic mail to tariffs@socalgas.com or call 213-244-2837. 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: Ray B. Ortiz

Phone #: (213) 244-3837

E-mail: ROrtiz@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) #: 5287

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: 6/1/18

No. of tariff sheets: 14

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: Schedule No. 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: Ray B. Ortiz
555 West Fifth Street, GT14D6
Los Angeles, CA 90013-1011
ROrtiz@semprautilities.com
Tariffs@socalgas.com

¹ Discuss in AL if more space is needed.

ATTACHMENT A
Advice No. 5287

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
Revised 54955-G	Schedule No. G-CARE, CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM, Sheet 2	Revised 53946-G
Revised 54956-G	Schedule No. G-CARE, CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM, Sheet 4	Revised 53947-G
Revised 54957-G	APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY (CARE) PROGRAM FOR QUALIFIED, AGRICULTURAL EMPLOYEE HOUSING (Form 6632, 06/18)	Revised 53948-G
Revised 54958-G	APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY PROGRAM FOR QUALIFIED NONPROFIT, GROUP LIVING FACILITIES (Form 6571, 06/18)	Revised 53949-G
Revised 54959-G	APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY PROGRAM - GENERAL PURPOSE, DIRECT MAIL (Form 6491-DM, 06/18)	Revised 53950-G
Revised 54960-G	SAMPLE FORMS: APPLICATIONS, Self- Certification CARE Application, Individually Metered Residential (Form 6491, 06/18)	Revised 53951-G
Revised 54961-G	SAMPLE FORMS: APPLICATIONS, Self- Recertification CARE Application, Individually Metered Residential (Form 6674, 06/18)	Revised 53952-G
Revised 54962-G	SAMPLE FORMS: APPLICATIONS, Capitation Program CARE Application, (Form 6491-CBO, 06/18)	Revised 53953-G
Revised 54963-G	SAMPLE FORMS: APPLICATIONS, Self- Certification CARE Application, Submetered Residential (Form 6677, 06/18)	Revised 53954-G
Revised 54964-G	SAMPLE FORMS: APPLICATIONS, Self- Recertification CARE Application, Submetered Residential (Form 6678, 06/18)	Revised 53955-G
Revised 54965-G	APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY PROGRAM - BILL INSERT, (Form 6491-BI, 06/18)	Revised 53956-G

ATTACHMENT A
Advice No. 5287

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
Revised 54966-G	TABLE OF CONTENTS	Revised 54952-G
Revised 54967-G	TABLE OF CONTENTS	Revised 53958-G
Revised 54968-G	TABLE OF CONTENTS	Revised 54954-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	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760

For households with more than eight persons, add \$8,640 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. 5287
 DECISION NO.

ISSUED BY
Dan Skopec
 Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
 SUBMITTED May 1, 2018
 EFFECTIVE Jun 1, 2018
 RESOLUTION NO. E-3524

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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 \$32,920.
 - 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. 5287
DECISION NO.

ISSUED BY
Dan Skopec
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
SUBMITTED May 1, 2018
EFFECTIVE Jun 1, 2018
RESOLUTION NO. E-3524

APPLICATION FOR CALIFORNIA ALTERNATE RATES
FOR ENERGY (CARE) PROGRAM FOR QUALIFIED
AGRICULTURAL EMPLOYEE HOUSING (Form 6632, 06/18)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 5287
DECISION NO.

ISSUED BY
Dan Skopec
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
SUBMITTED May 1, 2018
EFFECTIVE Jun 1, 2018
RESOLUTION NO. E-3524



20% DISCOUNT CARE APPLICATION
FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES

APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

The California Alternate Rates for Energy (CARE) program provides a 20 percent monthly discount on the natural gas bill for agricultural employee housing facilities that meet program criteria established by the California Public Utilities Commission (CPUC). The discounted rate is available only to qualified facilities once SoCalGas® receives and approves the application.

INSTRUCTIONS

- 1 READ** the information on pages 2 and 3. If you have questions, call SoCalGas at 1-800-427-2200.
- 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 percent monthly discount.
- 3 COMPLETE** and **SUBMIT** the entire application (please print). Complete a separate application for each qualified facility (including satellite facilities).
- 4 ATTACH** all required documents. Application will not be approved without all requested documentation.
- 5 MAIL TO:** SoCalGas
CARE PROGRAM GT19A1
PO BOX 513249
LOS ANGELES, CA 90051



20% DISCOUNT CARE APPLICATION

FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES

ELIGIBILITY CRITERIA FOR APPLICANT

Each applicant **MUST** meet all of the following criteria:

- Applicant must be SoCalGas' customer of record.
- Applicant must verify that 100 percent of the household meets the current CARE income guidelines, excluding any employee operating or managing the facility who resides at the facility.
- Applicant is required to recertify for the CARE program annually. An application will be mailed when it is time to recertify. Applicant must include total savings from the prior year and information on how the discount was used for the direct benefit of the qualified residents.

THERE ARE TWO WAYS TO QUALIFY		
PUBLIC ASSISTANCE PROGRAMS The individual resident in the facility receives benefits from any of the following programs:	MAXIMUM HOUSEHOLD INCOME (effective June 1, 2018 to May 31, 2019) Total yearly income for each resident in the facility:	
	Number of Persons in Household	Total Annual Income*
Medi-Cal/Medicaid	1-2	\$32,920
Medi-Cal for Families A & B	3	\$41,560
Women, Infants, & Children (WIC)	4	\$50,200
CalWORKs (TANF) ¹ / Tribal TANF	5	\$58,840
Head Start Income Eligible – Tribal Only	6	\$67,480
Bureau of Indian Affairs General Assistance	7	\$76,120
CalFresh (Food Stamps)	8	\$84,760
National School Lunch Program (NSLP)		
Low-Income Home Energy Assistance Program (LIHEAP)		
Supplemental Security Income		
	For each additional household member, add \$8,640 *Includes current household income from all sources before deductions.	

¹ Includes Welfare-to-Work

ELIGIBLE FACILITIES

EMPLOYEE HOUSING (privately owned), as defined in section 17008 of the California 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 percent residential use.

ELIGIBLE FACILITIES CONTINUED

HOUSING FOR AGRICULTURAL EMPLOYEES (non-migrant and operated by non-profit entities), as defined in Subdivision (b) of Section 1140.4 of the California Labor Code, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the California 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 percent residential use.
- Individually metered units must be 100 percent 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 income eligibility guidelines (see income guideline chart) and make a certification to that effect, under penalty of perjury, under the laws of the state of California.
- At annual recertification, show how the past year's discount was used and how the next year's discount is expected to be used for direct benefit of the residents.
- Maintain records of residents' income eligibility, which should come from federal tax return, payroll stubs or similar records acceptable to SoCalGas. These records must be retained for three 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 years from the date of initial application and/or recertification.
- Upon request from SoCalGas, provide documentation of the residents' income eligibility and/or documentation of how the discount was used for the direct benefit of the residents.
- Provide all information requested by SoCalGas. 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 SoCalGas.

**PLEASE PRINT PAGES 4 THROUGH 6
FOR 20% DISCOUNT CARE APPLICATION**



20% DISCOUNT CARE APPLICATION

FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES

APPLICANT INFORMATION: (please print)

NAME ON NATURAL GAS BILL:		ACCOUNT NUMBER:	
NAME OF FACILITY (IF DIFFERENT FROM NAME ON GAS BILL)			
SERVICE ADDRESS:		CITY:	ZIP:
MAILING ADDRESS:		CITY:	ZIP:
FACILITY CONTACT:		EMAIL:	
PHONE: ()		FAX: ()	

FACILITY INFORMATION (check one)

- EMPLOYEE HOUSING** (privately owned), as defined in Section 17008 of the California 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 California Labor Code, that has received exemptions from local property taxes pursuant to subdivision (g) of the California Revenue and Taxation Code.

FOR ALL FACILITIES

APPLICANT IS CUSTOMER OF RECORD. <input type="checkbox"/> YES <input type="checkbox"/> NO	100% OF HOUSEHOLD MEETS CARE INCOME GUIDELINES. <input type="checkbox"/> YES <input type="checkbox"/> NO
I HAVE PROVIDED INFORMATION ON HOW THE DISCOUNT FOR THE COMING YEAR WILL BE USED TO DIRECTLY BENEFIT THE RESIDENTS. <input type="checkbox"/> YES <input type="checkbox"/> NO	
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). <input type="checkbox"/> YES <input type="checkbox"/> NO	
I UNDERSTAND THE UTILITY RESERVES THE RIGHT TO REQUEST DOCUMENTATION ON THE ELIGIBILITY OF THE RESIDENTS AND THE USE OF THE DISCOUNT. <input type="checkbox"/> YES <input type="checkbox"/> NO	
I UNDERSTAND THE UTILITY HAS THE RIGHT TO REBILL ME AT THE APPLICABLE RATE IF APPROPRIATE. <input type="checkbox"/> YES <input type="checkbox"/> 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. <input type="checkbox"/> YES <input type="checkbox"/> NO	
LAST YEAR'S DISCOUNT WAS USED FOR (IF INITIAL CERTIFICATION LEAVE BLANK) _____	
THIS YEAR'S DISCOUNT WILL BE USED FOR _____	



A Sempra Energy utility®

20% DISCOUNT CARE APPLICATION FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES

ALL QUALIFIED SATELLITE FACILITIES (IF APPLICABLE):

FACILITY NAME:		ACCOUNT NUMBER:	
SERVICE ADDRESS:		CITY:	ZIP:
MAILING ADDRESS:		CITY:	ZIP:
FACILITY CONTACT:	PHONE: ()	EMAIL:	
TYPE OF METERING: <input type="checkbox"/> INDIVIDUALLY METERED <input type="checkbox"/> MASTER METERED		ENERGY USED FOR RESIDENTIAL PURPOSE: <input type="checkbox"/> 100% <input type="checkbox"/> AT LEAST 70%	
TOTAL NUMBER OF RESIDENTS (EXCLUDE ON-SITE MANAGER): _____			
100% OF RESIDENTS AND/OR HOUSEHOLDS MEET INCOME ELIGIBILITY CRITERIA: <input type="checkbox"/> YES <input type="checkbox"/> NO			

FACILITY NAME:		ACCOUNT NUMBER:	
SERVICE ADDRESS:		CITY:	ZIP:
MAILING ADDRESS:		CITY:	ZIP:
FACILITY CONTACT:	PHONE: ()	EMAIL:	
TYPE OF METERING: <input type="checkbox"/> INDIVIDUALLY METERED <input type="checkbox"/> MASTER METERED		ENERGY USED FOR RESIDENTIAL PURPOSE: <input type="checkbox"/> 100% <input type="checkbox"/> AT LEAST 70%	
TOTAL NUMBER OF RESIDENTS (EXCLUDE ON-SITE MANAGER): _____			
100% OF RESIDENTS AND/OR HOUSEHOLDS MEET INCOME ELIGIBILITY CRITERIA: <input type="checkbox"/> YES <input type="checkbox"/> NO			

FACILITY NAME:		ACCOUNT NUMBER:	
SERVICE ADDRESS:		CITY:	ZIP:
MAILING ADDRESS:		CITY:	ZIP:
FACILITY CONTACT:	PHONE: ()	EMAIL:	
TYPE OF METERING: <input type="checkbox"/> INDIVIDUALLY METERED <input type="checkbox"/> MASTER METERED		ENERGY USED FOR RESIDENTIAL PURPOSE: <input type="checkbox"/> 100% <input type="checkbox"/> AT LEAST 70%	
TOTAL NUMBER OF RESIDENTS (EXCLUDE ON-SITE MANAGER): _____			
100% OF RESIDENTS AND/OR HOUSEHOLDS MEET INCOME ELIGIBILITY CRITERIA: <input type="checkbox"/> YES <input type="checkbox"/> NO			



20% DISCOUNT CARE APPLICATION

FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES

ALL QUALIFIED SATELLITE FACILITIES CONT.

FACILITY NAME:		ACCOUNT NUMBER:	
SERVICE ADDRESS:		CITY:	ZIP:
MAILING ADDRESS:		CITY:	ZIP:
FACILITY CONTACT:	PHONE: ()	EMAIL:	
TYPE OF METERING: <input type="checkbox"/> INDIVIDUALLY METERED <input type="checkbox"/> MASTER METERED		ENERGY USED FOR RESIDENTIAL PURPOSE: <input type="checkbox"/> 100% <input type="checkbox"/> AT LEAST 70%	
TOTAL NUMBER OF RESIDENTS (EXCLUDE ON-SITE MANAGER): _____			
100% OF RESIDENTS AND/OR HOUSEHOLDS MEET INCOME ELIGIBILITY CRITERIA: <input type="checkbox"/> YES <input type="checkbox"/> NO			

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 that the income eligibility of all residents of the facility and/or households meet income guidelines.
- Verified that documentation is available to substantiate the above application.
- Verified that each facility meets the residential energy usage criteria.
- Read and understand this application, and agree to abide by its terms and the terms of the CARE program.

AUTHORIZED REPRESENTATIVE'S NAME AND TITLE (PLEASE PRINT)	
AUTHORIZED REPRESENTATIVE'S SIGNATURE	DATE:
AUTHORIZED REPRESENTATIVE'S TELEPHONE NUMBER	

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).

**Return to:
SoCalGas
CARE PROGRAM GT19A1
P.O. Box 513249
Los Angeles, CA 90051-1249**

APPLICATION FOR CALIFORNIA ALTERNATE RATES
FOR ENERGY PROGRAM FOR QUALIFIED NONPROFIT
GROUP LIVING FACILITIES (Form 6571, 06/18)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 5287
DECISION NO.

1H10

ISSUED BY

Dan Skopec
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

SUBMITTED May 1, 2018
EFFECTIVE Jun 1, 2018
RESOLUTION NO. E-3524



20% DISCOUNT CARE APPLICATION
FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES

APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

The California Alternate Rates for Energy (CARE) program provides a 20 percent monthly discount on the natural gas bill for agricultural employee housing facilities that meet program criteria established by the California Public Utilities Commission (CPUC). The discounted rate is available only to qualified facilities once SoCalGas® receives and approves the application.

INSTRUCTIONS

- 1 READ** the information on pages 2 and 3. If you have questions, call SoCalGas at 1-800-427-2200.
- 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 percent monthly discount.
- 3 COMPLETE** and **SUBMIT** the entire application (please print). Complete a separate application for each qualified facility (including satellite facilities).
- 4 ATTACH** all required documents. Application will not be approved without all requested documentation.
- 5 MAIL TO:** SoCalGas
CARE PROGRAM GT19A1
PO BOX 513249
LOS ANGELES, CA 90051



20% DISCOUNT CARE APPLICATION

FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES

ELIGIBILITY CRITERIA FOR APPLICANT

Each applicant **MUST** meet all of the following criteria:

- Applicant must be SoCalGas' customer of record.
- Applicant must verify that 100 percent of the household meets the current CARE income guidelines, excluding any employee operating or managing the facility who resides at the facility.
- Applicant is required to recertify for the CARE program annually. An application will be mailed when it is time to recertify. Applicant must include total savings from the prior year and information on how the discount was used for the direct benefit of the qualified residents.

THERE ARE TWO WAYS TO QUALIFY		
PUBLIC ASSISTANCE PROGRAMS The individual resident in the facility receives benefits from any of the following programs:	MAXIMUM HOUSEHOLD INCOME (effective June 1, 2018 to May 31, 2019) Total yearly income for each resident in the facility:	
	Number of Persons in Household	Total Annual Income*
Medi-Cal/Medicaid	1-2	\$32,920
Medi-Cal for Families A & B	3	\$41,560
Women, Infants, & Children (WIC)	4	\$50,200
CalWORKs (TANF) ¹ / Tribal TANF	5	\$58,840
Head Start Income Eligible – Tribal Only	6	\$67,480
Bureau of Indian Affairs General Assistance	7	\$76,120
CalFresh (Food Stamps)	8	\$84,760
National School Lunch Program (NSLP)		
Low-Income Home Energy Assistance Program (LIHEAP)		
Supplemental Security Income		
	For each additional household member, add \$8,640 *Includes current household income from all sources before deductions.	

←OR→

¹ Includes Welfare-to-Work

ELIGIBLE FACILITIES

EMPLOYEE HOUSING (privately owned), as defined in section 17008 of the California 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 percent residential use.

ELIGIBLE FACILITIES CONTINUED

HOUSING FOR AGRICULTURAL EMPLOYEES (non-migrant and operated by non-profit entities), as defined in Subdivision (b) of Section 1140.4 of the California Labor Code, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the California 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 percent residential use.
- Individually metered units must be 100 percent 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 income eligibility guidelines (see income guideline chart) and make a certification to that effect, under penalty of perjury, under the laws of the state of California.
- At annual recertification, show how the past year's discount was used and how the next year's discount is expected to be used for direct benefit of the residents.
- Maintain records of residents' income eligibility, which should come from federal tax return, payroll stubs or similar records acceptable to SoCalGas. These records must be retained for three 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 years from the date of initial application and/or recertification.
- Upon request from SoCalGas, provide documentation of the residents' income eligibility and/or documentation of how the discount was used for the direct benefit of the residents.
- Provide all information requested by SoCalGas. 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 SoCalGas.

**PLEASE PRINT PAGES 4 THROUGH 6
FOR 20% DISCOUNT CARE APPLICATION**



20% DISCOUNT CARE APPLICATION

FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES

APPLICANT INFORMATION: (please print)

NAME ON NATURAL GAS BILL:		ACCOUNT NUMBER:	
NAME OF FACILITY (IF DIFFERENT FROM NAME ON GAS BILL)			
SERVICE ADDRESS:		CITY:	ZIP:
MAILING ADDRESS:		CITY:	ZIP:
FACILITY CONTACT:		EMAIL:	
PHONE: ()		FAX: ()	

FACILITY INFORMATION (check one)

- EMPLOYEE HOUSING** (privately owned), as defined in Section 17008 of the California 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 California Labor Code, that has received exemptions from local property taxes pursuant to subdivision (g) of the California Revenue and Taxation Code.

FOR ALL FACILITIES

APPLICANT IS CUSTOMER OF RECORD. <input type="checkbox"/> YES <input type="checkbox"/> NO	100% OF HOUSEHOLD MEETS CARE INCOME GUIDELINES. <input type="checkbox"/> YES <input type="checkbox"/> NO
I HAVE PROVIDED INFORMATION ON HOW THE DISCOUNT FOR THE COMING YEAR WILL BE USED TO DIRECTLY BENEFIT THE RESIDENTS. <input type="checkbox"/> YES <input type="checkbox"/> NO	
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). <input type="checkbox"/> YES <input type="checkbox"/> NO	
I UNDERSTAND THE UTILITY RESERVES THE RIGHT TO REQUEST DOCUMENTATION ON THE ELIGIBILITY OF THE RESIDENTS AND THE USE OF THE DISCOUNT. <input type="checkbox"/> YES <input type="checkbox"/> NO	
I UNDERSTAND THE UTILITY HAS THE RIGHT TO REBILL ME AT THE APPLICABLE RATE IF APPROPRIATE. <input type="checkbox"/> YES <input type="checkbox"/> 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. <input type="checkbox"/> YES <input type="checkbox"/> NO	
LAST YEAR'S DISCOUNT WAS USED FOR (IF INITIAL CERTIFICATION LEAVE BLANK) _____	
THIS YEAR'S DISCOUNT WILL BE USED FOR _____	



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20% DISCOUNT CARE APPLICATION FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES

ALL QUALIFIED SATELLITE FACILITIES (IF APPLICABLE):

FACILITY NAME:		ACCOUNT NUMBER:	
SERVICE ADDRESS:		CITY:	ZIP:
MAILING ADDRESS:		CITY:	ZIP:
FACILITY CONTACT:	PHONE: ()	EMAIL:	
TYPE OF METERING: <input type="checkbox"/> INDIVIDUALLY METERED <input type="checkbox"/> MASTER METERED		ENERGY USED FOR RESIDENTIAL PURPOSE: <input type="checkbox"/> 100% <input type="checkbox"/> AT LEAST 70%	
TOTAL NUMBER OF RESIDENTS (EXCLUDE ON-SITE MANAGER): _____			
100% OF RESIDENTS AND/OR HOUSEHOLDS MEET INCOME ELIGIBILITY CRITERIA: <input type="checkbox"/> YES <input type="checkbox"/> NO			

FACILITY NAME:		ACCOUNT NUMBER:	
SERVICE ADDRESS:		CITY:	ZIP:
MAILING ADDRESS:		CITY:	ZIP:
FACILITY CONTACT:	PHONE: ()	EMAIL:	
TYPE OF METERING: <input type="checkbox"/> INDIVIDUALLY METERED <input type="checkbox"/> MASTER METERED		ENERGY USED FOR RESIDENTIAL PURPOSE: <input type="checkbox"/> 100% <input type="checkbox"/> AT LEAST 70%	
TOTAL NUMBER OF RESIDENTS (EXCLUDE ON-SITE MANAGER): _____			
100% OF RESIDENTS AND/OR HOUSEHOLDS MEET INCOME ELIGIBILITY CRITERIA: <input type="checkbox"/> YES <input type="checkbox"/> NO			

FACILITY NAME:		ACCOUNT NUMBER:	
SERVICE ADDRESS:		CITY:	ZIP:
MAILING ADDRESS:		CITY:	ZIP:
FACILITY CONTACT:	PHONE: ()	EMAIL:	
TYPE OF METERING: <input type="checkbox"/> INDIVIDUALLY METERED <input type="checkbox"/> MASTER METERED		ENERGY USED FOR RESIDENTIAL PURPOSE: <input type="checkbox"/> 100% <input type="checkbox"/> AT LEAST 70%	
TOTAL NUMBER OF RESIDENTS (EXCLUDE ON-SITE MANAGER): _____			
100% OF RESIDENTS AND/OR HOUSEHOLDS MEET INCOME ELIGIBILITY CRITERIA: <input type="checkbox"/> YES <input type="checkbox"/> NO			

(CONTINUED ON NEXT PAGE)



20% DISCOUNT CARE APPLICATION

FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES

ALL QUALIFIED SATELLITE FACILITIES CONT.

FACILITY NAME:		ACCOUNT NUMBER:	
SERVICE ADDRESS:		CITY:	ZIP:
MAILING ADDRESS:		CITY:	ZIP:
FACILITY CONTACT:	PHONE: ()	EMAIL:	
TYPE OF METERING: <input type="checkbox"/> INDIVIDUALLY METERED <input type="checkbox"/> MASTER METERED		ENERGY USED FOR RESIDENTIAL PURPOSE: <input type="checkbox"/> 100% <input type="checkbox"/> AT LEAST 70%	
TOTAL NUMBER OF RESIDENTS (EXCLUDE ON-SITE MANAGER): _____			
100% OF RESIDENTS AND/OR HOUSEHOLDS MEET INCOME ELIGIBILITY CRITERIA: <input type="checkbox"/> YES <input type="checkbox"/> NO			

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 that the income eligibility of all residents of the facility and/or households meet income guidelines.
- Verified that documentation is available to substantiate the above application.
- Verified that each facility meets the residential energy usage criteria.
- Read and understand this application, and agree to abide by its terms and the terms of the CARE program.

AUTHORIZED REPRESENTATIVE'S NAME AND TITLE (PLEASE PRINT)	
AUTHORIZED REPRESENTATIVE'S SIGNATURE	DATE:
AUTHORIZED REPRESENTATIVE'S TELEPHONE NUMBER	

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).

**Return to:
SoCalGas
CARE PROGRAM GT19A1
P.O. Box 513249
Los Angeles, CA 90051-1249**

APPLICATION FOR CALIFORNIA ALTERNATE RATES
FOR ENERGY PROGRAM - GENERAL PURPOSE
DIRECT MAIL (Form 6491-DM, 06/18)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 5287
DECISION NO.

1H10

ISSUED BY

Dan Skopec
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

SUBMITTED May 1, 2018
EFFECTIVE Jun 1, 2018
RESOLUTION NO. E-3524



NEW ONLINE APPLICATION

**PROCESSES YOUR
REQUEST INSTANTLY!**

SOCALGAS® IS COMMITTED TO HELPING CUSTOMERS SAVE MONEY

You may be eligible to save 20% on your monthly natural gas bill with the California Alternate Rates for Energy (CARE) program. Qualification is based on enrollment in a public assistance program or income (see chart).

If you think you qualify, follow one of the steps below:

- Apply online at socalgas.com/care for immediate enrollment

or

- Mail the attached application form using the postage-paid envelope

Learn more and apply today at socalgas.com/care.

Sincerely,

Octavio Verduzco
CARE Program Manager

**AVERAGE
SAVINGS
ON CARE**

\$145¹

MAXIMUM HOUSEHOLD INCOME: (effective June 1, 2018 to May 31, 2019)



**Number of Persons
in Household**



**Total Annual
Income²**

1-2

\$32,920

3

\$41,560

4

\$50,200

5

\$58,840

6

\$67,480

7

\$76,120

8

\$84,760

For each additional household member,
add \$8,640



A  Sempra Energy utility®

¹ Customers must re-apply for the CARE program every two years to continue receiving the monthly discount
² Includes current household income from all sources before deductions





NUEVA SOLICITUD DE CARE
¡PROCESA SU SOLICITUD DE INMEDIATO!

SOCALGAS® SE COMPROMETE A AYUDAR A LOS CLIENTES A AHORRAR DINERO

Puede ser elegible para ahorrar 20% en su factura de gas natural con el programa Tarifas Alternas para Energía en California (CARE). El criterio de calificación está basado en la inscripción en un programa de asistencia pública o al cumplir con los requisitos de ingreso (vea la tabla).

Lo que necesita hacer si todavía califica para el programa:

- Llene la solicitud en socialgas.com/careparami y será inscrito en el programa de manera inmediata mientras cumpla con los requisitos.
- Llene la solicitud y envíenla por correo en el sobre con timbre pagado por adelantado.

Para más información acerca del programa CARE, por favor visite socialgas.com/careparami.

Atentamente,

Octavio Verduzco
 CARE Program Manager

AHORRO PROMEDIO EN CARE **\$145¹**

INGRESO MÁXIMO EN EL HOGAR: (en vigor del 1 de junio de 2018 al 31 de mayo de 2019)

 Número de personas en el hogar:	 El ingreso total anual ²
1-2	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760

Por cada miembro adicional en el hogar, añade \$8,640



¹ El ahorro es basado de un período de dos años en el programa CARE
² Incluye todas las fuentes de ingreso actual en el hogar antes de deducciones





A Sempra Energy utility®

20% DISCOUNT CARE APPLICATION

PLEASE USE DARK BLUE OR BLACK INK ONLY

To qualify for the 20 percent discount, please complete the application form and return it to SoCalGas®. You will receive your discount once your completed, signed application is approved by SoCalGas.

ACCOUNT NUMBER: 0123456789

JOHN Q CUSTOMER
1234 MAIN STREET
LOS ANGELES, CA 90062-1308

HOME PHONE: - -

EMAIL:

Please complete in black or dark blue ink. Correct way to mark circles: ●

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

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

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

- \$0 - \$32,920
- \$32,921 - \$41,560
- \$41,561 - \$50,200
- \$50,201 - \$58,840
- \$58,841 - \$67,480
- If more than \$67,480, enter the dollar amount here .00 per year.

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.

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: / /

SoCalGas - Source Code

Para tener derecho al 20 por ciento de descuento, por favor llene la solicitud y regrésela a SoCalGas®. Recibirá su descuento una vez que su solicitud llena y firmada sea aprobada por SoCalGas.

ACCOUNT NUMBER: 0123456789

JOHN Q CUSTOMER
1234 MAIN STREET
LOS ANGELES, CA 90062-1308

TELÉFONO DE CASA: - -

CORREO ELECTRÓNICO:

Por favor de completar en tinta negra o azul oscura. Forma correcta de marcar los círculos: ●

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 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

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

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

- \$0 - \$32,920
- \$32,921 - \$41,560
- \$41,561 - \$50,200
- \$50,201 - \$58,840
- \$58,841 - \$67,480
- Si es más de \$67,480, escriba el monto aquí:

\$, .00 al año.

CONDICIONES PARA PARTICIPAR

- 1) La factura de gas natural 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 termino de 30 días si deja de calificar.
- 5) Tal vez se le pida comprobar que reúne los requisitos para CARE.

3 **Afirmación** 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
Self-Certification CARE Application
Individually Metered Residential (Form 6491, 06/18)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 5287
DECISION NO.

ISSUED BY
Dan Skopec
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
SUBMITTED May 1, 2018
EFFECTIVE Jun 1, 2018
RESOLUTION NO. E-3524



A Sempra Energy utility®

CUSTOMER ASSISTANCE

20% DISCOUNT CARE APPLICATION

The California Alternate Rates for Energy (CARE) program, offers eligible SoCalGas® customers a 20% discount on their monthly natural gas bill. The discount will be applied to the monthly natural 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.

Please submit a completed application by using one of the methods listed below:

1. Visit **myaccount.socalgas.com** or **socalgas.com/care**. Your request will be processed instantly. (For customers who have a SoCalGas bill account)
2. Call 866-716-3452 anytime 24 hours a day. Please have your account number or facility ID ready. You can locate your account number or facility ID at the bottom of this page.
3. Return the completed and signed form by mail or fax to 213-244-4665.

THERE ARE TWO WAYS TO QUALIFY

PUBLIC ASSISTANCE PROGRAMS The individual resident in the facility receives benefits from any of the following programs:	MAXIMUM HOUSEHOLD INCOME (effective June 1, 2018 to May 31, 2019)	
	Number of Persons in Household	Total Annual Income*
Medi-Cal/Medicaid	1-2	\$32,920
Medi-Cal for Families A & B	3	\$41,560
Women, Infants, & Children (WIC)	4	\$50,200
CalWORKs (TANF) ¹ / Tribal TANF	5	\$58,840
Head Start Income Eligible – Tribal Only	6	\$67,480
Bureau of Indian Affairs General Assistance	7	\$76,120
CalFresh (Food Stamps)	8	\$84,760
National School Lunch Program (NSLP)		
Low-Income Home Energy Assistance Program (LIHEAP)		
Supplemental Security Income		

←OR→

*Includes current household income from all sources before deductions.

¹ Includes Welfare-to-Work

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 income-qualified home-owners and renters. For more information, please call 800-331-7593.

Energy Savings Assistance Program™

Medical Baseline: Provides additional allowance of gas at a lower rate to customers with certain medical conditions. For more information, call 866-431-3517.

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 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

한국어: 1-800-427-0471

中文: 1-800-427-1429

廣東話: 1-800-427-1420

Español: 1-800-342-4545

Việt: 1-800-427-0478

FAX: (213) 244-4665

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

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 socialgas.com/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 NAME (FIRST AND LAST AS IT APPEARS ON YOUR BILL)

ADDRESS

APT/SPACE #

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

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

- \$0 - \$32,920
- \$32,921 - \$41,560
- \$41,561 - \$50,200
- \$50,201 - \$58,840
- \$58,841 - \$67,480
- If more than \$67,480, 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 través del programa Tarifas Alternas Para Energía de California (CARE), SoCalGas® ofrece un 20 por ciento de descuento en la factura mensual de gas natural a los clientes que reúnan los requisitos. Recibirá su descuento una vez que su solicitud sea aprobada por SoCalGas. Si usted es un inquilino con submedidor, se notificará al dueño/administrador de su propiedad si usted recibió o no la aprobación para obtener el descuento.

Por favor, presente una solicitud completa utilizando uno de los métodos que se enumeran a continuación:

1. Visite **myaccount.socialgas.com** o **socialgas.com/careparami**. Su solicitud será procesada inmediatamente. (Para clientes que tienen una cuenta de facturación de SoCalGas).
2. Llame al 866-716-3452 en cualquier momento las 24 horas del día. Tenga listo su número de cuenta o la ID de instalación. Puede localizar su número de cuenta o la ID de instalación en la parte inferior de esta página.
3. Devuelva el formulario completo y firmado por correo o por fax al 213-244-4665.

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:	INGRESO MÁXIMO EN EL HOGAR: (En vigor del 1 de junio de 2018 al 31 de mayo de 2019)	
	Número de personas en el hogar	Ingreso total anual ¹
Medi-Cal/Medicaid	1-2	\$32,920
Medi-Cal para Familias A y B	3	\$41,560
Programa para Mujeres, Bebés y Niños (WIC)	4	\$50,200
CalWORKs (TANF) ¹ / TANF tribal	5	\$58,840
Ingreso elegible para Head Start (tribal únicamente)	6	\$67,480
Buró de Asistencia General para Asuntos de Nativos Americanos	7	\$76,120
CalFresh (Estampillas para comida)	8	\$84,760
Programa Nacional de Almuerzos Escolares (NSLP)		
Programa de Asistencia a Hogares de Ingresos Limitados para Gastos de Energía (LIHEAP)		
Ingreso Suplementario del Seguro Social		
	Por cada miembro adicional en el hogar, añada \$8,640 <small>*Incluye todas las fuentes de ingreso actual en el hogar antes de deducciones.</small>	

¹Incluye Asistencia Pública al Trabajo

CONDICIONES PARA PARTICIPAR

1) La factura de gas natural 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 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 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 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:

English: 1-800-427-2200

한국어: 1-800-427-0471

中文: 1-800-427-1429

廣東話: 1-800-427-1420

Español: 1-800-342-4545

Việt: 1-800-427-0478

Fax: (213) 244-4665

Clientes con limitaciones auditivas TDD/TTY llamen al: 1-800-252-0259 (solo disponible en inglés y en español)

SOLICITUD CARE PARA UN 20% DE DESCUENTO

UTILICE SOLO TINTA DE COLOR NEGRO O AZUL OSCURO

Por favor llene el formulario de solicitud y envíenoslo por correo, fax, o visite socialgas.com/careparami.

Correo: SoCalGas M.L. GT19A1, P.O. Box 513249 Los Angeles, CA 90051-1249 o **Fax:** (213) 244-4665

NÚMERO DE CUENTA/COMPLEJO HABITACIONAL

PROPORCIONE SU NÚMERO DE CUENTA O COMPLEJO HABITACIONAL PARA ACELERAR EL PROCESAMIENTO.

NOMBRE DEL CLIENTE (TAL COMO APARECE EN SU FACTURA)

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

NO. DE APTO./ESPACIO

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 ●)

- Medi-Cal: menor de 65 años
- Medi-Cal: 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 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

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

- \$0 - \$32,920
- \$32,921 - \$41,560
- \$41,561 - \$50,200
- \$50,201 - \$58,840
- \$58,841 - \$67,480
- Si es más de \$67,480, 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 deajo 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® 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。若申請經 SoCalGas 核准，您下月的天然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。

請使用下列方法之一提交填妥的申請表：

上網站 myaccount.socalgas.com 或 socalgas.com/care。您的申請將立即受理。（適用於有 SoCalGas 帳戶的用戶）將填妥並且簽名的申請表寄回，或傳真至 **(213) 244-4665**。

有兩類人群符合資格要求

公共援助計劃 如果您或家中其他人正在接受下列任何計劃的援助：	家庭收入最高限額 (2018年6月1日至2019年5月31日有效)
	家庭成員人數 年收入總額*
Medi-Cal/Medicaid	1-2 \$32,920
家庭 Medi-Cal A 類及 B 類	3 \$41,560
WIC - 婦女、嬰兒和兒童營養補助計劃	4 \$50,200
CalWORKs (TANF) ¹ /部落 TANF	5 \$58,840
學前教育班補助金計劃 (僅限部落)	6 \$67,480
印第安事務局一般援助計劃	7 \$76,120
CalFresh (糧食券)	8 \$84,760
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	

←或→

家中每多一人增加 \$8,640
*目前家庭所有來源的稅前收入總和。

¹包括「福利-引至-工作」(Welfare-to-Work)

參加條件

- 1) 天然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) 您必須按要求重新認證您的 CARE 資格。
- 4) 如果您失去資格，必須在 30 天內通知 SoCalGas。
- 5) 可能會要求您提交 CARE 資格證明文件。

您可能有資格參加的其他優惠計劃和服務：

Energy Savings Assistance Program (節能補助計劃)：為符合收入要求的屋主或租戶免費提供住宅節能改善服務，如屋頂隔熱、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。

Energy Savings Assistance Program™

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)：為符合 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 한국어: 1-800-427-0471 中文: 1-800-427-1429
廣東話: 1-800-427-1420 Español: 1-800-342-4545 Việt: 1-800-427-0478
傳真: (213) 244-4665
聽障專線 (TDD/TTY): 1-800-252-0259 (僅提供英語和西班牙語服務)

20% CARE 折扣申請表

請用深藍或黑色墨水筆填寫

請填寫申請表並以郵寄或傳真方式提交，或者登入網站 socalgas.com/care 申請。

郵寄至：SoCalGas M.L. GT19A1, P.O. Box 513249 Los Angeles, CA 90051-1249 或傳真至：(213) 244-4665

帳號/設施 I.D.

請提供您的帳號或設施 I.D. 以便加速辦理。

客戶姓名 (必須與帳單上的姓名相同)

地址

房號

城市

住家電話

電子郵件

1 家庭總人數 (包括您自己以及其他成人和兒童)：

- 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
- 否 - 請問您的家庭年收入是多少 (稅前，包括家中所有成員)？
- \$0 - \$32,920
 - \$32,921 - \$41,560
 - \$41,561 - \$50,200
 - \$50,201 - \$58,840
 - \$58,841 - \$67,480
 - 若超過 \$67,480，請在此輸入金額
\$, .00 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

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於 30 日內通知 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：

日期： / /

SoCalGas®는 California Alternate Rates for Energy(CARE) 프로그램을 통하여 자격을 갖춘 고객에게 월별 20% 할인된 요금에 가스를 제공합니다. SoCalGas에서 신청서를 승인한 날 이후부터 월별 가스 요금에 대해 할인이 적용됩니다. 귀하께서 부속 계량기를 사용하는 임차인일 경우 집주인이나 관리인이 귀하의 할인 수혜 승인 여부를 통지 받게 됩니다.

작성한 신청서는 다음 중 한 가지 방법을 사용하여 제출하시기 바랍니다.

myaccount.socalgas.com 또는 **socalgas.com/care**를 방문하십시오. 요청하신 사항을 신속하게 처리해드립니다(SoCalGas 청구서 계정을 보유한 고객인 경우). 양식을 작성하고 서명한 후 우편 또는 팩스 **(213) 244-4665**번으로 반송하십시오.

CARE 할인 수혜 자격을 충족시키는 두 가지 방법

공적 부조 프로그램 귀하나 가족 일원이 다음 프로그램으로부터 혜택을 받는 경우:	최대 가구 소득 (2018년 6월 1일부터 2019년 5월 31일까지 유효)	
	가구 구성원 수	총 연간 가구 소득*
Medi-Cal/Medicaid 건강한 가족 유형 A 및 B(Medi-Cal for Families A&B) 여성, 유아 및 어린이(WIC)	1-2	\$32,920
CalWORKs (TANF)1 / 인디언 부족 TANF 헤드 스타트 소득 자격 - 인디언 부족만 해당	3	\$41,560
인디언 업무 일반 보조금 (Bureau of Indian Affairs General Assistance)	4	\$50,200
CalFresh (푸드 스탬프)	5	\$58,840
학교 급식 프로그램 (NSLP)	6	\$67,480
저소득 주택 에너지 지원 프로그램 (LIHEAP) 추가 사회보장 수입	7	\$76,120
	8	\$84,760
	각 추가 사용자 한 명당 \$8,640씩 추가 * 공제 전에 모든 수입원으로부터 발생하는 현재 가계 소득 포함	

1) 근로 연계 복지 (Welfare-to-Work) 포함

참여 조건

1) 천연 가스 청구서는 귀하의 이름으로 되어 있어야 하며 주소는 귀하의 집 주소이어야 합니다. 2) 배우자 이외에 다른 사람이 소득세 보고서에 본인을 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): 소득을 기준으로 자격을 갖춘 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 문의 하십시오.



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

LIHEAP(저소득자 주택 에너지 지원 프로그램): 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 한국어: 1-800-427-0471 中文: 1-800-427-1429
廣東話: 1-800-427-1420 Español: 1-800-342-4545 Việt: 1-800-427-0478
팩스: (213) 244-4665
청각 장애자(TDD/TTY) 1-800-252-0259 (영어와 스페인어만 지원 가능)

CARE 20% 할인 신청서

검은색이나 파란색 잉크만을 사용해 주시기 바랍니다.

아래 신청서를 작성하신 후 우편이나 팩스로 보내 주시거나 **socalgas.com/care**에서 온라인으로 신청하시기 바랍니다.

우편 주소: SoCalGas M.L. GT19A1, P.O. Box 513249 Los Angeles, CA 90051-1249 또는 **팩스 번호:** (213) 244-4665

계정 번호/설비 ID

신속한 처리를 위하여 계정 번호 또는 설비 ID를 제공해 주시기 바랍니다.

고객 이름 (청구서에 기재된 이름과 동일)

주소

아파트 호수/장소 번호

도시

주택 전화

이메일

1 총 가구 구성원 수(본인 외 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 동그라미 안을 채우십시오 ●)
 아니오 "아니오"인 경우 연간 가계 소득은 얼마나 됩니까 (공제전 모든 가족의 소득 포함)?
- 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)
 - 추가 사회보장 수입
- \$0 - \$32,920
 - \$32,921 - \$41,560
 - \$41,561 - \$50,200
 - \$50,201 - \$58,840
 - \$58,841 - \$67,480
 - \$67,480을 초과하는 경우 여기에 금액을 기입하십시오:
\$, .00 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

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 30일 이내에 (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®

TRỢ GIÚP KHÁCH HÀNG

ĐƠN XIN 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. 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.

Vui lòng nộp đơn đã điền đầy đủ bằng một trong những cách thức bên dưới:

Truy cập **myaccount.socalgas.com** hoặc **socalgas.com/care**. Yêu cầu của quý vị sẽ được xét ngay lập tức. (Đối với khách hàng nào có trương mục hóa đơn SoCalGas)

Gửi lại mẫu đơn đã điền đầy đủ và ký tên qua bưu điện hoặc fax đến **(213) 244-4665**.

CÓ HAI CÁCH ĐỂ ĐƯỢC HỘI ĐỦ ĐIỀU KIỆN

CHƯƠNG TRÌNH TRỢ CẤP Nếu quý vị hay một người khác trong gia đình quý vị được hưởng bất cứ chương trình nào sau đây:	LỢI TỨC TỐI ĐA CỦA GIA ĐÌNH (có hiệu lực kể từ ngày 1 tháng Sáu, 2018 đến 31 tháng Năm 2019)	
	Số Người trong Gia Đình	Tổng Cộng Lợi Tức Hàng Năm*
Medi-Cal/Medicaid	1-2	\$32,920
Medi-Cal A & B cho Gia Đình	3	\$41,560
Chương Trình Dinh Dưỡng Cho Phụ Nữ, Trẻ Sơ Sinh, & Trẻ Em (WIC)	4	\$50,200
CalWORKs (TANF) ¹ / TANF của Bộ Lạc	5	\$58,840
Chương Trình Head Start Cho Những Người Hội Đủ Điều Kiện Về Lợi Tức — Chỉ Dành cho Bộ Lạc	6	\$67,480
Trợ Cấp Tổng Quát của Phòng Sự Vụ Người Mỹ Da Đỏ	7	\$76,120
CalFresh (Food Stamps)	8	\$84,760
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		

←HOẶC→

Thêm mỗi một người trong gia đình, cộng thêm \$8,640
*Tinh chung tất cả các nguồn lợi tức hiện thời của gia đình trước khi khấu trừ.

¹Kể cả chương trình Trợ Cấp-Đi Lành

ĐIỀU KIỆN ĐỂ ĐƯỢC HƯỞNG

- 1) Hóa đơn tiền gas thiên nhiên 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 CÓ ĐỦ ĐIỀU KIỆN HƯỞNG:

Energy Savings Assistance Program: 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 hội đủ tiêu chuẩn về lợi tức. Muốn biết thêm chi tiết, xin gọi số 1-800-331-7593.



Medical Baseline: 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.

Low Income Home Energy Assistance Program (LIHEAP): 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:

- English: 1-800-427-2200
- 한국어: 1-800-427-0471
- 中文: 1-800-427-1429
- 廣東話: 1-800-427-1420
- Español: 1-800-342-4545
- Việt: 1-800-427-0478
- FAX: (213) 244-4665
- Người Khiếm Thính (TDD/TTY): 1-800-252-0259 (chỉ có bằng tiếng Anh và tiếng Tây Ban Nha)

© 2018 Southern California Gas Company. Thương hiệu là tài sản của chủ sở hữu. Dành mọi bản quyền. Chương trình CARE được khách hàng tiện ích của California cấp quỹ và Southern California Gas Company quản lý dưới sự bảo trợ của Ủy Ban Tiện Ích Công Cộng California. Quỹ của chương trình sẽ được phân bổ theo thứ tự khách hàng nào đến trước cho đến khi các quỹ này không còn nữa. Chương trình này có thể được sửa đổi hoặc chấm dứt mà không cần báo trước.

تقدم SoCalGas® من خلال برنامج أسعار كاليفورنيا البديلة للطاقة (CARE) خصم قدره 20% على فاتورة استهلاك الغاز للعملاء المستحقين. ويتم تفعيل الخصم على فاتورة الغاز الشهرية التالية بعد الموافقة على هذا البرنامج من SoCalGas. إذا كنت مستأجرًا تتحمل فاتورتك للمرافق، فسيتم إخطار المالك/المدير بما إذا كنت مستحقًا للحصول على الخصم أم لا.

يرجى تقديم طلب كامل باستخدام إحدى الطرق المدرجة في ادناه:

قم بزيارة myaccount.socalgas.com أو socalgas.com/care. وستتم معاملة طلبك في الحال. (للعلماء الذين لديهم حساب SoCalGas للفواتير) أرسل نموذج الإستمارة الكاملة والموقعة بالبريد أو عبر الفاكس على الرقم (213) 244-4665.

هناك طريقتان لتحديد المستحقين

الحد الأقصى لدخل الأسرة (فعال من 1 يونيو 2018 إلى 31 مايو 2019)		برامج المساعدات العامة إذا كنت أنت أو شخص آخر في أسرته يتلقى إعانات من أي من البرامج التالية:
إجمالي الدخل السنوي	عدد أفراد الأسرة	
32,920 دولار أمريكي	1-2	مديكال / مديكيد
41,560 دولار أمريكي	3	مديكال للعائلات أ و ب
50,200 دولار أمريكي	4	النساء والرضع والأطفال (WIC)
58,840 دولار أمريكي	5	CalWORKs (TANF) / Tribal TANF
67,480 دولار أمريكي	6	مستحي الدخل في مؤسسة هيد ستارت - Tribal فقط
76,120 دولار أمريكي	7	المساعدات العامة لمكتب الشؤون الهندية
84,760 دولار أمريكي	8	CalFresh (أنون الطعام)
لكل فرد إضافي من أفراد الأسرة، أضف 8,640 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

Welfare-to-Work

شروط المشاركة

(1) لا بد أن تصدر فاتورة الغاز الطبيعي 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™

Energy Savings Assistance Program: 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، وشرائط الطقس للأبواب، والسد والإصلاحات البسيطة في المنزل للمستحقين من ذوي الدخل المحدود من أصحاب المنازل والمستأجرين. لمزيد من المعلومات، يُرجى الاتصال على 1-800-331-7593.

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

(LIHEAP) Low Income Home Energy Assistance Program: 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.

California Lifeline: خدمة تليفونية مخفضة 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 :中文

1-800-427-0471 :한국어

1-800-427-2200 : English

1-800-427-0478 :Việt

1-800-342-4545 :Español

1-800-427-1420 :廣東話

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 socialgas.com/care.

بالبريد على العنوان: 249-1249-90051 Los Angeles, CA 513249 P.O. Box GT19A1, SoCalGas 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
- لا، إذا كانت الإجابة لا، فما هو الدخل السنوي للأسرة
- (قبل الاستقطاعات، بما في ذلك كل أفراد الأسرة)؟
- 0 دولار أمريكي - 32,920 دولار أمريكي
- 32,921 دولار أمريكي - 41,560 دولار أمريكي
- 41,561 دولار أمريكي - 50,200 دولار أمريكي
- 50,201 دولار أمريكي - 58,840 دولار أمريكي
- 58,841 دولار أمريكي - 67,480 دولار أمريكي
- إذا كان أكثر من 67,480 دولار أمريكي، أدخل القيمة هنا بالدولار سنوياً \$
- 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 منى 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 استحقه، 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 ՕԺԱՆԴԱԿՈՒԹՅՈՒՆ

20% ԶԵՂՉ CARE ԴԻՄՈՒՄ

Կալիֆոռնիայի այլընտրանքային սակագներ էլեկտրականության համար (CARE) ծրագրի միջոցով, SoCalGas® առաջարկում է 20 տոկոսի զեղչ իրավասու հաճախորդների իրենց ամսական գազի հաշվում: Զեղչը կկիրարկվի ամսական բնական 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 ներկայացնել լրացված դիմումը ստորև նշված ձևերից մեկով՝ Այցելեք myaccount.socalgas.com կամ socalgas.com/care: Ձեր խնդրանքն անմիջապես կմշակվի: (SoCalGas-ի հաշիվ ունեցող հաճախորդների համար)

Վերադարձրեք լրացված և ստորագրված ձևաթուղթը փոստով կամ ֆաքսով ուղարկեք այն **(213) 244-4665** համարին:

ՈՐԱԿԱՎՈՐՄԱՆ ԵՐԿՈՒ ԶԵՎ ԿԱ

ՀԱՆՐԱՅԻՆ ՕԺԱՆԴԱԿՈՒԹՅԱՆ ԾՐԱԳՐԵՐ ԵԹԵ ԴՈՒՔ ԿԱՄ ԶԵՐ ԸՆՏԱՆԻՔԻ ԱՅՆ ԱՆԴԱՄ ՍՏԱՆՈՒՄ ԵՔ ՆՊԱՍՏՆԵՐ ՀԵՏՆՅԱԼ ԾՐԱԳՐԵՐԻՑ ՈՐՆԷ ՄԵԿԻՑ	ԱՌԱՎԵԼԱԳՈՒԹՅՆ ԸՆՏԱՆԵԿԱՆ ԵԿԱՄՈՒՏ (ՈՒԺԻ ՄԵՋ Է 2018Թ. ՀՈՒՆԻՄԻ 1-ԻՑ ՄԻՆՁև 2019Թ. ՄԱՅԻՄԻ 31-Ը) Ընտանիքի անդամների թիվը	Ընդհանուր տարեկան եկամուտ*
Medi-Cal/Medicaid	1-2	\$32,920
Medi-Cal for Families A & B	3	\$41,560
Women, Infants, & Children (WIC)	4	\$50,200
CalWORKs (TANF) / ցեղային TANF	5	\$58,840
Head Start Income Eligible — միայն ցեղային	6	\$67,480
Bureau of Indian Affairs General Assistance	7	\$76,120
CalFresh (Սննդի կարոններ)	8	\$84,760
National School Lunch Program (NSLP)		
Low-Income Home Energy Assistance Program (LIHEAP)		
Supplemental Security Income		



*Ընտանիքի յուրաքանչյուր լրացուցիչ անդամի համար, ավելացրեք \$8,640
 *Ներառում է ներկա ընտանեկան եկամուտը բոլոր աղբյուրներից հանումներից առաջ

Ներքոսում է Welfare-to-Work

ՄԱՍՆԱԿՑՈՒԹՅԱՆ ՊԱՅՄԱՆՆԵՐ

1) Բնական 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 համապատասխան եկամուտ ստացող իրավասու տանտերերի եւ վարձակալների համար, ինչպես՝ վերնատան մեկուսացում, ցածր հոսքի ցնցուղի գլուխներ, ծորակների աերատորներ, դռների կլիմայական հարմարեցում, ծեփում եւ մանր տնային բարենորոգումներ: Ձանգահարեք 1-800-331-7593 հեռախոսահամարով լրացուցիչ տեղեկությունների համար:



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

Low Income Home Energy Assistance Program (LIHEAP): Տրամադրում է վճարման օժանդակություն, շտապ հաշվի օժանդակություն եւ եղանակակայուն պայմաններ ապահովող ծառայություններ: Ձանգահարեք 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 中文: 1-800-427-1429
 廣東話: 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 միայն անգլերեն եւ իսպաներեն)

© 2018 Southern California Gas Company. Ապրանքանիշերը հանդիսանում են իրենց համապատասխան սեփականատերերի սեփականությունը: Բոլոր իրավունքները պաշտպանված են: CARE ծրագիրը ֆինանսավորվում է Կալիֆոռնիայի կոմունալ ծառայությունների հաճախորդների կողմից և կառավարվում է Հարավային Կալիֆոռնիայի Գազի ընկերության կողմից՝ Կալիֆոռնիայի Հանրային ծառայությունների խորհրդի հովանու ներքո: Ծրագրի ֆինանսական միջոցները կտրամադրվեն համաձայն դիմողների հերթականության, մինչև ֆինանսական միջոցների սպառումը: Այս ծրագիրը կարող է փոփոխվել կամ դադարեցվել առանց նախորոք ծանուցման:

کمک به مشتری 20 درصد تخفیف فرم درخواست CARE



از طریق نرخ های متفاوت کالیفرنیا برای برنامه انرژی (CARE) SoCalGas 20 درصد تخفیف به مشتریان واجد شرایط در قبض گازشان ارائه می نماید تخفیف در مورد 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 تکمیل شده ای را با استفاده از یکی از روشهای زیر ارسال نمایید: به تارنمای myaccount.socalgas.com یا socalgas.com/care مراجعه کنید. درخواست شما فوراً مورد پردازش قرار میگیرد. (برای مشتریانی که دارای حساب SoCalGas میباشند) فرم تکمیل و امضاء شده را از طریق پست یا نامبر به شماره **244-4665 (213)** ارجاع دهید.

دو راه برای احراز شرایط وجود دارد

حداکثر درآمد خانواده (قابل اجرا از تاریخ 1 ژوئن 2018 الی 31 مه 2019) درآمد سالانه کل*	تعداد افراد خانوار	برنامه های کمک به مردم در صورتی که شما یا یکی از افراد دیگر در خانه مزایایی از برنامه های زیر دریافت می کنید:
\$32,920	2-1	مدی-کال / مدی-کید
\$41,560	3	مدی-کال برای خانواده های A و B
\$50,200	4	برنامه زنان، نوزادان و کودکان (WIC)
\$58,840	5	CalWORKs (TANF) / Tribal TANF
\$67,480	6	واجد شرایط درآمد برای Head Start - فقط قبیله ای
\$76,120	7	دفتر کمک به امور عمومی سرخپوستان
\$84,760	8	کوبین غذا (CalFresh)
		برنامه ملی نهار مدرسه (NSLP)
		برنامه انرژی خانه های با درآمد کم (LIHEAP)
		درآمد مکمل سوشیال سکوریتی

شامل رفاه برای کار

شرایط برای شرکت

1) قبض گاز طبیعی 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 برای احراز شرایط CARE ثابت نمایید.

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

Energy Savings Assistance Program™

Energy Savings Assistance Program: 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 دور در، عایق بندی درزها و تعمیرات جزئی خانه برای مالکان و مستاجران واجد شرایط بر مبنای درآمد. برای دریافت اطلاعات بیشتر لطفاً با تلفن 1-800-331-7593 تماس بگیرید.

Medical Baseline: 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.

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.

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:

1-800-427-1429 :中文

1-800-427-0471 :한국어

1-800-427-2200 : English

1-800-427-0478 :Việt

1-800-342-4545 :Español

1-800-427-1420 :廣東話

وبتنامی: 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/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

شماره 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)؟
- 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
- در صورتی که بیش از \$67,480 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

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 Southern California Gas Company (SoCalGas®) برسانم. 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.

امضاء: تاریخ:



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. Tu nqi txo no yuav muab siv rau daim ntawv teev nqi roj cua txhua hli tom qab lub hnub tim uas SoCalGas tau pom zoo txais daim ntawv thov. Yog tias koj yog ib tug neeg xauj tsev, peb yuav qhia rau koj tus tswv tsev/tus neeg tswj saib vaj tse paub hais tias seb koj puas pom zoo los txais qhov nqi txo ntawd.

Thov muab ib hom kev siv hauv qab no xa daim ntawv uas ua tiav lawm rov tuaj rau peb:

Mus saib myaccount.socalgas.com los yog socalgas.com/care. Qhov koj thov yuav raug muag txheeb meej tamsim no. (Rau cov neeg siv uas muaj daim nuj nqis them SoCalGas).

Muab daim ntawv ua tiav thiab xee npe xa tuaj siv kev xa ntawv los yog kev xa fax tuaj rau **(213) 244-4665**.

MUJ 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, 2018 txog rau Lub Tsib Hlis Ntuj Tim 31, 2019) Muaj pes tsawg Leej Neeg nyob hauv Tsev Neeg	Tag Nrho Cov Nyiaj Tau Los Txhua Xyoo
Medi-Cal/Medicaid	←LOS YOG→	1-2
Medi-Cal rau Cov Tsev Neeg A thiab B		3
Pojniam, Menyuum Mos, thiab Menyuum Yaus (WIC)		4
CalWORKs (TANF) / Tribal TANF		5
Head Start Qhov Muaj Cai ntawm Cov Nyiaj Tau Los – Rau Cov Neeg Qhab Nkaus Xwb		6
Lub Chaw Pabcuam Rau Cov Neeg Isdias (Bureau of Indian Affairs General Assistance)		7
CalFresh (Nyiaj Muas Noj)		8
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		
		Rau txhua tus neeg ntxiv hauv tsev neeg, ntxiv \$8,640 *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 yog 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 txij nkawm. **3)** Koj yuav tsum tau rov txheeb xyuas koj daim ntawv thov thaum lawv thov txog. **4)** oKoj yuav tsum qhia rau SoCalGas paub ua ntej 30 hnub yog tias koj tsis tsim nyog tau txais kev pab mus ntxiv lawm. **5)** Tej zaum lawv yuav thov 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:

Energy Savings Assistance Program: 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, covhau pab tso dej kom los zoo, cov ntaub thav taw rooj, cov yas ceem thiab tej kev kho vaj tse me me rau cov tswv tsev khwv tau nyiaj 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™**

Medical Baseline: 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.

Low Income Home Energy Assistance Program (LIHEAP): Pab them nuj nqi, kev pab them nuj nqi rau kis muaj xwm txheeb 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.

California Lifeline: 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

中文: 1-800-427-1429

廣東話: 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)

© 2018 Southern California Gas Company. Cov ntawv cim kev lag luam yog cov tswv lag luam li. Tas nrho cov caij yeej muab ceev tseg lawm. Txoj kev pab cuam CARE yog tau nyiaj pab dawb los ntawm California cov neeg siv tej dej taws los thiab tau kev tswj saib los ntawm Southern California Gas Company uas yog tau kev tso cai los ntawm pawg neeg tswj saib California Public Utilities Commission. Cov nyiaj pab rau txoj kev pab cuam yog muab pub rau neeg saib leej twg xub tuaj siv ua ntej, txog txij lub sijhawm uas tsis muaj cov nyiaj pab lawm. Qhov kev pab cuam no tej zaum yuav muab hloov tshab los yog muab txiav yam uas tsis ceeb toom ua ntej los kuj muaj.



A Sempra Energy utility

ជំនួយអតិថិជន

ការបញ្ចុះតម្លៃ 20% ពាក្យស្នើសុំ CARE

តាមរយៈកម្មវិធីអតិថិជនថាមពលដ៏ស្រស់ស្អាតប្រើប្រាស់ប្រាក់ (CARE) SoCalGas® ផ្តល់ជូនការបញ្ចុះតម្លៃ 20 ភាគរយដល់អតិថិជនដែលមានលក្ខណៈសម្បត្តិគ្រប់គ្រាន់លើវិក្កយប័ត្រខ្សែស្របច្រកខែរបស់ពួកគេ។ ការបញ្ចុះតម្លៃ នឹងត្រូវបានអនុវត្តចំពោះវិក្កយប័ត្រខ្សែស្របច្រកខែ បន្ទាប់ពីកាលបរិច្ឆេទដែលពាក្យស្នើសុំត្រូវបានអនុម័តដោយ SoCalGas។ ប្រសិនបើអ្នកគឺជាអ្នកជួលមានរង្វាស់រង ម្ចាស់/អ្នកគ្រប់គ្រងផ្ទះរបស់អ្នក នឹងត្រូវបានជូនដំណឹងថាអ្នកត្រូវបានអនុម័តឲ្យទទួលបានការបញ្ចុះតម្លៃប្រចាំខែ។

សូមដាក់ពាក្យដែលបានបំពេញរួចរាល់មក តាមមធ្យោបាយមួយក្នុងចំណោមមធ្យោបាយទាំងឡាយដែលត្រូវបានរាយខាងក្រោម ៖ សូមចូលទៅកាន់គេហទំព័រ myaccount.socalgas.com ឬគេហទំព័រ socalgas.com/care។ សំណើរបស់អ្នក នឹងត្រូវបានប្រតិបត្តិការពិនិត្យភ្លាមៗ ។ [សម្រាប់អតិថិជនទាំងឡាយដែលមានគណនីទូទាត់ SoCalGas (SoCalGas bill account)] សូមផ្ញើត្រឡប់មកវិញនូវពាក្យដែលបំពេញរួចតាមរយៈការផ្ញើតាមប្រៃសណីយ៍ ឬតាមទូរសារទៅកាន់លេខ (213) 244-4665

មានវិធី ពីរ យ៉ាងដើម្បីមានលក្ខណៈសម្បត្តិគ្រប់គ្រាន់

កម្មវិធីជំនួយសាធារណៈ ប្រសិនបើអ្នក ឬនរណាម្នាក់ក្នុងគ្រួសាររបស់អ្នកទទួលបានការធានារ៉ាប់រងពីកម្មវិធី	ប្រាក់ចំណូលគ្រួសារអតិបរមា (មានប្រសិទ្ធភាពពីថ្ងៃទី 1 ខែ មិថុនា ឆ្នាំ 2018 រហូតដល់ថ្ងៃទី 31 ខែ ឧសភា ឆ្នាំ 2019)	
	ចំនួនមនុស្សក្នុងគ្រួសារ	ប្រាក់ចំណូលប្រចាំឆ្នាំសរុប*
Medi-Cal/Medicaid	1-2	\$32,920
Medi-Cal សម្រាប់ក្រុមគ្រួសារ A & B	3	\$41,560
កម្មវិធីស្ត្រី ទារក និងកុមារ (WIC)	4	\$50,200
CalWORKs (TANF) / កុលសម្ព័ន្ធ TANF	5	\$58,840
សិទ្ធិទទួលបានប្រាក់ចំណូលដំបូង - តែកុលសម្ព័ន្ធប៉ុណ្ណោះ)	6	\$67,480
ការិយាល័យជំនួយកិច្ចការទូទៅឥណ្ឌា	7	\$76,120
CalFresh (ប័ណ្ណបរិភោគអាហារ)	8	\$84,760
កម្មវិធីបរិភោគអាហារថ្ងៃត្រង់នៅសាលាជាតិ (NSLP)		
កម្មវិធីផ្តល់ជំនួយថាមពលដល់គ្រួសារមានប្រាក់ចំណូលទាប (LIHEAP)		
ប្រាក់ចំណូលធានាបន្ថែម		
	សម្រាប់សមាជិកគ្រួសារបន្ថែមម្នាក់ៗ បន្ថែម \$8,640	
	*បញ្ចូលប្រាក់ចំណូលគ្រួសារទាំងអស់បន្ថែមប្រាក់ចំណូលប្រចាំឆ្នាំសរុប	

លក្ខខណ្ឌសម្រាប់ការចូលរួម

- 1) វិក្កយប័ត្រខ្សែស្របច្រកខែជាតិត្រូវតែជាឈ្មោះរបស់អ្នក ហើយអាសយដ្ឋានត្រូវតែជាអាសយដ្ឋានចម្បងរបស់អ្នក។
- 2) អ្នកមិនត្រូវទាមទារជាមនុស្សក្នុងបន្ទុកលើលិខិតប្រកាសពន្ធនិវត្តន៍របស់មនុស្សម្នាក់ផ្សេងទៀតក្រៅពីប្តីប្រពន្ធរបស់អ្នកទេ។
- 3) អ្នកត្រូវតែបញ្ជាក់ពាក្យស្នើសុំរបស់អ្នកឡើងវិញនៅពេលស្នើសុំ។
- 4) អ្នកត្រូវតែជូនដំណឹង SoCalGas អំឡុង 30 ថ្ងៃប្រសិនបើអ្នករំលងមានលក្ខណៈសម្បត្តិគ្រប់គ្រាន់។
- 5) អ្នកអាចត្រូវបានស្នើឲ្យផ្ទៀងផ្ទាត់ លក្ខណៈសម្បត្តិទទួលបាន CARE របស់អ្នក។

កម្មវិធី និងសេវាកម្មផ្សេងទៀតដែលអ្នកអាចមានលក្ខណៈសម្បត្តិគ្រប់គ្រាន់៖

Energy Savings Assistance Program: ផ្តល់ជូនការកែលម្អផ្ទះដើម្បីសន្សំថាមពលដោយឥតគិតថ្លៃដូចជាឧបករណ៍ទប់សំឡេង ក្បាលបញ្ចេញទឹកហូរតិច ឧបករណ៍បញ្ចូលខ្យល់ក្បាលម៉ាស៊ីនទឹក បន្ទះទប់ទល់អាកាសធាតុតាមទ្វារ ការភ្លិត និងការជួសជុលផ្ទះបន្តិចបន្តួចម្ចាស់ផ្ទះ និងអ្នកជួលដែលមានប្រាក់ចំណូលទាប ដែលមានលក្ខណៈសម្បត្តិគ្រប់គ្រាន់។ សម្រាប់ព័ត៌មានបន្ថែម សូមទូរស័ព្ទលេខ **1-800-331-7593**។

Medical Baseline: ផ្តល់ការឧបត្ថម្ភឧស្ម័នបន្ថែមត្រឹមត្រូវតាមប្រមូលផ្តុំ អតិថិជនដែលមានស្ថានភាពវេជ្ជសាស្ត្រជាក់លាក់។ សម្រាប់ព័ត៌មានបន្ថែម សូមទូរស័ព្ទលេខ **1-800-427-2200**។

Energy Savings Assistance Program

LIHEAP: ផ្តល់សេវាកម្មជំនួយបង់ថ្លៃវិក្កយប័ត្រ ជំនួយបង់ថ្លៃពេលមានអាសន្ន និងសេវារបៀបប្រឆាំងអាកាសធាតុ។ សូមហៅទូរស័ព្ទទៅកាន់ក្រសួងសេវាកម្មសហគមន៍ និងអភិវឌ្ឍន៍តាមរយៈលេខ **1-866-675-6623**។

California Lifeline: ការចូលប្រើប្រាស់ទូរស័ព្ទបញ្ចុះតម្លៃសម្រាប់អតិថិជនដែលមានលក្ខណៈសម្បត្តិគ្រប់គ្រាន់ គោលការណ៍ណែនាំអំពីប្រាក់ចំណូលស្រដៀងគ្នាដូច CARE។ សម្រាប់ព័ត៌មានបន្ថែម សូមទាក់ទងអ្នកផ្តល់សេវាកម្មទូរស័ព្ទប្រចាំតំបន់របស់អ្នក។

សម្រាប់ព័ត៌មានបន្ថែមអំពីជំនួយអតិថិជន៖

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

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 កម្មវិធីបញ្ចុះតម្លៃ CARE ត្រូវបានបញ្ចប់ដោយអតិថិជនប្រើប្រាស់ប្រាក់ចំណូលទាបកាលីហ្វ័រនីយ៉ា និងគ្រប់គ្រងដោយក្រុមហ៊ុនសម្បត្តិធានាថាមពលសម្រាប់រដ្ឋកាលីហ្វ័រនីយ៉ា California ភាគខាងត្បូង ដែលសម្រាប់ការបំបែកប្រចាំឆ្នាំរបស់ក្រុមហ៊ុនសម្បត្តិធានាថាមពលសម្រាប់រដ្ឋកាលីហ្វ័រនីយ៉ា California។ មូលដ្ឋាននៃការបំបែកប្រចាំឆ្នាំនេះត្រូវបានកំណត់ដោយក្រុមហ៊ុនសម្បត្តិធានាថាមពលសម្រាប់រដ្ឋកាលីហ្វ័រនីយ៉ា និងក្រុមហ៊ុនសម្បត្តិធានាថាមពលសម្រាប់រដ្ឋកាលីហ្វ័រនីយ៉ា។



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. 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.

Пожалуйста, отправьте заполненное заявление с помощью одного из указанных ниже методов:

Посетите сайт myaccount.socalgas.com или socalgas.com/care. Ваш запрос будет обработан сразу же (для клиентов, у которых есть расчетный счет в SoCalGas).

Отправьте заполненное и подписанное заявление по почте или отправьте его по факсу на номер **(213) 244-4665**.

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 2018 г. по 31 мая 2019 г.)	
	Количество членов семьи	Общий годовой доход ¹
Medi-Cal/Medicaid	1-2	\$32,920
Medi-Cal for Families A & B	3	\$41,560
Программа «Женщины, младенцы и дети» (Women, Infants, and Children Program, WIC)	4	\$50,200
CalWORKs (TANF) ¹ / TANF для коренного населения	5	\$58,840
Head Start Income Eligible — только для коренного населения	6	\$67,480
Общая помощь Бюро по делам индейцев	7	\$76,120
CalFresh (продовольственные талоны)	8	\$84,760
Национальная программа обеспечения школьными обедами (National School Lunch Program, NSLP)		
Программа помощи по оплате энергии потребителям с низкими доходами (Low-Income Home Energy Assistance Program, LIHEAP)		
Дополнительный социальный доход (Supplemental Security Income)		



Добавьте 8,640 долл. для каждого дополнительного члена семьи
¹Включая текущий доход вашей семьи из всех источников без учета вычетов.

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

УСЛОВИЯ УЧАСТИЯ

- 1) Счет на природный 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 доказательства того, что вы соответствуете требованиям к участию в программе CARE.

ДРУГИЕ ПРОГРАММЫ И УСЛУГИ, НА КОТОРЫЕ ВЫ МОЖЕТЕ ПРЕТЕНДОВАТЬ:

Energy Savings Assistance Program: Предлагает бесплатные бытовые усовершенствования, позволяющие сэкономить на коммунальных платежах, например, теплоизоляция чердака, душевые лейки с низким расходом воды, азраторы для смесителей, уплотнение дверей, уплотнение стыков и пр., для соответствующих требованиям владельцев и арендаторов жилья с допустимым доходом. Более подробную информацию можно получить по телефону 1-800-331-7593.

Energy Savings Assistance Program
.....
Assistance ProgramSM

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.

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 телефонных услуг.

ПОЛУЧЕНИЕ ДОПОЛНИТЕЛЬНОЙ ИНФОРМАЦИИ О ПОМОЩИ ПОТРЕБИТЕЛЯМ:

English: 1-800-427-2200

한국어: 1-800-427-0471

中文: 1-800-427-1429

廣東話: 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 socialgas.com/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. №

ГОРОД

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: 65 лет и старше
- Medi-Cal for Families A&B
- Программа «Женщины, младенцы и дети» (Women Infant and Children Program, WIC):
- CalWORKs (TANF) / 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 (LINEAP)
- Supplemental Security Income

НЕТ Если нет, сколько составляет ваш годовой доход (без учета вычетов, включая всех членов семьи)?

- \$0 - \$32,920
- \$32,921 - \$41,560
- \$41,561 - \$50,200
- \$50,201 - \$58,840
- \$58,841 - \$67,480
- Если больше \$67,480, 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 Прочтите 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 20% diskwento sa mga karapat-dapat na kustomer sa kanilang buwanang bill ng gas. Ang diskwento ay gagamitin sa buwanang bill ng natural na gas kasunod ng petsa kung kailan inaprubahan ng SoCalGas ang aplikasyon. Kung kayo ay isang submetered tenant, pasasabihan ang may-ari/manager ng inyong lugar kung naaprubahan kayo o hindi na makatanggap ng diskwento.

Mangyaring magsumite ng nakumpletong aplikasyon sa pamamagitan ng isa sa mga paraang nakalista sa ibaba: Bumisita sa myaccount.socalgas.com o socalgas.com/care. Kaagad na ipoproseso ang iyong kahilingan. (Para sa mga customer na may SoCalGas bill account).

Ibalik ang nakumpleto at may lagdang form sa pamamagitan ng koreo o pag-fax sa **(213) 244-4665**.

MAY DALAWANG PARAAN UPANG MAGING KWALIPIKADO

MGA PROGRAMA NG 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, 2018 hanggang Mayo 31, 2019)	
	Dami ng Tao sa Sambahayan	Kabuuang Taunang Kita*
Medi-Cal/Medicaid	1-2	\$32,920
Medi-Cal para sa mga pamilyang A at B	3	\$41,560
Mga Babae, Sanggol, at Bata (Women, Infants & Children o WIC)	4	\$50,200
CalWORKs (TANF) ¹ / Tribal TANF	5	\$58,840
Head Start Income Eligible – Tribal Lamang	6	\$67,480
Bureau of Indian Affairs General Assistance	7	\$76,120
CalFresh (Mga Stamp para sa Pagkain)	8	\$84,760
National School Lunch Program (NSLP)		
Low-Income Home Energy Assistance Program (LIHEAP)		
Supplemental Security Income		

¹Kasama ang Welfare-to-Work

MGA KONDISYON PARA MAKASALI

- 1) Ang bill ng natural na gas ay dapat na nasa inyong pangalan at pangunahing address dapat ninyo ang address.
- 2) Dapat ay hindi kayo idineklarang umaasa sa income tax return ng ibang tao maliban 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) Maaaring hingin sa inyo na patunayan ang inyong pagiging kwalipikado sa CARE.

IBA PANG MGA PROGRAMA AT SERBISYO KUNG SAAN MAAARI KAYONG MAGING KWALIPIKADO:

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



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

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

California Lifeline: May diskwentong access sa telepono para sa mga kustomer na nakakatugon sa mga pamantayan sa kita na katulad ng sa CARE. Para sa higit pang impormasyon, makipag-ugnayan sa inyong lokal na provider ng serbisyo sa telepono.

PARA SA HIGIT PANG IMPORMASYON TUNGKOL SA TULONG SA KUSTOMER:

English: 1-800-427-2200 한국어: 1-800-427-0471 中文: 1-800-427-1429
 廣東話: 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)

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20% DISKWENTO APLIKASYON SA CARE

MANGYARING GUMAMIT NG TINTANG MAITIM NA ASUL O ITIM LAMANG

Mangyaring Kumpletuhin at ibalik ang aplikasyon sa pamamagitan ng koreo, fax, o mag-apply online sa **socalgas.com/care**.

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

NUMERO NG ACCOUNT/FACILITY I.D.

PAKIBIGAY 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

NG APT/SPACE

LUNGSOD

TELEPONO SA BAHAY

EMAIL

1

Kabuuang bilang ng mga tao sa inyong sambahayan (kasama ang inyong sarili, ibang taong 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 programa ng tulong?

- OO** (Kung oo, paki-itiman ang (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 Bata (Women, Infants & Children o WIC)
 - CalWORKs (TANF) o Tribal TANF
 - Head Start Income Eligible - Tribal Lamang
 - Bureau of Indian Affairs General Assistance
 - CalFresh (Mga Stamp para sa Pagkain)
 - National School Lunch Program (NSLP)
 - Low Income Home Energy Assistance Program (LIHEAP)
 - Supplemental Security Income
- HINDI** Kung hindi, ano ang inyong taunang kita ng sambahayan (bago ang mga pagbabawas, kasama ang lahat ng mga miyembro ng sambahayan)?
- \$0 - \$32,920
 - \$32,921 - \$41,560
 - \$41,561 - \$50,200
 - \$50,201 - \$58,840
 - \$58,841 - \$67,480
 - Kung higit pa sa \$67,480, ilagay ang halaga sa dolyar dito
\$, .00 kada taon.
- Pakimarkahan ang mga pinagmumulan ng inyong kita**
- Social Security
 - SSP o SSDI
 - Mga Pensyon
 - Interes o dibidendo mula sa mga ipon, stock, bond, o retirement account
 - Mga suweldo at/o tubo mula sa sariling pag-eempleyo
 - Mga benepisyo para sa walang trabaho
 - Insurance o mga legal settlement
 - Mga kabayaran para sa pagkakaroon ng 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
 - Kita mula sa renta o royalty
 - Cash o iba pang kita

3

Deklarasyon Mangyaring basahin at pumirma sa ibaba.

Inihahayag ko na ang impormasyong ibinigay ko sa aplikasyong ito ay totoo at wasto. Sumasang-ayon ako na magbigay ng katibayan ng pagiging kwalipikado sa CARE kung hihingin. Sumasang-ayon ako na pasabihan ang Southern California Gas Company (SoCalGas®) sa loob ng 30 araw kung hindi na ako kwalipikado para makatanggap ng diskwento. Naiiintindihan ko na kapag tumanggap ako ng diskwento nang hindi kwalipikado para rito, maaaring iatas sa akin na bayaran ang diskwentong tinanggap ko. Naiiintindihan ko na maaaring ibahagi ng SoCalGas ang impormasyon tungkol sa akin sa iba pang mga utility o ahente upang ipatala ako sa kanilang mga programa ng tulong.

PIRMA:

PETSA: / /



A Sempra Energy utility®

แผนลูกค้าสัมพันธ์

ใบสมัครส่วนลด CARE 20%

ด้วยโปรแกรม California Alternate Rates for Energy (CARE) SoCalGas® ขอเสนอส่วนลด 20% สำหรับลูกค้าที่มีสิทธิ์รับส่วนลด สำหรับใบเรียกเก็บเงินค่าบริการก๊าซประจำเดือน ทั้งนี้ท่านจะได้รับส่วนลดเมื่อท่านกรอกข้อมูลและลงนามในใบสมัครอย่างครบถ้วน และหลังจากจากใบสมัครของท่านได้รับการอนุมัติจาก SoCalGas หากคุณเป็นผู้เช่าที่ใช้มิเตอร์ย่อย เจ้าของ/ผู้จัดการทรัพย์สินของคุณจะได้รับแจ้งว่าคุณได้รับอนุมัติเพื่อรับส่วนลดหรือไม่

โปรดส่งใบสมัครที่กรอกเรียบร้อยแล้วโดยวิธีใดวิธีหนึ่งดังต่อไปนี้:

ไปที่ myaccount.socalgas.com หรือ socalgas.com/care ค่าขอของคุณจะได้รับการดำเนินการทันที (สำหรับลูกค้าที่มีบัญชีเรียกเก็บเงิน SoCalGas)

ส่งแบบฟอร์มที่กรอกและลงนามเรียบร้อยแล้วโดยทางไปรษณีย์หรือโทรสารไปที่ **(213) 244-4665**

วิธีการผ่านเกณฑ์วิธีดังต่อไปนี้

โปรแกรมสังคมสงเคราะห์: หากคุณหรือสมาชิกในครอบครัวของคุณได้รับสิทธิ์ประโยชน์จากโปรแกรมต่อไปนี้:	รายได้รวมสูงสุดของครัวเรือน (มีผลตั้งแต่ 1 มิถุนายน 2018 ถึง 31 พฤษภาคม 2019)	
	จำนวนสมาชิกในครัวเรือน	รายได้รวมต่อปี
Medi-Cal/Medicaid	1-2	\$32,920
Medi-Cal สำหรับครอบครัว A & B	3	\$41,560
โครงการสงเคราะห์สตรีทารกแรกเกิด และเด็ก (WIC) CalWORKs (TANF) ¹ หรือ Tribal TANF	4	\$50,200
Head Start Income Eligible — เฉพาะชนเผ่า	5	\$58,840
Bureau of Indian Affairs General Assistance CalFresh (แสดงมีอาหาร)	6	\$67,480
โปรแกรมอาหารกลางวันฟรีแห่งชาติ (NSLP)	7	\$76,120
โปรแกรมให้ความช่วยเหลือด้านพลังงานในบ้านแก่ผู้มีรายได้น้อย (LIHEAP)	8	\$84,760
โครงการเสริมรายได้เพิ่มเติมจากเงินประกันสังคม	สำหรับสมาชิกในครัวเรือนที่เพิ่มเติมให้เพิ่มอีกคนละ +\$8,640 <small>*รายได้รวมปัจจุบันของครัวเรือนจากทุกแหล่งรายได้ก่อนหักลดหย่อนภาษี</small>	

รวมถึง Welfare-to-Work

เงื่อนไขสำหรับการเข้าร่วมโปรแกรม

1) ใบเรียกเก็บเงินค่าบริการก๊าซธรรมชาติต้องเป็นชื่อของคุณและที่อยู่ต้องเป็นที่อยู่หลักของคุณ **2)** คุณต้องไม่ใช่สิทธิ์เป็นผู้อยู่ในความดูแลของผู้อื่น นอกเหนือจากคู่สมรสของคุณในการเสียภาษีรายได้ **3)** คุณต้องแสดงหลักฐานตามที่ระบุไว้ในใบสมัครอีกครั้งหากมีการร้องขอ **4)** คุณต้องแจ้งให้ SoCalGas ทราบภายใน 30 วันหากคุณขาดสถานภาพในการเข้าร่วมโปรแกรม **5)** คุณอาจถูกร้องขอให้แสดงหลักฐานยืนยันว่าคุณมีสิทธิ์ในการเข้าร่วมโปรแกรม CARE

โปรแกรมและบริการอื่นๆ ที่คุณอาจผ่านเกณฑ์ในการเข้าร่วม:

Energy Savings Assistance Program: (โปรแกรมช่วยเหลือด้านการประหยัดพลังงาน)

เป็นโปรแกรมที่มอบความช่วยเหลือในการปรับปรุงบ้านเพื่อการประหยัดพลังงานโดยไม่เสียค่าใช้จ่าย เช่น การติดตั้งฉนวนใต้ฝ้าเพดาน หัวฝักบัวประหยัดน้ำ ก๊อกประหยัดน้ำ การปิดช่องประตู การอุดรอยแตกกร้าว และการซ่อมแซมบ้านเล็กๆ น้อยๆ สำหรับเจ้าของบ้านและผู้เช่าบ้านที่มีรายได้ผ่านเกณฑ์ซึ่งมีคุณสมบัติตามเกณฑ์ สำหรับข้อมูลเพิ่มเติม โปรดโทรมาที่ 1-800-331-7593

Medical Baseline: (โปรแกรมบริการทางการแพทย์ขั้นพื้นฐาน) โปรแกรมนี้จะมอบสิทธิเพิ่มเติมในการใช้ก๊าซในอัตราต่ำกว่าราคาปกติแก่ผู้ใช้บริการที่มีอาการป่วยบางประเภท 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)

โปรแกรมนี้จะมอบส่วนลดค่าบริการโทรศัพท์สำหรับผู้ใช้บริการที่มีรายได้อยู่ในเกณฑ์เดียวกับผู้มีสิทธิ์เข้าร่วมโปรแกรม CARE คุณสามารถโทรสอบถามข้อมูลเพิ่มเติมได้จากผู้ให้บริการโทรศัพท์ในท้องถิ่นของคุณ

Energy Savings Assistance Program

สอบถามข้อมูลเพิ่มเติมได้ที่แผนกลูกค้าสัมพันธ์:

English: 1-800-427-2200

한국어: 1-800-427-0471

中文: 1-800-427-1429

廣東話: 1-800-427-1420

Español: 1-800-342-4545

Việt: 1-800-427-0478

โทรสาร: (213) 244-4665

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

© 2018 บริษัท เซาท์แคลิฟอร์เนียแก๊ส เครื่องหมายการค้าเป็นทรัพย์สินของเจ้าของที่เกี่ยวข้อง ส่วนลิขสิทธิ์โครงการ CARE ได้รับเงินสนับสนุนจากคณะกรรมการการสาธารณสุขและพลังงานของรัฐแคลิฟอร์เนียและบริหารงานโดยบริษัท เซาท์แคลิฟอร์เนียแก๊สภายใต้การอุปถัมภ์ของคณะกรรมการสาธารณสุขของรัฐแคลิฟอร์เนีย โปรแกรมกองทุนจะได้รับการจัดสรรตามลำดับก่อนหลังจนกว่าเงินสนับสนุนจะหมด โปรแกรมนี้อาจถูกปรับเปลี่ยนหรือยกเลิกโดยไม่ต้องแจ้งให้ทราบล่วงหน้า

ใบสมัครส่วนลด CARE 20%

โปรดกรอกข้อมูลด้วยหมึกสีน้ำเงินหรือสีดำเท่านั้น

โปรดกรอกใบสมัครให้ครบถ้วนและส่งกลับทางไปรษณีย์หรือโทรสาร หรือสมัครออนไลน์ที่ socialgas.com/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) ได้รับสิทธิ์ประโยชน์จากโปรแกรมดังต่อไปนี้หรือไม่

- 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
 - \$0 - \$32,920
 - \$32,921 - \$41,560
 - \$41,561 - \$50,200
 - \$50,201 - \$58,840
 - \$58,841 - \$67,480
 - หากมากกว่า \$67,480 ระบุจำนวนเหรียญที่นี่
\$, .00 ต่อปี.
- โปรดเลือกที่มาของรายได้
- เงินประกันสังคม SSP
 - SSP หรือ SSDI เงินบำนาญ
 - เงินบำนาญ
 - ดอกเบี้ยเงินฝากหรือเงินปันผลจากบัญชีออมทรัพย์ ทุน พันธบัตร หรือบัญชีสำหรับผู้เกษียณ
 - ค่าจ้างและ/หรือกำไรจากอาชีพอิสระ
 - สิทธิผลประโยชน์จากการว่างงาน
 - เงินประกันหรือเงินที่ได้จากการตกลงยอมคดีความ
 - เงินชดเชยทุพพลภาพหรือเงินชดเชยแรงงาน
 - เงินช่วยเหลือคู่สมรสหรือบุตร
 - ทุน เงินสนับสนุน หรือเงินช่วยเหลืออื่นๆ ที่ใช้ในการครองชีพ
 - ค่าเช่าหรือรายได้จากค่าลิขสิทธิ์
 - เงินสดหรือรายได้อื่นๆ

3 การยืนยัน โปรดอ่านและลงนามด้านล่าง

ข้าพเจ้ารับรองว่าข้อมูลที่ข้าพเจ้าระบุในเอกสารใบสมัครฉบับนี้ถูกต้องและเป็นความจริง หากมีการร้องขอข้าพเจ้ายินยอมที่จะแสดงหลักฐานที่แสดงว่าข้าพเจ้ามีสิทธิ์เข้าร่วมโปรแกรม 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, 06/18)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 5287
DECISION NO.

ISSUED BY
Dan Skopec
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
SUBMITTED May 1, 2018
EFFECTIVE Jun 1, 2018
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. Visit **myaccount.socalgas.com** or **socalgas.com/care**. Your request will be processed instantly.
2. Call **1-866-716-3452** anytime 24 hours a day. Please have your account number ready.
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 / 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

OR

MAXIMUM HOUSEHOLD INCOME*:

(effective June 1, 2018 to May 31, 2019)

*current household income from all sources before deductions

Number of Persons in Household	Total Annual Income
1-2	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760
Each additional person	+\$8,640

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, 2018 – May 31, 2019

Meter: Residential

For your application to be read accurately and completely, you must completely fill in the circle (●) next to your selection. Please use black or blue color ink only. Other marks may NOT be counted.

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

- \$0 - \$32,920
- \$32,921 - \$41,560
- \$41,561 - \$50,200
- \$50,201 - \$58,840
- \$58,841 - \$67,480
- If more than \$67,480, 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. Visite **myaccount.socalgas.com** o **socalgas.com/careparami**. Su solicitud será procesada de manera instantánea.
2. Llame al **1-866-716-3452** en cualquier momento las 24 horas del día. Tenga listo su número de cuenta.
3. Devuelva el formulario completo y firmado por correo o por fax al **(213) 244-4665**.

CÓMO CALIFICAR PARA EL DESCUENTO CARE:

PROGRAMAS DE ASISTENCIA PÚBLICA:	INGRESO MÁXIMO EN EL HOGAR: <i>(en vigor del 1 de junio de 2018 al 31 de mayo de 2019)</i> *ingreso actual en el hogar de todas las fuentes antes de deducciones	
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		
O	Número de personas en el hogar	Ingreso total anual
	1-2	\$32,920
	3	\$41,560
	4	\$50,200
	5	\$58,840
	6	\$67,480
	7	\$76,120
	8	\$84,760
	Cada persona adicional	+\$8,640

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 2018 hasta el 31 de mayo de 2019

Meter: Residential

Número de cuenta/
complejo habitacional:

Nombre del cliente/
inquilino:

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

Teléfono:

Para que su aplicación sea leída de forma precisa y completa, debe llenar completamente el círculo (●) junto a su selección. Utilice únicamente tinta de color negro o azul. Otras marcas NO pueden contarse.

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

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

- \$0 - \$32,920
- \$32,921 - \$41,560
- \$41,561 - \$50,200
- \$50,201 - \$58,840
- \$58,841 - \$67,480
- En caso de ser más de \$67,480, 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®

**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：

1. 上網站 myaccount.socalgas.com 或 socalgas.com/care。您的申請將立即受理。
2. 將填妥並且簽名的申請表寄回，或傳真至 (213) 244-4665。

符合 CARE 折扣的這些種資格：

公共援助計劃:	家庭收入最高限額*： (2018 年 6 月 1 日至 2019 年 5 月 31 日有效) *目前家庭所有來源的稅前收入總和																			
<p>您或您的家人參加以下任何援助計劃：</p> <p>Medicaid / 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 (Supplemental Security Income)</p>	或者	<table border="1"> <thead> <tr> <th data-bbox="842 827 1182 867">家庭成員人數</th> <th data-bbox="1182 827 1433 867">年收入總額</th> </tr> </thead> <tbody> <tr><td data-bbox="842 867 1182 905">1-2</td><td data-bbox="1182 867 1433 905">\$32,920</td></tr> <tr><td data-bbox="842 905 1182 942">3</td><td data-bbox="1182 905 1433 942">\$41,560</td></tr> <tr><td data-bbox="842 942 1182 980">4</td><td data-bbox="1182 942 1433 980">\$50,200</td></tr> <tr><td data-bbox="842 980 1182 1018">5</td><td data-bbox="1182 980 1433 1018">\$58,840</td></tr> <tr><td data-bbox="842 1018 1182 1056">6</td><td data-bbox="1182 1018 1433 1056">\$67,480</td></tr> <tr><td data-bbox="842 1056 1182 1094">7</td><td data-bbox="1182 1056 1433 1094">\$76,120</td></tr> <tr><td data-bbox="842 1094 1182 1131">8</td><td data-bbox="1182 1094 1433 1131">\$84,760</td></tr> <tr><td data-bbox="842 1131 1182 1184">每多一人</td><td data-bbox="1182 1131 1433 1184">增加\$8,640</td></tr> </tbody> </table>	家庭成員人數	年收入總額	1-2	\$32,920	3	\$41,560	4	\$50,200	5	\$58,840	6	\$67,480	7	\$76,120	8	\$84,760	每多一人	增加\$8,640
家庭成員人數	年收入總額																			
1-2	\$32,920																			
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5	\$58,840																			
6	\$67,480																			
7	\$76,120																			
8	\$84,760																			
每多一人	增加\$8,640																			

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

2018 年 6 月 1 日 - 2019 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:

為使您的申請表能夠準確而完整地讀取，請僅使用黑色或藍色墨水，完全塗滿您所選擇的圓圈 (●)。其他方式不得計算在內。

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 (Supplemental Security Income)

否: 請問您的家庭年收入是多少 (稅前, 包括家中所有成員)?

- \$0 - \$32,920
- \$32,921 - \$41,560
- \$41,561 - \$50,200
- \$50,201 - \$58,840
- \$58,841 - \$67,480
- 若超過 \$67,480, 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, 并郵寄至上述地址。

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, 90일 내에 수혜 자격을 갱신하셔야 합니다. 아래에 나열된 방법 중 하나를 사용하여 갱신을 하실 수 있습니다.

1. myaccount.socalgas.com 또는 socalgas.com/care를 방문하십시오. 요청하신 사항을 신속하게 처리해드립니다.
2. 양식을 작성하고 서명한 후 우편 또는 팩스 (213) 244-4665 번으로 반송하십시오.

CARE 할인 수혜 자격을 충족시키는 가지 방법이 있습니다:

<p>공공 지원 프로그램:</p> <p>귀하나 가족일원이 다음 프로그램으로부터 혜택을 받는 경우:</p> <p>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 (Supplemental Security Income)</p>
--

또는

<p>최대 가구 소득*: (2018. 6. 1 부터 2019. 5. 31 까지 유효) *세액 공제전 가구의 현재 총소득</p>	
가구의 식구 수	총 연간 소득
1-2	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760
각 추가 사용자	+\$8,640

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:



CARE 프로그램 신청/갱신 가스 요금 20% 할인

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

팩스: 213-244-4665

2018년 6월 1일부터 2019년 5월 31일까지 유효

Meter: Residential

계정 번호/설비:

고객 이름:

고객 주소:

전화:

프로그램 신청서를 정확하게
처리하기 위하여는 선택 항목 옆의 원
(●)을 완전히 채워 기입하여야
합니다. 검정색 또는 파랑색 펜을
사용하십시오. 다른 색이나 완전히
채워지지 않은 표시는 입력되지 않을
수 있습니다.

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):

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

- 메디케이드 (Medi-Cal / Medicaid): 65 세 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)
- Supplemental Security Income (추가 사회보장 수입)

- \$0 - \$32,920
- \$32,921 - \$41,560
- \$41,561 - \$50,200
- \$50,201 - \$58,840
- \$58,841 - \$67,480
- \$67,480을 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:

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

A Sempra Energy utility®

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:

1. Truy cập **myaccount.socalgas.com** hoặc **socalgas.com/care**. Yêu cầu của quý vị sẽ được xét ngay lập tức.
2. Gửi lại mẫu đơn đã điền đầy đủ và ký tên qua bưu điện hoặc fax đến **(213) 244-4665**.

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 (Supplemental Security Income)

HOẶC

LỢI TỨC TỐI ĐA CỦA HỘ GIA ĐÌNH*: <i>(hiệu lực từ ngày 1 tháng Sáu, 2018 đến 31 tháng Năm, 2019)</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	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760
Mỗi người bổ sung	+\$8,640

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, 2018 đến 31 tháng Năm 2019

Số Trương Mục/Cơ Sở:

Meter: Residential

Tên Khách Hàng:

Địa chỉ Khách Hàng:

Điện Thoại:

Để hồ sơ của quý vị được đọc chính xác và đầy đủ, quý vị phải tô đậm vào vòng tròn (●) kế bên sự lựa chọn của quý vị. Vui lòng chỉ sử dụng mực màu đen hoặc màu xanh.
Các dấu khác có thể KHÔNG được tính.

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 (Supplemental Security Income)

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 – \$32,920
- \$32,921 – \$41,560
- \$41,561 – \$50,200
- \$50,201 – \$58,840
- \$58,841 – \$67,480
- Nếu trên \$67,480, 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 phổi gầy 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-CBO, 06/18)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 5287
DECISION NO.

1H10

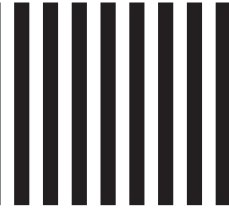
ISSUED BY

Dan Skopec
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

SUBMITTED May 1, 2018
EFFECTIVE Jun 1, 2018
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%

DID YOU KNOW...



- » You can apply for CARE online and get approved instantly!
- » Visit socalgas.com/care for details.

CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE)

Dear Customer:

Through the California Alternate Rates for Energy (CARE) program, SoCalGas® offers eligible customers a 20 percent discount on their monthly natural gas bill. The discount will be applied to the monthly natural gas bill following the date that the application is approved by SoCalGas.

Please complete the enclosed application and return it in the postage-paid envelope, or visit socalgas.com/care to apply online.

Other programs and services you may qualify for:

Energy Savings Assistance Program: Offers no-cost energy-saving home improvements. For more information, please visit socalgas.com/improvements.



Medical Baseline: Provides additional natural gas at a lower rate to customers with certain medical conditions. For more information, visit socalgas.com/medical.

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

For information on CARE, call SoCalGas:

For more information in English: 1-800-427-2200

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

Estimado(a) Cliente:

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 natural a los clientes que reúnan los requisitos. Recibirá su descuento una vez que su solicitud sea aprobada por SoCalGas.

Llene el formulario de solicitud y envíenoslo en el sobre provisto, o visite socalgas.com/careparami para presentar su solicitud en línea.

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 natural a la tarifa más baja a los clientes con ciertas condiciones 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.

*Average savings over a two-year period on the CARE program

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SAMPLE FORMS: APPLICATIONS
Self-Certification CARE Application
Submetered Residential (Form 6677, 06/18)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 5287
DECISION NO.

ISSUED BY
Dan Skopec
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
SUBMITTED May 1, 2018
EFFECTIVE Jun 1, 2018
RESOLUTION NO. E-3524



A Sempra Energy utility®

CUSTOMER ASSISTANCE

20% DISCOUNT
CARE APPLICATION

The California Alternate Rates for Energy (CARE) program, offers eligible SoCalGas® customers a 20% discount on their monthly natural gas bill. The discount will be applied to the monthly natural 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.

Please submit a completed application by using one of the methods listed below:

1. Visit **myaccount.socalgas.com** or **socalgas.com/care**. Your request will be processed instantly. (For customers who have a SoCalGas bill account)
2. Call 866-716-3452 anytime 24 hours a day. Please have your account number or facility ID ready. You can locate your account number or facility ID at the bottom of this page.
3. Return the completed and signed form by mail or fax to 213-244-4665.

THERE ARE TWO WAYS TO QUALIFY

PUBLIC ASSISTANCE PROGRAMS The individual resident in the facility receives benefits from any of the following programs:	MAXIMUM HOUSEHOLD INCOME (effective June 1, 2018 to May 31, 2019)	
	Number of Persons in Household	Total Annual Income*
Medi-Cal/Medicaid	1-2	\$32,920
Medi-Cal for Families A & B	3	\$41,560
Women, Infants, & Children (WIC)	4	\$50,200
CalWORKs (TANF) ¹ / Tribal TANF	5	\$58,840
Head Start Income Eligible – Tribal Only	6	\$67,480
Bureau of Indian Affairs General Assistance	7	\$76,120
CalFresh (Food Stamps)	8	\$84,760
National School Lunch Program (NSLP)		
Low-Income Home Energy Assistance Program (LIHEAP)		
Supplemental Security Income		

←OR→

*Includes current household income from all sources before deductions.

¹ Includes Welfare-to-Work

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 income-qualified home-owners and renters. For more information, please call 800-331-7593.

**Energy Savings
Assistance Program™**

Medical Baseline: Provides additional allowance of gas at a lower rate to customers with certain medical conditions. For more information, call 866-431-3517.

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 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

한국어: 1-800-427-0471

中文: 1-800-427-1429

廣東話: 1-800-427-1420

Español: 1-800-342-4545

Việt: 1-800-427-0478

FAX: (213) 244-4665

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

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 socialgas.com/care.

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

FACILITY I.D.

PLEASE PROVIDE YOUR FACILITY I.D. TO EXPEDITE PROCESSING.

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

ADDRESS

APT/SPACE #

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

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

- \$0 - \$32,920
- \$32,921 - \$41,560
- \$41,561 - \$50,200
- \$50,201 - \$58,840
- \$58,841 - \$67,480
- If more than \$67,480, 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 través del programa Tarifas Alternas Para Energía de California (CARE), SoCalGas® ofrece un 20 por ciento de descuento en la factura mensual de gas natural a los clientes que reúnan los requisitos. Recibirá su descuento una vez que su solicitud sea aprobada por SoCalGas. Si usted es un inquilino con submedidor, se notificará al dueño/administrador de su propiedad si usted recibió o no la aprobación para obtener el descuento.

Por favor, presente una solicitud completa utilizando uno de los métodos que se enumeran a continuación:

1. Visite **myaccount.socialgas.com** o **socialgas.com/careparami**. Su solicitud será procesada inmediatamente. (Para clientes que tienen una cuenta de facturación de SoCalGas).
2. Llame al 866-716-3452 en cualquier momento las 24 horas del día. Tenga listo su número de cuenta o la ID de instalación. Puede localizar su número de cuenta o la ID de instalación en la parte inferior de esta página.
3. Devuelva el formulario completo y firmado por correo o por fax al 213-244-4665.

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:	INGRESO MÁXIMO EN EL HOGAR: (En vigor del 1 de junio de 2018 al 31 de mayo de 2019)	
	Número de personas en el hogar	Ingreso total anual ¹
Medi-Cal/Medicaid	1-2	\$32,920
Medi-Cal para Familias A y B	3	\$41,560
Programa para Mujeres, Bebés y Niños (WIC)	4	\$50,200
CalWORKs (TANF) ¹ / TANF tribal	5	\$58,840
Ingreso elegible para Head Start (tribal únicamente)	6	\$67,480
Buró de Asistencia General para Asuntos de Nativos Americanos	7	\$76,120
CalFresh (Estampillas para comida)	8	\$84,760
Programa Nacional de Almuerzos Escolares (NSLP)	Por cada miembro adicional en el hogar, añade \$8,640	
Programa de Asistencia a Hogares de Ingresos Limitados para Gastos de Energía (LIHEAP)	*Incluye todas las fuentes de ingreso actual en el hogar antes de deducciones.	
Ingreso Suplementario del Seguro Social		

¹Incluye Asistencia Pública al Trabajo

CONDICIONES PARA PARTICIPAR

1) La factura de gas natural 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 800-331-7593.

**Energy Savings
Assistance Program**

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 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 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:

English: 1-800-427-2200

한국어: 1-800-427-0471

中文: 1-800-427-1429

廣東話: 1-800-427-1420

Español: 1-800-342-4545

Việt: 1-800-427-0478

Fax: (213) 244-4665

Clientes con limitaciones auditivas TDD/TTY llamen al: 1-800-252-0259 (solo disponible en inglés y en español)

SOLICITUD CARE PARA UN 20% DE DESCUENTO

UTILICE SOLO TINTA DE COLOR NEGRO O AZUL OSCURO

Por favor llene el formulario de solicitud y envíenoslo por correo, fax, o visite socialgas.com/careparami.

Correo: SoCalGas M.L. GT19A1, P.O. Box 513249 Los Angeles, CA 90051-1249 o **Fax:** (213) 244-4665

COMPLEJO HABITACIONAL

PROPORCIONE SU COMPLEJO HABITACIONAL PARA ACELERAR EL PROCESAMIENTO.

NOMBRE DEL CLIENTE (TAL COMO APARECE EN SU FACTURA)

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

NO. DE APTO./ESPACIO

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 ●)
- 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 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
- NO** ¿Cuál es el ingreso anual de su hogar (antes de deducciones, incluyendo a todos los miembros del hogar)?
- \$0 - \$32,920
 - \$32,921 - \$41,560
 - \$41,561 - \$50,200
 - \$50,201 - \$58,840
 - \$58,841 - \$67,480
 - Si es más de \$67,480, 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
Self-Recertification CARE Application
Submetered Residential (Form 6678, 06/18)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 5287
DECISION NO.

ISSUED BY
Dan Skopec
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
SUBMITTED May 1, 2018
EFFECTIVE Jun 1, 2018
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®) natural 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. Please have your facility ID ready. You can locate your facility ID at the bottom of this page.
2. Return the completed and signed form by mail or fax to **(213) 244-4665**.

HOW TO QUALIFY FOR THE CARE DISCOUNT:

PUBLIC ASSISTANCE PROGRAMS:	MAXIMUM HOUSEHOLD INCOME*:	
<p>If you or someone in your household participates in any of these programs:</p> <ul style="list-style-type: none"> Medicaid / 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 	<p><i>(effective June 1, 2018 to May 31, 2019)</i> *current household income from all sources before deductions</p>	
OR	Number of Persons in Household	Total Annual Income
	1-2	\$32,920
	3	\$41,560
	4	\$50,200
	5	\$58,840
	6	\$67,480
	7	\$76,120
	8	\$84,760
	Each additional person	+\$8,640

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, 2018 – May 31, 2019

Meter: Submetered

For your application to be read accurately and completely, you must completely fill in the circle (●) next to your selection. Please use black or blue color ink only. Other marks may NOT be counted.

Account/Facility Number:

Customer/Tenant Name:

Customer Address: Apt/Space # City, ST ZIP

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

1 Total adults and children in your household: 0 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):

- 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

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

- \$0 - \$32,920
\$32,921 - \$41,560
\$41,561 - \$50,200
\$50,201 - \$58,840
\$58,841 - \$67,480
If more than \$67,480, 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 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 del día. Tenga lista su ID de instalación. Puede localizar su ID de instalación en la parte inferior de esta página.
2. Devuelva el formulario completo y firmado por correo o por fax al **(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

O

INGRESO MÁXIMO EN EL HOGAR: <i>(en vigor del 1 de junio de 2018 al 31 de mayo de 2019)</i> *ingreso actual en el hogar de todas las fuentes antes de deducciones	
Número de personas en el hogar	Ingreso total anual
1-2	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760
Cada persona adicional	+\$8,640

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 2018 hasta el 31 de mayo de 2019

Meter: Submetered

Número de cuenta/
complejo habitacional:

Nombre del cliente/
inquilino:

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

Teléfono:

Para que su aplicación sea leída de forma precisa y completa, debe llenar completamente el círculo (●) junto a su selección. Utilice únicamente tinta de color negro o azul. Otras marcas NO pueden contarse.

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

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

- \$0 - \$32,920
- \$32,921 - \$41,560
- \$41,561 - \$50,200
- \$50,201 - \$58,840
- \$58,841 - \$67,480
- En caso de ser más de \$67,480, 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, 06/18)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 5287
DECISION NO.

1H10

ISSUED BY

Dan Skopec
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

SUBMITTED May 1, 2018
EFFECTIVE Jun 1, 2018
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. Visit **myaccount.socalgas.com** or **socalgas.com/care**. Your request will be processed instantly.
2. Call **1-866-716-3452** anytime 24 hours a day. Please have your account number ready.
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 / 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

OR

MAXIMUM HOUSEHOLD INCOME*:

(effective June 1, 2018 to May 31, 2019)

*current household income from all sources before deductions

Number of Persons in Household	Total Annual Income
1-2	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760
Each additional person	+\$8,640

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, 2018 – May 31, 2019

Meter: Residential

For your application to be read accurately and completely, you must completely fill in the circle (●) next to your selection. Please use black or blue color ink only. Other marks may NOT be counted.

Account/Facility Number:

Customer/Tenant Name:

Customer Address: Apt/Space # City, ST ZIP

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

1 Total adults and children in your household: 0 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

- \$0 - \$32,920
\$32,921 - \$41,560
\$41,561 - \$50,200
\$50,201 - \$58,840
\$58,841 - \$67,480
If more than \$67,480, 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. Visite **myaccount.socalgas.com** o **socalgas.com/careparami**. Su solicitud será procesada de manera instantánea.
2. Llame al **1-866-716-3452** en cualquier momento las 24 horas del día. Tenga listo su número de cuenta.
3. Devuelva el formulario completo y firmado por correo o por fax al **(213) 244-4665**.

CÓMO CALIFICAR PARA EL DESCUENTO CARE:

PROGRAMAS DE ASISTENCIA PÚBLICA:	INGRESO MÁXIMO EN EL HOGAR: <i>(en vigor del 1 de junio de 2018 al 31 de mayo de 2019)</i> *ingreso actual en el hogar de todas las fuentes antes de deducciones	
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		
O	Número de personas en el hogar	Ingreso total anual
	1-2	\$32,920
	3	\$41,560
	4	\$50,200
	5	\$58,840
	6	\$67,480
	7	\$76,120
	8	\$84,760
	Cada persona adicional	+\$8,640

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 2018 hasta el 31 de mayo de 2019

Meter: Residential

Número de cuenta/
complejo habitacional:

Nombre del cliente/
inquilino:

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

Teléfono:

Para que su aplicación sea leída de forma precisa y completa, debe llenar completamente el círculo (●) junto a su selección. Utilice únicamente tinta de color negro o azul. Otras marcas NO pueden contarse.

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

- \$0 - \$32,920
- \$32,921 - \$41,560
- \$41,561 - \$50,200
- \$50,201 - \$58,840
- \$58,841 - \$67,480
- En caso de ser más de \$67,480, 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®

**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：

1. 上網站 myaccount.socalgas.com 或 socalgas.com/care。您的申請將立即受理。
2. 將填妥並且簽名的申請表寄回，或傳真至 (213) 244-4665。

符合 CARE 折扣的這些種資格：

公共援助計劃:	家庭收入最高限額*： (2018 年 6 月 1 日至 2019 年 5 月 31 日有效) *目前家庭所有來源的稅前收入總和																			
您或您的家人參加以下任何援助計劃： Medicaid / 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 (Supplemental Security Income)	或者	<table border="1"> <thead> <tr> <th>家庭成員人數</th> <th>年收入總額</th> </tr> </thead> <tbody> <tr><td>1-2</td><td>\$32,920</td></tr> <tr><td>3</td><td>\$41,560</td></tr> <tr><td>4</td><td>\$50,200</td></tr> <tr><td>5</td><td>\$58,840</td></tr> <tr><td>6</td><td>\$67,480</td></tr> <tr><td>7</td><td>\$76,120</td></tr> <tr><td>8</td><td>\$84,760</td></tr> <tr><td>每多一人</td><td>增加\$8,640</td></tr> </tbody> </table>	家庭成員人數	年收入總額	1-2	\$32,920	3	\$41,560	4	\$50,200	5	\$58,840	6	\$67,480	7	\$76,120	8	\$84,760	每多一人	增加\$8,640
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1-2	\$32,920																			
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6	\$67,480																			
7	\$76,120																			
8	\$84,760																			
每多一人	增加\$8,640																			

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

2018 年 6 月 1 日 - 2019 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:

為使您的申請表能夠準確而完整地讀取，請僅使用黑色或藍色墨水，完全塗滿您所選擇的圓圈 (●)。其他方式不得計算在內。

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 (Supplemental Security Income)

否: 請問您的家庭年收入是多少 (稅前, 包括家中所有成員)?

- \$0 - \$32,920
- \$32,921 - \$41,560
- \$41,561 - \$50,200
- \$50,201 - \$58,840
- \$58,841 - \$67,480
- 若超過 \$67,480, 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, 并郵寄至上述地址。

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, 90일 내에 수혜 자격을 갱신하셔야 합니다. 아래에 나열된 방법 중 하나를 사용하여 갱신을 하실 수 있습니다.

1. myaccount.socalgas.com 또는 socalgas.com/care를 방문하십시오. 요청하신 사항을 신속하게 처리해드립니다.
2. 양식을 작성하고 서명한 후 우편 또는 팩스 (213) 244-4665 번으로 반송하십시오.

CARE 할인 수혜 자격을 충족시키는 가지 방법이 있습니다:

<p>공공 지원 프로그램:</p> <p>귀하나 가족일원이 다음 프로그램으로부터 혜택을 받는 경우:</p> <p>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 (Supplemental Security Income)</p>
--

또는

<p>최대 가구 소득*: (2018. 6. 1 부터 2019. 5. 31 까지 유효) *세액 공제전 가구의 현재 총소득</p>	
가구의 식구 수	총 연간 소득
1-2	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760
각 추가 사용자	+\$8,640

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:



CARE 프로그램 신청/갱신 가스 요금 20% 할인

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

팩스: 213-244-4665

2018년 6월 1일부터 2019년 5월 31일까지 유효

Meter: Residential

계정 번호/설비:

고객 이름:

고객 주소:

전화:

프로그램 신청서를 정확하게
처리하기 위하여는 선택 항목 옆의 원
(●)을 완전히 채워 기입하여야
합니다. 검정색 또는 파랑색 펜을
사용하십시오. 다른 색이나 완전히
채워지지 않은 표시는 입력되지 않을
수 있습니다.

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):

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

- 메디케이드 (Medi-Cal / Medicaid): 65 세 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)
- Supplemental Security Income (추가 사회보장 수입)

- \$0 - \$32,920
- \$32,921 - \$41,560
- \$41,561 - \$50,200
- \$50,201 - \$58,840
- \$58,841 - \$67,480
- \$67,480을 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:

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

A Sempra Energy utility®

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:

1. Truy cập **myaccount.socalgas.com** hoặc **socalgas.com/care**. Yêu cầu của quý vị sẽ được xét ngay lập tức.
2. Gửi lại mẫu đơn đã điền đầy đủ và ký tên qua bưu điện hoặc fax đến **(213) 244-4665**.

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 (Supplemental Security Income)

HOẶC

LỢI TỨC TỐI ĐA CỦA HỘ GIA ĐÌNH*: <i>(hiệu lực từ ngày 1 tháng Sáu, 2018 đến 31 tháng Năm, 2019)</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	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760
Mỗi người bổ sung	+\$8,640

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, 2018 đến 31 tháng Năm 2019

Số Trương Mục/Cơ Sở:

Meter: Residential

Tên Khách Hàng:

Địa chỉ Khách Hàng:

Để hồ sơ của quý vị được đọc chính xác và đầy đủ, quý vị phải tô đậm vào vòng tròn (●) kế bên sự lựa chọn của quý vị. Vui lòng chỉ sử dụng mực màu đen hoặc màu xanh. Các dấu khác có thể KHÔNG được tính.

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 (Supplemental Security Income)

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 – \$32,920
- \$32,921 – \$41,560
- \$41,561 – \$50,200
- \$50,201 – \$58,840
- \$58,841 – \$67,480
- Nếu trên \$67,480, 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 phổi gầy 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:

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)	54937-G,54579-G,42978-G,47110-G,42980-G
GS	Submetered Multi-Family Service (Includes GS, GS-C and GT-S Rates)	47111-G,54938-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,54939-G,54940-G,41014-G 41015-G,41016-G,41017-G,45295-G
G-CARE	California Alternate Rates for Energy (CARE) Program	44092-G,54955-G 48175-G,54956-G,42343-G,41899-G
GO-AC	Optional Rate for Customers Purchasing New Gas Air Conditioning Equipment (Includes GO-AC and GTO-AC Rates)	54941-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)	54942-G,43000-G 43001-G
GL	Street and Outdoor Lighting Natural Gas Service	54943-G,31022-G
G-10	Core Commercial and Industrial Service (Includes GN-10, 10C, and GT-10 Rates),	46445-G,54944-G 52057-G,52058-G,53314-G,53315-G
G-AC	Core Air Conditioning Service for Commercial and Industrial (Includes G-AC, G-ACC and GT-AC Rates)	54945-G,43252-G,53316-G,53317-G
G-EN	Core Gas Engine Water Pumping Service for Commercial and Industrial (Includes G-EN, G-ENC and GT-EN Rates)	54946-G,44077-G,53318-G,53319-G
G-NGV	Natural Gas Service for Motor Vehicles	54947-G,54948-G,52062-G 52063-G,51366-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

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(Continued)

(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 5287
 DECISION NO.

ISSUED BY
Dan Skopec
 Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
 SUBMITTED May 1, 2018
 EFFECTIVE Jun 1, 2018
 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, 06/18)	54957-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, 06/18)	54958-G	T
Application for CARE, General Purpose, Direct Mail (Form 6491-DM, 06/18)	54959-G	T
Self-Certification CARE Application - Individually Metered Residential (Form 6491, 06/18)	54960-G	T
Self-Recertification CARE Application - Individually Metered Residential (Form 6674, 06/18)	54961-G	T
Capitation Program CARE Application (Form 6491-2E, 06/18)	54962-G	T
Post-Enrollment Verification CARE Application - Individually Metered Residential (Form 6675, 06/15)	51491-G	
Post-Enrollment Verification CARE Application - Sub-Metered Residential (Form 6675S, 06/15)	51492-G	
Self-Certification CARE Application - Submetered Residential (Form 6677, 06/18)	54963-G	T
Self-Recertification CARE Application - Submetered Residential (Form 6678, 06/18)	54964-G	T
Application for CARE, Bill Insert (Form 6491-BI, 06/18)	54965-G	T
Set and Turn-on Application (Form 1770H, 6-99)	32482-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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Dan Skopec
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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	54968-G,54637-G,54668-G,54725-G	T
Table of Contents--Service Area Maps and Descriptions	53356-G	
Table of Contents--Rate Schedules	54966-G,54953-G,54891-G	T
Table of Contents--List of Cities and Communities Served	54790-G	
Table of Contents--List of Contracts and Deviations	54790-G	
Table of Contents--Rules	54910-G,54515-G	
Table of Contents--Sample Forms	54967-G,53707-G,51537-G,53998-G,54253-G,52292-G	T

PRELIMINARY STATEMENT

Part I General Service Information	45597-G,24332-G,54726-G,24334-G,48970-G
Part II Summary of Rates and Charges	54930-G,54931-G,54932-G,54569-G,54570-G,54933-G 54925-G,46431-G,46432-G,54550-G,54934-G,54935-G,54936-G,54575-G
Part III Cost Allocation and Revenue Requirement	54576-G,50447-G,53583-G
Part IV Income Tax Component of Contributions and Advances	52273-G,24354-G
Part V Balancing Accounts	
Description and Listing of Balancing Accounts	52939-G,54130-G
Purchased Gas Account (PGA)	52769-G,53254-G
Core Fixed Cost Account (CFCA)	53433-G,53434-G,54507-G,53436-G
Noncore Fixed Cost Account (NFCA)	53255-G,54508-G,54509-G
Enhanced Oil Recovery Account (EORA)	49712-G
Noncore Storage Balancing Account (NSBA)	52886-G,52887-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)	54544-G,52941-G
Post-Retirement Benefits Other Than Pensions Balancing Account (PBOPBA) ..	54545-G,52943-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)	52583-G,52584-G
Integrated Transmission Balancing Account (ITBA)	49313-G

(Continued)

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