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April 29, 2020

Advice No. 5623
(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 (CPUC or 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, 2020 from the Deputy Executive Director for Energy and Climate Policy 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, 2020 through May 31, 2021 as follows:

<i>Household Size</i>	<i>Income Eligibility Upper Limit</i>
1 - 2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240
<i>Each Additional Person</i>	\$8,960

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>
Medi-Cal/Medicaid
Medi-Cal for Families A & B
Women, Infants, & Children Program (WIC)
CalWORKs/Temporary Assistance for Needy Families (TANF) ¹
Tribal TANF
Head Start Income Eligible (Tribal Only)
Bureau of Indian Affairs General Assistance
CalFresh (Food Stamps)/Supplemental Nutrition Assistance Program (SNAP)
National School Lunch Program (NSLP)
Low-income Home Energy Assistance Program (LIHEAP)
Supplemental Security Income (SSI)

¹ Includes Welfare-to-Work.

The letter further directs the energy utilities to file (submit) tariffs with the ED reflecting the new income levels by May 1, 2020. 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 19, 2020. 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). Due to the COVID-19 pandemic and the shelter at home orders, SoCalGas is currently unable to receive protests or comments to this AL via U.S. mail or fax. Please submit protests or comments to this AL via e-mail to the addresses 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, 2020 notice from the ED, the tariff sheets submitted herein are to be effective for service on and after June 1, 2020.

Notice

A copy of this Advice Letter is being sent to SoCalGas' GO 96-B service list and the Commission's service lists in A.11-05-018, Low-Income Assistance Programs and Budgets for Program Years 2012-2014, A.14-11-007, ESA and CARE Programs and Budgets for Program Years 2015-2017, and A.17-01-013, Energy Efficiency Rolling Portfolios. Address change requests to the GO 96-B service list should be directed via e-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 via e-mail at Process_Office@cpuc.ca.gov.

/s/ Ronald van der Leeden

Ronald van der Leeden
Director – Regulatory Affairs

Attachments



ADVICE LETTER SUMMARY

ENERGY UTILITY



MUST BE COMPLETED BY UTILITY (Attach additional pages as needed)

Company name/CPUC Utility No.:

Utility type:

ELC GAS WATER
 PLC HEAT

Contact Person:

Phone #:
E-mail:
E-mail Disposition Notice to:

EXPLANATION OF UTILITY TYPE

ELC = Electric GAS = Gas WATER = Water
PLC = Pipeline HEAT = Heat

(Date Submitted / Received Stamp by CPUC)

Advice Letter (AL) #:

Tier Designation:

Subject of AL:

Keywords (choose from CPUC listing):

AL Type: Monthly Quarterly Annual One-Time Other:

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

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL:

Summarize differences between the AL and the prior withdrawn or rejected AL:

Confidential treatment requested? Yes No

If yes, specification of confidential information:

Confidential information will be made available to appropriate parties who execute a nondisclosure agreement. Name and contact information to request nondisclosure agreement/ access to confidential information:

Resolution required? Yes No

Requested effective date:

No. of tariff sheets:

Estimated system annual revenue effect (%):

Estimated system average rate effect (%):

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:

Service affected and changes proposed¹:

Pending advice letters that revise the same tariff sheets:

¹Discuss in AL if more space is needed.

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

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

Name:
Title:
Utility Name:
Address:
City:
State: Zip:
Telephone (xxx) xxx-xxxx:
Facsimile (xxx) xxx-xxxx:
Email:

Name:
Title:
Utility Name:
Address:
City:
State: Zip:
Telephone (xxx) xxx-xxxx:
Facsimile (xxx) xxx-xxxx:
Email:

ATTACHMENT A
Advice No. 5623

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
Revised 57486-G	Schedule No. G-CARE, CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM, Sheet 2	Revised 56273-G
Revised 57487-G	Schedule No. G-CARE, CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM, Sheet 4	Revised 56274-G
Revised 57488-G	APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY (CARE) PROGRAM FOR QUALIFIED, AGRICULTURAL EMPLOYEE HOUSING (Form 6632, 06/20)	Revised 56275-G
Revised 57489-G	APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY PROGRAM FOR QUALIFIED NONPROFIT, GROUP LIVING FACILITIES (Form 6571, 06/20)	Revised 56276-G
Revised 57490-G	APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY PROGRAM - GENERAL PURPOSE, DIRECT MAIL (Form 6491-DM, 06/20)	Revised 56277-G
Revised 57491-G	SAMPLE FORMS: APPLICATIONS, Self- Certification CARE Application, Individually Metered Residential (Form 6491, 06/20)	Revised 56278-G
Revised 57492-G	SAMPLE FORMS: APPLICATIONS, Self- Recertification CARE Application, Individually Metered Residential (Form 6674, 06/20)	Revised 56279-G
Revised 57493-G	SAMPLE FORMS: APPLICATIONS, Capitation Program CARE Application, (Form 6491-CBO, 06/20)	Revised 56280-G
Revised 57494-G	SAMPLE FORMS: APPLICATIONS, Self- Certification CARE Application, Submetered Residential (Form 6677, 06/20)	Revised 56281-G
Revised 57495-G	SAMPLE FORMS: APPLICATIONS, Self- Recertification CARE Application, Submetered Residential (Form 6678, 06/20)	Revised 56282-G
Revised 57496-G	APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY PROGRAM - BILL INSERT, (Form 6491-BI, 06/20)	Revised 56283-G

ATTACHMENT A
Advice No. 5623

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
Revised 57497-G	TABLE OF CONTENTS	Revised 57468-G
Revised 57498-G	TABLE OF CONTENTS	Revised 57172-G
Revised 57499-G	TABLE OF CONTENTS	Revised 57485-G

Schedule No. G-CARE

Sheet 2

CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

(Continued)

SPECIAL CONDITIONS (Continued)

ALL CUSTOMERS (Continued)

3. Commencement of CARE Discount: Eligible customers shall begin receiving the CARE rate discount no later than one billing period after receipt of a completed and approved application by the Utility or as may be authorized by the Commission.

4. Eligibility: A customer can qualify for the CARE discount by meeting either of the two eligibility requirements shown below:

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

<u>Number of Persons In Household</u>	<u>Total Annual Household Income</u>
1-2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240

For households with more than eight persons, add \$8,960 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: Medical/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 (Food Stamps)/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.

(Continued)

(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 5623
 DECISION NO. 12-08-044

ISSUED BY
Dan Skopec
 Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
 SUBMITTED Apr 29, 2020
 EFFECTIVE Jun 1, 2020
 RESOLUTION NO. _____

Schedule No. G-CARE

Sheet 4

CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

(Continued)

SPECIAL CONDITIONS (Continued)

MULTI-FAMILY SUBMEYERED CUSTOMERS

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

NON-PROFIT GROUP LIVING FACILITY CUSTOMERS

13. Eligibility Criteria: In order for the customer to be eligible for the CARE discount, and to be considered a qualified non-profit group living facility, each of the following provisions must be met:
 - a. The facility must certify that it is one of the following: a homeless shelter, women's shelter, transitional housing, a short- or long-term care facility, or a group home for physically or mentally disabled persons.
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 \$34,480.
 - 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.

(Continued)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 5623
DECISION NO. 12-08-044

ISSUED BY
Dan Skopec
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
SUBMITTED Apr 29, 2020
EFFECTIVE Jun 1, 2020
RESOLUTION NO. _____

APPLICATION FOR CALIFORNIA ALTERNATE RATES
FOR ENERGY (CARE) PROGRAM FOR QUALIFIED
AGRICULTURAL EMPLOYEE HOUSING (Form 6632, 06/20)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 5623
DECISION NO. 12-08-044

1H9

ISSUED BY

Dan Skopec
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

SUBMITTED Apr 29, 2020
EFFECTIVE Jun 1, 2020
RESOLUTION NO. _____

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% 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% 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





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	←OR→	MAXIMUM HOUSEHOLD INCOME	
The individual resident in the facility receives benefits from any of the following programs:		(Effective June 1, 2020 to May 31, 2021)	
		Number of Persons in Household	Total Annual Income*
Medi-Cal/Medicaid		1-2	\$34,480
Medi-Cal for Families A & B		3	\$43,440
Women, Infants, & Children (WIC)		4	\$52,400
CalWORKs (TANF) ¹ / Tribal TANF		5	\$61,360
Head Start Income Eligible – Tribal Only		6	\$70,320
Bureau of Indian Affairs General Assistance		7	\$79,280
CalFresh (Food Stamps)		8	\$88,240
National School Lunch Program (NSLP)			
Low-Income Home Energy Assistance Program (LIHEAP)			
Supplemental Security Income			
		For each additional household member, add \$8,960 *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 nonprofit 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:	<input type="text"/>	Account number:	<input type="text"/>		
Name of facility (if different from name on natural gas bill):	<input type="text"/>				
Service address:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>
Mailing address:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>
Facility contact name:	<input type="text"/>	Email:	<input type="text"/>		
Phone:	<input type="text"/>	Fax:	<input type="text"/>		

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 nonprofit 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) :			
<input type="text"/>			
This year's discount will be used for:			
<input type="text"/>			

20% DISCOUNT CARE APPLICATION

FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES



ALL QUALIFIED SATELLITE FACILITIES (if applicable):

Facility name:	<input type="text"/>	Account number:	<input type="text"/>		
Service address:	<input type="text"/>	City:	<input type="text"/>	Zip:	<input type="text"/>
Mailing address:	<input type="text"/>	City:	<input type="text"/>	Zip:	<input type="text"/>
Facility contact:	<input type="text"/>	Phone:	<input type="text"/>	Email:	<input type="text"/>
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):	<input type="text"/>				
100% of residents and/or households meet income eligibility criteria:	<input type="checkbox"/> YES <input type="checkbox"/> NO				

Facility name:	<input type="text"/>	Account number:	<input type="text"/>		
Service address:	<input type="text"/>	City:	<input type="text"/>	Zip:	<input type="text"/>
Mailing address:	<input type="text"/>	City:	<input type="text"/>	Zip:	<input type="text"/>
Facility contact:	<input type="text"/>	Phone:	<input type="text"/>	Email:	<input type="text"/>
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):	<input type="text"/>				
100% of residents and/or households meet income eligibility criteria:	<input type="checkbox"/> YES <input type="checkbox"/> NO				

Facility name:	<input type="text"/>	Account number:	<input type="text"/>		
Service address:	<input type="text"/>	City:	<input type="text"/>	Zip:	<input type="text"/>
Mailing address:	<input type="text"/>	City:	<input type="text"/>	Zip:	<input type="text"/>
Facility contact:	<input type="text"/>	Phone:	<input type="text"/>	Email:	<input type="text"/>
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):	<input type="text"/>				
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 (continued)

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, 06/20)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 5623
DECISION NO. 12-08-044

ISSUED BY
Dan Skopec
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
SUBMITTED Apr 29, 2020
EFFECTIVE Jun 1, 2020
RESOLUTION NO. _____

20% DISCOUNT CARE APPLICATION FOR QUALIFIED NONPROFIT GROUP LIVING FACILITIES



CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

The California Alternate Rates for Energy (CARE) program provides a 20% monthly discount on the natural gas bill of nonprofit group living facilities that meet the program criteria established by the California Public Utilities Commission (CPUC). The discounted rate is available 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 nonprofit group living facility”. The facility **MUST** meet **ALL** criteria to qualify for the 20% 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





ELIGIBLE FACILITIES

Nonprofit Group Living Facilities:

If you are operating a women's shelter, homeless shelter, hospice or a nonprofit group living facility, your facility may be eligible to save on its monthly natural gas bill. Eligible group living facilities may include transitional housing (drug rehabilitation facilities, half-way houses), short-term or long-term care facilities (hospice, nursing homes, senior's or children's homes) or group homes for physically or mentally disabled persons.

To receive this assistance, the facility must:

- Have tax-exempt status under Internal Revenue Code Section 501(c)(3).
- Use at least 70 percent of the facility's natural gas consumption for residential purposes.
- Re-certify eligibility every two years to remain enrolled in the program.
- Use the CARE discount for the direct benefit of the facility's residents.
- Ensure that all of the facility's residents meet the CARE eligibility guidelines (as shown in the chart below).

Satellite Facilities:

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

FACILITIES NOT ELIGIBLE

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



HOW TO QUALIFY/RECERTIFY

For the CARE program

THERE ARE TWO WAYS TO QUALIFY

PUBLIC ASSISTANCE PROGRAMS	← OR →	MAXIMUM HOUSEHOLD INCOME (Effective June 1, 2020 to May 31, 2021)	
The individual resident in the facility receives benefits from any of the following programs:		Number of Persons in Household	Total Annual Income*
Medi-Cal/Medicaid		1-2	\$34,480
Medi-Cal for Families A & B		3	\$43,440
Women, Infants, & Children (WIC)		4	\$52,400
CalWORKs (TANF) ¹ / Tribal TANF		5	\$61,360
Head Start Income Eligible – Tribal Only		6	\$70,320
Bureau of Indian Affairs General Assistance		7	\$79,280
CalFresh (Food Stamps)		8	\$88,240
National School Lunch Program (NSLP)			
Low-Income Home Energy Assistance Program (LIHEAP)			
Supplemental Security Income			
		For each additional household member, add \$8,960 *Includes current household income from all sources before deductions.	

¹ Includes Welfare-to-Work

Approved facilities are required to recertify for the CARE program upon request. An application will be mailed when it is time to recertify. Facilities must include total savings from the prior year and information on how the discount was used for the direct benefit of the qualified residents.

QUALIFICATION REQUIREMENTS:

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

**PLEASE PRINT PAGES 4 & 5
FOR 20% DISCOUNT CARE APPLICATION**

(continued)



20% DISCOUNT CARE APPLICATION

FOR QUALIFIED NONPROFIT GROUP LIVING FACILITIES

PRIMARY FACILITY ACCOUNT INFORMATION: (please print)

Name on natural gas bill:	<input type="text"/>	Account number:	<input type="text"/>
Name of facility (if different from name on natural gas bill): <input type="text"/>			
Service address:	<input type="text"/>	City:	<input type="text"/>
		State:	<input type="text"/>
Mailing address:	<input type="text"/>	City:	<input type="text"/>
		State:	<input type="text"/>
Primary contact:	<input type="text"/>	Email:	<input type="text"/>
Phone:	<input type="text"/>	Fax:	<input type="text"/>

TYPE OF FACILITY

<input type="checkbox"/> Group living facility, total number of residents at this facility: <input type="text"/>	Total number of residents who are qualified : <input type="text"/> (see Individual Eligibility Guidelines)
<input type="checkbox"/> Hospice	<input type="checkbox"/> Homeless shelter
<input type="checkbox"/> Women's shelter	Number of beds: <input type="text"/>
	Number of days occupied each year: <input type="text"/>
Other: <input type="text"/>	Total number of residents at this facility: <input type="text"/>
	Total number of residents who are qualified : <input type="text"/> (see Individual Eligibility Guidelines)

PRIMARY SERVICES OFFERED BY THE FACILITY

<input type="checkbox"/> Lodging	<input type="checkbox"/> Meals	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Training	<input type="checkbox"/> Counseling	Other: <input type="text"/>
Is at least 70% of the natural gas used at the facility for residential purposes? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Does nonprofit corporation operation facility have a tax-exempt status under Internal Revenue Section 501(c)(3)? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Is the facility government-owned or operated? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Name of Business License (Please attach a copy of the State-Issued License or other adequate proof of eligibility for each facility): <input type="text"/>					
Name on Conditional Use Permit (Please attach a copy of the Conditional Use Permit or other adequate proof of eligibility for each facility): <input type="text"/>					

ALL QUALIFIED SATELLITE FACILITIES (if applicable)

Facility name:	<input type="text"/>	Account number:	<input type="text"/>
Service address:	<input type="text"/>	Satellite facility:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Group living facility	Total number of residents at this facility: <input type="text"/>	Total number of residents who are qualified : <input type="text"/> (see Individual Eligibility Guidelines)	
<input type="checkbox"/> Hospice	<input type="checkbox"/> Homeless shelter	<input type="checkbox"/> Women's shelter	Number of beds: <input type="text"/>
			Number of days occupied each year: <input type="text"/>
Is at least 70% of the natural gas used at the facility for residential purposes? <input type="checkbox"/> YES <input type="checkbox"/> NO			



20% DISCOUNT CARE APPLICATION

FOR QUALIFIED NONPROFIT GROUP LIVING FACILITIES

ALL QUALIFIED SATELLITE FACILITIES (continued)

Facility name:	<input type="text"/>	Account number:	<input type="text"/>
Service address:	<input type="text"/>	Satellite facility:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Group living facility	Total number of residents at this facility: <input type="text"/>	Total number of residents who are qualified : <input type="text"/> (see Individual Eligibility Guidelines)	
<input type="checkbox"/> Hospice	<input type="checkbox"/> Homeless shelter	<input type="checkbox"/> Women's shelter	Number of beds: <input type="text"/> Number of days occupied each year: <input type="text"/>
Is at least 70% of the natural gas used at the facility for residential purposes? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Facility name:	<input type="text"/>	Account number:	<input type="text"/>
Service address:	<input type="text"/>	Satellite facility:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Group living facility	Total number of residents at this facility: <input type="text"/>	Total number of residents who are qualified : <input type="text"/> (see Individual Eligibility Guidelines)	
<input type="checkbox"/> Hospice	<input type="checkbox"/> Homeless shelter	<input type="checkbox"/> Women's shelter	Number of beds: <input type="text"/> Number of days occupied each year: <input type="text"/>
Is at least 70% of the natural gas used at the facility for residential purposes? <input type="checkbox"/> YES <input type="checkbox"/> NO			

CERTIFICATION OF ELIGIBILITY

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

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

Authorized representative's name and title (please print):	<input type="text"/>		
Authorized representative's signature:	<input type="text"/>	Date:	<input type="text"/>
Authorized representative's telephone number:	<input type="text"/>		

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, 06/20)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 5623
DECISION NO. 12-08-044

1H9

ISSUED BY

Dan Skopec
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

SUBMITTED Apr 29, 2020
EFFECTIVE Jun 1, 2020
RESOLUTION NO. _____

SOCALGAS® IS COMMITTED TO HELPING YOU SAVE MONEY



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



CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE)

Find out if you qualify immediately to save 20% off your monthly natural gas bill with the California Alternate Rates for Energy (CARE) program.

Eligibility is based on enrollment in a public assistance program or meeting specific income requirements.

AVERAGE
SAVINGS
ON CARE



Learn more and apply today at socalgas.com/CARE

socalgas.com



¹ Average savings over a two-year period on the CARE program.

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The CARE program is funded by California utility customers and administered by SoCalGas under the auspices of the California Public Utilities Commission. Program funds will be allocated on a first-come, first-served basis until such funds are no longer available. This program may be modified or terminated without prior notice. Eligibility requirements apply; see the program conditions for details.

SOCALGAS® SE COMPROMETE A AYUDARLO A AHORRAR DINERO



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



PROGRAMA DE TARIFAS ALTERNA PARA ENERGÍA CALIFORNIA (CARE)

Averigüe si califica inmediatamente para ahorrar un 20 % en su factura mensual de gas natural con el programa CARE.

Usted puede calificar si participa en un programa de asistencia pública o si cumple requisitos de ingresos específicos.

AHORRO
PROMEDIO
CON CARE



Obtenga más información y aplique hoy en socalgas.com/CAREparami

socalgas.com/es



 **SoCalGas** A  Sempra Energy utility®

¹ Ahorros promedio durante un período de dos años de participación en el programa CARE.

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El programa CARE es financiado por los usuarios de servicios públicos de California y es administrado por SoCalGas bajo la supervisión de la Comisión de Servicios Públicos de California (California Public Utilities Commission). Los fondos del programa se asignarán por orden de llegada de las solicitudes hasta que dichos fondos ya no estén disponibles. Este programa se puede modificar o cancelar sin previo aviso. Se aplican requisitos de elegibilidad; consulte las condiciones del programa para obtener más detalles.

SAMPLE FORMS: APPLICATIONS
Self-Certification CARE Application
Individually Metered Residential (Form 6491, 06/20)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 5623
DECISION NO. 12-08-044

ISSUED BY
Dan Skopec
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
SUBMITTED Apr 29, 2020
EFFECTIVE Jun 1, 2020
RESOLUTION NO. _____

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 bills following the date that the application is approved by SoCalGas.

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 promptly.
(For customers who have a SoCalGas bill account)
- 2) Call 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.

THERE ARE TWO WAYS TO QUALIFY

PUBLIC ASSISTANCE PROGRAMS	←OR→		MAXIMUM HOUSEHOLD INCOME
If you or another person in your household receives benefits from any of the following programs:			(effective June 1, 2020 to May 31, 2021)
	Number of Persons in Household		Total Annual Income*
Medi-Cal/Medicaid	1-2		\$34,480
Medi-Cal for Families A & B	3		\$43,440
Women, Infants, & Children (WIC)	4		\$52,400
CalWORKs (TANF) ¹ / Tribal TANF	5		\$61,360
Head Start Income Eligible – Tribal Only	6		\$70,320
Bureau of Indian Affairs General Assistance	7		\$79,280
CalFresh (Food Stamps)	8		\$88,240
National School Lunch Program (NSLP)			
Low-Income Home Energy Assistance Program (LIHEAP)			
Supplemental Security Income			
	For each additional household member, add \$8,960		
	*Includes current household income from all sources before deductions.		

¹ Includes Welfare-to-Work

CONDITIONS FOR PARTICIPATION:

1) You must meet the qualification requirements in the table above. 2) The natural gas bill must be in your name and the address must be your primary address. 3) You must not be claimed as a dependent on another person's income tax return other than your spouse. 4) You must recertify your application when requested. 5) You must notify SoCalGas within 30 days if you no longer qualify. 6) You may be asked to verify your eligibility for CARE.

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR:

HELP FOR YOUR HOME		
	Receive energy-saving home improvements at no cost that can help you save money and make you more comfortable	Energy Savings Assistance Program socalgas.com/Improvements 1-800-331-7593
HELP FOR MEDICAL NEEDS	HELP WITH YOUR PHONE	HELP WITH YOUR BILL
 MEDICAL BASELINE ALLOWANCE Get additional natural gas at the lowest baseline rate if you have a serious health condition socalgas.com/Medical 1-866-431-3517	 CALIFORNIA LIFELINE Discounted telephone services for eligible customers For more information contact your telephone service provider	 LOW INCOME HOME ENERGY ASSISTANCE Bill payment assistance, emergency bill assistance and weatherization services 1-866-675-6623

English: 1-800-427-2200
廣東話: 1-800-427-1420
FAX: (213) 244-4665

한국어: 1-800-427-0471
Español: 1-800-342-4545
Hearing Impaired (TDD/TTY): 1-800-252-0259 (available in English and Spanish only)

中文: 1-800-427-1429
Việt: 1-800-427-0478

20% DISCOUNT CARE APPLICATION

PLEASE USE DARK BLUE OR BLACK INK ONLY

Please complete and return this 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

PLEASE PROVIDE YOUR ACCOUNT NUMBER TO EXPEDITE PROCESSING.

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

ADDRESS

APT/SPACE #

CITY

PRIMARY PHONE

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 - \$34,480
 - \$34,481 - \$43,440
 - \$43,441 - \$52,400
 - \$52,401 - \$61,360
 - \$61,361 - \$70,320
 - If more than \$70,320, 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 salary
- 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, other income, or profit from self-employment

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 am 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: / /

DESCUENTO DEL 20 % SOLICITUD DE CARE



El programa de Tarifas Alternas para Energía en California (California Alternate Rates for Energy, CARE) les ofrece a los clientes elegibles de SoCalGas® un 20 % de descuento en su factura de gas natural mensual. El descuento se aplicará a las facturas de gas natural mensuales luego de la fecha en que SoCalGas haya aprobado la solicitud.

POR FAVOR, ENVÍE LA SOLICITUD COMPLETADA POR MEDIO DE ALGUNO DE LOS MÉTODOS MENCIONADOS A CONTINUACIÓN:

- 1) Visite el sitio web myaccount.socalgas.com o socalgas.com/CAREparami. Su solicitud será procesada de manera instantánea. (Para los clientes que tienen una cuenta de facturación de SoCalGas).
- 2) Llame al 866-716-3452 en cualquier momento durante las 24 horas del día. Por favor, tenga su número de cuenta a mano.
- 3) Envíe el formulario completado y firmado por correo o fax al 213-244-4665.

HAY DOS FORMAS DE CUMPLIR CON LOS REQUISITOS

PROGRAMAS DE ASISTENCIA PÚBLICA
Si usted u otra persona de la casa reciben beneficios de alguno de los siguientes programas:
Medi-Cal/Medicaid
Medi-Cal para Familias A y B
Programa para Mujeres, Infantes y Niños (Women, Infants & Children, WIC)
CalWORKs (Asistencia Temporal para Familias Necesitadas, TANF) ¹ o TANF Tribal
Ingresos que califican para el programa Head Start (solo Tribal)
Oficina de Asuntos Indígenas (asistencia general)
CalFresh (cupones de alimentos)
Programa Nacional de Almuerzos Escolares (National School Lunch Program, NSLP)
Programa de Asistencia Energética para Hogares de Bajos Ingresos (Low-Income Home Energy Assistance Program, LIHEAP)
Programa de Seguridad de Ingreso Suplementario



INGRESO MÁXIMO DEL HOGAR: (efectivo del 1.º de junio de 2020 al 31 de mayo de 2021)	
Cantidad de personas en el hogar	Ingresos anuales totales*
1-2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240




Por cada miembro adicional del hogar, añada \$8,960.
*Incluye el ingreso actual del hogar de todas las fuentes antes de deducir los impuestos.

¹ Incluye el Programa de Transición de la Asistencia Social al Trabajo

CONDICIONES PARA PARTICIPAR:

1) Debe cumplir con los requisitos de elegibilidad presentes en la tabla de arriba. **2)** La factura de gas natural debe estar a su nombre y la dirección debe ser su domicilio principal. **3)** No debe figurar como dependiente en las declaraciones de impuestos de otra persona que no sea su cónyuge. **4)** Debe volver a certificar su solicitud siempre que se lo soliciten. **5)** Debe notificar a SoCalGas dentro de un período de 30 días si ya no es elegible. **6)** Es posible que le soliciten que verifique su elegibilidad para el programa CARE.

OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE PUEDE SER ELEGIBLE:

AYUDA PARA SU HOGAR  Reciba mejoras para su hogar en ahorro de energía de manera gratuita que lo ayudará a ahorrar dinero y a vivir más cómodamente Energy Savings Assistance Program socalgas.com/Mejoras 1-800-331-7593		
AYUDA PARA NECESIDADES MÉDICAS  ASIGNACIÓN MÉDICA INICIAL Obtenga gas natural adicional a la tasa inicial más baja si tiene una afección médica grave socalgas.com/Medico 1-866-431-3517	AYUDA CON SU TELÉFONO  CALIFORNIA LIFELINE Servicios telefónicos con descuento para clientes elegibles Para obtener más información, comuníquese con el proveedor del servicio telefónico	AYUDA CON SU FACTURA  AYUDA ENERGÉTICA PARA HOGARES DE BAJOS INGRESOS Asistencia en el pago de la factura, asistencia con la factura de emergencia y servicios de climatización 1-866-675-6623

English: 1-800-427-2200
廣東話: 1-800-427-1420
FAX: (213) 244-4665

한국어: 1-800-427-0471
Español: 1-800-342-4545
Personas con discapacidad auditiva (TDD/TTY): 1-800-252-0259 (disponible solo en inglés y español)

中文: 1-800-427-1429
Việt: 1-800-427-0478

20% 折扣 CARE 申請



加州能源優惠 (CARE) 計劃為符合資格的 SoCalGas® 客戶提供每月天然氣帳單 20% 折扣。折扣適用於申請經過 SoCalGas 核准的日期之後每月天然氣帳單。

請使用下列方法之一提交填妥的申請：

- 1) 造訪 myaccount.socalgas.com 或 socalgas.com/CARE。您的申請會得到立即處理。
(開設 SoCalGas 帳單帳戶的客戶)
- 2) 隨時撥打 24 小時全天候電話 866-716-3452。請準備好帳號。
- 3) 透過郵寄或傳真 (號碼 213-244-4665) 方式發回填妥並簽名的表單。

有兩種方式獲取資格

公共援助計劃	← 或者 →	家庭總收入
如果您或者您家庭中的另一成員從以下計劃中的任意一項獲益：		(2020 年 6 月 1 日至 2021 年 5 月 31 日有效) 家庭成員數量 總年收入*
Medi-Cal/Medicaid		1-2 \$34,480
A 和 B 類家庭 Medi-Cal		3 \$43,440
婦嬰兒童營養補助計劃 (WIC)		4 \$52,400
CalWORKs (TANF)/部落 TANF		5 \$61,360
學前教育班補助金計劃 — 僅限部落		6 \$70,320
印第安事務局一般協助計劃		7 \$79,280
CalFresh (食物券)		8 \$88,240
全國學童午餐計劃 (NSLP)		
低收入家庭能源協助計劃 (LIHEAP)		
社會安全補助金		





家庭中每多一名成員則增加 8,960 美元
*包括扣減前所有來源的當前家庭收入。

† 包括 Welfare-to-Work

參與條件：

1) 您必須滿足上表中的資格要求。2) 天然氣帳單必須在您的名下，地址必須是您的主要地址。3) 您不得聲明為除您配偶之外其他人的所得稅申報表的受援助者。4) 您必須在需要時重新認證您的申請。5) 如果您不再符合資格，您必須在 30 天之內通知 SoCalGas。6) 您可能被要求確認您的 CARE 參與資格。

您可能有資格參與的計劃和服務：

家居援助  獲得既省錢又提高舒適性的免費節能家居裝修 Energy Savings Assistance Program socalgas.com/Improvements 1-800-331-7593	醫療援助  醫療基礎優惠 如有嚴重健康狀況，以最低的基礎費率獲取額外的天然氣 socalgas.com/medical 1-866-431-3517	電話援助  CALIFORNIA LIFELINE 為符合資格的客戶提供電話服務折扣 如需更多資訊，請聯絡電話服務提供商	帳單援助  低收入家庭能源協助 帳單支付援助、能源帳單援助和防寒保暖服務 1-866-675-6623
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English: 1-800-427-2200

廣東話: 1-800-427-1420

傳真: (213) 244-4665

한국어: 1-800-427-0471

Español: 1-800-342-4545

聽障專線 (TDD/TTY): 1-800-252-0259 (僅限英語和西班牙語)

中文: 1-800-427-1429

Việt: 1-800-427-0478

20% 折扣 CARE 申請

請只使用深藍或黑色墨水筆

請填妥這份申請並透過郵寄或傳真方式發回，或造訪 socalgas.com/care 線上申請。

郵寄地址：SoCalGas M.L. GT19A1, P.O. Box 3249 Los Angeles, CA 90051-1249，傳真號碼：(213) 244-4665

帳號

請提供您的帳號以加快處理

客戶姓名（帳單上顯示的姓名）

地址

公寓/空間號碼

城市

主要電話號碼

1 家庭成員總數（包括您自己及其他成人和兒童）：

- 1 2 3 4 5 6 如果超過 6 人：

2 您（或您的家人）是否已登記參加以下任何援助計劃？

- 是（如果「是」，請畫實心圓圈 ●）
- Medi-Cal/Medicaid：65 歲以下
 - Medi-Cal/Medicaid：65 歲（含）以上
 - A 和 B 類家庭 Medi-Cal
 - 婦嬰兒童營養補助計劃 (WIC)
 - CalWORKs (TANF) 或部落 TANF
 - 學前教育班補助金計劃 — 僅限部落
 - 印第安事務局一般協助計劃
 - CalFresh（食物券）
 - 全國學童午餐計劃 (NSLP)
 - 低收入家庭能源協助計劃 (LIHEAP)
 - 社會安全補助金
- 否（如果「否」，扣減前家庭年收入是多少（包括所有家庭成員？）
- \$0 - \$34,480
 - \$34,481 - \$43,440
 - \$43,441 - \$52,400
 - \$52,401 - \$61,360
 - \$61,361 - \$70,320
 - 如果超過 \$70,320，在此輸入美元金額
\$, .00 /年。
- 請選擇收入來源
- 社會保障
 - SSP 或 SSDI
 - 養老金
 - 儲蓄、股票、債券或退休帳戶利息或股息
 - 工資和/或薪金
 - 失業津貼
 - 保險或法律賠償
 - 殘障或工人補償金
 - 配偶贍養費或子女撫養費
 - 獎學金、補助或其他生活費援助
 - 租金或版稅收入
 - 現金、其他收入或自僱所得

3 宣告 請閱讀以下內容並簽名。

本人申明，本人在此申請中提供的資訊真實正確。本人同意，應要求提供 CARE 資格證明。本人同意，如果不再符合折扣優惠資格，則在 30 天之內通知 Southern California Gas Company (SoCalGas®)。本人瞭解，如果獲得折扣而不符合資格，本人需要退還所獲折扣。本人瞭解，SoCalGas 可與其他公用事業公司或代理分享本人資訊，以招募本人參與援助計劃。

簽名： X

日期： / /

CARE 신청 20% 할인



캘리포니아 에너지 대체 요금(CARE) 프로그램은, 자격을 갖춘 SoCalGas® 고객에게 월간 천연 가스 요금을 20% 할인된 가격으로 제공합니다. 할인은 SoCalGas가 신청을 승인한 다음 날 이후의 월간 천연 가스 고지서에 적용됩니다.

아래에 나열된 방법 중 하나를 사용하여 작성한 신청서를 제출하십시오.

- 1) myaccount.socalgas.com 또는 socalgas.com/care를 방문하십시오. 신청은 즉시 처리될 것입니다. (SoCalGas 요금 고지서 계정이 있는 고객의 경우)
- 2) 하루 24시간 언제든지 866-716-3452로 전화하십시오. 계좌 번호를 준비하십시오.
- 3) 작성 및 서명한 신청서를 우송하거나 213-244-4665에 팩스로 보내십시오.

자격을 얻는 방법에는 두 가지가 있습니다

공적 부조 프로그램 고객님 또는 고객님의 가족 중 다른 사람이 다음 프로그램의 혜택을 받는 경우: ←또는→	최대 가계 소득 (2020년 6월 1일부터 2021년 5월 31일까지 유효) 가구 구성원 수 총 연간 소득*
메디칼/메디케이드	1-2 \$34,480
가족을 위한 Medi-Cal A & B	3 \$43,440
여성, 유아 및 어린이 (WIC)	4 \$52,400
CalWORKs (TANF) ¹ / 인디언 부족 TANF	5 \$61,360
헤드 스타트(Head Start) 소득 수혜 자격- 인디언 부족만 해당	6 \$70,320
인디언 사무국 일반 지원	7 \$79,280
CalFresh (푸드 스탬프)	8 \$88,240
전국 학교 급식 프로그램(NSLP)	
저소득 주택 에너지 지원 프로그램(LIHEAP)	
보조적 보장 소득(SSI)	

추가 가족 구성원 1인 당, \$8,960 추가
*공제 전 모든 출처로부터의 현재 가구 소득을 포함시키십시오.

¹ 생산적 복지(Welfare-to-Work)를 포함시키십시오

참여 조건:

1) 위 표에 나와 있는 자격 요건을 충족해야 합니다. 2) 천연 가스 요금 고지서는 고객님의 이름으로 되어 있어야 하고 주소는 고객님의 기본 주소이어야 합니다. 3) 배우자가 아닌 다른 사람의 세금 보고서에 부양 가족으로 신고되면 안됩니다. 4) 요청시 고객님의 신청서를 다시 증명해야 합니다. 5) 더 이상 자격이 없으면 30일 이내에 SoCalGas에 통보해야 합니다. 6) CARE 자격을 증명하라는 요청을 받을 수 있습니다.

고객님께서 자격이 될 수 있는 다른 프로그램 및 서비스:

고객님 가정을 위한 도움 비용을 절약하고 보다 안전한 생활에 도움을 주는 에너지 절약 주택 개조를 무료로 받으십시오. Energy Savings Assistance Program socalgas.com/Improvements 1-800-331-7593		
의학적 필요에 대한 도움 의료 기준 할당 고객님의 건강 상태가 위중한 경우 가장 낮은 기준 요금으로 천연 가스를 추가로 얻으십시오. socalgas.com/medical 1-866-431-3517	전화 요금에 대한 도움 캘리포니아 저소득 전화 요금 할인 (CALIFORNIA LIFELINE) 자격이 되는 고객을 위한 전화 요금 할인 서비스 자세한 정보는 전화 서비스 제공 업체에 문의하십시오	고지서에 대한 도움 저소득 에너지 보조 고지서 요금 납부 지원, 긴급 요금 고지서 지원 및 내후성 서비스 1-866-675-6623

English: 1-800-427-2200
廣東話: 1-800-427-1420
팩스: (213) 244-4665

한국어: 1-800-427-0471
Español: 1-800-342-4545
청각 장애인 (TDD/TTY): 1-800-252-0259 (영어 및 스페인어로만 제공됨)

中文: 1-800-427-1429
Việt: 1-800-427-0478

20% 할인 CARE 신청

진한 파란색 또는 검정색 잉크만 사용하십시오.

이 신청서를 작성하여 우편 또는 팩스로 보내거나 socalgas.com/care에서 온라인으로 신청하십시오.

다음 주소로 우송하십시오: SoCalGas M.L. GT19A1, P.O. Box 3249 Los Angeles, CA 90051-1249 또는 (213) 244-4665로 **팩스해 주십시오**

계정 번호

신속한 처리를 위해 고객님의 계정 번호를 알려주십시오.

고객 이름 (요금 고지서에 나와 있는 이름 및 성)

주소

아파트/스페이스 번호

시

기본 전화

1 고객님의 가구 구성원 총수(고객님, 다른 성인 및 아이들을 포함시키십시오):

- 1
 2
 3
 4
 5
 6
 6명 이상인 경우:

2 고객님의(또는 고객님의 가구에 있는 다른 사람)은 다음 지원 프로그램에 등록되어 있습니까?

예 (예의 경우, 동그라미를 검게 칠해 넣으십시오 ●)

- 메디칼/메디케이드: 65세 미만
- 메디칼/메디케이드: 65세 이상
- 가족을 위한 메디칼 A&B
- 여성, 영아 및 어린이 프로그램(WIC)
- CalWORKs (TANF) 또는 인디언 부족 TANF
- 헤드 스타트(Head Start) 소득 수혜 자격 - 인디언 부족만 해당
- 인디언 사무국 일반 지원
- CalFresh (푸드 스탬프)
- 전국 학교 급식 프로그램(NSLP)
- 저소득 주택 에너지 지원 프로그램(LIHEAP)
- 보조적 보장 소득(SSI)

아니오 (아니오의 경우, 모든 가구 구성원을 포함한 고객님의 가구의 공제 전 연간 가구 소득은 얼마입니까?)

- \$0 - \$34,480
- \$34,481 - \$43,440
- \$43,441 - \$52,400
- \$52,401 - \$61,360
- \$61,361 - \$70,320
- \$70,320 이상인 경우 여기에 달러 금액을 기입하십시오
연간 \$, .00

고객님의 수입원을 표시하십시오

- 사회 보장 연금
- SSP 또는 SSDI
- 연금
- 저축, 주식, 채권 또는 은퇴 계좌의 이자 또는 배당금
- 임금 및/또는 급여
- 실업 수당
- 보험 또는 법적 합의금
- 장애 급여 또는 근로자 산재 보상금
- 배우자 부양비 또는 자녀 양육비
- 장학금, 보조금 또는 기타 생활비로 사용된 보조금
- 임대 또는 저작권 사용료 소득
- 현금, 기타 소득 또는 자영업 이익

3 선언 아래 내용을 읽고 서명하십시오.

본인은 이 신청서에 제공된 정보가 사실이며 정확함을 증명합니다. 본인은 요청이 있는 경우 CARE 자격 증명을 제공할 것에 동의합니다. 본인은 더 이상 할인을 받을 자격이 없는 경우 30일 이내에 Southern California Gas Company (SoCalGas)에 통보할 것에 동의합니다. 본인은 할인을 받을 자격이 되지 않는데도 할인을 받는 경우, 할인 받은 금액을 반환해야 한다는 점을 이해합니다. 본인은 SoCalGas가 다른 유틸리티사 또는 그들의 대리인이 본인을 그들의 프로그램에 등록할 수 있도록 본인의 정보를 공유할 수 있다는 점을 이해합니다.

서명: X

날짜: / /

GIẢM GIÁ 20% ĐƠN XIN CARE



Chương Trình Giảm Tiền Trong Hóa Đơn Năng Lượng của California (CARE) cho phép những khách hàng đủ điều kiện của SoCalGas® khoản giảm giá 20 phần trăm hóa đơn gas hàng tháng của họ. Khoản chiết khấu này được áp dụng trên các hóa đơn gas hàng tháng sau ngày đơn xin này được SoCalGas chấp thuận.

VUI LÒNG NỘP BẢN ĐƠN ĐÃ HOÀN TẤT SỬ DỤNG MỘT TRONG CÁC CÁCH THỨC DƯỚI ĐÂY:

- 1) Truy cập trang mạng myaccount.socalgas.com hoặc socalgas.com/CARE. Yêu cầu của quý vị sẽ được xử lý ngay tức thì. (Đối với các khách hàng có số tài khoản hóa đơn thanh toán với SoCalGas)
- 2) Gọi vào số 866-716-3452 bất kỳ lúc nào, 24 giờ một ngày. Vui lòng chuẩn bị sẵn số tài khoản của quý vị.
- 3) Gửi bản mẫu đơn đã hoàn tất và ký tên qua thư bưu điện hoặc gửi fax đến số 213-244-4665.

CÓ HAI CÁCH XÉT ĐỦ ĐIỀU KIỆN

CHƯƠNG TRÌNH TRỢ CẤP XÃ HỘI Nếu quý vị hoặc bất kỳ người nào trong hộ gia đình của quý vị nhận phúc lợi từ bất kỳ các chương trình sau:
Medi-Cal/Medicaid
Medi-Cal dành cho Gia đình A & B
Phúc lợi Phụ nữ, Trẻ sơ sinh & Trẻ em (WIC)
CalWORKs (TANF) ¹ / Tribal TANF
Head Start Thu nhập Đủ điều kiện — Dành cho Bộ lạc
Hỗ trợ Chung từ Cục Đặc trách Dân bản thổ (BIA)
CalFresh (Tem Thực Phẩm)
Chương trình Quốc gia Ăn trưa tại Trường (NSLP)
Chương trình Hỗ trợ Năng lượng tại Nhà Thu nhập thấp (LIHEAP)
Thu nhập An sinh Bổ sung (SSI)

←HAY→

THU NHẬP TỐI ĐA CỦA HỘ GIA ĐÌNH (có hiệu lực từ ngày 1 tháng 6 năm 2020 đến 31 tháng 5 năm 2021) Số Thành viên trong Hộ gia đình	Tổng Thu nhập Hàng năm*
1-2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240





Đối với mỗi thành viên hộ gia đình bổ sung, thêm vào \$8,960
*Bao gồm thu nhập hộ gia đình hiện tại từ tất cả các nguồn trước khi khấu trừ.

¹ Bao gồm Welfare-to-Work

ĐIỀU KIỆN THÂM GIA:

1) Quý vị phải đáp ứng các yêu cầu đủ điều kiện trong bảng trên. 2) Hóa đơn gas phải có tên quý vị và địa chỉ phải là địa chỉ cư ngụ chính của quý vị. 3) Quý vị không được tuyên bố là người phụ thuộc trên bản khai thuế của người khác khác ngoài vợ/chồng của mình. 4) Quý vị phải tái xác nhận lại đơn xin của mình khi được yêu cầu. 5) Quý vị phải thông báo cho SoCalGas trong vòng 30 ngày nếu mình không còn hội đủ điều kiện. 6) Quý vị có thể được yêu cầu xác minh hội đủ điều kiện chương trình CARE.

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

TRỢ GIÚP CHO NHÀ CỦA QUÝ VỊ		
	Nhận được các cải thiện nhà tiết kiệm năng lượng miễn phí giúp quý vị tiết kiệm tiền và cảm thấy thoải mái hơn	Energy Savings Assistance Program socalgas.com/Improvements 1-800-331-7593
TRỢ GIÚP Y TẾ	TRỢ GIÚP ĐIỆN THOẠI	TRỢ GIÚP THANH TOÁN HÓA ĐƠN
 TRỢ CẤP Y TẾ CƠ SỞ Nhận thêm gas ở mức cơ bản thấp nhất nếu quý vị gặp tình trạng sức khỏe nghiêm trọng socalgas.com/medical 1-866-431-3517	 CALIFORNIA LIFELINE Dịch vụ điện thoại giảm giá cho khách hàng đủ điều kiện Để biết thêm thông tin, liên hệ với nhà cung cấp dịch vụ điện thoại của quý vị	 TRỢ GIÚP NĂNG LƯỢNG TẠI NHÀ THU NHẬP THẤP Hỗ trợ thanh toán hóa đơn, hỗ trợ thanh toán hóa đơn khẩn cấp và dịch vụ hao mòn do thời tiết 1-866-675-6623

English: 1-800-427-2200

廣東話: 1-800-427-1420

FAX: (213) 244-4665

한국어: 1-800-427-0471

Español: 1-800-342-4545

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

中文: 1-800-427-1429

Việt: 1-800-427-0478

ĐƠN XIN GIẢM GIÁ 20% CHƯƠNG TRÌNH CARE

VUI LÒNG CHỈ SỬ DỤNG MỰC XANH ĐẬM HOẶC MỰC ĐEN

Vui lòng hoàn thành và gửi lại đơn này bằng thư bưu điện, fax hoặc đăng ký trực tuyến tại socalgas.com/care.

Gửi thư đến: SoCalGas M.L. GT19A1, P.O. Box 3249 Los Angeles, CA 90051-1249 hoặc Fax đến số (213) 244-4665

SỐ TÀI KHOẢN

VUI LÒNG CUNG CẤP SỐ TÀI KHOẢN CỦA QUÝ VỊ ĐỂ XỬ LÝ ĐƠN.

TÊN KHÁCH HÀNG (HỌ VÀ TÊN GIỐNG NHƯ HIỂN THỊ TRÊN HÓA ĐƠN THANH TOÁN CỦA QUÝ VỊ)

ĐỊA CHỈ

CĂN HỘ/SPACE #

THÀNH PHỐ

SỐ ĐIỆN THOẠI CHÍNH

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

1

2

3

4

5

6

Nếu hơn 6 người:

2 Quý vị (hoặc ai đó trong gia đình) đã nhận được bất kỳ chương trình hỗ trợ nào sau đây?

CÓ (Nếu có, vui lòng tô (các) vòng tròn ●)

Medi-Cal/Medicaid: Dưới 65 tuổi

Medi-Cal/Medicaid: Từ 65 tuổi trở lên

Medi-Cal for Families A&B

Women, Infants and Children Program (WIC)

CalWORKs (TANF) hoặc 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)

Thu nhập An sinh Bổ sung

KHÔNG (Nếu không, thu nhập hộ gia đình hàng năm của quý vị là bao nhiêu trước khấu trừ, bao gồm tất cả các thành viên trong gia đình?)

\$0 - \$34,480

\$34,481 - \$43,440

\$43,441 - \$52,400

\$52,401 - \$61,360

\$61,361 - \$70,320

Nếu nhiều hơn \$70,320, điền số tiền thu nhập ở đây

\$, .00 mỗi năm.

Vui lòng cho biết các nguồn thu nhập của quý vị

Social Security

SSP hoặc SSDI

Tiền hưu trí

Tiền lãi hoặc cổ tức từ khoản tiết kiệm, cổ phiếu, trái phiếu hoặc tài khoản hưu trí

Tiền công và/hoặc tiền lương

Trợ cấp thất nghiệp

Tiền giải quyết bảo hiểm hoặc pháp lý

Tiền bồi thường khuyết tật hoặc bảo hiểm lao động

Trợ cấp nuôi con hoặc cho vợ/chồng

Học bổng, trợ cấp, hoặc viện trợ khác được sử dụng cho chi phí sinh hoạt

Thu nhập cho thuê hoặc tiền bản quyền

Tiền mặt, thu nhập khác hoặc lợi nhuận từ công việc tự do

3 Tuyên bố Vui lòng đọc và ký tên bên dưới.

Tôi tuyên bố rằng thông tin tôi đã cung cấp trong đơn này là đúng và chính xác. Tôi đồng ý cung cấp bằng chứng về việc đủ điều kiện CARE nếu được yêu cầu. Tôi đồng ý thông báo cho Công ty Gas Southern California Gas Company (SoCalGas) trong vòng 30 ngày nếu tôi không còn đủ điều kiện để nhận được giảm giá. Tôi hiểu rằng nếu tôi nhận được giảm giá mà không đủ điều kiện cho phúc lợi này, tôi bắt buộc phải trả lại khoản chiết khấu tôi nhận được. Tôi hiểu rằng SoCalGas có thể chia sẻ thông tin của tôi với các nhà cung cấp tiện ích hoặc đại lý khác để ghi danh cho tôi vào các chương trình hỗ trợ của họ.

KÝ TÊN:

NGÀY:

خصم 20%

طلب التقدم لبرنامج CARE



إن برنامج أسعار كاليفورنيا البديلة للطاقة (CARE) يقدم لعملائه المستحقين في شركة غاز جنوب كاليفورنيا SoCalGas® خصم مقداره 20% على فواتير الغاز الطبيعي الشهرية. سوف تنطبق هذه الوثيقة على فواتير الغاز الشهرية عقب تاريخ موافقة شركة SoCalGas على الطلب.

يُرجى تقديم الطلب بعد استكماله عن طريق استخدام واحدة من الطرق المدرجة أدناه:

- ✦ قم بزيارة موقع myaccount.socalgas.com أو socalgas.com/care. سوف يتم معالجة طلبك في الحال. (للعلاء الذين لديهم حساب فواتير SoCalGas)
- ✦ اتصل بهاتف رقم 866-716-3452 في أي وقت على مدار 24 ساعة في اليوم. يُرجى أن تكون جاهز برقم حسابك.
- ✦ أعد إرسال النموذج بعد تعبئته وتوقيعه عن طريق البريد أو الفاكس على رقم 213-244-4665.

هناك طريقتين للتأهل للبرنامج

دخل الأسرة الأقصى MAXIMUM HOUSEHOLD INCOME (اعتباراً من 1 يونيو 2020 وحتى 31 مايو 2021) إجمالي الدخل السنوي* عدد الأفراد في الأسرة	
34,480 دولار	1-2
43,440 دولار	3
52,400 دولار	4
61,360 دولار	5
70,320 دولار	6
79,280 دولار	7
88,240 دولار	8

لكل عضو إضافي في الأسرة، أضف 8,960 دولار
*يتضمن هذا دخل الأسرة الحالي من كل المصادر قبل الاستقطاعات.



برامج الدعم العام
إذا كنت أنت أو أي شخص في أسرته تتلقون مساعدات من أي من البرامج التالية:

- برنامج ميدي كال/ميدي كيد
- برنامج ميدي كال للعائلات A & B
- برنامج النساء والرضع والأطفال (WIC)
- برنامج كول وركس (TANF) / 1 TANF القلي
- برنامج المستحقين للدخل الأولي - قبلي فقط
- برنامج الدعم العام التابع لمكتب الشؤون الهندية
- برنامج كول فريش (طوايع الغذاء)
- برنامج الغذاء المدرسي الوطني (NSLP)
- برنامج إعانة الطاقة للأسر منخفضة الدخل (LIHEAP)
- برنامج دخل الضمان الاجتماعي التكميلي

¹ يتضمن برنامج Welfare-to-Work لمساعدة متلقي الإعانات الاجتماعية على إيجاد فرص عمل

شروط المشاركة:

- ✦ يجب أن يتوفر فيك متطلبات الاستحقاق المدرجة في الجدول السابق. ✦ يجب أن تكون فاتورة الغاز الطبيعي باسمك ويجب أن يكون العنوان المدرج بها هو عنوانك الرئيسي. ✦ يجب ألا تكون مطالباً بعائد ضريبة الدخل باعتبارك معتمد على شخص آخر غير زوجك. ✦ يجب عليك إعادة التصديق على طلبك عندما يُطلب منك ذلك.
- ✦ يجب عليك إخطار شركة SoCalGas في غضون 30 يوماً إذا لم تعد مستحقاً. ✦ قد يُطلب منك التحقق من أهليتك لبرنامج CARE.

فيما يلي البرامج والخدمات الأخرى التي يمكن أن تتأهل لها:

برنامج مساعدة لأسرتك HELP FOR YOUR HOME

socalgas.com/improvements
1-800-331-7593

Energy Savings
Assistance Program

تتلقى بموجب هذا البرنامج تحسينات تساعد على توفير الطاقة مجاناً تساعدك في توفير المال وتوفر لك المزيد من الراحة



برنامج المساعدة في الفواتير HELP WITH YOUR BILL

برنامج المساعدة في الطاقة للأسر منخفضة الدخل هو برنامج للمساعدة في دفع الفواتير والمساعدة الطارئة في الفواتير وخدمات حماية المباني من الظروف الجوية



1-866-675-6623

برنامج المساعدة في الهاتف HELP WITH YOUR PHONE

خط الحياة بكاليفورنيا
CALIFORNIA LIFELINE
خدمات هاتفية مخفضة للعملاء المؤهلين
لمزيد من المعلومات اتصل بموفر خدمة الهاتف



برنامج المساعدة في الاحتياجات الطبية HELP FOR MEDICAL NEEDS

البديل الطبي الأساسي
تحصل بموجبه على غاز طبيعي بأقل سعر أساسي إذا كنت تعاني من حالة صحية خطيرة



socalgas.com/medical
1-866-431-3517

中文: 1-800-427-1429

Việt: 1-800-427-0478

한국어: 1-800-427-0471

Español: 1-800-342-4545

English: 1-800-427-2200

廣東話: 1-800-427-1420

فاكس: (213) 244-4665

خصم 20% طلب تقدم لبرنامج CARE

يُرجى استخدام الحبر الأزرق الداكن أو الأسود فقط

يُرجى تعبئة الطلب وإرساله مرة أخرى بالبريد أو الفاكس أو التقدم عن طريق الإنترنت على هذا الرابط socialgas.com/care.

يُرسل البريد على العنوان التالي: 1249-SoCalGas M.L. GT19A1, P.O. Box 3249 Los Angeles, CA 90051 أو إرسال فاكس على رقم: (213)244-4665

رقم الحساب

يُرجى توفير رقم حسابك لتسريع معالجة طلبك.

اسم العميل (الاسم الأول والأخير كما هو ظاهر في فاتورتك)

رقم المنزل/المكان

العنوان

الهاتف الرئيسي

المدينة

إجمالي عدد أفراد الأسرة (بما فيهم أنت، والأشخاص البالغين الآخرين، والأطفال):

1 2 3 4 5 6 إذا كان العدد أكثر من 6:

هل أنت (أو أي فرد في أسرتك) مدرج في أي من برامج المساعدة التالية؟

لا (إذا كانت الإجابة لا، فما هو دخل أسرتك السنوي قبل الاستقطاعات، بما في ذلك كل أفراد أسرتك؟)

نعم (إذا كانت الإجابة نعم، يُرجى تظليل الدائرة (الدوائر) ●)

برنامج ميدي كال/ميدي كيد: تحت سن 65 سنة

برنامج ميدي كال/ميدي كيد: 65 سنة أو أكبر

برنامج ميدي كال للعائلات أ & ب

برنامج النساء والرضع والأطفال (WIC)

برنامج كول وركس (TANF) / TANI الفئلي

برنامج المستحقين للدخل الأولي - قبلي فقط

برنامج الدعم العام التابع لمكتب الشؤون الهندية

برنامج كول فريش (طوايع الغذاء)

برنامج الغذاء المدرسي الوطني (NSLP)

برنامج إعانة الطاقة للأسر منخفضة الدخل (LIHEAP)

برنامج دخل الضمان الاجتماعي التكميلي

يُرجى التأكيد أمام مصادر دخلك

ضمان اجتماعي

دخل ضمان اجتماعي تكميلي أو تأمين الضمان الاجتماعي ضد العجز

معاشات

فوائد أو أرباح من حسابات التوفير أو الأسهم أو السندات أو حسابات التقاعد

أجور أو مرتبات أو كليهما معًا

إعانات بطالة

تأمين أو تسويات قانونية

مدفوعات إعاقاة أو تعويضات عاملين

دعم زواج أو إعالة

منح دراسية، أو منح، أو مساعدات أخرى مستخدمة في تغطية نفقات المعيشة

دخل من الإيجار أو الإتاوات

أموال نقدية، مصدر دخل آخر، أو ربح من توظيف ذاتي

)

إقرار يُرجى قراءة ما يلي والتوقيع عليه. أقر أن المعلومات التي قدمتها في هذا الطلب حقيقية وصحيحة. أوافق على تقديم إثبات أحقيتي في الاستفادة من برنامج CARE إن طلبتني ذلك. أوافق على إخطار شركة غاز جنوب كاليفورنيا (SoCalGas®) في غضون 30 يومًا إذا لم أعد مستحقًا لتلقي الخصم. أدرك أنني إذا تلقيت خصمًا بدون استحقاق له، يكون عليّ أن أرد الخصم الذي تلقيته. أدرك أن شركة SoCalGas يمكنها مشاركة معلوماتي مع المرافق العامة الأخرى أو الوكلاء لإدراجي في برامج المساعدة الخاصة بهم.

التاريخ:

التوقيع:

حقوق النشر © 2020 محفوظة لشركة غاز جنوب كاليفورنيا. العلامات التجارية هي ملك لأصحابها. كل الحقوق محفوظة.

N20E0077A Source Code: 9B
Form 6491 ARA 0620 Meter: Residential

يُمول برنامج CARE من عملاء مؤسسة كاليفورنيا العامة ويُدَار من جانب شركة غاز جنوب كاليفورنيا تحت رعاية لجنة المرافق العامة في كاليفورنيا. سيتم تخصيص أموال البرنامج بأولوية التقدم إلى أن تصبح الأموال غير متوفرة. يجوز تعديل هذا البرنامج أو إنهائه دون إخطار مسبق.

20% ԶԵՂՁ ԽՆԱՄՔԻ ԴԻՄՈՒՄ



«California Alternate Rates for Energy» (Կալիֆորնիայի այլընտրանքային սակագներ էլեկտրաէներգիայի համար)(CARE) ծրագիրը SoCalGas®-ի իրավունակ հաճախորդներին բնական գազի իրենց ամսական վարձավճարի 20 տոկոս զեղչ է առաջարկում: Այս զեղչը կկիրառվի բնական գազի ամսական վարձավճարի համար՝ սկսած այն ամսաթվից, երբ դիմումը հաստատվի SoCalGas-ի կողմից:

ԽՆԴՐՈՒՄ ԵՆՔ ԼՐԱՑՎԱԾ ԴԻՄՈՒՄ ՆԵՐԿԱՅԱՑՆԵԼ՝ ՕԳՏՎԵԼՈՎ ԱՏՈՐԵՎ ՆՇՎԱԾ ՁԵՎԵՐԻՑ ՄԵՎԸ՝

- 1) Այցելեք myaccount.socalgas.com կամ socalgas.com/care: Ձեր խնդրանքն ակնթարթորեն կմշակվի: (Այն հաճախորդների համար, ովքեր SoCalGas վարձավճարի հաշիվ ունեն)
- 2) Զանգահարեք 866-716-3452 հեռախոսահամարով, ցանկացած պահի, շուրջօրյա (24 ժամ): Ձեռքի տակ ունեցեք ձեր հաշվի համարը:
- 3) Լրացված և ստորագրված ձևաթուղթը վերադարձրեք փոստով կամ ֆաքսով՝ 213-244-4665 համարին:

ՊԱՀԱՆՋՆԵՐԻՆ ՀԱՄԱՊԱՏԱՍԽԱՆԵԼՈՒ ԵՐԿՈՒ ՁԵՎ ԿԱ

Հանրային աջակցության ծրագրեր Եթե դուք կամ ձեր տան մեկ այլ անդամ նպաստներ եք ստանում հետևյալ ծրագրերից որևէ մեկից՝
Medi-Cal/Medicaid
Medi-Cal for Families A & B
Women, Infants, & Children (WIC)
CalWORKs (TANF) ¹ / Tribal TANF
Head Start Income Eligible – Tribal Only
Bureau of Indian Affairs General Assistance
CalFresh (սննդային կտրոններ)
National School Lunch Program (NSLP)
Low-Income Home Energy Assistance Program (LIHEAP)
Ապահովության լրացուցիչ եկամուտ <small>¹ ներառում է «Welfare-to-Work»-ը</small>



ՏԱՆ ԱՆԴԱՄՆԵՐԻ ԱՌԱՎԵԼԱԳՈՒՅՆ ԵԿԱՄՈՒՏԸ	
(Ուժի մեջ է 2020թ. հունիսի 1-ից մինչև 2021թ. մայիսի 31-ը)	
Տան անդամների քանակը	Ընդհանուր տարեկան եկամուտ*
1-2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240

Տան յուրաքանչյուր լրացուցիչ անդամի համար ավելացնել \$8,960
*Ներառում է ներկայիս տան անդամների եկամուտը բոլոր աղբյուրներից՝ նախքան պահումները:

ՄԱՍՆԱԿՑՈՒԹՅԱՆ ՊԱՅՄԱՆՆԵՐ

- 1) Դուք պետք է բավարարեք վերոնշյալ աղյուսակի որակավորման պահանջները: 2) Բնական գազի վարձավճարի հաշիվը պետք է լինի ձեր անունով, իսկ հասցեն պետք է լինի ձեր հիմնական հասցեն: 3) Դուք չպետք է կախում ունեցող անձ հայտարարված լինեք ձեր կնոջից (ամուսնուց) բացի մեկ այլ անձի եկամտահարկի հայտարարագրում: 4) Դուք պետք է կրկին վկայագրեք ձեր դիմումը, երբ պահանջվի: 5) Դուք պետք է SoCalGas-ին 30 օրվա ընթացքում ծանուցեք, եթե այլևս չեք համապատասխանում պահանջներին: 6) Ձեզ կարող են խնդրել հաստատել CARE-ի ձեր իրավունակությունը:

ԱՅԼ ԾՐԱԳՐԵՐ ԵՎ ԾԱՌԱՅՈՒԹՅՈՒՆՆԵՐ, ՈՐՈՆՑ ՊԱՀԱՆՋՆԵՐԻՆ ԿԱՐՈՂ ԵՔ ՀԱՄԱՊԱՏԱՍԽԱՆԵԼ

ՕԳՆՈՒԹՅՈՒՆ ՁԵՐ ՏԱՆ ՀԱՄԱՐ		
<p>Անվճար ստացեք տան էներգախնայող բարելավումներ, որոնք կօգնեն ձեզ դրամ խնայել և ավելի հանգիստ զգալ</p>	<p>Energy Savings Assistance Program</p> <p>socalgas.com/improvements 1-800-331-7593</p>	
ՕԳՆՈՒԹՅՈՒՆ ԲԺՇԿԱԿԱՆ ԿԱՐԻՔՆԵՐԻ ՀԱՄԱՐ	ՕԳՆՈՒԹՅՈՒՆ ՁԵՐ ՀԵՌԱՄՈՍԻ ԱՌՆՉՈՒԹՅԱՄԲ	ՕԳՆՈՒԹՅԱՆ ՁԵՐ ՎԱՐՁԱՎՃԱՐԻ ԱՌՆՉՈՒԹՅԱՄԲ
<p>ՆԱԽՆԱԿԱՆ ԱՐԹԵՔՈՎ ԲԺՇԿԱԿԱՆ ՓՈԽՀԱՏՈՒՑՈՒՄ Լրացուցիչ քանակով բնական գազ ստացեք ամենացածր նախնական արժեքով, եթե լուրջ առողջական խնդիր ունեք socalgas.com/medical 1-866-431-3517</p>	<p>CALIFORNIA LIFELINE Զեղչով հեռախոսային ծառայություններ իրավունակ հաճախորդների համար Հավելյալ տեղեկությունների համար դիմեք ձեր հեռախոսային ծառայության օպերատորին</p>	<p>ՑԱՃՐ ԵԿԱՄՈՒՏ ՈՒՆԵՑՈՂՆԵՐԻ ՏԱՆ ԷՆԵՐԳԻԱՅԻ ԱՋԱԿՑՈՒԹՅՈՒՆ Վարձավճարների վճարման աջակցություն, արտակարգ իրավիճակներում վարձավճարների աջակցություն և ջեռուցման ծառայություններ 1-866-675-6623</p>

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
 日本語: (213) 244-4665 Lunghղության դժվարություններ ունեցողների համար (TDD/TTY)՝
 1-800-252-0259 (մատչելի է միայն անգլերենով և իսպաներենով)



20% تخفیف درخواست CARE

برنامه California Alternate Rates for Energy (نرخهای جایگزین انرژی کالیفرنیا) (CARE)، بیست درصد تخفیف برای قبض ماهانه گاز برای مشتریان واجد شرایط SoCalGas® در نظر گرفته است. قبض ماهانه گاز از روز بعد تایید شدن درخواست به وسیله SoCalGas مشمول این تخفیف خواهد شد.

درخواست پر شده را به یکی از روش های زیر به ما تحویل دهید:

- 1) مراجعه به myaccount.socalgas.com یا socalgas.com/care. درخواست شما بلافاصله پردازش می شود. (برای مشتریان دارای حساب قبض SoCalGas)
- 2) با 866-716-3452 در هر ساعت از شبانه روز می توانید تماس بگیرید. شماره حساب خود را در دسترس نگه دارید.
- 3) فرم پر شده و امضا شده را به وسیله پست یا نمابر به شماره 213-244-4665 بازگردانید.

دو راه برای واجد شرایط شدن وجود دارد

حداکثر درآمد خانوار (MAXIMUM HOUSEHOLD INCOME) (از 1 ژوئن 2020 تا 31 می 2021) تعداد افراد خانوار	
\$34,480	1-2
\$43,440	3
\$52,400	4
\$61,360	5
\$70,320	6
\$79,280	7
\$88,240	8

کل درآمد سالانه*

برای هر عضو اضافی خانوار، 8,960 دلار اضافه کنید
*شامل درآمد جاری خانوار از همه منابع پیش از کسر مالیات.



برنامه های کمک عمومی
اگر شما یا همسر شما از اعضای خانوار شما از مزایای همسر از برنامه های زیر استفاده می کنید:
Medi-Cal/Medicaid
Medi-Cal ویژه خانواده های A و B
زنان، نوزادان و کودکان (WIC)
CalWORKs (TANF) / TANF قبیله ای
واجد شرایط درآمد Head Start - فقط قبیله ای
کمک عمومی اداره امور سرخپوستان
CalFresh (کوپن غذا)
برنامه ملی نهار مدرسه (NSLP)
برنامه کمک انرژی ویژه خانوارهای کم درآمد (LIHEAP)
درآمد تامین تکمیلی

1 شامل Welfare-to-Work

شرایط مشارکت:

- 1) شما باید الزامات صلاحیت مندرج در جدول بالا را برآورده کنید. (2) قبض گاز طبیعی باید به نام شما باشد و نشانی مندرج در آن باید نشانی اصلی شما باشد. (3) نام شما نباید به عنوان فرد تحت تکفل در گزارش مالیات بر درآمد شخصی دیگری غیر از همسران ذکر شده باشد. (4) در صورت نیاز باید درخواست خود را دوباره تایید کنید. (5) اگر دیگر واجد شرایط نباشید، باید موضوع را ظرف 30 روز از تاریخ سلب صلاحیت به SoCalGas اطلاع دهید. (6) ممکن است از شما خواسته شود که صلاحیت خود برای بهره مندی از CARE را راستی آزمایی کنید.

دیگر برنامه ها و خدماتی که ممکن است واجد شرایط آنها باشید:

کمک ویژه منزل		
<p>socalgas.com/improvements 1-800-331-7593</p>	<p>Energy Savings Assistance Program</p>	<p>از خدمات بهسازی منزل با هدف کاهش مصرف انرژی به صورت رایگان بهره مند شوید و ضمن کاهش هزینه، منزلتان را راحت تر کنید</p>
<p>کمک ویژه قبض خدمات همگانی</p> <p>کمک انرژی منزل ویژه افراد کم درآمد کمک هزینه قبض، کمک هزینه پرداخت های اضطراری و خدمات عایق بندی 1-866-675-6623</p>	<p>کمک ویژه تلفن</p> <p>CALIFORNIA LIFELINE تخفیف قبض خدمات تلفن برای مشتریان واجد شرایط برای کسب اطلاعات بیشتر با ارائه دهنده سرویس تلفن خود تماس بگیرید</p>	<p>کمک ویژه نیازهای پزشکی</p> <p>کمک خط پایه پزشکی اگر دچار بیماری جدی باشید، می توانید با کمترین نرخ خط پایه از گاز طبیعی اضافی بهره مند شوید socalgas.com/medical 1-866-431-3517</p>

中文: 1-800-427-1429 한국어: 1-800-427-0471 English: 1-800-427-2200
 Việt: 1-800-427-0478 Español: 1-800-342-4545 廣東話: 1-800-427-1420
 افراد دچار اختلال شنوایی (TDD/TTY): 1-800-252-0259 (فقط به زبان های انگلیسی و اسپانیایی) نمابر: (213) 244-4665

20% تخفیف درخواست CARE

فقط از خودکار آبی تیره یا مشکی استفاده کنید

این درخواست را پس از پر کردن از طریق پست، نامبر یا اینترنت (به نشانی socialgas.com/care) به ما تحویل دهید.

ارسال پستی به: SoCalGas M.L. GT19A1, P.O. Box 3249 Los Angeles, CA 90051-1249 با شماره نامبر: (213) 244-4665

شماره حساب

برای سرعت بخشیدن به روند رسیدگی، شماره حساب خود را ذکر کنید.

نام مشتری (نام و نام خانوادگی طبق آنچه در قبض ذکر شده است)

نشانی

شماره آپارتمان/بخش

شهر

تلفن اصلی

1

تعداد کل اعضای خانوار (شامل خودتان، افراد بزرگسال دیگر و کودکان):

1 2 3 4 5 6 اگر بیش از 6 است:

2

آیا شما (یا همسر یا همکار از اعضای خانوار شما) در هریک از برنامه های کمک رسانی زیر ثبت نام کرده اید (کرده است):

بله (اگر بله، دایره های) را پر کنید) خیر (اگر خیر، درآمد سالانه خانوار شما پیش از کسر مالیات، شامل همه اعضای خانوار، چقدر است؟)

\$0 - \$34,480

\$34,481 - \$43,440

\$43,441 - \$52,400

\$52,401 - \$61,360

\$61,361 - \$70,320

اگر بیش از \$70,320 است، مبلغ دلاری را اینجا وارد کنید

\$, .00 در سال.

منابع درآمد خود را مشخص کنید

تامین اجتماعی

SSDI یا SSP

مستمری

سود یا بهره پس انداز، سهام، اوراق قرضه یا حساب های بانکی

دستمزد و/یا حقوق

مزایای بیکاری

بیمه یا پرداخت های قانونی

پرداخت های از کارافتادگی یا غرامت کارگران

کمک هزینه همسر یا فرزند

بورس آموزشی، کمک مالی یا دیگر کمک هزینه های زندگی

درآمد ناشی از اجاره بها یا حق امتیاز

مبلغ نقدی، درآمدهای دیگر یا سود شغل آزاد

Medi-Cal/Medicaid: زیر 65 سال

Medi-Cal/Medicaid: 65 یا بالاتر

Medi-Cal ویژه خانواده های A و B

زنان، نوزادان و کودکان (WIC)

CalWORKs (TANF) یا TANF قبيله ای

واجد شرایط درآمد Head Start - فقط قبيله ای

کمک عمومی اداره امور سرخپوستان

CalFresh (کوپن غذا)

برنامه ملی نهار مدرسه (NSLP)

برنامه کمک انرژی ویژه خانوارهای کم درآمد (LIHEAP)

درآمد تامین تکمیلی

3

اظهارنامه قسمت زیر را بخوانید و امضا کنید.

اعلام می کنم که اطلاعات ارائه شده در این درخواست درست و واقعی است. می پذیرم که مدرک صلاحیت CARE را بنا به درخواست ارائه کنم. می پذیرم که در صورت دادن صلاحیت، موضوع را ظرف 30 روز به شرکت گاز کالیفرنیا جنوبی (SoCalGas) اطلاع دهم. می دانم که اگر بدون داشتن صلاحیت از تخفیف بهره مند شوم، ملزم به بازپرداخت تخفیف دریافتی خواهم شد. می دانم که SoCalGas می تواند اطلاعات من را به دیگر شرکت ها یا کارگزاران خدمات همگانی ارائه کند تا امکان ثبت نام من در برنامه های کمک رسانی دیگر فراهم شود.

امضا:

تاریخ:

LOV NQI 20% FEEM PUA TSAB NTAWV THOV CARE



Txoj kev pab California Alternate Rates for Energy (California Lwm Cov Nqi Hluav Taws Xob) (CARE), yuav lov tawm 20 feem puas rau SoCalGas[®] cov neeg qhua daim nqi roj zeb ntsuam txhua lub hlis. Yuav muab qhov nqi lov tawm ntawm cov nqi roj zeb ntsuam txhua lub hlis tom qab hnuv uas SoCalGas pom zoo rau tsab ntawv thov.

THOV XA TSAB NTAWV THOV RAW S IB TXOJ KEV NRAM NO:

- 1) Txuas mus xyuas myaccount.socalgas.com or socalgas.com/CARE. Yuav muab koj tsab ntawv thov lis tam sis. (Rau cov neeg qhua uas muaj qhov account them nqi ntawm SoCalGas)
- 2) Hu rau 866-716-3452 txhua lub sij hawm 24 teev ib hnuv twg. Thov npaj muaj koj tus account.
- 3) Xa rov qab tsab ntawv teb tiav thiab kos npe los yog xa hauv xov tooj mus rau 213-244-4665.

MUAJ OB TXOJ KEV TSIM NYOG TAU KEV PAB

COV KEV PAB RAU LAJ MEJ PEJ XEEM Yog koj los sis lwm tus neeg hauv koj lub tsev tau cov txiaj ntsim kev pab los ntawm ib qho kev pab nram no:	TSEV NEEG QHOV NYIAJ MUAJ NTAU TSHAJ PLAWS (pib txij li lub Rau Hli Tim 1, 2020 mus txog Tsib Hlis Tim 31, 2021) Tsev Neeg Pes Tsawg Leej Tag Nrho Qhov Nyiaj Xyoo*
Medi-Cal/Medicaid	1-2 \$34,480
Medi-Cal for Families (rau Cov Tsev Neeg) A & B Women, Infants, & Children (WIC)	3 \$43,440
CalWORKs (TANF) ¹ / TANF rau Pawg Neeg Qhab	4 \$52,400
Head Start Tsim Nyog Raws Nyiaj Tau (Income Eligible) – Pawg Neeg Qhab Xwb	5 \$61,360
Bureau of Indian Affairs General Assistance (Koom Haum Neeg Qhab Kev Pab Dav)	6 \$70,320
CalFresh (Food Stamps (Cov Nyiaj Muas Noj))	7 \$79,280
National School Lunch Program (NSLP) (Teb Chaws Kev Pab Su Noj Rau Tsev Kawm Ntawv)	8 \$88,240
Low-Income Home Energy Assistance Program (LIHEAP) (Kev Pab Nqi Hluav Taws Xob Rau Neeg Tau Nyiaj Tsawg)	
Supplemental Security Income (Nyiaj Tsis Taus)	

*Rau ib tug neeg ntxiv twg rau lub tsev neeg, ntxiv \$8,960
*Xam lub tsev neeg cov nyiaj tau tam sim no los ntawm txhua hom nyiaj txiaj ua ntej lov tawm tej nqi.

COV ZWJ CEEB RAU KEV KOOM TAU KEV PAB:

- 1) Koj yuav tsum muaj raws li cov teev rau saum no.
- 2) Daim nqi roj zeb ntsuam yuav tsum yog sau ua koj lub npe thiab qhov chaw nyob uas koj nyob kiag.
- 3) Lwm tus neeg aws tsis tau koj ua ib tug neeg tos nws pab hauv nws cov ntaub ntawv ua se dua li koj tus txij nkawm.
- 4) Koj yuav tsum rov txuas koj tsab ntawv thov kev pab thaum twg yog nug txog.
- 5) Koj yuav tsum faj seeb qhia rau SoCalGas ua ntej 30 hnuv yog tias koj tsis tsim nyog tau kev pab lawm.
- 6) Tej zaum yuav hais kom koj nrog txheeb meej koj txoj kev tsim nyog tau CARE.

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

KEV PAB RAU KOJ LUB TSEV

Tau kev txhim kho vaj tse pub dawb kom txuag tau hluav taws xob yuav pab koj txuag tau nyiaj thiab ua rau koj tau zoo nyob dua

Energy Savings Assistance Program | socalgas.com/improvements | 1-800-331-7593

KEV PAB RAU KEV KHO KAB MOB KEV NKEEG

QHOV NYIAJ PAB THEM NQI KHO MOB QIS TSHAJ PLAWS
Yuav tau nqi roj a qis tshaj plaws yog tias koj muaj ib yam kab mob kev nkeeg

socalgas.com/medical
1-866-431-3517

KEV PAB RAU KOJ LUB TSEV

CALIFORNIA LIFELINE
Txo tus nqi xov tooj rau cov neeg qhua uas tsim nyog rau pab

Xav paub ntxiv hu cuag koj lub chaw xaim xov tooj

KEV PAB RAU KOJ DAIM NQI

KEV PAB NQI HLUAV TAWS XOB RAU COV TAU NYIAJ TSAWG
Kev pab them nqi, kev pab them nqi kub ntxhov thiab cov kev pab ntsaws qhov vaj qhov tsev

1-866-675-6623

English: 1-800-427-2200
廣東話: 1-800-427-1420
Xov Xooj Xa Ntawv: (213) 244-4665

한국어: 1-800-427-0471
Español: 1-800-342-4545
Cov Tsis Hnov Lus (TDD/TTY): 1-800-252-0259 (tsuas muaj ua Lus Askiv thiab Lus Mev xwb)

LOV NQI 20% TSAB NTAWV THOV CARE

THOV TSUAS SIV KUA CWJ MEM XIAV DUB LOS YOG DUB XWB

Thov teb thiab rov muab tsab ntawv no xa rov qab, xa hauv xov tooj los yog thov saum huab cua ntawm socalgas.com/CARE.

Xa mus rau: SoCalGas M.L. GT19A1, P.O. Box 3249 Los Angeles, CA 90051-1249 los yog **Xa hauv xov tooj mus rau:** (213) 244-4665

ZAUV CIM ACCOUNT

THOV QHIA KOJ TUS ZAUV CIM ACCOUNT THIAJ LIS TAU SAI.

NEEG QHUA NPE (NPE THIAB XEEM RAWLS LI TSHWM NTAWM KOJ DAIM NQI)

CHAW NYOB

APT/SPACE #

ZOS

TUS XOV TOOJ SIV

1

Tag nrho cov neeg muaj pes tsawg leej hauv koj lub tsev (xam koj tus kheej, lwm cov neeg laus thiab cov me nyuam)

- 1 2 3 4 5 6 Yog tias muaj coob dua 6 leej:

2

Koj (los yog lwm tus hauv koj lub tsev neeg) puas muaj npe tau ib hom kev pab nram no?

- TAU (Yog tau, thov zas rau lub (cov) voj voog ●) TSIS TAU (Yog tsis tau, koj lub tsev neeg qhov nyiaj xyoo tau ua ntej rho tawm tej nq, xam tag nrho cov neeg hauv lub tsev neeg?)
- Medi-Cal/Medicaid: Tsis nto 65 xyoos
 - Medi-Cal/Medicaid: 65 xyoos los yog laus dua
 - Medi-Cal for Families (rau Cov Tsev Neeg) A&B
 - Women, Infants and Children Program (WIC)
 - CalWORKs (TANF) los yog TANF rau Pawg Neeg Qhab
 - Head Start Tsim Nyog Raws Nyiaj Tau (Income Eligible) – Pawg Neeg Qhab Xwb
 - Bureau of Indian Affairs General Assistance (Koom Haum Neeg Qhab Kev Pab Dav)
 - CalFresh (Food Stamps (Cov Nyiaj Muas Noj))
 - National School Lunch Program (NSLP) (Teb Chaws Kev Pab Su Noj Rau Tsev Kawm Ntawv)
 - Low Income Home Energy Assistance Program (LIHEAP) (Kev Pab Nqi Hluav Taws Xob Rau Neeg Tau Nyiaj Tsawg)
 - Supplemental Security Income (Nyiaj Tsis Taus)
- \$0 - \$34,480
- \$34,481 - \$43,440
- \$43,441 - \$52,400
- \$52,401 - \$61,360
- \$61,361 - \$70,320
- Yog tias muaj ntau tshaj \$70,320, sau qhov nyiaj npaum li cas rau ntawm no \$, .00 ib xyoos twg.
- Thov kos qhia koj hom nyiaj tau**
- Nyiaj Laus Social Security
 - Nyiaj SSP los yog SSDI
 - Nyiaj Laus Pension
 - Nyiaj paj laum los yog nyiaj paj ntsu los ntawm cov nyiaj txuag, nyiaj tso ua lag luam stock, bond, los yog cov account nyiaj laus
 - Cov nyiaj khwv raws sij hawm teev thiab/los yog nyiaj raws xyoo
 - Cov nyiaj poob hauj lwm
 - Cov nyiaj hais haum nrog kev pov hwm los yog kev plaub ntug
 - Cov nyiaj them rau kev tsis taus los yog nyiaj pab neeg ua hauj lwm raug mob
 - Nyiaj yug noj yug haus rau txij nkawm los yog me nyuam
 - Cov nyiaj scholarship, grant, lo syog lwm cov nyiaj pab them rau cov nuj nqis ua lub neej
 - Nyiaj tau los ntawm kev khiab av los yog laj lim tswv yim
 - Nyiaj ntsuab, lwm hom nyiaj, los yog nyiaj tau peev los ntawm kev ua hauj lwm rau tus kheej

3

Kev Plov Meej Thov nyem thiab kos npe rau nram no.

Kuv teev tias cov ncauj lus kuv sau rau hauv tsab ntawv thov kev pab no yeej muaj tseeb thiab yog. Kuv pom zoo muab pov thawj kev tsim nyog tau CARE yog tias nug txog. Kuv pom zoo faj seeb qhia rau Southern California Gas Company (Qab Teb California Lag Luam Tso Roj Zeb Ntsuam) (SoCalGas®) ua ntej 30 hnub yog kuv tsis tsim nyog tau qhov nqi lov lawm. Kuv nkag siab tias yog kuv tau qhov nqi lov yam tsis tsim nyog tau, kuv yuav raug them rov qab qhov nqi lov uas kuv tau txais. Kuv nkag siab tias SoCalGas qhia tau cov ncauj lus txog kuv rau lwm cov chaw tso roj/hluav taws xob los yog cov neeg sawv cev kom rau kuv npe tau rau lawv cov kev pab cuam.

KOS NPE:

HNUB TIM:

បញ្ចុះតម្លៃ 20%

ការដាក់ពាក្យស្នើសុំកម្មវិធី CARE



កម្មវិធីបម្រុងទុកថាមពលនៃរដ្ឋ California (CARE) ផ្តល់ជូនអតិថិជន SoCalGas® ដែលមានលក្ខណសម្បត្តិគ្រប់គ្រាន់ ឱ្យទទួលបានការបញ្ចុះតម្លៃ 20% លើវិក្កយបត្រហ្គាសធម្មជាតិប្រចាំខែរបស់ពួកគេ។ ការបញ្ចុះតម្លៃនេះនឹងត្រូវអនុវត្តចំពោះវិក្កយបត្រហ្គាសធម្មជាតិប្រចាំខែ បន្ទាប់ពីថ្ងៃដែលកម្មវិធីត្រូវបានអនុម័តដោយ SoCalGas ។

សូមដាក់ពាក្យដែលបានបំពេញរួចដោយប្រើវិធីមួយក្នុងចំណោមវិធីខាងក្រោម៖

- 1) ចូលមើលគេហទំព័រ myaccount.socalgas.com ឬ socalgas.com/care ។ សំណើរបស់អ្នកនឹងត្រូវបានដំណើរការភ្លាមៗ។ (សម្រាប់អតិថិជនដែលមានគណនីវិក្កយបត្រ SoCalGas)
- 2) ទូរស័ព្ទទៅលេខ 866-716-3452 បានគ្រប់ពេល 24 ម៉ោងក្នុងមួយថ្ងៃ។ សូមត្រៀមលេខគណនីរបស់អ្នកឱ្យរួចរាល់។
- 3) សូមផ្ញើទម្រង់បែបបទដែលបានបំពេញ និងចុះហត្ថលេខារួចមកវិញតាមប្រៃសណីយ៍ ឬទូរសារទៅលេខ 213-244-4665 ។

មានវិធីចំនួនពីរដើម្បីបំពេញលក្ខខណ្ឌ

កម្មវិធីជំនួយសាធារណៈ៖ ប្រសិនបើអ្នក ឬអ្នកផ្សេងទៀតដែលនៅក្នុងគ្រួសាររបស់អ្នកទទួលបាន អត្ថប្រយោជន៍ពីកម្មវិធីណាមួយខាងក្រោម៖	← ឬ →	ចំណូលគ្រួសារអតិបរមា (មានសុពលភាពចាប់ពីថ្ងៃទី 1 ខែចុះត្រីមាស ឆ្នាំ 2020 ដល់ថ្ងៃទី 31 ខែឧសភា ឆ្នាំ 2021) ចំនួនសមាជិកគ្រួសារក្នុងគ្រួសារ ចំណូលប្រចាំឆ្នាំសរុប*
Medi-Cal/Medicaid		1-2 \$34,480
Medi-Cal សម្រាប់គ្រួសារ A & B		3 \$43,440
ស្ត្រី ទារក និងកុមារ (WIC)		4 \$52,400
CalWORKs (TANF) ¹ / Tribal TANF		5 \$61,360
សម្រាប់តែអ្នកដែលមានសិទ្ធិចាប់ផ្តើមរកចំណូល — Tribal ប៉ុណ្ណោះ៖ ការិយាល័យជំនួយផ្នែកកិច្ចការទូទៅឥណ្ឌា		6 \$70,320
CalFresh (តែមអាហារ)		7 \$79,280
កម្មវិធីអាហារថ្ងៃត្រង់សាលាថ្នាក់ជាតិ (NSLP)		8 \$88,240
កម្មវិធីជំនួយថាមពលក្នុងស្រុកដែលមានចំណូលទាប (LIHEAP)		សម្រាប់សមាជិកគ្រួសារបន្ថែមនីមួយៗ បន្ថែម \$8,960
ចំណូលសន្តិសុខបន្ថែម		*រួមបញ្ចូលប្រាក់ចំណូលគ្រួសារបច្ចុប្បន្នពីប្រភពទាំងអស់មុននឹងកាត់ចេញ។

¹ រួមបញ្ចូលទាំងសុខុមាលភាពដើម្បីធ្វើការ

លក្ខខណ្ឌចូលរួម៖

- 1) អ្នកត្រូវតែបំពេញតាមតម្រូវការក្នុងតារាងខាងលើ។
- 2) វិក្កយបត្រឧស្ម័នធម្មជាតិត្រូវតែមានឈ្មោះរបស់អ្នក ហើយអាសយដ្ឋានត្រូវតែជាអាសយដ្ឋានចម្បងរបស់អ្នក។
- 3) អ្នកមិនត្រូវបានអះអាងថា ជាអ្នករស់នៅក្នុងផ្នែកលើប្រាក់ចំណូលរបស់បុគ្គលម្នាក់ផ្សេងទៀតក្រៅពីប្តី ឬប្រពន្ធរបស់អ្នក។
- 4) អ្នកត្រូវតែបញ្ជាក់ឡើងវិញនូវពាក្យសុំរបស់អ្នកនៅពេលត្រូវបានស្នើសុំ។
- 5) អ្នកត្រូវជូនដំណឹងដល់ SoCalGas ក្នុងរយៈពេល 30 ថ្ងៃ ប្រសិនបើអ្នកលែងមានសិទ្ធិ។
- 6) អ្នកអាចត្រូវបានស្នើសុំឱ្យផ្សេងផ្ទះសំបែងសិទ្ធិអនុញ្ញាតរបស់អ្នកសម្រាប់កម្មវិធី CARE ។

កម្មវិធី និងសេវាកម្មផ្សេងទៀតដែលអ្នកអាចស្នើសុំសម្រាប់៖

ជំនួយលើគេហដ្ឋានរបស់អ្នក		
	ទទួលបានការសន្សំសំចៃថាមពលនៅផ្ទះដោយមិនគិតថ្លៃ ដែលអាចជួយអ្នកសន្សំប្រាក់ និងធ្វើឱ្យអ្នកកាន់តែមានជាសុភមង្គល	Energy Savings Assistance Program socalgas.com/improvements 1-800-331-7593
ជំនួយលើតម្រូវការវេជ្ជសាស្ត្រ	ជំនួយលើការហៅទូរស័ព្ទរបស់អ្នក	ជំនួយលើវិក្កយបត្ររបស់អ្នក
ការផ្តល់មូលដ្ឋានផ្នែកវេជ្ជសាស្ត្រ ទទួលបានហ្គាសធម្មជាតិបន្ថែមនៅ អត្រាទាបបំផុតប្រសិនបើអ្នកមាន ស្ថានភាពសុខភាពធ្ងន់ធ្ងរ socalgas.com/medical 1-866-431-3517	CALIFORNIA LIFELINE បញ្ចុះតម្លៃការហៅទូរស័ព្ទសម្រាប់ អតិថិជនដែលមានលក្ខណសម្បត្តិ គ្រប់គ្រាន់ សម្រាប់ព័ត៌មានបន្ថែម សូមទាក់ទង ក្រុមហ៊ុនផ្តល់សេវាទូរស័ព្ទរបស់អ្នក	ជំនួយថាមពលសម្រាប់គ្រួសារដែល មានចំណូលទាប ជំនួយទូទាត់វិក្កយបត្រ ជំនួយវិក្កយបត្របន្ទាន់ និងសេវាទប់ទល់នឹងអាកាសធាតុ 1-866-675-6623

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 អ្នកខ្សោយការស្តាប់ (TDD/TTY): 1-800-252-0259 (មានតែភាសាអង់គ្លេស និងភាសាអេស្ប៉ាញប៉ុណ្ណោះ)

ЗАЯВЛЕНИЕ ДЛЯ ПОЛУЧЕНИЯ СКИДКИ 20% ПО ПРОГРАММЕ CARE



Программа California Alternate Rates for Energy (CARE) предоставляет правомочным заказчикам SoCalGas® 20-процентную скидку при оплате ежемесячного счета за природный газ. Скидка будет распространяться на ежемесячные счета за природный газ, выставленные после даты утверждения заявления компанией SoCalGas.

ПОЖАЛУЙСТА, НАПРАВЬТЕ ЗАПОЛНЕННОЕ ЗАЯВЛЕНИЕ ОДИМ ИЗ УКАЗАННЫХ НИЖЕ СПОСОБОВ:

- 1) Посетите веб-сайт myaccount.socalgas.com или socalgas.com/care. Ваш запрос будет обработан немедленно. (Для заказчиков, имеющих счет для оплаты услуг SoCalGas).
- 2) Позвоните по тел. 866-716-3452 в любое время, 24 часа в сутки. Вы должны иметь под рукой номер своего счета.
- 3) Отправьте заполненный и подписанный бланк заявления по почте или по номеру факса 213-244-4665.

СУЩЕСТВУЕТ ДВА СПОСОБА ПОЛУЧЕНИЯ ЛЬГОТ

ПРОГРАММЫ ГОСУДАРСТВЕННОЙ ПОМОЩИ	← или →		МАКСИМАЛЬНЫЙ ДОХОД СЕМЬИ
Если вы или другой член вашей семьи получает пособия по любой из следующих программ:			(действует с 1 июня 2020 г. по 31 мая 2021 г.)
			Количество человек в семье Суммарный годовой доход*
Medi-Cal/Medicaid			1-2 \$34,480
Medi-Cal for Families A & B			3 \$43,440
Women, Infants, & Children (WIC)			4 \$52,400
CalWORKs (TANF) ¹ / Tribal TANF			5 \$61,360
Head Start Income Eligible — Tribal Only			6 \$70,320
Bureau of Indian Affairs General Assistance			7 \$79,280
CalFresh (Food Stamps)			8 \$88,240
National School Lunch Program (NSLP)			
Low-Income Home Energy Assistance Program (LIHEAP)			
Supplemental Security Income			
			Для каждого дополнительного члена семьи добавьте \$8,960 *Включает текущий доход семьи из всех источников без учета вычетов.

¹ Включает Welfare-to-Work

УСЛОВИЯ УЧАСТИЯ:

- 1) Вы должны отвечать установленным требованиям, перечисленным в приведенной выше таблице.
- 2) Счет за природный газ должен быть выставлен на ваше имя, а в качестве адреса должен быть указан ваш основной адрес.
- 3) Вы не должны быть зарегистрированы в качестве иждивенца в налоговой декларации любого другого лица помимо вашего(ей) супруга(и).
- 4) Вы обязаны повторно подтвердить свое заявление по требованию.
- 5) Вы обязаны уведомить SoCalGas в течение 30 дней, если более не отвечаете установленным требованиям.
- 6) Вам может быть предложено подтвердить свое право участия в программе CARE.

ДРУГИЕ ПРОГРАММЫ И СЛУЖБЫ, ТРЕБОВАНИЯМ КОТОРЫХ ВЫ МОЖЕТЕ ОТВЕЧАТЬ:

ПОМОЩЬ ДЛЯ ВАШЕГО ДОМА Получите бесплатные услуги по улучшению оборудования дома, помогающие вам экономить деньги и делающие вашу жизнь более комфортной Energy Savings Assistance Program socalgas.com/improvements 1-800-331-7593		
ПОМОЩЬ С МЕДИЦИНСКИМ ОБСЛУЖИВАНИЕМ БАЗОВЫЙ МЕДИЦИНСКИЙ ЛЬГОТНЫЙ ТАРИФ При наличии у вас тяжелого заболевания вы можете потреблять дополнительные количества природного газа по самому низкому базовому тарифу socalgas.com/medical 1-866-431-3517	ПОМОЩЬ С ВАШИМ ТЕЛЕФОНОМ CALIFORNIA LIFELINE Услуги телефонной связи со скидкой для правомочных заказчиков Для ознакомления с более подробной информацией свяжитесь со своей телефонной компанией	ПОМОЩЬ С ВАШИМИ СЧЕТАМИ ПОМОЩЬ С ЭНЕРГИЕЙ ДЛЯ ДОМА ЛИЦАМ С НИЗКИМИ ДОХОДАМИ Помощь при оплате счетов, помощь со счетами в чрезвычайных ситуациях и услуги по утеплению 1-866-675-6623

English: 1-800-427-2200
廣東話: 1-800-427-1420
ФАКС: (213) 244-4665

한국어: 1-800-427-0471
Español: 1-800-342-4545

中文: 1-800-427-1429
Việt: 1-800-427-0478

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

ЗАЯВЛЕНИЕ ДЛЯ ПОЛУЧЕНИЯ СКИДКИ 20% ПО ПРОГРАММЕ CARE

ПОЖАЛУЙСТА, ЗАПОЛНЯЙТЕ ТОЛЬКО ТЕМНО-СИНИМИ ИЛИ ЧЕРНЫМИ ЧЕРНИЛАМИ

Пожалуйста, заполните бланк заявления и отправьте его по почте или факсом, или подайте заявление онлайн на веб-сайте socalgas.com/care.

Почтовый адрес: SoCalGas M.L. GT19A1, P.O. Box 3249 Los Angeles, CA 90051-1249 или отправьте факсом на номер: (213) 244-4665

НОМЕР СЧЕТА

ПОЖАЛУЙСТА, УКАЖИТЕ НОМЕР СВОЕГО СЧЕТА ДЛЯ УСКОРЕНИЯ ОБРАБОТКИ.

ИМЯ ЗАКАЗЧИКА (ИМЯ И ФАМИЛИЯ, ТАК, КАК УКАЗАНО В ВАШЕМ СЧЕТЕ)

АДРЕС

КВ./ПОМЕЩЕНИЕ №

ГОРОД

ОСНОВНОЙ ТЕЛЕФОН

 - -

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

- 1 2 3 4 5 6 Если более 6:

2 Являетесь ли вы (или кто-либо из членов вашей семьи) участниками любой из следующих программ помощи?

ДА (Если да, отметьте соответствующий(е) кружок(ки) ●)

- Medi-Cal/Medicaid: возраст до 65 лет
- Medi-Cal/Medicaid: 65 лет и старше
- Medi-Cal for Families A и B
- Women, Infants and Children Program (WIC)
- CalWORKs (TANF) или 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

НЕТ (Если нет, чему равняется годовой доход семьи без вычетов, включая всех членов семьи?)

- \$0 – \$34,480
- \$34,481 - \$43,440
- \$43,441 - \$52,400
- \$52,401 - \$61,360
- \$61,361 - \$70,320
- Если более \$70,320, укажите величину в долларах здесь
\$, .00 в год.

Пожалуйста, укажите источники дохода

- Социальное обеспечение
- SSP или SSDI
- Пенсии
- Проценты или дивиденды со сбережений, акций, облигаций или пенсионных счетов
- Заработная плата и/или жалование
- пособия по безработице
- Страховые выплаты или выплаты по решению суда
- Выплаты по инвалидности или компенсации рабочим
- Поддержка со стороны супруга(и) или детей
- Стипендии, гранты и другая помощь, используемые для оплаты расходов на проживание
- Доход от аренды или роялти
- Наличные, другие доходы или прибыль от индивидуального предпринимательства

3 Подтверждение. Пожалуйста, прочитайте и подпишите ниже.

Я заявляю, что предоставленная мной в этом заявлении информация является правильной и точной. Я обязуюсь предоставить свидетельства выполнения требований программы CARE по запросу. Я обязуюсь уведомить компанию Southern California Gas Company (SoCalGas) в течение 30 дней в случае утраты мной права на получение скидки. Я понимаю, что в случае неправомерного получения скидки я буду обязан возратить полученную мной скидку. Я понимаю, что компания SoCalGas может передавать мою информацию другим коммунальным компаниям или агентам для моего включения в их программы помощи.

ПОДПИСЬ:

X

ДАТА:

/ /

20% DISKWENTO APLIKASYON SA CARE



Nag-aalok ang programang California Alternate Rates for Energy (CARE) sa mga kwalipikadong customer ng SoCalGas® ng 20 porsyentong diskwento sa kanilang buwanang bayarin sa natural gas. Ilalapat ang diskwento sa mga buwanang bayarin sa natural gas pagkatapos ng petsa kung kailan naaprubahan ang aplikasyon ng SoCalGas.

MANGYARING MAGSUMITE NG NASAGUTANG APLIKASYON SA PAMAMAGITAN NG PAGGAMIT NG ISA SA MGA PAMAMARAANG NAKALISTA SA IBABA:

- 1) Bisitahin ang myaccount.socalgas.com o socalgas.com/CARE. Ipoproseso kaagad ang iyong kahilingan. (Para sa mga customer na may bill account sa SoCalGas)
- 2) Tumawag sa 866-716-3452 anumang oras 24 na oras sa isang araw. Pakihanda ang numero ng iyong account.
- 3) Ibalik ang nasagutan at nalagdaang form sa pamamagitan ng mail o fax sa 213-244-4665.

MAY DALAWANG PARAAN PARA MAGING KWALIFIKADO

MGA PROGRAMA NG PAMPUBLIKONG TULONG

Kung nakakatanggap ka o sinupamang tao sa iyong sambahayan ng mga benepisyo mula sa alinman sa mga sumusunod na programa:

Medi-Cal/Medicaid
Medi-Cal for Families A & B
Women, Infants, & Children (WIC)
CalWORKs (TANF) ¹ / Tribal TANF
Head Start Income Eligible – Tribal Lang
Bureau of Indian Affairs General Assistance
CalFresh (Mga Food Stamp)
National School Lunch Program (NSLP)
Low-Income Home Energy Assistance Program (LIHEAP)
Supplemental Security Income

¹ Kabilang ang Welfare-to-Work

← O KAYA →

MAXIMUM NA KITA NG SAMBAHAYAN

(may bisa simula Hunyo 1, 2020 hanggang Mayo 31, 2021)

Bilang ng Mga Tao sa Sambahayan	Kabuuang Taunang Kita*
1-2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240

Para sa bawat karagdagang miyembro ng sambahayan, magdagdag ng \$8,960

*Kabilang ang kasalukuyang kita ng sambahayan mula sa lahat ng pinagmumulan bago ang mga pagkalkatas.

MGA KUNDISYON PARA SA PAGLAHOK:

1) Dapat mong matugunan ang mga pag-aatas sa kwalipikasyon sa talahanayan sa itaas. 2) Nakapangalan dapat sa iyo ang bayarin sa natural gas at pangunahing address mo dapat ang address. 3) Hindi ka dapat i-claim na dependent sa income tax return ng ibang tao maliban sa iyong asawa. 4) Dapat mong muling i-certify ang iyong aplikasyon kapag hiniling. 5) Dapat mong abisuhan ang SoCalGas sa loob ng 30 araw kung hindi ka na kwalipikado. 6) Maaaring hilingin sa iyong i-verify ang iyong pagiging kwalipikado para sa CARE.

IBA PANG PROGRAMA AT SERBISYO KUNG SAAN KA MAAARING KWALIFIKADO:

TULONG PARA SA IYONG TAHANAN



Makatanggap ng mga pagpapahusay sa tahanan na tipid sa enerhiya nang walang gastos at nakakatulong sa iyo na makatipid ng pera at maging mas maginhawa

**Energy Savings
Assistance Program**

socalgas.com/improvements
1-800-331-7593

TULONG PARA SA MGA MEDIKAL NA PANGANGAILANGAN



ALLOWANCE SA MEDIKAL NA BASELINE

Makakuha ng karagdagang natural gas sa pinakamababang rate ng baseline kung mayroon kang malubhang kundisyong pangkalusugan

socalgas.com/medical
1-866-431-3517

TULONG SA IYONG TELEPONO



CALIFORNIA LIFELINE

Mga may diskwentong serbisyo sa telepono para sa mga kwalipikadong customer

Para sa higit pang impormasyon makipag-ugnayan sa service provider ng iyong telepono



TULONG SA ENERHIYA NG TAHANANG MABABA ANG KITA

Tulong sa pagbabayad ng bayarin, pang-emergency na tulong sa bayarin, at mga serbisyo ng weatherization

1-866-675-6623

English: 1-800-427-2200
廣東話: 1-800-427-1420
FAX: (213) 244-4665

한국어: 1-800-427-0471
Español: 1-800-342-4545
May Kapansanan sa Pandinig (TDD/TTY): 1-800-252-0259 (available sa English at Spanish lang)

中文: 1-800-427-1429
Việt: 1-800-427-0478

20% DISKWENTONG APLIKASYON SA CARE

MANGYARING GUMAMIT LANG NG DARK BLUE O ITIM NA TINTA

Pakikumpleto at pakibalik ang aplikasyong ito sa pamamagitan ng mail, fax, o mag-apply online sa socialgas.com/care.

Ipadala sa: SoCalGas M.L. GT19A1, P.O. Box 3249 Los Angeles, CA 90051-1249 o I-fax sa: (213) 244-4665

NUMERO NG ACCOUNT

PAKIBIGAY ANG NUMERO NG IYONG ACCOUNT PARA MAPABILIS ANG PAGPOPROSESO.

PANGALAN NG CUSTOMER (PANGALAN AT APELYIDO KUNG PAANO ITO NAKASULAT SA IYONG BILL)

ADDRESS

APT/SPACE #

LUNGSOD

PANGUNAHING TELEPONO

1 Kabuuang bilang ng mga tao sa iyong sambahayan (kabilang ang iyong sarili, iba pang taong nasa hustong gulang, at mga bata):

- 1 2 3 4 5 6 Kung mahigit 6:

2 Ikaw ba (o ang sinuman sa iyong sambahayan) ay nakatala sa alinman sa mga sumusunod na programa ng tulong?

- OO (Kung oo, pakiiitman ang (mga) bilog ●)
- Medi-Cal/Medicaid: Wala pang 65 taong gulang
 - Medi-Cal/Medicaid: 65 taong gulang o mas matanda pa
 - Medi-Cal for Families A&B
 - Women, Infants and Children Program (WIC)
 - CalWORKs (TANF) o Tribal TANF
 - Head Start Income Eligible - Tribal Lang
 - Bureau of Indian Affairs General Assistance
 - CalFresh (Mga Food Stamp)
 - National School Lunch Program (NSLP)
 - Low Income Home Energy Assistance Program (LIHEAP)
 - Supplemental Security Income
- HINDI (Kung hindi, ano ang iyong taunang kita ng sambahayan bago ang mga pagkakaltas, kabilang ang lahat ng miyembro ng sambahayan?)
- \$0 - \$34,480
 - \$34,481 - \$43,440
 - \$43,441 - \$52,400
 - \$52,401 - \$61,360
 - \$61,361 - \$70,320
 - Kung mahigit \$70,320, ilagay ang halaga sa dolyar dito \$, .00 kada taon.
- Pakimarkahan ang iyong mga pinagkukunan ng kita**
- Social Security
 - SSP o SSDI
 - Mga Pension
 - Interes o mga dividend mula sa savings, stocks, bonds, o mga retirement account
 - Suweldo
 - Mga benepisyo sa kawalan ng trabaho
 - Mga insurance o legal settlement
 - Mga pagbabayad sa kapansanan o mga manggagawa
 - Suporta ng asawa o anak
 - Mga scholarship, grant, o iba pang tulong na ginagamit para sa mga pang-araw-araw na gastusin
 - Kita sa pagpapauya o royalty
 - Cash, iba pang kita, o tubo mula sa self-employment

3 Pahayag Pakibasa at lumagda sa ibaba.

Inihahayag ko na ang impormasyong ibinigay ko sa aplikasyong ito ay totoo at tama. Pumapayag akong magbigay ng patunay ng pagiging kwalipikado sa CARE kung hihilingin ito sa akin. Sumasang-ayon akong ipaalam sa Southern California Gas Company (SoCalGas[®]) sa loob ng 30 araw kung hindi na ako kwalipikadong makatanggap ng diskwento. Nauunawaan kong kung matatanggap ko ang diskwento nang hindi nagiging kwalipikado para dito, inaatasan akong bayaran ang diskwentong natanggap ko. Nauunawaan kong maaaring ibahagi ng SoCalGas ang aking impormasyon sa iba pang utility o ahente upang itala ako sa kanilang mga programa ng tulong.

LAGDA:

PETSA:

ใบสมัครส่วนลด 20% โปรแกรม CARE



โปรแกรม California Alternate Rates for Energy (CARE) มอบส่วนลด 20 เปอร์เซ็นต์สำหรับค่าบริการก๊าซธรรมชาติรายเดือนให้กับลูกค้า SoCalGas® ที่มีคุณสมบัติเหมาะสม ส่วนลดจะถูกนำไปใช้กับค่าบริการก๊าซธรรมชาติรายเดือนโดยเริ่มต้นจากวันที่ใบสมัครได้รับการอนุมัติจาก SoCalGas

โปรดส่งใบสมัครที่กรอกแล้วโดยใช้วิธีใดวิธีหนึ่งดังต่อไปนี้:

- 1) ไปที่ myaccount.socalgas.com หรือ socalgas.com/CARE ค่าขอของคุณจะได้รับการดำเนินการทันที (สำหรับลูกค้าที่มีบัญชีเรียกเก็บเงิน SoCalGas)
- 2) โทร 866-716-3452 ได้ตลอดเวลาตลอด 24 ชั่วโมง กรุณาเตรียมหมายเลขบัญชีของคุณให้พร้อม
- 3) ส่งแบบฟอร์มที่กรอกข้อมูลครบถ้วนและลงนามแล้วมาทางไปรษณีย์หรือส่งโทรสารมาที่ 213-244-4665

มีสองทางที่จะมีคุณสมบัติสมัครได้





โครงการสังคมสงเคราะห์ หากคุณหรือบุคคลอื่นในครัวเรือนของคุณได้รับประโยชน์จากโครงการใดโครงการหนึ่งดังต่อไปนี้:	←หรือ→	รายได้ครัวเรือนขั้นสูงสุด (มีผลตั้งแต่วันที่ 1 มิถุนายน 2020 ถึง 31 พฤษภาคม 2021) จำนวนสมาชิกในครัวเรือน	รายได้รวมต่อปี*
Medi-Cal/Medicaid		1-2	\$34,480
Medi-Cal สำหรับครอบครัว A & B		3	\$43,440
สตรี ทารก และเด็ก (WIC)		4	\$52,400
CalWORKs (TANF) ¹ / Tribal TANF		5	\$61,360
Head Start Income Eligible — เฉพาะชนเผ่าเท่านั้น		6	\$70,320
Bureau of Indian Affairs General Assistance		7	\$79,280
CalFresh (แสดมปีอาหาร)		8	\$88,240
โครงการอาหารกลางวันฟรีแห่งชาติ (NSLP)			
โครงการให้ความช่วยเหลือด้านพลังงานสำหรับครัวเรือนผู้มีรายได้น้อย (LIHEAP)			
โครงการเงินช่วยเหลือเพื่อเลี้ยงชีพ			
		หากมีสมาชิกในครัวเรือนเพิ่มเติม ให้เพิ่มอีกคนละ \$8,960 *รวมรายได้ครัวเรือนในปัจจุบันจากทุกแหล่งที่มาของรายได้ก่อนการหักลดหย่อนภาษี	

¹ รวมถึงสวัสดิการสำหรับการทำงาน

เงื่อนไขสำหรับการเข้าร่วม:

1) คุณต้องมีคุณสมบัติตามข้อกำหนดที่ระบุไว้ในตารางด้านบน 2) ใบเรียกเก็บค่าบริการก๊าซธรรมชาติจะต้องอยู่ในชื่อของคุณและที่อยู่จะต้องเป็นที่อยู่หลักของคุณ 3) คุณจะต้องไม่ถูกอ้างสิทธิ์ว่าเป็นผู้อยู่ในอุปการะของบุคคลอื่นที่ไม่ใช่คู่สมรสของคุณภายใต้การแสดงรายการภาษีใดๆ 4) คุณจะต้องยื่นใบสมัครเพื่อรับรองอีกครั้งหากได้รับการร้องขอ 5) คุณต้องแจ้งให้ SoCalGas ทราบภายใน 30 วัน หากคุณขาดจากการมีคุณสมบัติที่เหมาะสมในการเข้าร่วมโครงการ 6) คุณอาจถูกร้องขอให้แสดงหลักฐานยืนยันว่าคุณมีสิทธิ์ในการเข้าร่วมโครงการ CARE

โครงการและบริการอื่นๆ ที่คุณอาจมีคุณสมบัติตรงตามเกณฑ์:

โครงการให้ความช่วยเหลือในเรื่องบ้าน  รับการปรับปรุงบ้านประหยัดพลังงานโดยไม่เสียค่าใช้จ่ายซึ่งจะช่วยให้คุณประหยัดเงินและทำให้คุณสะดวกสบายยิ่งขึ้น Energy Savings Assistance Program socalgas.com/improvements 1-800-331-7593		
โครงการให้ความช่วยเหลือในเรื่องความต้องการทางการแพทย์  เงินช่วยเหลือขั้นพื้นฐานทางการแพทย์ รับก๊าซธรรมชาติเพิ่มเติมในอัตราค่าบริการขั้นพื้นฐานที่ต่ำที่สุดหากคุณมีปัญหาสุขภาพที่ร้ายแรง socalgas.com/medical 1-866-431-3517	โครงการให้ความช่วยเหลือเกี่ยวกับโทรศัพท์  แคลิฟอร์เนียไรท์ไลน์ โครงการส่วนลดค่าบริการโทรศัพท์สำหรับผู้ใช้บริการที่มีคุณสมบัติตรงตามเกณฑ์ สำหรับข้อมูลเพิ่มเติม โปรดติดต่อผู้ให้บริการโทรศัพท์ของคุณ	โครงการให้ความช่วยเหลือเกี่ยวกับใบเรียกเก็บค่าบริการ  โครงการให้ความช่วยเหลือด้านพลังงานสำหรับครัวเรือนผู้มีรายได้น้อย ความช่วยเหลือในการชำระใบเรียกเก็บค่าบริการ ความช่วยเหลือในการชำระใบเรียกเก็บค่าบริการฉุกเฉิน และบริการปรับปรุงบ้านเพื่อประหยัดพลังงาน (Weatherization services) 1-866-675-6623

English: 1-800-427-2200
廣東話: 1-800-427-1420
โทรสาร: (213) 244-4665

한국어: 1-800-427-0471
Español: 1-800-342-4545
สำหรับผู้ที่มีความปัญหาในการฟังหรือหูหนวกกรุณาติดต่อ (TDD/TTY): 1-800-252-0259
(เฉพาะภาษาอังกฤษและภาษาสเปนเท่านั้น)

中文: 1-800-427-1429
Viêt: 1-800-427-0478

ใบสมัครส่วนลด 20% โครงการ CARE

กรุณาใช้หมึกสีน้ำเงินเข้มหรือสีดำเท่านั้น

โปรดกรอกใบสมัครให้ครบถ้วนและส่งกลับทางไปรษณีย์หรือโทรสาร หรือสมัครออนไลน์ได้ที่ socialgas.com/care

ส่งไปรษณีย์มาที่: SoCalGas M.L. GT19A1, P.O. Box 3249 Los Angeles, CA 90051-1249 หรือส่งโทรสารมาที่: (213) 244-4665

หมายเลขบัญชี

โปรดระบุหมายเลขบัญชีของคุณเพื่อความรวดเร็วในการดำเนินการ

ชื่อลูกค้า (ชื่อและนามสกุลตามที่ระบุไว้ในใบเรียกเก็บค่าบริการของคุณ)

ที่อยู่

เลขที่อพาร์ทเมนต์/พื้นที่

เมือง

หมายเลขโทรศัพท์หลัก

1

จำนวนสมาชิกในครัวเรือนของคุณ (รวมถึงตัวคุณเอง ผู้ใหญ่คนอื่นๆ และเด็กๆ):

1

2

3

4

5

6

หากมากกว่า 6:

2

คุณ (หรือสมาชิกในครัวเรือนของคุณ) เข้าร่วมในโครงการให้ความช่วยเหลือต่อไปนี้หรือไม่

ใช่ (ถ้าใช่ โปรดระบุในวงกลม ●)

Medi-Cal/Medicaid: อายุต่ำกว่า 65 ปี

Medi-Cal/Medicaid: อายุ 65 ปีขึ้นไป

Medi-Cal สำหรับครอบครัว A&B

โครงการสตรี ทารก และเด็ก (WIC)

CalWORKs (TANF) หรือ Tribal TANF

Head Start Income Eligible - เฉพาะชนเผ่าเท่านั้น

Bureau of Indian Affairs General Assistance

CalFresh (แสดงป๊ออาหาร)

โครงการอาหารกลางวันฟรีแห่งชาติ (NSLP)

โครงการให้ความช่วยเหลือด้านพลังงานสำหรับครัวเรือนผู้มีรายได้น้อย (LIHEAP)

โครงการเงินช่วยเหลือเพื่อเลี้ยงชีพ

ไม่ (หากไม่ คุณมีรายได้ครัวเรือนต่อปีเป็นจำนวนเท่าใดก่อนการหักลดหย่อนภาษี โดยรวมถึงรายได้ของสมาชิกทุกคนในครัวเรือน)

\$0 – \$34,480

\$34,481 - \$43,440

\$43,441 - \$52,400

\$52,401 - \$61,360

\$61,361 - \$70,320

หากมากกว่า \$70,320 โปรดระบุจำนวนเงินดอลลาร์ที่

\$, .00 ต่อปี

โปรดระบุแหล่งที่มาของรายได้ของคุณ

เงินประกันสังคม

SSP หรือ SSDI

เงินบำนาญ

ดอกเบี้ยหรือเงินปันผลจากบัญชีออมทรัพย์ หุ้น พันธบัตร หรือบัญชีสำหรับเกษียณ

ค่าจ้าง และ/หรือ เงินเดือน

เงินชดเชยการว่างงาน

เงินประกันหรือเงินที่ได้จากการตกลงยอมคดีความ

เงินชดเชยทุพพลภาพหรือเงินชดเชยแรงงาน

เงินช่วยเหลือคู่สมรสหรือบุตร

ทุนการศึกษา เงินอุดหนุน หรือความช่วยเหลืออื่นๆ ที่ใช้สำหรับค่าครองชีพ

ค่าเช่าหรือรายได้จากคาลิซิสลิตี้

เงินสด รายได้อื่นๆ หรือกำไรจากอาชีพอิสระ

3

คำประกาศ โปรดอ่านและลงนามด้านล่าง

ข้าพเจ้าขอรับรองว่าข้อมูลที่ข้าพเจ้าระบุไว้ในเอกสารใบสมัครฉบับนี้ถูกต้องและเป็นความจริง หากมีการร้องขอ ข้าพเจ้ายินยอมที่จะแสดงหลักฐานยืนยันว่าข้าพเจ้ามีสิทธิ์เข้าร่วมโครงการ CARE ข้าพเจ้าตกลงว่าจะแจ้ง Southern California Gas Company (SoCalGas®) ภายใน 30 วันหากข้าพเจ้าขาดจากการมีคุณสมบัติที่เหมาะสมในการได้รับส่วนลด ข้าพเจ้าเข้าใจว่าหากข้าพเจ้าได้รับส่วนลดโดยปราศจากคุณสมบัติที่เหมาะสม ข้าพเจ้าจะต้องจ่ายคืนเงินส่วนลดที่ข้าพเจ้าได้รับไปแล้ว ข้าพเจ้าเข้าใจว่า SoCalGas สามารถแบ่งปันข้อมูลของข้าพเจ้าให้กับเจ้าหน้าที่หรือบริษัทสาธารณูปโภคอื่นๆ เพื่อที่จะลงทะเบียนข้าพเจ้าในโปรแกรมให้ความช่วยเหลือของหน่วยงานเหล่านั้น

ลายมือชื่อ:

วันที่:

SAMPLE FORMS: APPLICATIONS
Self-Recertification CARE Application
Individually Metered Residential (Form 6674, 06/20)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 5623
DECISION NO. 12-08-044

ISSUED BY
Dan Skopec
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
SUBMITTED Apr 29, 2020
EFFECTIVE Jun 1, 2020
RESOLUTION NO. _____



A Sempra Energy utility®

YOUR RATE DISCOUNT IS EXPIRING

Account Number:

Dear Customer:

Date:

Through the California Alternate Rates for Energy (CARE) program, you are currently receiving a 20 percent discount on your monthly SoCalGas® natural 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:	OR	MAXIMUM HOUSEHOLD INCOME*: <i>(effective June 1, 2020 to May 31, 2021)</i> <small>*current household income from all sources before deductions</small>	
<p style="text-align: center;">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 (LIHEAP) Supplemental Security Income 	OR	Number of Persons in Household	Total Annual Income
		1-2	\$34,480
		3	\$43,440
		4	\$52,400
		5	\$61,360
		6	\$70,320
		7	\$79,280
		8	\$88,240
		Each additional person	+\$8,960

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



A Semptra Energy utility®

EL DESCUENTO EN SU TARIFA ESTÁ POR VENCER

Número de cuenta:

Fecha:

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 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:
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 2020 al 31 de mayo de 2021)</i> *ingreso actual en el hogar de todas las fuentes antes de deducciones	
Número de personas en el hogar	Ingreso total anual
1-2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240
Cada persona adicional	+\$8,960

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



A Semptra 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 2020 hasta el 31 de mayo de 2021

Número de cuenta/
complejo habitacional:

Nombre del cliente/
inquilino:

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

Teléfono:

Meter:

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 inscritos en alguno de los siguientes programas de asistencia?

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

- Medi-Cal: Menos de 65 años
- Medi-Cal: 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 - \$34,480
- \$34,481 - \$43,440
- \$43,441 - \$52,400
- \$52,401 - \$61,360
- \$61,361 - \$70,320
- En caso de ser más de \$70,320, 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 ingresos
- 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, otro ingreso o ganancias de trabajo independiente

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, seré obligado pagar 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**

賬戶號碼:

日期:

親愛的客戶:

您現在正通過 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*: (2020 年 6 月 1 日至 2021 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	
	家庭成員人數	年收入總額
	1-2	\$34,480
	3	\$43,440
	4	\$52,400
	5	\$61,360
	6	\$70,320
	7	\$79,280
	8	\$88,240
	每多一人	增加\$8,960

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



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

2020年6月1日 - 2021年5月31日有效

賬戶/設施號碼:

客戶姓名:

客戶地址:

電話:

Meter:

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: 65 歲以下
- Medi-Cal: 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 - \$34,480
- \$34,481 - \$43,440
- \$43,441 - \$52,400
- \$52,401 - \$61,360
- \$61,361 - \$70,320
- 若超過 \$70,320, 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/或薪水
- 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, 其他收入或白雇者的盈利

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。

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

簽名: X

日期:



A Sempra Energy utility®

귀하의 요금 할인이
종료됩니다

구좌 번호:

친애하는 고객님:

날짜:

귀하께서는 현재 SoCalGas® 의 캘리포니아 에너지 대체 요금 (CARE) 프로그램을 통하여 월별 가스 요금에 대해 20% 할인을 받고 계십니다. CARE 할인을 계속 받으시려면, 90 일 내에 수혜 자격을 갱신하셔야 합니다. 아래에 나열된 30 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:

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

또는

최대 가구 소득*: (2020. 6. 1 부터 2021. 5. 31 까지 유효) *세액 공제전 가구의 현재 총소득	
가구의 식구 수	총 연간 소득
1-2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240
각 추가 사용자	+\$8,960

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 장애인(TDD/TTY): 1-800-252-0259 (영어와 스페인어로 만 유효함)
팩스 (FAX): (213) 244-4665



CARE 프로그램 신청/갱신 가스 요금 20% 할인

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

팩스: 213-244-4665

2020년 6월 1일부터 2021년 5월 31일까지 유효

Meter:

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):

- 메디케이드 (Medi-Cal): 65세 미만
- 메디케이드 (Medi-Cal): 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 보조금 (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)

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

- \$0 - \$34,480
- \$34,481 - \$43,440
- \$43,441 - \$52,400
- \$52,401 - \$61,360
- \$61,361 - \$70,320
- \$70,320을 초과하는 경우 여기에 금액을 기입하십시오 \$ 연간.

본인의 소득원에 표시하십시오.

- 사회보장연금
- SSP 또는 SSDI
- 연금
- 예금, 주식, 채권 또는 퇴직 연금의 이자 및 배당금
- 임금 또는 급여
- 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, 기타 소득, 및/또는 자영업 수익

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 신청서에 본인이 제공한 정보와 문서는 모두 사실이며 정확한 것임을 밝힙니다. 본인이 더 이상 할인 받을 자격이 없게 될 경우 Southern California Gas Company (SoCalGas®) 에 통보할 것에 동의합니다. 자격이 없으면서 할인을 받은 경우에는 받은 할인액을 환불해야 함을 이해합니다. SoCalGas 에서 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****Số Trương Mục:**

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 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*:**

(hiệu lực từ ngày 1 tháng Sáu, 2020 đến 31 tháng Năm, 2021)

*tất cả các nguồn lợi tức hiện tại trước khi khấu trừ của gia đình

Số Người trong Gia Đình	Tổng Lợi Tức Hàng Năm
1-2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240
Mỗi người bổ sung	+\$8,960

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



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, 2020 đến 31 tháng Năm 2021

Meter:

Số Trương Mục/Cơ Sở:

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: Dưới 65 tuổi
- Medi-Cal: 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 – \$34,480
- \$34,481 – \$43,440
- \$43,441 – \$52,400
- \$52,401 – \$61,360
- \$61,361 – \$70,320
- Nếu trên \$70,320, 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 tương mục tiết kiệm, cổ phần, công khó phiếu hay hưu trí
- Tiền lương
- Tiền thất nghiệp
- Bồi thường của bảo hiểm hoặc Bồi thường pháp lý
- Trợ cấp khuyết tật hay tiền bồi thường tai nạn lao động
- Cấp dưỡng cho người phối ngẫu hoặc cấp dưỡng con
- Học bổng, tài trợ, hoặc trợ cấp khác để trang trải chi phí sinh sống
- Lợi tức nhà cho thuê hay bản quyền
- Tiền mặt, thu nhập khác, hoặc lợi nhuận từ công việc tự làm chủ

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 Lỗi 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 phải 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, 06/20)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 5623
DECISION NO. 12-08-044

1H9

ISSUED BY

Dan Skopec
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

SUBMITTED Apr 29, 2020
EFFECTIVE Jun 1, 2020
RESOLUTION NO. _____

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 90099-5404



SOCALGAS®
CARES ABOUT YOU



SOCALGAS®
SE PREOCUPA POR TI

CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE)

Apply on-line and instantly find out if you could receive 20% off your monthly natural gas bill at socialgas.com/CARE



TARIFAS ALTERNAS PARA ENERGÍA DE CALIFORNIA (CARE)

Solicite en línea y descubra al instante si podría recibir un 20 % de descuento en su factura mensual de gas natural en socialgas.com/CAREparami



socialgas.com



Dear Customer

CARE offers a 20% discount to customers who are enrolled in an assistance program, or meet income guidelines. After the application is approved your discount will be reflected in the next billing cycle.

Please complete the enclosed application and return, or to apply online visit socialgas.com/CARE.

Estimado(a) Cliente

CARE ofrece un 20 % de descuento a los clientes que están inscritos en un programa de asistencia o cumplen con las normas de ingresos. Después de que se apruebe la solicitud, el descuento se reflejará en el siguiente ciclo de facturación.

Por favor complete la solicitud adjunta y regrese o para aplicar en línea visite socialgas.com/CAREparami.

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

HELP FOR YOUR HOME:
Energy Savings Assistance Program offers no-cost, energy-saving home improvements.
socialgas.com/Improvements 1-800-331-7593

Energy Savings Assistance Program



HELP FOR MEDICAL NEEDS:
Medical Baseline Allowance can help you get additional natural gas at the lowest baseline rate if you have a serious health condition.
socialgas.com/Medical 1-866-431-3517



HELP WITH YOUR PHONE:
California Lifeline offers discounted telephone services for eligible customers.
californialifeline.com



HELP WITH YOUR BILL:
Low Income Home Energy Assistance offers bill payment assistance, emergency bill assistance and weatherization services.
1-866-675-6623



OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE PODRÍA CALIFICAR

AYUDA PARA EL HOGAR:
Energy Savings Assistance Program ofrece mejoras para el hogar sin costo que ahorran energía.
socialgas.com/Mejoras 1-800-331-7593

Energy Savings Assistance Program

AYUDA CON NECESIDADES MÉDICAS: ASIGNACIÓN MÉDICA INICIAL
Reciba gas natural adicional, a la tarifa inicial más baja si tiene una condición médica seria.
socialgas.com/Medical 1-866-431-3517

AYUDA CON EL TELÉFONO:
California Lifeline ofrece servicio telefónico a precios de descuento para los clientes.
californialifeline.com

AYUDA CON LA FACTURA:
Asistencia de energía para hogares de bajos ingresos. Ofrece asistencia de pago de facturas, asistencia de facturas de emergencia y servicios de climatización.
1-866-675-6623

For information on CARE, call SoCalGas at 1-800-427-2200

Para información en Español: 1-800-342-4545

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

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These programs are funded by California utility customers and administered by Southern California Gas Company under the auspices of the California Public Utilities Commission.

CARE.CBOAPP.05.ENSF.2011 NZ0E010A 0020

CONTRACTOR STAMP

SAMPLE FORMS: APPLICATIONS
Self-Certification CARE Application
Submetered Residential (Form 6677, 06/20)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 5623
DECISION NO. 12-08-044

1H9

ISSUED BY

Dan Skopec
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

SUBMITTED Apr 29, 2020
EFFECTIVE Jun 1, 2020
RESOLUTION NO. _____

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 socalgas.com/CARE and apply as a submetered tenant.
- 2) Call 866-716-3452 anytime, 24 hours a day. Please have your Facility ID ready.
- 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:
Medi-Cal/Medicaid
Medi-Cal for Families A & B
Women, Infants, & Children (WIC)
CalWORKs (TANF) ¹ / 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



MAXIMUM HOUSEHOLD INCOME (effective June 1, 2020 to May 31, 2021)	
Number of Persons in Household	Total Annual Income*
1-2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240

For each additional household member, add \$8,960
*Includes current household income from all sources before deductions.

¹ Includes Welfare-to-Work

CONDITIONS FOR PARTICIPATION:

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

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR:

HELP FOR YOUR HOME



Receive energy-saving home improvements at no cost that can help you save money and make you more comfortable

Energy Savings
Assistance Program

socalgas.com/Improvements
1-800-331-7593

HELP FOR MEDICAL NEEDS



MEDICAL BASELINE ALLOWANCE

Get additional natural gas at the lowest baseline rate if you have a serious health condition

socalgas.com/Medical
1-866-431-3517

HELP WITH YOUR PHONE



CALIFORNIA LIFELINE

Discounted telephone services for eligible customers

For more information contact your telephone service provider

HELP WITH YOUR BILL



LOW INCOME HOME ENERGY ASSISTANCE

Bill payment assistance, emergency bill assistance and weatherization services

1-866-675-6623

English: 1-800-427-2200

廣東話: 1-800-427-1420

FAX: 213-244-4665

한국어: 1-800-427-0471

Español: 1-800-342-4545

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

中文: 1-800-427-1429

Việt: 1-800-427-0478

20% DISCOUNT CARE APPLICATION

PLEASE USE DARK BLUE OR BLACK INK ONLY.

Please complete and return this application by mail or fax.

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

PLEASE PROVIDE YOUR MASTER ACCOUNT AND FACILITY ID TO EXPEDITE THE PROCESS.

MASTER ACCOUNT

FACILITY I.D.

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

ADDRESS

SPACE #

CITY

PRIMARY PHONE

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 - \$34,480
- \$34,481 - \$43,440
- \$43,441 - \$52,400
- \$52,401 - \$61,360
- \$61,361 - \$70,320
- If more than \$70,320, 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 salary
- 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, other income, or profit from self-employment

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 am 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: / /

DESCUENTO DEL 20 % SOLICITUD DE CARE



A través del programa de Tarifas Alternas para Energía de California (CARE), SoCalGas® ofrece a los clientes elegibles un descuento del 20 % en su factura de gas natural mensual. El descuento se aplicará en la factura de gas natural mensual posterior a la fecha de aprobación de la solicitud por parte de SoCalGas. Si usted es un inquilino con submedidor, se informará al propietario/administrador si usted está aprobado o no para recibir el descuento.

ENVÍE UNA SOLICITUD COMPLETA USANDO UNO DE LOS MÉTODOS QUE SE MENCIONAN A CONTINUACIÓN:

- 1) Visite socialgas.com/CAREparami y aplique como inquilino submedidor.
- 2) Llame al 866-716-3452 en cualquier momento, las 24 horas del día. Tenga a mano su identificación de la instalación.
- 3) Devuelva el formulario completo y firmado por correo postal o fax al 213-244-4665.

HAY DOS FORMAS DE CUMPLIR CON LOS REQUISITOS

PROGRAMAS DE ASISTENCIA PÚBLICA
La persona que reside en la instalación recibe beneficios de cualquiera de los siguientes programas:
Medi-Cal/Medicaid
Medi-Cal para Familias A y B
Mujeres, Infantes y Niños (WIC)
CalWORKs (Asistencia Temporal para Familias Necesitadas, TANF) ¹ o TANF Tribal
Ingresos que califican para el Programa Head Start. Solo Tribal
Agencia de Asuntos Indígenas. Asistencia General
CalFresh (cupones para alimentos)
Programa Nacional de Almuerzos Escolares (NSLP)
Programa de Asistencia de Energía para Hogares de Bajos Ingresos (LIHEAP)
Programa de Seguridad de Ingreso Suplementario



INGRESO MÁXIMO DEL HOGAR	
(en vigencia a partir del 1 de junio de 2020 hasta el 31 de mayo de 2021)	
Cantidad de personas en el hogar	Ingreso anual total*
1-2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240

Para cada miembro adicional del hogar, sume \$8,960
*Incluye el ingreso actual del hogar de todas las fuentes antes de deducir los impuestos.

¹Incluye asistencia pública al trabajo

CONDICIONES PARA PARTICIPAR:

- 1) Debe cumplir con los requisitos de calificación que figuran en la tabla anterior.
- 2) La factura de gas natural debe estar a su nombre y la dirección debe ser su domicilio principal.
- 3) Usted no debe figurar como dependiente en las declaraciones de impuestos de otra persona que no sea su cónyuge.
- 4) Usted debe volver a acreditar su solicitud cuando se lo soliciten.
- 5) Usted debe notificar a SoCalGas dentro de un plazo de 30 días si deja de cumplir con los requisitos para el programa.
- 6) Debe aceptar verificar su elegibilidad para CARE previa solicitud.

OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE PUEDE CUMPLIR CON LOS REQUISITOS:

AYUDA PARA SU HOGAR Reciba mejoras para su hogar en ahorro de energía de manera gratuita que lo ayudará a ahorrar dinero y a vivir más cómodamente Energy Savings Assistance Program socialgas.com/Mejoras 1-800-331-7593		
AYUDA PARA NECESIDADES MÉDICAS ASIGNACIÓN MÉDICA INICIAL Obtenga gas natural adicional a la tasa inicial más baja si tiene una afección médica grave socialgas.com/Medico 1-866-431-3517	AYUDA CON SU TELÉFONO CALIFORNIA LIFELINE Servicios telefónicos con descuento para clientes elegibles Para obtener más información, comuníquese con el proveedor del servicio telefónico	AYUDA CON SU FACTURA AYUDA ENERGÉTICA PARA HOGARES DE BAJOS INGRESOS Asistencia en el pago de la factura, asistencia con la factura de emergencia y servicios de climatización 1-866-675-6623

Inglés: 1-800-427-2200

廣東話: 1-800-427-1420

Fax: 213-244-4665

한국어: 1-800-427-0471

Español: 1-800-342-4545

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

中文: 1-800-427-1429

Việt: 1-800-427-0478

20 % DE DESCUENTO SOLICITUD DE CARE

UTILICE SOLO TINTA DE COLOR NEGRO O AZUL OSCURO.

Complete y devuelva esta solicitud por correo postal o fax.

Envíela por correo a: SoCalGas M.L. GT19A1, P.O. Box 3249 Los Angeles, CA 90051-1249 o por **fax al:** (213) 244-4665

INCLUYA SU CUENTA MAESTRA Y LA IDENTIFICACIÓN DE LA INSTALACIÓN PARA ACELERAR EL PROCESO.

CUENTA MAESTRA

IDENTIFICACIÓN DE LA INSTALACIÓN

NOMBRE DEL CLIENTE (NOMBRE Y APELLIDO, TAL COMO FIGURA EN LA FACTURA)

DIRECCIÓN

N.º DE ESPACIO

CIUDAD

TELÉFONO PRINCIPAL

1

Cantidad total de personas en su hogar (inclúyase usted e incluya a otros adultos y niños):

- 1 2 3 4 5 6 Si la cantidad es más de 6:

2

¿Está (usted o alguna persona en su hogar) inscrito en alguno de los siguientes programas de asistencia?

SÍ (Si la respuesta es sí, rellene los círculos●)

- Medi-Cal/Medicaid: menor de 65
- Medi-Cal/Medicaid: 65 años o más
- Medi-Cal para Familias A y B
- Programa para Mujeres, Infantes y Niños (WIC)
- CalWORKs (TANF) o TANF Tribal
- Ingresos que califican para el Programa Head Start. Solo Tribal
- Agencia de Asuntos Indígenas. Asistencia General
- CalFresh (cupones para alimentos)
- Programa Nacional de Almuerzos Escolares (NSLP)
- Programa de Asistencia de Energía para Hogares de Bajos Ingresos (LIHEAP)
- Programa de Seguridad de Ingreso Suplementario

NO (Si la respuesta es no, ¿cuál es el ingreso anual de su hogar antes de las deducciones, incluidos los ingresos de todos los miembros del hogar?)

- \$0 - \$34,480
- \$34,481 - \$43,440
- \$43,441 - \$52,400
- \$52,401 - \$61,360
- \$61,361 - \$70,320
- Si es más de \$70,320, ingrese el monto expresado en dólares aquí
\$, .00 por año.

Marque sus fuentes de ingresos.

- Seguro Social
- SSP o SSDI
- Jubilaciones
- Intereses o dividendos de ahorros, acciones, bonos o cuentas de jubilación
- Sueldos o salarios
- 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, otros ingresos o ganancias de trabajo independiente

3

Declaración Lea y firme a continuación.

Declaro que la información que he proporcionado en esta solicitud es verdadera y correcta. Acepto proveer prueba de elegibilidad a CARE si es necesario. Acepto informar a Southern California Gas Company (SoCalGas)® dentro de un plazo de 30 días si dejo de cumplir con los requisitos para recibir un descuento. Entiendo que, si recibo el descuento sin reunir los requisitos para hacerlo, se me exigirá que pague 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:

FECHA:

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El programa CARE se financia con fondos provistos por los clientes de las empresas de servicios públicos de California y es administrado por Southern California Gas Company bajo el auspicio de la Comisión de Servicios Públicos de California. Los fondos del programa se asignarán por orden de recepción de solicitudes, hasta agotarse dichos fondos. Este programa puede ser modificado o cancelado sin previo aviso.

N20E0091A Código fuente: 9B
Formulario 6677 ING 0620 Medidor: submedidor

SAMPLE FORMS: APPLICATIONS
Self-Recertification CARE Application
Submetered Residential (Form 6678, 06/20)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 5623
DECISION NO. 12-08-044

ISSUED BY
Dan Skopec
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
SUBMITTED Apr 29, 2020
EFFECTIVE Jun 1, 2020
RESOLUTION NO. _____



YOUR RATE DISCOUNT IS EXPIRING

A Sempra Energy utility®

Facility ID:

Dear Tenant:

Date:

Through the California Alternate Rates for Energy (CARE) program, you are currently receiving a 20 percent discount on your monthly 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. Visit socalgas.com/care and apply as a submetered tenant.
2. Call **1-866-716-3452** anytime 24 hours a day. Please have your facility ID 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
 Supplemental Security Income

OR

MAXIMUM HOUSEHOLD INCOME*:

(effective June 1, 2020 to May 31, 2021)

*current household income from all sources before deductions

Number of Persons in Household	Total Annual Income
1-2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240
Each additional person	+\$8,960

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:

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



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, 2020 – May 31, 2021

Meter:

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 0 2 0 3 0 4 0 5 0 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: Under age 65
Medi-Cal: 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 - \$34,480
\$34,481 - \$43,440
\$43,441 - \$52,400
\$52,401 - \$61,360
\$61,361 - \$70,320
If more than \$70,320, 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 salary
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, other income, or profit from self-employment

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 am 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®

Número de complejo habitacional:

Apreciable inquilino:

Fecha:

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 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. Visite **socalgas.com/careparami** y aplique como inquilino submedidor.
2. Llame al **1-866-716-3452** en cualquier momento las 24 horas del día. Tenga lista su ID de instalación.
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:
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 2020 al 31 de mayo de 2021)</i> *ingreso actual en el hogar de todas las fuentes antes de deducciones	
Número de personas en el hogar	Ingreso total anual
1-2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240
Cada persona adicional	+\$8,960

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



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 2020 hasta el 31 de mayo de 2021

Número de cuenta/
complejo habitacional:

Meter:

Nombre del cliente/
inquilino:

Dirección del cliente:

No. de apto/espacio
Ciudad, ZIP

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.

Teléfono:

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

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

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

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

- Medi-Cal: Menos de 65 años
- Medi-Cal: 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 - \$34,480
- \$34,481 - \$43,440
- \$43,441 - \$52,400
- \$52,401 - \$61,360
- \$61,361 - \$70,320
- En caso de ser más de \$70,320, 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 ingresos
- 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, otro ingreso o ganancias de trabajo independiente

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, seré obligado pagar 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, 06/20)

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 5623
DECISION NO. 12-08-044

1H9

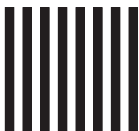
ISSUED BY

Dan Skopec
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

SUBMITTED Apr 29, 2020
EFFECTIVE Jun 1, 2020
RESOLUTION NO. _____

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 90099-5404



SOCALGAS®
CARES ABOUT YOU

SOCALGAS®
SE PREOCUPA POR TI

CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE)

Apply on-line and instantly find out if you could receive 20% off your monthly natural gas bill at socialgas.com/CARE



TARIFAS ALTERNAS PARA ENERGÍA DE CALIFORNIA (CARE)

Solicite en línea y descubra al instante si podría recibir un 20 % de descuento en su factura mensual de gas natural en socialgas.com/CAREparami



socialgas.com

Dear Customer

CARE offers a 20% discount to customers who are enrolled in an assistance program, or meet income guidelines. After the application is approved your discount will be reflected in the next billing cycle.

Please complete the enclosed application and return, or to apply online visit socialgas.com/CARE.

Estimado(a) Cliente

CARE ofrece un 20 % de descuento a los clientes que están inscritos en un programa de asistencia o cumplen con las normas de ingresos. Después de que se apruebe la solicitud, el descuento se reflejará en el siguiente ciclo de facturación.

Por favor complete la solicitud adjunta y regrese o para aplicar en línea visite socialgas.com/CAREparami.

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR	OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE PODRÍA CALIFICAR
<p>HELP FOR YOUR HOME: Energy Savings Assistance Program offers no-cost, energy-saving home improvements. socialgas.com/Improvements 1-800-331-7593</p> <p>Energy Savings Assistance Program</p>	<p>AYUDA PARA EL HOGAR: Energy Savings Assistance Program ofrece mejoras para el hogar sin costo que ahorran energía. socialgas.com/Mejoras 1-800-331-7593</p> <p>Energy Savings Assistance Program</p>
<p>HELP FOR MEDICAL NEEDS: Medical Baseline Allowance can help you get additional natural gas at the lowest baseline rate if you have a serious health condition. socialgas.com/Medical 1-866-431-3517</p>	<p>AYUDA CON NECESIDADES MÉDICAS: ASIGNACIÓN MÉDICA INICIAL Reciba gas natural adicional, a la tarifa inicial más baja si tiene una condición médica seria. socialgas.com/Medical 1-866-431-3517</p>
<p>HELP WITH YOUR PHONE: California Lifeline offers discounted telephone services for eligible customers. californialifeline.com</p>	<p>AYUDA CON EL TELÉFONO: California Lifeline ofrece servicio telefónico a precios de descuento para los clientes. californialifeline.com</p>
<p>HELP WITH YOUR BILL: Low Income Home Energy Assistance offers bill payment assistance, emergency bill assistance and weatherization services. 1-866-675-6623</p>	<p>AYUDA CON LA FACTURA: Asistencia de energía para hogares de bajos ingresos. Ofrece asistencia de pago de facturas, asistencia de facturas de emergencia y servicios de climatización. 1-866-675-6623</p>

For information on CARE, call SoCalGas at 1-800-427-2200
Para información en Español: 1-800-342-4545

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

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Dan Skopec
 Vice President
 Regulatory Affairs

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