

**APPLICATION FOR CALIFORNIA ALTERNATE RATES
FOR ENERGY (CARE) PROGRAM FOR QUALIFIED
AGRICULTURAL EMPLOYEE HOUSING (Form 6632, 06/23)**

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 6135
DECISION NO. 12-08-044

ISSUED BY

Dan Skopec
Sr Vice President Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

SUBMITTED May 1, 2023
EFFECTIVE Jun 1, 2023
RESOLUTION NO. E-3524

20% Discount CARE APPLICATION



For Qualified Agricultural Employee Housing Facilities

Application for California Alternate Rates for Energy (CARE) Program

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









Eligibility Criteria For Applicant

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

- Applicant must be SoCalGas' customer of record.
- If qualifying by household income, the applicant must verify that 100 percent of the household meets the CARE income guidelines, excluding any employee operating or managing the facility who resides at that facility.
- Applicant is required to recertify for the CARE program upon request. 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

Assistance programs	← OR →	Maximum household income																			
<p>If you or another person in your household participates in any of these programs:</p> <ul style="list-style-type: none"> Medi-Cal/Medicaid Medi-Cal for Families A&B Women, Infants & Children (WIC) CalWORKs (TANF)¹ or Tribal TANF Head Start Income Eligible (tribal only) Bureau of Indian Affairs General Assistance CalFresh (food stamps) National School Lunch Program (NSLP) Low Income Home Energy Assistance Program Supplemental Security Income <p><small>¹Includes Welfare-To-Work</small></p>		<p>effective June 1, 2023 to May 31, 2024</p> <table border="1"> <tr> <td rowspan="8" style="text-align: center;">  Number of persons in household </td> <td>1-2</td> <td>\$39,440</td> <td rowspan="8" style="text-align: center;">  Total annual income* </td> </tr> <tr> <td>3</td> <td>\$49,720</td> </tr> <tr> <td>4</td> <td>\$60,000</td> </tr> <tr> <td>5</td> <td>\$70,280</td> </tr> <tr> <td>6</td> <td>\$80,560</td> </tr> <tr> <td>7</td> <td>\$90,840</td> </tr> <tr> <td>8</td> <td>\$101,120</td> </tr> <tr> <td colspan="2">Each additional person +\$10,280</td> <td></td> </tr> </table> <p><small>*Current household income from all sources before deductions.</small></p>	 Number of persons in household	1-2	\$39,440	 Total annual income*	3	\$49,720	4	\$60,000	5	\$70,280	6	\$80,560	7	\$90,840	8	\$101,120	Each additional person +\$10,280		
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Energy Savings Assistance Program

Energy Savings Assistance Program

You may also qualify for home improvement services at no cost. Learn more at socalgas.com/Improvements.

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.

Applicant's Responsibilities

The applicant is required to:

- Provide proof of facility's eligibility (see Eligible Facilities) and submit required documentation with the application (see requirements on the application).
- Verify that all individuals residing in the facility meet the CARE eligibility guidelines (see charts above) and make a certification to that effect, under penalty of perjury, under the laws of the state of California.
- When asked to recertify, 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.

For 20% CARE discount
please **FILL OUT** and **PRINT** pages **4 - 6**

20% Discount CARE Application

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 receive 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

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"/>
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		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

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 authorize SoCalGas to share my information in order to remain eligible for available energy management assistance, and price reduction and residential rate programs with other utilities, state agencies and entities designated by the CPUC.



Return to:
SoCalGas CARE Program
P.O. Box 3249, Los Angeles, CA 90051-1249