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November 1, 2005

ADVICE LETTER 1738-E/1566-G
(U 902-M)

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

SUBJECT: EMERGENCY 2005-2006 WINTER GAS INITIATIVE IN COMPLIANCE WITH DECISION 05-10-044

San Diego Gas & Electric Company (SDG&E) hereby submits for approval the following revisions to its electric and gas tariffs, as shown in Attachment A and B, respectively.

PURPOSE

This filing complies with Ordering Paragraph (OP) 18 of Decision (D.) 05-10-044, dated October 27, 2005, by revising SDG&E's electric and gas tariffs and forms, as described below, to implement the adopted 2005-2006 winter gas initiative.

Pursuant to OP 1, the applicable rate schedules and Rule 1 (Definitions) are revised to expand CARE eligibility to include all customers with income at or below 200% of federal poverty guidelines. In addition, pursuant to OP 3, Schedule FERA is only applicable to additional customers with income between 200% and 250% of poverty levels as shown in the attached tariff modifications.

Pursuant to OP 6, this filing also revises the CARE program application and forms to reflect the revised income guidelines.

In compliance with OPs 4, 5 and 16, other changes to be effective during this winter program, November 1, 2005 through April 30, 2006, include the following: 1) revisions to electric schedules DR-LI, E-LI, DS, DT, DT-RV, FERA, SE and gas schedules G-CARE, GS, GT and G-91 to allow the Utility to enroll CARE customers by telephone, suspend CARE recertification and post enrollment verification, and to waive the reconnection fees for CARE customers, 2) revisions to Rule 7 (Deposits) to reflect that the Utility will waive deposits for CARE customers, and 3) revisions to Rule 9 (Rendering and Payment of Bills) to make master-meter customers, with submeters, eligible for the Level Pay Plan and provide that new participants in the plan must have no outstanding arrears on their account at the time their Plan starts, or agree to amortize the arrears amount.

In compliance with OP 16, revisions to Rule 11 (Discontinuance of Service) are being made to reflect that the Utility will not disconnect service for non-payment of bills by residential customers that pay at least 50% of their current bill and agree to participate in and comply with the Level Pay Plan or, at the Utility's discretion, comply with a plan to repay all past-due amounts within nine months. Additionally,

the Utility will not disconnect service to CARE customers after the winter months if they comply with a plan to repay all past due amounts within nine months.

BACKGROUND

It is anticipated that natural gas prices will be exceptionally high this winter, with utility bills as much as 70% higher than comparable bills last year. These cost increases will certainly create a burden for all customers, but the California Public Utilities Commission (Commission) is especially concerned about the potential impacts on low-income residential customers. On October 6, 2005, the Commission held a full-panel hearing in Los Angeles to more closely study the impacts and to solicit proposals for providing low-income customers with greater bill protection this winter. Most of the proposals received relate to two existing programs: CARE, which provides discounted rates for qualifying low-income energy customers and the Low-Income Energy Efficiency Program, which provides weatherization and appliance replacement services for qualifying low-income customers.

EFFECTIVE DATE

In compliance with OP 18 of D.05-10--044, the proposed changes to the tariffs and forms incorporated herein will temporarily become effective the date filed, November 1, 2005, subject to later action by the Energy Division or Commission.

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 impacts, and should be submitted expeditiously. **The protest must be made in writing and received within five (5) days of the date this advice letter was filed with the CPUC pursuant to OP 18 of D.05-10-044.** There is no restriction on who may file a protest. The address for mailing or delivering a protest to the Commission is:

CPUC Energy Division
Attention: Tariff Unit
505 Van Ness Avenue
San Francisco, CA 94102

Copies of the protest should also be sent via e-mail to the attention of both Jerry Royer (jjr@cpuc.ca.gov) and Honesto Gatchallian (jnj@cpuc.ca.gov) of the Energy Division. It is also requested that a copy of the protest also be sent via both e-mail and facsimile to the address shown below on the same date it is mailed or delivered to the Commission.

Attn: Monica Wiggins
Regulatory Tariff Manager
8330 Century Park Court, Room 32C
San Diego, CA 92123-1548
Facsimile No. (858) 654-1788
E-mail: mwiggins@semprautilities.com

NOTICE

A copy of this filing has been served on the utilities and interested parties shown on the attached list, including interested parties in R.04-01-006, by either providing them a copy electronically or by mailing them a copy hereof properly stamped and addressed.

Address changes should be directed to Christina Sondrini by facsimile at (858) 654-1788 or by e-mail at csondrini@semprautilities.com.

_____
J. STEVE RAHON
Director — Tariffs & Regulatory Accounts

Enclosures
(cc list enclosed)

CALIFORNIA PUBLIC UTILITIES COMMISSION

ADVICE LETTER FILING SUMMARY
ENERGY UTILITY

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

Company name/CPUC Utility No. **SAN DIEGO GAS & ELECTRIC**

Utility type:
☒ ELC ☒ GAS
☐ PLC ☐ HEAT ☐ WATER

Contact Person: Margee Moore
Phone #: (858) 654-1748
E-mail: mmoore@semprautilities.com

EXPLANATION OF UTILITY TYPE

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

(Date Filed/ Received Stamp by CPUC)

Advice Letter (AL) #: 1738-E/1566-G

Subject of AL: Emergency 2005-2006 Winter Gas Inititive in Compliance with D.05-10-044

Keywords (choose from CPUC listing): Compliance, CARE, FERA

AL filing type: ☐ Monthly ☐ Quarterly ☐ Annual ☒ One-Time ☐ Other

If AL filed in compliance with a Commission order, indicate relevant Decision/Resolution #:
D.05-10-044

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL N/A

Summarize differences between the AL and the prior withdrawn or rejected AL[1]: N/A

Resolution Required? ☐ Yes ☒ No

Requested effective date: 11/1/05 No. of tariff sheets: 56

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

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

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

Tariff schedules affected: DR-LI, E-LI, DS, DT, DT-RV, FERA, SE, G-CARE, GS, GT, CARE/FERA Forms & TOC

Service affected and changes proposed[1]:

Pending advice letters that revise the same tariff sheets: 1603-E & 1704-E

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

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

San Diego Gas & Electric
Attention: Monica Wiggins
8330 Century Park Ct, Room 32C
San Diego, CA 92123
mwiggins@semprautilities.com

[1] Discuss in AL if more space is needed.

General Order No. 96-A, Sec. III. G.
ADVICE LETTER FILING MAILING LIST

cc: (w/enclosures)

Public Utilities Commission
W. Ahern
ORA
D. Appling
S. Cauchois
J. Greig
L. Maack
R. Pocta
W. Scott
Energy Division
W. Franklin
S. Gallagher
H. Gatchalian
D. Lafrenz
J. Royer
CA. Energy Commission
F. DeLeon
R. Tavares
Alcantar & Kahl LLP
K. Harteloo
American Energy Institute
C. King
APS Energy Services
J. Schenk
BP Energy Company
J. Zaiontz
Barkovich & Yap, Inc.
B. Barkovich
Bartle Wells Associates
R. Schmidt
California Energy Markets
S. O'Donnell
C. Sweet
California Farm Bureau Federation
K. Mills
California Wind Energy
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Children's Hospital & Health Center
T. Jacoby
City of Chula Vista
W. Gaters
City of Poway
R. Willcox
City of San Diego
J. Cervantes
G. Lonergan
M. Valerio
Commerce Energy Group
A. Ahmed
V. Gan
Constellation New Energy
W. Chen
CP Kelco
A. Friedl
Davis Wright Tremaine, LLP
E. O'Neill
J. Pau
Dept. of General Services
C. Torres
Douglass & Liddell
D. Douglass
D. Liddell
G. Klatt
Duke Energy North America
M. Gillette
Dynegy, Inc.
J. Paul
Ellison Schneider & Harris LLP
E. Janssen
Energy Price Solutions
A. Scott
Energy Strategies, Inc.
K. Campbell
M. Scanlan
Goodin, MacBride, Squeri, Ritchie & Day
B. Cragg
J. Heather Patrick
J. Squeri
Goodrich Aerostructures Group
M. Harrington
Hanna and Morton LLP
N. Pedersen
Ista-North America
L. Belew
J.B.S. Energy
J. Nahigian
Luce, Forward, Hamilton & Scripps LLP
J. Leslie
Manatt, Phelps & Phillips LLP
D. Huard
M. Snow
R. Keen
Matthew V. Brady & Associates
M. Brady
Modesto Irrigation District
C. Mayer
Morrison & Foerster LLP
P. Hanschen
MRW & Associates
D. Richardson
Pacific Gas & Electric Co.
J. Clark
M. Huffman
S. Lawrie
E. Lucha
Robinsons-May Dept. Stores
R. Britt
R. W. Beck, Inc.
C. Elder
San Diego Regional Energy Office
S. Freedman
S. Anders
School Project for Utility Rate Reduction
M. Rochman
Shute, Mihaly & Weinberger LLP
O. Armi
Solar Turbines
F. Chiang
Sutherland Asbill & Brennan LLP
K. McCrea
Southern California Edison Co.
M. Alexander
K. Cini
K. Gansecki
H. Romero
TransCanada
J. Roscher
B. Johnson
TURN
M. Florio
M. Hawiger
UCAN
M. Shames
U.S. Dept. of the Navy
K. Davoodi
N. Furuta
J. Perez
Utility Specialists, Southwest, Inc.
D. Koser
Western Manufactured Housing Communities Association
S. Dey
White & Case LLP
L. Cottle

Interested Parties in:
R.04-01-006

ATTACHMENT A
ADVICE LETTER 1738-E

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
Revised 18639-E	SCHEDULE DR-LI, DOMESTIC SERVICE - CARE Program, Sheet 2	Revised 17527-E
Revised 18640-E	SCHEDULE DR-LI, DOMESTIC SERVICE - CARE Program, Sheet 3	Revised 18309-E
Revised 18641-E	SCHEDULE DR-LI, DOMESTIC SERVICE - CARE Program, Sheet 6	Revised 15634-E
Revised 18642-E	SCHEDULE E-LI, SERVICE TO QUALIFIED LIVING FACILITIES, Sheet 2	Revised 18310-E
Revised 18643-E	SCHEDULE E-LI, SERVICE TO QUALIFIED LIVING FACILITIES, Sheet 5	Original 8874-E
Revised 18644-E	SCHEDULE DS, SUBMETERED MULTI-FAMILY SERVICE, Sheet 5	Revised 18311-E
Revised 18645-E	SCHEDULE DS, SUBMETERED MULTI-FAMILY SERVICE, Sheet 6	Revised 18237-E
Revised 18646-E	SCHEDULE DT, SUBMETERED MULTI-FAMILY SERVICE - MOBILEHOME PARK, Sheet 5	Revised 18312-E
Revised 18647-E	SCHEDULE DT, SUBMETERED MULTI-FAMILY SERVICE - MOBILEHOME PARK, Sheet 6	Revised 15637-E
Revised 18648-E	SCHEDULE DT-RV, SUBMETERED SERVICE - RECREATIONAL VEHICLE PARKS AND RESIDENTIAL MARINAS, Sheet 5	Revised 18313-E
Revised 18649-E	SCHEDULE DT-RV, SUBMETERED SERVICE - RECREATIONAL VEHICLE PARKS AND RESIDENTIAL MARINAS, Sheet 6	Revised 18241-E
Revised 18650-E	SCHEDULE FERA, FAMILY ELECTRIC RATE ASSISTANCE PROGRAM, Sheet 1	Revised 18314-E
Revised 18651-E	SCHEDULE SE, SERVICE ESTABLISHMENT CHARGE, Sheet 1	Revised 5598-E
Revised 18652-E	RULE 1, DEFINITIONS, Sheet 1	Revised 17902-E*
Revised 18653-E	RULE 7, DEPOSITS, Sheet 1	Revised 18271-E
Revised 18654-E	RULE 9, RENDERING AND PAYMENT OF BILLS, Sheet 5	Revised 16599-E

ATTACHMENT A
ADVICE LETTER 1738-E

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
Revised 18655-E	RULE 11, DISCONTINUANCE OF SERVICE, Sheet 4	Revised 8013-E
Revised 18656-E	SAMPLE FORMS, FORM 142-732, Sheet 1	Revised 18316-E
Original 18657-E	SAMPLE FORMS, FORM 142-732/1, Sheet 1	
Revised 18658-E	SAMPLE FORMS, FORM 142-732/2, Sheet 1	Revised 18317-E
Revised 18659-E	SAMPLE FORMS, FORM 142-732/3, Sheet 1	Revised 18318-E
Revised 18660-E	SAMPLE FORMS, FORM 142-732/5, Sheet 1	Original 18320-E
Original 18661-E	SAMPLE FORMS, FORM 142-732/6, Sheet 1	
Original 18662-E	SAMPLE FORMS, FORM 142-732/7, Sheet 1	
Original 18663-E	SAMPLE FORMS, FORM 142-732/8, Sheet 1	
Revised 18664-E	TABLE OF CONTENTS, Sheet 1	Revised 18636-E
Revised 18665-E	TABLE OF CONTENTS, Sheet 2	Revised 18614-E
Revised 18666-E	TABLE OF CONTENTS, Sheet 3	Revised 18637-E
Revised 18667-E	TABLE OF CONTENTS, Sheet 5	Revised 18489-E
Revised 18668-E	TABLE OF CONTENTS, Sheet 7	Revised 18384-E
Revised 18669-E	TABLE OF CONTENTS, Sheet 8	Revised 18631-E

SCHEDULE DR-LI

DOMESTIC SERVICE - CARE Program

RATES (Continued)

Fixed Transition Amount Adjustment
For residential and small commercial customers as defined in Rule 1 – Definitions, and as described in Public Utilities Code Section 331(h), the rates shown above will be adjusted in accordance with the rates set forth in Schedule FTA.

CARE Discount
A 20% CARE discount will be applied to all CARE electric charges billed on this schedule. In addition, customers on this schedule will be exempt from paying the CARE Surcharge of $0.00127 per kWh.

Franchise Fee Differential
A Franchise Fee Differential of 5.78% will be applied to the monthly billings calculated under this schedule for all customers within the corporate limits of the City of San Diego. Such Franchise Fee Differential shall be so indicated and added as a separate item to bills rendered to such customers.

SPECIAL CONDITIONS

1. Low-Income Household. A Low-Income Household is a household where the total annual gross income from all sources is no more than what is shown on the table below based on the number of persons living in the household. The combined income of all persons from all sources, both taxable and non-taxable, shall be no more than:

Number of Persons Living in Household	Total Annual Gross Income	
1 or 2	$27,700	C
3	$32,500	C
4	$39,200	C
5	$45,900	C
6	$52,600	C

For Households with more than six persons, add $6,700 for each additional person. These annual gross income levels have been established pursuant to the Commission's Universal Lifeline Telephone Service (ULTS) Program guidelines and are subject to revision subsequent to the Commission's communication of new levels no later than May 1 of each year. C

(Continued)

SCHEDULE DR-LI

DOMESTIC SERVICE - CARE Program

SPECIAL CONDITIONS

2. Application and Eligibility Declaration. An application and eligibility declaration on a form authorized by the Commission is required for each request for service under this schedule, unless authorized by the Commission. Renewal of a customer's eligibility declaration will be required at the request of the utility. Customers are only eligible to receive service under this rate at one residential location at any one time and the rate applies only to a customer's permanent primary residence. This schedule is not applicable where, in the opinion of the utility, either the accommodation or the occupancy is transient. See Special Condition 19 for Temporary 2005/2006 Winter Exemptions. T

3. Commencement of Rate. Eligible customers shall be billed on this schedule commencing no more than one billing period after receipt of the application by the utility.

4. Verification. Information provided by the applicant is subject to verification by the utility. Refusal or failure of a customer to provide documentation of eligibility acceptable to the utility, upon request by the utility, shall result in removal from this rate schedule.

5. Notice From Customer. It is the customer's responsibility to notify the utility if there is a change in his eligibility status.

6. Rebilling. Customers may be rebilled for periods of ineligibility under the applicable rate schedule.

7. Combined Rates. This schedule may not be combined with any other rate schedules.

8. Load Checks. The utility has the right to make load checks to verify the possession and use of appliances for which baseline quantities are being allowed. In the event that a customer is found, by load check, not to have the necessary appliances to qualify for a specific baseline quantity previously declared by the customer, the utility shall have the right to rebill the customer's previous 11 months' bills using the baseline quantities found to be appropriate.

9. Baseline Rates. Baseline rates are applicable only to separately metered residential usage.

(Continued)

SCHEDULE DR-LI

DOMESTIC SERVICE - CARE Program

SPECIAL CONDITIONS (Continued)

17. Billing: A customer's bill is first calculated according to the total rates and conditions listed above. The following adjustments are made depending on the option applicable to the customer:

    a. **UDC Bundled Service Customers** receive supply and delivery services solely from SDG&E. The customer's bill is based on the Total Rates set forth above. The EECC component is determined by multiplying the EECC price for this schedule during the last month by the customer's total usage.

    b. **Direct Access Customers** purchase energy from an energy service provider (ESP) and continue to receive delivery services from SDG&E. The bill for a Direct Access Customer will be calculated as if it were a UDC Bundled Service Customer, then crediting the bill by the amount of the EECC component, as determined for a UDC Bundled Customer.

    c. **Virtual Direct Access Customers** receive supply and delivery services solely from SDG&E. A customer taking Virtual Direct Access service must have a real-time meter installed at its premises to record hourly usage, since EECC change hourly. The bill for a Virtual Direct Access Customer will be calculated as if it were a UDC Bundled Service Customer, then crediting the bill by the amount of the EECC component, as determined for a UDC Bundled Customer, then adding the hourly EECC component, which is determined by multiplying the hourly energy used in the billing period by the hourly cost of energy.

    Nothing in this service schedule prohibits a marketer or broker from negotiating with customers the method by which their customer will pay the CTC charge.

18. Other Applicable Tariffs: Rules 21, 23 and Schedule E-Depart apply to customers with generators.

19. 2005/2006 Winter Gas Initiative: Pursuant to Ordering Paragraphs 4 and 5 of D.05-10-044, for the period November 1, 2005 through April 30, 2006, the Utility: 1) may enroll CARE customers by telephone, and 2) shall suspend CARE recertification and post enrollment verification. N N

SCHEDULE E-LI

SERVICE TO QUALIFIED LIVING FACILITIES

SPECIAL CONDITIONS-NON-PROFIT GROUP LIVING FACILITIES

In conjunction with the Special Conditions applicable to all facilities covered under this schedule, certain Special Conditions, unique to non-profit group living facilities, must be met as provided below:

1. Eligibility Criteria. In order for the customer 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 operated by a corporation that has received a letter of determination by the IRS stating that the corporation is tax-exempt due to its not-for-profit status under Internal Revenue Code Section 501(c)(3).

   b. The facility must certify that it is one of the following: a homeless shelter, transitional housing, a short- or long-term care facility, or a group home for physically or mentally disabled persons.

   c. The facility must provide a copy of the Internal Revenue Service letter granting not-for-profit status and state business license, conditional use permit or other proof satisfactory to the utility. Non-licensed, separately metered satellite facilities may also be eligible for the CARE discount.

   d. 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 single-person household is eligible for the CARE discount if total annual gross income does not exceed $27,700. C

   e. 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.

   f. Homeless shelters must certify that they are not for profit and that they provide at least 6 beds per day or night for a minimum of 180 days each year for persons who have no alternative residence.

   g. The facility must certify that at least 70% of the energy supplied to the facility's premises is used for residential purposes.

   h. Government-owned facilities are not considered qualified non-profit group living facilities. Government-subsidized facilities would qualify if they provide a direct benefit to residents as described in paragraph 1.e above, and meet all other eligibility requirements.

(Continued)

SCHEDULE E-LI

SERVICE TO QUALIFIED LIVING FACILITIES

SPECIAL CONDITIONS - AGRICULTURAL EMPLOYEE HOUSING FACILITIES (Continued)

2. CARE Applicant. The applicant for the CARE discount must be the utility's customer of record.

3. Determination of Income Eligibility. The applicant for the CARE discount determines that 100 percent of the individuals and/or households residing in the Agricultural Employee Housing Facility(ies) qualify for the discount. The applicant certifies that the total annual gross income (both taxable and non-taxable) from all sources for each individual and/or household meets the income eligibility guidelines established by the Commission for the CARE Program. Upon request by the utility, documents providing proof of income eligibility (income tax returns, paycheck stubs or similar records acceptable to the utility) are provided by the applicant. The applicant must retain all records for three years from the date of initial application and/or recertification for the CARE discount.

4. Certification of Benefits. For all Agricultural Employee Housing Facilities, the applicant at the time of initial application for the CARE discount, must provide a description of how the discount will be used to directly benefit the occupants of the facility. During the annual recertification, the applicant shall be required to certify how the past year s discount directly benefited the occupants of the facility, and how the next year s discount is expected to be used to directly benefit the occupants. It is the responsibility of the applicant to maintain appropriate accounting entries, retain necessary supporting documents of how the CARE discount was used to benefit the occupants, and provide them to the utility upon request. The applicant must retain all records for three years from the date of initial application and/or recertification for the CARE discount.

5. 2005/2006 Winter Gas Initiative. Pursuant to Ordering Paragraphs 4 and 5 of D.05-10-044, for the period November 1, 2005 through April 30, 2006, the Utility: 1) may enroll CARE customers by telephone, and 2) shall suspend CARE recertification and post enrollment verification. N N

SCHEDULE DS

SUBMETERED MULTI-FAMILY SERVICE

SPECIAL CONDITIONS (Continued)

9. Low-Income. In order for the customer to qualify to have some or all of his usage billed at a CARE rate(s), a single-family accommodation supplied submetered service by the customer must qualify as a Low-Income Household under the following provisions:

a. Low-Income Household. A Low-Income Household is a household where the total annual gross income from all sources is no more than what is shown on the table below based on the number of persons living in the household. The combined income of all persons from all sources, both taxable and non-taxable, shall be no more than:

Number of Persons Living in Household	Total Annual Gross Income	
1 or 2	$27,700	C
3	$32,500	C
4	$39,200	C
5	$45,900	C
6	$52,600	C

For Households with more than six persons, add $6,700 for each additional person. The above income guidelines are subject to revision subsequent to the Commission's communication of new levels no later than May 1 of each year. C

b. Application and Eligibility Declaration. An application and eligibility declaration on a form authorized by the Commission is required to be sent directly to the utility by each single-family accommodation that is supplied submetered service by the customer. Renewal of each single-family accommodation's eligibility declaration will be required every year. Eligibility applies to one residential location at any one time and only to a permanent primary single-family accommodation. Customers served under this schedule shall provide application and declaration forms for the CARE rate to their submetered residential tenants. The completed CARE application forms of eligible low-income tenants shall be mailed to the utility. When the utility receives a CARE application from a low-income submetered tenant, after review and approval by the utility, the name of the qualified tenant will be forwarded to the master metered customer receiving service under this schedule.

c. Commencement of Rate. Eligible single-family accommodations will be reflected in the customer's billing commencing no more than one billing period after receipt of each application by the utility.

(Continued)

SCHEDULE DS

SUBMETERED MULTI-FAMILY SERVICE

SPECIAL CONDITIONS (Continued)

9. Low-Income (Continued)

d. Verification. Information provided by the applicant is subject to verification by the utility. Refusal or failure of a resident of a single-family accommodation to provide documentation of eligibility acceptable to the utility, upon request by the utility, shall result in the disqualification from the CARE rate(s) of this schedule.

e. Notice From Resident/Customer. It is the responsibility of the resident of each single-family accommodation to notify the utility if there is a change in his eligibility status. It is the responsibility of the master metered customer to notify the utility immediately of the date each low income tenant is no longer receiving service from the master metered customer. In addition, if the master metered customer is aware that the tenant may no longer qualify for reasons such as a change in the number of persons in the tenant's household, the master metered customer should notify the utility.

f. Rebilling. Failure of the customer to abide by the utility's tariffs may result in rebilling or discontinuance of service in accordance with the utility's tariffs. The customer's account may also be rebilled consistant with Rule 18.

g. Combined Rates. The CARE rates of this schedule may not be combined with any other schedule.

h. Compliance. Customers receiving service under this schedule shall comply with the provisions of Public Utilities Code Section 739.5 in providing service to their submetered tenants. This includes, among other things, providing electric service to low income tenants under the provisions of Schedule DR-LI of the utility's tariffs.

i. 2005/2006 Winter Gas Initiative. Pursuant to Ordering Paragraphs 4 and 5 of D.05-10-044, for the period November 1, 2005 through April 30, 2006, the Utility: 1) may enroll CARE customers by telephone, and 2) shall suspend CARE recertification and post enrollment verification. N N

10. Net Energy. Net Energy is energy generated by the generation facility and fed back into the utility's system, minus energy supplied by the utility. If the energy supplied to the utility is less than the energy purchased from the utility then the rates specified in the Rates section of this schedule shall be applied to the positive balance owed to the utility.

11. Net Energy Billing. This provision is available on a first-come, first-served basis to a residential customer of this utility that owns and operates a solar or wind electric generating facility, or a hybrid system of both, with a capacity of not more than ten (10) kilowatts that is located on the customer's premises, is interconnected and operates in parallel with the electric grid, and is intended primarily to offset part or all of the customer's own electrical requirements. This provision shall be available until the time that the total rated generating capacity used by the eligible customer-generators equals one-half of 1 percent of the utility's aggregate customer peak demand.

(Continued)

SCHEDULE DT

SUBMETERED MULTI-FAMILY SERVICE - MOBILEHOME PARK

SPECIAL CONDITIONS (Continued)

9. Low-Income. In order for the customer to qualify to have some or all of his usage billed at a CARE rate(s), a single-family accommodation supplied submetered service by the customer must qualify as a Low-Income Household under the following provisions:

a. Low-Income Household. A Low-Income Household is a household where the total annual gross income from all sources is no more than what is shown on the table below based on the number of persons living in the household. The combined income of all persons from all sources, both taxable and non-taxable, shall be no more than:

Number of Persons Living in Household	Total Annual Gross Income	
1 or 2	$27,700	C
3	$32,500	C
4	$39,200	C
5	$45,900	C
6	$52,600	C

For Households with more than six persons, add $6,700 for each additional person. The above income guidelines are subject to revision subsequent to the Commission's communication of new levels no later than May 1 of each year. C

b. Application and Eligibility Declaration. An application and eligibility declaration on a form authorized by the Commission is required to be sent directly to the utility by each single-family accommodation that is supplied submetered service by the customer. Renewal of each single-family accommodation's eligibility declaration will be required every year. Eligibility applies to one residential location at any one time and only to a permanent primary single-family accommodation.

c. Commencement of Rate. Eligible single-family accommodations will be reflected in the customer's billing commencing no more than one billing period after receipt of each application by the utility.

(Continued)

SCHEDULE DT

SUBMETERED MULTI-FAMILY SERVICE - MOBILEHOME PARK

SPECIAL CONDITIONS (Continued)

9. Low-Income (Continued)

d. Verification: Information provided by the applicant is subject to verification by the utility. Refusal or failure of a resident of a single-family accommodation to provide documentation of eligibility acceptable to the utility, upon request by the utility, shall result in the disqualification from the CARE rate(s) of this schedule.

e. Notice From Resident/Customer: It is the responsibility of the resident of each single-family accommodation to notify the utility if there is a change in his eligibility status. It is the responsibility of the master metered customer to notify the utility immediately of the date each low-income tenant is no longer receiving service from the master metered customer. In addition, if the master metered customer is aware that the tenant may no longer qualify for reasons such as a change in the number of persons in the tenant's household, the master metered customer should notify the utility.

f. Rebilling: Failure of the customer to abide by the utility's tariffs may result in rebilling or discontinuance of service in accordance with the utility's tariffs. The customer's account may also be rebilled consistent with Rule 18.

g. Combined Rates: The CARE rates of this schedule may not be combined with any other schedule.

h. Compliance: Customers receiving service under this schedule shall comply with the provisions of Public Utilities Code Section 739.5 in providing service to their submetered tenants. This includes, among other things, providing electric service to low-income tenants under the provisions of Schedule DR-LI of the utility's tariffs.

i. 2005/2006 Winter Gas Initiative: Pursuant to Ordering Paragraphs 4 and 5 of D.05-10-044, for the period November 1, 2005 through April 30, 2006, the Utility: 1) may enroll CARE customers by telephone, and 2) shall suspend CARE recertification and post enrollment verification. N N

10. Condition for Receiving Submeter Rate Discount.

a. The master-meter/submeter rate discount provided herein prohibits further recovery by mobile home park owners for the costs of owning, operating, and maintaining their gas/electric submetered system. This prohibition also includes the cost of the replacement of the submetered gas/electric system. The costs recovered by the mobile home park owner through the submetering discount must be consistent with those costs that the utility incurs when providing new or replacement service under the utility's line extension Rule 15 and service extension Rule 16.

This language was authorized by Ordering Paragraph 4 of Decision 95-02-090, dated February 22, 1995, and Ordering Paragraph 1 of Decision 02-09-034, dated September 19, 2002.

(Continued)

SCHEDULE DT-RV

SUBMETERED SERVICE - RECREATIONAL VEHICLE PARKS AND RESIDENTIAL MARINAS

SPECIAL CONDITIONS (Continued)

9. Baseline Rates. Baseline rates are applicable only to separately metered residential usage including residential service within a submetered system.

10. Low-Income Qualification. In order for the customer to qualify to have some or all of his usage billed at a CARE rate(s), an RV park tenant or residential marina tenant supplied submetered service by the customer must qualify as a Low-Income Household under the following provisions:

a. Low-Income Household. A Low-Income Household is a household where the total annual gross income from all sources is no more than what is shown on the table below based on the number of persons living in the household. The combined income of all persons from all sources, both taxable and non-taxable, shall be no more than:

Number of Persons Living in Household	Total Annual Gross Income	
1 or 2	$27,700	C
3	$32,500	C
4	$39,200	C
5	$45,900	C
6	$52,600	C

For Households with more than six persons, add $6,700 for each additional person. The above income guidelines are subject to revision subsequent to the Commission's communication of new levels no later than May 1 of each year. C

b. Application and Eligibility Declaration. An application and eligibility declaration on a form authorized by the Commission is required to be sent directly to the utility by each RV park tenant and residential marina tenant that is supplied submetered service by the customer.

Renewal of each RV park tenant's and residential marina tenant's eligibility declaration will be required every year. Eligibility applies to one residential location at any one time and only to a primary RV park space occupied by an RV park tenant on a prepaid month-to-month basis.

c. Commencement of Rate. Eligible single-family accommodations will be reflected in the customer's billing commencing no more than one billing period after receipt of each application by the utility.

(Continued)

SCHEDULE DT-RV

SUBMETERED SERVICE - RECREATIONAL VEHICLE PARKS AND RESIDENTIAL MARINAS

SPECIAL CONDITIONS (Continued)

10. Low-Income Qualification (Continued)

d. Verification. Information provided by the applicant is subject to verification by the utility. Refusal or failure of a resident of a RV park space or residential marina slips/berths to provide documentation of eligibility acceptable to the utility, upon request by the utility, shall result in the disqualification from the CARE rate(s) of this schedule.

e. Notice From Resident/Customer. It is the responsibility of the resident of each RV park space or residential marina slips/berths to notify the utility if there is a change in his eligibility status. It is the responsibility of the master metered customer to notify the utility immediately of the date each low-income tenant is no longer receiving service from the master metered customer. In addition, if the master metered customer is aware that the tenant may no longer qualify for reasons such as a change in the number of persons in the tenant's household, the master metered customer should notify the utility.

f. Rebilling. Failure of the customer to abide by the utility's tariffs may result in rebilling or discontinuance of service in accordance with the utility's tariffs. The customer's account may also be rebilled consistent with Rule 18.

g. Combined Rates. The CARE rates of this schedule may not be combined with any other schedule.

h. Compliance. Customers receiving service under this schedule shall comply with the provisions of Public Utilities Code Section 739.5 in providing service to their submetered tenants. This includes, among other things, providing electric service to low-income tenants under the provisions of Schedule DR-LI of the utility's tariffs.

i. 2005/2006 Winter Gas Initiative. Pursuant to Ordering Paragraphs 4 and 5 of D.05-10-044, for the period November 1, 2005 through April 30, 2006, the Utility: 1) may enroll CARE customers by telephone, and 2) shall suspend CARE recertification and post enrollment verification. N | N

11. Welder Service. Service under this schedule will be supplied to a welder load of 2.9 kVa or less at 240 volts, and to 0.5 kVa or less at 120 volts. Welders will be rated in accordance with Rule 2F-1.

12. Net Energy. Net Energy is energy generated by the generation facility and fed back into the utility's system, minus energy supplied by the utility. If the energy supplied to the utility is less than the energy purchased from the utility then the rates specified in the Rates section of this schedule shall be applied to the positive balance owed to the utility.

13. Net Energy Billing. This provision is available on a first-come, first-served basis to a residential customer of this utility that owns and operates a solar or wind electric generating facility, or a hybrid system of both, with a capacity of not more than ten (10) kilowatts that is located on the customer's premises, is interconnected and operates in parallel with the electric grid, and is intended primarily to offset part or all of the customer's own electrical requirements. This provision shall be available until the time that the total rated generating capacity used by the eligible customer-generators equals one-half of 1 percent of the utility's aggregate customer peak demand.

(Continued)

SCHEDULE FERA

FAMILY ELECTRIC RATE ASSISTANCE PROGRAM

APPLICABILITY

Applicable to single-phase domestic bundled service customers residing in permanent single-family dwellings, individual and sub-metered multifamily dwellings, mobilehome parks, or qualifying RV parks and marinas located on a single premise where all of the accommodations are separately metered by the utility.

This schedule is not applicable to customers receiving service under Schedule DR-LI and Schedule DM. In addition, this schedule is not applicable to customers who 1) are participating in the Company's Critical Peak Pricing Service under Schedules EECC-CPP-F and EECC-CPP-V and 2) receive Direct Access Service including service under Schedule EECC-TBS.

Customers eligible for this schedule must meet specific income guidelines and have at least three (3) or more persons residing in each individual accommodation, as set forth in Special Condition 1, in order to receive the benefit of this schedule.

TERRITORY

Within the entire territory served by the Utility.

RATES

Eligible customers served under this schedule are responsible for all charges from their otherwise applicable rate schedules, except that Tier 3 usage (131% - 200% of Baseline) will be billed at the Tier 2 (101% - 130% of Baseline) commodity rate shown on Schedule EECC, Electric Energy Commodity Cost.

SPECIAL CONDITIONS

1. Lower-Middle Income Household. A Lower-Middle Income Household is a household where the total annual gross income from all sources is within the amounts shown on the table below based on the number of persons living in the household. Total gross income shall include income from all sources, both taxable and nontaxable, shall be no more than:

Number of Persons Living in Household	Total Annual Gross Income	
3	$32,501 - $40,600	C
4	$39,201 - $49,000	C
5	$45,901 - $57,400	C
6	$52,601 - $65,800	C
Each Additional Person Add	$ 6,701 - $ 8,400	C

These annual gross income levels have been provided by the Commission and are based on 200% plus $1 and 250% of the Federal Poverty Limit, and are subject to revision pursuant to the Commission's communication of new levels which shall occur no later than May 1 of each year. C

(Continued)

SCHEDULE SE

SERVICE ESTABLISHMENT CHARGE

APPLICABILITY

Applicable to all electric customers metered by the utility.

TERRITORY

Within the entire territory served by the utility.

RATE

Service establishment charge..... $15.00

SPECIAL CONDITIONS

1. The service establishment charge provided for herein is in addition to the charges calculated in accordance with the applicable schedules and will be made each time an account is opened, including a turn-on or reconnection of electric service or a change of name on the account which requires an additional meter reading.

   2005/2006 Winter Gas Initiative
   During the period November 1, 2005 through April 30 2006, the Utility shall waive the reconnection fee for CARE customers pursuant to Ordering Paragraph 16 of D.05-10-044. N N N

2. In the event that a change of account can be made without an additional meter reading, one-third of the above charge shall apply.

3. The service establishment charge is applicable to service established during regular working hours with more than four hours' advance notice. With less than four hours' advance notice, service will be established during regular working hours at twice the above charge.

(Continued)

RULE 1

DEFINITIONS

AGGREGATOR: Any marketer, broker, public agency, city, county, or special district, that combines the loads of multiple end-use customers in facilitating the sale and purchase of electric energy, transmission, and other services on behalf of these customers.

APPLICATION: Request to the Utility for electric service; not an inquiry as to the availability or charges for such service.

BALANCING ACCOUNT: Account in which expenses are compared with actual revenues derived from rates designed to recover those expenses. Any resulting over- or undercollection, plus interest, is due to or owed from ratepayers, respectively. Account balances are amortized in future rates, as approved by the Commission.

BASELINE: A rate structure mandated by the California Legislature that ensures all residential customers are provided a minimum necessary amount of electricity at the lowest possible cost.

BILLING AGENT: Any party who prepares and submits bills to end-use customers, collects and processes payments, and remits aggregate funds and records to its clients.

BILLING CYCLE: The regular periodic interval for reading a Customer's meter for billing purposes. Usually meters are scheduled to be read monthly.

BROKER: An entity that arranges the sale and purchase of electric energy, transmission, and other services between buyers and sellers, but does not take title to any of the power sold.

CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM: A CPUC program that offers reduced rates to qualified low-income customers. The household income of customers qualifying for CARE assistance shall not exceed 200% of the Federal poverty level as established by the CPUC and set forth in the applicable Utility rate schedules. The CARE Program was previously known as the Low-Income Ratepayer Assistance (LIRA) Program. C

COMMISSION: Public Utilities Commission of the State of California, sometimes referred to as the Public Utilities Commission (PUC) or the California Public Utilities Commission (CPUC).

COMMON USE AREAS: Those areas that may be shared or used by occupants within a multifamily accommodation, including, but not limited to, recreation room, swimming pool, tennis courts, gardens, hall/outdoor lighting.

COMMUNITY CHOICE AGGREGATION SERVICE (CCA Service): CCA service permits cities, counties, or combinations thereof, whose governing board(s) have elected to acquire their electric power commodity requirements, hereinafter referred to as Community Choice Aggregator (CCAs) to provide such services on behalf of Utility end-use customers located within their service area(s) subject to the requirements specified in AB 117 and other CPUC directives.

COMMUNITY CHOICE AGGREGATOR (CCA): Any city, county, or combination thereof, whose governing board(s) have elected to combine the loads of its residents, businesses and municipal facilities in a community wide electricity buyers' program, known as CCA Service. Any references in the tariffs to Community Choice Providers (CCP) mean the same as CCA.

COMPANY: See Utility.

COMPANY'S OPERATING CONVENIENCE: Use, under certain circumstances, of facilities or practices not ordinarily employed which contribute to the overall efficiency of the Utility's operations; term does not refer to customer convenience nor to the use of facilities or adoption of practices required to comply with applicable laws, ordinances, rules, regulations, or similar requirements of public authorities.

COMPETITION TRANSITION CHARGES (CTC): Under the electric industry restructuring order, the Commission authorized utilities to collect Competition Transition Charge (CTC) from all customers to offset: (1) the reasonable costs utilities incurred in building generation plants to serve their customers, (2) above-market costs associated with nuclear power plant settlements and power purchase contracts, and (3) costs arising from regulatory obligations such as employee early retirement or retraining programs. These costs were previously collected in rates from all customers. To ensure Utility financial viability and recovery of approved past expenses, all Utility retail customers who were customers on and after December 20, 1995 would be obligated to pay the CTC.

(Continued)

RULE 7

DEPOSITS

A. Amount of Deposit

1. Establishment of Credit

The amount of deposit required to establish credit for a domestic account may be twice the average monthly bill as estimated by the utility. The amount of deposit required to establish credit for a non-domestic account may be twice the maximum monthly bill as estimated by the utility.

2. Re-establishment of Credit

The amount of deposit required to re-establish credit for both domestic and non-domestic accounts may be twice the maximum monthly bill as determined by the utility.

3. 2005/2006 Winter Gas Initiative N

During the period from November 1, 2005 through April 30, 2006, the Utility shall waive the required deposits for CARE customers, pursuant to Ordering Paragraph 16 of D.05-10-044. | N

B. Return of Deposit

The utility will notify the customer that their deposit is subject to return and will return the deposit (with interest as set forth under C.

1. When the service is ordered discontinued by the customer, except when there are charges due the utility for electric service to the customer, in which case the deposit will be applied to the charges and the excess portion of the deposit will be returned.

2. When the customer has received continuous service and has paid his electric bills on the average within the period as set forth in Rule 9 B. for a period of 12 consecutive months. When eligible, the deposit is to be returned or applied to the customer's billing.

Deposits will not be used as payment for past due bills to avoid discontinuance of service. Deposits are applicable to unpaid bills for electric service when such service has been discontinued.

(Continued)

RULE 9

RENDERING AND PAYMENT OF BILLS

B. Payment of Bills (Continued)

7. (Continued)

Where an account serves a state agency and payment is not received within 45 calendar days after the date of electronic transfer or the postmark date of the bill, the late payment charge applicable to that account will be at a rate of one (1) percent above the rate accrued on June 30th of the prior year by the Pooled Money Investment Account (PMIA), but not to exceed 15 percent, all as set forth in Government Code Section 927.6 (b). Such rate shall be applied to and accrue on a state agency account only after 45 days from the date the postmark on the bill has elapsed.

The State of California shall notify the Utility as to which accounts serve state agencies. The provisions of the above paragraph shall apply after such notification, except where the Utility has previously identified the account as one belonging to the state agency.

8. Customers choosing to use an alternative payment method, such as a bill aggregator or financial institution, may be charged a fee by the third party.

C. Level Pay Plan (LPP)

Non-Residential customers who are served under any of the non-residential rate schedules for metered service, and effective no later than March 31, 2000 for unmetered service, and who wish to minimize seasonal variations in monthly bills or to better comport with customer operations and cash flows, may be permitted at the Utility's discretion, to participate in the Level Pay Plan ("LPP"). The LPP is available to all non-residential customers subject to the Utility's capability of handling the billing mechanics.

Single-family residential customers and master metered customers, with submeters, qualifying for baseline allowances, who are served under any of the residential rate schedules and who wish to minimize variations in monthly bills may elect to participate in the LPP under the following conditions. T

1. The LPP year begins when the first LPP billing is rendered and extends for 11 subsequent months. Eligible customers may join the plan in any month.

2. Participation is subject to approval by the Utility.

3. Participants must be a customer of record for at least 12 months and have maintained a satisfactory payment record or shall have otherwise qualified for credit to the satisfaction of the Utility.

4. Participants must have no outstanding arrears on their account at the time their plan starts, or agree to amortize the arrears amount. N N

5. Meters will be read and billed at regular monthly intervals.

6. Customers will be expected to pay the LPP amount shown due each month.

7. The LPP amount will be one-twelfth of the annual bill, as estimated by the Utility, based on the customer's most recent 12 months history of use, or, if that is not available, the available usage information for the premises will be used.

(Continued)

RULE 11

DISCONTINUANCE OF SERVICE

A. Non-Payment of Bills (Continued)

For an indebtedness owed by the customer to any other person or corporation or when the obligation represented by the delinquent account or other indebtedness was incurred with a person or corporation other than the electric utility demanding payment therefor.

When a delinquent account relates to another property owned, manage, or operated by the customer.

When a public health or building officer certifies that disconnection would result in a significant threat to the health and safety of the occupants or the public.

A non-domestic customer's electric service may be discontinued for the non-payment of a past due bill for electric service provided that a written notice of discontinuance has been issued and the bill has not been paid within seven days of the past due notice. In addition, a non-domestic customer's electric service may be discontinued for the non-payment of a DSM Financing Rate-related bill, as provided under Rule 9, or any related service.

A customer's electric service may be discontinued for non-payment of a bill for electric service provided him at any previous location served by the utility if that bill is not paid in accordance with the rules of the utility.

If a customer is receiving more than one service, any or all services may be discontinued when any service, regardless of location, is discontinued for non-payment. However, domestic service will not be discontinued because of non-payment of bills for other classes of service.

The utility shall not, by reason of delinquency in payment for electric service, cause cessation of service on any Saturday, Sunday, legal holiday, or at any time during which the business offices of the utility are not open to the public.

Service wrongfully terminated shall be restored without charge for the restoration of service, and a notification thereof shall be mailed to the customer at the billing address.

2005/2006 Winter Gas Initiative

Pursuant to Ordering Paragraph 16 of D.05-10-044, for the period November 1, 2005 through April 30, 2006, the Utility shall not disconnect service for non-payment of bills by residential customers who pay at least 50% of their current bill and agree to participate in and comply with the Level Pay Plan or, at the Utility's discretion, comply with a plan to repay all past-due amounts within nine months. In addition, the Utility shall not disconnect CARE customers after the winter months if the customer agrees to, and complies with, a plan to repay all past due amounts within nine months. N N

(Continued)

SAMPLE FORMS

FORM 142-732

Residential Rate Assistance Application

Form 142-732

(11/05) T

(See Attached Form)

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1012 SAN DIEGO CA
POSTAGE WILL BE PAID BY ADDRESSEE

ATTN CARE PROGRAM
SAN DIEGO GAS AND ELECTRIC
PO BOX 129831
SAN DIEGO CA 92112-9985

SDGE

A Sempra Energy utility℠

Save money on your SDG&E® bill.

Ahorre dinero en su factura de SDG&E.

Residential Rate Assistance Application

Solicitud De Ayuda Para Tarifa Residencial

Application/Solicitud

Dear SDG&E Customer:

SDG&E has two residential rate assistance programs for which you may qualify. Both programs are based on total household income and household size. Please review the information inside for program requirements.

California Alternate Rates for Energy (CARE) ***Gas & Electric***
The CARE program provides a 20% discount on monthly gas & electric bills for qualifying households. Please review the income guidelines inside to see if you are eligible.

Family Electric Rate Assistance Program (FERA) ***Electric Only***
For households with three (3) or more persons, you may be able to receive more electricity at a lower rate. Check the income guidelines inside to see if you qualify.

If you believe you qualify for either program, please complete the enclosed application, fold, seal, and drop in the mail. No postage is necessary. You will be enrolled on only one program, depending on your total household income and household size provided inside.

You May Also Qualify For:

SDG&E's Energy Team Program: Free energy education, energy-efficient appliances, and weatherization services for income-qualified households. Renters and home owners are eligible.

SDG&E's Medical Baseline Program: People with special medical needs can receive additional energy at a lower rate.

Low Income Home Energy Assistance Program (LIHEAP): For those who qualify, emergency bill payment assistance and weatherization service is available. Call the Department of Community Services and Development at 1-866-675-6623.

Universal Lifeline Telephone Service (ULTS): Discounted telephone access for customers meeting similar income guidelines to CARE. For more information, contact your local telephone service provider.

If you have any program questions or would like more information on the ways we're working to provide exceptional customer service, please call us at 1-800-411-SDGE (7343). For people with hearing impairments, SDG&E offers TDD/TTY Monday through Friday from 8:00 A.M. to 5:00 P.M. Simply call us at 619-235-0497.

Estimado cliente de SDG&E:

SDG&E ofrece dos programas de reducción de tarifas para los cuales podría usted calificar. Ambos programas se basan en el ingreso total del hogar y el número de personas que vivan en el mismo. Sírvase revisar la siguiente información para conocer los requisitos de los programas.

Tarifas Alternas de Energía para California (CARE)
Para gas y electricidad
El programa CARE ofrece un descuento del 20% en las facturas mensuales de gas y electricidad a los hogares que reúnan los requisitos. Revise los lineamientos de ingreso para saber si califica.

Programa Familiar de Reducción de Tarifas Eléctricas (FERA)
Para electricidad únicamente
Para los hogares con tres (3) miembros o más, usted pudiera recibir más electricidad con tarifas reducidas. Revise los lineamientos de ingreso para saber si califica.

Si cree usted que reúne los requisitos para cualquiera de los programas, sírvase llenar, doblar, cerrar y depositar en el correo la solicitud adjunta. No requiere timbre postal. Estará inscrito únicamente en un programa, dependiendo del ingreso total del hogar y el número de personas que señale a continuación.

También pudiera calificar para:

Programa Energy Team de SDG&E: Educación energética gratuita, aparatos eficientes en energía y servicios de impermeabilización para los hogares que reúnan los requisitos de ingreso. Inquilinos y propietarios son elegibles.

Programa de Asignaciones Médicas Iniciales de SDG&E: Las personas con alguna afección médica especial pueden recibir energía adicional a una tarifa más baja.

Programa de Ayuda Energética para Hogares de Bajos Recursos (LIHEAP): Ofrece ayuda de emergencia para el pago de facturas y servicio de impermeabilización para el hogar a quienes reúnen los requisitos. Llame a Department of Community Services al 1-866-675-6623.

Servicio Telefónico Lifeline Universal (ULTS): Acceso al servicio telefónico de bajo costo para los clientes que reúnan requisitos similares a los del programa CARE. Para mayores informes, llame a su proveedor local de servicios telefónicos.

Si tiene alguna pregunta sobre el programa o si desea obtener más información sobre cómo nos esforzamos por proveerle un excepcional servicio al cliente, por favor llámenos al **1-800-311-SDGE (7343).**

CARE and FERA Application / CARE y FERA la Aplicación

Household Members	Income Guidelines	
	CARE	FERA
1 or 2	$0 to $27,700	Not applicable*
3	$0 to $32,500	$32,501 to $40,600
4	$0 to $39,200	$39,201 to $49,000
5	$0 to $45,900	$45,901 to $57,400
6	$0 to $52,600	$52,601 to $65,800
Each Additional Member	Add $6,700	Add $6,701 to $8,400

No. de personas en el hogar	Límite de ingreso	
	CARE	FERA
1 ó 2	$0 a $27,700	No aplica*
3	$0 a $32,500	$32,501 a $40,600
4	$0 a $39,200	$39,201 a $49,000
5	$0 a $45,900	$45,901 a $57,400
6	$0 a $52,600	$52,601 a $65,800
Por cada persona adicional	Añada $6,700	Añada $6,701 a $8,400

1 Review Qualifications

Rules for Participation

(applies to both the CARE and FERA Programs)

- The SDG&E bill must be in your name and the address must be your primary residence.
- You must notify SDG&E if you no longer qualify.
- You may not be claimed on another person's income tax return other than your spouse.
- Your total yearly household income (all income of all persons living in your home) – before deductions – is no more than the income level listed.
- You must renew your application when requested.
- You may be asked to verify your income.

1 Revise los Requistos

Reglas de participación

(aplican tanto al programa CARE o FERA)

- La factura de SDG&E debe estar a su nombre y el domicilio debe ser su residencia principal.
- Tiene que notificar a SDG&E si ya no reúne los requisitos.
- No debe aparecer como dependiente en la declaración de impuestos de otra persona que no sea su cónyuge.
- El ingreso total anual de su hogar (el ingreso de todas las personas que vivan en su hogar) - antes de deducciones - no sobrepasa el nivel de ingreso mostrados.
- Debe renovar su solicitud cuando le sea requerido.
- Le pueden pedir verificación de ingreso.

2 Total Your Household's Income/Sume el Ingreso Total de su Hogar

You must count all sources of your household's income, including:

- Wages or Salaries
- Interest or Dividends from:
  - Savings Accounts,
  - Stocks or Bonds, or
  - Retirement Accounts
- Unemployment Benefits
- Disability Payments
- Workers Compensation
- Social Security, SSI, SSP
- Pensions
- Insurance Settlements
- Legal Settlements
- TANF (AFDC)
- Food Stamps
- Child Support
- Cash and/or Other Income
- Spousal Support
- Rental or Royalty Income
- Scholarships, Grants, or Other Aid Used for Living Expenses
- Profit from Self-Employment (IRS Form 1040, Schedule C, line 29)

Tome en cuenta todas las fuentes de ingresos de su hogar, incluyendo:

- Salarios o sueldos
- Seguro Social, SSI, SSP
- Pensión alimenticia
- Prestaciones de desempleo
- Pensiones
- Efectivo y/u otro ingreso
- Ingreso por alquiler o regalías
- Indemnizaciones de seguros
- Pagos por incapacidad
- Estampillas para alimentos
- Indemnizaciones legales
- Indemnización para los trabajadores
- Manutención conyugal
- TANF (AFDC)
- Intereses o dividendos de: Cuentas de ahorro, acciones, bonos, o cuentas para el retiro
- Becas, subvenciones u otra ayuda usada para sufragar el costo de la vida
- Utilidades de autoempleo (Formulario 1040, anexo C, línea 29 del IRS)

3 Complete the Application/Llene la Solicitud *Please print clearly (Favor de imprimir con claridad)*

You will be enrolled on only one program, depending on your total household income and household size provided below.

Estará inscrito únicamente en un programa, dependiendo del ingreso total del hogar y el número de personas que señale a continuación.

Your Name (Su Nombre)

Your Address (Su Domicilio) Unit (Apartamento)

City (Cuidad) Zip Code (Codigo Postal)

( ) ( )

Home Telephone (Telefono particular) Work Telephone (Telefono de su trabajo)

SDG&E Account Number (Número de cuenta SDG&E)

Total Yearly Household Income
(Ingreso total anual en el hogar)

Number of Persons in Household
(Número de personas)

Adults (Adultos) + Children (Niños) = Total (Total)

SOURCE CODE
Internal use only

4 Sign Your Application Below/Firme la siguiente solicitud.

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform SDG&E if I no longer qualify. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. I understand that SDG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

Declaro que la información que he proporcionado es verdadera y correcta. Convengo en proporcionar comprobantes de ingreso si me son requeridos. Convengo en informar a SDG&E si dejo de reunir los requisitos para recibir el descuento. Tengo entendido de que si recibo cualquier descuento sin reunir los requisitos para el mismo, podré ser requerido a pagar el descuento que recibí. Entiendo que SDG&E puede compartir mi información con otras empresas de servicio público o sus representantes para registrarme en sus programas de asistencia.

*

Customer Signature (Firme del Cliente) Date (Fecha)

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FORM 142-732 10/27/05

No Tape/No Use Cinta Adhesiva | Fold, Moisten and Seal/Humedezca y Selle | No Staples/No Engrape

SAMPLE FORMS

FORM 142-732/1 N

Residential Rate Assistance Application (IVR/System-Generated) N

Form 142-732/1 N

(11/05) N

(See Attached Form) N

Account: XXXXXXXXXX Date

Dear SDG&E Customer:

SDG&E has two rate assistance programs for which you may qualify. *You may be enrolled in only one program.* Both programs are based on total household income and the household size. Please review the information below for program requirements.

California Alternate Rates for Energy (CARE) Gas & Electric
The CARE program provides a 20% discount on monthly gas & electric energy bills for qualifying households. Please review the income guidelines below to see if you are eligible.

Family Electric Rate Assistance Program (FERA) Electric only
For households with three (3) or more persons, you may be able to receive more electricity at a lower rate. Check the income guidelines below to see if you are eligible.

Household Members	**Income Guidelines**	
	CARE	*FERA*
1 or 2	0 to $27,700	Not Applicable*
3	0 to $32,500	$32,501 to 40,600
4	0 to $39,200	$39,201 to 49,000
5	0 to $45,900	$45,901 to 57,400
6	to $52,600	$52,601 to 65,800
Each Additional Member	Add $6,700	Add $6,701 to 8,400

If you believe that you qualify for either program, please complete the enclosed application and return it in the postage-paid envelope provided. While you do not need to include any income documentation at this time, we may ask for proof of income at a later date.

You May Also Qualify For:

SDG&E's Energy Team Program: Free energy education, energy-efficient appliances, and weatherization services to income-qualified customers.

SDG&E's Medical Baseline: People with special medical needs can receive additional energy at the lowest rate.

Low Income Home Energy Assistance Program (LIHEAP): For those who qualify, emergency bill assistance and weatherization services are available. Call the California Department of Community Services and Development at 1-866-675-6623.

Universal Lifeline Telephone Service (ULTS): Discounted telephone access to customers meeting similar income guidelines as CARE. For more information on this service please contact your local telephone service provider.

If you have any program questions or would like more information on the ways we're working to provide exceptional customer service, please call us at **1-800-411-SDGE (7343).**

Sincerely,
San Diego Gas & Electric

Application for Rate Assistance Programs

Account: XXXXXXXXXX

Please review the income requirements in the enclosed letter to see if you qualify.

Rules for Participation (applies to both the CARE and Large Household Energy Use Programs)

- The SDG&E bill must be in your name and the address must be your primary residence.
- You must not be claimed on another person's income tax return other than your spouse.
- Your total yearly household income (all income of all persons living in your home) – before deductions – is no more than the income level listed.
- You must renew your application when requested.
- You may be asked to verify your income.
- You must notify SDG&E if you no longer qualify.

Total Household's Income (count all sources such as examples listed below)

- Wages or Salaries
- Social Security, SSI, SSP
- Child Support
- Unemployment Benefits
- Pensions
- Cash and/or other income
- Rental or Royalty Income
- Insurance Settlements
- Disability Payments
- Food Stamps
- Legal Settlements
- Workers Compensation
- Spousal Support
- TANF (AFDC)
- Interest or Dividends from: Savings Accounts Stocks or Bonds, or Retirement Accounts
- Scholarships, Grants or Other Aid Used for Living Expenses
- Profit from Self-Employment (IRS Form 1040, Schedule C, line 29)

Total Number of Persons in Household

Adults_____ Children_____

Total Yearly Household Income $_____

Sign Your Application Below
I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform SDG&E if I no longer qualify. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. I understand that SDG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

Signature_____ **Date**_____

Phone Number (____) _____

Número de cuenta:

Estimado cliente de SDG&E:

SDG&E ofrece dos programas de reducción de tarifas para los cuales usted podría calificar. Ambos programas se basan en el ingreso total del hogar y el número de personas que viven en el mismo. Sírvase revisar la siguiente información para conocer los requisitos de los programas.

Tarifas Alternas De Energía Para California (CARE) Para gas y electricidad
El programa CARE ofrece un descuento del 20% en las facturas mensuales de gas y electricidad a los hogares que reúnan los requisitos. Revise los siguientes lineamientos de ingreso para saber si califica.

Programa Familiar De Reducción De Tarifas Eléctricas (FERA) Para electricidad únicamente
Para los hogares con tres (3) miembros o más, usted pudiera recibir más electricidad con tarifas reducidas. Revise los siguientes lineamientos de ingreso para saber si califica.

No. de personas en el hogar	**Límite de ingreso**	
	CARE	*FERA*
1 or 2	0 to $27,700	No aplica*
3	0 to $32,500	$32,501 to 40,600
4	0 to $39,200	$39,201 to 49,000
5	0 to $45,900	$45,901 to 57,400
6	to $52,600	$52,601 to 65,800
Pro cada persona adicional	Añada $6,700	Añada $6,701 to 8,400

Si cree que reúne los requisitos para cualquiera de los programas, favor de llenar la solicitud adjunta y regresarla en el sobre que se ha proporcionado. Aunque no necesita comprobar sus ingresos en este momento, si podría solicitársele comprobantes de ingresos más adelante.

Quizás califique para otros programas y servicios:

Programa *Energy Team*: Servicios que le ayudan a mejorar la eficiencia de energía en su hogar. Para mas información, comuníquese a SDG&E al 1-800-311-7343.

Asignación Médica: Personas con una afección médica que requiera calefacción, aire acondicionado o equipo de soporte vital pueden obtener una asignación de energía adicional a la tarifa más baja. Para mas información, comuníquese a SDG&E al 1-800-311-7343.

Programa *LIHEAP:* Programa de asistencia del pago de energía para hogares de bajos ingresos. Provee ayuda para el pago de facturas de energía y ayuda de emergencia para el pago de facturas y servicios de impermeabilización. Para más información, comuníquese al Departamento De Servicios Y Desarrollo De La Comunidad De California al 1-866-675-6683.

Programa *ULTS*: La Línea Universal De Servicio De Teléfono. Servicios de teléfono a precios de descuento a clientes que reúnan requisitos similares de los del programa CARE. Llame a su compañía de teléfono para más información.

Si tiene preguntas sobre nuestros programas, por favor llámenos al 1-800-311-SDGE (7343)

Atentamente,
San Diego Gas & Electric

Cuenta: XXXXXXXXXX

Solicitud De Ayuda Para Tarifa Residencial

Sírvase usted revisar los lineamientos de ingreso descritos en la carta adjunta para ver si califica.

Reglas de participación (aplican tanto al programa CARE como al Programa Familiar de Reducción de Tarifas Eléctricas)

- La factura de SDG&E debe estar a su nombre y el domicilio debe ser su residencia principal.
- Tiene que notificar a SDG&E si deja de reunir los requisitos
- No debe aparecer como dependiente en la declaración de impuestos de otra persona que no sea su cónyuge.
- El ingreso total anual de su hogar (el ingreso o ayuda recibida por todas las personas que vivan en su hogar) – antes de deducciones – no sobrepasa el nivel de ingreso señalados.
- Debe renovar su solicitud cuando le sea requerido.
- Quizás le pidan que compruebe su ingreso.

Ingreso total del hogar (tome en cuenta todas las fuentes, tales como los ejemplos que se señalan a continuación)

- Sueldos
- Prestaciones de desempleo
- Ingreso por alquiler o regalías
- Estampillas para comida
- Pensión conyugal
- Seguro Social, SSI, SSP
- Pensiones
- Indemnizaciones de seguros
- Indemnizaciones legales
- TANF (AFDC)
- Pensión alimenticia
- Efectivo y/u otro ingreso
- Pagos por incapacidad
- Indemnización para los trabajadores
- Intereses o dividendos de: Cuentas de ahorro, acciones, bonos, o cuentas de jubilación
- Becas, subvenciones u otra ayuda usada para sufragar el costo de la vida
- Ganancias por autoempleo (Formulario 1040, anexo C, línea 29 del IRS)

Estará inscrito únicamente en un programa, dependiendo del ingreso total del hogar y el número de personas que señale a continuación.

Número total de personas en el hogar:

Adultos_____ Niños_____

Ingreso total anual en el hogar: $_____

Declaro que la información que he proporcionado es verdadera y correcta. Convengo en proporcionar comprobantes de ingreso si me son requeridos. Convengo en informar a SDG&E si dejo de reunir los requisitos para recibir el descuento. Tengo entendido de que si recibo cualquier descuento sin reunir los requisitos para el mismo, podré ser requerido a pagar el descuento que recibí. Entiendo que SDG&E puede compartir mi información con otras empresas de servicio público o sus representantes para registrarme en sus programas de asistencia.

Firma_____ **Fecha**_____

Número telefónico (____) _____

SAMPLE FORMS

FORM 142-732/2

Submetered Residential Rate Assistance Application

Form 142-732/2

(11/05) T

(See Attached Form)

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1012 SAN DIEGO CA
POSTAGE WILL BE PAID BY ADDRESSEE

ATTN CARE PROGRAM
SAN DIEGO GAS AND ELECTRIC
PO BOX 129831
SAN DIEGO CA 92112-9985

SDGE
A Sempra Energy utility℠

Save money on your SDG&E® bill.

Ahorre dinero en su factura de SDG&E.

Residential Rate Assistance Application—Submetered

Solicitud De Ayuda Para Tarifa Residencial—Medidor Colectivo

Application/Solicitud

Dear SDG&E Customer:

SDG&E has two residential rate assistance programs for which you may qualify. Both programs are based on total household income and household size. Please review the information inside for program requirements.

California Alternate Rates for Energy (CARE)
Gas & Electric

The CARE program provides a 20% discount on monthly gas & electric bills for qualifying households. Please review the income guidelines inside to see if you are eligible.

Family Electric Rate Assistance Program (FERA)
Electric Only

For households with three (3) or more persons, you may be able to receive more electricity at a lower rate. Check the income guidelines inside to see if you qualify.

If you believe you qualify for either program, please complete the enclosed application, fold, seal, and drop in the mail. No postage is necessary. You will be enrolled on only one program, depending on your total household income and household size provided inside.

You May Also Qualify For:

SDG&E's Energy Team Program: Free energy education, energy-efficient appliances, and weatherization services for income-qualified households. Renters and home owners are eligible.

SDG&E's Medical Baseline Program: People with special medical needs can receive additional energy at a lower rate.

Low Income Home Energy Assistance Program (LIHEAP): For those who qualify, emergency bill payment assistance and weatherization service is available. Call the Department of Community Services and Development at 1-866-675-6623.

Universal Lifeline Telephone Service (ULTS): Discounted telephone access for customers meeting similar income guidelines to CARE. For more information, contact your local telephone service provider.

If you have any program questions or would like more information on the ways we're working to provide exceptional customer service, please call us at **1-800-411-SDGE (7343).** For people with hearing impairments, SDG&E offers TDD/TTY Monday through Friday from 8:00 A.M. to 5:00 P.M. Simply call us at 619-235-0497.

Estimado cliente de SDG&E:

SDG&E ofrece dos programas de reducción de tarifas para los cuales podría usted calificar. Ambos programas se basan en el ingreso total del hogar y el número de personas que vivan en el mismo. Sírvase revisar la siguiente información para conocer los requisitos de los programas.

Tarifas Alternas de Energía para California (CARE)
Para gas y electricidad

El programa CARE ofrece un descuento del 20% en las facturas mensuales de gas y electricidad a los hogares que reúnan los requisitos. Revise los lineamientos de ingreso para saber si califica.

Programa Familiar de Reducción de Tarifas Eléctricas (FERA) ***Para electricidad únicamente***

Para los hogares con tres (3) miembros o más, usted pudiera recibir más electricidad con tarifas reducidas. Revise los lineamientos de ingreso para saber si califica.

Si cree usted que reúne los requisitos para cualquiera de los programas, sírvase llenar, doblar, cerrar y depositar en el correo la solicitud adjunta. No requiere timbre postal. Estará inscrito únicamente en un programa, dependiendo del ingreso total del hogar y el número de personas que señale a continuación.

También pudiera calificar para:

Programa Energy Team de SDG&E: Educación energética gratuita, aparatos eficientes en energía y servicios de impermeabilización para los hogares que reúnan los requisitos de ingreso. Inquilinos y propietarios son elegibles.

Programa de Asignaciones Médicas Iniciales de SDG&E: Las personas con alguna afección médica especial pueden recibir energía adicional a una tarifa más baja.

Programa de Ayuda Energética para Hogares de Bajos Recursos (LIHEAP): Ofrece ayuda de emergencia para el pago de facturas y servicio de impermeabilización para el hogar a quienes reúnen los requisitos. Llame a Department of Community Services al 1-866-675-6623.

Servicio Telefónico Lifeline Universal (ULTS): Acceso al servicio telefónico de bajo costo para los clientes que reúnan requisitos similares a los del programa CARE. Para mayores informes, llame a su proveedor local de servicios telefónicos.

Si tiene alguna pregunta sobre el programa o si desea obtener más información sobre cómo nos esforzamos por proveerle un excepcional servicio al cliente, por favor llámenos al **1-800-311-SDGE (7343).**

CARE and FERA Application/CARE y FERA la Aplicación

Household Members	Income Guidelines	
	CARE	FERA
1 or 2	$0 to $27,700	Not applicable
3	$0 to $32,500	$32,501 to $40,600
4	$0 to $39,200	$39,201 to $49,000
5	$0 to $45,900	$45,901 to $57,400
6	$0 to $52,600	$52,601 to $65,800
Each Additional Member	Add $6,700	Add $6,701 to $8,400

No. de personas en el hogar	Límite de ingreso	
	CARE	FERA
1 ó 2	$0 a $27,700	No aplicá
3	$0 a $32,500	$32,501 a $40,600
4	$0 a $39,200	$39,201 a $49,000
5	$0 a $45,900	$45,901 a $57,400
6	$0 a $52,600	$52,601 a $65,800
Por cada persona adicional	Añada $6,700	Añada $6,701 a $8,400

1 Review Qualifications

Rules for Participation

(applies to both the CARE and FERA Programs)

- You must notify SDG&E if you no longer qualify.
- You may not be claimed on another person's income tax return other than your spouse.
- Your total yearly household income (all income of all persons living in your home) – before deductions – is no more than the income level listed.
- You must renew your application when requested.
- You may be asked to verify your income.

1 Revise los Requistos

Reglas de participación

(aplican tanto al programa CARE o FERA)

- Tiene que notificar a SDG&E si ya no reúne los requisitos.
- No debe aparecer como dependiente en la declaración de impuestos de otra persona que no sea su cónyuge.
- El ingreso total anual de su hogar (el ingreso de todas las personas que vivan en su hogar) - antes de deducciones - no sobrepasa el nivel de ingreso mostrados.
- Debe renovar su solicitud cuando le sea requerido.
- Le pueden pedir verificación de ingreso.

2 Total Your Household's Income/Sume el Ingreso Total de su Hogar

You must count all sources of your household's income, including:

- Wages or Salaries

Interest or Dividends from:

- Savings Accounts,
- Stocks or Bonds, or
- Retirement Accounts
- Unemployment Benefits
- Disability Payments
- Workers Compensation
- Social Security, SSI, SSP
- Pensions
- Insurance Settlements
- Legal Settlements
- TANF (AFDC)
- Food Stamps
- Child Support
- Cash and/or Other Income
- Spousal Support
- Rental or Royalty Income
- Scholarships, Grants, or Other Aid Used for Living Expenses
- Profit from Self-Employment (IRS Form 1040, Schedule C, line 29)

Tome en cuenta todas las fuentes de ingresos de su hogar, incluyendo:

- Salarios o sueldos
- Seguro Social, SSI, SSP
- Pensión alimenticia
- Prestaciones de desempleo
- Pensiones
- Efectivo y/u otro ingreso
- Ingreso por alquiler o regalías
- Indemnizaciones de seguros
- Pagos por incapacidad
- Estampillas para alimentos
- Indemnizaciones legales
- Indemnización para los trabajadores
- Manutención conyugal
- TANF (AFDC)
- Intereses o dividendos de: Cuentas de ahorro, acciones, bonos, o cuentas para el retiro
- Becas, subvenciones u otra ayuda usada para sufragar el costo de la vida
- Utilidades de autoempleo (Formulario 1040, anexo C, línea 29 del IRS)

3 Complete the Application/Llene la Solicitud *Please print clearly (Favor de imprimir con claridad)*

You will be enrolled on only one program, depending on your total household income and household size provided below.
Estará inscrito únicamente en un programa, dependiendo del ingreso total del hogar y el número de personas que señale a continuación.

Your Name (Su Nombre) _____

Your Address (Su Domicilio) _____ Unit (Apartamento) _____

City (Cuidad) _____ Zip Code (Codigo Postal) _____

( ) _____ ( ) _____

Home Telephone (Telefono particular) Work Telephone (Telefono de su trabajo)

Name of mobilehome park or apartment complex (Nombre del parque de casas móviles o unidad habitacional) _____

Manager of complex (Administrador del parque o edificio) _____ Manager's Telephone (Teléfono del administrador _____

Street address of park complex (Domcilio del parque o unidad) _____ City (Ciudad) _____

I receive ◯ gas, ◯ electric directly from SDG&E. My SDG&E account number
(Recibo servico de ◯ gas, ◯ luz directamente de SDG&E. Número de cuenta de SDG&E) _____

I receive ◯ gas, ◯ electric through a submeter. Master meter number
(Recibo servico de ◯ gas, ◯ luz a través de un medidor colectivo. Número del medidor colectivo) _____

SDG&E account number for mobilehome park or apartment complex
(Número de cuenta SDG&E del parque de casas móviles o unidad habitacional) _____

Total Yearly Household Income (Ingreso total anual en el hogar) [ ]

Number of Persons in Household (Número de personas) [ ] + [ ] = [ ]
Adults (Adultos) Children (Niños) Total (Total)

4 Sign Your Application Below/Firme la siguiente solicitud.

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform SDG&E if I no longer qualify. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. I understand that SDG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

SOURCE CODE
Internal use only

Declaro que la información que he proporcionado es verdadera y correcta. Convengo en proporcionar comprobantes de ingreso si me son requeridos. Convengo en informar a SDG&E si dejo de reunir los requisitos para recibir el descuento. Tengo entendido de que si recibo cualquier descuento sin reunir los requisitos para el mismo, podré ser requerido a pagar el descuento que recibí. Entiendo que SDG&E puede compartir mi información con otras empresas de servicio público o sus representantes para registrarme en sus programas de asistencia.

*

Customer Signature (Firme del Cliente) _____ Date (Fecha) _____

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0540108 1005 10M

FORM 142-732/2 10/27/05

No Tape/No Use Cinta Adhesiva | Fold, Moisten and Seal/Humedezca y Selle | No Staples/No Engrape

SAMPLE FORMS

FORM 142-732/3

California Alternate Rates For Energy (CARE) Program
Recertification Application and Statement of Eligibility

Form 142-732/3

(11/05) T

(See Attached Form)

ACCOUNT NUMBER: ########## 05/14/03

YOUR ENERGY BILL DISCOUNT IS ABOUT TO EXPIRE!

You are currently receiving a 20% discount on your monthly energy bill through the California Alternate Rates for Energy or CARE program. Over a year's time, the **average** gas & electric CARE customer can save about $200.

Every two years CARE participants are asked to renew their eligibility in order to continue receiving the discount. Please review the current eligibility guidelines below to see if you still qualify for the discount.

Number of Persons in the Home	**1 or 2**	**3**	**4**	**5**	**6**
Maximum Household Income no more than:	**$27,700**	**$32,500**	**$39,200**	**$45,900**	**$52,600**
For each additional person in your household add $6,700					

If you qualify, please complete and sign the enclosed renewal application and return it to SDG&E immediately so you will continue to receive the discount. If you no longer qualify, please check the box below and return this letter in the postage-paid envelope provided.

☐ I no longer qualify or wish to participate in the CARE program. Please remove my account from the discounted rate.

If we do not receive your renewal application within 30 days, you will be removed from the CARE program and you will no longer receive the discount. While you do not need to include any income documentation now, you may need to provide proof of income at a later date.

You may also qualify for other programs and services:

The Energy Team: Free energy education, energy-efficient appliances, and weatherization services are available for income-qualified customers. For more information, call SDG&E at 1-800-411-SDGE (7343).

Medical Baseline: People with special medical needs can receive additional energy at the lowest rate. For program information, please call SDG&E at 1-800-411-SDGE (7343).

Low Income Home Energy Assistance Program (LIHEAP): Bill payment assistance, emergency bill assistance and weatherization services for qualified customers. Call the California Department of Community Services and Development at 1-866-675-6623 for more information.

Universal Lifeline Telephone Service (ULTS): Discounted telephone access for customers meeting similar income guidelines as CARE. For more information on this service please contact your local telephone service provider.

SDG&E is committed to responding to your energy needs and providing exceptional customer service. If you have any questions about CARE or would like more information, please call us at **1-800-560-5551.**

California Alternate Rates for Energy (CARE) Renewal Application

Account: XXXXXXXXXX

☞ ❶ Review Qualifications

Rules for Participation

- The SDG&E bill must be in your name and address must be your primary residence.
- You must notify SDG&E if you no longer qualify.
- You may not be claimed on another person's income tax return other than your spouse.
- Your total yearly household income (all income of all persons living in your home) –before deductions—is no more than the income level listed.
- You must renew your application when requested.
- You may be asked to verify your income.

☞ ❷ Total Your Household's Income

You must count all sources of your household's income, including:

- Wages or Salaries
- Interest or Dividends from:
  - Savings Accounts
  - Stocks or Bonds, or
  - Retirement Accounts
- Unemployment Benefits
- Rental or Royalty Income
- Disability Payments
- Workers Compensation
- Social Security, SSI, SSP
- Pensions
- Insurance Settlements
- Legal Settlements
- TANF (AFDC)
- Food Stamps
- Spousal Support
- Child Support
- Cash and/or
- Other Income
- Scholarships, Grants, or Other Aid Used for Living Expenses
- Profit from Self-Employment (IRS Form 1040, Schedule C, line 29)

☞ ❸ Check the appropriate box in each column below:

Total number of persons in household	Total combined yearly household income
❑ 1 or 2	❑ $0 - $27-700
❑ 3	❑ $27,701 - $32,500
❑ 4	❑ $32,501 - $39,200
❑ 5	❑ $39,201 - $45,900
❑ 6	❑ $45,901 - $52,600
❑ More Than 6 Number_____	❑ More than $52,601 $_____
Adults _____ Children _____	

☞ ❹ Sign Your Application Below

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform SDG&E if I no longer qualify to receive the discount. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. I understand that SDG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

Signature _____ ✍ **Date**_____

☎ **Phone Number** (____) _____

NÚMERO DE CUENTA: ########## 14/05/03

¡EL DESCUENTO EN SU FACTURA DE ENERGÍA ESTÁ PRÓXIMO A VENCER!

Actualmente está recibiendo un 20% de descuento en su factura mensual de energía a través de Tarifas Alternas de Energía de California o programa CARE. A lo largo de un año, el cliente **promedio** de gas y electricidad que participa en el programa CARE, puede ahorrar aproximadamente $200.

Cada dos años les pedimos a los participantes del programa que vuelvan a solicitarlo y confirmen que siguen reuniendo los requisitos para el descuento. Por favor revise los límites de ingreso que aparecen a continuación para ver si aún sigue teniendo derecho al 20% de descuento en su factura mensual de energía.

Número de personas en el hogar	1 ó 2	3	4	5	6
Ingreso máximo en el hogar:	$27,700	$32,500	$39,200	$45,900	$52,600
Por cada persona adicional en el hogar, añada $6,700					

Si cumple usted los requisitos, por favor complete y firme la solicitud anexa y regrésela a SDG&E en el sobre incluído. Si ya no reúne los requisitos o ya no desea participar, favor de marcar la caja mostrada abajo y regrese esta carta en el sobre incluído.

☐ Ya no reúno los requisitos o no deseo participar en el programa CARE. Por favor regrese mi cuenta de SDG&E a la tarifa residencial regular.

Para poder permanecer en este programa y continuar recibiendo el descuento, tenemos que recibir su solicitud en un plazo no mayor de 30 días a partir de la fecha de esta carta.

Quizás califique para otros programas y servicios:

Programa *Energy Team:* Servicios que le ayudan a mejorar la eficiencia de energía en su hogar. Para mas información, comuníquese a SDG&E al 1-800-311-7343.

Asignación Médica: Personas con una afección médica que requiera calefacción, aire acondicionado o equipo de soporte vital pueden obtener una asignación de energía adicional a la tarifa más baja. Para mas información, comuníquese a SDG&E al 1-800-311-7343.

Programa *LIHEAP:* Programa de asistencia del pago de energía para hogares de bajos ingresos. Provee ayuda para el pago de facturas de energía y ayuda de emergencia para el pago de facturas y servicios de impermeabilización. Para más información, comuníquese al Departamento De Servicios Y Desarrollo De La Comunidad De California al 1-866-675-6683.

Programa *ULTS*: La Línea Universal De Servicio De Teléfono. Servicios de teléfono a precios de descuento a clientes que reúnan requisitos similares de los del programa CARE. Llame a su compañía de teléfono para más información.

Si tiene alguna pregunta o quiere obtener más información acerca de la manera en que nos esforzamos por proveer un excepcional servicio al cliente, haga usted favor de llamarnos al **1-800-560-5551.**

Programa de Tarifas Alternas Para Energía de California (CARE)- Renovación

Número de cuenta: XXXXXXXXXX

☞ ❶ Revise los requisitos

Reglas de participación:

- La factura de SDG&E tiene que estar a su nombre y el domicilio tiene que ser su residencia principal
- Tiene que notificar a SDG&E si ya no reúne los requisitos.
- No debe aparecer como dependiente en la declaración de impuestos de otra persona que no sea su cónyuge.
- El ingreso anual total de su hogar (el ingreso o ayuda recibida por todas las personas que viven en su hogar) -antes de deducciones- no sobrepasa el nivel de ingresos señalados.
- Debe renovar su solicitud cuando le sea requerido.
- Le pueden pedir verificación de ingreso.

☞ ❷ Sume el ingreso total de su hogar

Tiene que sumar todas las fuentes de ingresos de su hogar, incluyendo:

- Sueldos
- Intereses o Dividendos de:
  - Cuentas de Ahorro,
  - Acciones o Bonos, o
  - Cuentas de Jubilación
- Prestaciones de desempleo
- Pensión Conyugal
- Ingresos por alquiler o regalías
- Estampillas de comida
- TANF
- Pensiones
- Pensión alimenticia
- Indemnizaciones legales
- Indemnizaciones de seguro
- Indemnización del trabajador
- Seguro Social, SSI, SSP
- Pagos de incapacidad
- Dinero en efectivo y/u otros
- Becas, subvenciones, o otra ayuda usada para sufragar el costo de la vida
- Ganancias por autoempleo (Forma 1040, tabla C, renglón 29 del IRS)

☞ ❸Favor de marcar el cuadro que corresponde con su hogar:

Número total de personas que viven en su hogar	Ingreso total anual combinado de su hogar
❑ 1 o 2	❑ $0 - $27-700
❑ 3	❑ $27,701 - $32,500
❑ 4	❑ $32,501 - $39,200
❑ 5	❑ $39,201 - $45,900
❑ 6	❑ $45,901 - $52,600
❑ Mas de seis: Número_____	❑ Mas de $52,601 $_____
Adultos_____Niños_____	

☞ ❹ Firme la siguiente solicitud.

Declaro que la información que he proporcionado es verdadera y correcta. Convengo en proporcionar comprobantes de ingreso si me son requeridos. Convengo en informar a SDG&E si dejo de reunir los requisitos para recibir el descuento. Tengo entendido que si recibo cualquier descuento sin reunir los requisitos para el mismo, podré ser requerido a pagar el descuento que recibí. Entiendo que SDG&E puede compartir mi información con otras empresas de servicio público para registrarme en sus programas de asistencia.

Firma_____ ✍ **Fecha**_____

☎ **Número de teléfono** (____) _____

SAMPLE FORMS

FORM 142-732/5

California Alternate Rates for Energy (CARE) Program
Post Enrollment Verification

Form 142-732/5

(11/05) T

(See Attached Form)

Account Number: ##########

DO YOU STILL QUALIFY FOR THE CARE PROGRAM?

You are currently participating in SDG&E's California Alternate Rates for Energy (CARE) program which provides you with a 20% discount on your energy bill. The average savings for gas and electric users can total up to $200 per year.

Participants of the CARE program are sometimes asked for proof of income. At this time SDG&E needs to verify your eligibility in order for you to continue receiving the discount.

Please return the completed form and all supporting documents proving income for all members of your household in the envelope provided within **30** days. Refer to your form for the types of acceptable income documents and only send copies of all supporting documents. **We are unable to return original documents to you.**

If your income has recently changed and you no longer qualify, or you no longer wish to participate in the CARE program, please check the box below and return this letter in the postage-paid envelope provided.

☐ I no longer qualify or wish to participate in the CARE program. Please remove my account from the program.

If you have any questions about the CARE program, please call us at 1-800-560-5551.

Sincerely,

San Diego Gas & Electric
CARE Program

0310

Account Number: ##########

Maximum Household Income	
Number of Persons In Household	Total Combined Yearly Income
1 or 2	$27,700
3	$32,500
4	$39,200
5	$45,900
6	$52,600
Add $6,700 for each additional person.	

DO YOU STILL QUALIFY FOR CARE?

Please complete this form and return it with **copies** of income documents from all sources that apply to your household as proof of income. **Not everything listed below may apply to you or your household**. If you are not sure what to send, please call us at **1-800-560-5551**.

✸ Copies of two consecutive pay stubs showing current pay and year-to-date wages for all household members.

✸ **Please check all those that apply to you and provide copies of documents:**

- ❑ Social Security
- ❑ Disability, Insurance or legal settlements
- ❑ Notice of Action for AFDC/TANF
- ❑ Food Stamps
- ❑ Foster Care
- ❑ Retirement benefits
- ❑ Veterans benefits
- ❑ Unemployment check stubs
- ❑ Child support
- ❑ Spousal support
- ❑ Student Grants
- ❑ scholarships or other aid.

Note: If your benefits are deposited directly to your bank account, a copy of your latest bank statement showing amount and source of deposit will serve as proof. You may exclude bank account numbers if you wish.

✸ Federal Income Tax Return(s) for last year, including all schedules

✸ If you are not currently employed, and none of the options above apply to you, please provide a statement explaining the current source(s)of income used to support your household.

☞ TOTAL GROSS ANNUAL HOUSEHOLD INCOME: _____
(This is the total gross annual income for all members of the household located at the address at which the CARE discount is provided.)

☞ NUMBER OF PERSONS IN THE HOUSEHOLD: Adults _____ Children _____

I state that the information I have provided is true and correct. I agree to provide proof of income if asked. I agree to inform SDG&E if I no longer qualify to receive the discount. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. I understand that SDG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

☞ _____ ✍ _____
Applicants Signature DATE

Número de cuenta: ##########

TARIFAS ALTERNAS DE ENERGÍA PARA CALIFORNIA (CARE)

¿SIGUE REUNIENDO LOS REQUISITOS?

Actualmente usted participa en el programa de Tarifas Alternas de Energía para California (CARE), el cual le otorga un 20% de descuento en su factura de energía. El ahorro promedio para los usuarios de gas y electricidad puede ser de hasta $200 al año.

Los participantes del programa CARE están sujetos a una verificación de ingresos, y en este momento SDG&E necesitará verificar si reúne usted los requisitos para poder seguir recibiendo el descuento.

Sírvase regresar el formulario lleno y toda la documentación necesaria para comprobar los ingresos de todos los integrantes de su hogar, en el sobre que se proporciona y en un plazo menor de **30** días. Consulte su formulario para conocer los comprobantes de ingreso que se aceptan; envíe únicamente copias de los comprobantes. **No podemos devolverle los documentos originales.**

Si su nivel de ingreso ha cambiado recientemente y ya no reúne los requisitos para calificar o si ya no desea participar en el programa CARE, favor de marcar el recuadro de abajo y regresar la presente carta en el sobre con porte pagado que se anexa.

☐ Ya no reúno los requisitos o no deseo participar en el programa CARE. Favor de retirar mi cuenta del programa.

Si tiene alguna pregunta acerca del programa CARE, favor de llamarnos al 1-800-560-5551.

Atentamente,

San Diego Gas & Electric
Programa CARE

Número de cuenta: ##########

Ingreso máximo en el hogar	
No. de personas en el hogar	Ingreso total Anual combinado
1 ó 2	$27,700
3	$32,500
4	$39,200
5	$45,900
6	$52,600
Añada $6,700 por cada persona adicional.	

Toda vía califica para el programa CARE?

Favor de llenar este formulario y devolverlo con **copias** de los comprobantes de ingreso de todas las fuentes que apliquen en su hogar como prueba de ingreso. **No todos los documentos enlistados a continuación aplican en su caso o el de su hogar**. Si no está seguro de qué documentos enviar, llámenos al **1-800-560-5551**.

- Copias de dos talones de pago consecutivos que muestren su sueldo o salario actual y los ingresos acumulados en lo que va del año, de todas las personas que vivan en su hogar.
- **Favor de marcar todas las opciones que apliquen en su caso y proporcionar copias de los documentos correspondientes:**
  - ❑ Seguro social
  - ❑ Indemnizaciones por incapacidad, de seguro o legales
  - ❑ Notificación de acción para AFDC/TANF
  - ❑ Estampillas de alimentos
  - ❑ Cuidado temporal de niños (*Foster Care*)
  - ❑ Prestaciones por retiro
  - ❑ Prestaciones a veteranos
  - ❑ Talones de cheques de desempleo
  - ❑ Pensión alimenticia
  - ❑ Pensión conyugal
  - ❑ Subvenciones de estudiante
  - ❑ Becas u otro tipo de ayuda.

  Nota: Si le depositan sus beneficios directamente en una cuenta de banco, podrá presentar como comprobante una copia de su último estado de cuenta en donde aparezca el monto y la fuente de depósito. Puede excluir los números de su cuenta de banco si así lo desea.

- Declaración Federal de Impuestos correspondiente al último año, incluidos todos los anexos
- Si actualmente está desempleado y ninguna de las opciones anteriores aplica en su caso, sírvase proporcionar una declaración en la que explique la(s) fuente(s) actual(es) del ingreso utilizado para mantener su hogar.

☞ **INGRESO BRUTO TOTAL ANUAL DE SU HOGAR**: _____
(Se refiere al ingreso bruto total anual de todas las personas que viven en el hogar localizado en el domicilio en el que se otorga el descuento del programa CARE.)

☞ **NÚMERO DE PERSONAS QUE VIVEN EN SU HOGAR**: Adultos _____ Niños _____

Declaro que la información que he proporcionado es verdadera y correcta. Convengo en proporcionar comprobantes de ingreso si me son requeridos. Convengo en informar a SDG&E si dejo de reunir los requisitos para recibir el descuento. Tengo entendido de que si recibo cualquier descuento sin reunir los requisitos para el mismo, podré ser requerido a pagar el descuento que recibí. Entiendo que SDG&E puede compartir mi información con otras empresas de servicio público o sus representantes para registrarme en sus programas de asistencia.

☞ _____ ✍ _____
Firma del solicitante **Fecha**

SAMPLE FORMS

FORM 142-732/6 N

Residential Rate Assistance Application (Vietnamese) N

Form 142-732/6 N

(11/05) N

(See Attached Form) N

A Sempra Energy utility℠

TIẾT KIỆM TRÊN HÓA ĐƠN SDG&E

Chương trình trợ giúp khách hàng gia cư

SDG&E có hai chương trình trợ giúp khách hàng gia cư căn cứ vào lợi tức của tất cả mọi người cư ngụ cùng một địa chỉ. Xin xem phần Điều Kiện tham gia chương trình.

Chương Trình CARE
Áp dụng cho ga và điện

Khách hàng hội đủ điều kiện về lợi tức sẽ được giảm 20% trên hóa đơn ga điện hàng tháng. Xin xem bảng ấn định lợi tức để biết có hội đủ điều kiện hay không.

Chương Trình FERA
Chỉ áp dụng cho điện

Đối với gia đình 3 người trở lên, số lượng điện được tính tiền ở giá thấp sẽ được gia tăng. Xin xem bảng ấn định lợi tức để biết có hội đủ điều kiện hay không.

Nếu quý vị hội đủ điều kiện cho một trong hai chương trình nêu trên, xin điền đơn và gởi cho chúng tôi. Quý vị sẽ được ghi danh vào một trong hai chương trình này tùy theo mức lợi tức quý vị kê khai cho tất cả mọi người cư ngụ cùng địa chỉ.

Quý vị có thể hội đủ điều kiện cho những chương trình sau đây:

Chương trình Energy Team của SDG&E: Cung cấp thông tin miễn phí về việc tiết kiệm năng lượng, giảm giá cho những thiết bị hiệu suất cao và dịch vụ chỉnh trang nhà ở. Chương trình này căn cứ vào lợi tức.

Chương trình Định Mức Năng Lượng Căn Bản Vì Nhu Cầu Y Tế: Gia tăng số năng lượng được tính tiền ở giá thấp vì lý do sức khỏe.

Chương trình LIHEAP: Trợ giúp cấp thời trong việc trả hóa đơn cùng với dịch vụ chỉnh trang nhà cửa cho những ai hội đủ điều kiện. Xin gọi Nha Phụ Trách Dịch Vụ Cộng Đồng và Phát Triển ở số **1-866-675-6623**.

Chương trình ULTS: Giảm hóa đơn điện thoại cho những ai hội đủ điều kiện lợi tức như chương trình CARE. Nếu cần biết thêm chi tiết, xin vui lòng gọi công ty phụ trách dịch vụ điện thoại ở địa phương.

Nếu có thắc mắc nào về những chương trình này hoặc muốn biết thêm chi tiết về những dịch vụ thực hiện nhằm mục đích phục vụ khách hàng thật xuất sắc xin vui lòng liên lạc với chúng tôi tại số **1-800-411-SDGE (7343)**.

ĐƠN XIN VÀO CHƯƠNG TRÌNH CARE VÀ FERA

Tổng số người ngu cùng một địa chỉ	Mức ấn định lợi tức	
	CARE	FERA
1 hoặc 2	$0 đến $27,700	Không áp dụng
3	$0 đến $32,500	$32,501 đến $40,600
4	$0 đến $39,200	$39,201 đến $49,000
5	$0 đến $45,900	$45,901 đến $57,400
6	$0 đến $52,600	$52,601 đến $65,800
Thêm một người	cộng $6,700	cộng $6,701 đến $8,400

1 Điều Kiện

Quy định về việc tham gia chương trình CARE và FERA

- Quý vị phải là người đứng tên trên hóa đơn SDG&E và địa chỉ phải là nơi cư ngụ chính của quý vị.
- Quý vị phải thông báo cho SDG&E biết một khi quý vị không còn hội đủ điều kiện tham gia chương trình.
- Quý vị không thể được khai trên hồ sơ thuế của người khác chứng nhận là họ phải cấp dưỡng quý vị trừ khi là vợ hay chồng.
- Tổng số lợi tức hàng năm của tất cả mọi người cư ngụ cùng một địa chỉ—trước khi khấu trừ thuế—không được quá mức lợi tức liệt kê ở đây.
- Quý vị phải cập nhật hóa hồ sơ khi có sự yêu cầu.
- Quý vị cần phải chứng minh lợi tức nếu có sự yêu cầu.

2 Tổng số lợi tức của mọi người

Quý vị phải tổng cộng mọi nguồn lợi tức bao gồm:

- Tiền lương.
- Tiền lời từ trương mục tiết kiệm, chứng khoán, công khố phiếu hoặc quỹ hưu trí.
- Tiền trợ cấp thất nghiệp.
- Tiền cho thuê nhà, tiền bản quyền.
- Tiền học bổng, trợ cấp hoặc mọi trợ giúp khác để sinh sống.
- Lợi nhuận từ những việc làm tư (Mẫu 1040 của IRS, danh mục C, giòng 29).
- Tiền trợ cấp tàn tật.
- Tiền bồi thường lao động.
- Tiền an sinh xã hội, tiền trợ cấp SSI, SSP.
- Tiền hưu bổng.
- Tiền bồi thường bảo hiểm.
- Tiền từ mọi hình thức thanh toán pháp lý.
- Tiền trợ cấp TANF (AFDC).
- Phiếu thực phẩm (Food Stamps).
- Tiền cấp dưỡng cho con.
- Tiền mặt và/hoặc những lợi tức khác.
- Tiền cấp dưỡng cho vợ/chồng.

3 Điền đơn

Quý vị chỉ có thể ghi danh vào một chương trình mà thôi, tiêu chuẩn xét đơn căn cứ vào tổng số lợi tức của tất cả mọi người cư ngụ cùng một địa chỉ.

Xin điền thật rõ ràng

Tên và họ

Địa chỉ | Số phòng

Thành phố | Mã số vùng

( ) | ( )

Số điện thoại nhà | Số điện thoại sở làm

Số trương mục SDG&E (trên hóa đơn)

Tổng số lợi tức hàng năm của tất cả mọi người trong nhà

Tổng số người trong nhà

Người lớn + Trẻ em = Tổng cộng

SOURCE CODE
Internal use only

4 Ký tên

Tôi cam kết rằng những điều tôi khai trên đơn này là chính xác và đúng sự thật. Nếu được yêu cầu, tôi đồng ý sẽ cung cấp những giấy tờ chứng minh lợi tức. Tôi đồng ý sẽ thông báo cho SDG&E biết nếu tôi không còn hội đủ điều kiện giảm giá. Tôi hiểu rằng nếu tôi nhận giảm giá trong khi không hội đủ điều kiện, tôi có thể bị yêu cầu hoàn trả số tiền giảm giá tôi đã nhận. Tôi hiểu rằng đơn của tôi có thể được các công ty cung cấp năng lượng khác sử dụng khi tôi xin vào các chương trình trợ giúp của họ.

*

Chữ ký khách hàng | Ngày ký tên

XIN GỞI ĐƠN NÀY ĐẾN:

Attn: CARE Application
SDG&E
P.O. Box 129831
San Diego, CA 92112-9831

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SAMPLE FORMS

FORM 142-732/7 N

CARE Outreach Application (Direct Mail) N

Form 142-732/7 N

(11/05) N

(See Attached Form) N

SDGE

A Sempra Energy utility℠

Serving you today.
Planning for tomorrow.℠

You may now qualify for a 20% discount on your energy bill

DATE

Dear Customer,

Natural gas prices are at an all time high nationwide. As a result, SDG&E residential customers who use the same amount of gas and electricity this winter as they did last winter will see their total energy bills increase.

SDG&E's 20% energy bill discount program is one way to offset higher energy bills. And with newly expanded income guidelines in effect, you may now qualify. Qualifications are based on total household income and household size.

If you believe you qualify for the program, fill out the enclosed application and mail it back to us in the postage-paid envelope provided.

ENERGY BILL DISCOUNT QUALIFICATIONS

Household Members	Total Yearly Household Income
1 or 2	$27,700
3	$32,500
4	$39,200
5	$45,900
6	$52,600
Each additional	Add $6,700

CONDITIONS FOR PARTICIPATION

1. The SDG&E bill must be in your name.
2. You must notify SDG&E if you no longer qualify.
3. You may not be claimed on another person's income tax return.
4. Your total yearly household income (which is all the money and non-cash benefits received by every person living in your home) does not exceed the income levels shown.
5. You may be asked to verify your income.
6. You must renew your application when requested.

For more information on the CARE program, or other ways we're working to provide exceptional customer service, please call **1-800-560-5551**.

Sincerely,

Irma R. DePratti

Irma Robles DePratti
CARE Program Manager

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FORM 142-732/7 (10/27/05)

SDGE

A Sempra Energy utility℠

Atendiéndole hoy.
Planificando para el mañana.℠

Quizá tenga derecho a un 20% de descuento en su factura de energía

FECHA

Estimado(a) Cliente(a):

Los precios del gas natural han aumentado a un nivel sin precedentes en todo el país. Como resultado de ello, los clientes residenciales de SDG&E que consumen la misma cantidad de gas y electricidad que el invierno pasado, verán un aumento en la cantidad total que pagan por la energía.

El programa de descuento del 20% en la factura de energía de SDG&E es una forma de compensar el aumento en el costo de la energía. Y con los recientemente ampliados criterios de nivel de ingreso en vigor, tal vez reúna los requisitos ahora. Los requisitos se basan en el número e ingreso total de las personas que viven en el hogar.

Si cree usted que reúne los requisitos para el programa, llene la solicitud anexa y envíenosla en el sobre con porte pagado provisto.

REQUISITOS PARA EL DESCUENTO EN LA FACTURA DE ENERGÍA	
Número de personas en el hogar	Ingreso total anual en el hogar
1 ó 2	$27,700
3	$32,500
4	$39,200
5	$45,900
6	$52,600
Por cada uno adicional	Añada $6,700

CONDICIONES PARA PARTICIPAR

1. La factura de SDG&E debe estar a su nombre.
2. Debe notificar a SDG&E si deja de reunir los requisitos.
3. No puede aparecer como dependiente en la declaración de impuestos de otra persona.
4. El ingreso total anual de su hogar (todo el dinero en efectivo y otras prestaciones no monetarias recibidas por cada una de las personas que viven en su hogar) no debe exceder los niveles de ingreso señalados.
5. Tal vez le pidan que compruebe sus ingresos.
6. Debe renovar su solicitud cuando le sea requerido.

Para mayor información acerca del programa CARE y otras formas en que estamos trabajando para proveer un excepcional servicio al cliente, sírvase llamar al **1-800-560-5551.**

Atentamente,

Irma R. DePratti

Irma Robles DePratti
CARE/FERA Program Manager

A Sempra Energy utility℠

CARE 20% Discount Application

If your application is approved, you should see the CARE 20% discount on your energy bill within 30 days.

1 Check the total number of persons in your household:

◯ One (1) ◯ Two (2) ◯ Three (3) ◯ Four (4) ◯ Five (5)
◯ Six (6) ◯ More than Six (6+), Number: _____

Adults: _____ Children: _____

2 Please provide: Total Yearly Household Income $ _____

You must include all sources of your household income including:

- Wages or Salaries
- Interest or Dividends from:
  - Savings Accounts,
  - Stocks or Bonds, or
  - Retirement Accounts
- Unemployment Benefits
- Rental or Royalty Income
- Profit from Self-Employment (IRS Form 1040, Schedule C, line 29)
- Disability Payments
- Workers Compensation
- Social Security, SSI, SSP
- Pensions
- Insurance Settlements
- Legal Settlements
- Scholarships, Grants or Other Aid Used for Living Expenses
- TANF (AFDC)
- Food Stamps
- Child Support
- Cash and/or Other Income
- Spousal Support

Declaration and Self-Certification Statement:

I state the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform SDG&E if I no longer qualify to receive the discount. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. I understand that SDG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

SIGNATURE: _____ DATE: _____

PHONE NUMBER (OPTIONAL): _____

Please don't forget to include your signature.

Mail this application in the postage-paid envelope provided.

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SDGE
A Sempra Energy utility℠

Solicitud del descuento CARE del 20%

Si se aprueba su solicitud, deberá ver el descuento CARE del 20% en su factura de energía dentro de los próximos 30 días.

NOMBRE: _____

DOMICILIO: _____

CIUDAD, CÓDIGO POSTAL: _____

NÚMERO DE CUENTA: _____

1 Señale el número total de personas que viven en su hogar:

◯ Una (1) ◯ Dos (2) ◯ Tres (3) ◯ Cuatro (4) ◯ Cinco (5)
◯ Seis (6) ◯ Más de seis (6+), Número: _____

Adultos: _____ Niños: _____

2 Sírvase proveer: Ingreso Total Anual en el Hogar $ _____

Todas las fuentes de ingresos:

Sueldos o salarios
Interés o dividendos de:
- Cuentas de ahorro,
- Acciones o bonos, o
- Cuentas de retiro

Indemnizaciones legales
Pagos de incapacidad laboral
Seguro de indemnización de los trabajadores
Seguro Social, SSI, SSP
Pensiones
Indemnizaciones de seguro
Manutención conyugal
TANF (AFDC)
Estampillas para comida
Pensión alimenticia
Dinero en efectivo y/o otros ingresos
Prestaciones de desempleo
Ingreso de alquiler o regalías
Becas, subvenciones, u otra ayuda usada para sufragar el costo de la vida
Utilidades de Autoempleo (Forma IRS 1040, Tabla C, línea 29)

Declaración y afirmación de autocertificación:

Declaro que la información que he proveído en esta solicitud es verdadera y correcta. Convengo en proporcionar constancias de ingreso si se me solicita. Convengo en informar a SDG&E si dejo de tener derecho a recibir el descuento. Tengo entendido que si recibo cualquier descuento sin tener derecho al mismo, se me podrá exigir el reintegro del descuento recibido. Entiendo que SDG&E puede compartir mi información con otras empresas de servicio público o sus representantes para inscribirme en sus programas de ayuda.

FIRMA: _____ FECHA: _____

NÚMERO TELEFÓNICO (OPCIONAL): _____

Por favor no olvide firmar e incluir su número de cuenta.

Envíe esta solicitud en el sobre prepagado incluido.

SAMPLE FORMS

FORM 142-732/8 N

Residential Rate Assistance Application (Direct Mail) N

Form 142-732/8 N

(11/05) N

(See Attached Form) N

SDGE

A Sempra Energy utility℠

Serving you today.
Planning for tomorrow.℠

You may qualify for up to a 20% discount on your energy bill

DATE

Dear Customer,

If you're like most people, saving money is important to you. If you qualify, SDG&E's® 20% discount program is one way to save. The qualifying income guidelines for the CARE program increased and we wanted to let you know. In addition, SDG&E has the Family Electric Rate Assistance (FERA) program which provides an electric rate discount if you meet income and household size qualifications.

California Alternate Rates for Energy (CARE) *Gas & Electric:* The CARE program provides a 20% discount on monthly gas and electric bills for qualifying households.

Family Electric Rate Assistance Program (FERA) *Electric only:* Households with higher incomes and three (3) or more persons may be eligible for a reduced electric rate based on usage.

If you believe you qualify for either program, fill out the enclosed application and mail it back to us in the postage-paid envelope provided.

ENERGY BILL DISCOUNT QUALIFICATIONS
Income Guidelines

Household Members	CARE	FERA
1 or 2	$0 to $27,700	Not applicable
3	$0 to $32,500	$32,501 to $40,600
4	$0 to $39,200	$39,201 to $49,000
5	$0 to $45,900	$45,901 to $57,400
6	$0 to $52,600	$52,601 to $65,800
Each additional	Add $6,700	Add $8,400

CONDITIONS FOR PARTICIPATION

1. The SDG&E bill must be in your name.
2. You must notify SDG&E if you no longer qualify.
3. You may not be claimed on another person's income tax return.
4. Your total yearly household income (which is all the money and non-cash benefits received by every person living in your home) does not exceed the income levels shown.
5. You may be asked to verify your income.
6. You must renew your application when requested.

If you do not qualify for either discount, please share this information with anyone you know who may benefit from these programs. For more information on CARE or FERA, or other ways we're working to provide exceptional customer service, please call **1-800-560-5551**.

Sincerely,

Irma R. DePratti

Irma Robles DePratti
CARE/FERA Program Manager

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FORM 142-732/8 (10/27/05)

SDGE

A Sempra Energy utility℠

Atendiéndole hoy.
Planificando para el mañana.℠

Puede tener derecho a un 20% de descuento en su factura de energía

FECHA

Estimado(a) Cliente(a):

Si es como la mayoría de las personas, ahorrar dinero es importante para usted. Si reúne los requisitos, el programa del 20% de descuento de SDG&E® es una forma de ahorrar. Las pautas de ingreso para tener derecho a participar en el programa CARE acaban de aumentar y queríamos avisarle. Además, SDG&E cuenta con el Programa Familiar de Reducción de Tarifas Eléctricas (FERA) mismo que provee un descuento en la tarifa eléctrica si cumple usted con los requisitos de ingreso y número de personas viviendo en el hogar.

Tarifas Alternas de Energía para California (CARE) *para gas y electricidad.* El programa CARE ofrece un descuento del 20% en las facturas mensuales de gas y electricidad para los hogares que reúnan los requisitos.

Programa Familiar de Reducción de Tarifas Eléctricas (FERA) *para electricidad únicamente.* Para hogares con ingresos superiores y tres (3) o más personas, tal vez tenga derecho a una tarifa reducida con base en su consumo.

Si usted cree que reúne los requisitos para cualquiera de los dos programas, llene la solicitud adjunta y envíenosla en el sobre con porte pagado provisto.

REQUISITOS PARA EL DESCUENTO EN LA FACTURA DE ENERGÍA Requisitos de Ingreso		
Número de personas en el hogar	CARE	FERA
1 ó 2	$0 a $27,700	No aplicable
3	$0 a $32,500	$32,501 a $40,600
4	$0 a $39,200	$39,201 a $49,000
5	$0 a $45,900	$45,901 a $57,400
6	$0 a $52,600	$52,601 a $65,800
Por cada uno adicional	Añada $6,700	Añada $8,400

CONDICIONES PARA PARTICIPAR

1. La factura de SDG&E debe estar a su nombre.
2. Debe notificar a SDG&E si deja de reunir los requisitos.
3. No puede aparecer como dependiente en la declaración de impuestos de otra persona.
4. El ingreso total anual de su hogar (todo el dinero en efectivo y otras prestaciones no monetarias recibidas por cada una de las personas que viven en su hogar) no debe exceder los niveles de ingreso señalados.
5. Tal vez le pidan que compruebe sus ingresos.
6. Debe renovar su solicitud cuando le sea requerido.

Si no reúne los requisitos para ninguno de los dos descuentos, sírvase compartir esta información con cualquier persona que pudiera beneficiarse con estos programas. Para más información acerca de CARE o FERA, o de las otras formas en que estamos trabajando para proveer un excepcional servicio al cliente, sírvase llamar al **1-800-560-5551.**

Atentamente,

Irma R. DePratti

Irma Robles DePratti
CARE/FERA Program Manager

SDGE
A Sempra Energy utility℠

CARE and FERA Application for Residential Rate Assistance

You are eligible for only one discount program. SDG&E will review your application and enroll you in the appropriate program.

1 Check the total number of persons in your household:

◯ One (1) ◯ Two (2) ◯ Three (3) ◯ Four (4) ◯ Five (5)
◯ Six (6) ◯ More than Six (6+), Number: _____

Adults: _____ Children: _____

2 Please provide: Total Yearly Household Income $ _____

You must include all sources of your household income including:

- Wages or Salaries
- Interest or Dividends from:
  - Savings Accounts,
  - Stocks or Bonds, or
  - Retirement Accounts
- Unemployment Benefits
- Rental or Royalty Income
- Profit from Self-Employment (IRS Form 1040, Schedule C, line 29)
- Disability Payments
- Workers Compensation
- Social Security, SSI, SSP
- Pensions
- Insurance Settlements
- Legal Settlements
- Scholarships, Grants or Other Aid Used for Living Expenses
- TANF (AFDC)
- Food Stamps
- Child Support
- Cash and/or Other Income
- Spousal Support

Declaration and Self-Certification Statement:

I state the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform SDG&E if I no longer qualify to receive the discount. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. I understand that SDG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

SIGNATURE: _____ DATE: _____

PHONE NUMBER (OPTIONAL): _____

Please don't forget to include your signature.

Mail this application in the postage-paid envelope provided.

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Solicitud para los programas de asistencia para tarifas residenciales CARE y FERA

Sólo tiene derecho a un programa de descuento. SDG&E revisará su solicitud y lo inscribirá en el programa apropiado.

NOMBRE: _____

DOMICILIO: _____

CIUDAD, CÓDIGO POSTAL: _____

NÚMERO DE CUENTA: _____

1 Señale el número total de personas que viven en su hogar:

◯ Una (1) ◯ Dos (2) ◯ Tres (3) ◯ Cuatro (4) ◯ Cinco (5)
◯ Seis (6) ◯ Más de seis (6+), Número: _____

Adultos: _____ Niños: _____

2 Sírvase proveer: Ingreso Total Anual en el Hogar $ _____

Todas las fuentes de ingresos:

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- Cuentas de ahorro,
- Acciones o bonos, o
- Cuentas de retiro

Indemnizaciones legales
Pagos de incapacidad laboral
Seguro de indemnización de los trabajadores
Seguro Social, SSI, SSP
Pensiones
Indemnizaciones de seguro
Manutención conyugal
TANF (AFDC)
Estampillas para comida
Pensión alimenticia
Dinero en efectivo y/o otros ingresos
Prestaciones de desempleo
Ingreso de alquiler o regalías
Becas, subvenciones, u otra ayuda usada para sufragar el costo de la vida
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FIRMA: _____ FECHA: _____

NÚMERO TELEFÓNICO (OPCIONAL): _____

Por favor no olvide firmar e incluir su número de cuenta.

Envíe esta solicitud en el sobre prepagado incluido.

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Revised 15117-G	SCHEDULE G-CARE, CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM, Sheet 2	Original 14754-G
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ATTACHMENT B
ADVICE LETTER 1566-G

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SCHEDULE G-CARE

CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

SPECIAL CONDITIONS (Continued)

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

Number of Persons Living in Household	Total Annual Gross Income
1 or 2	$27,700
3	$32,500
4	$39,200
5	$45,900
6	$52,600

For households with more than six persons, add $6,700 for each additional person living in the household. The above income levels are subject to change annually by the Commission.

The applicant for the CARE discount must be the Utility's customer of record or a submetered tenant of a Utility customer.

No customer, submetered tenant, or facility resident who is claimed on another person's income tax return shall be eligible for the CARE program.

5. Verification. Information provided by the customer to the Utility is subject to verification as authorized by the Commission. Refusal or failure to provide documentation of eligibility acceptable to the Utility, upon request, shall result in the denial or termination of the CARE discount.

6. Backbilling. Customers may be backbilled under the applicable rate schedule for periods of ineligibility and/or if the direct benefits to the facility's residents claimed by the customer cannot be supported.

7. Customer Responsibility. It is the customer's responsibility to notify the Utility within 30 days if there is a change in eligibility status, except as specified for multi-family customers in Special Conditions 11 and 12 below.

8. Discount Calculation. The CARE discount shall be reflected through the use of separately stated discounted rates for each identified applicable service schedule, or alternatively, as an overall discount to the otherwise calculated customer, commodity and transportation charges.

In addition to the Special Conditions above pertaining to all applicable customers, Special Conditions specific to each type of applicable customer are set forth below.

SINGLE FAMILY CUSTOMERS

9. Location Eligibility. Customers are only eligible to receive this rate at one residential location at any one time.

(Continued)

SCHEDULE G-CARE

CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

SPECIAL CONDITIONS (Continued)

MULTI-FAMILY, SUBMETERED 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.

    b. The facility must provide a copy of its IRS Nonprofit Tax ID Form 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 $27,700. C

    d. With the exception of homeless shelters, all facilities must certify that they provide a "special needs" social service, such as meals, job development training, or rehabilitation programs, in addition to lodging for residents who qualify for the CARE discount.

    e. Homeless shelters must certify that they provide at least six beds per day or night for a minimum of 180 days each year for persons who have no alternative residence.

    f. The facility must certify that at least 70% of the energy supplied to the facility's premises is used for residential purposes.

    g. Government-owned facilities are not considered qualified non-profit group living facilities unless they are a qualified non-profit homeless shelter as defined above.

(Continued)

SCHEDULE G-CARE

CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

SPECIAL CONDITIONS (Continued)

AGRICULTURAL EMPLOYEE HOUSING FACILITY CUSTOMERS (Continued)

15. Eligibility Criteria (Continued)

c. Non-Profit Housing For Agricultural Employees

(1) The facility qualifies as housing for agricultural employees as defined in subdivision (b) of Section 1140.4 of the California Labor Code and has received an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code. The customer provides proof of non-profit status by providing a copy of an unrevoked letter or ruling from the Internal Revenue Service (Code Section 501 (c) (3)) or the Franchise Tax Board indicating that the entity is exempt from income taxes. The customer also provides a copy of a letter from the Assessor in the county where the facility is located indicating that the housing is exempt from local property taxes.

(2) For individually metered facilities, all usage (100%) must be residential. For master-metered facilities, at least 70% of the energy consumed on the CARE rate must be used for residential purposes. Energy used by offices, maintenance shops, or agriculture is not residential. Residential usage by employees who operate or manage the facility shall be excluded in the calculation of the 70% residential usage.

16. Determination of Income Eligibility. The customer applying for the CARE discount shall determine that 100 percent of the Agricultural Employee Housing Facility's residents as defined in Section 16 above qualify for the discount. The customer certifies that the total annual gross income (both taxable and non-taxable) from all sources for each individual and/or household meets the income eligibility guidelines as set forth in Special Condition 5. Upon request by the Utility, the customer shall provide proof of income eligibility (income tax returns, paycheck stubs or similar records acceptable to the Utility). The customer must retain all records for three years from the date of initial application and/or recertification for the CARE discount.

17. Certification of Benefits. For all Agricultural Employee Housing Facilities, the customer at the time of initial application for the CARE discount, must provide a description of how the discount will be used to directly benefit the occupants of the facility. During the annual recertification, the customer shall be required to certify under penalty of perjury how the past year's discount directly benefited the occupants of the facility, and how the next year's discount is expected to be used to directly benefit the occupants. It is the responsibility of the customer to maintain appropriate accounting entries, retain necessary supporting documents of how the CARE discount was used to benefit the occupants, and provide them to the Utility upon request. The customer must retain all records for three years from the date of initial application and/or recertification for the CARE discount.

18. 2005/2006 Winter Gas Initiative. Pursuant to Ordering Paragraphs 4 and 5 of D.05-10-044, for the period November 1, 2005 through April 30, 2006, the Utility: 1) may enroll CARE customers by telephone, and 2) shall suspend CARE recertification and post enrollment verification. N N

SCHEDULE GS

SUBMETERED MULTI-FAMILY NATURAL GAS SERVICE

SPECIAL CONDITIONS (Continued)

7. Low-Income. In order for the customer to qualify to have some or all of his usage billed at a CARE rate(s), a single-family accommodation supplied submetered service by the customer must qualify as a Low-Income Household under the following provisions:

a. Low-Income Household. A Low-Income Household is a household where the total annual gross income from all sources is no more than what is shown on the table below based on the number of persons living in the household. The combined income of all persons from all sources, both taxable and non-taxable, shall be no more than:

Number of Persons Living in Household	Total Annual Gross Income	
1 or 2	$27,700	C
3	$32,500	C
4	$39,200	C
5	$45,900	C
6	$52,600	C

For Households with more than six persons, add $6,700 for each additional person. The above income guidelines are subject to revision subsequent to the Commission's communication of new levels no later than May 1 of each year. C

b. Application and Eligibility Declaration. An application and eligibility declaration on a form authorized by the Commission is required to be sent directly to the utility by each single-family accommodation that is supplied submetered service by the customer. Renewal of each single-family accommodation's eligibility declaration will be required every year. Eligibility applies to one residential location at any one time and only to a permanent primary single-family accommodation. Customers served under this schedule shall provide application and declaration forms for the CARE rate to their submetered residential tenants. The completed CARE application forms of eligible low income tenants shall be mailed to the utility. When the utility receives a CARE application from a low income submetered tenant, after review and approval by the utility, the name of the qualified tenant will be forwarded to the master metered customer receiving service under this schedule.

c. Commencement of Rate. Eligible single-family accommodations will be reflected in the customer's billing commencing no more than one billing period after receipt of each application by the utility.

d. Verification. Information provided by the applicant is subject to verification by the utility. Refusal or failure of a resident of a single-family accommodation to provide documentation of eligibility acceptable to the utility, upon request by the utility, shall result in the disqualification from the CARE rate(s) of this schedule. When the utility receives an application from a low income submetered tenant, after review and approval by the utility, the name of the qualified tenant will be forwarded to the master metered customer receiving service under this schedule.

(Continued)

SCHEDULE GS

SUBMETERED MULTI-FAMILY NATURAL GAS SERVICE

SPECIAL CONDITIONS (Continued)

7. Low-Income. (Continued)

e. Notice From Resident/Customer. It is the responsibility of the resident of each single-family accommodation to notify the utility if there is a change in his eligibility status. It is the responsibility of the master metered customer to notify the utility immediately of the date each low income tenant is no longer receiving service from the master metered customer. In addition, if the master metered customer is aware that the tenant may no longer qualify for reasons such as a change in the number of persons in the tenant's household, the master metered customer should notify the utility.

f. Rebilling. Failure of the customer to abide by the utility's tariffs may result in rebilling or discontinuance of service in accordance with the utility's tariffs. The customer's account may also be rebilled consistent with Rule 18.

g. Combined Rates. The CARE rates of this schedule may not be combined with any other rate schedule.

h. Compliance. Customers receiving service under this schedule shall comply with the provisions of Public Utilities Code Section 739.5 in providing service to their submetered tenants. This includes, among other things, providing gas service to low income tenants under the provisions of Schedule GR-LI of the utility's tariffs.

i. 2005/2006 Winter Gas Initiative. Pursuant to Ordering Paragraphs 4 and 5 of D.05-10-044, for the period November 1, 2005 through April 30, 2006, the Utility: 1) may enroll CARE customers by telephone, and 2) shall suspend CARE recertification and post enrollment verification. N | | N

8. Service Charges. The charges under this schedule reflect bundled service where the Utility purchases and delivers natural gas to the customer's end use meter point. The difference, if any, between the GS and GS-A rates reflect the differences, if any, between the GPC and the GPC-A rates, respectively, as defined under Schedule GPC.

SCHEDULE GT

SUBMETERED MULTI-FAMILY NATURAL GAS SERVICE - MOBILEHOME PARK

SPECIAL CONDITIONS (Continued)

22. Low-Income. In order for the customer to qualify to have some or all of his usage billed at a CARE rate(s), a single-family accommodation supplied submetered service by the customer must qualify as a Low-Income Household under the following provisions:

a. Low-Income Household. A Low-Income Household is a household where the total annual gross income from all sources is no more than what is shown on the table below based on the number of persons living in the household. The combined income of all persons from all sources, both taxable and non-taxable, shall be no more than:

Number of Persons Living in Household	Total Annual Gross Income	
1 or 2	$27,700	C
3	$32,500	C
4	$39,200	C
5	$45,900	C
6	$52,600	C

For Households with more than six persons, add $6,700 for each additional person. The above income guidelines are subject to revision subsequent to the Commission's communication of new levels no later than May 1 of each year. C

b. Application and Eligibility Declaration. An application and eligibility declaration on a form authorized by the Commission is required to be sent directly to the utility by each single-family accommodation that is supplied submetered service by the customer. Renewal of each single-family accommodation's eligibility declaration will be required every year. Eligibility applies to one residential location at any one time and only to a permanent primary single-family accommodation. Customers served under this schedule shall provide application and declaration forms for the low income rate to their submetered residential tenants. The completed application forms of eligible low income tenants shall be mailed to the utility. When the utility receives an application from a low income submetered tenant, after review and approval by the utility, the name of the qualified tenant will be forwarded to the master metered customer receiving service under this schedule.

(Continued)

SCHEDULE GT

SUBMETERED MULTI-FAMILY NATURAL GAS SERVICE - MOBILEHOME PARK

SPECIAL CONDITIONS (Continued)

22. Low-Income. (Continued)

c. Commencement of Rate. Eligible single-family accommodations will be reflected in the customer's billing commencing no more than one billing period after receipt of each application by the utility.

d. Verification. Information provided by the applicant is subject to verification by the utility. Refusal or failure of a resident of a single-family accommodation to provide documentation of eligibility acceptable to the utility, upon request by the utility, shall result in the disqualification from the CARE rate(s) of this schedule.

e. Notice From Resident/Customer. It is the responsibility of the resident of each single-family accommodation to notify the utility if there is a change in his eligibility status. It is the responsibility of the master metered customer to notify the utility immediately of the date each low income tenant is no longer receiving service from the master meterd customer. In addition, if the master metered customer is aware that the tenant may no longer qualify for reasons such as a change in the number of persons in the tenant's household, the master metered customer should notify the utility.

f. Rebilling. Failure of the customer to abide by the utility's Tariffs may result in rebilling or discontinuance of service in accordance with the utility's tariffs. The customer's account may also be rebilled consistant with Rule 18.

g. Combined Rates. The CARE rates of this schedule may not be combined with any other schedule.

h. Compliance. Customers receiving service under this schedule shall comply with the provisions of Public Utilities Code Section 739.5 in providing service to their submetered tenants. This includes, among other things, providing gas service to low income tenants under the provisions of Schedule GR-LI of the utility's tariffs.

i. 2005/2006 Winter Gas Initiative. Pursuant to Ordering Paragraphs 4 and 5 of D.05-10-044, for the period November 1, 2005 through April 30, 2006, the Utility: 1) may enroll CARE customers by telephone, and 2) shall suspend CARE recertification and post enrollment verification. N | N

SCHEDULE G-91

SERVICE ESTABLISHMENT CHARGE

APPLICABILITY

Applicable to all gas customers metered by the utility.

TERRITORY

Within the entire territory served.

RATES

Service Establishment Charge $15.00

SPECIAL CONDITIONS

1. The service establishment charge provided for herein is in addition to the charges calculated in accordance with the applicable schedules and will be made each time an account is opened, including a turn-on or reconnection of gas service or a change of name on the account which requires an additional meter reading.

   2005/2006 Winter Gas Initiative N
   During the period November 1, 2005 through April 30 2006, the Utility shall waive the reconnection N
   fee for CARE customers pursuant to Ordering Paragraph 16 of D.05-10-044. N

2. In the event that a change of account can be made without an additional meter reading, one-third of the above charge shall apply.

3. The service establishment charge is applicable to service established during regular working hours with more than four hours' advance notice. With less than four hours' advance notice, service will be established during regular working hours at twice the above charge.

4. Four times the above charge shall apply for service established at a specified time during regular workdays. This option must be requested with at least 24 hours' prior notice, and work must begin within 30 minutes after the time specified in the request.

5. Four times the above charge shall apply for service established at any time on Sundays or holidays.

(Continued)

RULE 1

DEFINITIONS

BROKERAGE FEE: Fee charged to customers who procure supply directly from the Utility to cover gas purchasing expenses.

BURN: Natural gas usage as measured by electronic metering or an estimated quantity such as Minimum Daily Quantity (MinDQ) for purposes of compliance with winter delivery requirements as specified in Rule 30.

BUYBACK RATE: Rate applicable to excess imbalance volumes of gas as specified in the Utility's rate schedules. Rate shall generally be the lower of either 1) the Utility's lowest incremental cost of gas; or 2) 50% of the weighted average cost of gas of the applicable gas supply portfolio.

CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM: CPUC program that offers reduced rates to qualified low-income customers. Household income of customers qualifying for CARE assistance shall not exceed 200% of the Federal poverty level as established by the CPUC and set forth in the applicable Utility rate schedules. CARE Program was previously known as the Low-Income Ratepayer Assistance (LIRA) Program. C

CAPACITY CURTAILMENT: Capacity shortage exists when, in the utility's judgment, there exists a restriction or limitation on Utility transmission or distribution pipelines necessary for the acceptance, transmission, or subsequent redelivery of gas resulting in the Utility being unable to meet its operational, contractual, or gas customers' requirements.

COGENERATION: Sequential use of energy for the production of electrical and useful thermal energy. Sequence can be thermal use followed by power production or the reverse, subject to the following standards: (a) At least 5 percent of the facility's total annual energy output shall be in the form of useful thermal energy. (b) Where useful thermal energy follows power production, the useful annual power output plus one-half the useful annual thermal energy output equals not less than 42.5 percent of any natural gas and oil energy input.

COMMISSION: Public Utilities Commission of the State of California, sometimes referred to as the Public Utilities Commission (PUC) or the California Public Utilities Commission (CPUC).

COMPANY: See Utility.

COMPANY'S OPERATING CONVENIENCE: Use, under certain circumstances, of facilities or practices not ordinarily employed which contribute to the overall efficiency of the Utility's operations; term does not refer to customer convenience nor to the use of facilities or adoption of practices required to comply with applicable laws, ordinances, rules, regulations, or similar requirements of public authorities.

CONSERVATION METER: Meter to identify conservation applications to calibrate process equipment; to account for fuel and energy invested in a process, a production run, or the like. Not to be used for billing purposes.

CONTRACT QUANTITY, ANNUAL: Annual natural gas quantity contracted for delivery during each contract year. Quantity is based on the customer's historical usage or negotiated on the basis of the customer's operational forecast.

(Continued)

RULE 7

DEPOSITS

A. Amount of Deposit

1. Establishment of Credit

New domestic or non-domestic customers who request service from the utility may be required to place a security deposit with the utility for purposes of establishing credit. Existing customers who already have established credit histories with the utility shall be exempt from making this deposit.

The amount of deposit required to establish credit for a domestic account may be twice the average monthly bill as estimated by the utility. The amount of deposit required to establish credit for a non-domestic account may be twice the maximum monthly bill as estimated by the utility.

2. Re-establishment of Credit

The amount of deposit required to re-establish credit for both domestic and non-domestic accounts may be twice the maximum monthly bill as determined by the utility.

3. 2005/2006 Winter Gas Initiative N

During the period from November 1, 2005 through April 30, 2006, the Utility shall waive the required deposits for CARE customers, pursuant to Ordering Paragraph 16 of D.05-10-044. | N

B. Return of Deposit

The utility will notify the customer that his deposit is subject to return and will return the deposit (with interest as set forth under D. below), upon surrender to the utility of the deposit receipt properly endorsed or upon signing a cancellation receipt for same.

1. When the service is ordered discontinued by the customer, except when there are charges due the utility for gas service to the customer, in which case the deposit will be applied to the charges and the excess portion of the deposit will be returned.

2. When the customer has received continuous service and has paid his gas bills on the average within the period as set forth in Rule 9 B. for a period of 12 consecutive months. When eligible, the deposit is to be returned or applied to the customer's billing. Deposits are applicable to unpaid bills for gas service when such service has been discontinued.

Deposits will not be used as payment for past due bills to avoid discontinuance of service. Deposits are applicable to unpaid bills for gas service when such service has been discontinued.

(Continued)

RULE 9

RENDERING AND PAYMENT OF BILLS

B. Payment of Bills (Continued)

7. A monthly late payment charge, equal to SDG&E's authorized return on rate base divided by 12 and rounded to the nearest one-tenth of one percent, may be assessed on non-domestic accounts with billing in arrears if not received by the Utility, or by a duly authorized agent of the Utility, by the "late charge date" as shown on the bill. The "late charge date" will be at least 25 days from the date mailed as indicated on the bill. Payments applied shall satisfy the oldest portion of the bill first, any other billings second, and the current billing last. The charge may then be applied to any remaining unpaid balance.

   Effective March 1, 2000, the Late Payment Charge is 0.7% (seven-tenths of one percent).

   Where an account serves a state agency and payment is not received within 45 calendar days after the date of electronic transfer or the postmark date of the bill, the late payment charge applicable to that account will be at a rate of one (1) percent above the rate accrued on June 30th of the prior year by the Pooled Money Investment Account (PMIA), but not to exceed 15 percent, all as set forth in Government Code Section 927.6 (b). Such rate shall be applied to and accrue on a state agency account only after 45 days from the date of the postmark on the bill has elapsed.

   The State of California shall notify the Utility as to which accounts serve state agencies. The provisions of the above paragraph shall apply after such notification, except where the Utility has previously identified the account as one belonging to the state agency.

8. Customers choosing to use an alternative payment method, such as a bill aggregator or financial institution, may be charged a fee by the third party.

C. Level Pay Plan (LPP)

Non-Residential customers who are served under any of the core rate schedules for metered service, and who wish to minimize seasonal variations in monthly bills or to better comport with customer operations and cash flows, may be permitted at the Utility's discretion, to participate in the Level Pay Plan ("LPP"). The LPP is available to all non-residential core customers subject to the Utility's capability of handling the billing mechanics.

Single-family residential customers and master metered customers, with submeters, qualifying for baseline allowances, who are served under any of the residential rate schedules and who wish to minimize variations in monthly bills may elect to participate in the LPP under the following conditions. T

1. The LPP year begins when the first LPP billing is rendered and extends for 11 subsequent months. Eligible customers may join the plan in any month.

2. Participation is subject to approval by the Utility.

3. Participants must be a customer of record for at least 12 months and have maintained a satisfactory payment record or shall have otherwise qualified for credit to the satisfaction of the Utility.

4. Participants must have no outstanding arrears on their account at the time their plan starts, or agree to amortize their arrears amount. N N

5. Meters will be read and billed at regular monthly intervals.

6. Customers will be expected to pay the LPP amount shown due each month.

(Continued)

RULE 11

DISCONTINUANCE OF SERVICE

A. Non-Payment of Bills (Continued)

For an indebtedness owed by the customer to any other person or corporation or when the obligation represented by the delinquent account or other indebtedness was incurred with a person or corporation other than the gas utility demanding payment therefor.

When a delinquent account relates to another property owned, managed, or operated by the customer.

When a public health or building officer certifies that disconnection would result in a significant threat to the health and safety of the occupants or the public.

A non-domestic customer's gas service may be discontinued for the non-payment of a past due bill for gas service provided that a written notice of discontinuance has been issued and the bill has not been paid within seven days of the past due notice.

A customer's gas service may be discontinued for non-payment of a bill for gas service provided him at any previous location served by the utility if that bill is not paid in accordance with the rules of the utility.

If a customer is receiving more than one service, any or all services may be discontinued when any service, regardless of location, is discontinued for non-payment. However, domestic service will not be discontinued because of non-payment of bills for other classes of service.

The utility shall not, by reason of delinquency in payment for gas service, cause cessation of service on any Saturday, Sunday, legal holiday, or at any time during which the business offices of the utility are not open to the public.

Service wrongfully terminated shall be restored without charge for the restoration of service, and a notification thereof shall be mailed to the customer at the billing address.

2005/2006 Winter Gas Initiative N

Pursuant to Ordering Paragraph 16 of D.05-10-044, for the period November 1, 2005 through April 30, 2006, the Utility shall not disconnect service for non-payment of bills by residential customers who pay at least 50% of their current bill and agree to participate in and comply with the Level Pay Plan, or at the Utility's discretion, comply with a plan to repay all past-due amounts within nine months. In addition, the Utility shall not disconnect CARE customers after the winter months if the customer agrees to, and complies with, a plan to repay all past due amounts within nine months. N

(Continued)

SAMPLE FORMS

FORM 142-732

Application and Statement of Eligibility
For Residential Rate Assistance Programs

Form 142-732

(11/05) T

(See Attached Form)

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1012 SAN DIEGO CA
POSTAGE WILL BE PAID BY ADDRESSEE

ATTN CARE PROGRAM
SAN DIEGO GAS AND ELECTRIC
PO BOX 129831
SAN DIEGO CA 92112-9985

SDGE

A Sempra Energy utility℠

Save money on your SDG&E® bill.

Ahorre dinero en su factura de SDG&E.

Residential Rate Assistance Application

Solicitud De Ayuda Para Tarifa Residencial

Application/Solicitud

Dear SDG&E Customer:

SDG&E has two residential rate assistance programs for which you may qualify. Both programs are based on total household income and household size. Please review the information inside for program requirements.

California Alternate Rates for Energy (CARE) ***Gas & Electric***
The CARE program provides a 20% discount on monthly gas & electric bills for qualifying households. Please review the income guidelines inside to see if you are eligible.

Family Electric Rate Assistance Program (FERA) ***Electric Only***
For households with three (3) or more persons, you may be able to receive more electricity at a lower rate. Check the income guidelines inside to see if you qualify.

If you believe you qualify for either program, please complete the enclosed application, fold, seal, and drop in the mail. No postage is necessary. You will be enrolled on only one program, depending on your total household income and household size provided inside.

You May Also Qualify For:

SDG&E's Energy Team Program: Free energy education, energy-efficient appliances, and weatherization services for income-qualified households. Renters and home owners are eligible.

SDG&E's Medical Baseline Program: People with special medical needs can receive additional energy at a lower rate.

Low Income Home Energy Assistance Program (LIHEAP): For those who qualify, emergency bill payment assistance and weatherization service is available. Call the Department of Community Services and Development at 1-866-675-6623.

Universal Lifeline Telephone Service (ULTS): Discounted telephone access for customers meeting similar income guidelines to CARE. For more information, contact your local telephone service provider.

If you have any program questions or would like more information on the ways we're working to provide exceptional customer service, please call us at 1-800-411-SDGE (7343). For people with hearing impairments, SDG&E offers TDD/TTY Monday through Friday from 8:00 A.M. to 5:00 P.M. Simply call us at 619-235-0497.

Estimado cliente de SDG&E:

SDG&E ofrece dos programas de reducción de tarifas para los cuales podría usted calificar. Ambos programas se basan en el ingreso total del hogar y el número de personas que vivan en el mismo. Sírvase revisar la siguiente información para conocer los requisitos de los programas.

Tarifas Alternas de Energía para California (CARE)
Para gas y electricidad
El programa CARE ofrece un descuento del 20% en las facturas mensuales de gas y electricidad a los hogares que reúnan los requisitos. Revise los lineamientos de ingreso para saber si califica.

Programa Familiar de Reducción de Tarifas Eléctricas (FERA)
Para electricidad únicamente
Para los hogares con tres (3) miembros o más, usted pudiera recibir más electricidad con tarifas reducidas. Revise los lineamientos de ingreso para saber si califica.

Si cree usted que reúne los requisitos para cualquiera de los programas, sírvase llenar, doblar, cerrar y depositar en el correo la solicitud adjunta. No requiere timbre postal. Estará inscrito únicamente en un programa, dependiendo del ingreso total del hogar y el número de personas que señale a continuación.

También pudiera calificar para:

Programa Energy Team de SDG&E: Educación energética gratuita, aparatos eficientes en energía y servicios de impermeabilización para los hogares que reúnan los requisitos de ingreso. Inquilinos y propietarios son elegibles.

Programa de Asignaciones Médicas Iniciales de SDG&E: Las personas con alguna afección médica especial pueden recibir energía adicional a una tarifa más baja.

Programa de Ayuda Energética para Hogares de Bajos Recursos (LIHEAP): Ofrece ayuda de emergencia para el pago de facturas y servicio de impermeabilización para el hogar a quienes reúnen los requisitos. Llame a Department of Community Services al 1-866-675-6623.

Servicio Telefónico Lifeline Universal (ULTS): Acceso al servicio telefónico de bajo costo para los clientes que reúnan requisitos similares a los del programa CARE. Para mayores informes, llame a su proveedor local de servicios telefónicos.

Si tiene alguna pregunta sobre el programa o si desea obtener más información sobre cómo nos esforzamos por proveerle un excepcional servicio al cliente, por favor llámenos al **1-800-311-SDGE (7343).**

CARE and FERA Application / CARE y FERA la Aplicación

Household Members	Income Guidelines	
	CARE	FERA
1 or 2	$0 to $27,700	Not applicable*
3	$0 to $32,500	$32,501 to $40,600
4	$0 to $39,200	$39,201 to $49,000
5	$0 to $45,900	$45,901 to $57,400
6	$0 to $52,600	$52,601 to $65,800
Each Additional Member	Add $6,700	Add $6,701 to $8,400

No. de personas en el hogar	Límite de ingreso	
	CARE	FERA
1 ó 2	$0 a $27,700	No aplica*
3	$0 a $32,500	$32,501 a $40,600
4	$0 a $39,200	$39,201 a $49,000
5	$0 a $45,900	$45,901 a $57,400
6	$0 a $52,600	$52,601 a $65,800
Por cada persona adicional	Añada $6,700	Añada $6,701 a $8,400

1 Review Qualifications

Rules for Participation

(applies to both the CARE and FERA Programs)

- The SDG&E bill must be in your name and the address must be your primary residence.
- You must notify SDG&E if you no longer qualify.
- You may not be claimed on another person's income tax return other than your spouse.
- Your total yearly household income (all income of all persons living in your home) – before deductions – is no more than the income level listed.
- You must renew your application when requested.
- You may be asked to verify your income.

1 Revise los Requistos

Reglas de participación

(aplican tanto al programa CARE o FERA)

- La factura de SDG&E debe estar a su nombre y el domicilio debe ser su residencia principal.
- Tiene que notificar a SDG&E si ya no reúne los requisitos.
- No debe aparecer como dependiente en la declaración de impuestos de otra persona que no sea su cónyuge.
- El ingreso total anual de su hogar (el ingreso de todas las personas que vivan en su hogar) - antes de deducciones - no sobrepasa el nivel de ingreso mostrados.
- Debe renovar su solicitud cuando le sea requerido.
- Le pueden pedir verificación de ingreso.

2 Total Your Household's Income/Sume el Ingreso Total de su Hogar

You must count all sources of your household's income, including:

- Wages or Salaries
- Interest or Dividends from:
  - Savings Accounts,
  - Stocks or Bonds, or
  - Retirement Accounts
- Unemployment Benefits
- Disability Payments
- Workers Compensation
- Social Security, SSI, SSP
- Pensions
- Insurance Settlements
- Legal Settlements
- TANF (AFDC)
- Food Stamps
- Child Support
- Cash and/or Other Income
- Spousal Support
- Rental or Royalty Income
- Scholarships, Grants, or Other Aid Used for Living Expenses
- Profit from Self-Employment (IRS Form 1040, Schedule C, line 29)

Tome en cuenta todas las fuentes de ingresos de su hogar, incluyendo:

- Salarios o sueldos
- Seguro Social, SSI, SSP
- Pensión alimenticia
- Prestaciones de desempleo
- Pensiones
- Efectivo y/u otro ingreso
- Ingreso por alquiler o regalías
- Indemnizaciones de seguros
- Pagos por incapacidad
- Estampillas para alimentos
- Indemnizaciones legales
- Indemnización para los trabajadores
- Manutención conyugal
- TANF (AFDC)
- Intereses o dividendos de: Cuentas de ahorro, acciones, bonos, o cuentas para el retiro
- Becas, subvenciones u otra ayuda usada para sufragar el costo de la vida
- Utilidades de autoempleo (Formulario 1040, anexo C, línea 29 del IRS)

3 Complete the Application/Llene la Solicitud *Please print clearly (Favor de imprimir con claridad)*

You will be enrolled on only one program, depending on your total household income and household size provided below.

Estará inscrito únicamente en un programa, dependiendo del ingreso total del hogar y el número de personas que señale a continuación.

Your Name (Su Nombre)

Your Address (Su Domicilio) Unit (Apartamento)

City (Cuidad) Zip Code (Codigo Postal)

( ) ( )

Home Telephone (Telefono particular) Work Telephone (Telefono de su trabajo)

SDG&E Account Number (Número de cuenta SDG&E)

Total Yearly Household Income
(Ingreso total anual en el hogar)

Number of Persons in Household
(Número de personas)

Adults (Adultos) + Children (Niños) = Total (Total)

SOURCE CODE
Internal use only

4 Sign Your Application Below/Firme la siguiente solicitud.

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform SDG&E if I no longer qualify. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. I understand that SDG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

Declaro que la información que he proporcionado es verdadera y correcta. Convengo en proporcionar comprobantes de ingreso si me son requeridos. Convengo en informar a SDG&E si dejo de reunir los requisitos para recibir el descuento. Tengo entendido de que si recibo cualquier descuento sin reunir los requisitos para el mismo, podré ser requerido a pagar el descuento que recibí. Entiendo que SDG&E puede compartir mi información con otras empresas de servicio público o sus representantes para registrarme en sus programas de asistencia.

*

Customer Signature (Firme del Cliente) Date (Fecha)

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0540107 1005

FORM 142-732 10/27/05

No Tape/No Use Cinta Adhesiva | Fold, Moisten and Seal/Humedezca y Selle | No Staples/No Engrape

SAMPLE FORMS

FORM 142-732/1 N

Residential Rate Assistance Application (IVR/System-Generated) N

Form 142-732/1 N

(11/05) N

(See Attached Form) N

Account: XXXXXXXXXX Date

Dear SDG&E Customer:

SDG&E has two rate assistance programs for which you may qualify. *You may be enrolled in only one program.* Both programs are based on total household income and the household size. Please review the information below for program requirements.

California Alternate Rates for Energy (CARE) Gas & Electric
The CARE program provides a 20% discount on monthly gas & electric energy bills for qualifying households. Please review the income guidelines below to see if you are eligible.

Family Electric Rate Assistance Program (FERA) Electric only
For households with three (3) or more persons, you may be able to receive more electricity at a lower rate. Check the income guidelines below to see if you are eligible.

Household Members	**Income Guidelines**	
	CARE	*FERA*
1 or 2	0 to $27,700	Not Applicable*
3	0 to $32,500	$32,501 to 40,600
4	0 to $39,200	$39,201 to 49,000
5	0 to $45,900	$45,901 to 57,400
6	to $52,600	$52,601 to 65,800
Each Additional Member	Add $6,700	Add $6,701 to 8,400

If you believe that you qualify for either program, please complete the enclosed application and return it in the postage-paid envelope provided. While you do not need to include any income documentation at this time, we may ask for proof of income at a later date.

You May Also Qualify For:

SDG&E's Energy Team Program: Free energy education, energy-efficient appliances, and weatherization services to income-qualified customers.

SDG&E's Medical Baseline: People with special medical needs can receive additional energy at the lowest rate.

Low Income Home Energy Assistance Program (LIHEAP): For those who qualify, emergency bill assistance and weatherization services are available. Call the California Department of Community Services and Development at 1-866-675-6623.

Universal Lifeline Telephone Service (ULTS): Discounted telephone access to customers meeting similar income guidelines as CARE. For more information on this service please contact your local telephone service provider.

If you have any program questions or would like more information on the ways we're working to provide exceptional customer service, please call us at **1-800-411-SDGE (7343).**

Sincerely,
San Diego Gas & Electric

Application for Rate Assistance Programs

Account: XXXXXXXXXX

Please review the income requirements in the enclosed letter to see if you qualify.

Rules for Participation (applies to both the CARE and Large Household Energy Use Programs)

- The SDG&E bill must be in your name and the address must be your primary residence.
- You must not be claimed on another person's income tax return other than your spouse.
- Your total yearly household income (all income of all persons living in your home) – before deductions – is no more than the income level listed.
- You must renew your application when requested.
- You may be asked to verify your income.
- You must notify SDG&E if you no longer qualify.

Total Household's Income (count all sources such as examples listed below)

- Wages or Salaries
- Social Security, SSI, SSP
- Child Support
- Unemployment Benefits
- Pensions
- Cash and/or other income
- Rental or Royalty Income
- Insurance Settlements
- Disability Payments
- Food Stamps
- Legal Settlements
- Workers Compensation
- Spousal Support
- TANF (AFDC)
- Interest or Dividends from: Savings Accounts Stocks or Bonds, or Retirement Accounts
- Scholarships, Grants or Other Aid Used for Living Expenses
- Profit from Self-Employment (IRS Form 1040, Schedule C, line 29)

Total Number of Persons in Household

Adults_____ Children_____

Total Yearly Household Income $_____

Sign Your Application Below
I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform SDG&E if I no longer qualify. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. I understand that SDG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

Signature_____ **Date**_____

Phone Number (____) _____

Número de cuenta:

Estimado cliente de SDG&E:

SDG&E ofrece dos programas de reducción de tarifas para los cuales usted podría calificar. Ambos programas se basan en el ingreso total del hogar y el número de personas que viven en el mismo. Sírvase revisar la siguiente información para conocer los requisitos de los programas.

Tarifas Alternas De Energía Para California (CARE) Para gas y electricidad
El programa CARE ofrece un descuento del 20% en las facturas mensuales de gas y electricidad a los hogares que reúnan los requisitos. Revise los siguientes lineamientos de ingreso para saber si califica.

Programa Familiar De Reducción De Tarifas Eléctricas (FERA) Para electricidad únicamente
Para los hogares con tres (3) miembros o más, usted pudiera recibir más electricidad con tarifas reducidas. Revise los siguientes lineamientos de ingreso para saber si califica.

No. de personas en el hogar	**Límite de ingreso**	
	CARE	*FERA*
1 or 2	0 to $27,700	No aplica*
3	0 to $32,500	$32,501 to 40,600
4	0 to $39,200	$39,201 to 49,000
5	0 to $45,900	$45,901 to 57,400
6	to $52,600	$52,601 to 65,800
Pro cada persona adicional	Añada $6,700	Añada $6,701 to 8,400

Si cree que reúne los requisitos para cualquiera de los programas, favor de llenar la solicitud adjunta y regresarla en el sobre que se ha proporcionado. Aunque no necesita comprobar sus ingresos en este momento, si podría solicitársele comprobantes de ingresos más adelante.

Quizás califique para otros programas y servicios:

Programa *Energy Team*: Servicios que le ayudan a mejorar la eficiencia de energía en su hogar. Para mas información, comuníquese a SDG&E al 1-800-311-7343.

Asignación Médica: Personas con una afección médica que requiera calefacción, aire acondicionado o equipo de soporte vital pueden obtener una asignación de energía adicional a la tarifa más baja. Para mas información, comuníquese a SDG&E al 1-800-311-7343.

Programa *LIHEAP:* Programa de asistencia del pago de energía para hogares de bajos ingresos. Provee ayuda para el pago de facturas de energía y ayuda de emergencia para el pago de facturas y servicios de impermeabilización. Para más información, comuníquese al Departamento De Servicios Y Desarrollo De La Comunidad De California al 1-866-675-6683.

Programa *ULTS*: La Línea Universal De Servicio De Teléfono. Servicios de teléfono a precios de descuento a clientes que reúnan requisitos similares de los del programa CARE. Llame a su compañía de teléfono para más información.

Si tiene preguntas sobre nuestros programas, por favor llámenos al 1-800-311-SDGE (7343)

Atentamente,
San Diego Gas & Electric

Cuenta: XXXXXXXXXX

Solicitud De Ayuda Para Tarifa Residencial

Sírvase usted revisar los lineamientos de ingreso descritos en la carta adjunta para ver si califica.

Reglas de participación (aplican tanto al programa CARE como al Programa Familiar de Reducción de Tarifas Eléctricas)

- La factura de SDG&E debe estar a su nombre y el domicilio debe ser su residencia principal.
- Tiene que notificar a SDG&E si deja de reunir los requisitos
- No debe aparecer como dependiente en la declaración de impuestos de otra persona que no sea su cónyuge.
- El ingreso total anual de su hogar (el ingreso o ayuda recibida por todas las personas que vivan en su hogar) – antes de deducciones – no sobrepasa el nivel de ingreso señalados.
- Debe renovar su solicitud cuando le sea requerido.
- Quizás le pidan que compruebe su ingreso.

Ingreso total del hogar (tome en cuenta todas las fuentes, tales como los ejemplos que se señalan a continuación)

- Sueldos
- Prestaciones de desempleo
- Ingreso por alquiler o regalías
- Estampillas para comida
- Pensión conyugal
- Seguro Social, SSI, SSP
- Pensiones
- Indemnizaciones de seguros
- Indemnizaciones legales
- TANF (AFDC)
- Pensión alimenticia
- Efectivo y/u otro ingreso
- Pagos por incapacidad
- Indemnización para los trabajadores
- Intereses o dividendos de: Cuentas de ahorro, acciones, bonos, o cuentas de jubilación
- Becas, subvenciones u otra ayuda usada para sufragar el costo de la vida
- Ganancias por autoempleo (Formulario 1040, anexo C, línea 29 del IRS)

Estará inscrito únicamente en un programa, dependiendo del ingreso total del hogar y el número de personas que señale a continuación.

Número total de personas en el hogar:

Adultos_____ Niños_____

Ingreso total anual en el hogar: $_____

Declaro que la información que he proporcionado es verdadera y correcta. Convengo en proporcionar comprobantes de ingreso si me son requeridos. Convengo en informar a SDG&E si dejo de reunir los requisitos para recibir el descuento. Tengo entendido de que si recibo cualquier descuento sin reunir los requisitos para el mismo, podré ser requerido a pagar el descuento que recibí. Entiendo que SDG&E puede compartir mi información con otras empresas de servicio público o sus representantes para registrarme en sus programas de asistencia.

Firma_____ **Fecha**_____

Número telefónico (____) _____

SAMPLE FORMS

FORM 142-732/2

Submetered Household Application
And Statement of Eligibility
For Residential Rate Assistance
Programs

Form 142-732/2

(11/05) T

(See Attached Form)

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1012 SAN DIEGO CA
POSTAGE WILL BE PAID BY ADDRESSEE

ATTN CARE PROGRAM
SAN DIEGO GAS AND ELECTRIC
PO BOX 129831
SAN DIEGO CA 92112-9985

SDGE
A Sempra Energy utility℠

Save money on your SDG&E® bill.

Ahorre dinero en su factura de SDG&E.

Residential Rate Assistance Application—Submetered

Solicitud De Ayuda Para Tarifa Residencial—Medidor Colectivo

Application/Solicitud

Dear SDG&E Customer:

SDG&E has two residential rate assistance programs for which you may qualify. Both programs are based on total household income and household size. Please review the information inside for program requirements.

California Alternate Rates for Energy (CARE)
Gas & Electric

The CARE program provides a 20% discount on monthly gas & electric bills for qualifying households. Please review the income guidelines inside to see if you are eligible.

Family Electric Rate Assistance Program (FERA)
Electric Only

For households with three (3) or more persons, you may be able to receive more electricity at a lower rate. Check the income guidelines inside to see if you qualify.

If you believe you qualify for either program, please complete the enclosed application, fold, seal, and drop in the mail. No postage is necessary. You will be enrolled on only one program, depending on your total household income and household size provided inside.

You May Also Qualify For:

SDG&E's Energy Team Program: Free energy education, energy-efficient appliances, and weatherization services for income-qualified households. Renters and home owners are eligible.

SDG&E's Medical Baseline Program: People with special medical needs can receive additional energy at a lower rate.

Low Income Home Energy Assistance Program (LIHEAP): For those who qualify, emergency bill payment assistance and weatherization service is available. Call the Department of Community Services and Development at 1-866-675-6623.

Universal Lifeline Telephone Service (ULTS): Discounted telephone access for customers meeting similar income guidelines to CARE. For more information, contact your local telephone service provider.

If you have any program questions or would like more information on the ways we're working to provide exceptional customer service, please call us at **1-800-411-SDGE (7343).** For people with hearing impairments, SDG&E offers TDD/TTY Monday through Friday from 8:00 A.M. to 5:00 P.M. Simply call us at 619-235-0497.

Estimado cliente de SDG&E:

SDG&E ofrece dos programas de reducción de tarifas para los cuales podría usted calificar. Ambos programas se basan en el ingreso total del hogar y el número de personas que vivan en el mismo. Sírvase revisar la siguiente información para conocer los requisitos de los programas.

Tarifas Alternas de Energía para California (CARE)
Para gas y electricidad

El programa CARE ofrece un descuento del 20% en las facturas mensuales de gas y electricidad a los hogares que reúnan los requisitos. Revise los lineamientos de ingreso para saber si califica.

Programa Familiar de Reducción de Tarifas Eléctricas (FERA) ***Para electricidad únicamente***

Para los hogares con tres (3) miembros o más, usted pudiera recibir más electricidad con tarifas reducidas. Revise los lineamientos de ingreso para saber si califica.

Si cree usted que reúne los requisitos para cualquiera de los programas, sírvase llenar, doblar, cerrar y depositar en el correo la solicitud adjunta. No requiere timbre postal. Estará inscrito únicamente en un programa, dependiendo del ingreso total del hogar y el número de personas que señale a continuación.

También pudiera calificar para:

Programa Energy Team de SDG&E: Educación energética gratuita, aparatos eficientes en energía y servicios de impermeabilización para los hogares que reúnan los requisitos de ingreso. Inquilinos y propietarios son elegibles.

Programa de Asignaciones Médicas Iniciales de SDG&E: Las personas con alguna afección médica especial pueden recibir energía adicional a una tarifa más baja.

Programa de Ayuda Energética para Hogares de Bajos Recursos (LIHEAP): Ofrece ayuda de emergencia para el pago de facturas y servicio de impermeabilización para el hogar a quienes reúnen los requisitos. Llame a Department of Community Services al 1-866-675-6623.

Servicio Telefónico Lifeline Universal (ULTS): Acceso al servicio telefónico de bajo costo para los clientes que reúnan requisitos similares a los del programa CARE. Para mayores informes, llame a su proveedor local de servicios telefónicos.

Si tiene alguna pregunta sobre el programa o si desea obtener más información sobre cómo nos esforzamos por proveerle un excepcional servicio al cliente, por favor llámenos al **1-800-311-SDGE (7343).**

CARE and FERA Application/CARE y FERA la Aplicación

Household Members	Income Guidelines	
	CARE	FERA
1 or 2	$0 to $27,700	Not applicable
3	$0 to $32,500	$32,501 to $40,600
4	$0 to $39,200	$39,201 to $49,000
5	$0 to $45,900	$45,901 to $57,400
6	$0 to $52,600	$52,601 to $65,800
Each Additional Member	Add $6,700	Add $6,701 to $8,400

No. de personas en el hogar	Límite de ingreso	
	CARE	FERA
1 ó 2	$0 a $27,700	No aplicá
3	$0 a $32,500	$32,501 a $40,600
4	$0 a $39,200	$39,201 a $49,000
5	$0 a $45,900	$45,901 a $57,400
6	$0 a $52,600	$52,601 a $65,800
Por cada persona adicional	Añada $6,700	Añada $6,701 a $8,400

1 Review Qualifications

Rules for Participation

(applies to both the CARE and FERA Programs)

- You must notify SDG&E if you no longer qualify.
- You may not be claimed on another person's income tax return other than your spouse.
- Your total yearly household income (all income of all persons living in your home) – before deductions – is no more than the income level listed.
- You must renew your application when requested.
- You may be asked to verify your income.

1 Revise los Requistos

Reglas de participación

(aplican tanto al programa CARE o FERA)

- Tiene que notificar a SDG&E si ya no reúne los requisitos.
- No debe aparecer como dependiente en la declaración de impuestos de otra persona que no sea su cónyuge.
- El ingreso total anual de su hogar (el ingreso de todas las personas que vivan en su hogar) - antes de deducciones - no sobrepasa el nivel de ingreso mostrados.
- Debe renovar su solicitud cuando le sea requerido.
- Le pueden pedir verificación de ingreso.

2 Total Your Household's Income/Sume el Ingreso Total de su Hogar

You must count all sources of your household's income, including:

- Wages or Salaries

Interest or Dividends from:

- Savings Accounts,
- Stocks or Bonds, or
- Retirement Accounts
- Unemployment Benefits
- Disability Payments
- Workers Compensation
- Social Security, SSI, SSP
- Pensions
- Insurance Settlements
- Legal Settlements
- TANF (AFDC)
- Food Stamps
- Child Support
- Cash and/or Other Income
- Spousal Support
- Rental or Royalty Income
- Scholarships, Grants, or Other Aid Used for Living Expenses
- Profit from Self-Employment (IRS Form 1040, Schedule C, line 29)

Tome en cuenta todas las fuentes de ingresos de su hogar, incluyendo:

- Salarios o sueldos
- Seguro Social, SSI, SSP
- Pensión alimenticia
- Prestaciones de desempleo
- Pensiones
- Efectivo y/u otro ingreso
- Ingreso por alquiler o regalías
- Indemnizaciones de seguros
- Pagos por incapacidad
- Estampillas para alimentos
- Indemnizaciones legales
- Indemnización para los trabajadores
- Manutención conyugal
- TANF (AFDC)
- Intereses o dividendos de: Cuentas de ahorro, acciones, bonos, o cuentas para el retiro
- Becas, subvenciones u otra ayuda usada para sufragar el costo de la vida
- Utilidades de autoempleo (Formulario 1040, anexo C, línea 29 del IRS)

3 Complete the Application/Llene la Solicitud *Please print clearly (Favor de imprimir con claridad)*

You will be enrolled on only one program, depending on your total household income and household size provided below.
Estará inscrito únicamente en un programa, dependiendo del ingreso total del hogar y el número de personas que señale a continuación.

Your Name (Su Nombre) _____

Your Address (Su Domicilio) _____ Unit (Apartamento) _____

City (Cuidad) _____ Zip Code (Codigo Postal) _____

( ) _____ ( ) _____

Home Telephone (Telefono particular) Work Telephone (Telefono de su trabajo)

Name of mobilehome park or apartment complex (Nombre del parque de casas móviles o unidad habitacional) _____

Manager of complex (Administrador del parque o edificio) _____ Manager's Telephone (Teléfono del administrador _____

Street address of park complex (Domcilio del parque o unidad) _____ City (Ciudad) _____

I receive ◯ gas, ◯ electric directly from SDG&E. My SDG&E account number
(Recibo servico de ◯ gas, ◯ luz directamente de SDG&E. Número de cuenta de SDG&E) _____

I receive ◯ gas, ◯ electric through a submeter. Master meter number
(Recibo servico de ◯ gas, ◯ luz a través de un medidor colectivo. Número del medidor colectivo) _____

SDG&E account number for mobilehome park or apartment complex
(Número de cuenta SDG&E del parque de casas móviles o unidad habitacional) _____

Total Yearly Household Income (Ingreso total anual en el hogar) [ ]

Number of Persons in Household (Número de personas) [ ] + [ ] = [ ]
Adults (Adultos) Children (Niños) Total (Total)

4 Sign Your Application Below/Firme la siguiente solicitud.

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform SDG&E if I no longer qualify. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. I understand that SDG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

SOURCE CODE
Internal use only

Declaro que la información que he proporcionado es verdadera y correcta. Convengo en proporcionar comprobantes de ingreso si me son requeridos. Convengo en informar a SDG&E si dejo de reunir los requisitos para recibir el descuento. Tengo entendido de que si recibo cualquier descuento sin reunir los requisitos para el mismo, podré ser requerido a pagar el descuento que recibí. Entiendo que SDG&E puede compartir mi información con otras empresas de servicio público o sus representantes para registrarme en sus programas de asistencia.

*

Customer Signature (Firme del Cliente) _____ Date (Fecha) _____

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0540108 1005 10M

FORM 142-732/2 10/27/05

No Tape/No Use Cinta Adhesiva | Fold, Moisten and Seal/Humedezca y Selle | No Staples/No Engrape

SAMPLE FORMS

FORM 142-732/3

Recertification Application and Statement of Eligibility
For the California Alternate Rates for Energy (CARE) Program

Form 142-732/3

(11/05) T

(See Attached Form)

ACCOUNT NUMBER: ########## 05/14/03

YOUR ENERGY BILL DISCOUNT IS ABOUT TO EXPIRE!

You are currently receiving a 20% discount on your monthly energy bill through the California Alternate Rates for Energy or CARE program. Over a year's time, the **average** gas & electric CARE customer can save about $200.

Every two years CARE participants are asked to renew their eligibility in order to continue receiving the discount. Please review the current eligibility guidelines below to see if you still qualify for the discount.

Number of Persons in the Home	**1 or 2**	**3**	**4**	**5**	**6**
Maximum Household Income no more than:	**$27,700**	**$32,500**	**$39,200**	**$45,900**	**$52,600**
For each additional person in your household add $6,700					

If you qualify, please complete and sign the enclosed renewal application and return it to SDG&E immediately so you will continue to receive the discount. If you no longer qualify, please check the box below and return this letter in the postage-paid envelope provided.

☐ I no longer qualify or wish to participate in the CARE program. Please remove my account from the discounted rate.

If we do not receive your renewal application within 30 days, you will be removed from the CARE program and you will no longer receive the discount. While you do not need to include any income documentation now, you may need to provide proof of income at a later date.

You may also qualify for other programs and services:

The Energy Team: Free energy education, energy-efficient appliances, and weatherization services are available for income-qualified customers. For more information, call SDG&E at 1-800-411-SDGE (7343).

Medical Baseline: People with special medical needs can receive additional energy at the lowest rate. For program information, please call SDG&E at 1-800-411-SDGE (7343).

Low Income Home Energy Assistance Program (LIHEAP): Bill payment assistance, emergency bill assistance and weatherization services for qualified customers. Call the California Department of Community Services and Development at 1-866-675-6623 for more information.

Universal Lifeline Telephone Service (ULTS): Discounted telephone access for customers meeting similar income guidelines as CARE. For more information on this service please contact your local telephone service provider.

SDG&E is committed to responding to your energy needs and providing exceptional customer service. If you have any questions about CARE or would like more information, please call us at **1-800-560-5551.**

California Alternate Rates for Energy (CARE) Renewal Application

Account: XXXXXXXXXX

☞ ❶ Review Qualifications

Rules for Participation

- The SDG&E bill must be in your name and address must be your primary residence.
- You must notify SDG&E if you no longer qualify.
- You may not be claimed on another person's income tax return other than your spouse.
- Your total yearly household income (all income of all persons living in your home) –before deductions—is no more than the income level listed.
- You must renew your application when requested.
- You may be asked to verify your income.

☞ ❷ Total Your Household's Income

You must count all sources of your household's income, including:

- Wages or Salaries
- Interest or Dividends from:
  - Savings Accounts
  - Stocks or Bonds, or
  - Retirement Accounts
- Unemployment Benefits
- Rental or Royalty Income
- Disability Payments
- Workers Compensation
- Social Security, SSI, SSP
- Pensions
- Insurance Settlements
- Legal Settlements
- TANF (AFDC)
- Food Stamps
- Spousal Support
- Child Support
- Cash and/or
- Other Income
- Scholarships, Grants, or Other Aid Used for Living Expenses
- Profit from Self-Employment (IRS Form 1040, Schedule C, line 29)

☞ ❸ Check the appropriate box in each column below:

Total number of persons in household	Total combined yearly household income
❑ 1 or 2	❑ $0 - $27-700
❑ 3	❑ $27,701 - $32,500
❑ 4	❑ $32,501 - $39,200
❑ 5	❑ $39,201 - $45,900
❑ 6	❑ $45,901 - $52,600
❑ More Than 6 Number_____	❑ More than $52,601 $_____
Adults _____ Children _____	

☞ ❹ Sign Your Application Below

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform SDG&E if I no longer qualify to receive the discount. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. I understand that SDG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

Signature _____ ✍ **Date**_____

☎ **Phone Number** (____) _____

NÚMERO DE CUENTA: ########## 14/05/03

¡EL DESCUENTO EN SU FACTURA DE ENERGÍA ESTÁ PRÓXIMO A VENCER!

Actualmente está recibiendo un 20% de descuento en su factura mensual de energía a través de Tarifas Alternas de Energía de California o programa CARE. A lo largo de un año, el cliente **promedio** de gas y electricidad que participa en el programa CARE, puede ahorrar aproximadamente $200.

Cada dos años les pedimos a los participantes del programa que vuelvan a solicitarlo y confirmen que siguen reuniendo los requisitos para el descuento. Por favor revise los límites de ingreso que aparecen a continuación para ver si aún sigue teniendo derecho al 20% de descuento en su factura mensual de energía.

Número de personas en el hogar	1 ó 2	3	4	5	6
Ingreso máximo en el hogar:	$27,700	$32,500	$39,200	$45,900	$52,600
Por cada persona adicional en el hogar, añada $6,700					

Si cumple usted los requisitos, por favor complete y firme la solicitud anexa y regrésela a SDG&E en el sobre incluído. Si ya no reúne los requisitos o ya no desea participar, favor de marcar la caja mostrada abajo y regrese esta carta en el sobre incluído.

☐ Ya no reúno los requisitos o no deseo participar en el programa CARE. Por favor regrese mi cuenta de SDG&E a la tarifa residencial regular.

Para poder permanecer en este programa y continuar recibiendo el descuento, tenemos que recibir su solicitud en un plazo no mayor de 30 días a partir de la fecha de esta carta.

Quizás califique para otros programas y servicios:

Programa *Energy Team:* Servicios que le ayudan a mejorar la eficiencia de energía en su hogar. Para mas información, comuníquese a SDG&E al 1-800-311-7343.

Asignación Médica: Personas con una afección médica que requiera calefacción, aire acondicionado o equipo de soporte vital pueden obtener una asignación de energía adicional a la tarifa más baja. Para mas información, comuníquese a SDG&E al 1-800-311-7343.

Programa *LIHEAP:* Programa de asistencia del pago de energía para hogares de bajos ingresos. Provee ayuda para el pago de facturas de energía y ayuda de emergencia para el pago de facturas y servicios de impermeabilización. Para más información, comuníquese al Departamento De Servicios Y Desarrollo De La Comunidad De California al 1-866-675-6683.

Programa *ULTS*: La Línea Universal De Servicio De Teléfono. Servicios de teléfono a precios de descuento a clientes que reúnan requisitos similares de los del programa CARE. Llame a su compañía de teléfono para más información.

Si tiene alguna pregunta o quiere obtener más información acerca de la manera en que nos esforzamos por proveer un excepcional servicio al cliente, haga usted favor de llamarnos al **1-800-560-5551.**

Programa de Tarifas Alternas Para Energía de California (CARE)- Renovación

Número de cuenta: XXXXXXXXXX

☞ ❶ Revise los requisitos

Reglas de participación:

- La factura de SDG&E tiene que estar a su nombre y el domicilio tiene que ser su residencia principal
- Tiene que notificar a SDG&E si ya no reúne los requisitos.
- No debe aparecer como dependiente en la declaración de impuestos de otra persona que no sea su cónyuge.
- El ingreso anual total de su hogar (el ingreso o ayuda recibida por todas las personas que viven en su hogar) -antes de deducciones- no sobrepasa el nivel de ingresos señalados.
- Debe renovar su solicitud cuando le sea requerido.
- Le pueden pedir verificación de ingreso.

☞ ❷ Sume el ingreso total de su hogar

Tiene que sumar todas las fuentes de ingresos de su hogar, incluyendo:

- Sueldos
- Intereses o Dividendos de:
  - Cuentas de Ahorro,
  - Acciones o Bonos, o
  - Cuentas de Jubilación
- Prestaciones de desempleo
- Pensión Conyugal
- Ingresos por alquiler o regalías
- Estampillas de comida
- TANF
- Pensiones
- Pensión alimenticia
- Indemnizaciones legales
- Indemnizaciones de seguro
- Indemnización del trabajador
- Seguro Social, SSI, SSP
- Pagos de incapacidad
- Dinero en efectivo y/u otros
- Becas, subvenciones, o otra ayuda usada para sufragar el costo de la vida
- Ganancias por autoempleo (Forma 1040, tabla C, renglón 29 del IRS)

☞ ❸Favor de marcar el cuadro que corresponde con su hogar:

Número total de personas que viven en su hogar	Ingreso total anual combinado de su hogar
❑ 1 o 2	❑ $0 - $27-700
❑ 3	❑ $27,701 - $32,500
❑ 4	❑ $32,501 - $39,200
❑ 5	❑ $39,201 - $45,900
❑ 6	❑ $45,901 - $52,600
❑ Mas de seis: Número_____	❑ Mas de $52,601 $_____
Adultos_____Niños_____	

☞ ❹ Firme la siguiente solicitud.

Declaro que la información que he proporcionado es verdadera y correcta. Convengo en proporcionar comprobantes de ingreso si me son requeridos. Convengo en informar a SDG&E si dejo de reunir los requisitos para recibir el descuento. Tengo entendido que si recibo cualquier descuento sin reunir los requisitos para el mismo, podré ser requerido a pagar el descuento que recibí. Entiendo que SDG&E puede compartir mi información con otras empresas de servicio público para registrarme en sus programas de asistencia.

Firma_____ ✍ **Fecha**_____

☎ **Número de teléfono** (____) _____

SAMPLE FORMS

FORM 142-732/5

California Alternate Rates for Energy (CARE) Program
Post Enrollment Verification

Form 142-732/5

(11/05) T

(See Attached Form)

Account Number: ##########

DO YOU STILL QUALIFY FOR THE CARE PROGRAM?

You are currently participating in SDG&E's California Alternate Rates for Energy (CARE) program which provides you with a 20% discount on your energy bill. The average savings for gas and electric users can total up to $200 per year.

Participants of the CARE program are sometimes asked for proof of income. At this time SDG&E needs to verify your eligibility in order for you to continue receiving the discount.

Please return the completed form and all supporting documents proving income for all members of your household in the envelope provided within **30** days. Refer to your form for the types of acceptable income documents and only send copies of all supporting documents. **We are unable to return original documents to you.**

If your income has recently changed and you no longer qualify, or you no longer wish to participate in the CARE program, please check the box below and return this letter in the postage-paid envelope provided.

☐ I no longer qualify or wish to participate in the CARE program. Please remove my account from the program.

If you have any questions about the CARE program, please call us at 1-800-560-5551.

Sincerely,

San Diego Gas & Electric
CARE Program

0310

Account Number: ##########

Maximum Household Income	
Number of Persons In Household	Total Combined Yearly Income
1 or 2	$27,700
3	$32,500
4	$39,200
5	$45,900
6	$52,600
Add $6,700 for each additional person.	

DO YOU STILL QUALIFY FOR CARE?

Please complete this form and return it with **copies** of income documents from all sources that apply to your household as proof of income. **Not everything listed below may apply to you or your household**. If you are not sure what to send, please call us at **1-800-560-5551**.

✸ Copies of two consecutive pay stubs showing current pay and year-to-date wages for all household members.

✸ **Please check all those that apply to you and provide copies of documents:**

- ❑ Social Security
- ❑ Disability, Insurance or legal settlements
- ❑ Notice of Action for AFDC/TANF
- ❑ Food Stamps
- ❑ Foster Care
- ❑ Retirement benefits
- ❑ Veterans benefits
- ❑ Unemployment check stubs
- ❑ Child support
- ❑ Spousal support
- ❑ Student Grants
- ❑ scholarships or other aid.

Note: If your benefits are deposited directly to your bank account, a copy of your latest bank statement showing amount and source of deposit will serve as proof. You may exclude bank account numbers if you wish.

✸ Federal Income Tax Return(s) for last year, including all schedules

✸ If you are not currently employed, and none of the options above apply to you, please provide a statement explaining the current source(s)of income used to support your household.

☞ TOTAL GROSS ANNUAL HOUSEHOLD INCOME: _____
(This is the total gross annual income for all members of the household located at the address at which the CARE discount is provided.)

☞ NUMBER OF PERSONS IN THE HOUSEHOLD: Adults _____ Children _____

I state that the information I have provided is true and correct. I agree to provide proof of income if asked. I agree to inform SDG&E if I no longer qualify to receive the discount. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. I understand that SDG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

☞ _____ ✍ _____
Applicants Signature DATE

Número de cuenta: ##########

TARIFAS ALTERNAS DE ENERGÍA PARA CALIFORNIA (CARE)

¿SIGUE REUNIENDO LOS REQUISITOS?

Actualmente usted participa en el programa de Tarifas Alternas de Energía para California (CARE), el cual le otorga un 20% de descuento en su factura de energía. El ahorro promedio para los usuarios de gas y electricidad puede ser de hasta $200 al año.

Los participantes del programa CARE están sujetos a una verificación de ingresos, y en este momento SDG&E necesitará verificar si reúne usted los requisitos para poder seguir recibiendo el descuento.

Sírvase regresar el formulario lleno y toda la documentación necesaria para comprobar los ingresos de todos los integrantes de su hogar, en el sobre que se proporciona y en un plazo menor de **30** días. Consulte su formulario para conocer los comprobantes de ingreso que se aceptan; envíe únicamente copias de los comprobantes. **No podemos devolverle los documentos originales.**

Si su nivel de ingreso ha cambiado recientemente y ya no reúne los requisitos para calificar o si ya no desea participar en el programa CARE, favor de marcar el recuadro de abajo y regresar la presente carta en el sobre con porte pagado que se anexa.

☐ Ya no reúno los requisitos o no deseo participar en el programa CARE. Favor de retirar mi cuenta del programa.

Si tiene alguna pregunta acerca del programa CARE, favor de llamarnos al 1-800-560-5551.

Atentamente,

San Diego Gas & Electric
Programa CARE

Número de cuenta: ##########

Ingreso máximo en el hogar	
No. de personas en el hogar	Ingreso total Anual combinado
1 ó 2	$27,700
3	$32,500
4	$39,200
5	$45,900
6	$52,600
Añada $6,700 por cada persona adicional.	

Toda vía califica para el programa CARE?

Favor de llenar este formulario y devolverlo con **copias** de los comprobantes de ingreso de todas las fuentes que apliquen en su hogar como prueba de ingreso. **No todos los documentos enlistados a continuación aplican en su caso o el de su hogar**. Si no está seguro de qué documentos enviar, llámenos al **1-800-560-5551**.

- Copias de dos talones de pago consecutivos que muestren su sueldo o salario actual y los ingresos acumulados en lo que va del año, de todas las personas que vivan en su hogar.
- **Favor de marcar todas las opciones que apliquen en su caso y proporcionar copias de los documentos correspondientes:**
  - ❑ Seguro social
  - ❑ Indemnizaciones por incapacidad, de seguro o legales
  - ❑ Notificación de acción para AFDC/TANF
  - ❑ Estampillas de alimentos
  - ❑ Cuidado temporal de niños (*Foster Care*)
  - ❑ Prestaciones por retiro
  - ❑ Prestaciones a veteranos
  - ❑ Talones de cheques de desempleo
  - ❑ Pensión alimenticia
  - ❑ Pensión conyugal
  - ❑ Subvenciones de estudiante
  - ❑ Becas u otro tipo de ayuda.

  Nota: Si le depositan sus beneficios directamente en una cuenta de banco, podrá presentar como comprobante una copia de su último estado de cuenta en donde aparezca el monto y la fuente de depósito. Puede excluir los números de su cuenta de banco si así lo desea.

- Declaración Federal de Impuestos correspondiente al último año, incluidos todos los anexos
- Si actualmente está desempleado y ninguna de las opciones anteriores aplica en su caso, sírvase proporcionar una declaración en la que explique la(s) fuente(s) actual(es) del ingreso utilizado para mantener su hogar.

☞ **INGRESO BRUTO TOTAL ANUAL DE SU HOGAR**: _____
(Se refiere al ingreso bruto total anual de todas las personas que viven en el hogar localizado en el domicilio en el que se otorga el descuento del programa CARE.)

☞ **NÚMERO DE PERSONAS QUE VIVEN EN SU HOGAR**: Adultos _____ Niños _____

Declaro que la información que he proporcionado es verdadera y correcta. Convengo en proporcionar comprobantes de ingreso si me son requeridos. Convengo en informar a SDG&E si dejo de reunir los requisitos para recibir el descuento. Tengo entendido de que si recibo cualquier descuento sin reunir los requisitos para el mismo, podré ser requerido a pagar el descuento que recibí. Entiendo que SDG&E puede compartir mi información con otras empresas de servicio público o sus representantes para registrarme en sus programas de asistencia.

☞ _____ ✍ _____
Firma del solicitante **Fecha**

SAMPLE FORMS

FORM 142-732/6 N

Residential Rate Assistance Application (Vietnamese) N

Form 142-732/6 N

(11/05) N

(See Attached Form) N

A Sempra Energy utility℠

TIẾT KIỆM TRÊN HÓA ĐƠN SDG&E

Chương trình trợ giúp khách hàng gia cư

SDG&E có hai chương trình trợ giúp khách hàng gia cư căn cứ vào lợi tức của tất cả mọi người cư ngụ cùng một địa chỉ. Xin xem phần Điều Kiện tham gia chương trình.

Chương Trình CARE
Áp dụng cho ga và điện

Khách hàng hội đủ điều kiện về lợi tức sẽ được giảm 20% trên hóa đơn ga điện hàng tháng. Xin xem bảng ấn định lợi tức để biết có hội đủ điều kiện hay không.

Chương Trình FERA
Chỉ áp dụng cho điện

Đối với gia đình 3 người trở lên, số lượng điện được tính tiền ở giá thấp sẽ được gia tăng. Xin xem bảng ấn định lợi tức để biết có hội đủ điều kiện hay không.

Nếu quý vị hội đủ điều kiện cho một trong hai chương trình nêu trên, xin điền đơn và gởi cho chúng tôi. Quý vị sẽ được ghi danh vào một trong hai chương trình này tùy theo mức lợi tức quý vị kê khai cho tất cả mọi người cư ngụ cùng địa chỉ.

Quý vị có thể hội đủ điều kiện cho những chương trình sau đây:

Chương trình Energy Team của SDG&E: Cung cấp thông tin miễn phí về việc tiết kiệm năng lượng, giảm giá cho những thiết bị hiệu suất cao và dịch vụ chỉnh trang nhà ở. Chương trình này căn cứ vào lợi tức.

Chương trình Định Mức Năng Lượng Căn Bản Vì Nhu Cầu Y Tế: Gia tăng số năng lượng được tính tiền ở giá thấp vì lý do sức khỏe.

Chương trình LIHEAP: Trợ giúp cấp thời trong việc trả hóa đơn cùng với dịch vụ chỉnh trang nhà cửa cho những ai hội đủ điều kiện. Xin gọi Nha Phụ Trách Dịch Vụ Cộng Đồng và Phát Triển ở số **1-866-675-6623**.

Chương trình ULTS: Giảm hóa đơn điện thoại cho những ai hội đủ điều kiện lợi tức như chương trình CARE. Nếu cần biết thêm chi tiết, xin vui lòng gọi công ty phụ trách dịch vụ điện thoại ở địa phương.

Nếu có thắc mắc nào về những chương trình này hoặc muốn biết thêm chi tiết về những dịch vụ thực hiện nhằm mục đích phục vụ khách hàng thật xuất sắc xin vui lòng liên lạc với chúng tôi tại số **1-800-411-SDGE (7343)**.

ĐƠN XIN VÀO CHƯƠNG TRÌNH CARE VÀ FERA

Tổng số người ngu cùng một địa chỉ	Mức ấn định lợi tức	
	CARE	FERA
1 hoặc 2	$0 đến $27,700	Không áp dụng
3	$0 đến $32,500	$32,501 đến $40,600
4	$0 đến $39,200	$39,201 đến $49,000
5	$0 đến $45,900	$45,901 đến $57,400
6	$0 đến $52,600	$52,601 đến $65,800
Thêm một người	cộng $6,700	cộng $6,701 đến $8,400

1 Điều Kiện

Quy định về việc tham gia chương trình CARE và FERA

- Quý vị phải là người đứng tên trên hóa đơn SDG&E và địa chỉ phải là nơi cư ngụ chính của quý vị.
- Quý vị phải thông báo cho SDG&E biết một khi quý vị không còn hội đủ điều kiện tham gia chương trình.
- Quý vị không thể được khai trên hồ sơ thuế của người khác chứng nhận là họ phải cấp dưỡng quý vị trừ khi là vợ hay chồng.
- Tổng số lợi tức hàng năm của tất cả mọi người cư ngụ cùng một địa chỉ—trước khi khấu trừ thuế—không được quá mức lợi tức liệt kê ở đây.
- Quý vị phải cập nhật hóa hồ sơ khi có sự yêu cầu.
- Quý vị cần phải chứng minh lợi tức nếu có sự yêu cầu.

2 Tổng số lợi tức của mọi người

Quý vị phải tổng cộng mọi nguồn lợi tức bao gồm:

- Tiền lương.
- Tiền lời từ trương mục tiết kiệm, chứng khoán, công khố phiếu hoặc quỹ hưu trí.
- Tiền trợ cấp thất nghiệp.
- Tiền cho thuê nhà, tiền bản quyền.
- Tiền học bổng, trợ cấp hoặc mọi trợ giúp khác để sinh sống.
- Lợi nhuận từ những việc làm tư (Mẫu 1040 của IRS, danh mục C, giòng 29).
- Tiền trợ cấp tàn tật.
- Tiền bồi thường lao động.
- Tiền an sinh xã hội, tiền trợ cấp SSI, SSP.
- Tiền hưu bổng.
- Tiền bồi thường bảo hiểm.
- Tiền từ mọi hình thức thanh toán pháp lý.
- Tiền trợ cấp TANF (AFDC).
- Phiếu thực phẩm (Food Stamps).
- Tiền cấp dưỡng cho con.
- Tiền mặt và/hoặc những lợi tức khác.
- Tiền cấp dưỡng cho vợ/chồng.

3 Điền đơn

Quý vị chỉ có thể ghi danh vào một chương trình mà thôi, tiêu chuẩn xét đơn căn cứ vào tổng số lợi tức của tất cả mọi người cư ngụ cùng một địa chỉ.

Xin điền thật rõ ràng

Tên và họ

Địa chỉ | Số phòng

Thành phố | Mã số vùng

( ) | ( )

Số điện thoại nhà | Số điện thoại sở làm

Số trương mục SDG&E (trên hóa đơn)

Tổng số lợi tức hàng năm của tất cả mọi người trong nhà

Tổng số người trong nhà

Người lớn + Trẻ em = Tổng cộng

SOURCE CODE
Internal use only

4 Ký tên

Tôi cam kết rằng những điều tôi khai trên đơn này là chính xác và đúng sự thật. Nếu được yêu cầu, tôi đồng ý sẽ cung cấp những giấy tờ chứng minh lợi tức. Tôi đồng ý sẽ thông báo cho SDG&E biết nếu tôi không còn hội đủ điều kiện giảm giá. Tôi hiểu rằng nếu tôi nhận giảm giá trong khi không hội đủ điều kiện, tôi có thể bị yêu cầu hoàn trả số tiền giảm giá tôi đã nhận. Tôi hiểu rằng đơn của tôi có thể được các công ty cung cấp năng lượng khác sử dụng khi tôi xin vào các chương trình trợ giúp của họ.

*

Chữ ký khách hàng | Ngày ký tên

XIN GỞI ĐƠN NÀY ĐẾN:

Attn: CARE Application
SDG&E
P.O. Box 129831
San Diego, CA 92112-9831

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SAMPLE FORMS

FORM 142-732/7 N

CARE Outreach Application (Direct Mail) N

Form 142-732/7 N

(11/05) N

(See Attached Form) N

SDGE

A Sempra Energy utility℠

Serving you today.
Planning for tomorrow.℠

You may now qualify for a 20% discount on your energy bill

DATE

Dear Customer,

Natural gas prices are at an all time high nationwide. As a result, SDG&E residential customers who use the same amount of gas and electricity this winter as they did last winter will see their total energy bills increase.

SDG&E's 20% energy bill discount program is one way to offset higher energy bills. And with newly expanded income guidelines in effect, you may now qualify. Qualifications are based on total household income and household size.

If you believe you qualify for the program, fill out the enclosed application and mail it back to us in the postage-paid envelope provided.

ENERGY BILL DISCOUNT QUALIFICATIONS

Household Members	Total Yearly Household Income
1 or 2	$27,700
3	$32,500
4	$39,200
5	$45,900
6	$52,600
Each additional	Add $6,700

CONDITIONS FOR PARTICIPATION

1. The SDG&E bill must be in your name.
2. You must notify SDG&E if you no longer qualify.
3. You may not be claimed on another person's income tax return.
4. Your total yearly household income (which is all the money and non-cash benefits received by every person living in your home) does not exceed the income levels shown.
5. You may be asked to verify your income.
6. You must renew your application when requested.

For more information on the CARE program, or other ways we're working to provide exceptional customer service, please call **1-800-560-5551**.

Sincerely,

Irma R. DePratti

Irma Robles DePratti
CARE Program Manager

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FORM 142-732/7 (10/27/05)

SDGE

A Sempra Energy utility℠

Atendiéndole hoy.
Planificando para el mañana.℠

Quizá tenga derecho a un 20% de descuento en su factura de energía

FECHA

Estimado(a) Cliente(a):

Los precios del gas natural han aumentado a un nivel sin precedentes en todo el país. Como resultado de ello, los clientes residenciales de SDG&E que consumen la misma cantidad de gas y electricidad que el invierno pasado, verán un aumento en la cantidad total que pagan por la energía.

El programa de descuento del 20% en la factura de energía de SDG&E es una forma de compensar el aumento en el costo de la energía. Y con los recientemente ampliados criterios de nivel de ingreso en vigor, tal vez reúna los requisitos ahora. Los requisitos se basan en el número e ingreso total de las personas que viven en el hogar.

Si cree usted que reúne los requisitos para el programa, llene la solicitud anexa y envíenosla en el sobre con porte pagado provisto.

REQUISITOS PARA EL DESCUENTO EN LA FACTURA DE ENERGÍA	
Número de personas en el hogar	Ingreso total anual en el hogar
1 ó 2	$27,700
3	$32,500
4	$39,200
5	$45,900
6	$52,600
Por cada uno adicional	Añada $6,700

CONDICIONES PARA PARTICIPAR

1. La factura de SDG&E debe estar a su nombre.
2. Debe notificar a SDG&E si deja de reunir los requisitos.
3. No puede aparecer como dependiente en la declaración de impuestos de otra persona.
4. El ingreso total anual de su hogar (todo el dinero en efectivo y otras prestaciones no monetarias recibidas por cada una de las personas que viven en su hogar) no debe exceder los niveles de ingreso señalados.
5. Tal vez le pidan que compruebe sus ingresos.
6. Debe renovar su solicitud cuando le sea requerido.

Para mayor información acerca del programa CARE y otras formas en que estamos trabajando para proveer un excepcional servicio al cliente, sírvase llamar al **1-800-560-5551.**

Atentamente,

Irma R. DePratti

Irma Robles DePratti
CARE/FERA Program Manager

A Sempra Energy utility℠

CARE 20% Discount Application

If your application is approved, you should see the CARE 20% discount on your energy bill within 30 days.

1 Check the total number of persons in your household:

◯ One (1) ◯ Two (2) ◯ Three (3) ◯ Four (4) ◯ Five (5)
◯ Six (6) ◯ More than Six (6+), Number: _____

Adults: _____ Children: _____

2 Please provide: Total Yearly Household Income $ _____

You must include all sources of your household income including:

- Wages or Salaries
- Interest or Dividends from:
  - Savings Accounts,
  - Stocks or Bonds, or
  - Retirement Accounts
- Unemployment Benefits
- Rental or Royalty Income
- Profit from Self-Employment (IRS Form 1040, Schedule C, line 29)
- Disability Payments
- Workers Compensation
- Social Security, SSI, SSP
- Pensions
- Insurance Settlements
- Legal Settlements
- Scholarships, Grants or Other Aid Used for Living Expenses
- TANF (AFDC)
- Food Stamps
- Child Support
- Cash and/or Other Income
- Spousal Support

Declaration and Self-Certification Statement:

I state the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform SDG&E if I no longer qualify to receive the discount. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. I understand that SDG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

SIGNATURE: _____ DATE: _____

PHONE NUMBER (OPTIONAL): _____

Please don't forget to include your signature.

Mail this application in the postage-paid envelope provided.

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SDGE
A Sempra Energy utility℠

Solicitud del descuento CARE del 20%

Si se aprueba su solicitud, deberá ver el descuento CARE del 20% en su factura de energía dentro de los próximos 30 días.

NOMBRE: _____

DOMICILIO: _____

CIUDAD, CÓDIGO POSTAL: _____

NÚMERO DE CUENTA: _____

1 Señale el número total de personas que viven en su hogar:

◯ Una (1) ◯ Dos (2) ◯ Tres (3) ◯ Cuatro (4) ◯ Cinco (5)
◯ Seis (6) ◯ Más de seis (6+), Número: _____

Adultos: _____ Niños: _____

2 Sírvase proveer: Ingreso Total Anual en el Hogar $ _____

Todas las fuentes de ingresos:

Sueldos o salarios
Interés o dividendos de:
- Cuentas de ahorro,
- Acciones o bonos, o
- Cuentas de retiro

Indemnizaciones legales
Pagos de incapacidad laboral
Seguro de indemnización de los trabajadores
Seguro Social, SSI, SSP
Pensiones
Indemnizaciones de seguro
Manutención conyugal
TANF (AFDC)
Estampillas para comida
Pensión alimenticia
Dinero en efectivo y/o otros ingresos
Prestaciones de desempleo
Ingreso de alquiler o regalías
Becas, subvenciones, u otra ayuda usada para sufragar el costo de la vida
Utilidades de Autoempleo (Forma IRS 1040, Tabla C, línea 29)

Declaración y afirmación de autocertificación:

Declaro que la información que he proveído en esta solicitud es verdadera y correcta. Convengo en proporcionar constancias de ingreso si se me solicita. Convengo en informar a SDG&E si dejo de tener derecho a recibir el descuento. Tengo entendido que si recibo cualquier descuento sin tener derecho al mismo, se me podrá exigir el reintegro del descuento recibido. Entiendo que SDG&E puede compartir mi información con otras empresas de servicio público o sus representantes para inscribirme en sus programas de ayuda.

FIRMA: _____ FECHA: _____

NÚMERO TELEFÓNICO (OPCIONAL): _____

Por favor no olvide firmar e incluir su número de cuenta.

Envíe esta solicitud en el sobre prepagado incluido.

SAMPLE FORMS

FORM 142-732/8 N

Residential Rate Assistance Application (Direct Mail) N

Form 142-732/8 N

(11/05) N

(See Attached Form) N

SDGE

A Sempra Energy utility℠

Serving you today.
Planning for tomorrow.℠

You may qualify for up to a 20% discount on your energy bill

DATE

Dear Customer,

If you're like most people, saving money is important to you. If you qualify, SDG&E's® 20% discount program is one way to save. The qualifying income guidelines for the CARE program increased and we wanted to let you know. In addition, SDG&E has the Family Electric Rate Assistance (FERA) program which provides an electric rate discount if you meet income and household size qualifications.

California Alternate Rates for Energy (CARE) *Gas & Electric:* The CARE program provides a 20% discount on monthly gas and electric bills for qualifying households.

Family Electric Rate Assistance Program (FERA) *Electric only:* Households with higher incomes and three (3) or more persons may be eligible for a reduced electric rate based on usage.

If you believe you qualify for either program, fill out the enclosed application and mail it back to us in the postage-paid envelope provided.

ENERGY BILL DISCOUNT QUALIFICATIONS
Income Guidelines

Household Members	CARE	FERA
1 or 2	$0 to $27,700	Not applicable
3	$0 to $32,500	$32,501 to $40,600
4	$0 to $39,200	$39,201 to $49,000
5	$0 to $45,900	$45,901 to $57,400
6	$0 to $52,600	$52,601 to $65,800
Each additional	Add $6,700	Add $8,400

CONDITIONS FOR PARTICIPATION

1. The SDG&E bill must be in your name.
2. You must notify SDG&E if you no longer qualify.
3. You may not be claimed on another person's income tax return.
4. Your total yearly household income (which is all the money and non-cash benefits received by every person living in your home) does not exceed the income levels shown.
5. You may be asked to verify your income.
6. You must renew your application when requested.

If you do not qualify for either discount, please share this information with anyone you know who may benefit from these programs. For more information on CARE or FERA, or other ways we're working to provide exceptional customer service, please call **1-800-560-5551**.

Sincerely,

Irma R. DePratti

Irma Robles DePratti
CARE/FERA Program Manager

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FORM 142-732/8 (10/27/05)

SDGE

A Sempra Energy utility℠

Atendiéndole hoy.
Planificando para el mañana.℠

Puede tener derecho a un 20% de descuento en su factura de energía

FECHA

Estimado(a) Cliente(a):

Si es como la mayoría de las personas, ahorrar dinero es importante para usted. Si reúne los requisitos, el programa del 20% de descuento de SDG&E® es una forma de ahorrar. Las pautas de ingreso para tener derecho a participar en el programa CARE acaban de aumentar y queríamos avisarle. Además, SDG&E cuenta con el Programa Familiar de Reducción de Tarifas Eléctricas (FERA) mismo que provee un descuento en la tarifa eléctrica si cumple usted con los requisitos de ingreso y número de personas viviendo en el hogar.

Tarifas Alternas de Energía para California (CARE) *para gas y electricidad.* El programa CARE ofrece un descuento del 20% en las facturas mensuales de gas y electricidad para los hogares que reúnan los requisitos.

Programa Familiar de Reducción de Tarifas Eléctricas (FERA) *para electricidad únicamente.* Para hogares con ingresos superiores y tres (3) o más personas, tal vez tenga derecho a una tarifa reducida con base en su consumo.

Si usted cree que reúne los requisitos para cualquiera de los dos programas, llene la solicitud adjunta y envíenosla en el sobre con porte pagado provisto.

REQUISITOS PARA EL DESCUENTO EN LA FACTURA DE ENERGÍA Requisitos de Ingreso		
Número de personas en el hogar	CARE	FERA
1 ó 2	$0 a $27,700	No aplicable
3	$0 a $32,500	$32,501 a $40,600
4	$0 a $39,200	$39,201 a $49,000
5	$0 a $45,900	$45,901 a $57,400
6	$0 a $52,600	$52,601 a $65,800
Por cada uno adicional	Añada $6,700	Añada $8,400

CONDICIONES PARA PARTICIPAR

1. La factura de SDG&E debe estar a su nombre.
2. Debe notificar a SDG&E si deja de reunir los requisitos.
3. No puede aparecer como dependiente en la declaración de impuestos de otra persona.
4. El ingreso total anual de su hogar (todo el dinero en efectivo y otras prestaciones no monetarias recibidas por cada una de las personas que viven en su hogar) no debe exceder los niveles de ingreso señalados.
5. Tal vez le pidan que compruebe sus ingresos.
6. Debe renovar su solicitud cuando le sea requerido.

Si no reúne los requisitos para ninguno de los dos descuentos, sírvase compartir esta información con cualquier persona que pudiera beneficiarse con estos programas. Para más información acerca de CARE o FERA, o de las otras formas en que estamos trabajando para proveer un excepcional servicio al cliente, sírvase llamar al **1-800-560-5551.**

Atentamente,

Irma R. DePratti

Irma Robles DePratti
CARE/FERA Program Manager

SDGE
A Sempra Energy utility℠

CARE and FERA Application for Residential Rate Assistance

You are eligible for only one discount program. SDG&E will review your application and enroll you in the appropriate program.

1 Check the total number of persons in your household:

◯ One (1) ◯ Two (2) ◯ Three (3) ◯ Four (4) ◯ Five (5)
◯ Six (6) ◯ More than Six (6+), Number: _____

Adults: _____ Children: _____

2 Please provide: Total Yearly Household Income $ _____

You must include all sources of your household income including:

- Wages or Salaries
- Interest or Dividends from:
  - Savings Accounts,
  - Stocks or Bonds, or
  - Retirement Accounts
- Unemployment Benefits
- Rental or Royalty Income
- Profit from Self-Employment (IRS Form 1040, Schedule C, line 29)
- Disability Payments
- Workers Compensation
- Social Security, SSI, SSP
- Pensions
- Insurance Settlements
- Legal Settlements
- Scholarships, Grants or Other Aid Used for Living Expenses
- TANF (AFDC)
- Food Stamps
- Child Support
- Cash and/or Other Income
- Spousal Support

Declaration and Self-Certification Statement:

I state the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform SDG&E if I no longer qualify to receive the discount. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. I understand that SDG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

SIGNATURE: _____ DATE: _____

PHONE NUMBER (OPTIONAL): _____

Please don't forget to include your signature.

Mail this application in the postage-paid envelope provided.

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Solicitud para los programas de asistencia para tarifas residenciales CARE y FERA

Sólo tiene derecho a un programa de descuento. SDG&E revisará su solicitud y lo inscribirá en el programa apropiado.

NOMBRE: _____

DOMICILIO: _____

CIUDAD, CÓDIGO POSTAL: _____

NÚMERO DE CUENTA: _____

1 Señale el número total de personas que viven en su hogar:

◯ Una (1) ◯ Dos (2) ◯ Tres (3) ◯ Cuatro (4) ◯ Cinco (5)
◯ Seis (6) ◯ Más de seis (6+), Número: _____

Adultos: _____ Niños: _____

2 Sírvase proveer: Ingreso Total Anual en el Hogar $ _____

Todas las fuentes de ingresos:

Sueldos o salarios
Interés o dividendos de:
- Cuentas de ahorro,
- Acciones o bonos, o
- Cuentas de retiro

Indemnizaciones legales
Pagos de incapacidad laboral
Seguro de indemnización de los trabajadores
Seguro Social, SSI, SSP
Pensiones
Indemnizaciones de seguro
Manutención conyugal
TANF (AFDC)
Estampillas para comida
Pensión alimenticia
Dinero en efectivo y/o otros ingresos
Prestaciones de desempleo
Ingreso de alquiler o regalías
Becas, subvenciones, u otra ayuda usada para sufragar el costo de la vida
Utilidades de Autoempleo (Forma IRS 1040, Tabla C, línea 29)

Declaración y afirmación de autocertificación:

Declaro que la información que he proveído en esta solicitud es verdadera y correcta. Convengo en proporcionar constancias de ingreso si se me solicita. Convengo en informar a SDG&E si dejo de tener derecho a recibir el descuento. Tengo entendido que si recibo cualquier descuento sin tener derecho al mismo, se me podrá exigir el reintegro del descuento recibido. Entiendo que SDG&E puede compartir mi información con otras empresas de servicio público o sus representantes para inscribirme en sus programas de ayuda.

FIRMA: _____ FECHA: _____

NÚMERO TELEFÓNICO (OPCIONAL): _____

Por favor no olvide firmar e incluir su número de cuenta.

Envíe esta solicitud en el sobre prepagado incluido.

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