J. Steve Rahon
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Tariffs & Regulatory Accounts
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May 15, 2006

ADVICE LETTER 1794-E/1616-G
(U902-M)

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

SUBJECT: REVISION OF THE CARE AND FERA INCOME LEVELS AND ELIGIBILITY FORMS

San Diego Gas & Electric Company (SDG&E) hereby submits the following revisions applicable to its electric and gas tariffs, as shown on the enclosed Attachments A and B, respectively.

PURPOSE

The purpose of this filing is to revise the income levels for the California Alternate Rates for Energy (CARE) program and Family Energy Rate Assistance (FERA) program, also known as the Lower Middle Income Household program. Accordingly, SDG&E is modifying residential electric rate Schedules DR-LI, E-LI, DS, DT, DT-RV and FERA, and residential gas rate Schedules G-CARE, GS and GT.

Additionally, SDG&E is modifying the following forms to reflect the revised CARE and FERA income levels: Joint CARE/FERA residential application (Form 142-732), Joint CARE/FERA residential application-IVR/system generated (Form 142-732/1), Joint CARE/FERA residential submetered application (Form 142-732/2), CARE recertification application (Form 142-732/3), submetered recertification application (Form 142-732/4), CARE post-enrollment verification application (Form 142-732/5), Vietnamese residential application (Form 142-732/6), CARE outreach application (Form 142-732/7), residential application - direct mail (Form 142-732/8) qualified agricultural employee housing facilities application (Form 142-4032), and qualified nonprofit group living facilities application (Form 142-00832). This year's income guidelines provide an increase of 3.2 percent from the current household annual income levels.

BACKGROUND

Commission Resolution E-3524, adopted February 19, 1998, established an annual process for changing the income levels for the CARE program. The CARE income levels are used for determining whether residential customers are eligible for a 20 percent discount on their energy bills. The order requires the Director of the Energy Division to set new income levels by letter to the utilities no later than May 1 of each year. The utilities are to file revised tariffs reflecting the new income levels to become effective by June 1 of each year through May 31 of the following year.

On February 26, 2004, the Commission issued Decision (D.) 04-02-057 in Rulemaking (R.) 01-05-047, which adopted the FERA program whereby lower-middle income household participants are charged Tier 2 (101% - 130% of baseline) electricity rates for their Tier 3 (131% - 200% of baseline) usage in order to assist those families whose income levels are just above the CARE income limits and not eligible for CARE benefits. The FERA program is available to households of three or more persons with total incomes between 200% plus $1 and 250% of the federal poverty income guidelines.

In D.04-02-057, the Commission stated that the use of CARE procedures for notifying the utilities of the annual income guideline updates is also reasonable for the FERA program.

On May 4, 2006, the Energy Division provided the new CARE and FERA income-eligibility levels to become effective June 1, 2006 through May 31, 2007, and directed the utilities to include the new income levels in applicable tariffs and program materials by May 13, 2006. Since May 13, 2006 falls on a Saturday, SDG&E is filing its Advice Letter on Monday, May 15, 2006.

By this filing, SDG&E has revised the applicable gas and electric rate schedules and eligibility forms to reflect the revised CARE and FERA income levels.

This filing will not create any deviations from SDG&E's tariffs, cause withdrawal of service from any present customers, or impose any more restrictive conditions.

EFFECTIVE DATE

In accordance with Resolution E-3524, D.04-02-057, and the May 4, 2006 letters from the Energy Division on the respective CARE and FERA income levels, SDG&E requests that this filing become effective on June 1, 2006.

PROTEST

Anyone may protest this Advice Letter to the California Public Utilities Commission. The protest must state the grounds upon which it is based, including such items as financial and service impact, and should be submitted expeditiously. The protest must be made in writing and must be received within 20 days of the date this Advice Letter was filed with the Commission. 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 to Honesto Gatchalian (jnj@cpuc.ca.gov) of the Energy Division. A copy of the protest should also be sent via both e-mail and facsimile to the address shown below on the same date it is mailed or delivered to the Commission.

Attn: 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 to csondrini@semprautilities.com.

_____
J. STEVE RAHON
Director – Tariffs & Regulatory Accounts

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) #: 1794-E/1616-G

Subject of AL: Revision of the CARE and FERA Income Levels and Eligibility Forms

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 #:
Resolution E-3524 and D.04-02-057

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]:

Resolution Required? ☐ Yes ☒ No

Requested effective date: 6/1/06 No. of tariff sheets: 39

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, G-CARE, GS, GT. CARE/FERA forms & TOC

Service affected and changes proposed[1]:

Pending advice letters that revise the same tariff sheets: 1773-E, 1611-G

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
ORA
D. Appling
S. Cauchois
J. Greig
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
Braun & Blaising, P.C.
S. Blaising
California Energy Markets
S. O'Donnell
C. Sweet
California Farm Bureau Federation
K. Mills
California Wind Energy
N. Rader
Children's Hospital & Health Center
T. Jacoby
City of Chula Vista
M. Meacham
E. Hull
City of Poway
R. Willcox
City of San Diego
J. Cervantes
G. Lonergan
M. Valerio
Commerce Energy Group
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 Policy Initiatives Center (USD)
S. Anders
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
Itsa-North America
L. Belew
J.B.S. Energy
J. Nahigian
Luce, Forward, Hamilton & Scripps LLP
J. Leslie
Manatt, Phelps & Phillips LLP
D. Huard
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
J. Porter
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
R. Hunter
D. White
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 1794-E

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
Revised 19260-E	SCHEDULE DR-LI, DOMESTIC SERVICE - CARE Program, Sheet 2	Revised 18809-E*
Revised 19261-E	SCHEDULE E-LI, SERVICE TO QUALIFIED LIVING FACILITIES, Sheet 2	Revised 18642-E
Revised 19262-E	SCHEDULE DS, SUBMETERED MULTI-FAMILY SERVICE, Sheet 5	Revised 18644-E
Revised 19263-E	SCHEDULE DT, SUBMETERED MULTI-FAMILY SERVICE - MOBILEHOME PARK, Sheet 5	Revised 18646-E
Revised 19264-E	SCHEDULE DT-RV, SUBMETERED SERVICE - RECREATIONAL VEHICLE PARKS AND RESIDENTIAL MARINAS, Sheet 5	Revised 18648-E
Revised 19265-E	SCHEDULE FERA, FAMILY ELECTRIC RATE ASSISTANCE PROGRAM, Sheet 1	Revised 18917-E
Revised 19266-E	SAMPLE FORMS, FORM 142-00832, Sheet 1	Revised 18315-E
Revised 19267-E	SAMPLE FORMS, FORM 142-732, Sheet 1	Revised 18656-E*
Revised 19268-E	SAMPLE FORMS, FORM 142-732/1, Sheet 1	Original 18657-E*
Revised 19269-E	SAMPLE FORMS, FORM 142-732/2, Sheet 1	Revised 18658-E*
Revised 19270-E	SAMPLE FORMS, FORM 142-732/3, Sheet 1	Revised 18318-E
Revised 19271-E	SAMPLE FORMS, FORM 142-732/4, Sheet 1	Revised 18382-E
Revised 19272-E	SAMPLE FORMS, FORM 142-732/5, Sheet 1	Original 18320-E
Revised 19273-E	SAMPLE FORMS, FORM 142-732/6, Sheet 1	Original 18661-E*
Revised 19274-E	SAMPLE FORMS, FORM 142-732/7, Sheet 1	Original 18662-E*

ATTACHMENT A
ADVICE LETTER 1794-E

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
Revised 19275-E	SAMPLE FORMS, FORM 142-732/8, Sheet 1	Original 18663-E*
Revised 19276-E	SAMPLE FORMS, FORM 142-4032, Sheet 1	Revised 18414-E
Revised 19277-E	TABLE OF CONTENTS, Sheet 1	Revised 19256-E
Revised 19278-E	TABLE OF CONTENTS, Sheet 2	Revised 19257-E
Revised 19279-E	TABLE OF CONTENTS, SAMPLE FORMS, Sheet 7	Revised 19102-E
Revised 19280-E	TABLE OF CONTENTS, Sheet 8	Revised 18682-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 $0.00114 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	$28,600	C
3	$33,600	C
4	$40,500	C
5	$47,400	C
6	$54,300	C

For Households with more than six persons, add $6,900 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

(Continued)

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 $28,600. 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 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	$28,600	C
3	$33,600	C
4	$40,500	C
5	$47,400	C
6	$54,300	C

For Households with more than six persons, add $6,900 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 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	$28,600	C
3	$33,600	C
4	$40,500	C
5	$47,400	C
6	$54,300	C

For Households with more than six persons, add $6,900 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-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	$28,600	C
3	$33,600	C
4	$40,500	C
5	$47,400	C
6	$54,300	C

For Households with more than six persons, add $6,900 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 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) 2006 RDS rate shown on the customer's otherwise applicable rate schedule.

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	$33,601 - $42,000	C
4	$40,501 - $50,600	C
5	$47,401 - $59,200	C
6	$54,301 - $67,800	C
Each Additional Person Add	$ 6,900 - $ 8,600	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.

(Continued)

SAMPLE FORMS

FORM 142-732

Residential Rate Assistance Application

Form 142-732

(05/06) 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

FOR POSITION ONLY

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

SDG&E has two residential rate assistance programs for which you may qualify: CARE and FERA.

Both programs are based on total household income and household size. Please review the information inside for program and income requirements.

SDG&E ofrece dos programas de reducción de tarifas para los cuales podría usted calificar: CARE o FERA.

Ambos programas se basan en el ingreso total del hogar y el número de personas que vivan en el mismo. Sírvase reviser la siguiente información para conocer los requisitos de los programas.

You May Also Qualify For:

SDG&E's Energy Team Program Free energy education, energy-efficient appliances, and weatherization services for limited-income households.

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 Mon-Fri from 8:00 A.M. To 7:00 P.M. Call 877-889-7343.

También pudiera calificar para:

Programa Energy Team De SDG&E Educación energética gratuita, aparatos eficientes en energía y servicios de intemperización para los hogares que reúnan los requisitos de ingreso.

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 Telefónica Lifeline Universal (ULTS) Acceso al servicio telefónico de bajo costo para los clients que reúnan requisi tos 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)**.

SDGE
A Sempra Energy utility™

Save money on your SDG&E bill.

Residential Rate Assistance

Ahorre dinero en su factura de SDG&E.

Ayuda Para Tarifa Residencial

Application/Solicitud

Residential Assistance Programs

California Alternate Rates for Energy (CARE)

Gas & Electric

The CARE program provides a **20% discount** on monthly gas & electric bills for qualifying households.

Family Electric Rate Assistance Program (FERA)

Electric Only

Households with three (3) or more persons may be able to receive more electricity at a lower rate.

If you believe you qualify for either program, please complete the enclosed postage-paid application, fold, seal, and drop in the mail. You will be enrolled on only one program, depending on your total household income and household size.

Ayuda Para Tarifa Residencial 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.

Programa Familiar De Reducción De Tarifas Eléctricas (FERA)

Para electricidad únicamente

Los hogares con tres (3) miembros o más pudiera recibir mas electricidad con tarifas reducidas.

Si cree usted que reúne los requisitos para cualquiera de los programas, sírvase llenar, doblar, cerrar y depositar en el correo la solicitud porte pagado adjunta. Estará inscrito únicamente en un programa, dependiendo del ingreso total del hogar y el número de personas.

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.

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 verificacion de ingreso.

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

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

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

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

CARE & FERA Application

Complete the application, and please print clearly. Fold, seal and drop in the mail, or Fax to 858-636-5749.

CARE y FERA Solicitud

Liene la solicitud, y favor de imprimir con claridad. Sirvase llenar, doblar, cerrar y depoistar en el correo la solicitud adjunta, o por fax al 858-636-5749.

Household Members / No. de personas en el hogar	CARE	FERA
	Income Guidelines / Limite de ingreso	
1 or 2	$ 28,600	not applicable / No aplica
3	$ 33,600	$ 33,601 - $ 42,000
4	$ 40,500	$ 40,501 - $ 50,600
5	$ 47,400	$ 47,401 - $ 59,200
6	$ 54,300	$ 54,301 - $ 67,800
Each Additional Member / Por cada persona adicional	add / añada $ 6,900	add / añada $ 6,900 - $ 8,600

Your Name / Su nombre

Home Address / Su domicilio

Apartment / Apartamento

City / Cuidad — Zip Code / Código postal

Home Telephone / Teléfono particular — Work Telephone / Teléfono de su trabajo

Number of Persons in Household / Número de personas en el hogar — Adults / Adultos — Children / Niños

Total Yearly Household Income $ / Ingreso total anual en el hogar

SDG&E Account Number / Número de cuenta de SDG&E

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 promptly inform SDG&E if I no longer qualify to receive the discount. I understand and agree 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

SOURCE CODE
Internal use only

SDGE
A Sempra Energy utility™

Serving you today.
Planning for tomorrow.℠

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0640004BT 0606 FORM 142-732 0606

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

SAMPLE FORMS

FORM 142-732/1

Residential Rate Assistance Application (IVR/System-Generated)

Form 142-732/1

(05/06) T

(See Attached Form)

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.

Households on the CARE (California Alternate Rates for Energy) program receive a 20% discount on monthly gas & electric energy bills. The FERA (Family Electric Rate Assistance) program for households with three (3) or more persons provides more electricity at a lower rate. Please review the income guidelines below to see if you are eligible.

Household Members	**Income Guidelines**	
	CARE	*FERA*
1 or 2	$28,600	N/A *
3	$33,600	$33,601 to 42,000
4	$40,500	$40,501 to 50,600
5	$47,400	$47,401 to 59,200
6	$54,300	$54,301 to 67,800
Each Additional Member	Add $6,900	Add $6,900 to $8,600

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).** If you are hearing impaired out TDD/TTY number is 1-877-889-7343. Representatives are available Monday through Friday from 8a.m to 7p.m.

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	**Limite de ingreso**	
	CARE	*FERA*
1 or 2	$28,600	No Aplica *
3	$33,600	$33,601 a 42,000
4	$40,500	$40,501 a 50,600
5	$47,400	$47,401 a 59,200
6	$54,300	$54,301 a 67,800
Pro cada persona adicional	Añada $6,900	Añada $6,900 a 8,600

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 más 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 más 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 para programas de reducción de tarifas

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
- 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 comida
- Indemnizaciones legales
- Indemnización para los trabajadores
- Pensión conyugal
- TANF (AFDC)
- 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 proporcioné en esta solicitud es verdadera y correcta. Convengo en proporcionar comprobante de ingreso si me es solicitado. Convengo en informar a SDG&E si dejo de cumplir con los requisitos. Sé que si recibo un descuento sin cumplir con las condiciones para recibirlo, se me podrá exigir devolver el descuento recibido. Entiendo que SDG&E puede compartir mi información con otras empresas de servicio público o sus agentes para inscribirme en sus programas de asistencia.

Firma_____ **Fecha**_____

Número telefónico (____) _____

SAMPLE FORMS

FORM 142-732/2

Submetered Residential Rate Assistance Application

Form 142-732/2

(05/06) 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

FOR POSITION ONLY

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

SDG&E has two residential rate assistance programs for which you may qualify: CARE and FERA.

Both programs are based on total household income and household size. Please review the information inside for program and income requirements.

SDG&E ofrece dos programas de reducción de tarifas para los cuales podría usted calificar: CARE o FERA.

Ambos programas se basan en el ingreso total del hogar y el número de personas que vivan en el mismo. Sírvase reviser la siguiente información para conocer los requisitos de los programas.

You May Also Qualify For:

SDG&E's Energy Team Program Free energy education, energy-efficient appliances, and weatherization services for limited-income households.

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 Mon-Fri from 8:00 A.M. To 7:00 P.M. Call 877-889-7343.

También pudiera calificar para:

Programa Energy Team De SDG&E Educación energética gratuita, aparatos eficientes en energía y servicios de intemperización para los hogares que reúnan los requisitos de ingreso.

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 Telefónica Lifeline Universal (ULTS) Acceso al servicio telefónico de bajo costo para los clients que reúnan requisi tos 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)**.

SDGE
A Sempra Energy utility™

Save money on your SDG&E bill.

Residential Rate Assistance
Submetered

Ahorre dinero en su factura de SDG&E.

Ayuda Para Tarifa Residencial
Medidor Colectivo

Application/Solicitud

Residential Assistance Programs

California Alternate Rates for Energy (CARE)

Gas & Electric

The CARE program provides a **20% discount** on monthly gas & electric bills for qualifying households.

Family Electric Rate Assistance Program (FERA)

Electric Only

Households with three (3) or more persons may be able to receive more electricity at a lower rate.

If you believe you qualify for either program, please complete the enclosed postage-paid application, fold, seal, and drop in the mail. You will be enrolled on only one program, depending on your total household income and household size.

Ayuda Para Tarifa Residencial 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.

Programa Familiar De Reducción De Tarifas Eléctricas (FERA)

Para electricidad únicamente

Los hogares con tres (3) miembros o más pudiera recibir mas electricidad con tarifas reducidas.

Si cree usted que reúne los requisitos para cualquiera de los programas, sírvase llenar, doblar, cerrar y depositar en el correo la solicitud porte pagado adjunta. Estará inscrito únicamente en un programa, dependiendo del ingreso total del hogar y el número de personas.

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.

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 verificacion de ingreso.

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

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

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

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

CARE & FERA Application

Complete the application, and please print clearly. Fold, seal and drop in the mail, or Fax to 858-636-5749.

CARE y FERA Solicitud

Liene la solicitud, y favor de imprimir con claridad. Sirvase llenar, doblar, cerrar y depoistar en el correo la solicitud adjunta, o por fax al 858-636-5749.

Household Members / No. de personas en el hogar	CARE Income Guidelines / Limite de ingreso	FERA Income Guidelines / Limite de ingreso
1 or 2	$ 28,600	not applicable / No aplica
3	$ 33,600	$ 33,601 - $ 42,000
4	$ 40,500	$ 40,501 - $ 50,600
5	$ 47,400	$ 47,401 - $ 59,200
6	$ 54,300	$ 54,301 - $ 67,800
Each Additional Member / Por cada persona adicional	add / añada $ 6,900	add / añada $ 6,900 - $ 8,600

Your Name / Su nombre

Home Address / Su domicilio

Apartment / Apartamento

City / Cuidad — Zip Code / Código postal

Home Telephone / Teléfono particular — Work Telephone / Teléfono de su trabajo

Number of Persons in Household / Número de personas en el hogar — Adults / Adultos — Children / Niños

Total Yearly Household Income $ / Ingreso total anual en el hogar

I receive ☐ gas, ☐ electric directly from SDG&E. / Recibo servicio de ☐ gas, ☐ luz directamente de SDG&E.

SDG&E Account Number / Número de cuenta de SDG&E

I receive ☐ gas, ☐ electric through a submeter. / Recibo servicio de ☐ gas, ☐ luz a través de un medidor colectivo.

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 promptly inform SDG&E if I no longer qualify to receive the discount. I understand and agree 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

SOURCE CODE
Internal use only

SDGE
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Planning for tomorrow.℠

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0640004BT 0606 FORM 142-732/2 0606

No Staples No Engrape

Fold, Moisten and Seal Humedezca y Selle

No Tape No Use Cinta Adhesiva

SAMPLE FORMS

FORM 142-732/3

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

(05/06) T

(See Attached Form)

ACCOUNT NUMBER: ##########

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:	**$28,600**	**$33,600**	**$40,500**	**$47,400**	**$53,400**
For each additional person in your household add $6,900					

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.** If you are hearing impaired out TDD/TTY number is 1-877-889-7343. Representatives are available Monday through Friday from 8a.m to 7p.m.

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 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ More Than 6 Number_____ Adults _____ Children _____	❑ $0 - $28,600 ❑ $28-601 - $33,600 ❑ $33,601 - $40,501 ❑ $40,501 - $47,400 ❑ $47,401 - $54,300 ❑ More than $54,300 $_____

☞ 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: ##########

¡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 sigue 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:	$28,600	$33,600	$40,500	$47,400	$53,400
Por cada persona adicional en el hogar, añada $6,900					

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

Numero 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 senalados.
- 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 - $28,600
❑ 3	❑ $28-601 - $33,600
❑ 4	❑ $33,601 - $40,501
❑ 5	❑ $40,501 - $47,400
❑ 6	❑ $47,401 - $54,300
❑ Mas de seis: Número_____	❑ Mas de $54,300 $_____
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 142-732/4

California Alternate Rates For Energy (CARE)/
Family Energy Rate Assistance (FERA) Program
Renewal Application and Statement of Eligibility
For Submetered Customers

(05/06) T

(See Attached Form)

SDGE

A Sempra Energy utility℠

Serving you today.
Planning for tomorrow.℠

20% Discount Annual Renewal

July 1, 2006

Dear Submetered Tenant:

You are currently receiving a 20% discount on your monthly energy bill through the California Alternate Rates for Energy (CARE) program. This program is helping many people save money every month.

Every year CARE participants are asked to confirm they still qualify for the discount. To see if you are still eligible, check the chart and requirements listed below. The income qualifications are based on income for the total number of people living in your household. If you think you qualify, then just fill out the enclosed application and mail it back to us in the postage-paid envelope provided.

20% DISCOUNT INCOME QUALIFICATIONS	
Number of persons living in your home	Maximum total yearly income to qualify
1 or 2	$28,600
3	$33,600
4	$40,500
5	$47,400
6	$54,300
For each additional person, add $6,900	

CONDITIONS FOR PARTICIPATION

1. You must notify SDG&E if you no longer qualify.
2. You may not be claimed on another person's income tax return other than your spouse.
3. 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.
4. You may be asked to verify your income.
5. You must renew your application when requested.

If we do not receive your renewal application by August 15th , you will be removed from the CARE program and you will no longer receive the discount. While no income information is needed now, you may need to provide it at a later time.

You may also qualify for other assistance programs and services:

Energy Team: Free energy education, energy-efficient appliances and weatherization services are available for income-qualified households. Call SDG&E for more information.

Medical Baseline: People with special medical needs can receive additional energy at a lower rate. Contact SDG&E for more information and an application.

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

Universal Life Line Telephone Service (ULTS): Discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local phone service provider for more details.

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

Sincerely,

Irma R. DePratti

Irma Robles DePratti
CARE Program Manager

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0640054 0606

FORM 142-732/4 06/06

SDGE

A Sempra Energy utility℠

Atendiéndole hoy.
Planificando para el mañana.℠

Renovación anual para el 20% de descuento

1 de julio de 2006

Estimado(a) cliente(a) con medidor colectivo:

Actualmente usted está recibiendo un 20% de descuento en su factura mensual de energía a través del programa de Tarifas Alternas de Energía de California (CARE). Este programa ayuda a muchas personas a ahorrar dinero mensualmente.

Cada año se les pide a los participantes del programa CARE confirmar que todavía reúnen los requisitos para el descuento. Para saber si tiene derecho, revise los requisitos en la tabla que se presenta a continuación. Los requisitos de ingreso se basan en el ingreso total de todas las personas que viven en su hogar. Si cree usted que tiene derecho, entonces sólo llene la solicitud anexa y envíenosla por correo en el sobre con porte pagado adjunto.

REQUISITOS DE INGRESO PARA EL 20% DE DESCUENTO	
Número de personas que viven en su hogar	Ingreso máximo total anual para tener derecho al descuento
1 ó 2	$28,600
3	$33,600
4	$40,500
5	$47,400
6	$54,300
Por cada persona adicional, añada $6,900	

CONDICIONES PARA PARTICIPAR

1. Tiene que notificar a SDG&E si ya no reúne los requisitos.
2. No debe aparecer como dependiente en la declaración de impuestos de otra persona que no sea su cónyuge.
3. 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.
4. Le pueden pedir verificación de ingreso.
5. Debe renovar su solicitud cuando le sea requerido.

Si no recibimos su solicitud de renovación para el 15 de agosto, se le dará de baja del programa CARE y dejará de recibir el descuento. Aunque en este momento no es necesario presentar información sobre sus ingresos, es probable que tenga que presentarla posteriormente.

Quizás tenga derecho a otros programas y servicios de ayuda:

Programa *Energy Team*: Servicios que le ayudan a mejorar la eficiencia energética de su hogar. Para más información, comuníquese a SDG&E.

Asignación Médica Inicial: Las personas que padezcan una afección médica que requiera calefacción, aire acondicionado o equipo de soporte vital pudieran obtener una asignación inicial de energía adicional a la tarifa más baja. Para más información, comuníquese a SDG&E.

Programa *LIHEAP*: Este programa de asistencia para el pago de energía en hogares de bajos ingresos provee ayuda para el pago de facturas de energía y servicios de impermeabilización. Para mayor información, comuníquese a la oficina de *Departament of Community Services and Development* al **1-866-675-6623**.

Programa *ULTS*: La Línea Universal De Servicio Del Teléfono. El programa *ULTS* ofrece servicio telefónico de precio reducido a clientes que reúnen requisitos similares a los del programa CARE. Llame a su compañía de teléfono para obtener más información.

Para enterarse más acerca de CARE y otras formas en que nos estamos esforzando para proveerle un excepcional servicio al cliente, llame al **1-800-560-5551**.

Atentamente,

Irma R. DePratti

Irma Robles DePratti
CARE Program Manager

A Sempra Energy utility℠

CARE Renewal Application
For Submetered Tenants

Check the appropriate box:

◯ I still qualify for CARE and will complete and mail this application.

◯ I no longer qualify or wish to participate in the CARE program. Please remove me from the program. *(Send in this form even if you no longer qualify).*

I receive __ gas, __ electricity directly from SDG&E. My SDG&E account number is: _____

I receive __ gas, __ electricity through a submeter.

To qualify for the 20% energy bill discount, your total household income must meet the established income guidelines.

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 Write the total yearly household income for all persons in your household from all sources listed below: $ _____

Income Sources:

- 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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0640054 0606

FORM 142-7322/4 06/06

SDGE

A Sempra Energy utility℠

Solicitud para renovar CARE

Para inquilinos con medidor colectivo

Marque el círculo correspondiente:

◯ Aún cumplo con los requisitos del programa CARE y llenaré y enviaré por correo esta solicitud.

◯ Ya no reúno los requisitos o no deseo participar en el programa CARE. Sírvase quitarme del programa. *(Envíe este formulario aunque ya no reúna los requisitos).*

NOMBRE: _____

DOMICILIO: _____

CIUDAD: _____ CÓDIGO POSTAL: _____

Recibo servicio de __ gas, __ electricidad directamente de SDG&E.
Número de cuenta de SDG&E: _____

Recibo servicio de __ gas, __ electricidad a través de un medidor colectivo.

Para tener derecho al 20% de descuento en su factura de energía, el ingreso total en su hogar no debe exceder los límites que se indican.

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 Favor de escribir el ingreso total anual que reciben, de todas las fuentes, todas y cada una de las personas que viven en su hogar: $ _____

Fuentes de ingreso:

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

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/u otros ingresos
Prestaciones de desempleo
Ingreso de alquiler o regalías
Becas, subvenciones, u otra ayuda usada para sufragar el costo de vida
Ganancias por Autoempleo (Forma IRS 1040, Tabla C, línea 29)

Declaración y afirmación de auto-certificación:

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 incluír su número de cuenta. Envíe esta solicitud en el sobre prepagado incluído.

SAMPLE FORMS

FORM 142-732/5

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

(05/06) 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. If you are hearing impaired out TDD/TTY number is 1-877-889-7343. Representatives are available Monday through Friday from 8a.m to 7p.m.

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	$28,600
3	$33,600
4	$40,500
5	$47,400
6	$54,300
Add $6,900 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	$28,600
3	$33,600
4	$40,500
5	$47,400
6	$53,400
Añada $6,900 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

Residential Rate Assistance Application (Vietnamese)

Form 142-732/6

(05/06) T

(See Attached Form)

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 $28,600	Không áp dụng
3	$0 đến $33,600	$33,601 đến $42,000
4	$0 đến $40,500	$40,501 đến $50,600
5	$0 đến $47,400	$47,401 đến $59,200
6	$0 đến $54,300	$54,301 đến $67,800
Thêm một người	cộng $6,900	cộng $6,900 đến $8,600

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

CARE Outreach Application (Direct Mail)

Form 142-732/7

(05/06) T

(See Attached Form)

SDGE
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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FORM 142-732/7 (05/06) 50M

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.

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 incluír su número de cuenta.

Envíe esta solicitud en el sobre prepagado incluído.

SDGE
A Sempra Energy utility℠

YOU MAY NOW QUALIFY FOR A 20% DISCOUNT ON YOUR ENERGY BILL

Dear Customer,

SDG&E's 20% energy-bill discount program is now available to more families. That's because the income guidelines for qualifying were recently increased meaning more households are eligible to receive the discount. 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	$28,600
3	$33,600
4	$40,500
5	$47,400
6	$54,300
Each additional	Add $6,900

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. For people with hearing impairments, SDG&E offers TDD/TTY Monday through Friday from 8:00 a.m. to 7:00 p.m. Call us at 877-889-7343.

Sincerely,

Irma R. DePratti

Irma Robles DePratti
CARE Program Manager

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FORM 142-732/7 (05/06) 50M

QUIZÁ TENGA DERECHO A UN 20% DE DESCUENTO EN SU FACTURA SE ENERGÍA

Estimado(a) Cliente(a):

Los precios del gas natural son más elevados que el año pasado. 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	$28,600
3	$33,600
4	$40,500
5	$47,400
6	$54,300
Por cada uno adicional	Añada $6,900

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 Program Manager

A Sempra Energy utility℠

P.O. Box 129831
San Diego, CA 92112-9831

Do you qualify for a discount on your energy bill?

Reúne usted los requisitos para un descuento en su factura de energía?

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
SAN DIEGO CA
PERMIT NO. 213

SAMPLE FORMS

FORM 142-732/8

Residential Rate Assistance Application (Direct Mail)

Form 142-732/8

(05/06) T

(See Attached Form)

SDGE
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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FORM 142-732/8 (05/06) 50M

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.

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 incluír su número de cuenta.

Envíe esta solicitud en el sobre prepagado incluído.

A Sempra Energy utility℠

YOU MAY NOW QUALIFY FOR A 20% DISCOUNT ON YOUR ENERGY BILL

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

Household Members	Income Guidelines	
	CARE	FERA
1 or 2	$28,600	Not applicable
3	$33,600	$33,601 to $42,000
4	$40,500	$40,501 to 50,600
5	$47,400	$47,401 to $59,200
6	$54,300	$54,301 to $67,800
Each additional Member	Add $6,900	Add $6,900 to $8,600

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. For TDD/TTY please call 877-889-7343, Monday through Friday, 8:00 a.m. to 7:00 p.m.

Sincerely,

Irma R. DePratti

Irma Robles DePratti
CARE/FERA Program Manager

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FORM 142-732/8 (05/06) 50M

QUIZÁ TENGA DERECHO A UN 20% DE DESCUENTO EN SU FACTURA SE ENERGÍA

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

Número de personas en el hogar	Requistos de Ingreso	
	CARE	FERA
1 ó 2	$28,600	No aplicá
3	$33,600	$33,601 a $42,000
4	$40,500	$40,501 a 50,600
5	$47,400	$47,401 a $59,200
6	$54,300	$54,301 a $67,800
Por cada uno adicional	Añada $6,900	Añada $6,900 a $8,600

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

A Sempra Energy utility℠

P.O. Box 129831
San Diego, CA 92112-9831

Do you qualify for a discount on your energy bill?

Reúne usted los requisitos para un descuento en su factura de energía?

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
SAN DIEGO CA
PERMIT NO. 213

SAMPLE FORMS

FORM 142-00832

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

(05/06) T

(See Attached Form)

SDGE

A Sempra Energy utility℠

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

(Note: This program was formerly called Low Income Ratepayer Assistance.)

INSTRUCTIONS

1. READ the information on page 2 of this form.

2. DETERMINE if the facility meets the definition of a qualified nonprofit group living facility. The facility MUST meet ALL criteria to qualify for the 20% discount.

3. COMPLETE the entire application (please print or type).

   Nonprofit corporations must complete this application for all qualified satellites.

4. ATTACH all required documents. (Application is not considered complete without documents.)

5. MAIL TO:

San Diego Gas & Electric
CARE Program
P.O. Box 129831
San Diego, CA 92112-9831

DISCOUNT

Your facility may qualify for a 20 percent discount on your SDG&E bill for residential rates. For commercial rate schedules, a 20 percent discount will be calculated on all rate elements of the bill for gas and electric charges.

ELIGIBILITY CRITERIA

The facility *MUST* meet all of the following criteria:

For transitional housing (drug rehabilitation, half-way house), short-or long-term care facility (hospice, nursing homes, children's and seniors' homes), group home for physically or mentally disabled persons, or other nonprofit group living facilities:

- Corporation operating facility must have IRS tax-exempt status under Code 501(C)(3).
- Facility must be licensed by the appropriate State agency such as the State Department of Social Services, Department of Drug and Alcohol Programs, Department of Health Services, or provide other proof of eligibility satisfactory to the utility.
- Facility must provide a special needs social service, such as meals or rehabilitation, in addition to lodging.
- 100 percent of the residents must individually meet current CARE eligibility guidelines for a single-person household. (see below)
- 70 percent of the energy supplied to the facility must be used for residential purposes.
- Satellite facilities in the name of the licensed facility, where 70 percent of the energy supplied is for residential purposes, are also eligible.

For Homeless Shelters:

- Corporation operating facility must have IRS tax-exempt status under Code 501(C)(3).
- Facility must have a Conditional Use Permit or provide other proof of eligibility satisfactory to the utility.
- Facility must provide at least six beds each night for a minimum of 180 days per year for persons who have no alternative residence.
- Primary function of facility is to provide lodging.
- 70 percent of energy consumed must be for residential purposes.

Facilities Not Eligible:

- A group-living facility offering only a place to live.
- Government subsidized facility providing lodging only.
- Publicly owned housing.
- Student housing, dormitories, fraternities, sororities.
- Private, for profit, group living facilities.

INDIVIDUAL ELIGIBLITY GUIDELINES

Each resident's annual gross income does not exceed $28,600 and they may not be claimed as a dependent on the tax return of anyone living outside the facility who is earning more than $28,600 *OR*, each resident may be receiving one of the following types of assistance:

- Supplemental Security Income/State Supplemental Payment (SSI/SSP).
- Benefits under the Veterans and Survivors Pension Improvement Act of 1978.
- Food Stamps.

ATTACHMENTS REQUIRED

- A copy of IRS letter determining tax-exempt status of corporation operating the facility under IRS Code 501(C)(3).
- A copy of license from appropriate State agency, a copy of Conditional Use Permit, or other proof of eligibility satisfactory to the utility.

RECERTIFICATION

FACILITY IS REQUIRED TO RECERTIFY ANNUALLY, AND PROVIDE AMOUNT OF DISCOUNT RECEIVED IN PRIOR YEAR AND AN EXPLANATION OF HOW FUNDS WERE USED FOR THE DIRECT BENEFIT OF LOW-INCOME RESIDENTS. THE ANNUAL RECERTIFICATION FORM WILL BE SENT TO YOU EACH YEAR.

NAME ON SDG&E BILL			
NAME OF FACILITY (if different)			
ACCOUNT NUMBER(S) (list additional on back)		NUMBER OF RESIDENTS (THIS FACILITY)	
SERVICE ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (if different)	CITY	STATE	ZIP CODE

Does Corporation operating facility have IRS 501(c)(3) tax-exempt status? ☐ Yes ☐ No
REQUIRED ATTACHMENT: IRS letter

Is at least 70 percent of facility's energy used for residential purposes? ☐ Yes ☐ No

Is facility publicly owned and operated? ☐ Yes ☐ No

A nonprofit group living facility may consist of a licensed primary facility and related nonlicensed facilities at other locations ("satellites"). The nonlicensed satellite facilities are eligible for the discount providing:

- The primary facility is licensed by the appropriate State agency and meets all other criteria;
- At least 70 percent of the energy consumed by the satellite facility *MUST* be used for residential purposes;
- The primary facility must appear as the customer of record on the energy bill for the satellite facility.

The nonprofit corporation must complete the information on back for all qualified satellite facilities. If you are a satellite facility, contact your corporate facility.

For Nonprofit Group Living Facilities

Services offered by facility:

☐ Lodging ☐ Meals ☐ Rehabilitation ☐ Training ☐ Counseling

☐ Other (explain)_____

Total Number of Residents of Facility ____ Total Number of Residents who QUALIFY as Low Income____

Name on Business License (required attachment: State Issued License)_____
IF YOU DON'T HAVE A BUSINESS LICENSE, PLEASE CALL SDG&E AT (800) 560-5551

For Homeless Shelters

Number of Beds_____ Number of Days Occupied each year_____

Name on Conditional Use Permit (required attachment): Use Permit _____
IF YOU DON'T HAVE A CONDITIONAL USE PERMIT, PLEASE CALL SDG&E AT (800) 560-5551

RECERTIFICATION WILL BE REQUIRED EACH YEAR. THE COMPLETE APPLICATION PLUS THE INFORMATION BELOW WILL BE REQUIRED.

RECERTIFICATION: Total amount of discount received last year $_____

What was Discount used for?_____

I certify, under penalty of perjury, under the laws of the State of California, that the information on this application is true and accurate and I have verified the income eligibility of all residents. I am responsible for the annual renewal of the facility's license from the appropriate State licensing department or for the Conditional Use permit. I understand that SDG&E may verify the accuracy of this information and confirm the direct benefit to the resident through random sampling. Errors in information provided may cause the account(s) to be rebilled without the discount. I give my consent for the information provided on this application to be shared with other utility companies.

_____ _____
AUTHORIZED REPRESENTATIVE'S NAME AND TITLE (PLEASE PRINT) DATE

_____ _____
AUTHORIZED REPRESENTATIVE'S SIGNATURE PHONE NO.

NONPROFIT GROUP LIVING SATELLITE FACILITIES

SERVICE ADDRESS	ZIP CODE
ACCOUNT NUMBERS	NUMBER OF RESIDENTS (THIS FACILITY)
☐ YES ☐ NO	70 percent of energy used for residential purposes
SERVICE ADDRESS	ZIP CODE
ACCOUNT NUMBERS	NUMBER OF RESIDENTS (THIS FACILITY)
☐ YES ☐ NO	70 percent of energy used for residential purposes
SERVICE ADDRESS	ZIP CODE
ACCOUNT NUMBERS	NUMBER OF RESIDENTS (THIS FACILITY)
☐ YES ☐ NO	70 percent of energy used for residential purposes
SERVICE ADDRESS	ZIP CODE
ACCOUNT NUMBERS	NUMBER OF RESIDENTS (THIS FACILITY)
☐ YES ☐ NO	70 percent of energy used for residential purposes
SERVICE ADDRESS	ZIP CODE
ACCOUNT NUMBERS	NUMBER OF RESIDENTS (THIS FACILITY)
☐ YES ☐ NO	70 percent of energy used for residential purposes
SERVICE ADDRESS	ZIP CODE
ACCOUNT NUMBERS	NUMBER OF RESIDENTS (THIS FACILITY)
☐ YES ☐ NO	70 percent of energy used for residential purposes

HOMELESS SHELTERS

SERVICE ADDRESS	ZIP CODE
ACCOUNT NUMBERS	NUMBER OF RESIDENTS (THIS FACILITY)
☐ YES ☐ NO	70 percent of energy used for residential purposes
SERVICE ADDRESS	ZIP CODE
ACCOUNT NUMBERS	NUMBER OF RESIDENTS (THIS FACILITY)
☐ YES ☐ NO	70 percent of energy used for residential purposes
SERVICE ADDRESS	ZIP CODE
ACCOUNT NUMBERS	NUMBER OF RESIDENTS (THIS FACILITY)
☐ YES ☐ NO	70 percent of energy used for residential purposes

SAMPLE FORMS

FORM 142-4032

Application for California Alternate Rates
For Energy (CARE) Program for
Qualified Agricultural Employee Housing Facilities

(05/06) T

(See Attached Form)

Application for California Alternate Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing Facilities

INSTRUCTIONS

1. PLEASE READ ALL information and instructions before you complete, sign, and date this application. If you have questions, call 1-800-560-5551, Monday through Friday, 8:00 am-5:00 pm.
2. DETERMINE if the facility meets the definition of a qualified agricultural employee housing facility. The facility MUST meet ALL criteria to qualify for the 20% discount from the CARE Program.
3. COMPLETE the entire application (please print or type). Complete a separate application for each qualified facility (including satellite facilities).
4. ATTACH all required documents. (Application is considered incomplete without documents.)
5. MAIL to: San Diego Gas & Electric Company
   CARE Program
   PO Box 129832
   San Diego, CA 92112-9831

DISCOUNT

The CARE program provides a 20% discount off the utility bill for facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates, upon formal approval by the California Public Utilities Commission, are available to qualified facilities. The facility will receive the discount after the utility receives and approves the completed and signed application.

ELIGIBILITY CRITERIA FOR APPLICANT

Each applicant MUST meet all of the following criteria:

- Applicant must be the utility customer of record.
- Applicant must verify that 100% of the residents and/or households meet the current CARE income guidelines, excluding any employee operating or managing the facility who resides on the facility.

Income Qualifications	
Number of Persons In Household	Maximum Total Combined Annual Income
1 or 2	$28,600
3	$33,600
4	$40,500
5	$47,400
6	$54,300
Add $6,900 for each additional person	

- Applicant is required to certify CARE eligibility annually by completing a new application, including how the discount will be used for the direct benefit of the residents.

ELIGIBLE FACILITIES

Employee Housing (privately owned), as defined in section 17008 of the Health and Safety Code, that is licensed and inspected by state and/or local agencies pursuant to Part I (commencing with Section 17000) of Division 13.

- Supporting documentation required:
  - ✓ Provide copy of current permit issued by the Department of Housing and Community Development.
- Total energy used must be 100% residential**.**

Housing for Agricultural Employees (non-migrant and operated by non-profit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code.

- Supporting documentation required:
  - ✓ Provide current copy of federal 501(c)(3) tax exemption or copy of state tax exemption form, and current copy of local property tax exemption form.
- Total Energy used:
  - ✓ Master-metered facilities must be 70% residential use.
  - ✓ Individually metered units must be 100% residential use.

APPLICANT'S RESPONSIBILITIES

The applicant is required to:

- Provide proof of facility's eligibility (see Eligible Facilities) and submit required documentation with the application (see requirements on the application).
- Verify that all individuals residing in the facility meet the CARE income eligibility guidelines (see income guideline sheet) and make a certification to that effect, under penalty of perjury, under the laws of the state of California.
- At annual re-certification, show how the past year's discount was used and how the next year's discount is expected to be used for direct benefit of the residents.
- Maintain records of residents' income eligibility, which should come from federal tax return, payroll stubs or similar records acceptable to the utility. These records must be retained for three (3) years from the date of initial application and/or re-certification.
- Maintain accounting entries and supporting documentation of how the discount was used for the direct benefit of the residents. These records must be retained for three (3) years from the date of initial application and/or re-certification.
- Upon request from the utility, provide documentation of the residents' income eligibility and/or documentation of how the discount was used for the direct benefit of the residents.
- Provide all information requested by the utility. Failure to do so will result in denial or removal from the program. The applicant may be subject to rebilling for the period they were ineligible for the discount as determined by the utility.

Application for 20% Discount

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

1 *APPLICANT INFORMATION:* *(please print)*

Name on Utility Bill _____

Name of Facility _____
(if different than on bill)

Account Number for This Facility | | | | — | | | | — | | | | |

Service Address _____ **City** _____ **CA Zip Code** _____

Mailing Address _____ **City** _____ **CA Zip Code** _____
(if different)

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

E-mail Address _____
(optional)

Daytime Phone | | | | — | | | | — | | | | | **Fax** | | | | — | | | | — | | | | |

2 FACILITY INFORMATION:

□ **EMPLOYEE HOUSING** (privately owned), as defined in Section 17008 of the Health and Safety Code, that is licensed and inspected in state and/or local agencies pursuant to part 1 of Division 13.

□ **HOUSING FOR AGRICULTURAL EMPLOYEES** (non-migrant and operated by non profit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has received exemptions from local property taxes pursuant to subdivision (g) of the Revenue and Taxation Code.

3 *DECLARATION:* *(Please read carefully and sign below.)*

By signing this application, I certify under penalty of perjury that the information contained herein is true and accurate and agree to comply with all the eligibility criteria and applicant responsibilities contained herein for all of the Service Agreements listed in this application and I give my consent that the information herein may be shared with other energy utility companies.
I have:

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

FOR ALL FACILITIES

- Applicant is customer of record Yes ☐ No ☐
- 100% of residents and/or households meet CARE income guidelines Yes ☐ No ☐
- I have provided information on how the discount for the coming year will be used to directly benefit the residents Yes ☐ No ☐
- For recertification, I have provided information on how the discount was used for the direct benefit of the residents and I have documentation on file (if initial certification, leave blank). Yes ☐ No ☐
- I understand the utility reserves the right to request documentation on the eligibility of the residents and the use of the discount. Yes ☐ No ☐
- I understand the utility has the right to rebill me at the applicable rate if appropriate. Yes ☐ No ☐
- I understand if the facility(ies), or the residents, become(s) ineligible to receive the discount I must notify the utility within 30 days. Yes ☐ No ☐

Last year's discount was used for: (if initial certification leave blank)

_____

This year's discount will be used for:_____

_____

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

_____
Authorized Representative's Name (Please print.)

_____
Authorized Representative's Title

_____
Authorized Representative's Signature

_____
Date

If you have any questions, call SDG&E's CARE toll-free line at 1-800-560-5551, Monday through Friday, 8:00 a.m. to 5:00 p.m.

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

Account Number: | | | | — | | | | — | | | | |

Service Address _____ **City** _____ **CA Zip Code** _____

Type of metering: ☐ **Individually metered** ☐ **Master metered**

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

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

100% of residents and/or households meet income eligibility criteria ☐ **Yes** ☐ **No**

Account Number: | | | | — | | | | — | | | | |

Service Address _____ **City** _____ **CA Zip Code** _____

Type of metering: ☐ **Individually metered** ☐ **Master metered**

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

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

100% of residents and/or households meet income eligibility criteria ☐ **Yes** ☐ **No**

Account Number: | | | | — | | | | — | | | | |

Service Address _____ **City** _____ **CA Zip Code** _____

Type of metering: ☐ **Individually metered** ☐ **Master metered**

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

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

100% of residents and/or households meet income eligibility criteria ☐ **Yes** ☐ **No**

Account Number: | | | | — | | | | — | | | | |

Service Address _____ **City** _____ **CA Zip Code** _____

Type of metering: ☐ **Individually metered** ☐ **Master metered**

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

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

100% of residents and/or households meet income eligibility criteria ☐ **Yes** ☐ **No**

TABLE OF CONTENTS

The following sheets contain all the effective rates and rules affecting rates, service and information relating thereto, in effect on the date indicated herein.

	Cal. P.U.C. Sheet No	
TITLE PAGE.....	16015-E	
TABLE OF CONTENTS.....	19277, 19278, 19258, 19259, 19209, 17482-E	T
	19279, 19280, 19131, 18350, 15392-E	T
PRELIMINARY STATEMENT:		
I. General Information.....	8274, 18225, 18226-E	
II. Balancing Accounts.....	19103, 15067, 11667, 15068, 16463, 16464, 16465-E	
	17964, 16467, 17965, 18177, 17966, 18227, 16989-E	
	16990, 16991, 16992, 16993, 17600, 17601, 16996-E	
	16997, 17090, 17091, 17092, 18492, 19186, 17743-E	
	17096, 18510, 19120, 19121, 18495, 18496, 18497-E	
	18498, 18499, 18500, 18501, 18502, 18503, 18504-E	
	18505, 18506, 18899, 19104, 19105-E	
III. Memorandum Accounts.....	18991, 15078, 16491, 18574, 16493, 16494, 16495-E	
	16496, 16497, 16498, 16499, 16500, 16501, 16502-E	
	16503, 16504, 16505, 16506, 16507, 16508, 16509-E	
	16510, 16511, 16512, 16513, 16514, 16515, 16516-E	
	16517, 16518, 17049, 17050, 17051, 17052, 17053-E	
	17178, 17179, 17180, 17181, 17182, 17183, 17184-E	
	17816, 18873, 18874, 18875, 18876, 18877, 18878-E	
	18879, 19135, 18881, 19136, 18883, 18884, 18885-E	
	18886, 18887, 18888, 18889, 18890, 18891, 18892-E	
	18985, 18992-E	
IV. Electric Distribution and Gas Performance	18120, 18121, 18122, 18123, 18124, 18125, 18126-E	
Based Ratemaking (PBR) Mechanism……..	18127, 18128, 18129, 18130, 18131, 18132, 18133-E	
	18134, 18135, 18136-E	
V. SONGS 2&3 Procedures.....	17006, 17007-E	
VI. Miscellaneous.....	16141, 16401, 15105, 12475, 12476, 16152-E	
	16148, 15106, 12480, 12481, 13257, 12483-E	
	12484, 12485, 12486, 15107, 16142, 16143-E	
INDEX OF RATE AREA MAPS		
Map 1 - Territory Served.....…	15228-E	
Map 1-A - Territory Served.....…	4916-E	
Map 1-B - Territory Served.....…	7295-E	
Map 1-C - Territory Served.....…	9135-E	
Map 1-D - Territory Served.....…	9136-E	

(Continued)

TABLE OF CONTENTS

SCHEDULE OF RATES

SCHEDULE NUMBER	SERVICE	CAL. P.U.C. SHEET NO.	
	Residential Rates		
DR	Domestic Service	19210, 18901, 14712, 18993-E	
DR-LI	Domestic Service - CARE Program	19211, 19260, 18309, 18230, 18231, 18994-E	T
DR-TOU	Domestic Time-of-Use Service	19212,18904, 18232, 18233, 18995-E	
E-LI	Service to Qualified Living Facilities	18811, 19261, 18405, 18406, 18407-E	T
DM	Multi-Family Service	19213, 15902, 18234, 18235, 18996-E	
DS	Submetered Multi-Family Service	19214, 18907, 13674, 18236, 19262-E 18237, 18997-E	T
DT	Submetered Multi-Family Service- Mobilehome Park	19215, 18909, 14020, 18238, 19263-E 14023, 18239, 18998-E	T
DT-RV	Submetered Service – Recreational Vehicle Parks and Residential Marinas	19216, 18911, 13686, 18240, 19264-E 18241, 18999-E	T
DR-TOU-DER	Domestic Time-of Use Service – Distributed Energy	19217, 18913, 19000, 16231-E	
EV-TOU	Domestic Time-of-Use for Electric Vehicle Charging	19218, 15908, 19001-E	
EV-TOU-2	Domestic Time-of-Use for Households With Electric Vehicles	19219, 15909, 18242, 19002-E	
EV-TOU-3	Domestic Time-of-Use for Electric Vehicle Charging with a Dual Meter Adapter	19220, 15910, 12545, 19003-E	
DE	Domestic Service to Utility Employee	10777.1-E	
FERA	Family Electric Rate Assistance	19265, 17102-E	T
	Commercial/Industrial Rates		
A	General Service	19221, 15911, 18244, 19005-E	
A-TC	Traffic Control Service	19222, 15912, 19006-E	
AD	General Service - Demand Metered	19223, 18923, 19007-E	
A-TOU	General Service - Small - Time Metered	19224, 18926, 14089, 19008-E	
AL-TOU	General Service - Time Metered	19225, 19226, 18930, 18931, 18828-E 19009, 18932-E	
AL-TOU-DER	General Service – Time Metered Distributed Energy Resources	18933, 19227, 19228, 18936, 18832-E 19010, 16974, 18937-E	
AL-TOU-CP	General Service – Critical Peak	18938, 19229, 19230, 18941, 18836-E 19011, 18942-E	
AY-TOU	General Service – Time Metered – Optional	19231, 19232, 18839, 19012-E	
A6-TOU	General Service - Time Metered	19233, 19234, 18842, 14927, 19013-E	

(Continued)

TABLE OF CONTENTS

SAMPLE FORMS

Form No.	Date	Applications, Agreements & Contracts	Sheet No.	
118-459	07-91	Group Load Curtailment Demonstration Program - Peak Capacity Agreement	7154-E	
118-1228	05-92	Operating Entity Agreement for Illuminated Transit Shelters	7410-E	
124-363	- - -	Declaration of Eligibility for Lifeline Rates	2857-E	
124-463	10-94	Continuity of Service Agreement	8413-E	
124-463/1	11-94	Continuity of Service Agreement Change Request	8414-E	
124-1000	02-06	Community Choice Aggregator (CCA) Service Agreement	19095-E	
124-1010	02-06	Community Choice Aggregator Non-Disclosure Agreement	19096-E	
124-1020	02-05	Declaration by Mayor or Chief County Administrator Regarding Investigation, Pursuit or Implentation of Community Choice Aggregation	17862-E	
124-5152F	08-73	Application for Gas/Electric Service	2496-E	
132-150	07-02	Medical Baseline Allowance Application	15554-E	
132-150/1	07-02	Medical Baseline Allowance Self-Certification	15555-E	
132-01199	02-99	Historical Energy Usage Information Release (English)	11886-E	
132-01199/1	02-99	Historical Energy Usage Information Release (Spanish)	11887-E	
132-1259C	06-74	Contract for Special Electric Facilities	2580-E	
- - - - - - - -		Contract for Electric Service - Agua Caliente – Canebrake	1233-E	
132-2059C		Resident's Air Conditioner Cycling Agreement	4677-E	
132-6262	06-94	DSM Program Facility Financing Agreement	8220-E	
132-6262/1	06-94	Amendment to DSM Program Facility Financing Agreement	8221-E	
132-6263	11-05	On-Bill Financing Loan Agreement	18694-E	
135-00061	12-00	Voluntary Rate Stabilization Program Contract for Fixed Price Electric Energy with True-p	14001-E	
135-559	07-87	Power Line Analysis and/or Engineering Study Agreement	5978-E	
135-659	10-92	Annual Certification Form - Master Metered Accounts	7542-E	
140-00100	02-05	Demand Bidding Program Contract	17841-E	
140-00101	07-03	Amendments to Demand Bidding Program Contract	16565-E	
142-00012	02-03	Scheduled Load Reduction Program Contract	16102-E	
142-140	08-93	Request for Service on Schedule LR	7912-E	
142-259		Contract for Service, Schedule S-I (Standby Service - Interruptible)	5975-E	
142-359A		Contract for Service, Schedule S (Standby Service)	5974-E	
142-459	03-89	Agreement for Standby Service	6507-E	
142-732	05-06	Application and Statement of Eligibility for the California Alternate Rates for Energy (CARE) Program	19267-E	T
142-732/1	05-06	Residential Rate Assistance Application (IVR/System-Gen)	19268-E	T
142-732/2	05-06	Submetered Household Application and Statement of Eligibility for California Alternate Rates for Energy (CARE) Program	19269-E	T
142-732/3	05-06	CARE Program Recertification – Application & Statement of Eligibility	19270-E	T
142-732/4	05-06	CARE/FERA Program Renewal – Application & Statement of Eligibility for Submetered Customers	19271-E	T
142-732/5	05-06	CARE Post Enrollment Verification	19272-E	T
142-732/6	05-06	Residential Rate Assistance Application (Vietnamese)	19273-E	T
142-732/7	05-06	CARE Outreach Application (Direct Mail)	19274-E	T
142-732/8	05-06	Residential Rate Assistance Application (Direct Mail)	19275-E	T

(Continued)

TABLE OF CONTENTS

Form No.	Date	Applications, Agreements & Contracts	Sheet No.	
142-00832	05-06	Application for California Alternate Rates for Energy (CARE) Program for Qualified Nonprofit Group Living Facilities…….	19266-E	T
142-859	03-94	Request for Service on Schedule NJ - New Job Incentive Rate Service……..	8100-E	
142-959	06-96	Standard Form Contract for Service New Job Incentive Rate Service.....	9129-E	
142-1059	06-96	Standard Form Contract for Service New Job Connection Credit.....	9130-E	
142-1159	03-94	Standard Form Contract - Use of Rule 20A Conversion Funds to Fund New Job Connection Credit.....	8103-E	
142-1359	05-95	Request for Contract Minimum Demand.....	8716-E	
142-1459	05-95	Agreement for Contact Closure Service.....	8717-E	
142-1559	05-95	Request for Conjunctive Billing.....	8718-E	
142-1659	05-95	Standard Form Contract - Credits for Reductions in Overhead to Underground Conversion Funding Levels.....	8719-E	
142-1759	10-05	Contract for Installation of Electric Watt-Hour Data Pulses…..	18629-E	
142-01959	01-01	Consent Agreement……	14172-E	
142-02559	01-98	Contract to Permit the Billing of a Customer on Schedule AV-1 Prior to Installation of all Metering and Equipment Required to Provide a Contract Closure in Compliance With Special Condition 12 of Schedule AV-1.....	11023-E	
142-02760	02-02	Interconnection Agreement for Net Energy Metering Solar or Wind Electric Generating Facilities for Other than Residential or Small Commercial of 10 Kilowatts or Less…..	16707-E	
142-02761	10-03	Biogas Digester Generating Facility Net Energy Metering and Interconnection Agreement……..	18678-E 5380-E	
142-02762	11-05 - - -	Fuel Cell Generating Facility Net Energy Metering and Interconnection Agreement ……	18679-E	
142-3201		Residential Hotel Application for Residential Rates.....	6041-E	
142-3242		Agreement for Exemption from Income Tax Component on Contributions and Refundable Advances.....		
142-4032	05-06	Application for California Alternate Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing Facilities.....	19267-E	T
142-4035	06-05	Application for California Alternate Rates for Energy (CARE)	18415-E	
142-5201	01-03	Program for Migrant Farm Worker Housing Centers…….	16086-E	
142-05302	01-01	Request for Service on Schedule AL-TOU-CP…….	14152-E	
142-05203	01-05	Generating Facility Interconnection Application Agreement….	14698-E	
142-05205	07-02	Generating Facility Interconnection Application…….	17729-E	
142-05207	02-05	Optional Binding Mandatory Curtailment Plan Contract……..	15475-E	
142-05209	04-01	Base Interruptible Program Contract……	15476-E	
142-05210	06-04	No Insurance Declaration……..	18273-E	
142-05211	06-04	Rolling Blackout Reduction Program Contract…….	18273-E	
142-05212	07-03	Bill Protection Application…….	17152-E	
142-05213	07-03	Demand Bidding Program Non-Disclosure Agreement…….	17153-E	
142-0541	06-02	Technical Assistance Incentive Application…….	16567-E	
		Customer Generation Agreement…….	15384-E	
142-0542	06-02	Generating Facility Interconnection Agreement……. (3rd Party Inadvertent Export)	15385-E	
142-0543	06-02	Generating Facility Interconnection Agreement……. (3rd Party Non-Exporting)	15386-E	
142-0544	06-02	Generating Facility Interconnection Agreement. (Inadvertent Export)	15387-E	

(Continued)

ATTACHMENT B
ADVICE LETTER 1616-G

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
Revised 15500-G	SCHEDULE G-CARE, CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM, Sheet 2	Revised 15117-G
Revised 15501-G	SCHEDULE G-CARE, CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM, Sheet 3	Revised 15118-G
Revised 15502-G	SCHEDULE GS, SUBMETERED MULTI-FAMILY NATURAL GAS SERVICE, Sheet 4	Revised 15120-G
Revised 15503-G	SCHEDULE GT, SUBMETERED MULTI-FAMILY NATURAL GAS SERVICE - MOBILEHOME PARK, Sheet 4	Revised 15122-G
Revised 15504-G	SAMPLE FORMS, FORM 142-732, Sheet 1	Revised 15129-G*
Revised 15505-G	SAMPLE FORMS, FORM 142-732/1, Sheet 1	Original 15130-G*
Revised 15506-G	SAMPLE FORMS, FORM 142-732/2, Sheet 1	Revised 15131-G*
Revised 15507-G	SAMPLE FORMS, FORM 142-732/3, Sheet 1	Revised 14733-G
Revised 15508-G	SAMPLE FORMS, FORM 142-732/4, Sheet 1	Revised 14834-G
Revised 15509-G	SAMPLE FORMS, FORM 142-732/5, Sheet 1	Original 14735-G
Revised 15510-G	SAMPLE FORMS, FORM 142-732/6, Sheet 1	Original 15134-G*
Revised 15511-G	SAMPLE FORMS, FORM 142-732/7, Sheet 1	Original 15135-G*
Revised 15512-G	SAMPLE FORMS, FORM 142-732/8, Sheet 1	Original 15136-G*
Revised 15513-G	SAMPLE FORMS, FORM 142-00832, Sheet 1	Revised 14730-G
Revised 15514-G	SAMPLE FORMS, FORM 142-4032, Sheet 1	Revised 14857-G
Revised 15515-G	TABLE OF CONTENTS, Sheet 1	Revised 15487-G
Revised 15516-G	TABLE OF CONTENTS, Sheet 2	Revised 15488-G
Revised 15517-G	TABLE OF CONTENTS, Sheet 6	Revised 15141-G*

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	$28,600	C
3	$33,600	C
4	$40,500	C
5	$47,400	C
6	$54,300	C

For households with more than six persons, add $6,900 for each additional person living in the household. The above income levels are subject to change annually by the Commission. C

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 $28,600. 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 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	$28,600	C
3	$33,600	C
4	$40,500	C
5	$47,400	C
6	$54,300	C

For Households with more than six persons, add $6,900 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 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	$28,600	C
3	$33,600	C
4	$40,500	C
5	$47,400	C
6	$54,300	C

For Households with more than six persons, add $6,900 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)

SAMPLE FORMS

FORM 142-732

Application and Statement of Eligibility
For Residential Rate Assistance Programs

Form 142-732

(05/06) 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

FOR POSITION ONLY

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

SDG&E has two residential rate assistance programs for which you may qualify: CARE and FERA.

Both programs are based on total household income and household size. Please review the information inside for program and income requirements.

SDG&E ofrece dos programas de reducción de tarifas para los cuales podría usted calificar: CARE o FERA.

Ambos programas se basan en el ingreso total del hogar y el número de personas que vivan en el mismo. Sírvase reviser la siguiente información para conocer los requisitos de los programas.

You May Also Qualify For:

SDG&E's Energy Team Program Free energy education, energy-efficient appliances, and weatherization services for limited-income households.

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 Mon-Fri from 8:00 A.M. To 7:00 P.M. Call 877-889-7343.

También pudiera calificar para:

Programa Energy Team De SDG&E Educación energética gratuita, aparatos eficientes en energía y servicios de intemperización para los hogares que reúnan los requisitos de ingreso.

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 Telefónica Lifeline Universal (ULTS) Acceso al servicio telefónico de bajo costo para los clients que reúnan requisi tos 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)**.

SDGE
A Sempra Energy utility™

Save money on your SDG&E bill.

Residential Rate Assistance

Ahorre dinero en su factura de SDG&E.

Ayuda Para Tarifa Residencial

Application/Solicitud

Residential Assistance Programs

California Alternate Rates for Energy (CARE)

Gas & Electric

The CARE program provides a **20% discount** on monthly gas & electric bills for qualifying households.

Family Electric Rate Assistance Program (FERA)

Electric Only

Households with three (3) or more persons may be able to receive more electricity at a lower rate.

If you believe you qualify for either program, please complete the enclosed postage-paid application, fold, seal, and drop in the mail. You will be enrolled on only one program, depending on your total household income and household size.

Ayuda Para Tarifa Residencial 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.

Programa Familiar De Reducción De Tarifas Eléctricas (FERA)

Para electricidad únicamente

Los hogares con tres (3) miembros o más pudiera recibir mas electricidad con tarifas reducidas.

Si cree usted que reúne los requisitos para cualquiera de los programas, sírvase llenar, doblar, cerrar y depositar en el correo la solicitud porte pagado adjunta. Estará inscrito únicamente en un programa, dependiendo del ingreso total del hogar y el número de personas.

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.

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 verificacion de ingreso.

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

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

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

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

CARE & FERA Application

Complete the application, and please print clearly. Fold, seal and drop in the mail, or Fax to 858-636-5749.

CARE y FERA Solicitud

Liene la solicitud, y favor de imprimir con claridad. Sirvase llenar, doblar, cerrar y depoistar en el correo la solicitud adjunta, o por fax al 858-636-5749.

Household Members / No. de personas en el hogar	CARE	FERA
	Income Guidelines / Limite de ingreso	
1 or 2	$ 28,600	not applicable / No aplica
3	$ 33,600	$ 33,601 - $ 42,000
4	$ 40,500	$ 40,501 - $ 50,600
5	$ 47,400	$ 47,401 - $ 59,200
6	$ 54,300	$ 54,301 - $ 67,800
Each Additional Member / Por cada persona adicional	add / añada $ 6,900	add / añada $ 6,900 - $ 8,600

Your Name / Su nombre

Home Address / Su domicilio

Apartment / Apartamento

City / Cuidad — Zip Code / Código postal

Home Telephone / Teléfono particular — Work Telephone / Teléfono de su trabajo

Number of Persons in Household / Número de personas en el hogar — Adults / Adultos — Children / Niños

Total Yearly Household Income $ / Ingreso total anual en el hogar

SDG&E Account Number / Número de cuenta de SDG&E

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 promptly inform SDG&E if I no longer qualify to receive the discount. I understand and agree 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

SOURCE CODE
Internal use only

SDGE
A Sempra Energy utility™

Serving you today.
Planning for tomorrow.℠

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0640004BT 0606 FORM 142-732 0606

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

SAMPLE FORMS

FORM 142-732/1

Residential Rate Assistance Application (IVR/System-Generated)

Form 142-732/1

(05/06) T

(See Attached Form)

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.

Households on the CARE (California Alternate Rates for Energy) program receive a 20% discount on monthly gas & electric energy bills. The FERA (Family Electric Rate Assistance) program for households with three (3) or more persons provides more electricity at a lower rate. Please review the income guidelines below to see if you are eligible.

Household Members	**Income Guidelines**	
	CARE	*FERA*
1 or 2	$28,600	N/A *
3	$33,600	$33,601 to 42,000
4	$40,500	$40,501 to 50,600
5	$47,400	$47,401 to 59,200
6	$54,300	$54,301 to 67,800
Each Additional Member	Add $6,900	Add $6,900 to $8,600

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).** If you are hearing impaired out TDD/TTY number is 1-877-889-7343. Representatives are available Monday through Friday from 8a.m to 7p.m.

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	**Limite de ingreso**	
	CARE	*FERA*
1 or 2	$28,600	No Aplica *
3	$33,600	$33,601 a 42,000
4	$40,500	$40,501 a 50,600
5	$47,400	$47,401 a 59,200
6	$54,300	$54,301 a 67,800
Pro cada persona adicional	Añada $6,900	Añada $6,900 a 8,600

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 más 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 más 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 para programas de reducción de tarifas

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
- 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 comida
- Indemnizaciones legales
- Indemnización para los trabajadores
- Pensión conyugal
- TANF (AFDC)
- 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 proporcioné en esta solicitud es verdadera y correcta. Convengo en proporcionar comprobante de ingreso si me es solicitado. Convengo en informar a SDG&E si dejo de cumplir con los requisitos. Sé que si recibo un descuento sin cumplir con las condiciones para recibirlo, se me podrá exigir devolver el descuento recibido. Entiendo que SDG&E puede compartir mi información con otras empresas de servicio público o sus agentes para inscribirme 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

(05/06) 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

FOR POSITION ONLY

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

SDG&E has two residential rate assistance programs for which you may qualify: CARE and FERA.

Both programs are based on total household income and household size. Please review the information inside for program and income requirements.

SDG&E ofrece dos programas de reducción de tarifas para los cuales podría usted calificar: CARE o FERA.

Ambos programas se basan en el ingreso total del hogar y el número de personas que vivan en el mismo. Sírvase reviser la siguiente información para conocer los requisitos de los programas.

You May Also Qualify For:

SDG&E's Energy Team Program Free energy education, energy-efficient appliances, and weatherization services for limited-income households.

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 Mon-Fri from 8:00 A.M. To 7:00 P.M. Call 877-889-7343.

También pudiera calificar para:

Programa Energy Team De SDG&E Educación energética gratuita, aparatos eficientes en energía y servicios de intemperización para los hogares que reúnan los requisitos de ingreso.

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 Telefónica Lifeline Universal (ULTS) Acceso al servicio telefónico de bajo costo para los clients que reúnan requisi tos 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)**.

SDGE
A Sempra Energy utility™

Save money on your SDG&E bill.

Residential Rate Assistance
Submetered

Ahorre dinero en su factura de SDG&E.

Ayuda Para Tarifa Residencial
Medidor Colectivo

Application/Solicitud

Residential Assistance Programs

California Alternate Rates for Energy (CARE)

Gas & Electric

The CARE program provides a **20% discount** on monthly gas & electric bills for qualifying households.

Family Electric Rate Assistance Program (FERA)

Electric Only

Households with three (3) or more persons may be able to receive more electricity at a lower rate.

If you believe you qualify for either program, please complete the enclosed postage-paid application, fold, seal, and drop in the mail. You will be enrolled on only one program, depending on your total household income and household size.

Ayuda Para Tarifa Residencial 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.

Programa Familiar De Reducción De Tarifas Eléctricas (FERA)

Para electricidad únicamente

Los hogares con tres (3) miembros o más pudiera recibir mas electricidad con tarifas reducidas.

Si cree usted que reúne los requisitos para cualquiera de los programas, sírvase llenar, doblar, cerrar y depositar en el correo la solicitud porte pagado adjunta. Estará inscrito únicamente en un programa, dependiendo del ingreso total del hogar y el número de personas.

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.

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 verificacion de ingreso.

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

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

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

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

CARE & FERA Application

Complete the application, and please print clearly. Fold, seal and drop in the mail, or Fax to 858-636-5749.

CARE y FERA Solicitud

Liene la solicitud, y favor de imprimir con claridad. Sirvase llenar, doblar, cerrar y depoistar en el correo la solicitud adjunta, o por fax al 858-636-5749.

Household Members / No. de personas en el hogar	CARE Income Guidelines / Limite de ingreso	FERA Income Guidelines / Limite de ingreso
1 or 2	$ 28,600	not applicable / No aplica
3	$ 33,600	$ 33,601 - $ 42,000
4	$ 40,500	$ 40,501 - $ 50,600
5	$ 47,400	$ 47,401 - $ 59,200
6	$ 54,300	$ 54,301 - $ 67,800
Each Additional Member / Por cada persona adicional	add / añada $ 6,900	add / añada $ 6,900 - $ 8,600

Your Name / Su nombre

Home Address / Su domicilio

Apartment / Apartamento

City / Cuidad — Zip Code / Código postal

Home Telephone / Teléfono particular — Work Telephone / Teléfono de su trabajo

Number of Persons in Household / Número de personas en el hogar — Adults / Adultos — Children / Niños

Total Yearly Household Income $ / Ingreso total anual en el hogar

I receive ☐ gas, ☐ electric directly from SDG&E. / Recibo servicio de ☐ gas, ☐ luz directamente de SDG&E.

SDG&E Account Number / Número de cuenta de SDG&E

I receive ☐ gas, ☐ electric through a submeter. / Recibo servicio de ☐ gas, ☐ luz a través de un medidor colectivo.

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 promptly inform SDG&E if I no longer qualify to receive the discount. I understand and agree 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

SOURCE CODE
Internal use only

SDGE
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Serving you today.
Planning for tomorrow.℠

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0640004BT 0606 FORM 142-732/2 0606

No Staples No Engrape

Fold, Moisten and Seal Humedezca y Selle

No Tape No Use Cinta Adhesiva

SAMPLE FORMS

FORM 142-732/3

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

(05/06) T

(See Attached Form)

ACCOUNT NUMBER: ##########

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:	**$28,600**	**$33,600**	**$40,500**	**$47,400**	**$53,400**
For each additional person in your household add $6,900					

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.** If you are hearing impaired out TDD/TTY number is 1-877-889-7343. Representatives are available Monday through Friday from 8a.m to 7p.m.

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 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ More Than 6 Number_____ Adults _____ Children _____	❑ $0 - $28,600 ❑ $28-601 - $33,600 ❑ $33,601 - $40,501 ❑ $40,501 - $47,400 ❑ $47,401 - $54,300 ❑ More than $54,300 $_____

☞ 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: ##########

¡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 sigue 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:	$28,600	$33,600	$40,500	$47,400	$53,400
Por cada persona adicional en el hogar, añada $6,900					

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

Numero 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 senalados.
- 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 - $28,600
❑ 3	❑ $28-601 - $33,600
❑ 4	❑ $33,601 - $40,501
❑ 5	❑ $40,501 - $47,400
❑ 6	❑ $47,401 - $54,300
❑ Mas de seis: Número_____	❑ Mas de $54,300 $_____
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 142-732/4

California Alternate Rates For Energy (CARE)/
Family Energy Rate Assistance (FERA) Program
Renewal Application and Statement of Eligibility
For Submetered Customers

(05/06) T

(See Attached Form)

SDGE

A Sempra Energy utility℠

Serving you today.
Planning for tomorrow.℠

20% Discount Annual Renewal

July 1, 2006

Dear Submetered Tenant:

You are currently receiving a 20% discount on your monthly energy bill through the California Alternate Rates for Energy (CARE) program. This program is helping many people save money every month.

Every year CARE participants are asked to confirm they still qualify for the discount. To see if you are still eligible, check the chart and requirements listed below. The income qualifications are based on income for the total number of people living in your household. If you think you qualify, then just fill out the enclosed application and mail it back to us in the postage-paid envelope provided.

20% DISCOUNT INCOME QUALIFICATIONS	
Number of persons living in your home	Maximum total yearly income to qualify
1 or 2	$28,600
3	$33,600
4	$40,500
5	$47,400
6	$54,300
For each additional person, add $6,900	

CONDITIONS FOR PARTICIPATION

1. You must notify SDG&E if you no longer qualify.
2. You may not be claimed on another person's income tax return other than your spouse.
3. 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.
4. You may be asked to verify your income.
5. You must renew your application when requested.

If we do not receive your renewal application by August 15th , you will be removed from the CARE program and you will no longer receive the discount. While no income information is needed now, you may need to provide it at a later time.

You may also qualify for other assistance programs and services:

Energy Team: Free energy education, energy-efficient appliances and weatherization services are available for income-qualified households. Call SDG&E for more information.

Medical Baseline: People with special medical needs can receive additional energy at a lower rate. Contact SDG&E for more information and an application.

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

Universal Life Line Telephone Service (ULTS): Discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local phone service provider for more details.

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

Sincerely,

Irma R. DePratti

Irma Robles DePratti
CARE Program Manager

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0640054 0606

FORM 142-732/4 06/06

SDGE

A Sempra Energy utility℠

Atendiéndole hoy.
Planificando para el mañana.℠

Renovación anual para el 20% de descuento

1 de julio de 2006

Estimado(a) cliente(a) con medidor colectivo:

Actualmente usted está recibiendo un 20% de descuento en su factura mensual de energía a través del programa de Tarifas Alternas de Energía de California (CARE). Este programa ayuda a muchas personas a ahorrar dinero mensualmente.

Cada año se les pide a los participantes del programa CARE confirmar que todavía reúnen los requisitos para el descuento. Para saber si tiene derecho, revise los requisitos en la tabla que se presenta a continuación. Los requisitos de ingreso se basan en el ingreso total de todas las personas que viven en su hogar. Si cree usted que tiene derecho, entonces sólo llene la solicitud anexa y envíenosla por correo en el sobre con porte pagado adjunto.

REQUISITOS DE INGRESO PARA EL 20% DE DESCUENTO	
Número de personas que viven en su hogar	Ingreso máximo total anual para tener derecho al descuento
1 ó 2	$28,600
3	$33,600
4	$40,500
5	$47,400
6	$54,300
Por cada persona adicional, añada $6,900	

CONDICIONES PARA PARTICIPAR

1. Tiene que notificar a SDG&E si ya no reúne los requisitos.
2. No debe aparecer como dependiente en la declaración de impuestos de otra persona que no sea su cónyuge.
3. 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.
4. Le pueden pedir verificación de ingreso.
5. Debe renovar su solicitud cuando le sea requerido.

Si no recibimos su solicitud de renovación para el 15 de agosto, se le dará de baja del programa CARE y dejará de recibir el descuento. Aunque en este momento no es necesario presentar información sobre sus ingresos, es probable que tenga que presentarla posteriormente.

Quizás tenga derecho a otros programas y servicios de ayuda:

Programa *Energy Team*: Servicios que le ayudan a mejorar la eficiencia energética de su hogar. Para más información, comuníquese a SDG&E.

Asignación Médica Inicial: Las personas que padezcan una afección médica que requiera calefacción, aire acondicionado o equipo de soporte vital pudieran obtener una asignación inicial de energía adicional a la tarifa más baja. Para más información, comuníquese a SDG&E.

Programa *LIHEAP*: Este programa de asistencia para el pago de energía en hogares de bajos ingresos provee ayuda para el pago de facturas de energía y servicios de impermeabilización. Para mayor información, comuníquese a la oficina de *Departament of Community Services and Development* al **1-866-675-6623**.

Programa *ULTS*: La Línea Universal De Servicio Del Teléfono. El programa *ULTS* ofrece servicio telefónico de precio reducido a clientes que reúnen requisitos similares a los del programa CARE. Llame a su compañía de teléfono para obtener más información.

Para enterarse más acerca de CARE y otras formas en que nos estamos esforzando para proveerle un excepcional servicio al cliente, llame al **1-800-560-5551**.

Atentamente,

Irma R. DePratti

Irma Robles DePratti
CARE Program Manager

A Sempra Energy utility℠

CARE Renewal Application
For Submetered Tenants

Check the appropriate box:

◯ I still qualify for CARE and will complete and mail this application.

◯ I no longer qualify or wish to participate in the CARE program. Please remove me from the program. *(Send in this form even if you no longer qualify).*

I receive __ gas, __ electricity directly from SDG&E. My SDG&E account number is: _____

I receive __ gas, __ electricity through a submeter.

To qualify for the 20% energy bill discount, your total household income must meet the established income guidelines.

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 Write the total yearly household income for all persons in your household from all sources listed below: $ _____

Income Sources:

- 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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0640054 0606

FORM 142-7322/4 06/06

SDGE

A Sempra Energy utility℠

Solicitud para renovar CARE

Para inquilinos con medidor colectivo

Marque el círculo correspondiente:

◯ Aún cumplo con los requisitos del programa CARE y llenaré y enviaré por correo esta solicitud.

◯ Ya no reúno los requisitos o no deseo participar en el programa CARE. Sírvase quitarme del programa. *(Envíe este formulario aunque ya no reúna los requisitos).*

NOMBRE: _____

DOMICILIO: _____

CIUDAD: _____ CÓDIGO POSTAL: _____

Recibo servicio de __ gas, __ electricidad directamente de SDG&E.
Número de cuenta de SDG&E: _____

Recibo servicio de __ gas, __ electricidad a través de un medidor colectivo.

Para tener derecho al 20% de descuento en su factura de energía, el ingreso total en su hogar no debe exceder los límites que se indican.

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 Favor de escribir el ingreso total anual que reciben, de todas las fuentes, todas y cada una de las personas que viven en su hogar: $ _____

Fuentes de ingreso:

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

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/u otros ingresos
Prestaciones de desempleo
Ingreso de alquiler o regalías
Becas, subvenciones, u otra ayuda usada para sufragar el costo de vida
Ganancias por Autoempleo (Forma IRS 1040, Tabla C, línea 29)

Declaración y afirmación de auto-certificación:

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 incluír su número de cuenta. Envíe esta solicitud en el sobre prepagado incluído.

SAMPLE FORMS

FORM 142-732/5

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

(05/06) 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. If you are hearing impaired out TDD/TTY number is 1-877-889-7343. Representatives are available Monday through Friday from 8a.m to 7p.m.

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	$28,600
3	$33,600
4	$40,500
5	$47,400
6	$54,300
Add $6,900 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	$28,600
3	$33,600
4	$40,500
5	$47,400
6	$53,400
Añada $6,900 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

Residential Rate Assistance Application (Vietnamese)

Form 142-732/6

(05/06) T

(See Attached Form)

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 $28,600	Không áp dụng
3	$0 đến $33,600	$33,601 đến $42,000
4	$0 đến $40,500	$40,501 đến $50,600
5	$0 đến $47,400	$47,401 đến $59,200
6	$0 đến $54,300	$54,301 đến $67,800
Thêm một người	cộng $6,900	cộng $6,900 đến $8,600

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

CARE Outreach Application (Direct Mail)

Form 142-732/7

(05/06) T

(See Attached Form)

SDGE
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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FORM 142-732/7 (05/06) 50M

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.

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 incluír su número de cuenta.

Envíe esta solicitud en el sobre prepagado incluído.

SDGE
A Sempra Energy utility℠

YOU MAY NOW QUALIFY FOR A 20% DISCOUNT ON YOUR ENERGY BILL

Dear Customer,

SDG&E's 20% energy-bill discount program is now available to more families. That's because the income guidelines for qualifying were recently increased meaning more households are eligible to receive the discount. 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	$28,600
3	$33,600
4	$40,500
5	$47,400
6	$54,300
Each additional	Add $6,900

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. For people with hearing impairments, SDG&E offers TDD/TTY Monday through Friday from 8:00 a.m. to 7:00 p.m. Call us at 877-889-7343.

Sincerely,

Irma R. DePratti

Irma Robles DePratti
CARE Program Manager

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FORM 142-732/7 (05/06) 50M

QUIZÁ TENGA DERECHO A UN 20% DE DESCUENTO EN SU FACTURA SE ENERGÍA

Estimado(a) Cliente(a):

Los precios del gas natural son más elevados que el año pasado. 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	$28,600
3	$33,600
4	$40,500
5	$47,400
6	$54,300
Por cada uno adicional	Añada $6,900

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 Program Manager

A Sempra Energy utility℠

P.O. Box 129831
San Diego, CA 92112-9831

Do you qualify for a discount on your energy bill?

Reúne usted los requisitos para un descuento en su factura de energía?

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
SAN DIEGO CA
PERMIT NO. 213

SAMPLE FORMS

FORM 142-732/8

Residential Rate Assistance Application (Direct Mail)

Form 142-732/8

(05/06) T

(See Attached Form)

SDGE
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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FORM 142-732/8 (05/06) 50M

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.

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 incluír su número de cuenta.

Envíe esta solicitud en el sobre prepagado incluído.

A Sempra Energy utility℠

YOU MAY NOW QUALIFY FOR A 20% DISCOUNT ON YOUR ENERGY BILL

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

Household Members	Income Guidelines	
	CARE	FERA
1 or 2	$28,600	Not applicable
3	$33,600	$33,601 to $42,000
4	$40,500	$40,501 to 50,600
5	$47,400	$47,401 to $59,200
6	$54,300	$54,301 to $67,800
Each additional Member	Add $6,900	Add $6,900 to $8,600

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. For TDD/TTY please call 877-889-7343, Monday through Friday, 8:00 a.m. to 7:00 p.m.

Sincerely,

Irma R. DePratti

Irma Robles DePratti
CARE/FERA Program Manager

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FORM 142-732/8 (05/06) 50M

QUIZÁ TENGA DERECHO A UN 20% DE DESCUENTO EN SU FACTURA SE ENERGÍA

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

Número de personas en el hogar	Requistos de Ingreso	
	CARE	FERA
1 ó 2	$28,600	No aplicá
3	$33,600	$33,601 a $42,000
4	$40,500	$40,501 a 50,600
5	$47,400	$47,401 a $59,200
6	$54,300	$54,301 a $67,800
Por cada uno adicional	Añada $6,900	Añada $6,900 a $8,600

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

A Sempra Energy utility℠

P.O. Box 129831
San Diego, CA 92112-9831

Do you qualify for a discount on your energy bill?

Reúne usted los requisitos para un descuento en su factura de energía?

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
SAN DIEGO CA
PERMIT NO. 213

SAMPLE FORMS

FORM 142-00832

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

(05/06) T

(See Attached Form)

SDGE

A Sempra Energy utility℠

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

(Note: This program was formerly called Low Income Ratepayer Assistance.)

INSTRUCTIONS

1. READ the information on page 2 of this form.

2. DETERMINE if the facility meets the definition of a qualified nonprofit group living facility. The facility MUST meet ALL criteria to qualify for the 20% discount.

3. COMPLETE the entire application (please print or type).

   Nonprofit corporations must complete this application for all qualified satellites.

4. ATTACH all required documents. (Application is not considered complete without documents.)

5. MAIL TO:

San Diego Gas & Electric
CARE Program
P.O. Box 129831
San Diego, CA 92112-9831

DISCOUNT

Your facility may qualify for a 20 percent discount on your SDG&E bill for residential rates. For commercial rate schedules, a 20 percent discount will be calculated on all rate elements of the bill for gas and electric charges.

ELIGIBILITY CRITERIA

The facility *MUST* meet all of the following criteria:

For transitional housing (drug rehabilitation, half-way house), short-or long-term care facility (hospice, nursing homes, children's and seniors' homes), group home for physically or mentally disabled persons, or other nonprofit group living facilities:

- Corporation operating facility must have IRS tax-exempt status under Code 501(C)(3).
- Facility must be licensed by the appropriate State agency such as the State Department of Social Services, Department of Drug and Alcohol Programs, Department of Health Services, or provide other proof of eligibility satisfactory to the utility.
- Facility must provide a special needs social service, such as meals or rehabilitation, in addition to lodging.
- 100 percent of the residents must individually meet current CARE eligibility guidelines for a single-person household. (see below)
- 70 percent of the energy supplied to the facility must be used for residential purposes.
- Satellite facilities in the name of the licensed facility, where 70 percent of the energy supplied is for residential purposes, are also eligible.

For Homeless Shelters:

- Corporation operating facility must have IRS tax-exempt status under Code 501(C)(3).
- Facility must have a Conditional Use Permit or provide other proof of eligibility satisfactory to the utility.
- Facility must provide at least six beds each night for a minimum of 180 days per year for persons who have no alternative residence.
- Primary function of facility is to provide lodging.
- 70 percent of energy consumed must be for residential purposes.

Facilities Not Eligible:

- A group-living facility offering only a place to live.
- Government subsidized facility providing lodging only.
- Publicly owned housing.
- Student housing, dormitories, fraternities, sororities.
- Private, for profit, group living facilities.

INDIVIDUAL ELIGIBLITY GUIDELINES

Each resident's annual gross income does not exceed $28,600 and they may not be claimed as a dependent on the tax return of anyone living outside the facility who is earning more than $28,600 *OR*, each resident may be receiving one of the following types of assistance:

- Supplemental Security Income/State Supplemental Payment (SSI/SSP).
- Benefits under the Veterans and Survivors Pension Improvement Act of 1978.
- Food Stamps.

ATTACHMENTS REQUIRED

- A copy of IRS letter determining tax-exempt status of corporation operating the facility under IRS Code 501(C)(3).
- A copy of license from appropriate State agency, a copy of Conditional Use Permit, or other proof of eligibility satisfactory to the utility.

RECERTIFICATION

FACILITY IS REQUIRED TO RECERTIFY ANNUALLY, AND PROVIDE AMOUNT OF DISCOUNT RECEIVED IN PRIOR YEAR AND AN EXPLANATION OF HOW FUNDS WERE USED FOR THE DIRECT BENEFIT OF LOW-INCOME RESIDENTS. THE ANNUAL RECERTIFICATION FORM WILL BE SENT TO YOU EACH YEAR.

NAME ON SDG&E BILL			
NAME OF FACILITY (if different)			
ACCOUNT NUMBER(S) (list additional on back)		NUMBER OF RESIDENTS (THIS FACILITY)	
SERVICE ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (if different)	CITY	STATE	ZIP CODE

Does Corporation operating facility have IRS 501(c)(3) tax-exempt status? ☐ Yes ☐ No
REQUIRED ATTACHMENT: IRS letter

Is at least 70 percent of facility's energy used for residential purposes? ☐ Yes ☐ No

Is facility publicly owned and operated? ☐ Yes ☐ No

A nonprofit group living facility may consist of a licensed primary facility and related nonlicensed facilities at other locations ("satellites"). The nonlicensed satellite facilities are eligible for the discount providing:

- The primary facility is licensed by the appropriate State agency and meets all other criteria;
- At least 70 percent of the energy consumed by the satellite facility *MUST* be used for residential purposes;
- The primary facility must appear as the customer of record on the energy bill for the satellite facility.

The nonprofit corporation must complete the information on back for all qualified satellite facilities. If you are a satellite facility, contact your corporate facility.

For Nonprofit Group Living Facilities

Services offered by facility:

☐ Lodging ☐ Meals ☐ Rehabilitation ☐ Training ☐ Counseling

☐ Other (explain)_____

Total Number of Residents of Facility ____ Total Number of Residents who QUALIFY as Low Income____

Name on Business License (required attachment: State Issued License)_____
IF YOU DON'T HAVE A BUSINESS LICENSE, PLEASE CALL SDG&E AT (800) 560-5551

For Homeless Shelters

Number of Beds_____ Number of Days Occupied each year_____

Name on Conditional Use Permit (required attachment): Use Permit _____
IF YOU DON'T HAVE A CONDITIONAL USE PERMIT, PLEASE CALL SDG&E AT (800) 560-5551

RECERTIFICATION WILL BE REQUIRED EACH YEAR. THE COMPLETE APPLICATION PLUS THE INFORMATION BELOW WILL BE REQUIRED.

RECERTIFICATION: Total amount of discount received last year $_____

What was Discount used for?_____

I certify, under penalty of perjury, under the laws of the State of California, that the information on this application is true and accurate and I have verified the income eligibility of all residents. I am responsible for the annual renewal of the facility's license from the appropriate State licensing department or for the Conditional Use permit. I understand that SDG&E may verify the accuracy of this information and confirm the direct benefit to the resident through random sampling. Errors in information provided may cause the account(s) to be rebilled without the discount. I give my consent for the information provided on this application to be shared with other utility companies.

_____ _____
AUTHORIZED REPRESENTATIVE'S NAME AND TITLE (PLEASE PRINT) DATE

_____ _____
AUTHORIZED REPRESENTATIVE'S SIGNATURE PHONE NO.

NONPROFIT GROUP LIVING SATELLITE FACILITIES

SERVICE ADDRESS	ZIP CODE
ACCOUNT NUMBERS	NUMBER OF RESIDENTS (THIS FACILITY)
☐ YES ☐ NO	70 percent of energy used for residential purposes
SERVICE ADDRESS	ZIP CODE
ACCOUNT NUMBERS	NUMBER OF RESIDENTS (THIS FACILITY)
☐ YES ☐ NO	70 percent of energy used for residential purposes
SERVICE ADDRESS	ZIP CODE
ACCOUNT NUMBERS	NUMBER OF RESIDENTS (THIS FACILITY)
☐ YES ☐ NO	70 percent of energy used for residential purposes
SERVICE ADDRESS	ZIP CODE
ACCOUNT NUMBERS	NUMBER OF RESIDENTS (THIS FACILITY)
☐ YES ☐ NO	70 percent of energy used for residential purposes
SERVICE ADDRESS	ZIP CODE
ACCOUNT NUMBERS	NUMBER OF RESIDENTS (THIS FACILITY)
☐ YES ☐ NO	70 percent of energy used for residential purposes
SERVICE ADDRESS	ZIP CODE
ACCOUNT NUMBERS	NUMBER OF RESIDENTS (THIS FACILITY)
☐ YES ☐ NO	70 percent of energy used for residential purposes

HOMELESS SHELTERS

SERVICE ADDRESS	ZIP CODE
ACCOUNT NUMBERS	NUMBER OF RESIDENTS (THIS FACILITY)
☐ YES ☐ NO	70 percent of energy used for residential purposes
SERVICE ADDRESS	ZIP CODE
ACCOUNT NUMBERS	NUMBER OF RESIDENTS (THIS FACILITY)
☐ YES ☐ NO	70 percent of energy used for residential purposes
SERVICE ADDRESS	ZIP CODE
ACCOUNT NUMBERS	NUMBER OF RESIDENTS (THIS FACILITY)
☐ YES ☐ NO	70 percent of energy used for residential purposes

SAMPLE FORMS

FORM 142-4032

Application for California Alternate
Rates for Energy (CARE) Program for
Qualified Agricultural Employee Housing Facilities

(05/06) T

(See Attached Form)

Application for California Alternate Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing Facilities

INSTRUCTIONS

1. PLEASE READ ALL information and instructions before you complete, sign, and date this application. If you have questions, call 1-800-560-5551, Monday through Friday, 8:00 am-5:00 pm.
2. DETERMINE if the facility meets the definition of a qualified agricultural employee housing facility. The facility MUST meet ALL criteria to qualify for the 20% discount from the CARE Program.
3. COMPLETE the entire application (please print or type). Complete a separate application for each qualified facility (including satellite facilities).
4. ATTACH all required documents. (Application is considered incomplete without documents.)
5. MAIL to: San Diego Gas & Electric Company
   CARE Program
   PO Box 129832
   San Diego, CA 92112-9831

DISCOUNT

The CARE program provides a 20% discount off the utility bill for facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates, upon formal approval by the California Public Utilities Commission, are available to qualified facilities. The facility will receive the discount after the utility receives and approves the completed and signed application.

ELIGIBILITY CRITERIA FOR APPLICANT

Each applicant MUST meet all of the following criteria:

- Applicant must be the utility customer of record.
- Applicant must verify that 100% of the residents and/or households meet the current CARE income guidelines, excluding any employee operating or managing the facility who resides on the facility.

Income Qualifications	
Number of Persons In Household	Maximum Total Combined Annual Income
1 or 2	$28,600
3	$33,600
4	$40,500
5	$47,400
6	$54,300
Add $6,900 for each additional person	

- Applicant is required to certify CARE eligibility annually by completing a new application, including how the discount will be used for the direct benefit of the residents.

ELIGIBLE FACILITIES

Employee Housing (privately owned), as defined in section 17008 of the Health and Safety Code, that is licensed and inspected by state and/or local agencies pursuant to Part I (commencing with Section 17000) of Division 13.

- Supporting documentation required:
  - ✓ Provide copy of current permit issued by the Department of Housing and Community Development.
- Total energy used must be 100% residential**.**

Housing for Agricultural Employees (non-migrant and operated by non-profit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code.

- Supporting documentation required:
  - ✓ Provide current copy of federal 501(c)(3) tax exemption or copy of state tax exemption form, and current copy of local property tax exemption form.
- Total Energy used:
  - ✓ Master-metered facilities must be 70% residential use.
  - ✓ Individually metered units must be 100% residential use.

APPLICANT'S RESPONSIBILITIES

The applicant is required to:

- Provide proof of facility's eligibility (see Eligible Facilities) and submit required documentation with the application (see requirements on the application).
- Verify that all individuals residing in the facility meet the CARE income eligibility guidelines (see income guideline sheet) and make a certification to that effect, under penalty of perjury, under the laws of the state of California.
- At annual re-certification, show how the past year's discount was used and how the next year's discount is expected to be used for direct benefit of the residents.
- Maintain records of residents' income eligibility, which should come from federal tax return, payroll stubs or similar records acceptable to the utility. These records must be retained for three (3) years from the date of initial application and/or re-certification.
- Maintain accounting entries and supporting documentation of how the discount was used for the direct benefit of the residents. These records must be retained for three (3) years from the date of initial application and/or re-certification.
- Upon request from the utility, provide documentation of the residents' income eligibility and/or documentation of how the discount was used for the direct benefit of the residents.
- Provide all information requested by the utility. Failure to do so will result in denial or removal from the program. The applicant may be subject to rebilling for the period they were ineligible for the discount as determined by the utility.

Application for 20% Discount

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

1 *APPLICANT INFORMATION:* *(please print)*

Name on Utility Bill _____

Name of Facility _____
(if different than on bill)

Account Number for This Facility | | | | — | | | | — | | | | |

Service Address _____ **City** _____ **CA Zip Code** _____

Mailing Address _____ **City** _____ **CA Zip Code** _____
(if different)

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

E-mail Address _____
(optional)

Daytime Phone | | | | — | | | | — | | | | | **Fax** | | | | — | | | | — | | | | |

2 FACILITY INFORMATION:

□ **EMPLOYEE HOUSING** (privately owned), as defined in Section 17008 of the Health and Safety Code, that is licensed and inspected in state and/or local agencies pursuant to part 1 of Division 13.

□ **HOUSING FOR AGRICULTURAL EMPLOYEES** (non-migrant and operated by non profit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has received exemptions from local property taxes pursuant to subdivision (g) of the Revenue and Taxation Code.

3 *DECLARATION:* *(Please read carefully and sign below.)*

By signing this application, I certify under penalty of perjury that the information contained herein is true and accurate and agree to comply with all the eligibility criteria and applicant responsibilities contained herein for all of the Service Agreements listed in this application and I give my consent that the information herein may be shared with other energy utility companies.
I have:

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

FOR ALL FACILITIES

- Applicant is customer of record Yes ☐ No ☐
- 100% of residents and/or households meet CARE income guidelines Yes ☐ No ☐
- I have provided information on how the discount for the coming year will be used to directly benefit the residents Yes ☐ No ☐
- For recertification, I have provided information on how the discount was used for the direct benefit of the residents and I have documentation on file (if initial certification, leave blank). Yes ☐ No ☐
- I understand the utility reserves the right to request documentation on the eligibility of the residents and the use of the discount. Yes ☐ No ☐
- I understand the utility has the right to rebill me at the applicable rate if appropriate. Yes ☐ No ☐
- I understand if the facility(ies), or the residents, become(s) ineligible to receive the discount I must notify the utility within 30 days. Yes ☐ No ☐

Last year's discount was used for: (if initial certification leave blank)

_____

This year's discount will be used for:_____

_____

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

_____
Authorized Representative's Name (Please print.)

_____
Authorized Representative's Title

_____
Authorized Representative's Signature

_____
Date

If you have any questions, call SDG&E's CARE toll-free line at 1-800-560-5551, Monday through Friday, 8:00 a.m. to 5:00 p.m.

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

Account Number: | | | | — | | | | — | | | | |

Service Address _____ **City** _____ **CA Zip Code** _____

Type of metering: ☐ **Individually metered** ☐ **Master metered**

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

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

100% of residents and/or households meet income eligibility criteria ☐ **Yes** ☐ **No**

Account Number: | | | | — | | | | — | | | | |

Service Address _____ **City** _____ **CA Zip Code** _____

Type of metering: ☐ **Individually metered** ☐ **Master metered**

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

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

100% of residents and/or households meet income eligibility criteria ☐ **Yes** ☐ **No**

Account Number: | | | | — | | | | — | | | | |

Service Address _____ **City** _____ **CA Zip Code** _____

Type of metering: ☐ **Individually metered** ☐ **Master metered**

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

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

100% of residents and/or households meet income eligibility criteria ☐ **Yes** ☐ **No**

Account Number: | | | | — | | | | — | | | | |

Service Address _____ **City** _____ **CA Zip Code** _____

Type of metering: ☐ **Individually metered** ☐ **Master metered**

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

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

100% of residents and/or households meet income eligibility criteria ☐ **Yes** ☐ **No**

TABLE OF CONTENTS

The following sheets contain all the effective rates and rules affecting rates, service and information relating thereto, in effect on the date indicated herein.

	Cal. P.U.C. Sheet No.	
TITLE PAGE	12805-G	
TABLE OF CONTENTS	15515, 15516 15412, 15489, 15190-G 15517, 13125, 12180-G	T T
PRELIMINARY STATEMENT		
I. General Information	7270, 14986-G	
II. Statement of Rates	11981, 15375, 15352, 15353, 15265, 15266-G	
III. Biennial Cost Allocation Proceeding (BCAP)	7587, 7277, 14247, 15267, 14249, 7281-G 7489, 14250, 14251, 14252, 7493, 7494-G	
IV. Balancing Accounts	15387, 15417, 11127, 11128, 11308, 11130-G 11131, 14988, 14989, 14938, 14991, 14992-G 13387, 13388, 13389, 13390, 14493, 14494-G 14495, 15290, 15291, 14975, 14493, 14494-G 14495, 14496, 14497, 14498, 14499, 14500-G 14501, 14502, 14503, 14504, 15292, 15293-G 15294, 15295, 15388, 15389-G	
V. Memorandum Accounts	15418, 12120, 7315, 15049, 8883, 13077-G 13078, 13079, 13080, 13081, 13082, 13083-G 13084, 15297, 15298, 15419, 15300, 15301-G 15302-G	
VI. Electric Distribution and Gas Performance Based Ratemaking (PBR) Mechanism	14508, 14509, 14510, 14511, 14512, 14513-G 14514, 15268, 14516, 15269, 14518, 14519-G 14520, 14521, 14522, 14523, 14977-G	
VII. Gas Procurement Performance-Based Ratemaking Mechanism Procedure	15055, 15056, 15057, 13262, 13263, 13264-G	
VIII. Miscellaneous	7391, 9023, 11241, 7394, 13006, 12126-G 7397, 7398, 7399, 12907, 12903, 7402-G 7403, 7404, 7405, 7406, 7407, 7408, 7409-G	

INDEX OF RATE AREA MAPS

Map 1 - Territory Served	12207-G
Map 2 - Borrego Rate Area	3462-G

(Continued)

TABLE OF CONTENTS

SCHEDULE OF RATES

Schedule Number	Core Services	Cal. P.U.C. Sheet No.	
GR	Domestic Natural Gas Service.....	15270, 13194-G	
G-CARE	California Alternate Rates for Energy (CARE) Program.....	15152, 15500, 15501, 15421, 15422-G	T
GM	Multi-Family Natural Gas Service.....	15271, 13199, 13200-G	
GS	Submetered Multi-Family Natural Gas Service.....	15481, 15482, 15483, 15502, 15485-G	T
GT	Submetered Multi-Family Natural Gas Service Mobilehome Park.....	15273, 13207, 13208, 15503, 15123-G	T
GN-3	Natural Gas Service for Core Commercial Customers……	15274, 15177, 13213-G	
GTC	Natural Gas Transportation Service for Core Customers…	15275, 12731, 13215-G	
GTC-SD	Natural Gas Transportation Service for Core Customers – San Diego County……	15276, 12732, 1217-G	
GTCA	Natural Gas Transportation Service for Core Aggregation Customers.....	15277, 12733, 13219, 13220-G	
G-NGV	Sale of Natural Gas for Motor-Vehicle Fuel.....	15278, 13222-G	
GT-NGV	Transportation of Customer-owned Gas for Motor-Vehicle Service.....	15279, 13223-G	
GPC	Gas Procurement for Core Customers……	15397, 13225, 13226-G	
	Noncore Services		
GCORE	Core Subscription Natural Gas Service for Retail Noncore Customers.....	15398, 15399, 11165, 13229, 13230-G	
GPNC-S	Natural Gas Procurement Service for Noncore Customers - Storage.....	15400, 11719, 8920-G	
GTNC	Natural Gas Transmission Service for Noncore Customers..	15282, 15283, 8923, 13231, 13232-G	
GTNC-SD	Natural Gas Intrastate Transportation Service for Noncore Customers.....	15284, 12740, 9416, 13233, 13234-G	
EG	Natural Gas Interstate Transportation Service for Electric Generation Customers.....	15285, 13233, 13236, 13237-G	
EG-SD	Natural Gas Interstate Transportation Service for Electric Generation Customers – San Diego County……	15286, 13238, 13239-G	

(Continued)

TABLE OF CONTENTS

SAMPLE FORMS
(Continued)

Form No.	Date	Applications, Agreements & Contracts	Cal. P.U.C. Sheet No.	
142-559C	02-94	Natural Gas Storage Service Agreement.....	7078-G	
142-559/1A	03-92	Natural Gas Storage Banking Service Agreement (Utility Procurement Customer).....	5862-G	
142-659B	02-93	Interruptible Storage Bid Form.....	6537-G	
142-732	05-06	Application and Statement of Eligibility for the California Alternate Rates for Energy (CARE) Program.....	15504-G	T
142-732/1	05-06	Residential Rate Assistance Application (IVR/SYS-Gen)	15505-G	T
142-732/2	05-06	Submetered Household Application and Statement of Eligibility for SDG&E California Alternate Rates for Energy (CARE) Program.....	15506-G	T
142-732/3	05-06	CARE Program Recertification - Application and Statement of Eligibility.....……	15507-G	T
142-732/4	05-06	CARE Program Recertification – Application and Statement of Eligibility for Submetered Customers……	15508-G	T
142/732/5	05-06	CARE Post Enrollment Verification……...	15509-G	T
142-732/6	05-06	Residential Rate Assistance Application (Vietnamese)…….	15510-G	T
142-732/7	05-06	CARE Outreach Application (Direct Mail)……	15511-G	T
142-732/8	05-06	Residential Rate Assistance Application (Direct Mail)……	15512-G	T
142-00832	05-06	Application for California Alternate Rates for Energy (CARE) Program for Qualifying Nonproft Group Living Facilities.....	15513-G	T
142-1259	10-03	Request for Retail Noncore Gas Services.....	8986-G	
142-01759	06-97	Imbalance Correction Agreement.....	13252-G	
142-1859	10-03	Request for Core Transportation-Only Services.....	11510-G	
142-01959	01-01	Consent Agreement……..	3682-G	
142-3201	- - -	Residential Hotel Application for Residential Rates.....		
142-3242	- - -	Agreement for Exemption from Income Tax Component on Contributions and Refundable Advances.....	4271-G	
142-4032	05-06	Application for California Alternate Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing Facilities.....	15514-G	T
142-4035	06-05	Application fro California Alternate Rates for Energy (CARE) Program for Migrant Farm Worker Housing Centers (MFHC)…..	14858-G	
143-002	10-05	Consulting Services Agreement……..	15093-G	
143-003	10-05	Collectible System Upgrade Agreement……	15094-G	
143-004	10-05	Confidentiality Agreement……	3964-G	
143-1559	08-86	Gas Cooling Agreement.....	12172-E	
143-1560	02-03	Contracted Marketer Agreement……	12173-E	
143-1561	02-03	Notice by Contracted Marketer to Add or Delete Customers…..	12174-E	
143-1562	02-03	Notice to Add or Change Contracted Marketer……..	12175-E	
143-1563	02-03	Notice to Terminate a Contracted Marketer……	4491-G	
143-1659	04-88	Cogeneration Standby Equipment Affidavit.....	10846-G	
143-02059	12-99	Direct Access Service Request (DASR).....		
		Deposit Receipts and Guarantees		
101-00197	04-98	Payment Receipt for Meter Deposit.....	9550-G	
101-363	10-96	Guarantor's Statement.....	8558-G	
103-1750E	- - -	Return of Customer Deposit.....	1917-G	

(Continued)