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May 13, 2005

Advice No. 3498
(U 904 G)

Public Utilities Commission of the State of California

Subject: Revision of the Income-Eligibility Guidelines, and Submission of Revised Application Forms and Instructions for the California Alternate Rates for Energy (CARE) Program

Southern California Gas Company (SoCalGas) hereby submits for filing revisions to its tariff schedules, applicable throughout its service territory, as shown on Attachment B.

This filing is made in compliance with Ordering Paragraph 3 of Resolution (Res.) E-3524, dated February 19, 1998.

Purpose

This filing revises SoCalGas' income-qualified rate schedules to reflect the increased income-eligibility guidelines used to qualify individuals or households for the California Alternate Rates for Energy (CARE) program. The Energy Division has determined that the new income levels are increased by 3.4% and rounded to the nearest 100. This filing also revises the application instructions and forms to reflect the revised income guidelines. The post-enrollment verification instructions have been reformatted for conciseness and to distinguish them from the self-certification and recertification forms. The references to Form No.6491-D have also been updated. This filing contains six forms: individually-metered self-certification, individually-metered self-recertification, random post-enrollment verification, submetered self-certification, submetered self-recertification, and self-mailer. Additionally, the CARE application bill insert is incorporated herein as Attachment C.

Information

Res. E-3524 authorizes the energy utilities to change the income-eligibility guidelines for the CARE program pursuant to a communication issued by the Director of the Energy Division by May 1st of each year, with tariff revisions to be filed and become effective June 1st of each year.

Pursuant to a notice dated April 26, 2005, from the Director of the Energy Division, SoCalGas was provided with the new CARE income-eligibility levels to be effective from

June 1, 2005, through May 31, 2006. This notice further directs the energy utilities to file revised tariffs with the Energy Division reflecting the new income levels by May 13, 2005.

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 received within 20 days of the date of this Advice Letter. There is no restriction on who may file a protest. The address for mailing or delivering a protest to the Commission is:

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

Copies of the protest should also be sent via e-mail to the attention of both Jerry Royer (jjr@cpuc.ca.gov) and Honesto Gatchalian (jnj@cpuc.ca.gov) of the Energy Division. A copy of the protest shall 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: Sid Newsom
Regulatory Tariff Manager - GT14D6
555 West Fifth Street
Los Angeles, CA 90013-1011
Facsimile No. (213) 244-4957
E-Mail: snewsom@semprautilities.com

Effective Date

SoCalGas believes that this filing is subject to Energy Division disposition. In compliance with Ordering Paragraph 3 of Res. E-3524, dated February 19, 1998, and the April 26, 2005 notice from the Energy Division, the tariff sheets filed herein are to be effective for service on and after June 1, 2005.

Notice

A copy of this advice letter is being sent to the parties listed on Attachment A, which includes the service list for R.04-01-006.

J. STEVE RAHON
Director
Tariffs and Regulatory Accounts

Attachments

CALIFORNIA PUBLIC UTILITIES COMMISSION

ADVICE LETTER FILING SUMMARY
ENERGY UTILITY

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

Company name/CPUC Utility No. **SOUTHERN CALIFORNIA GAS COMPANY/ U 904 G**

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

Contact Person: Nena Maralit
Phone #: (213) 244-2822
E-mail: nmaralit@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) #: 3498

Subject of AL: CARE Revision to Low Income Rate Schedules to Increase Income-Eligibility Standards And CARE Application Forms

Keywords (choose from CPUC listing): CARE

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

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

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

Resolution Required? ☐ Yes ☒ No

Requested effective date: 6/1/05 No. of tariff sheets: 22

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: GRL, GT-RL, GSL, GT-SL, GN-10L, GT-10L, G-AC, GT-AC, S. Forms, TOCs

Service affected and changes proposed[1]:

Pending advice letters that revise the same tariff sheets: AL 3378

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 Avenue
San Francisco, CA 94102
jjr@cpuc.ca.gov and jnj@cpuc.ca.gov

Southern California Gas Company
Attention: Sid Newsom
555 West Fifth Street, ML GT14D6
Los Angeles, CA 90013-4957
snewsom@semprautilities.com

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

ATTACHMENT A

Advice No. 3498

(See Attached Service Lists)

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ATTACHMENT B
Advice No. 3498

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
Revised 39220-G	Schedule No. GRL, RESIDENTIAL SERVICE, INCOME-QUALIFIED, Sheet 4	Revised 37833-G
Revised 39221-G	Schedule No. GRL, RESIDENTIAL SERVICE, INCOME-QUALIFIED, Sheet 5	Revised 31503-G
Revised 39222-G	Schedule No. GT-RL, CORE AGGREGATION TRANSPORTATION, RESIDENTIAL SERVICE, INCOME-QUALIFIED, Sheet 4	Revised 37834-G
Revised 39223-G	Schedule No. GSL, SUBMETERED MULTI-FAMILY SERVICE, INCOME-QUALIFIED, Sheet 5	Revised 37835-G
Revised 39224-G	Schedule No. GSL, SUBMETERED MULTI-FAMILY SERVICE, INCOME-QUALIFIED, Sheet 6	Revised 36662-G
Revised 39225-G	Schedule No. GT-SL, CORE AGGREGATION TRANSPORTATION, SUBMETERED MULTI-FAMILY SERVICE, INCOME-QUALIFIED, Sheet 4	Revised 37836-G
Revised 39226-G	Schedule No. GN-10L, CORE COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED, Sheet 5	Revised 37837-G
Revised 39227-G	Schedule No. GN-10L, CORE COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED, Sheet 8	Revised 37838-G
Revised 39228-G	Schedule No. GT-10L, CORE AGGREGATION TRANSPORTATION, COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED, Sheet 6	Revised 37839-G
Revised 39229-G	Schedule No. GT-10L, CORE AGGREGATION TRANSPORTATION, COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED, Sheet 8	Revised 37840-G
Revised 39230-G	Schedule No. G-AC, CORE AIR CONDITIONING SERVICE, FOR COMMERCIAL AND INDUSTRIAL, Sheet 7	Revised 37841-G
Revised 39231-G	Schedule No. GT-AC, CORE TRANSPORTATION-ONLY AIR CONDITIONING, SERVICE FOR COMMERCIAL AND INDUSTRIAL, Sheet 5	Revised 37842-G
Revised 39232-G	SAMPLE FORMS: APPLICATIONS, Self-Certification CARE Application, Individually	Revised 37843-G*

ATTACHMENT B
Advice No. 3498

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
	Metered Residential Form No. 6491-D (05/04), Sheet 1	
Revised 39233-G	SAMPLE FORMS: APPLICATIONS, Self-Mailer CARE Application, Form No. 6491-2A (06/05), Sheet 1	Revised 37844-G*
Revised 39234-G	SAMPLE FORMS: APPLICATIONS, Self-Recertification CARE Application, Individually Metered Residential Form No. 6674-A (05/04), Sheet 1	Revised 37845-G*
Revised 39235-G	SAMPLE FORMS: APPLICATIONS, Post-Enrollment Verification CARE Application, Individually Metered Residential Form No. 6675-A (05/04), Sheet 1	Revised 37846-G*
Revised 39236-G	SAMPLE FORMS: APPLICATIONS, Self-Certification CARE Application, Submetered Residential Form No. 6677 (05/04), Sheet 1	Revised 37847-G*
Revised 39237-G	SAMPLE FORMS: APPLICATIONS, Self-Recertification CARE Application, Submetered Residential Form No. 6678 (05/04), Sheet 1	Revised 37848-G*
Revised 39238-G	TABLE OF CONTENTS	Revised 39217-G
Revised 39239-G	TABLE OF CONTENTS	Revised 39218-G
Revised 39240-G	TABLE OF CONTENTS	Revised 37774-G*
Revised 39241-G	TABLE OF CONTENTS	Revised 39028-G

Schedule No. GRL Sheet 4
RESIDENTIAL SERVICE, INCOME-QUALIFIED

(Continued)

SPECIAL CONDITIONS (Continued)

3. (Continued)

Upon completion of an application and verification by a state-licensed physician (Form No. 4859-E), an additional Baseline allowance of .822 therms per day will be provided for paraplegic, quadriplegic, or hemiplegic persons, those afflicted with multiple sclerosis or scleroderma, or persons being treated for a life threatening illness or who have a compromised immune system.

Upon completion of an application and verification by a state-licensed physician or osteopath (Form No. 4859-E), an additional uniform daily Baseline allowance will be provided to customers requiring regular use of a medical life-support device (including heating and cooling needs), as defined in Rule No. 1, which utilizes mechanical or artificial means to sustain, restore, or supplant a vital function and requires the use of Utility-supplied gas. The amount of the additional allowances will be determined by the Utility from load and operating time data of the medical life-support device.

4. Seasonal Changes: Bills reflecting Baseline allowances will be prepared in the May and November billing periods using the applicable daily allowance from each respective seasonal period.

5. Customers receiving service hereunder with usage at each facility in excess of 250,000 therms per year may qualify for transportation service under a special contract. Additionally, customers may aggregate their gas volumes to qualify for transportation service under Schedule No. GT-RL.

6. Eligibility: An income-qualified household has total annual income from all sources (taxable and non-taxable) that is no more than shown in the table below for the number of persons in the household.

Number of Persons In Household	Total Annual Household Income	
1 or 2	$24,200	I
3	$28,400	|
4	$34,200	|
5	$40,000	|
6	$45,800	|
7	$51,600	I

For households with more than seven persons, add $5,800 annually for each additional person living in the household. I

No person who is claimed on another person's income tax return shall be eligible for this rate.

(Continued)

(Continued)

SPECIAL CONDITIONS (Continued)

6. (Continued)

Upon completion and acceptance of the self-certification or self-recertification applications by the Utility (Form No. 6491-D), customers shall be billed on this rate commencing with their next regularly scheduled bill. T

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

Random Post-Enrollment Verification: Resolution E-3586 authorized the Utility to undertake random post-enrollment verification of customers receiving the CARE rate. If selected for random post-enrollment verification, customers must provide proof of income to the Utility. The Utility will verify the eligibility of each customer so selected.

Further, questionable applications will also be subject to post-enrollment verification. A customer either suspected or found to have provided incorrect information will be required to submit proof of income eligibility. Customer refusal or failure to provide proof of eligibility, upon request, will be removed immediately from the CARE rate.

Customers who are found to be ineligible or fail to timely notify the Utility that they are no longer qualify for the rate discount may be subject to corrective rebilling under the appropriate rate schedule.

It is the customer's responsibility to notify the Utility of any change in eligibility status.

Self-Recertification: Customers will be required to self-recertify their eligibility every two years.

7. This schedule is effective for service on and after November 1, 1989.

8. The minimum term for service hereunder is one month, except when a customer has ended service under the Core Aggregation Transportation program and elects to return to Utility procurement service, in which event the minimum term is one year, and then month-to-month thereafter, unless the customer executes an authorization form with another aggregator within the 90-day interim period pursuant to Rule No. 32, Section B.4.b.

9. The Utility will file core procurement rate changes on the last business day of each month to become effective on the first calendar day of the following month.

Schedule No. GT-RL Sheet 4

CORE AGGREGATION TRANSPORTATION
RESIDENTIAL SERVICE, INCOME-QUALIFIED

(Continued)

SPECIAL CONDITIONS (Continued)

4. Seasonal Changes: Bills reflecting Baseline allowances will be prepared in the May and November billing periods using the applicable daily allowance from each respective seasonal period.

5. Eligibility: An income-qualified household has total annual income from all sources (taxable and non-taxable) that is no more than shown in the table below for the number of persons in the household.

Number of Persons In Household	Total Annual Household Income
1 or 2	$24,200
3	$28,400
4	$34,200
5	$40,000
6	$45,800
7	$51,600

For households with more than seven persons, add $5,800 annually for each additional person living in the household.

No person who is claimed on another person's income tax return shall be eligible for this rate.

Upon completion and acceptance of the self-certification or self-recertification applications by SoCalGas (Form No. 6491-D), customers shall be billed on this rate commencing with their next regularly scheduled bill.

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

Random Post-Enrollment Verification: Resolution E-3586 authorized SoCalGas to undertake random post-enrollment verification of customers receiving the CARE rate. If selected for random post-enrollment verification, customers must provide proof of income to SoCalGas. SoCalGas will verify the eligibility of each customer so selected.

Further, questionable applications will also be subject to post-enrollment verification. A customer either suspected or found to have provided incorrect information will be required to submit proof of income eligibility. Customer refusal or failure to provide proof of eligibility, upon request, will be removed immediately from the CARE rate.

Customers who are found to be ineligible or fail to timely notify SoCalGas that they are no longer qualify for the rate discount may be subject to corrective rebilling under the appropriate rate schedule.

(Continued)

Schedule No. GSL Sheet 5
SUBMETERED MULTI-FAMILY SERVICE, INCOME-QUALIFIED

(Continued)

SPECIAL CONDITIONS (Continued)

4. As a condition of service under this schedule, the customer must provide (1) a certification that all tenants have been notified in writing that the customer is applying for gas service under Schedule No. GSL which provides a submetering credit, and (2) a copy of such written notice.

5. It is the responsibility of the customer to advise the Utility within 15 days following any change in the number of dwelling units or mobile home spaces provided gas service.

6. Seasonal Changes: Bills reflecting Baseline allowances will be prepared in the May and November billing periods using the applicable daily allowance from each respective seasonal period.

7. This schedule is closed as of December 15, 1981 for gas service to new multi-unit residential structures where such multi-unit tenants use gas directly in gas appliances in each occupancy and which requires venting. If a written commitment has been made by the Utility to provide master-metered service to new multi-unit residential structures where such multi-unit tenants use gas directly in gas appliances in each occupancy and which require venting, such commitment shall constitute authority for service under this schedule; however, such commitment shall become null and void if construction does not commence within twelve months from December 15, 1981.

8. Customers receiving service hereunder with usage at each facility in excess of 250,000 therms per year may qualify for transportation service under a special contract. Additionally, customers may aggregate their gas volumes to qualify for transportation service under Schedule No. GT-SL.

9. Eligibility: An income-qualified household has total annual income from all sources (taxable and non-taxable) that is no more than shown in the table below for the number of persons in the household.

Number of Persons In Household	Total Annual Household Income
1 or 2	$24,200
3	$28,400
4	$34,200
5	$40,000
6	$45,800
7	$51,600

For households with more than seven persons, add $5,800 annually for each additional person living in the household.

(Continued)

Schedule No. GSL Sheet 6
SUBMETERED MULTI-FAMILY SERVICE, INCOME-QUALIFIED

(Continued)

SPECIAL CONDITIONS (Continued)

9. (Continued)

No person who is claimed on another person's income tax return shall be eligible for this rate.

Upon completion and acceptance of the self-certification or self-recertification applications by the Utility (Form No. 6491-D), tenants shall be billed on this rate commencing with their next regularly scheduled bill. T

Eligible tenants can only receive this rate at one residential location at any one time.

Tenants shall send their completed self-certification or self-recertififcation applications directly to the Utility.

Random Post-Enrollment Verification: Resolution E-3586 authorized the Utility to undertake random post-enrollment verification of customers receiving the CARE rate. If selected for random post-enrollment verification, customers must provide proof of income to the Utility. The Utility will verify the eligibility of each customer so selected.

Further, questionable applications will also be subject to post-enrollment verification. A tenant either suspected or found to have provided incorrect information will be required to submit proof of income eligibility. Tenant refusal or failure to provide proof of eligibility, upon request, will be removed immediately from the CARE rate.

Customers who are found to be ineligible or fail to timely notify the Utility that they no longer qualify for the rate discount may be subject to corrective rebilling under the appropriate rate schedule.

It is the tenant's responsibility to notify the Utility of any change in eligibility status.

Self-Recertification: Tenants will be required to self-recertify their eligibility annually.

Customer Responsibility: The property owner or responsible party shall notify the Utility within 30 days following any change in the number of submetered units qualifying for the CARE rate.

10. This schedule is effective for service on and after November 1, 1989.

(Continued)

Schedule No. GT-SL Sheet 4

CORE AGGREGATION TRANSPORTATION
SUBMETERED MULTI-FAMILY SERVICE, INCOME-QUALIFIED

(Continued)

SPECIAL CONDITIONS (Continued)

4. As a condition of service under this schedule, the customer must provide (1) a certification that all tenants have been notified in writing that the customer is applying for gas service under Schedule No. GT-SL which provides a submetering credit, and (2) a copy of such written notice.

5. It is the responsibility of the customer to advise SoCalGas within 15 days following any change in the number of dwelling units or mobile home spaces provided gas service.

6. Seasonal Changes: Bills reflecting Baseline allowances will be prepared in the May and November billing periods using the applicable daily allowance from each respective seasonal period.

7. This schedule is closed as of December 15, 1981 for gas service to new multi-unit residential structures where such multi-unit tenants use gas directly in gas appliances in each occupancy and which requires venting. If a written commitment has been made by SoCalGas to provide master-metered service to new multi-unit residential structures where such multi-unit tenants use gas directly in gas appliances in each occupancy and which require venting, such commitment shall constitute authority for service under this schedule; however, such commitment shall become null and void if construction did not commence within twelve months from December 15, 1981.

8. Eligibility: An income-qualified household has a total annual income from all sources (taxable and non-taxable) that is no more than shown in the table below based on the number of persons in the household.

Number of Persons In Household	Total Annual Household Income	
1 or 2	$24,200	I
3	$28,400	|
4	$34,200	|
5	$40,000	|
6	$45,800	|
7	$51,600	I

For households with more than seven persons, add $5,800 annually for each additional person living in the household. I

No person who is claimed on another person's income tax return shall be eligible for this rate.

Upon completion and acceptance of the self-certification or self-recertification application by SoCalGas (Form No. 6491-D), tenants shall be billed on this rate commencing with their next regularly scheduled bill. T

(Continued)

Schedule No. GN-10L Sheet 5
CORE COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED

(Continued)

SPECIAL CONDITIONS (Continued)

NONPROFIT GROUP LIVING FACILITIES (Continued)

7. (Continued)

a. Facility Eligibility Requirements (Continued)

Each resident (100%) must meet the CARE income-eligibility standards for a single-person household for the facility or the non-licensed, separately metered facility to qualify under this schedule. A caregiver who lives in the facility is not a resident for purposes of determining eligibility. At least 70% of the energy consumed on the CARE rate must be used for residential purposes.

The Utility shall require the facility to provide a copy of its IRS Nonprofit Tax ID Form 501(c)(3), and state business license, conditional use permit or any other proof satisfactory to the Utility. Facilities that have been qualified by the Utility under self-certification or self-recertification and are receiving the rate discount may be subject to random post-enrollment verification by the Utility.

An authorized representative of the facility shall sign Form No. 6571 certifying that any savings derived from the discount shall be used for the direct benefit of the residents. Such direct benefit may be in the form of improved quality of care or improved food services.

Customers who are found to be ineligible or fail to timely notify the Utility when they no longer qualify for the rate discount may be subject to corrective rebilling under the appropriate rate schedule.

Upon completion of Form No. 6571 and acceptance, eligible facilities or their affiliates shall receive the discount commencing with the next regularly scheduled bill.

b. Residents' Income-Eligibility Requirements: The total annual household income (from all sources (taxable and non-taxable) shall not be more than $24,200 for each resident of the facility, and the resident shall not be claimed on another person's income tax return. I

The owner or authorized representative of the facility shall notify the Utility within 30 days following any change that may impact the facility's eligibility for the discount.

(Continued)

(Continued)

SPECIAL CONDITIONS (Continued)

QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES (continued)

8. (Continued)

a. Facility Eligibility Requirements: (Continued)

Customers who are found to be ineligible or fail to timely notify the Utility when they no longer qualify for the rate discount may be subject to corrective rebilling under the appropriate rate schedule.

b. Income-Eligibility Requirements for Resident Households: An income-qualified household has total annual income from all sources (taxable and non-taxable) that is no more than shown in the table below for the number of persons in the household.

Number of Persons In Household	Total Annual Household Income
1 or 2	$24,200
3	$28,400
4	$34,200
5	$40,000
6	$45,800
7	$51,600

For households with more than seven persons, add $5,800 annually for each additional person living in the household.

No person claimed on another person's income tax return shall be eligible for this rate.

The owner or authorized representative of the facility shall notify the Utility within 30 days following any change that may impact the facility's eligibility for the discount.

c. Self-Certification and Self-Recertification Requirements: The Applicant must also provide copies of the following:

(1) Migrant Farmworker Housing Centers: the facility's current contract with the Office of Migrant Services, Department of Housing and Community Development.

(2) Privately-Owned Employee Housing: a valid permit or license issued to the facility pursuant to Section 17030 of the Health and Safety Code.

(Continued)

CORE AGGREGATION TRANSPORTATION
COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED

(Continued)

SPECIAL CONDITIONS (Continued)

NONPROFIT GROUP LIVING FACILITIES (Continued)

13. (Continued)

b. Residents' Income-Eligibility Requirements: The total annual household income (from all sources (taxable and non-taxable) shall not be more than $24,200 for each resident of the facility, and the resident shall not be claimed on another person's income tax return. I

The owner or authorized representative of the facility shall notify SoCalGas within 30 days following any change that may impact the facility's eligibility for the discount.

c. Self-Certification and Self-Recertification Requirements: Nonprofit group living facilities must provide proof of the appropriate state license to care for residents who, either temporarily or permanently, cannot function normally outside of the group home environment and certification from the appropriate state agency showing what services, besides lodging, are provided or any other documentation SoCalGas may reasonably require. Primary facilities must meet the licensing and certification requirements, but not their separately-metered affiliated facilities.

Homeless shelters must provide verification that at least six (6) beds each day or night are provided during a minimum 180 days each year for persons who have no alternate residence, and must provide proof of a valid municipal or county conditional-use permit or any other documentation SoCalGas may reasonably require. Nonprofit group living facilities are not required to be licensed or certified.

d. Self-Recertification Requirements: Facilities will be required to recertify on an annual basis. At the time of each annual self-recertification, SoCalGas shall require the facility to certify how it intends to pass on the rate discount.

e. Random Post-Enrollment Verification: The self-certification and self-recertification applications for CARE benefits, and certification of the flow-through of the rate discount, shall be made under penalty of perjury by the same individual who is responsible for the annual renewal of the facility's license from the appropriate state agency, when applicable. The accuracy of the self-certification or self-recertification applications may be subject to random post-enrollment verification by SoCalGas.

QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES

14. SoCalGas shall offer the CARE discount to migrant farmworker housing centers; privately-owned employee housing, or agricultural employee housing operated by nonprofit entities that qualify as follows:

(Continued)

Schedule No. GT-10L Sheet 8
CORE AGGREGATION TRANSPORTATION
COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED
(Continued)

SPECIAL CONDITIONS (Continued)

QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES (Continued)

14. (Continued)

a. Facility Eligibility Requirements (Continued)

Upon completion of Form No. 6632 and acceptance, eligible facilities or their affiliates shall receive the discount commencing with the next regularly scheduled bill.

Facilities that have been qualified under self-certification or self-recertification and are receiving the rate discount may be subject to random post-enrollment verification by SoCalGas.

Customers who are found to be ineligible or fail to timely notify SoCalGas when they no longer qualify for the rate discount may be subject to corrective rebilling under the appropriate rate schedule.

b. Income-Eligibility Requirements for Resident Households: An income-qualified household has total annual income from all sources (taxable and non-taxable) that is no more than shown in the table below for the number of persons in the household.

Number of Persons In Household	Total Annual Household Income
1 or 2	$24,200
3	$28,400
4	$34,200
5	$40,000
6	$45,800
7	$51,600

For households with more than seven persons, add $5,800 annually for each additional person living in the household.

No person claimed on another person's income tax return shall be eligible for this rate.

The owner or authorized representative of the facility shall notify SoCalGas within 30 days following any change that may impact the facility's eligibility for the discount.

(Continued)

Schedule No. G-AC Sheet 7
CORE AIR CONDITIONING SERVICE
FOR COMMERCIAL AND INDUSTRIAL
(Continued)

SPECIAL CONDITIONS (Continued)

CARE (Continued)

15. (Continued)

Income Eligibility Requirements for Residents: The total annual household income from all sources (taxable and non-taxable) shall not be more than $24,200 for each resident of the facility, and the resident shall not be claimed on another person's income tax return. I

The owner or authorized representative of the facility shall notify the Utility within 30 days following any change that may impact the facility's eligibility for the discount.

Self-Certification and Self-Recertification Requirements: Non-profit group living facilities must provide proof of the appropriate state license to care for residents who, either temporarily or permanently, cannot function normally outside of the group-home environment and certification from the appropriate state agency showing what services, besides lodging, are provided, or any other proof satisfactory to the Utility. Primary facilities must meet the licensing and certification requirements, but not their separately-metered affiliated facilities.

Homeless shelters must provide verification that at least six (6) beds each day or night are provided a minimum of 180 days each year for persons who have no alternate residence, and must provide proof of a valid municipal or county conditional-use permit or any other proof satisfactory to the Utility. Non-profit group living facilities are not required to be licensed or certified.

Self-Recertification Requirements: Facilities will be required to recertify on an annual basis. At the time of each annual certification, the Utility shall require the facility, including homeless shelters, to certify how it intends to pass on the rate discount.

Random Post-Enrollment Verification: The self-certification and self-recertification applications for CARE benefits, and certification of the flow-through of the rate discount, shall be made under penalty of perjury under the laws of the State of California by the same individual who is responsible for the annual renewal of the facility's license from the appropriate state agency, when applicable. The accuracy of the self-certification or self-recertification applications may be subject to random post-enrollment verification by the Utility.

(Continued)

Schedule No. GT-AC Sheet 5

CORE TRANSPORTATION-ONLY AIR CONDITIONING
SERVICE FOR COMMERCIAL AND INDUSTRIAL

(Continued)

SPECIAL CONDITIONS (Continued)

CARE

18. Eligibility Requirements: The CARE discount shall apply to non-profit group living facilities and non-licensed, separately metered affiliated facilities, such as homeless shelters, women's shelter, transitional housing (e.g., for drug rehabilitation, halfway house, etc.), short- or long-term care facility (hospice, nursing home, senior's or children's home), a group home for physically or mentally disabled persons, or non-profit residential facility whose construction was government-subsidized and meets all other applicable criteria. Student housing/dorms, military barracks, fraternities/sororities, government-owned, and privately-owned "for profit" government-subsidized housing are excluded. The exclusion of government-owned and government-subsidized housing does not apply to homeless shelters.

    The discount shall apply to non-licensed, separately metered affiliates of qualifying non-profit group facilities so long as the customer of record is the qualifying non-profit facility.

    Each resident of the facility or the non-licensed, separately metered facility (100%) must meet the CARE income eligibility standards for a single-person household to qualify for the G-ACL rate. At least 70% of the energy consumed on the CARE rate must be used for residential purposes.

    SoCalGas shall require the facility to provide a copy of its IRS Non-Profit Tax ID Form 501(c)(3), and state business license, conditional use permit or any other proof satisfactory to SoCalGas. Facilities the have been qualified by SoCalGas under self-certification or self-recertification and are receiving the rate discount may be subject to random post-enrollment verification by SoCalGas.

    An authorized representative of the facility shall sign Form No. 6571 certifying that any savings derived from the discount shall be used for the direct benefit of the residents. Such direct benefit may be in the form of improved quality of care or improved food service.

    Customers who are found to be ineligible or fail to timely notify SoCalGas when they no longer qualify for the rate discount may be subject to corrective rebilling under the appropriate rate schedule.

    Upon completion of Form No. 6571 and acceptance, eligible facilities or their affiliates shall receive the discount commencing with the next regularly scheduled bill.

    Income Eligibility Requirements for Residents: The total annual household income from all sources (taxable and non-taxable) shall not be more than $24,200 for each resident of the facility, and the resident shall not be claimed on another person's income tax return. I

(Continued)

SAMPLE FORMS: APPLICATIONS Sheet 1

Self-Certification CARE Application

Individually Metered Residential Form No. 6491-D (05/05) T

(See Attached Form)

Date:

Account Number:

How to Apply for the California Alternate Rates for Energy (CARE) program:

You may be eligible for a 20% discount on your gas bill at your primary residence. You may also qualify for a 60% discount on your Service Establishment Charge if you are qualified within 90 days of starting new gas service. To apply, please complete the application form included and return it in the envelope provided. You will receive your discount(s) once your completed, signed application is approved by The Gas Company.

Verification: You may be asked at a later date to verify your household's eligibility for CARE. If requested, you must provide proof of income for all persons living in your household. If you do not reply or are found not eligible, you may receive corrected billings.

Eligibility Requirements (All Must Be Met):

- The gas bill is in your name.
- No one else can claim you as a dependent on his/her Income Tax (other than your spouse).
- Your total yearly household income (the income or aid received by all persons living in your home) -- before deductions -- is no more than the income level shown below.
- You renew your application for CARE every 2 years.
- You verify your eligibility for CARE, if requested.
- You notify The Gas Company within 30 days of any changes in your eligibility.

Number of Persons in Household:	**1 or 2**	**3**	**4**	**5**	**6**
Total Yearly Household Income No More Than:	**$24,200**	**$28,400**	**$34,200**	**$40,000**	**$45,800**
For each additional person in your household add $5,800					

What Counts as Income? Total household income is all revenues, from all household members, from whatever sources derived, including but not limited to: wages, salaries, interest, dividends, spousal and child support payments; public assistance payments, Social Security and pensions, rental income, income from self-employment, and all employment-related non-cash income.

You May Also Qualify for:

LIHEAP- Low Income Home Energy Assistance Program provides bill payment assistance, emergency bill assistance and weatherization services. Call the California Department of Community Services at 1-866-675-6623.

DAP - The Gas Company's Direct Assistance Program provides weatherization services at no cost. Call 1-800-331-7593.

For information on CARE, call The Gas Company at:

English: 1-800-427-2200 Mandarin: 1-800-427-1429 Spanish: 1-800-342-4545
Korean: 1-800-427-0471 Cantonese: 1-800-427-1420 Vietnamese: 1-800-427-0478

Southern California Gas Company Form 6491-D (05/05)

Date:

Account Number:

California Alternate Rates for Energy (CARE) Application

☞ ❶ 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:**_____

☞ ❷ Check the total yearly household income for all persons in your household from all sources:

a.	$0 to $24,200	d.	$34,201 to $40,000
b.	$24,201 to $28,400	e.	$40,001 to $45,800
c.	$28,401 to $34,200	f.	More than $45,800:
			Total Income**$**_____

☞ ❸ Check all sources of income for your household:

Wages or Salaries	Disability Payments	TANF (AFDC)
Interest or Dividends from:	Workers Compensation	Food Stamps
Savings Accounts,	Social Security, SSI, SSP	Child Support
Stocks or Bonds, or	Pensions	Cash and/or
Retirement Accounts	Insurance Settlements	Other Income
Unemployment Benefits	Legal Settlements	Spousal
Rental or Royalty Income		Support

Scholarships, Grants, or Other Aid Used for Living Expenses
Profit from Self-Employment (IRS Form 1040, Schedule C, line 29)

☞ ❹ Can anyone else claim you as a dependent on his/her Income Tax (other than your spouse)? Yes No

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 The Gas Company 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 The Gas Company can share my information with other utilities or their agents to enroll me in their assistance programs.

Signature:_____ ✍ Date:_____

☎ Phone No.:(____)_____ Did you complete ❶ through ❹?

Fecha:

Número de Cuenta:

Cómo solicitar el Programa de Tarifas Alternativas para Energía en California (CARE): Usted puede ser elegible para un descuento de 20% en su cobro de gas en su domicilio principal. Usted también podría calificar para un descuento de 60% en el cobro del Servicio de Instalación si usted es aprobado dentro de 90 días del inicio de su servicio de gas. Para solicitar, por favor complete la forma incluida y regrésela en el sobre adj unto. Usted recibirá el descuento(s) una vez que su solicitud esta llenada y firmada y es aprobada por *The Gas Company*.

VERIFICACIÓN: En una fecha posterior, se le puede pedir que compruebe los ingresos de su hogar. Si se le pide, usted debe proveer documentos de todas las personas en su hogar que reciben ingresos. Si usted no responde o se le encuentra no elegible, podría recibir cobros corregidos.

REQUISITOS DE ELEGIBILIDAD (Todos deben ser cumplidos):

- La cuenta de gas está a su nombre.
- Usted no es reclamado como dependiente en el formulario de impuestos de otra persona (que no sea su esposo(a)).
- **El total de sus ingresos anuales (los ingresos o ayuda recibidos de todas las personas que viven en su hogar) – antes de deducciones – no es más de los ingresos mostrados en la tabla de abajo.**
- Debe de renovar su solicitud cada dos años.
- Debe de verificar su elegibilidad para CARE si se le pide.
- Debe de notificar a *The Gas Company* dentro de 30 días, cualquier cambio sobre su elegibilidad.

Número de Personas en su hogar:	**1 o 2**	**3**	**4**	**5**	**6**
Suma Total Anual de Ingresos en su hogar no puede ser más de:	**$24,200**	**$28,400**	**$34,200**	**$40,000**	**$45,800**
Por cada persona adicional agregue $5,800					

¿Qué Cuenta Como Ingresos? Ingresos totales de todas las personas en su hogar, es el dinero derivado de cualquier fuente, incluyendo pero no limitado a: sueldos, intereses, dividendos, apoyo económico para cónyuge y niños, asistencia pública, Seguro Social y pensiones, ingresos de negocio propio, ingresos de renta, y toda clase de ingresos no monetarios relacionados con el empleo.

Usted también podría calificar para Asistencia De Energía Del Hogar Para Consumidores De Baj os Ingresos (LIHEAP): 1-866-675-6623, y el programa de Asistencia Directa (DAP): 1-800-331-7593.

Spanish: 1-800-342-4545 **English: 1-800-427-2200**

Southern California Gas Company Form 6491-D (05/05)

Fecha:

Número de Cuenta:

Solicitud para el programa de Tarifas Alternativas para Energía en California (CARE)

☞ ❶ **Favor de marcar el cuadro que corresponde al 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+), indique el número total: _____

Adultos: _____ **Niños:** _____

☞ ❷ **Favor de marcar el cuadro que corresponde al total de ingresos brutos anuales de su hogar:**

a. $0 a $24,200
b. $24,201 a $28,400
c. $28,401 a $34,200
d. $34,201 a $40,000
e. $40,001 a $45,800
f. Más de $45,800, indique los ingresos totales: **$**_____

☞ ❸ **Favor de marcar todas las fuentes de sus ingresos:**

Sueldos
Intereses o Dividendos de:
Ahorros,
Bonos o Acciones
Cuentas de j ubilación
Beneficios de desempleo
Ingresos de renta o realeza
Pensión y Retiro
Becas, Apoyos económicos escolares, u otra ayuda para gastos de vivienda
Ingresos por incapacidad
Compensación al trabaj ador
TANF (AFDC)
Seguro Social, SSI, SSP
Estampillas de comida
Apoyo económico para niños
Apoyo económico del cónyuge
Pólizas de seguros
Acuerdos legales
Donativos en efectivo
Otros ingresos
Ingresos de negocio propio (IRS Forma 1040, Apéndice C, línea 29)

☞ ❹ **¿Hay alguna otra persona que lo reclama como dependiente en el formulario de impuestos (que no sea su esposo(a))?** Sí No

DECLARACIÓN Y AFIRMACIÓN DE AUTOCERTIFICACIÓN: Yo declaro que la información provista en esta solicitud es verdadera y correcta. Estoy de acuerdo con proveer comprobantes de mis ingresos si me lo piden. Si en algún momento no califico para recibir el descuento, notificaré a *The Gas Company*. Si ya no califico pero sigo recibiendo el descuento, tal vez tendré que pagar la cantidad del descuento que recibí. Entiendo que *The Gas Company* puede compartir mi información con otras compañías de servicios públicos o sus representantes, para registrarme en sus programas de asistencia.

Firma del Cliente: _____ ✍ **Fecha:** _____

☎ **Teléfono: (____)**_____ ¿Llenó del número ❶ al ❹?

日期：

帳號：

如何申請加州能源低費率 (CARE) 計劃

您的主要居住處所可能符合享有 20%的瓦斯(煤氣)費折扣的條件。如果您啓用瓦斯(煤氣) 服務的 90 天之內通過審核，還可以獲得 60%的開戶手續費折扣。要申請取得瓦斯(煤氣)費用的折扣，請填妥申請表格後，用隨附上的回郵信封，寄回瓦斯公司(The Gas Company®)。在The Gas Company核准經您填寫簽名的申請表後，您即可獲得折扣。

驗證：本公司稍後可能要求您提出合格參加本計劃的證明。如經要求，您必須提出所有居住人的經濟來源証明文件，若您不回覆或經查核後認定您不合格，您可能會收到更正的帳單。

申請條件（須完全符合）:

- 瓦斯帳單上必須是您的名字。
- 您不能是其他人報稅單上的被撫養人（除了您的配偶外）。
- **您的家庭年總收入(年收入包含所有居住府上者的收入和補助)- 在抵稅前 -不能超過下面表格所列的金額。**
- 每隔兩年，須重新申請此計劃。
- 如被要求，須提出證明文件。
- 如您的資格有更改，您必須在 30 天內通知瓦斯公司。

居住人數:	**1**	**2**	**3**	**4**	**5**	**6**
全家人所有來源的年總收入不能超過	**$24,200**	**$24,200**	**$28,400**	**$34,200**	**$40,000**	**$45,800**
每增加一人加 **$5,800**						

什麼是應計算在內的家庭總收入？

家庭總收入是指所有住在府上的人的所有經濟來源，包括但不限於：工資、薪水、利息、紅利、配偶和子女贍養費、政府補助金、社會安全金和退休金、租金收入、自僱收入和所有與工作有關的非現金收入。

您也許有資格申請下列補助計劃:

LIHEAP - 低收入家庭能源補助計劃。提供付費協助、緊急付費協助和節約能源服務。請致電加州社區服務部 1-866-675-6623。
DAP - The Gas Company的直接協助計劃免費提供節約能源服務，請致電 1-800-331-7593。

如欲索取進一步資料，或需協助填表，請致電瓦斯公司:

英語： 1-800-427-2200 **國語 : 1-800-427-1429** **西語： 1-800-342-4545**
韓語： 1-800-427-0471 **粵話 : 1-800-427-1420** **越語： 1-800-427-0478**

Southern California Gas Company Form 6491-D (05/05)

日期:

帳號:

加州能源低費率 (CARE) 計劃申請表 (Application)

❶ **請標示您府上的居住人口總數:**

❒ 一 (1) ❒ 二 (2) ❒ 三 (3) ❒ 四 (4) ❒ 五 (5)
❒ 六 (6) ❒ 超過六人 (6+), 總人數:_____

成人:_____ 小孩:_____

❷ **請標示府上所有人的年收入及經濟來源總額:**

a. ❒ $0 至 $24,200
b. ❒ $24,201 至 $28,400
c. ❒ $28,401 至 $34,200
d. ❒ $34,201 至 $40,000
e. ❒ $40,001 至 $45,800
f. ❒ 超過 $45,800, 總收入 $_____

❸ **請從下列項目中註明您的經濟來源:**

❒ 薪資和佣金
利息或以下紅利收入:
❒ 儲蓄帳戶
❒ 股票或債券
❒ 退休帳戶
❒ 失業福利金
❒ 租金或權利金收入
❒ 助學金，獎學金或其他生活補助金
❒ 自由業收入(IRS Form 1040, Schedule C, line 29)
❒ 殘障福利金
❒ 勞工賠償
❒ 社會安全福利金/SSI/SSP
❒ 退休金
❒ 保險賠償
❒ 法律賠償
❒ TANF
（以前的 AFDC）
❒ 食物券
❒ 小孩贍養費
❒ 現金餽贈和/或其他收入
❒ 配偶贍養費

❹ **請問您是否是其他報稅人稅單上的被撫養人(配偶不算)?** ❒是 ❒否

聲明和個人證明：我願意證明上述申請資料正確屬實，若需要我也同意提供經濟來源証明，我同意若我不再符合條件時，即通知 The Gas Company，我瞭解若不合格接受折扣，我可能須退還我之前所接受的折扣，我了解 The Gas Company 可將有關我的資料提供給其他的公用事業公司和他們的業務代表以協助我加入他們的協助計劃。

簽名:_____ **日期:**_____

電話號碼:(_____)_____ 您是否填寫了❶ 至 ❹**項?**

날짜:

고객관리번호:

가주 에너지 요금제 전환 (CARE) 프로그램 신청 방법: 귀하께서는 주 거주지의 개스 요금을 20% 할인 받을 수도 있습니다. 또한, 새로 개스 서비스가 시작된 지 90일 이내에 자격 조건이 해당되는 경우에는 '개스 가설료'의 60%를 할인 받을 수도 있습니다. 본 프로그램을 신청하시려면, 첨부된 신청서에 모두 기입하신 후 반송 봉투에 넣어 보내주십시오. 작성하여 서명한 신청서가 The Gas Company®로부터 승인되면 할인 요금이 적용됩니다.

자격 확인: 나중에 귀댁이 CARE의 자격을 갖추고 있는 지에 대한 확인을 요구 받을 지도 모릅니다. 그렇게 되면, 귀하는 귀댁의 세대원 전체의 소득 증빙 자료를 제출하여야 합니다. 귀하가 확인 요구에 응하지 않거나 자격이 없는 것으로 판명되면 수정된 고지서를 받을 가능성이 있습니다.

자격 요건 (모두 해당되어야 함):

- 개스 요금 고지서가 귀하의 명의로 되어 있어야 합니다.
- 배우자를 제외한 세대원 중 누구도 소득세 신고서에 귀하를 피부양자로 기재할 수 없어야 합니다.
- **귀댁의 연간 가구 소득 (모든 세대원이 얻는 소득 또는 지원금)의 세금 공제 전 총액이 아래에 나오는 소득 수준 미만이어야 합니다.**
- 2년마다 CARE 신청서를 새로 작성하셔야 합니다.
- CARE 자격 사항에 대한 확인 요구를 받으면, 그에 응하셔야 합니다.
- 자격 변동 사항이 있으면 그로부터 30일 이내에 The Gas Company에 통지하여야 합니다.

세대원의 수:	**1 혹은 2**	**3**	**4**	**5**	**6**
연간 가구 소득 한도액:	**$24,200**	**$28,400**	**$34,200**	**$40,000**	**$45,800**
세대원이 6명 초과시는 1인당 $5,800씩 추가					

수입으로 간주되는 것은? 가구 소득 총액은 세대원 전부가 각종 소득원으로부터 얻는 모든 수입으로서 다음을 모두 포함하지만 이것들에만 국한되지는 않습니다: 노임, 봉급, 이자, 배당금, 배우자 및 자녀 부양비, 공공 보조금, 사회 보장금 및 연금, 임대 소득, 자영 소득, 직업 관련 모든 비현금 소득 등.

이용 가능한 다른 프로그램과 서비스:

LIHEAP – 저소득 가정 에너지 보조 프로그램: 요금 지불 보조, 긴급 요금 보조 및 내후 처리 서비스를 제공합니다. 1-866-675-6623 번의 가주지역사회봉사부로 연락하십시오.

DAP – The Gas Company의 직접 보조 프로그램은 무료로 내후 처리 서비스를 제공합니다. 1-800-331-7593번으로 연락하십시오.

영어: 1-800-427-2200 **북경어: 1-800-427-1429** **스페인어: 1-800-342-4545**
한국어: 1-800-427-0471 **광동어: 1-800-427-1420** **베트남어: 1-800-427-0478**

날짜:

고객관리번호:

가주 에너지 요금제 전환 (CARE) 신청서

☞ ❶ **귀댁의 세대원 수 전체를 표시하십시오.**

☐ 1명 ☐ 2명 ☐ 3명 ☐ 4명 ☐ 5명

☐ 6명 ☐ 6명 초과시 세대원 수: _____

성인: _____ **어린이:** _____

☞ ❷ **귀댁의 전체 세대원이 모든 소득원으로부터 얻는 연간 가구 소득 총액을 표시하십시오.**

☐ a. $0 ~ $24,200

☐ b. $24,201 ~ $28,400

☐ c. $28,401 ~ $34,200

☐ d. $34,201 ~ $40,000

☐ e. $40,001 ~ $45,800

☐ f. $45,800 초과시, 소득 총액 $_____

☞ ❸ **귀댁의 모든 소득원을 표시하십시오.**

☐ 노임 또는 봉급

이자 또는 배당금 (아래 출처)

☐ 예금 계좌

☐ 주식 또는 채권

☐ 은퇴 계좌

☐ 실업 수당

☐ 임대 또는 로열티 소득

☐ 장학금, 보조금, 또는 기타 생활비 지원금

☐ 자영업 수익 (IRS 양식 1040, 스케줄 C, 29번째 줄)

☐ 장애자 지원

☐ 산재 보상금

☐ 사회보장금, SSI, SSP

☐ 연금

☐ 보험 합의금

☐ 법적 합의금

☐ TANF (AFDC)

☐ 식품 구매권

☐ 자녀 부양비

☐ 현금이나 기타 소득

☐ 배우자 부양비

☞ ❹ **소득세 신고서에 귀하를 피부양자로 기재할 수 있는 사람이 있습니까? (배우자 제외)** ☐ 예 ☐ 아니오

신상 증명에 대한 서약: 본인은 이 신청서에 기재한 모든 내용이 진실이며 사실과 다르지 않음을 서약합니다. 본인은 요청이 있을 경우 소득 증빙자료를 제출할 것에 동의합니다. 본인이 할인 받을 자격을 더 이상 갖지 않게 되면, The Gas Company에 통보할 것에 동의합니다. 본인은 자격이 없는 상태에서 받은 할인 혜택이 있을 경우, 추후에 그 할인 금액의 반환을 요구 받을 수 있음을 인정합니다. The Gas Company에서 다른 공공 사업체나 대행업체에게 그들의 지원 프로그램에 본인을 등록시키기 위해 본인의 정보를 공유할 수 있음을 인정합니다.

서명: _____ ✍ 날짜: _____

☎ 전화번호: (___)_____ ❶ 번에서 ❹ 번까지 모두 작성하셨습니까?

Ngày:

Số trương mục:

Cách Làm Đơn Xin Hưởng Chương Trình Giảm Giá Năng Lượng Của California (CARE)

Quý vị có thể hợp lệ để được giảm 20% trên hóa đơn Gas tại nơi cư ngụ chính của quý vị. Quý vị cũng có thể hợp lệ để được giảm 60% trên Lệ Phí Thiết Lập Dịch Vụ nếu quý vị hội đủ điều kiện trong vòng 90 ngày kể từ ngày bắt đầu dịch vụ mới. Muốn ghi danh, xin điền vào mẫu đơn và gởi lại cho The Gas Company®. Quý vị sẽ được hưởng giá giảm sau khi đơn xin đã được điền đầy đủ với chữ ký của quý vị được The Gas Company chấp thuận.

Chứng Thực: Về sau này, quý vị có thể được yêu cầu chứng thực tình trạng hợp lệ của quý vị để hưởng chương trình CARE. Nếu được yêu cầu, quý vị phải cung cấp các chứng từ lợi tức của tất cả mọi người sống trong nhà quý vị. Nếu quý vị không cung cấp đầy đủ, hoặc chúng tôi xét thấy quý vị không hội đủ điều kiện, chúng tôi sẽ gửi đến quý vị hóa đơn điều chỉnh lại số tiền đã giảm.

Các Điều Kiện Đòi Hỏi (Phải hội đủ tất cả các điều kiện sau):

- Hóa đơn gas do quý vị đứng tên.
- Không ai được khai quý vị là người phụ thuộc trong mẫu khai thuế lợi tức của người ấy (trừ người hôn phối của quý vị).
- **Lợi tức hàng năm của cả nhà quý vị (tức tổng số lợi tức hoặc trợ cấp mà tất cả những người sống trong nhà quý vị nhận được) - trước mọi khấu trừ - không quá mức quy định liệt kê ở phần dưới.**
- Quý vị làm đơn lại để xin gia hạn chương trình CARE mỗi hai năm một lần.
- Quý vị chứng thực tình trạng hợp lệ của mình nếu được yêu cầu.
- Quý vị phải thông báo cho The Gas Company trong vòng 30 ngày về những thay đổi có ảnh hưởng đến tình trạng hợp lệ của quý vị.

Số người trong nhà:	1	2	3	4	5	6
Tổng số lợi tức hàng năm của cả nhà quý vị không vượt quá:	$24,200	$24,200	$28,400	$34,200	$40,000	$45,800
Mỗi người phụ trội trong nhà, cộng thêm $5,800						

Những Gì Được Coi Là Lợi Tức?

Tổng số lợi tức của cả nhà là tổng cộng các thu nhập của tất cả mọi người trong nhà quý vị, bất cứ từ những nguồn thu nhập nào, bao gồm, nhưng không hạn chế, những thứ như: tiền lương, bổng lộc, tiền lãi, tiền lời cổ phần, tiền cấp dưỡng nuôi con hay người hôn phối, tiền trợ cấp xã hội, tiền hưu trí và An Sinh Xã Hội, tiền cho thuê nhà, lợi tức từ việc làm tự do, và tất cả các lợi tức không dưới hình thức hiện kim, liên quan đến việc làm.

Các chương trình và dịch vụ mà quý vị có thể hội đủ điều kiện hưởng:

LIHEAP – Chương Trình Trợ Giúp Năng Lượng Cho Gia Đình Có Lợi Tức Thấp: Giúp trả cho các hóa đơn, giúp trả cho những hóa đơn trong trường hợp khẩn cấp và các dịch vụ chống sự tàn phá của thời tiết. Gọi cho Ban Dịch Vụ Cộng Đồng California tại số 1-866-675-6623.

DAP - Chương Trình Trợ Giúp Trực Tiếp của The Gas Company cung cấp các dịch vụ miễn phí chống sự tàn phá của thời tiết. Gọi số 1-800-331-7593.

Muốn giao dịch bằng những ngôn ngữ khác, xin gọi THE GAS COMPANY tại các số điện thoại dưới đây:

Tiếng Anh: 1-800-427-2200 **Tiếng Tây Ban Nha: 1-800-342-4545** **Tiếng Quan Thoại: 1-800-427-1429**
Tiếng Quảng Đông: 1-800-427-1420 **Tiếng Đại Hàn: 1-800-427-0471** **Tiếng Việt Nam: 1-800-427-0478**

Ngày:

Số Trương Mục:

Đơn Xin Gia Nhập Chương Trình Giảm Giá Năng Lượng Của California (CARE)

☞ ❶ **Đánh dấu vào ô thích hợp với số người trong nhà của quý vị:**

❒ Một (1) ❒ Hai (2) ❒ Ba (3) ❒ Bốn (4) ❒ Năm (5)
❒ Sáu (6) ❒ Nhiều hơn sáu người (6+), số người: _____

Người lớn:_____ Trẻ em:_____ Tổng cộng: _____

☞ ❷ **Đánh dấu vào ô thích hợp với tổng số lợi tức hàng năm của tất cả những người sống trong nhà của quý vị, từ mọi nguồn thu nhập:**

a. ❒ $0 tới $24,200
b. ❒ $24,201 tới $28,400
c. ❒ $28,401 tới $34,200
d. ❒ $34,201 tới $40,000
e. ❒ $40,001 tới $45,800
f. ❒ Nhiều hơn $45,800, Tổng số lợi tức:$_____

☞ ❸ **Đánh dấu vào ô thích hợp với tất cả các nguồn lợi tức của mọi người trong nhà quý vị:**

❒ Lương hay bổng lộc
Tiền lãi hay tiền lời cổ phần từ
❒ Trương mục tiết kiệm
❒ Chứng khoán hoặc trái phiếu
❒ Trương mục hưu trí
❒ Trợ cấp thất nghiệp
❒ Tiền cho thuê nhà hay tiền bản quyền
❒ Học bổng, phụ cấp, hay các trợ cấp khác dùng cho đời sống
❒ Lợi tức từ việc làm tự do (Mẫu thuế 1040, Bảng Kê C, dòng 29)
❒ Tiền tàn tật
❒ Tiền tai nạn lao động
❒ Tiền An Sinh Xã Hội, SSI, SSP
❒ Tiền hưu trí
❒ Tiền bảo hiểm trả
❒ Tiền do vụ kiện trả
❒ Tiền trợ cấp xã hội (TANF, AFDC)
❒ Phiếu thực phẩm
❒ Tiền cấp dưỡng con cái
❒ Tiền mặt và/hoặc Các lợi tức khác
❒ Tiền cấp dưỡng do người hôn phối

☞ ❹ **Có người nào (trừ người hôn phối của quý vị) khai quý vị là người phụ thuộc trên mẫu khai thuế của họ không?** ❒ Có ❒ Không

Lời khai và tự xác nhận: Tôi xác nhận rằng những điều tôi khai trong đơn này là đúng sự thật và chính xác. Tôi đồng ý cung cấp tất cả các tài liệu về thu nhập nếu được yêu cầu. Tôi đồng ý sẽ thông báo cho The Gas Company khi tôi không còn hợp lệ để được hưởng sự giảm giá. Tôi hiểu rằng nếu tôi nhận bất cứ sự giảm giá nào mà không hội đủ điều kiện, tôi có thể sẽ bị yêu cầu trả lại số tiền đã nhận. Tôi cũng hiểu rằng The Gas Company có thể sẽ chia xẻ những tin tức của tôi với các cơ quan cung cấp tiện ích khác hoặc các đại diện của họ để được ghi danh vào những chương trình trợ giúp của họ.

Chữ ký: _____ ✍ **Ngày:**_____

☎ **Số điện thoại:** (____)_____ **Quý vị đã điền đầy đủ từ câu ❶ đến hết câu ❹ chưa?**

SAMPLE FORMS: APPLICATIONS Sheet 1
Self-Mailer CARE Application
Form No. 6491-2A (06/05) T

(See Attached Form)

The Gas Company A Sempra Energy utility™

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 11564 LOS ANGELES CA 90051
POSTAGE WILL BE PAID BY ADDRESSEE

ATTN CARE PROGRAM GT12F1
THE GAS COMPANY
PO BOX 515005
LOS ANGELES CA 90099-9316

The Gas Company
A Sempra Energy utility™

The California Alternate Rates For Energy (CARE) Program

El Programa de Tarifas Alternativas para Energía en California (CARE)

You may be eligible for a 20% discount on your gas bill at your primary residence. You may also qualify for a 60% discount on your Service Establishment Charge if you are qualified within 90 days of starting new gas service. To apply, please complete the application form and return it to The Gas Company®. You will receive your discount(s) once your completed, signed application is approved by The Gas Company.

Usted podría ser elegible para recibir un 20% de descuento en su cuenta de gas de su residencia principal. También podría calificar para un descuento de 60% en el Cargo por Establecimiento de Servicio, si usted es aprobado antes de 90 días desde el comienzo de su nuevo servicio de gas. Para solicitar, por favor complete y firme la solicitud, y envíela a The Gas Company. Recibirá su(s) descuento(s) una vez que su solicitud sea aprobada por The Gas Company.

Eligibility Requirements (All must be met)

Requisitos para ser Elegible (Tendrá que cumplir todos los requisitos)

- The gas bill is in your name.
- No one else can claim you as a dependent on his/her Income Tax (other than your spouse).
- Your total yearly household income (the income or aid received by all persons living in your home) – before deductions – is no more than the income level shown below.
- You renew your application for CARE every 2 years.
- You verify your eligibility for CARE, if requested.
- You notify The Gas Company within 30 days of any changes in your eligibility.

- *La cuenta de gas está a su nombre.*
- *Nadie más, aparte de su cónyuge, lo anota en la declaración de impuestos.*
- *El ingreso anual total de su hogar (el ingreso o ayuda recibido por todas las personas que viven en su hogar) – antes de deducciones – no sobrepasa el nivel de ingresos mostrados abajo.*
- *Tiene que renovar su solicitud para CARE cada 2 años.*
- *Tiene que verificar su situación económica para ser elegible para CARE, si se le pide.*
- *Tiene que notificar a The Gas Company dentro de 30 días si hay algún cambio en su situación para ser elegible.*

Number of Persons in Household: *Número de personas en su hogar:*	1 or 2	3	4	5	6
Total Yearly Household Income No More Than: *Ingreso anual total de su hogar no más de:*	$24,200	$28,400	$34,200	$40,000	$45,800

For each additional person in your household add $5,800 *Agregue $5,800 por cada persona adicional*

What counts as income?

¿Qué cuenta como ingresos?

Total household income is all revenues, from all household members, from whatever sources derived, including but not limited to: wages, salaries, interest, dividends, spousal and child support payments; public assistance payments, Social Security and pensions, rental income, income from self-employment, and all employment-related non-cash income.

El ingreso anual total incluye todos los ingresos, de todos los miembros de su hogar, de cualquier fuente de ingresos, incluyendo, pero no limitado a: sueldos, salarios, intereses, dividendos, pagos de apoyo para su cónyuge y/o niños, pagos de asistencia pública, pensiones y pagos del seguro social, ingresos del alquiler, ingresos de autoempleo, y todos los ingresos que son relacionados al empleo que no sean pagados en efectivo.

VERIFICATION: You may be asked at a later date to verify your household's eligibility for CARE. If requested, you must provide proof of income or aid for all persons living in your household. If you do not reply or are found not eligible, you may receive corrected billings.

VERIFICACION: *Para el programa CARE, puede ser que se le pida que compruebe el ingreso de su hogar. Si se le pide, usted debe proveer prueba del ingreso o ayuda de todas las personas que viven en su hogar. Si no responde o si no es considerado elegible, podría recibir cuentas corregidas.*

For information on CARE in other languages, call The Gas Company at:

English: 1-800-427-2200 Mandarin: 1-800-427-1429 Cantonese: 1-800-427-1420 Korean: 1-800-427-0471 Vietnamese: 1-800-427-0478

Para más información en español sobre CARE, llame a The Gas Company al 1-800-342-4545.

California Alternate Rates for Energy (CARE) Application

Solicitud para el Programa de Tarifas Alternativas para Energía en California (CARE)

Date/*Fecha* _____ **Account Number/*Número de cuenta*** ☐☐☐ ☐☐☐ ☐☐☐☐☐

1 **Check the total number of persons in your household/*Marque el número total de personas que viven en su hogar:***

☐One/*Uno* (1) ☐Two/*Dos* (2) ☐Three/*Tres* (3) ☐Four/*Cuatro* (4) ☐Five/*Cinco* (5) ☐Six/*Seis* (6)

☐More than Six/*Más de Seis (6+)*, Number/*Número:*_____

Adults/*Adultos*_____ Children/*Hijos*_____ Total Number/*Número Total*_____

2 **Check the total yearly household income for all persons in your household from all sources:**
Marque el ingreso anual total de su hogar de todas las personas viviendo en su hogar, y de todas fuentes de ingresos:

☐ a. $0 to $24,200

☐ b. $24,201 to $28,400

☐ c. $28,401 to $34,200

☐ d. $34,201 to $40,000

☐ e. $40,001 to $45,800

☐ f. More than $45,800/*Más de $45,800*
Total Income/*Ingreso total:* $_____

3 **Check all sources of income for your household:**

☐ Wages or Salaries
Interest or Dividends from:
- ☐ Savings Accounts
- ☐ Stocks or Bonds
- ☐ Retirement Accounts

☐ Unemployment Benefits
☐ Rental or Royalty Income
☐ Scholarships, Grants, or Other Aid Used for Living Expenses
☐ Profit from Self-Employment (IRS Form 1040, Schedule C, line 29)

☐ Disability Payments
☐ Workers Compensation
☐ Social Security, SSI, SSP
☐ Pensions
☐ Insurance Settlements
☐ Legal Settlements

☐ TANF (AFDC)
☐ Food Stamps
☐ Child Support
☐ Cash and/or Other Income
☐ Spousal Support

Marque todas las fuentes de ingresos de su hogar:

☐ *Sueldos*
Interés o Dividendos de:
- ☐ *Cuentas de Ahorros*
- ☐ *Acciones o Bonos*
- ☐ *Cuentas de Jubilación*

☐ *Beneficios de desempleo*
☐ *Ingresos de alquiler o regalías*
☐ *Becas, subvenciones, u otra ayuda usada para sufragar el costo de vida*
☐ *Ganancias de autoempleo (Forma 1040, tabla C, línea 29 del IRS)*

☐ *Pagos de discapacitación*
☐ *Compensación al trabajador*
☐ *Seguro Social, SSI, SSP*
☐ *Pensiones*
☐ *Indemnizaciones de seguro*
☐ *Indemnizaciones legales*

☐ *TANF (AFDC)*
☐ *Estampillas de comida*
☐ *Apoyo para los niños*
☐ *Dinero en efectivo y/u otros ingresos*
☐ *Apoyo de cónyuge*

4 **Can anyone else claim you as a dependent on his/her Income Tax (other than your spouse)?**
¿Alguien (que no sea su cónyuge) lo declara como dependiente en la declaración de impuestos?

☐ Yes/*Sí* ☐ No/*No*

Did you complete 1 through 4? ***¿Completó preguntas del número 1 al 4?***

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 The Gas Company 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 The Gas Company can share my information with other utilities or their agents to enroll me in their assistance programs.

Declaración y Afirmación de Autocertificación: *Yo declaro que la información provista en esta solicitud es verdadera y correcta. Estoy de acuerdo con proveer comprobantes de mis ingresos si me lo piden. Si en algún momento no califico para recibir el descuento, notificaré a The Gas Company. Si ya no califico pero sigo recibiendo el descuento, tal vez tendré que pagar la cantidad del descuento que recibí. Entiendo que The Gas Company puede compartir mi información con otras compañías de servicios públicos o sus representantes, para registrarme en sus programas de asistencia.*

Signature/*Firma:*_____ Date/*Fecha:*_____

Phone/*Teléfono:*(____)_____

Print Name/*Nombre en letra de molde* _____

Address/*Dirección* _____ City/*Ciudad* _____

DO NOT MAIL YOUR GAS PAYMENT WITH THIS APPLICATION AS IT WILL SIGNIFICANTLY DELAY PAYMENT PROCESSING.

NO ENVIE SU PAGO DE GAS CON ESTA SOLICITUD PORQUE EL PROCESO DE SU PAGO SE RETRASARA.

Other Programs And Services You May Qualify For

Otros programas y servicios para los que puede calificar

LIHEAP-Low Income Home Energy Assistance Program/*Programa de Ayuda para la Energía del Hogar para Personas de Bajos Recursos*

Provides bill payment assistance, emergency bill assistance and weatherization services. Call the California Department of Community Services at **1-866-675-6623**. *Provee asistencia para pagar su cuenta, asistencia urgente de su cuenta y servicios de impermeabilización, llame a LIHEAP al Departamento de Servicios para la Comunidad de California al **1-866-675-6623**.*

DAP-The Gas Company's Direct Assistance Program/*Programa de Asistencia Directa de The Gas Company*

Provides weatherization services. Call **1-800-331-7593.**
*Provee servicios de impermeabilización. Llame al **1-800-331-7593.***

Source Code: _____ Southern California Gas Company

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Form 6491-2A(06/05)

0540047 0605 120K

No Tape/No use cinta adhesiva Moisten and Seal/Humedezca y selle No Staples/No engrape

SAMPLE FORMS: APPLICATIONS Sheet 1

Self-Recertification CARE Application

Individually Metered Residential Form No. 6674-A (05/05) T

(See Attached Form)

Date:

Account Number:

How to Recertify for the California Alternate Rates for Energy (CARE) program:

You currently receive a 20% discount on your gas bill at your primary residence. You must recertify your eligibility to continue receiving this discount. To recertify, please complete the application form included and return it in the envelope provided. Your discount will continue if your completed, signed application is approved by The Gas Company within 30 days.

Verification: You may be asked at a later date to verify your household's eligibility for CARE. If requested, you must provide proof of income for all persons living in your household. If you do not reply or are found not eligible, you may receive corrected billings.

Eligibility Requirements (All Must Be Met):

- The gas bill is in your name.
- No one else can claim you as a dependent on his/her Income Tax (other than your spouse).
- Your total yearly household income (the income or aid received by all persons living in your home) -- before deductions -- is no more than the income level shown below.
- You renew your application for CARE every 2 years.
- You verify your eligibility for CARE, if requested.
- You notify The Gas Company within 30 days of any changes in your eligibility.

Number of Persons in Household:	**1 or 2**	**3**	**4**	**5**	**6**
Total Yearly Household Income No More Than:	**$24,200**	**$28,400**	**$34,200**	**$40,000**	**$45,800**
For each additional person in your household add $5,800					

What Counts as Income? Total household income is all revenues, from all household members, from whatever sources derived, including but not limited to: wages, salaries, interest, dividends, spousal and child support payments; public assistance payments, Social Security and pensions, rental income, income from self-employment, and all employment-related non-cash income.

You May Also Qualify for:

LIHEAP- Low Income Home Energy Assistance Program provides bill payment assistance, emergency bill assistance and weatherization services. Call the California Department of Community Services at 1-866-675-6623.

DAP - The Gas Company's Direct Assistance Program provides weatherization services at no cost. Call 1-800-331-7593.

For information on CARE, call The Gas Company at:

English: 1-800-427-2200 Mandarin: 1-800-427-1429 Spanish: 1-800-342-4545
Korean: 1-800-427-0471 Cantonese: 1-800-427-1420 Vietnamese: 1-800-427-0478

Southern California Gas Company Form 6674-A (05/05)

Date:

Account Number:

Check this box if you no longer qualify for CARE.

California Alternate Rates for Energy (CARE) Recertification

❶ 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:**_____

❷ Check the total yearly household income for all persons in your household from all sources:

a. $0 to $24,200
b. $24,201 to $28,400
c. $28,401 to $34,200
d. $34,201 to $40,000
e. $40,001 to $45,800
f. More than $45,800:
Total Income**$**_____

❸ Check all sources of income for your household:

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
Child Support
Cash and/or
Other Income
Spousal
Support
Scholarships, Grants, or Other Aid Used for Living Expenses
Profit from Self-Employment (IRS Form 1040, Schedule C, line 29)

❹ Can anyone else claim you as a dependent on his/her Income Tax (other than your spouse)? Yes No

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 The Gas Company 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 The Gas Company can share my information with other utilities or their agents to enroll me in their assistance programs.

Signature:_____ Date:_____

Phone No.:(____)_____ Did you complete ❶ through ❹?

Fecha:

Número de Cuenta:

Cómo Recertificar para el Programa de Tarifas Alternativas para Energía en California (CARE): Usted está recibiendo la tarifa de 20% de descuento en su cobro de gas en su domicilio principal. Usted debe de recertificar su elegibilidad para continuar recibiendo éste descuento. Para recertificar, por favor complete la forma incluida y regrésela en el sobre adjunto. Su descuento continuará si su solicitud completada y firmada es aprobada por *The Gas Company* dentro de 30 días.

VERIFICACIÓN: En una fecha posterior, se le puede pedir que compruebe los ingresos de su hogar. Si se le pide, usted debe proveer documentos de todas las personas en su hogar que reciben ingresos. Si usted no responde o se le encuentra no elegible, podría recibir cobros corregidos.

REQUISITOS DE ELEGIBILIDAD (Todos deben ser cumplidos):

- La cuenta de gas está a su nombre.
- Usted no es reclamado como dependiente en el formulario de impuestos de otra persona (que no sea su esposo(a)).
- **El total de sus ingresos anuales (los ingresos o ayuda recibidos de todas las personas que viven en su hogar) – antes de deducciones – no es más de los ingresos mostrados en la tabla de abajo.**
- Debe de renovar su solicitud cada dos años.
- Debe de verificar su elegibilidad para CARE si se le pide.
- Debe de notificar a *The Gas Company* dentro de 30 días, cualquier cambio sobre su elegibilidad.

Número de Personas en su hogar:	**1 o 2**	**3**	**4**	**5**	**6**
Suma Total Anual de Ingresos en su hogar no puede ser más de:	**$24,200**	**$28,400**	**$34,200**	**$40,000**	**$45,800**
Por cada persona adicional agregue $5,800					

¿Qué Cuenta Como Ingresos? Ingresos totales de todas las personas en su hogar, es el dinero derivado de cualquier fuente, incluyendo pero no limitado a: sueldos, intereses, dividendos, apoyo económico para cónyuge y niños, asistencia pública, Seguro Social y pensiones, ingresos de negocio propio, ingresos de renta, y toda clase de ingresos no monetarios relacionados con el empleo.

Usted también podría calificar para Asistencia De Energía Del Hogar Para Consumidores De Bajos Ingresos (LIHEAP): 1-866-675-6623, y el programa de Asistencia Directa (DAP): 1-800-331-7593.

Spanish: 1-800-342-4545 **English: 1-800-427-2200**

Southern California Gas Company Form 6674-A (05/05)

Fecha:

Número de Cuenta:

Marque éste cuadro, si usted no califica para el Programa CARE.

Recertificación para el programa de Tarifas Alternativas para Energía en California (CARE)

☞ ❶ **Favor de marcar el cuadro que corresponde al 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+), indique el número total:_____

Adultos:_____ **Niños:**_____

☞ ❷ **Favor de marcar el cuadro que corresponde al total de ingresos anuales de su hogar:**

a. $0 a $24,200
b. $24,201 a $28,400
c. $28,401 a $34,200
d. $34,201 a $40,000
e. $40,001 a $45,800
f. Más de $45,800, indique los ingresos totales: **$**_____

☞ ❸ **Favor de marcar todas las fuentes de sus ingresos:**

Sueldos
Intereses o Dividendos de:
- Ahorros,
- Bonos o Acciones
- Cuentas de jubilación

Beneficios de desempleo
Ingresos de renta o realeza
Pensión y Retiro
Becas, Apoyos económicos escolares, u otra ayuda para gastos de vivienda
Ingresos por incapacidad
Compensación al trabajador
TANF (AFDC)
Seguro Social, SSI, SSP
Estampillas de comida
Apoyo económico para niños
Apoyo económico del cónyuge
Pólizas de seguros
Acuerdos legales
Donativos en efectivo
Otros ingresos
Ingresos de negocio propio (IRS Forma 1040, Apéndice C, línea 29)

☞ ❹ **¿Hay alguna otra persona que lo reclama como dependiente en el formulario de impuestos (que no sea su esposo(a))**? Sí No

DECLARACIÓN Y AFIRMACIÓN DE AUTOCERTIFICACIÓN: Yo declaro que la información provista en esta solicitud es verdadera y correcta. Estoy de acuerdo con proveer comprobantes de mis ingresos si me lo piden. Si en algún momento no califico para recibir el descuento, notificaré a *The Gas Company*. Si ya no califico pero sigo recibiendo el descuento, tal vez tendré que pagar la cantidad del descuento que recibí. Entiendo que *The Gas Company* puede compartir mi información con otras compañías de servicios públicos o sus representantes, para registrarme en sus programas de asistencia.

Firma del Cliente:_____ ✍ **Fecha:**_____

☎ **Teléfono: (____)**_____ ¿Llenó del número ❶ al ❹?

日期：

帳號：

如何重新證明您符合參加加州能源低費率 (CARE) 計劃的資格：

您的主要居住處目前享有 20%的瓦斯(煤氣)費折扣。您必須再證明您符合繼續享有瓦斯(煤氣)費折扣的資格，請填妥申請表格，並寄回瓦斯公司(The Gas Company®)，以完成再證明手續。三十天內，若The Gas Company核准經您填寫簽名的申請表，您即可繼續享有折扣。

驗證：本公司稍後可能要求您提出合格參加本計劃的證明。如經要求，您必須提供所有居住人的經濟來源證明文件，若您不回覆或經查核後認定您不合格，您可能會收到更正的帳單。

申請條件（須完全符合）:

- 瓦斯帳單上必須是您的名字。
- 您不能是其他人報稅單上的被撫養人（除了您的配偶外）。
- 您的家庭年總收入(年收入包含所有居住府上者的收入和補助)-在抵稅前-不能超過下面表格所列的金額。
- 每隔兩年，須重新申請此計劃。
- 如被要求，須提出證明文件。
- 如您的資格有更改，您必須在 30 天內通知瓦斯公司。

居住人數:	1	2	3	4	5	6
全家人所有來源的年總收入不能超過	**$24,200**	**$24,200**	**$28,400**	**$34,200**	**$40,000**	**$45,800**
每增加一人加 $5,800						

什麼是應計算在內的家庭總收入？

家庭總收入是指所有住在府上的人的所有經濟來源，包括但不限於：工資、薪水、利息、紅利、配偶和子女贍養費、政府補助金、社會安全金和退休金、租金收入、自僱收入和所有與工作有關的非現金收入。

您也許有資格申請下列補助計劃:

LIHEAP - 低收入家庭能源補助計劃。提供付費協助、緊急付費協助和節約能源服務。請致電加州社區服務部 1-866-675-6623。
DAP - The Gas Company的直接協助計劃免費提供節約能源服務，請致電 1-800-331-7593。

如欲索取進一步資料，或需協助填表，請致電瓦斯公司:

英語： 1-800-427 -2200 **國語 : 1-800-427 -1429** **西語： 1-800-342-4545**
韓語： 1-800-427 -047 1 **粵話 : 1-800-427 -1420** **越語： 1-800-427 -047 8**

日期:

帳號:

若您已不再符合加州能源低費率**(CARE)**計劃資格，請勾選本欄。

加州能源低費率**(CARE)**計劃復審申請表 **(Recertification)**

❶ **請標示您府上的居住人口總數:**

一 (1)　二 (2)　三 (3)　四 (4)　五 (5)

六 (6)　超過六人 (6+),總人數:_____

成人:_____　小孩:_____

❷ **請標示府上所有人的年收入及經濟來源總額:**

a. $0 至 $24,200
b. $24,201 至 $28,400
c. $28,401 至 $34,200
d. $34,201 至 $40,000
e. $40,001 至 $45,800
f. 超過 $45,800, 總收入**$**_____

❸ **請從下列項目中註明您的經濟來源:**

薪資和佣金
利息或以下紅利收入:
儲蓄帳戶
股票或債券
退休帳戶
失業福利金
租金或權利金收入
助學金，獎學金或其他生活補助金
自由業收入(IRS Form 1040, Schedule C, line 29)
殘障福利金
勞工賠償
社會安全福利金/SSI/SSP
退休金
保險賠償
法律賠償
TANF
（以前的 AFDC）
食物券
小孩贍養費
現金餽贈和/或
其他收入
配偶贍養費

❹ **請問您是否是其他報稅人稅單上的被撫養人(配偶不算)?**　是　否

聲明和個人證明：我願意證明上述申請資料正確屬實，若需要我也同意提供經濟來源証明，我同意若我不再符合條件時，即通知 The Gas Company，我瞭解若不合格接受折扣，我可能須退還我之前所接受的折扣，我了解 The Gas Company 可將有關我的資料提供給其他的公用事業公司和他們的業務代表以協助我加入他們的協助計劃。

簽名:_____　**日期:**_____

電話號碼:(_____)_____　**您是否填寫了❶ 至 ❹項?**

날짜:

고객관리번호:

가주 에너지 교체 요금 (CARE) 프로그램을 위한 재증명 방법: 귀하께서는 현재 주 거처에서 개스 요금의 20%를 할인 받고 계십니다. 이 할인을 계속 받으시려면 귀하의 자격을 재증명해야 합니다. 재증명하시려면 동봉된 신청서를 작성하여 제공된 봉투에 넣어 보내주시기 바랍니다. 30일 이내에 귀하가 작성하고 서명한 신청서를 The Gas Company®에서 승인할 경우 할인이 계속 됩니다.

자격 확인: 나중에 귀댁이 CARE의 자격을 갖추고 있는 지에 대한 확인을 요구 받을 지도 모릅니다. 그렇게 되면, 귀하는 귀댁의 세대원 전체의 소득 증빙 자료를 제출하여야 합니다. 귀하가 확인 요구에 응하지 않거나 자격이 없는 것으로 판명되면 수정된 고지서를 받을 가능성이 있습니다.

자격 요건 (모두 해당되어야 함):

- 개스 요금 고지서가 귀하의 명의로 되어 있어야 합니다.
- 배우자를 제외한 세대원 중 누구도 소득세 신고서에 귀하를 피부양자로 기재할 수 없어야 합니다.
- **귀댁의 연간 가구 소득 (모든 세대원이 얻는 소득 또는 지원금)의 세금 공제 전 총액이 아래에 나오는 소득 수준 미만이어야 합니다.**
- 2년마다 CARE 신청서를 새로 작성하셔야 합니다.
- CARE 자격 사항에 대한 확인 요구를 받으면, 그에 응하셔야 합니다.
- 자격 변동 사항이 있으면 그로부터 30일 이내에 The Gas Company에 통지하여야 합니다.

세대원의 수:	**1 혹은 2**	**3**	**4**	**5**	**6**
연간 가구 소득 한도액:	**$24,200**	**$28,400**	**$34,200**	**$40,000**	**$45,800**
세대원이 6명 초과시는 1인당 $5,800씩 추가					

수입으로 간주되는 것은? 가구 소득 총액은 세대원 전부가 각종 소득원으로부터 얻는 모든 수입으로서 다음을 모두 포함하지만 이것들에만 국한되지는 않습니다: 노임, 봉급, 이자, 배당금, 배우자 및 자녀 부양비, 공공 보조금, 사회 보장금 및 연금, 임대 소득, 자영 소득, 직업 관련 모든 비현금 소득 등.

이용 가능한 다른 프로그램과 서비스:

LIHEAP – 저소득 가정 에너지 보조 프로그램: 요금 지불 보조, 긴급 요금 보조 및 내후 처리 서비스를 제공합니다. 1-866-675-6623 번의 가주지역사회봉사부로 연락하십시오.

DAP – The Gas Company의 직접 보조 프로그램은 무료로 내후 처리 서비스를 제공합니다. 1-800-331-7593 번으로 연락하십시오.

영어: 1-800-427-2200 **북경어: 1-800-427-1429** **스페인어: 1-800-342-4545**

한국어: 1-800-427-0471 **광동어: 1-800-427-1420** **베트남어: 1-800-427-0478**

날짜:

Recertification

고객관리번호:

CARE 수혜 자격이 더 이상 없을 경우 이 상자에 체크하십시오.

가주 에너지 교체 요금 (CARE) 신청서

☞ ❶ **귀댁의 세대원 수 전체를 표시하십시오.**

☐ 1명 ☐ 2명 ☐ 3명 ☐ 4명 ☐ 5명

☐ 6명 ☐ 6명 초과시 세대원 수: _____

성인: _____ **어린이:** _____

☞ ❷ **귀댁의 전체 세대원이 모든 소득원으로부터 얻는 연간 가구 소득 총액을 표시하십시오.**

☐ a. $0 ~ $24,200

☐ b. $24,201 ~ $28,400

☐ c. $28,401 ~ $34,200

☐ d. $34,201 ~ $40,000

☐ e. $40,001 ~ $45,800

☐ f. $45,800 초과시, 소득 총액 $_____

☞ ❸ **귀댁의 모든 소득원을 표시하십시오.**

☐ 노임 또는 봉급

이자 또는 배당금 (아래 출처)

☐ 예금 계좌

☐ 주식 또는 채권

☐ 은퇴 계좌

☐ 실업 수당

☐ 임대 또는 로열티 소득

☐ 장학금, 보조금, 또는 기타 생활비 지원금

☐ 자영업 수익 (IRS 양식 1040, 스케줄 C, 29번째 줄)

☐ 장애자 지원

☐ 산재 보상금

☐ 사회보장금, SSI, SSP

☐ 연금

☐ 보험 합의금

☐ 법적 합의금

☐ TANF (AFDC)

☐ 식품 구매권

☐ 자녀 부양비

☐ 현금이나 기타 소득

☐ 배우자 부양비

☞ ❹ **소득세 신고서에 귀하를 피부양자로 기재할 수 있는 사람이 있습니까? (배우자 제외)** ☐ 예 ☐ 아니오

신상 증명에 대한 서약: 본인은 이 신청서에 기재한 모든 내용이 진실이며 사실과 다르지 않음을 서약합니다. 본인은 요청이 있을 경우 소득 증빙자료를 제출할 것에 동의합니다. 본인이 할인 받을 자격을 더 이상 갖지 않게 되면, The Gas Company에 통보할 것에 동의합니다. 본인은 자격이 없는 상태에서 받은 할인 혜택이 있을 경우, 추후에 그 할인 금액의 반환을 요구 받을 수 있음을 인정합니다. The Gas Company에서 다른 공공 사업체나 대행업체에게 그들의 지원 프로그램에 본인을 등록시키기 위해 본인의 정보를 공유할 수 있음을 인정합니다.

서명: _____ ✍ 날짜: _____

☎ 전화번호: (____)_____ ❶ 번에서 ❹ 번까지 모두 작성하셨습니까?

Ngày:

Số trương mục:

Làm Thế Nào Để Tái Xác Nhận Tình Trạng Hợp Lệ Để Tiếp Tục Hưởng Chương Trình Giảm Giá Năng Lượng Của California (CARE): Quý vị hiện đang được giảm 20% trên hóa đơn Gas tại nơi cư ngụ chính của quý vị. Quý vị phải tái xác nhận tình trạng hợp lệ của mình để tiếp tục nhận giá giảm này. Để tái xác nhận, xin điền vào mẫu đơn và gởi lại cho The Gas Company® trong phong bì kèm theo đây. Giá giảm sẽ tiếp tục được áp dụng nếu đơn xin đã được điền đầy đủ với chữ ký của quý vị được The Gas Company chấp thuận trong vòng 30 ngày.

Chứng Thực: Về sau này, quý vị có thể được yêu cầu chứng thực tình trạng hợp lệ của quý vị để hưởng chương trình CARE. Nếu được yêu cầu, quý vị phải cung cấp các chứng từ lợi tức của tất cả mọi người sống trong nhà quý vị. Nếu quý vị không cung cấp đầy đủ, hoặc chúng tôi xét thấy quý vị không hội đủ điều kiện, chúng tôi sẽ gửi đến quý vị hóa đơn điều chỉnh lại số tiền đã giảm.

Các Điều Kiện Đòi Hỏi (Phải hội đủ tất cả các điều kiện sau):

- Hóa đơn gas do quý vị đứng tên.
- Không ai được khai quý vị là người phụ thuộc trong mẫu khai thuế lợi tức của người ấy (trừ người hôn phối của quý vị).
- Lợi tức hàng năm của cả nhà quý vị (tức tổng số lợi tức hoặc trợ cấp mà tất cả những người sống trong nhà quý vị nhận được) - trước mọi khấu trừ - không quá mức quy định liệt kê ở phần dưới.
- Quý vị làm đơn lại để xin gia hạn chương trình CARE mỗi hai năm một lần.
- Quý vị chứng thực tình trạng hợp lệ của mình nếu được yêu cầu.
- Quý vị phải thông báo cho The Gas Company trong vòng 30 ngày về những thay đổi có ảnh hưởng đến tình trạng hợp lệ của quý vị.

Số người trong nhà:	1	2	3	4	5	6
Tổng số lợi tức hàng năm của cả nhà quý vị không vượt quá:	$24,200	$24,200	$28,400	$34,200	$40,000	$45,800

Mỗi người phụ trội trong nhà, cộng thêm $5,800

Những Gì Được Coi Là Lợi Tức?

Tổng số lợi tức của cả nhà là tổng cộng các thu nhập của tất cả mọi người trong nhà quý vị, bất cứ từ những nguồn thu nhập nào, bao gồm, nhưng không hạn chế, những thứ như: tiền lương, bổng lộc, tiền lãi, tiền lời cổ phần, tiền cấp dưỡng nuôi con hay người hôn phối, tiền trợ cấp xã hội, tiền hưu trí và An Sinh Xã Hội, tiền cho thuê nhà, lợi tức từ việc làm tự do, và tất cả các lợi tức không dưới hình thức hiện kim, liên quan đến việc làm.

Các chương trình và dịch vụ mà quý vị có thể hội đủ điều kiện hưởng:

LIHEAP – Chương Trình Trợ Giúp Năng Lượng Cho Gia Đình Có Lợi Tức Thấp: Giúp trả cho các hóa đơn, giúp trả cho những hóa đơn trong trường hợp khẩn cấp và các dịch vụ chống sự tàn phá của thời tiết. Gọi cho Ban Dịch Vụ Cộng Đồng California tại số 1-866-675-6623.

DAP - Chương Trình Trợ Giúp Trực Tiếp của The Gas Company cung cấp các dịch vụ miễn phí chống sự tàn phá của thời tiết. Gọi số 1-800-331-7593.

Muốn giao dịch bằng những ngôn ngữ khác, xin gọi THE GAS COMPANY tại các số điện thoại dưới đây:

Tiếng Anh: 1-800-427-2200 Tiếng Quan Thoại: 1-800-427-1429 Tiếng Tây Ban Nha: 1-800-342-4545
Tiếng Đại Hàn: 1-800-427-0471 Tiếng Quảng Đông: 1-800-427-1420 Tiếng Việt Nam: 1-800-427-0478

Ngày:

Recertification

Số Trương Mục:

Xin đánh dấu vào ô này nếu quý vị không hội đủ điều kiện tham gia chương trình CARE nữa.

Đơn Tái Xác Nhận Tình Trạng Hợp Lệ Cho Chương Trình Giảm Giá Năng Lượng Của California (CARE)

❶ Đánh dấu vào ô thích hợp với số người trong nhà của quý vị:

❒ Một (1) ❒ Hai (2) ❒ Ba (3) ❒ Bốn (4) ❒ Năm (5)
❒ Sáu (6) ❒ Nhiều hơn sáu người (6+), số người: _____

Người lớn:_____ Trẻ em:_____ Tổng cộng: _____

❷ Đánh dấu vào ô thích hợp với tổng số lợi tức hàng năm của tất cả những người sống trong nhà của quý vị, từ mọi nguồn thu nhập:

a. ❒ $0 tới $24,200
b. ❒ $24,201 tới $28,400
c. ❒ $28,401 tới $34,200
d. ❒ $34,201 tới $40,000
e. ❒ $40,001 tới $45,800
f. ❒ Nhiều hơn $45,800, Tổng số lợi tức:$_____

❸ Đánh dấu vào ô thích hợp với tất cả các nguồn lợi tức của mọi người trong nhà quý vị:

❒ Lương hay bổng lộc
Tiền lãi hay tiền lời cổ phần từ
❒ Trương mục tiết kiệm
❒ Chứng khoán hoặc trái phiếu
❒ Trương mục hưu trí
❒ Trợ cấp thất nghiệp
❒ Tiền cho thuê nhà hay tiền bản quyền
❒ Học bổng, phụ cấp, hay các trợ cấp khác dùng cho đời sống
❒ Lợi tức từ việc làm tự do (Mẫu thuế 1040, Bảng Kê C, dòng 29)
❒ Tiền tàn tật
❒ Tiền tai nạn lao động
❒ Tiền An Sinh Xã Hội, SSI, SSP
❒ Tiền hưu trí
❒ Tiền bảo hiểm trả
❒ Tiền do vụ kiện trả
❒ Tiền trợ cấp xã hội (TANF, AFDC)
❒ Phiếu thực phẩm
❒ Tiền cấp dưỡng con cái
❒ Tiền mặt và/hoặc
Các lợi tức khác
❒ Tiền cấp dưỡng do người hôn phối

❹ Có người nào (trừ người hôn phối của quý vị) khai quý vị là người phụ thuộc trên mẫu khai thuế của họ không? ❒ Có ❒ Không

Lời khai và tự xác nhận: Tôi xác nhận rằng những điều tôi khai trong đơn này là đúng sự thật và chính xác. Tôi đồng ý cung cấp tất cả các tài liệu về thu nhập nếu được yêu cầu. Tôi đồng ý sẽ thông báo cho The Gas Company khi tôi không còn hợp lệ để được hưởng sự giảm giá. Tôi hiểu rằng nếu tôi nhận bất cứ sự giảm giá nào mà không hội đủ điều kiện, tôi có thể sẽ bị yêu cầu trả lại số tiền đã nhận. Tôi cũng hiểu rằng The Gas Company có thể sẽ chia xẻ những tin tức của tôi với các cơ quan cung cấp tiện ích khác hoặc các đại diện của họ để được ghi danh vào những chương trình hỗ trợ của họ.

Chữ ký: _____ **Ngày:**_____

Số điện thoại: (____)_____ Quý vị đã điền đầy đủ từ câu ❶ đến hết câu ❹ chưa?

SAMPLE FORMS: APPLICATIONS Sheet 1

Post-Enrollment Verification CARE Application

Individually Metered Residential Form No. 6675-A (05/05) T

(See Attached Form)

Date:

Account Number:

Income Documents Required

Dear Customer:

You are currently receiving a 20% discount on your monthly gas bill at your primary residence. You may have also received a 60% discount on your Service Establishment Charge. To keep your CARE 20% discount, please complete the enclosed application form and send in proof of income for all persons living in your household to verify your eligibility within 90 days. If you do not reply or are found not eligible, you may receive corrected billings.

Income Eligibility Requirements:

Your total yearly household income (the income or aid received by all persons living in your home) -- before deductions -- is no more than the income level shown below.

Number of Persons in Household:	**1 or 2**	**3**	**4**	**5**	**6**
Total Yearly Household Income No More Than:	**$24,200**	**$28,400**	**$34,200**	**$40,000**	**$45,800**
For each additional person in your household add $5,800					

What Counts as Income?

Total household income is all revenues, from all household members, from whatever sources derived, including but not limited to: wages, salaries, interest, dividends, spousal and child support payments; public assistance payments, Social Security and pensions, rental income, income from self-employment, and all employment-related non-cash income.

How to Prove Eligibility:

Submit <u>one or more</u> of the following income documents for all persons in your household receiving income or aid:

- Copy of the most recent month's payroll or check stubs.
- Copy of last year's Federal Income Tax Forms plus schedules (e.g., Schedule C or E).
- Copy of all of last year's Income Documents (e.g., W-2, 1099-M, 1099-R, 1099-INT).
- Copy of current Statement of Benefits (e.g., TANF, SSI, SSP, etc.).
- Copy of other evidence of income.

For information on CARE, call The Gas Company at:

English: 1-800-427-2200 Mandarin: 1-800-427-1429 Spanish: 1-800-342-4545
Korean: 1-800-427-0471 Cantonese: 1-800-427-1420 Vietnamese: 1-800-427-0478

Southern California Gas Company Form 6675-A (05/05)

Date:

Account Number:

Check this box if you no longer qualify for CARE.

California Alternate Rates for Energy (CARE) Verification

☞ ❶ **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:**_____

☞ ❷ **Check the total yearly household income for all persons in your household from all sources:**

a.	$0 to $24,200	d.	$34,201 to $40,000
b.	$24,201 to $28,400	e.	$40,001 to $45,800
c.	$28,401 to $34,200	f.	More than $45,800:
			Total Income**$**_____

☞ ❸ **Check all sources of income for your household and PROVIDE DOCUMENTS showing proof of income:**

Wages or Salaries	Disability Payments	TANF (AFDC)
Interest or Dividends from:	Workers Compensation	Food Stamps
Savings Accounts,	Social Security, SSI, SSP	Child Support
Stocks or Bonds, or	Pensions	Cash and/or
Retirement Accounts	Insurance Settlements	Other Income
Unemployment Benefits	Legal Settlements	Spousal
Rental or Royalty Income		Support

Scholarships, Grants, or Other Aid Used for Living Expenses
Profit from Self-Employment (IRS Form 1040, Schedule C, line 29)

☞ ❹ **Can anyone else claim you on his/her Income Tax (other than your spouse)?** Yes No

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 The Gas Company 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 The Gas Company can share my information with other utilities or their agents to enroll me in their assistance programs.

Signature:_____ ✍ Date:_____

☎ Phone No.:(____)_____ Did you complete ❶ through ❹?

Fecha:

Comprobantes de ingresos

Número de Cuenta: **son requeridos**

Estimado cliente:

Usted está recibiendo la tarifa de 20% de descuento en su cobro de gas en su domicilio principal. Tal vez también haya recibido un 60% de descuento en el cobro del Servicio de Instalación. Para verificar su elegibilidad para el programa CARE, por favor complete la forma incluida y regrésela j unto con comprobantes de ingresos de todas las personas en su hogar que reciben ingresos o ayuda. Su descuento(s) continuará(n) si su solicitud completa y firmada es aprobada por *The Gas Company* dentro de 90 días. Si usted no responde o se le encuentra no elegible, podría recibir cobros corregidos.

Requisitos de Elegibilidad:

El total de sus ingresos anuales (los ingresos o ayuda recibidos de todas las personas que viven en su hogar) – antes de deducciones – no es más de los ingresos mostrados en la tabla de abaj o.

Número de Personas en su hogar:	**1 o 2**	**3**	**4**	**5**	**6**
Suma Total Anual de Ingresos en su hogar no puede ser más de:	**$24,200**	**$28,400**	**$34,200**	**$40,000**	**$45,800**
Por cada persona adicional agregue $5,800					

¿Qué Cuenta Como Ingresos?

Ingresos totales de todas las personas en su hogar, es el dinero derivado de cualquier fuente, incluyendo pero no limitado a: sueldos, intereses, dividendos, apoyo económico para cónyuge y niños, asistencia pública, Seguro Social y pensiones, ingresos de negocio propio, ingresos de renta, y toda clase de ingresos no monetarios relacionados con el empleo.

Cómo Comprobar Su Elegibilidad:

Favor de enviar uno o más de los siguientes documentos comprobando los ingresos de todas las personas en su hogar que reciben ingresos o ayuda:

- Copia de talón de cheque del mes más reciente.
- Copia de impuestos federales del último año con apéndices (como: Schedule C o E).
- Copia de documentos de todas las formas de impuestos del año pasado (como: W-2, 1099-M, 1099-R, 1099-INT).
- Copia de comprobantes recientes de beneficios (como: TANF, SSI, SSP, etc.).
- Copia de cualquier otra forma de ingresos.

Inglés: 1-800-427 -2200 **Mandarín: 1-800-427 -1429** **Español: 1-800-342-4545**
Coreano 1-800-427 -047 1 **Cantonés: 1800-427 -1420** **Vietnamita: 1-800-427 -047 8**

Fecha:

Número de Cuenta:

Marque éste cuadro, si usted no califica para el Programa CARE.

Verificación para el programa de Tarifas Alternativas para Energía en California (CARE)

☞ ❶ **Favor de marcar el cuadro que corresponde al 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+), indique el número total:_____

Adultos:_____ Niños:_____

☞ ❷ **Favor de marcar el cuadro que corresponde al total de ingresos anuales de su hogar:**

a. $0 a $24,200
b. $24,201 a $28,400
c. $28,401 a $34,200
d. $34,201 a $40,000
e. $40,001 a $45,800
f. Más de $45,800, indique los ingresos totales: **$**_____

☞ ❸ **Favor de marcar todas las fuentes de sus ingresos y MANDE COMPROBANTES:**

Sueldos
Intereses o Dividendos de:
Ahorros,
Bonos o Acciones
Cuentas de j ubilación
Beneficios de desempleo
Ingresos de renta o realeza
Pensión y Retiro
Becas, Apoyos económicos escolares, u otra ayuda para gastos de vivienda
Ingresos por incapacidad
Compensación al trabaj ador
TANF (AFDC)
Seguro Social, SSI, SSP
Estampillas de comida
Apoyo económico para niños
Apoyo económico del cónyuge
Pólizas de seguros
Acuerdos legales
Donativos en efectivo
Otros ingresos
Ingresos de negocio propio (IRS Forma 1040, Apéndice C, línea 29)

☞ ❹ **¿Hay alguna otra persona que lo reclama como dependiente en el formulario de impuestos (que no sea su esposo(a))?** Sí No

DECL ARACIÓN Y AFIRMACIÓNDE AUTOCERTIFICACIÓN: Yo declaro que la información provista en esta solicitud es verdadera y correcta. Estoy de acuerdo con proveer comprobantes de mis ingresos si me lo piden. Si en algún momento no califico para recibir el descuento, notificaré a *The Gas Company*. Si ya no califico pero sigo recibiendo el descuento, tal vez tendré que pagar la cantidad del descuento que recibí. Entiendo que *The Gas Company* puede compartir mi información con otras compañías de servicios públicos o sus representantes, para registrarme en sus programas de asistencia.

Firma del Cliente:_____ ✍ **Fecha:**_____

☎ **Teléfono: (____)**_____ ¿Llenó del número ❶ al ❹?

日期：

帳號：

親愛的瓦斯用戶:

您的主要居住處目前享有 20% 的瓦斯(煤氣)費折扣。 您或許也享受了 60% 的開戶手續費折扣。爲確認您合格參加CARE計劃的資格，請填妥申請表格，連同家中所有成員的收入和經費補助証明，寄回瓦斯公司(The Gas Company®)。在九十天內，若The Gas Company核准經您填寫簽名的申請表，您即可繼續享有折扣。若您未回覆或經查不符合參加資格，您可能會收到更正的帳單。

家庭年總收入條件:

您的家庭年總收入(年收入包含所有居住府上者的收入和補助)-在抵稅前-不能超過下面表格所列的金額。

居住人數:	**1**	**2**	**3**	**4**	**5**	**6**
全家人所有來源的年總收入不能超過	**$24,200**	**$24,200**	**$28,400**	**$34,200**	**$40,000**	**$45,800**
每增加一人加 $5,800						

什麼是應計算在內的家庭總收入？

家庭總收入是指所有住在府上的人的所有經濟來源，包括但不限於：工資、薪水、利息、紅利、配偶和子女贍養費、政府補助金、社會安全金和退休金、租金收入、自僱收入和所有與工作有關的非現金收入。

怎麼證明您符合家庭收入條件: 呈交下列一項或多項有關所有家庭成員的收入或經濟補助証明

- 最近一個月的薪資支票存根
- 去年聯邦所得稅申報表格以及附表（如表格 C 或 E）
- 去年所有收入證明（如 W-2，1099-M、1099-R、1099-INT）
- 目前接受福利的證明文件（如 TANF、SSI、SSP 等）
- 其他收入證明文件

如欲索取進一步資料，或需協助填表，請致電瓦斯公司:

英語： 1-800-427-2200　國語 : 1-800-427-1429　西語： 1-800-342-4545
韓語： 1-800-427-0471　粵話 : 1-800-427-1420　越語： 1-800-427-0478

日期:

帳號:

若您已不再符合加州能源低費率 **(CARE)** 計劃資格，請勾選本欄。

加州能源低費率 (CARE) 計劃資格確認表 (Verification)

❶ **請標示您府上的居住人口總數:**

一 (1)　二 (2)　三 (3)　四 (4)　五 (5)

六 (6)　超過六人 (6+), 總人數:_____

成人:_____　小孩:_____

❷ **請標示府上所有人的年收入及經濟來源總額:**

a. $0 至 $24,200
b. $24,201 至 $28,400
c. $28,401 至 $34,200
d. $34,201 至 $40,000
e. $40,001 至 $45,800
f. 超過 $45,800, 總收入 **$**_____

❸ **請從下列項目中註明您的經濟來源，並提供證明文件:**

薪資和佣金
利息或以下紅利收入:
儲蓄帳戶
股票或債券
退休帳戶
失業福利金
租金或權利金收入
助學金，獎學金或其他生活補助金
自由業收入(IRS Form 1040, Schedule C, line 29)
殘障福利金
勞工賠償
社會安全福利金/SSI/SSP
退休金
保險賠償
法律賠償
TANF
（以前的 AFDC）
食物券
小孩贍養費
現金餽贈和/或
其他收入
配偶贍養費

❹ **請問您是否是其他報稅人稅單上的被撫養人(配偶不算)?**　是　否

聲明和個人證明：我願意證明上述申請資料正確屬實，若需要我也同意提供經濟來源証明，我同意若我不再符合條件時，即通知 The Gas Company，我瞭解若不合格接受折扣，我可能須退還我之前所接受的折扣，我了解 The Gas Company 可將有關我的資料提供給其他的公用事業公司和他們的業務代表以協助我加入他們的協助計劃。

簽名:_____　**日期:**_____

電話號碼:(_____)_____　**您是否填寫了❶ 至 ❹項?**

날짜:

구좌 번호:

친애하는 고객 귀하,

귀하께서는 현재 주 거처에서 매월 가스 요금의 20%를 할인 받고 계십니다. 가스 가설료의 60%를 할인 받으셨을 수도 있습니다. CARE 20% 할인을 계속 받으시려면, 90 일 이내에 동봉한 신청서를 작성하시고 귀하의 자격을 확인할 수 있도록 귀 가구 내에 사는 모든 사람에 대한 소득 입증 자료를 제출하시기 바랍니다. 회답을 하지 않으시거나 자격이 없는 것으로 판단되면, 수정된 청구서를 받으실 수 있습니다.

소득 자격 요건:

귀 가구의 공제전 연간 총 소득(귀 가정에 거주하는 모든 사람이 받는 소득이나 보조금)이 아래에 제시된 소득 수준 이하이어야 합니다.

가구의 식구 수:	1 또는 2	3	4	5	6
연간 총 가구 소득이 다음 금액 이하:	**$24,200**	**$28,400**	**$34,200**	**$40,000**	**$45,800**
추가되는 식구 1 인당 $5,800 씩 추가하십시오					

무엇이 소득으로 간주되는가? 총 가구 소득은 다음 사항을 비롯하여 어디에서 비롯되었든 상관 없이 모든 식구의 모든 수입을 의미합니다: 임금, 봉급, 이자, 배당금, 배우자 및 자녀 부양비, 공공 보조금, 사회 보장금 및 연금, 임대 소득, 자영 소득, 직업 관련 모든 비현금 소득 등.

자격 입증 방법: 소득이나 보조금을 받는 귀 가구 내의 모든 사람들에 대해 다음 소득 서류를 하나 이상 제출하십시오.

- 최근의 월급 또는 급여 수표 전표 사본.
- 작년도 연방소득세신고서 및 스케줄 (예: 스케줄 C 또는 E)의 사본.
- 작년도의 모든 소득 서류(예: W-2, 1099-M, 1099-R, 1099-INT) 사본.
- 현재 혜택(예: TANF, SSI, SSP, 등) 내역서 사본
- 기타 소득 입증자료 사본.

영어: **1-800-427-2200**	북경어: **1-800-427-1429**	스페인어: **1-800-342-4545**
한국어: **1-800-427-0471**	광동어: **1-800-427-1420**	월남어: **1-800-427-0478**

날짜:

Verification

고객관리번호:

CARE 수혜 자격이 더 이상 없을 경우 이 상자에 체크하십시오.

가주 에너지 교체 요금 (CARE) 증명

☞ ❶ **귀댁의 세대원 수 전체를 표시하십시오.**

☐ 1명 ☐ 2명 ☐ 3명 ☐ 4명 ☐ 5명

☐ 6명 ☐ 6명 초과시 세대원 수: _____

성인: _____ **어린이:** _____

☞ ❷ **귀댁의 전체 세대원이 모든 소득원으로부터 얻는 연간 가구 소득 총액을 표시하십시오.**

☐ a. $0 ~ $24,200

☐ b. $24,201 ~ $28,400

☐ c. $28,401 ~ $34,200

☐ d. $34,201 ~ $40,000

☐ e. $40,001 ~ $45,800

☐ f. $45,800 초과시, 소득 총액 $_____

☞ ❸ **귀댁의 모든 소득원을 표시하고 소득의 증거를 보여주는 서류를 제출하십시오.**

☐ 노임 또는 봉급

이자 또는 배당금 (아래 출처)

☐ 예금 계좌

☐ 주식 또는 채권

☐ 은퇴 계좌

☐ 실업 수당

☐ 임대 또는 로열티 소득

☐ 장학금, 보조금, 또는 기타 생활비 지원금

☐ 자영업 수익 (IRS 양식 1040, 스케줄 C, 29번째 줄)

☐ 장애자 지원

☐ 산재 보상금

☐ 사회보장금, SSI, SSP

☐ 연금

☐ 보험 합의금

☐ 법적 합의금

☐ TANF (AFDC)

☐ 식품 구매권

☐ 자녀 부양비

☐ 현금이나 기타 소득

☐ 배우자 부양비

☞ ❹ **소득세 신고서에 귀하를 피부양자로 기재할 수 있는 사람이 있습니까? (배우자 제외)** ☐ 예 ☐ 아니오

신상 증명에 대한 서약: 본인은 이 신청서에 기재한 모든 내용이 진실이며 사실과 다르지 않음을 서약합니다. 본인은 요청이 있을 경우 소득 증빙자료를 제출할 것에 동의합니다. 본인이 할인 받을 자격을 더 이상 갖지 않게 되면, The Gas Company에 통보할 것에 동의합니다. 본인은 자격이 없는 상태에서 받은 할인 혜택이 있을 경우, 추후에 그 할인 금액의 반환을 요구 받을 수 있음을 인정합니다. The Gas Company에서 다른 공공 사업체나 대행업체에게 그들의 지원 프로그램에 본인을 등록시키기 위해 본인의 정보를 공유할 수 있음을 인정합니다.

서명: _____ ✍ 날짜: _____

☎ 전화번호: ( ) _____ ❶ 번에서 ❹ 번까지 모두 작성하셨습니까?

Ngày:

Số trương mục:

Thưa Quý Khách:

Quý vị hiện đang được giảm 20% trên hóa đơn gas tại nơi cư ngụ chính của quý vị. Quý vị cũng có thể đã được giảm 60% trên Lệ Phí Thiết Lập Dịch Vụ. Để tiếp tục được hưởng giảm giá 20% của chương trình CARE, xin quý vị điền vào mẫu đơn đính kèm và kèm theo chứng từ thu nhập của từng người trong gia đình đang có thu nhập để kiểm chứng sự hợp lệ của quý vị trong vòng 90 ngày. Nếu quý vị không trả lời hay không hội đủ điều kiện, quý vị có thể sẽ nhận hóa đơn được điều chỉnh lại.

Các Điều Kiện Đòi Hỏi Về Lợi Tức:

Lợi tức hàng năm của cả nhà quý vị (tức tổng số lợi tức hoặc trợ cấp mà tất cả những người sống trong nhà quý vị nhận được) - trước mọi khấu trừ - không quá mức quy định liệt kê ở phần dưới.

Số người trong nhà:	1 hay 2	3	4	5	6
Tổng số lợi tức hàng năm của cả nhà quý vị không vượt quá:	$24,200	$28,200	$34,200	$40,000	$45,800
Mỗi người phụ trội trong nhà, cộng thêm $5,800					

Những Gì Được Coi Là Lợi Tức? Tổng số lợi tức của cả nhà là tổng cộng các thu nhập của tất cả mọi người trong nhà quý vị, bất cứ từ những nguồn thu nhập nào, bao gồm, nhưng không hạn chế, những thứ tiền như: tiền lương, bổng lộc, tiền lời, tiền lời cổ phần, tiền cấp dưỡng nuôi con hay người hôn phối, tiền trợ cấp xã hội, tiền hưu trí và An Sinh Xã Hội, tiền cho thuê nhà, lợi tức từ việc làm tự do, và tất cả các lợi tức không dưới hình thức hiện kim, liên quan đến việc làm.

Những tài liệu cần cung cấp: Nộp Một hay Nhiều Tài Liệu Thu Nhập Sau Đây Của Mọi Người Trong Nhà Quý Vị Hiện Đang Có Thu Nhập Hay Trợ Cấp

- Bản sao chi phiếu lương hay cùi chi phiếu lương tháng gần nhất.
- Bản sao Mẫu Thuế Thu Nhập Liên Bang năm ngoái kèm theo bảng kê (schedules) -(như bảng kê C hay E).
- Bản sao mọi tài liệu thu nhập trong năm ngoái (như W-2, 1099-M, 1099-R, 1099-INT).
- Bản sao Bản Phúc Lợi hiện tại (như TANF, SSI, SSP, vân vân).
- Bản sao những chứng từ thu nhập khác.

Ngày:

Verification

Số Trương Mục:

Xin đánh dấu vào ô này nếu quý vị không hội đủ điều kiện tham gia chương trình CARE nữa.

Đơn Xin Kiểm Chứng Tình Trạng Hợp Lệ Để Hưởng Chương Trình Giảm Giá Năng Lượng Của California (CARE)

❶ Đánh dấu vào ô thích hợp với số người trong nhà của quý vị:

❒ Một (1) ❒ Hai (2) ❒ Ba (3) ❒ Bốn (4) ❒ Năm (5)
❒ Sáu (6) ❒ Nhiều hơn sáu người (6+), số người: _____

Người lớn:_____ Trẻ em:_____ Tổng cộng: _____

❷ Đánh dấu vào ô thích hợp với tổng số lợi tức hàng năm của tất cả những người sống trong nhà của quý vị, từ mọi nguồn thu nhập:

a. ❒ $0 tới $24,200
b. ❒ $24,201 tới $28,400
c. ❒ $28,401 tới $34,200
d. ❒ $34,201 tới $40,000
e. ❒ $40,001 tới $45,800
f. ❒ Nhiều hơn $45,800, Tổng số lợi tức:$_____

❸ Đánh dấu vào ô thích hợp với tất cả các nguồn lợi tức của mọi người trong nhà quý vị và Cung Cấp Các Tài Liệu chứng minh lợi tức:

❒ Lương hay bổng lộc
Tiền lãi hay tiền lời cổ phần từ
❒ Trương mục tiết kiệm
❒ Chứng khoán hoặc trái phiếu
❒ Trương mục hưu trí
❒ Trợ cấp thất nghiệp
❒ Tiền tàn tật
❒ Tiền tai nạn lao động
❒ Tiền An Sinh Xã Hội, SSI, SSP
❒ Tiền hưu trí
❒ Tiền bảo hiểm trả
❒ Tiền do vụ kiện trả
❒ Tiền trợ cấp xã hội (TANF, AFDC)
❒ Phiếu thực phẩm
❒ Tiền cấp dưỡng con cái
❒ Tiền mặt và/hoặc Các lợi tức khác
❒ Tiền cho thuê nhà hay tiền bản quyền
❒ Học bổng, phụ cấp, hay các trợ cấp khác dùng cho đời sống
❒ Lợi tức từ việc làm tự do (Mẫu thuế 1040, Bảng Kê C, dòng 29)
❒ Tiền cấp dưỡng do người hôn phối

❹ Có người nào (trừ người hôn phối của quý vị) khai quý vị là người phụ thuộc trên mẫu khai thuế của họ không? ❒ Có ❒ Không

Lời khai và tự xác nhận: Tôi xác nhận rằng những điều tôi khai trong đơn này là đúng sự thật và chính xác. Tôi đồng ý cung cấp tất cả các tài liệu về thu nhập nếu được yêu cầu. Tôi đồng ý sẽ thông báo cho The Gas Company khi tôi không còn hợp lệ để được hưởng sự giảm giá. Tôi hiểu rằng nếu tôi nhận bất cứ sự giảm giá nào mà không hội đủ điều kiện, tôi có thể sẽ bị yêu cầu trả lại số tiền đã nhận. Tôi cũng hiểu rằng The Gas Company có thể sẽ chia xẻ những tin tức của tôi với các cơ quan cung cấp tiện ích khác hoặc các đại diện của họ để được ghi danh vào những chương trình hỗ trợ của họ.

Chữ ký: _____ **Ngày:**_____

Số điện thoại: (____)_____ **Quý vị đã điền đầy đủ từ câu ❶ đến hết câu ❹ chưa?**

SAMPLE FORMS: APPLICATIONS Sheet 1

Self-Certification CARE Application

Submetered Residential Form No. 6677 (05/05) T

(See Attached Form)

Date: Class of Service:

Account Number: **Facility ID:**

Mobile Home Park Name:

How to Apply for the California Alternate Rates for Energy (CARE) program:

You may be eligible for a 20% discount on your gas bill at your primary residence. To apply, please complete the application form included and return it in the envelope provided. You will receive your discount once your completed, signed application is approved by The Gas Company. You as well as your landlord or manager will be notified if your application is approved or denied.

Important Information: You, as well as the owner or manager, will be notified if your application is approved or denied.

Verification: You may be asked at a later date to verify your household's eligibility for CARE. If requested, you must provide proof of income for all persons living in your household. If you do not reply or are found not eligible, you may receive corrected billings.

Eligibility Requirements (All Must Be Met):

- No one else can claim you as a dependent on his/her Income Tax (other than your spouse).
- Your total yearly household income (the income or aid received by all persons living in your home) -- before deductions -- is no more than the income level shown below.
- You renew your application for CARE annually.
- You verify your eligibility for CARE, if requested.
- You notify The Gas Company within 30 days of any changes in your eligibility.

Number of Persons in Household:	**1 or 2**	**3**	**4**	**5**	**6**
Total Yearly Household Income No More Than:	**$24,200**	**$28,400**	**$34,200**	**$40,000**	**$45,800**
For each additional person in your household add $5,800					

What Counts as Income? Total household income is all revenues, from all household members, from whatever sources derived, including but not limited to: wages, salaries, interest, dividends, spousal and child support payments; public assistance payments, Social Security and pensions, rental income, income from self-employment, and all employment-related non-cash income.

You May Also Qualify for:

LIHEAP- Low Income Home Energy Assistance Program provides bill payment assistance, emergency bill assistance and weatherization services. Call the California Department of Community Services at 1-866-675-6623.

DAP - The Gas Company's Direct Assistance Program provides weatherization services at no cost. Call 1-800-331-7593.

For information on CARE, call The Gas Company at:

English: 1-800-427-2200 Mandarin: 1-800-427-1429 Spanish: 1-800-342-4545
Korean: 1-800-427-0471 Cantonese: 1-800-427-1420 Vietnamese: 1-800-427-0478

Southern California Gas Company Form 6677 (05/05)

Date: Class of Service:

Account Number: **Facility ID:**

Mobile Home Park Name:

California Alternate Rates for Energy (CARE) Application

☞ ❶ 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:**_____

☞ ❷ Check the total yearly household income for all persons in your household from all sources:

a. $0 to $24,200
b. $24,201 to $28,400
c. $28,401 to $34,200
d. $34,201 to $40,000
e. $40,001 to $45,800
f. More than $45,800:
Total Income**$**_____

☞ ❸ Check all sources of income for your household:

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
Child Support
Cash and/or
Other Income
Spousal
Support
Scholarships, Grants, or Other Aid Used for Living Expenses
Profit from Self-Employment (IRS Form 1040, Schedule C, line 29)

☞ ❹ Can anyone else claim you as a dependent on his/her Income Tax (other than your spouse)? Yes No

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 The Gas Company 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 The Gas Company can share my information with other utilities or their agents to enroll me in their assistance programs.

Signature:_____ ✍ Date:_____

☎ Phone No.:(____)_____ Did you complete ❶ through ❹?

Fecha: Clase:

Número de Cuenta: **No. de Facilidad:**

Estacionamiento de Casas Móviles:

Cómo solicitar el Programa de Tarifas Alternativas para Energía en California (CARE): Usted puede ser elegible para un descuento de 20% en su cobro de gas en su domicilio principal. Para solicitar, por favor complete la forma incluida y regrésela en el sobre adj unto. Usted recibirá el descuento(s) una vez que su solicitud esta llenada y firmada y es aprobada por *The Gas Company*.

IMPORTANTE INFORMACIÓN: A usted, al igual que el dueño o el encargado, se le notificará si su solicitud es aprobada o negada.

VERIFICACIÓN: En una fecha posterior, se le puede pedir que compruebe los ingresos de su hogar. Si se le pide, usted debe proveer documentos de todas las personas en su hogar que reciben ingresos. Si usted no responde o se le encuentra no elegible, podría recibir cobros corregidos.

REQUISITOS DE ELEGIBILIDAD (Todos deben ser cumplidos):

- Usted no es reclamado como dependiente en el formulario de impuestos de otra persona (que no sea su esposo(a)).
- **El total de sus ingresos anuales (los ingresos o ayuda recibidos de todas las personas que viven en su hogar) – antes de deducciones – no es más de los ingresos mostrados en la tabla de abajo.**
- Debe de renovar su solicitud cada año.
- Debe de verificar su elegibilidad para CARE si se le pide.
- Debe de notificar a *The Gas Company* dentro de 30 días, cualquier cambio sobre su elegibilidad.

Número de Personas en su hogar:	**1 o 2**	**3**	**4**	**5**	**6**
Suma Total Anual de Ingresos en su hogar no puede ser más de:	**$24,200**	**$28,400**	**$34,200**	**$40,000**	**$45,800**
Por cada persona adicional agregue $5,800					

¿Qué Cuenta Como Ingresos? Ingresos totales de todas las personas en su hogar, es el dinero derivado de cualquier fuente, incluyendo pero no limitado a: sueldos, intereses, dividendos, apoyo económico para cónyuge y niños, asistencia pública, Seguro Social y pensiones, ingresos de negocio propio, ingresos de renta, y toda clase de ingresos no monetarios relacionados con el empleo.

Usted también podría calificar para Asistencia De Energía Del Hogar Para Consumidores De Baj os Ingresos (LIHEAP): 1-866-675-6623, y el programa de Asistencia Directa (DAP): 1-800-331-7593.

Spanish: 1-800-342-4545 **English: 1-800-427-2200**

Southern California Gas Company Form 6677 (05/05)

Fecha: Clase:

Número de Cuenta: **No. de Facilidad:**

Estacionamiento de Casas Móviles:

Solicitud para el programa de Tarifas Alternativas para Energía en California (CARE)

☞ ❶ **Favor de marcar el cuadro que corresponde al 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+), indique el número total:_____

Adultos:_____ Niños:_____

☞ ❷ **Favor de marcar el cuadro que corresponde al total de ingresos brutos anuales de su hogar:**

a. $0 a $24,200
b. $24,201 a $28,400
c. $28,401 a $34,200
d. $34,201 a $40,000
e. $40,001 a $45,800
f. Más de $45,800, indique los ingresos totales: **$**_____

☞ ❸ **Favor de marcar todas las fuentes de sus ingresos:**

Sueldos
Intereses o Dividendos de:
Ahorros,
Bonos o Acciones
Cuentas de jubilación
Beneficios de desempleo
Ingresos de renta o realeza
Pensión y Retiro
Becas, Apoyos económicos escolares, u otra ayuda para gastos de vivienda
Ingresos por incapacidad
Compensación al trabaj ador
TANF (AFDC)
Seguro Social, SSI, SSP
Estampillas de comida
Apoyo económico para niños
Apoyo económico del cónyuge
Pólizas de seguros
Acuerdos legales
Donativos en efectivo
Otros ingresos
Ingresos de negocio propio (IRS Forma 1040, Apéndice C, línea 29)

☞ ❹ **¿Hay alguna otra persona que lo reclama como dependiente en el formulario de impuestos (que no sea su esposo(a))?** Sí No

DECLARACIÓN Y AFIRMACIÓN DE AUTOCERTIFICACIÓN: Yo declaro que la información provista en esta solicitud es verdadera y correcta. Estoy de acuerdo con proveer comprobantes de mis ingresos si me lo piden. Si en algún momento no califico para recibir el descuento, notificaré a *The Gas Company*. Si ya no califico pero sigo recibiendo el descuento, tal vez tendré que pagar la cantidad del descuento que recibí. Entiendo que *The Gas Company* puede compartir mi información con otras compañías de servicios públicos o sus representantes, para registrarme en sus programas de asistencia.

Firma del Cliente:_____ ✍ **Fecha:**_____

☎ **Teléfono: (____)**_____ ¿Llenó del número ❶ al ❹?

SAMPLE FORMS: APPLICATIONS Sheet 1

Self-Recertification CARE Application

Submetered Residential Form No. 6678 (05/05) T

(See Attached Form)

Date: Class of Service:

Account Number: **Facility ID:**

Mobile Home Park Name:

How to Recertify for the California Alternate Rates for Energy (CARE) program:

You currently receive a 20% discount on your gas bill at your primary residence. You must recertify your eligibility to continue receiving this discount. To recertify, please complete the application form included and return it in the envelope provided. Your discount will continue if your completed, signed application is approved by The Gas Company within 30 days.

Important Information: You, as well as the owner or manager, will be notified if your application is approved or denied.

Verification: You may be asked at a later date to verify your household's eligibility for CARE. If requested, you must provide proof of income for all persons living in your household. If you do not reply or are found not eligible, you may receive corrected billings.

Eligibility Requirements (All Must Be Met):

- No one else can claim you as a dependent on his/her Income Tax (other than your spouse).
- Your total yearly household income (the income or aid received by all persons living in your home) -- before deductions -- is no more than the income level shown below.
- You renew your application for CARE annually.
- You verify your eligibility for CARE, if requested.
- You notify The Gas Company within 30 days of any changes in your eligibility.

Number of Persons in Household:	**1 or 2**	**3**	**4**	**5**	**6**
Total Yearly Household Income No More Than:	**$24,200**	**$28,400**	**$34,200**	**$40,000**	**$45,800**
For each additional person in your household add $5,800					

What Counts as Income? Total household income is all revenues, from all household members, from whatever sources derived, including but not limited to: wages, salaries, interest, dividends, spousal and child support payments; public assistance payments, Social Security and pensions, rental income, income from self-employment, and all employment-related non-cash income.

You May Also Qualify for:

LIHEAP- Low Income Home Energy Assistance Program provides bill payment assistance, emergency bill assistance and weatherization services. Call the California Department of Community Services at 1-866-675-6623.

DAP - The Gas Company's Direct Assistance Program provides weatherization services at no cost. Call 1-800-331-7593.

For information on CARE, call The Gas Company at:

English: 1-800-427-2200 Mandarin: 1-800-427-1429 Spanish: 1-800-342-4545
Korean: 1-800-427-0471 Cantonese: 1-800-427-1420 Vietnamese: 1-800-427-0478

Southern California Gas Company Form 6678 (05/05)

Date: Class of Service:

Account Number: **Facility ID:**

Mobile Home Park Name:

Check this box if you no longer qualify for CARE.

California Alternate Rates for Energy (CARE) Recertification

☞ ❶ 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:**_____

☞ ❷ Check the total yearly household income for all persons in your household from all sources:

a. $0 to $24,200
b. $24,201 to $28,400
c. $28,401 to $34,200
d. $34,201 to $40,000
e. $40,001 to $45,800
f. More than $45,800:
Total Income**$**_____

☞ ❸ Check all sources of income for your household:

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
Child Support
Cash and/or
Other Income
Spousal
Support
Scholarships, Grants, or Other Aid Used for Living Expenses
Profit from Self-Employment (IRS Form 1040, Schedule C, line 29)

☞ ❹ Can anyone else claim you as a dependent on his/her Income Tax (other than your spouse)? Yes No

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 The Gas Company 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 The Gas Company can share my information with other utilities or their agents to enroll me in their assistance programs.

Signature:_____ ✍ Date:_____

☎ Phone No.:(____)_____ Did you complete ❶ through ❹?

Fecha: Clase:

Número de Cuenta: **No. de Facilidad:**

Estacionamiento de Casas Móv iles:

Cómo Recertificar para el Programa de Tarifas Alternativ as para Energía en California (CARE): Usted está recibiendo la tarifa de 20% de descuento en su cobro de gas en su domicilio principal. Usted debe de recertificar su elegibilidad para continuar recibiendo éste descuento. Para recertificar, por favor complete la forma incluida y regrésela en el sobre adj unto. Su descuento continuará si su solicitud completa y firmada es aprobada por *The Gas Company* dentro de 30 días.

IMPORTANTE INFORMACIÓN: A usted, al igual que el dueño o el encargado, se le notificará si su solicitud es aprobada o negada.

VERIFICACIÓN: En una fecha posterior, se le puede pedir que compruebe los ingresos de su hogar. Si se le pide, usted debe proveer documentos de todas las personas en su hogar que reciben ingresos. Si usted no responde o se le encuentra no elegible, podría recibir cobros corregidos.

REQUISITOS DE EL EGIBIL IDAD (Todos deben ser cumplidos):

- Usted no es reclamado como dependiente en el formulario de impuestos de otra persona (que no sea su esposo(a)).
- **El total de sus ingresos anuales (los ingresos o ayuda recibidos de todas las personas que v iv en en su hogar) – antes de deducciones – no es más de los ingresos mostrados en la tabla de abaj o.**
- Debe de renovar su solicitud cada año.
- Debe de verificar su elegibilidad para CARE si se le pide.
- Debe de notificar a *The Gas Company* dentro de 30 días, cualquier cambio sobre su elegibilidad.

Número de Personas en su hogar:	**1 o 2**	**3**	**4**	**5**	**6**
Suma Total Anual de Ingresos en su hogar no puede ser más de:	**$24,200**	**$28,400**	**$34,200**	**$40,000**	**$45,800**
Por cada persona adicional agregue $5,800					

¿Qué Cuenta Como Ingresos? Ingresos totales de todas las personas en su hogar, es el dinero derivado de cualquier fuente, incluyendo pero no limitado a: sueldos, intereses, dividendos, apoyo económico para cónyuge y niños, asistencia pública, Seguro Social y pensiones, ingresos de negocio propio, ingresos de renta, y toda clase de ingresos no monetarios relacionados con el empleo.

Usted también podría calificar para Asistencia De Energía Del Hogar Para Consumidores De Baj os Ingresos (LIHEAP): 1-866-675-6623, y el programa de Asistencia Directa (DAP): 1-800-331-7593.

Spanish: 1-800-342-4545 **English: 1-800-427 -2200**

Southern California Gas Company Form 6678 (05/05)

Fecha: Clase:

Número de Cuenta: **No. de Facilidad:**

Estacionamiento de Casas Móviles:

Marque éste cuadro, si usted no califica para el Programa CARE.

Recertificación para el programa de Tarifas Alternativas para Energía en California (CARE)

❶ **Favor de marcar el cuadro que corresponde al 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+), indique el número total:_____

Adultos:_____ **Niños:**_____

❷ **Favor de marcar el cuadro que corresponde al total de ingresos anuales de su hogar:**

a. $0 a $24,200
b. $24,201 a $28,400
c. $28,401 a $34,200
d. $34,201 a $40,000
e. $40,001 a $45,800
f. Más de $45,800, indique los ingresos totales: **$**_____

❸ **Favor de marcar todas las fuentes de sus ingresos:**

Sueldos
Intereses o Dividendos de:
Ahorros,
Bonos o Acciones
Cuentas de jubilación
Beneficios de desempleo
Ingresos de renta o realeza
Pensión y Retiro
Becas, Apoyos económicos escolares, u otra ayuda para gastos de vivienda
Ingresos por incapacidad
Compensación al trabajador
TANF (AFDC)
Seguro Social, SSI, SSP
Estampillas de comida
Apoyo económico para niños
Apoyo económico del cónyuge
Pólizas de seguros
Acuerdos legales
Donativos en efectivo
Otros ingresos
Ingresos de negocio propio (IRS Forma 1040, Apéndice C, línea 29)

❹ **¿Hay alguna otra persona que lo reclama como dependiente en el formulario de impuestos (que no sea su esposo(a))**? Sí No

DECLARACIÓN Y AFIRMACIÓN DE AUTOCERTIFICACIÓN: Yo declaro que la información provista en esta solicitud es verdadera y correcta. Estoy de acuerdo con proveer comprobantes de mis ingresos si me lo piden. Si en algún momento no califico para recibir el descuento, notificaré a *The Gas Company*. Si ya no califico pero sigo recibiendo el descuento, tal vez tendré que pagar la cantidad del descuento que recibí. Entiendo que *The Gas Company* puede compartir mi información con otras compañías de servicios públicos o sus representantes, para registrarme en sus programas de asistencia.

Firma del Cliente:_____ **Fecha:**_____

Teléfono: (____)_____ ¿Llenó del número ❶ al ❹?

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ATTACHMENT C

Advice No. 3498

CARE Application Bill Insert

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 11564 LOS ANGELES CA 90051
POSTAGE WILL BE PAID BY ADDRESSEE

ATTN CARE PROGRAM GT12F1
THE GAS COMPANY
PO BOX 515005
LOS ANGELES CA 90099-9316

The Gas Company
A Sempra Energy utility™

The Gas Company
A Sempra Energy utility™

California Alternate Rates for Energy

(CARE) – 20% Rate Discount

Tarifas Alternas para Energía de California

(CARE) – Descuento del 20% en su cuenta de gas

Application Inside
Solicitud adentro

Dear Customer:

You may be eligible for a 20% discount on your gas bill at your primary residence. You may also qualify for a 60% discount on your Service Establishment Charge if you are qualified within 90 days of starting new gas service. Please review the program qualifications on the enclosed application to see if you qualify. If you think you qualify, please complete the application form and mail it back to us. You will receive your discount once your completed, signed application is approved by The Gas Company®. If you have any questions about the CARE program, or need assistance filling out the form, please call us at **1-800-427-2200.**

Estimado(a) Cliente:

Usted podría ser elegible para recibir un 20% de descuento en su cuenta de gas de su residencia principal. También podría calificar para un descuento de 60% en el Cargo por Establecimiento de Servicio, si usted es aprobado antes de 90 días desde el comienzo de su nuevo servicio de gas. Por favor revise las calificaciones del programa en la solicitud. Si piensa que califica, complete y firme la solicitud y envíela a The Gas Company. Recibíra su(s) descuentos(s) una vez que su solicitud sea aprobada por The Gas Company. Si tiene alguna duda acerca de la solicitud, favor de llamar al **1-800-342-4545.**

For information on CARE in other languages, call The Gas Company at:

Mandarin:	1-800-427-1429
Cantonese:	1-800-427-1420
Korean:	1-800-427-0471
Vietnamese:	1-800-427-0478

Other programs and services you may qualify for:

LIHEAP—Low Income Home Energy Assistance Program
Provides bill payment assistance, emergency bill assistance and weatherization services. Call the California Department of Community Services at **1-866-675-6623.**

DAP—The Gas Company's Direct Assistance Program
Provides weatherization services at no cost. Call **1-800-331-7593.**

Otros programas y servicios para los que puede calificar:

LIHEAP—Programa de Ayuda para la Energía del Hogar para Personas de Bajos Recursos
Provee asistencia para pagar su cuenta, asistencia urgente de su cuenta y servicios de impermeabilización, llame a LIHEAP al Departamento de Servicios para la Comunidad de California al **1-866-675-6623.**

DAP—Programa de Asistencia Directa de The Gas Company
Provee servicios de impermeabilización sin costo. Llame al **1-800-331-7593.**

California Alternate Rates for Energy (CARE) Application

Solicitud para el Programa de Tarifas Alternativas para Energía en California (CARE)

Account Number/Número de cuenta ☐☐☐ ☐☐☐ ☐☐☐☐☐☐

Conditions for Participation

1. The gas bill is in your name.
2. You may not be claimed on another person's income tax return other than your spouse.
3. Your total yearly household income (the income or aid received by all persons living in your home)—before deductions—is no more than the income level shown to the right.
4. You may be asked to verify your income. If you do not reply or are found not eligible, you may receive corrected billings.
5. You will be reminded to renew your application every two years.

Condiciones para participar

1. La factura de gas está a su nombre.
2. No puede aparecer como dependiente en la declaración de impuestos de otra persona que no sea su cónyuge.
3. El ingreso anual total de su hogar (el ingreso o ayuda recibido por todas las personas que viven en su hogar)—antes de deducciones—no sobrepasa el nivel de ingresos mostrados a su derecha.
4. Se le puede pedir que verifique su ingreso. Si no responde o si no es considerado elegible, podria recibir cuentas corregidas.
5. Se le recordará que renueve su solicitud cada dos años.

Maximum Household Income

Number of Persons in Household	Total Combined Yearly Income
1 or 2	$24,200
3	$28,400
4	$34,200
5	$40,000
6	$45,800
Add $5,800 for each additional person.	

Ingreso Máximo en el Hogar

Número de Personas en el Hogar	Ingreso Total Anual Combinado
1 ó 2	$24,200
3	$28,400
4	$34,200
5	$40,000
6	$45,800
Añada $5,800 por cada persona adicional.	

1 Check the total number of persons in your household Marque el número total de personas que viven en su hogar:

☐ One/*Uno* (1) ☐ Two/*Dos* (2) ☐ Three/*Tres* (3) ☐ Four/*Cuatro* (4) ☐ Five/*Cinco* (5) ☐ Six/*Seis* (6)

☐ More than Six/*Más de Seis* (6+),

Number/*Número*_____

☐ + ☐ = ☐

Adults/*Adultos* Children/*Niños* Total Number/*Número Total*

2 Check the total yearly household income for all persons in your household from all sources:
Marque el ingreso anual total de su hogar de todas las personas viviendo en su hogar, y de todas fuentes de ingresos:

☐ a. $0 to $24,200
☐ b. $24,201 to $28,400
☐ c. $28,401 to $34,200
☐ d. $34,201 to $40,000
☐ e. $40,001 to $45,800
☐ f. More than $45,800/Más de $45,800

Total Income/Ingreso total: ☐

3 Check all sources of income for your household:

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

Marque todas las fuentes de ingresos de su hogar:

☐ Sueldos
Interés o Dividendos de:
☐ Cuentas de Ahorros
☐ Acciones o Bonos
☐ Cuentas de Jubilación
☐ Beneficios de desempleo
☐ Ingresos de alquiler o regalías
☐ Becas, subvenciones, u otra ayuda usada para sufragar el costo de vida
☐ Ganancias de autoempleo (Forma 1040, tabla C, línea 29 del IRS)
☐ Pagos de discapacitación
☐ Compensación al trabajador
☐ Seguro Social, SSI, SSP
☐ Pensiones
☐ Indemnizaciones de seguro
☐ Indemnizaciones legales
☐ TANF (AFDC)
☐ Estampillas de comida
☐ Apoyo para los niños
☐ Dinero en efectivo y/u otros ingresos
☐ Apoyo de cónyuge

4 Can anyone else claim you as a dependent on his/her Income Tax (other than your spouse)?
¿Alguien (que no sea su cónyuge) lo declara como dependiente en la declaración de impuestos?

☐ Yes/Sí ☐ No/No

Did you complete 1 through 4? ¿Completó preguntas del número 1 al 4?

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 The Gas Company 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 The Gas Company can share my information with other utilities or their agents to enroll me in their assistance programs.

Declaración y Afirmación de Autocertificación: *Yo declaro que la información provista en esta solicitud es verdadera y correcta. Estoy de acuerdo con proveer comprobantes de mis ingresos si me lo piden. Si en algún momento no califico para recibir el descuento, notificaré a The Gas Company. Si ya no califico pero sigo recibiendo el descuento, tal vez tendré que pagar la cantidad del descuento que recibí. Entiendo que The Gas Company puede compartir mi información con otras compañías de servicios públicos o sus representantes, para registrarme en sus programas de asistencia.*

✱

Signature/*Firma* Date/*Fecha*

( )

Phone/*Teléfono*

Print Name/*Nombre en letra de molde*

Address/*Dirección* City/*Ciudad*

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