Tariffs & Regulatory Accounts
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San Diego, CA 92123-1548
(858) 654-1226
csondrini@semprautilities.com

January 17, 2006

Energy Division
California Public Utilities Commission
505 Van Ness Ave., Room 4002
San Francisco, CA 94102

Re: Substitute Sheets for SDG&E's Advice Letter 1738-E/1566-G

Enclosed please find the original and five copies of substitute sheets for Advice Letter 1738-E/1566-G, filed November 1, 2005, *Emergency 2005-2006 Winter Gas Initiative In Compliance with Decision 05-10-044*. At the request of the Energy Division, SDG&E is revising the language in its electric Schedules DR-LI, E-LI, DS, DT, and DT-RV and gas Schedules G-CARE, GS, and GT to incorporate language into the Winter Initiative Special Condition to reflect that the Utility shall not rebill any customer enrolled in the CARE program who is later found ineligible for the program during the period November 1, 2005 through April 30, 2006.

In addition, SDG&E is revising the CARE application forms to make similar revisions to the declaration portion of the forms. Furthermore, this substitute sheet filing reflects the removal of the CARE Recertification Application and Statement of Eligibility (Form 142-732/3) and CARE Post Enrollment Verification (Form 142-732/5) from the filing since these forms have been suspended during the winter initiative period.

An asterisk has been reflected in the upper right hand corner of the tariff sheets to indicate that these are substitute sheets. This filing replaces the gas and electric CARE application forms in their entirety. Please replace the enclosed sheets in the master Advice Letter 1738-E/1566-G.

A copy of this filing is being provided to SDG&E's GO 96-A list and the service list for R.04-01-006.

Sincerely,

Christina Sondrini
Regulatory Affairs, Tariff Administration

cc: S. Randhawa, Energy Division
J. Leonard, Energy Division

SCHEDULE DR-LI

DOMESTIC SERVICE - CARE Program

SPECIAL CONDITIONS (Continued)

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

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

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

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

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

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

19. 2005/2006 Winter Gas Initiative: Pursuant to Ordering Paragraphs 4 and 5 of D.05-10-044, for the period November 1, 2005 through April 30, 2006, the Utility: 1) may enroll CARE customers by telephone, 2) shall not rebill any customer so enrolled who is later found ineligible for the CARE program and 3) shall suspend CARE recertification and post enrollment verification. N N

SCHEDULE E-LI

SERVICE TO QUALIFIED LIVING FACILITIES

SPECIAL CONDITIONS - AGRICULTURAL EMPLOYEE HOUSING FACILITIES (Continued)

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

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

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

5. 2005/2006 Winter Gas Initiative. Pursuant to Ordering Paragraphs 4 and 5 of D.05-10-044, for the period November 1, 2005 through April 30, 2006, the Utility: 1) may enroll CARE customers by telephone, 2) shall not rebill any customer so enrolled who is later found ineligible for the CARE program, and 3) shall suspend CARE recertification and post enrollment verification. N N

SCHEDULE DS

SUBMETERED MULTI-FAMILY SERVICE

SPECIAL CONDITIONS (Continued)

9. Low-Income (Continued)

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

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

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

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

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

i. 2005/2006 Winter Gas Initiative. Pursuant to Ordering Paragraphs 4 and 5 of D.05-10-044, for the period November 1, 2005 through April 30, 2006, the Utility: 1) may enroll CARE customers by telephone, 2) shall not rebill any customer so enrolled who is later found ineligible for the CARE program, and 3) shall suspend CARE recertification and post enrollment verification. N N

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

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

(Continued)

SCHEDULE DT

SUBMETERED MULTI-FAMILY SERVICE - MOBILEHOME PARK

SPECIAL CONDITIONS (Continued)

9. Low-Income (Continued)

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

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

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

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

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

i. 2005/2006 Winter Gas Initiative: Pursuant to Ordering Paragraphs 4 and 5 of D.05-10-044, for the period November 1, 2005 through April 30, 2006, the Utility: 1) may enroll CARE customers by telephone, 2) shall not rebill any customer so enrolled who is later found ineligible for the CARE program and 3) shall suspend CARE recertification and post enrollment verification. N N

10. Condition for Receiving Submeter Rate Discount.

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

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

(Continued)

SCHEDULE DT-RV

SUBMETERED SERVICE - RECREATIONAL VEHICLE PARKS AND RESIDENTIAL MARINAS

SPECIAL CONDITIONS (Continued)

10. Low-Income Qualification (Continued)

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

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

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

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

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

i. 2005/2006 Winter Gas Initiative. Pursuant to Ordering Paragraphs 4 and 5 of D.05-10-044, for the period November 1, 2005 through April 30, 2006, the Utility: 1) may enroll CARE customers by telephone, 2) shall not rebill any customer so enrolled who is later found ineligible for the CARE program, and 3) shall suspend CARE recertification and post enrollment verification. N N

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

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

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

(Continued)

SAMPLE FORMS

FORM 142-732

Residential Rate Assistance Application

Form 142-732

(11/05) T

(See Attached Form)

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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

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

SDGE

A Sempra Energy utility℠

Save money on your SDG&E® bill.

Ahorre dinero en su factura de SDG&E.

Residential Rate Assistance Application

Solicitud De Ayuda Para Tarifa Residencial

Application/Solicitud

Dear SDG&E Customer:

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

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

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

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

You May Also Qualify For:

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

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

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

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

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

Estimado cliente de SDG&E:

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

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

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

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

También pudiera calificar para:

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

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

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

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

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

CARE and FERA Application / CARE y FERA la Aplicación

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

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

1 Review Qualifications

Rules for Participation

(applies to both the CARE and FERA Programs)

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

1 Revise los Requistos

Reglas de participación

(aplican tanto al programa CARE o FERA)

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

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

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

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

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

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

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

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

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

Your Name (Su Nombre)

Your Address (Su Domicilio) Unit (Apartamento)

City (Cuidad) Zip Code (Codigo Postal)

( ) ( )

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

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

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

Number of Persons in Household
(Número de personas)

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

SOURCE CODE
Internal use only

4 Sign Your Application Below/Firme la siguiente solicitud.

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform SDG&E if I no longer qualify. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. However, if SDG&E determines I do not qualify for the discount, SDG&E will not rebill for the amount of the discount I received during the period of November 1, 2005 through April 30, 2006. I understand that SDG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

Declaro que la información que proporcioné en esta solicitud es verdadera y correcta. Convengo en proporcionar comprobante de ingreso si me es solicitado. Convengo en informar a SDG&E si dejo de cumplir con los requisitos. Sé que si recibo un descuento sin cumplir con las condiciones para recibirlo, se me podrá exigir devolver el descuento recibido. Sin embargo, si SDG&E determina que no reúno los requisitos para el descuento, SDG&E no refacturará por el monto del descuento que recibí durante el período comprendido entre el 1° de noviembre de 2005 y el 30 de abril de 2006. Entiendo que SDG&E puede compartir mi información con otras empresas de servicio público o sus agentes para inscribirme en sus programas de asistencia.

*

Customer Signature (Firme del Cliente) Date (Fecha)

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0640008 0106

FORM 142-732 01/06

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

SAMPLE FORMS

FORM 142-732/1 N

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

Form 142-732/1 N

(11/05) N

(See Attached Form) N

Account: XXXXXXXXXX Date

Dear SDG&E Customer:

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

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

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

Household Members	**Income Guidelines**	
	CARE	*FERA*
1 or 2	0 to $27,700	Not Applicable*
3	0 to $32,500	$32,501 to 40,600
4	0 to $39,200	$39,201 to 49,000
5	0 to $49,500	$49,501 to 57,400
6	to $56,200	$56,201 to 65,800
Each Additional Member	Add $6,700	Add $5,601 to 8,400

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

You May Also Qualify For:

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

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

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

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

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

Sincerely,
San Diego Gas & Electric

Application for Rate Assistance Programs

Account: XXXXXXXXXX

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

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

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

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

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

Total Number of Persons in Household

Adults_____ Children_____

Total Yearly Household Income $_____

Sign Your Application Below

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform SDG&E if I no longer qualify. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. However, if SDG&E determines I do not qualify for the discount, SDG&E will not rebill for the amount of the discount I received during the period of November 1, 2005 through April 30, 2006. I understand that SDG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

Signature_____ **Date**_____

Phone Number (____) _____

Número de cuenta:

Estimado cliente de SDG&E:

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

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

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

No. de personas en el hogar	**Limite de ingreso**	
	CARE	*FERA*
1 or 2	0 to $23,000	No Aplica *
3	$23,001 to $27,000	$27,501 to 39,300
4	$27,001 to $32,500	$33,101 to 47,400
5	$32,501 to $38,000	$38,701 to 55,400
6	$38,001 to $43,500	$44,301 to 63,500
Pro cada persona adicional	Añada $5,500	Añada $5,601 to 8,600

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

Quizás califique para otros programas y servicios:

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

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

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

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

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

Atentamente,
San Diego Gas & Electric

Cuenta: XXXXXXXXXX

Solicitud para programas de reducción de tarifas eléctricas

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

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

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

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

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

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

Número total de personas en el hogar:

Adultos_____ Niños_____

Ingreso total anual en el hogar: $_____

Declaro que la información que proporcioné en esta solicitud es verdadera y correcta. Convengo en proporcionar comprobante de ingreso si me es solicitado. Convengo en informar a SDG&E si dejo de cumplir con los requisitos. Sé que si recibo un descuento sin cumplir con las condiciones para recibirlo, se me podrá exigir devolver el descuento recibido. Sin embargo, si SDG&E determina que no reúno los requisitos para el descuento, SDG&E no refacturará por el monto del descuento que recibí durante el período comprendido entre el 1 de noviembre de 2005 y el 30 de abril de 2006. Entiendo que SDG&E puede compartir mi información con otras empresas de servicio público o sus agentes para inscribirme en sus programas de asistencia.

Firma_____ **Fecha**_____

Número telefónico (____) _____

SAMPLE FORMS

FORM 142-732/2

Submetered Residential Rate Assistance Application

Form 142-732/2

(11/05) T

(See Attached Form)

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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

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

SDGE
A Sempra Energy utility℠

Save money on your SDG&E® bill.

Ahorre dinero en su factura de SDG&E.

Residential Rate Assistance Application—Submetered

Solicitud De Ayuda Para Tarifa Residencial—Medidor Colectivo

Application/Solicitud

Dear SDG&E Customer:

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

California Alternate Rates for Energy (CARE)
Gas & Electric

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

Family Electric Rate Assistance Program (FERA)
Electric Only

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

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

You May Also Qualify For:

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

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

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

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

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

Estimado cliente de SDG&E:

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

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

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

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

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

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

También pudiera calificar para:

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

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

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

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

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

CARE and FERA Application/CARE y FERA la Aplicación

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

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

1 Review Qualifications

Rules for Participation

(applies to both the CARE and FERA Programs)

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

1 Revise los Requistos

Reglas de participación

(aplican tanto al programa CARE o FERA)

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

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

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

- Wages or Salaries

Interest or Dividends from:

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

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

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

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

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

Your Name (Su Nombre)

Your Address (Su Domicilio) Unit (Apartamento)

City (Cuidad) Zip Code (Codigo Postal)

( ) ( )

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

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

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

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

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

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

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

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

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

4 Sign Your Application Below/Firme la siguiente solicitud.

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform SDG&E if I no longer qualify. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. However, if SDG&E determines I do not qualify for the discount, SDG&E will not rebill for the amount of the discount I received during the period of November 1, 2005 through April 30, 2006. I understand that SDG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

SOURCE CODE
Internal use only

Declaro que la información que proporcioné en esta solicitud es verdadera y correcta. Convengo en proporcionar comprobante de ingreso si me es solicitado. Convengo en informar a SDG&E si dejo de cumplir con los requisitos. Sé que si recibo un descuento sin cumplir con las condiciones para recibirlo, se me podrá exigir devolver el descuento recibido. Sin embargo, si SDG&E determina que no reúno los requisitos para el descuento, SDG&E no refacturará por el monto del descuento que recibí durante el período comprendido entre el 1° de noviembre de 2005 y el 30 de abril de 2006. Entiendo que SDG&E puede compartir mi información con otras empresas de servicio público o sus agentes para inscribirme en sus programas de asistencia.

*

Customer Signature (Firme del Cliente) Date (Fecha)

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FORM 142-732/2 01/06

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

SAMPLE FORMS

FORM 142-732/6 N

Residential Rate Assistance Application (Vietnamese) N

Form 142-732/6 N

(11/05) N

(See Attached Form) N

A Sempra Energy utility℠

TIẾT KIỆM TRÊN HÓA ĐƠN SDG&E

Chương trình trợ giúp khách hàng gia cư

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

Chương Trình CARE
Áp dụng cho ga và điện

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

Chương Trình FERA
Chỉ áp dụng cho điện

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

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

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

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

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

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

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

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

ĐƠN XIN VÀO CHƯƠNG TRÌNH CARE VÀ FERA

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

1 Điều Kiện

Quy định về việc tham gia chương trình CARE và FERA

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

2 Tổng số lợi tức của mọi người

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

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

3 Điền đơn

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

Xin điền thật rõ ràng

Tên và họ

Địa chỉ | Số phòng

Thành phố | Mã số vùng

( ) | ( )

Số điện thoại nhà | Số điện thoại sở làm

Số trương mục SDG&E (trên hóa đơn)

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

Tổng số người trong nhà

Người lớn + Trẻ em = Tổng cộng

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Internal use only

4 Ký tên

Tôi hiểu rằng nếu tôi nhận bất cứ khoản tiền bớt giá nào khi không đạt tiêu chuẩn để nhận thì tôi có thể bị yêu cầu phải hoàn trả lại khoản tiền bớt giá mà tôi đã nhận. Tuy nhiên, nếu SDG&E quyết định rằng tôi không đạt tiêu chuẩn nhận khoản tiền bớt giá thì công ty sẽ không tái tính tiền khoản bớt giá mà tôi đã nhận trong khoản thời gian từ ngày 1 tháng 11 năm 2005 đến 30 tháng 4 năm 2006.

*

Chữ ký khách hàng | Ngày ký tên

XIN GỞI ĐƠN NÀY ĐẾN:

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

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SAMPLE FORMS

FORM 142-732/7 N

CARE Outreach Application (Direct Mail) N

Form 142-732/7 N

(11/05) N

(See Attached Form) N

SDGE

A Sempra Energy utility℠

Serving you today.
Planning for tomorrow.℠

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

DATE

Dear Customer,

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

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

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

ENERGY BILL DISCOUNT QUALIFICATIONS

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

CONDITIONS FOR PARTICIPATION

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

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

Sincerely,

Irma R. DePratti

Irma Robles DePratti
CARE Program Manager

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

SDGE

A Sempra Energy utility℠

Atendiéndole hoy.
Planificando para el mañana.℠

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

FECHA

Estimado(a) Cliente(a):

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

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

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

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

CONDICIONES PARA PARTICIPAR

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

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

Atentamente,

Irma R. DePratti

Irma Robles DePratti
CARE/FERA Program Manager

SDGE

A Sempra Energy utility℠

CARE 20% Discount Application

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

1 Check the total number of persons in your household:

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

Adults: _____ Children: _____

2 Please provide: Total Yearly Household Income $ _____

You must include all sources of your household income including:

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

Declaration and Self-Certification Statement:

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform SDG&E if I no longer qualify. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. However, if SDG&E determines I do not qualify for the discount, SDG&E will not rebill for the amount of the discount I received during the period of November 1, 2005 through April 30, 2006. I understand that SDG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

SIGNATURE: _____ DATE: _____

PHONE NUMBER (OPTIONAL): _____

Please don't forget to include your signature.

Mail this application in the postage-paid envelope provided.

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SDGE
A Sempra Energy utility℠

Solicitud del descuento CARE del 20%

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

NOMBRE: _____

DOMICILIO: _____

CIUDAD, CÓDIGO POSTAL: _____

NÚMERO DE CUENTA: _____

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

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

Adultos: _____ Niños: _____

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

Todas las fuentes de ingresos:

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

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

Declaración y afirmación de autocertificación:

Declaro que la información que proporcioné en esta solicitud es verdadera y correcta. Convengo en proporcionar comprobante de ingreso si me es solicitado. Convengo en informar a SDG&E si dejo de cumplir con los requisitos. Sé que si recibo un descuento sin cumplir con las condiciones para recibirlo, se me podrá exigir devolver el descuento recibido. Sin embargo, si SDG&E determina que no reúno los requisitos para el descuento, SDG&E no refacturará por el monto del descuento que recibí durante el período comprendido entre el 1° de noviembre de 2005 y el 30 de abril de 2006. Entiendo que SDG&E puede compartir mi información con otras empresas de servicio público o sus agentes para inscribirme en sus programas de asistencia.

FIRMA: _____ FECHA: _____

NÚMERO TELEFÓNICO (OPCIONAL): _____

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

Envíe esta solicitud en el sobre prepagado incluído.

SAMPLE FORMS

FORM 142-732/8 N

Residential Rate Assistance Application (Direct Mail) N

Form 142-732/8 N

(11/05) N

(See Attached Form) N

SDGE

A Sempra Energy utility℠

Serving you today.
Planning for tomorrow.℠

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

DATE

Dear Customer,

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

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

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

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

ENERGY BILL DISCOUNT QUALIFICATIONS
Income Guidelines

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

CONDITIONS FOR PARTICIPATION

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

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

Sincerely,

Irma R. DePratti

Irma Robles DePratti
CARE/FERA Program Manager

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

SDGE

A Sempra Energy utility℠

Atendiéndole hoy.
Planificando para el mañana.℠

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

FECHA

Estimado(a) Cliente(a):

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

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

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

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

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

CONDICIONES PARA PARTICIPAR

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

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

Atentamente,

Irma R. DePratti

Irma Robles DePratti
CARE/FERA Program Manager

A Sempra Energy utility℠

CARE and FERA Application for Residential Rate Assistance

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

1 Check the total number of persons in your household:

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

Adults: _____ Children: _____

2 Please provide: Total Yearly Household Income $ _____

You must include all sources of your household income including:

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

Declaration and Self-Certification Statement:

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform SDG&E if I no longer qualify. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. However, if SDG&E determines I do not qualify for the discount, SDG&E will not rebill for the amount of the discount I received during the period of November 1, 2005 through April 30, 2006. I understand that SDG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

SIGNATURE: _____ DATE: _____

PHONE NUMBER (OPTIONAL): _____

Please don't forget to include your signature.

Mail this application in the postage-paid envelope provided.

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

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

NOMBRE: _____

DOMICILIO: _____

CIUDAD, CÓDIGO POSTAL: _____

NÚMERO DE CUENTA: _____

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

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

Adultos: _____ Niños: _____

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

Todas las fuentes de ingresos:

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

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

Declaración y afirmación de autocertificación:

Declaro que la información que proporcioné en esta solicitud es verdadera y correcta. Convengo en proporcionar comprobante de ingreso si me es solicitado. Convengo en informar a SDG&E si dejo de cumplir con los requisitos. Sé que si recibo un descuento sin cumplir con las condiciones para recibirlo, se me podrá exigir devolver el descuento recibido. Sin embargo, si SDG&E determina que no reúno los requisitos para el descuento, SDG&E no refacturará por el monto del descuento que recibí durante el período comprendido entre el 1° de noviembre de 2005 y el 30 de abril de 2006. Entiendo que SDG&E puede compartir mi información con otras empresas de servicio público o sus agentes para inscribirme en sus programas de asistencia.

FIRMA: _____ FECHA: _____

NÚMERO TELEFÓNICO (OPCIONAL): _____

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

Envíe esta solicitud en el sobre prepagado incluído.

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(Continued)

SCHEDULE G-CARE

CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

SPECIAL CONDITIONS (Continued)

AGRICULTURAL EMPLOYEE HOUSING FACILITY CUSTOMERS (Continued)

15. Eligibility Criteria (Continued)

c. Non-Profit Housing For Agricultural Employees

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

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

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

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

18. 2005/2006 Winter Gas Initiative. Pursuant to Ordering Paragraphs 4 and 5 of D.05-10-044, for the period November 1, 2005 through April 30, 2006, the Utility: 1) may enroll CARE customers by telephone, 2) shall not rebill any customer so enrolled who is later found ineligible for the CARE program, and 3) shall suspend CARE recertification and post enrollment verification. N N

SCHEDULE GS

SUBMETERED MULTI-FAMILY NATURAL GAS SERVICE

SPECIAL CONDITIONS (Continued)

7. Low-Income. (Continued)

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

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

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

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

i. 2005/2006 Winter Gas Initiative. Pursuant to Ordering Paragraphs 4 and 5 of D.05-10-044, for the period November 1, 2005 through April 30, 2006, the Utility: 1) may enroll CARE customers by telephone, 2) shall not rebill any customer so enrolled who is later found ineligible for the CARE program, and 3) shall suspend CARE recertification and post enrollment verification. N | | N

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

SCHEDULE GT

SUBMETERED MULTI-FAMILY NATURAL GAS SERVICE - MOBILEHOME PARK

SPECIAL CONDITIONS (Continued)

22. Low-Income. (Continued)

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

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

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

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

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

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

i. 2005/2006 Winter Gas Initiative. Pursuant to Ordering Paragraphs 4 and 5 of D.05-10-044, for the period November 1, 2005 through April 30, 2006, the Utility: 1) may enroll CARE customers by telephone, 2) shall not rebill any customer so enrolled who later is found ineligible for the CARE program, and 3) shall suspend CARE recertification and post enrollment verification. N N

SAMPLE FORMS

FORM 142-732

Application and Statement of Eligibility
For Residential Rate Assistance Programs

Form 142-732

(11/05) T

(See Attached Form)

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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

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

SDGE

A Sempra Energy utility℠

Save money on your SDG&E® bill.

Ahorre dinero en su factura de SDG&E.

Residential Rate Assistance Application

Solicitud De Ayuda Para Tarifa Residencial

Application/Solicitud

Dear SDG&E Customer:

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

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

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

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

You May Also Qualify For:

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

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

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

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

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

Estimado cliente de SDG&E:

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

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

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

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

También pudiera calificar para:

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

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

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

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

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

CARE and FERA Application / CARE y FERA la Aplicación

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

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

1 Review Qualifications

Rules for Participation

(applies to both the CARE and FERA Programs)

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

1 Revise los Requistos

Reglas de participación

(aplican tanto al programa CARE o FERA)

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

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

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

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

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

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

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

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

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

Your Name (Su Nombre)

Your Address (Su Domicilio) Unit (Apartamento)

City (Cuidad) Zip Code (Codigo Postal)

( ) ( )

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

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

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

Number of Persons in Household
(Número de personas)

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

SOURCE CODE
Internal use only

4 Sign Your Application Below/Firme la siguiente solicitud.

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform SDG&E if I no longer qualify. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. However, if SDG&E determines I do not qualify for the discount, SDG&E will not rebill for the amount of the discount I received during the period of November 1, 2005 through April 30, 2006. I understand that SDG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

Declaro que la información que proporcioné en esta solicitud es verdadera y correcta. Convengo en proporcionar comprobante de ingreso si me es solicitado. Convengo en informar a SDG&E si dejo de cumplir con los requisitos. Sé que si recibo un descuento sin cumplir con las condiciones para recibirlo, se me podrá exigir devolver el descuento recibido. Sin embargo, si SDG&E determina que no reúno los requisitos para el descuento, SDG&E no refacturará por el monto del descuento que recibí durante el período comprendido entre el 1° de noviembre de 2005 y el 30 de abril de 2006. Entiendo que SDG&E puede compartir mi información con otras empresas de servicio público o sus agentes para inscribirme en sus programas de asistencia.

*

Customer Signature (Firme del Cliente) Date (Fecha)

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0640008 0106

FORM 142-732 01/06

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

SAMPLE FORMS

FORM 142-732/1 N

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

Form 142-732/1 N

(11/05) N

(See Attached Form) N

Account: XXXXXXXXXX Date

Dear SDG&E Customer:

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

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

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

Household Members	**Income Guidelines**	
	CARE	*FERA*
1 or 2	0 to $27,700	Not Applicable*
3	0 to $32,500	$32,501 to 40,600
4	0 to $39,200	$39,201 to 49,000
5	0 to $49,500	$49,501 to 57,400
6	to $56,200	$56,201 to 65,800
Each Additional Member	Add $6,700	Add $5,601 to 8,400

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

You May Also Qualify For:

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

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

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

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

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

Sincerely,
San Diego Gas & Electric

Application for Rate Assistance Programs

Account: XXXXXXXXXX

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

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

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

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

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

Total Number of Persons in Household

Adults_____ Children_____

Total Yearly Household Income $_____

Sign Your Application Below

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform SDG&E if I no longer qualify. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. However, if SDG&E determines I do not qualify for the discount, SDG&E will not rebill for the amount of the discount I received during the period of November 1, 2005 through April 30, 2006. I understand that SDG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

Signature_____ **Date**_____

Phone Number (____) _____

Número de cuenta:

Estimado cliente de SDG&E:

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

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

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

No. de personas en el hogar	**Limite de ingreso**	
	CARE	*FERA*
1 or 2	0 to $23,000	No Aplica *
3	$23,001 to $27,000	$27,501 to 39,300
4	$27,001 to $32,500	$33,101 to 47,400
5	$32,501 to $38,000	$38,701 to 55,400
6	$38,001 to $43,500	$44,301 to 63,500
Pro cada persona adicional	Añada $5,500	Añada $5,601 to 8,600

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

Quizás califique para otros programas y servicios:

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

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

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

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

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

Atentamente,
San Diego Gas & Electric

Cuenta: XXXXXXXXXX

Solicitud para programas de reducción de tarifas eléctricas

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

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

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

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

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

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

Número total de personas en el hogar:

Adultos_____ Niños_____

Ingreso total anual en el hogar: $_____

Declaro que la información que proporcioné en esta solicitud es verdadera y correcta. Convengo en proporcionar comprobante de ingreso si me es solicitado. Convengo en informar a SDG&E si dejo de cumplir con los requisitos. Sé que si recibo un descuento sin cumplir con las condiciones para recibirlo, se me podrá exigir devolver el descuento recibido. Sin embargo, si SDG&E determina que no reúno los requisitos para el descuento, SDG&E no refacturará por el monto del descuento que recibí durante el período comprendido entre el 1 de noviembre de 2005 y el 30 de abril de 2006. Entiendo que SDG&E puede compartir mi información con otras empresas de servicio público o sus agentes para inscribirme en sus programas de asistencia.

Firma_____ **Fecha**_____

Número telefónico (____) _____

SAMPLE FORMS

FORM 142-732/2

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

Form 142-732/2

(11/05) T

(See Attached Form)

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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

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

SDGE
A Sempra Energy utility℠

Save money on your SDG&E® bill.

Ahorre dinero en su factura de SDG&E.

Residential Rate Assistance Application—Submetered

Solicitud De Ayuda Para Tarifa Residencial—Medidor Colectivo

Application/Solicitud

Dear SDG&E Customer:

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

California Alternate Rates for Energy (CARE)
Gas & Electric

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

Family Electric Rate Assistance Program (FERA)
Electric Only

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

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

You May Also Qualify For:

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

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

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

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

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

Estimado cliente de SDG&E:

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

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

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

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

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

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

También pudiera calificar para:

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

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

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

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

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

CARE and FERA Application/CARE y FERA la Aplicación

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

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

1 Review Qualifications

Rules for Participation

(applies to both the CARE and FERA Programs)

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

1 Revise los Requistos

Reglas de participación

(aplican tanto al programa CARE o FERA)

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

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

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

- Wages or Salaries

Interest or Dividends from:

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

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

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

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

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

Your Name (Su Nombre)

Your Address (Su Domicilio) Unit (Apartamento)

City (Cuidad) Zip Code (Codigo Postal)

( ) ( )

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

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

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

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

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

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

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

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

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

4 Sign Your Application Below/Firme la siguiente solicitud.

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform SDG&E if I no longer qualify. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. However, if SDG&E determines I do not qualify for the discount, SDG&E will not rebill for the amount of the discount I received during the period of November 1, 2005 through April 30, 2006. I understand that SDG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

SOURCE CODE
Internal use only

Declaro que la información que proporcioné en esta solicitud es verdadera y correcta. Convengo en proporcionar comprobante de ingreso si me es solicitado. Convengo en informar a SDG&E si dejo de cumplir con los requisitos. Sé que si recibo un descuento sin cumplir con las condiciones para recibirlo, se me podrá exigir devolver el descuento recibido. Sin embargo, si SDG&E determina que no reúno los requisitos para el descuento, SDG&E no refacturará por el monto del descuento que recibí durante el período comprendido entre el 1° de noviembre de 2005 y el 30 de abril de 2006. Entiendo que SDG&E puede compartir mi información con otras empresas de servicio público o sus agentes para inscribirme en sus programas de asistencia.

*

Customer Signature (Firme del Cliente) Date (Fecha)

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FORM 142-732/2 01/06

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

SAMPLE FORMS

FORM 142-732/6 N

Residential Rate Assistance Application (Vietnamese) N

Form 142-732/6 N

(11/05) N

(See Attached Form) N

A Sempra Energy utility℠

TIẾT KIỆM TRÊN HÓA ĐƠN SDG&E

Chương trình trợ giúp khách hàng gia cư

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

Chương Trình CARE
Áp dụng cho ga và điện

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

Chương Trình FERA
Chỉ áp dụng cho điện

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

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

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

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

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

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

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

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

ĐƠN XIN VÀO CHƯƠNG TRÌNH CARE VÀ FERA

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

1 Điều Kiện

Quy định về việc tham gia chương trình CARE và FERA

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

2 Tổng số lợi tức của mọi người

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

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

3 Điền đơn

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

Xin điền thật rõ ràng

Tên và họ

Địa chỉ | Số phòng

Thành phố | Mã số vùng

( ) | ( )

Số điện thoại nhà | Số điện thoại sở làm

Số trương mục SDG&E (trên hóa đơn)

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

Tổng số người trong nhà

Người lớn + Trẻ em = Tổng cộng

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4 Ký tên

Tôi hiểu rằng nếu tôi nhận bất cứ khoản tiền bớt giá nào khi không đạt tiêu chuẩn để nhận thì tôi có thể bị yêu cầu phải hoàn trả lại khoản tiền bớt giá mà tôi đã nhận. Tuy nhiên, nếu SDG&E quyết định rằng tôi không đạt tiêu chuẩn nhận khoản tiền bớt giá thì công ty sẽ không tái tính tiền khoản bớt giá mà tôi đã nhận trong khoản thời gian từ ngày 1 tháng 11 năm 2005 đến 30 tháng 4 năm 2006.

*

Chữ ký khách hàng | Ngày ký tên

XIN GỞI ĐƠN NÀY ĐẾN:

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

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SAMPLE FORMS

FORM 142-732/7 N

CARE Outreach Application (Direct Mail) N

Form 142-732/7 N

(11/05) N

(See Attached Form) N

SDGE

A Sempra Energy utility℠

Serving you today.
Planning for tomorrow.℠

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

DATE

Dear Customer,

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

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

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

ENERGY BILL DISCOUNT QUALIFICATIONS

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

CONDITIONS FOR PARTICIPATION

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

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

Sincerely,

Irma R. DePratti

Irma Robles DePratti
CARE Program Manager

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

SDGE

A Sempra Energy utility℠

Atendiéndole hoy.
Planificando para el mañana.℠

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

FECHA

Estimado(a) Cliente(a):

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

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

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

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

CONDICIONES PARA PARTICIPAR

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

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

Atentamente,

Irma R. DePratti

Irma Robles DePratti
CARE/FERA Program Manager

SDGE

A Sempra Energy utility℠

CARE 20% Discount Application

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

1 Check the total number of persons in your household:

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

Adults: _____ Children: _____

2 Please provide: Total Yearly Household Income $ _____

You must include all sources of your household income including:

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

Declaration and Self-Certification Statement:

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform SDG&E if I no longer qualify. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. However, if SDG&E determines I do not qualify for the discount, SDG&E will not rebill for the amount of the discount I received during the period of November 1, 2005 through April 30, 2006. I understand that SDG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

SIGNATURE: _____ DATE: _____

PHONE NUMBER (OPTIONAL): _____

Please don't forget to include your signature.

Mail this application in the postage-paid envelope provided.

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SDGE
A Sempra Energy utility℠

Solicitud del descuento CARE del 20%

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

NOMBRE: _____

DOMICILIO: _____

CIUDAD, CÓDIGO POSTAL: _____

NÚMERO DE CUENTA: _____

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

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

Adultos: _____ Niños: _____

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

Todas las fuentes de ingresos:

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

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

Declaración y afirmación de autocertificación:

Declaro que la información que proporcioné en esta solicitud es verdadera y correcta. Convengo en proporcionar comprobante de ingreso si me es solicitado. Convengo en informar a SDG&E si dejo de cumplir con los requisitos. Sé que si recibo un descuento sin cumplir con las condiciones para recibirlo, se me podrá exigir devolver el descuento recibido. Sin embargo, si SDG&E determina que no reúno los requisitos para el descuento, SDG&E no refacturará por el monto del descuento que recibí durante el período comprendido entre el 1° de noviembre de 2005 y el 30 de abril de 2006. Entiendo que SDG&E puede compartir mi información con otras empresas de servicio público o sus agentes para inscribirme en sus programas de asistencia.

FIRMA: _____ FECHA: _____

NÚMERO TELEFÓNICO (OPCIONAL): _____

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

Envíe esta solicitud en el sobre prepagado incluído.

SAMPLE FORMS

FORM 142-732/8 N

Residential Rate Assistance Application (Direct Mail) N

Form 142-732/8 N

(11/05) N

(See Attached Form) N

SDGE

A Sempra Energy utility℠

Serving you today.
Planning for tomorrow.℠

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

DATE

Dear Customer,

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

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

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

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

ENERGY BILL DISCOUNT QUALIFICATIONS
Income Guidelines

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

CONDITIONS FOR PARTICIPATION

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

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

Sincerely,

Irma R. DePratti

Irma Robles DePratti
CARE/FERA Program Manager

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

SDGE

A Sempra Energy utility℠

Atendiéndole hoy.
Planificando para el mañana.℠

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

FECHA

Estimado(a) Cliente(a):

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

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

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

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

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

CONDICIONES PARA PARTICIPAR

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

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

Atentamente,

Irma R. DePratti

Irma Robles DePratti
CARE/FERA Program Manager

A Sempra Energy utility℠

CARE and FERA Application for Residential Rate Assistance

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

1 Check the total number of persons in your household:

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

Adults: _____ Children: _____

2 Please provide: Total Yearly Household Income $ _____

You must include all sources of your household income including:

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

Declaration and Self-Certification Statement:

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform SDG&E if I no longer qualify. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. However, if SDG&E determines I do not qualify for the discount, SDG&E will not rebill for the amount of the discount I received during the period of November 1, 2005 through April 30, 2006. I understand that SDG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

SIGNATURE: _____ DATE: _____

PHONE NUMBER (OPTIONAL): _____

Please don't forget to include your signature.

Mail this application in the postage-paid envelope provided.

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

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

NOMBRE: _____

DOMICILIO: _____

CIUDAD, CÓDIGO POSTAL: _____

NÚMERO DE CUENTA: _____

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

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

Adultos: _____ Niños: _____

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

Todas las fuentes de ingresos:

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

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

Declaración y afirmación de autocertificación:

Declaro que la información que proporcioné en esta solicitud es verdadera y correcta. Convengo en proporcionar comprobante de ingreso si me es solicitado. Convengo en informar a SDG&E si dejo de cumplir con los requisitos. Sé que si recibo un descuento sin cumplir con las condiciones para recibirlo, se me podrá exigir devolver el descuento recibido. Sin embargo, si SDG&E determina que no reúno los requisitos para el descuento, SDG&E no refacturará por el monto del descuento que recibí durante el período comprendido entre el 1° de noviembre de 2005 y el 30 de abril de 2006. Entiendo que SDG&E puede compartir mi información con otras empresas de servicio público o sus agentes para inscribirme en sus programas de asistencia.

FIRMA: _____ FECHA: _____

NÚMERO TELEFÓNICO (OPCIONAL): _____

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

Envíe esta solicitud en el sobre prepagado incluído.

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