



**IMMEDIATE REPLY
NEEDED**

A Sempra Energy utility®

Dear Customer:

You are currently receiving a 20% CARE discount on your monthly gas bill through Southern California Gas Company (SoCalGas®)'s California Alternate Rates for Energy (CARE) program. Your household has been randomly selected for verification of eligibility. To continue receiving this discount, please return the completed and signed form including required document(s) in the envelope provided, or by fax, within 90 days. If you do not reply or are found ineligible, you may receive corrected billings.

Required Documents: You only need to provide copies of document(s) from either list **1 OR 2** (not both).

List 1) If you or another person in your household receives public assistance, **please send documentation proving participation** in any of the following programs:

Medicaid, Medi-Cal, Medi-Cal for Families A&B (Monthly Premium Statement), Women, Infants, & Children (WIC), CalWORKs (TANF), Tribal TANF, Head Start Income Eligible - Tribal Only, Bureau of Indian Affairs General Assistance, CalFresh (Food Stamps), National School Lunch Program (NSLP), Low Income Home Energy Assistance Program (LIHEAP), Supplemental Security Income (SSI)

OR

List 2) If no one in your household participates in any of the programs mentioned above, **please send copies of income documents for every household member receiving income or aid.** The chart below lists income sources and required documents:

| If you receive: | Acceptable Documents |
|---|---|
| Wages, Salary, Tips, Commissions | Two most recent consecutive Pay Stubs, or W2, or IRS 1040 form |
| Social Security, SSI, SSDI, Pensions, Disability Payments, Workers Compensation, Unemployment Benefits | Statements of Benefits, or Copy of the Check, or Bank Statements showing the deposits, or IRS Form 1040, or IRS Form 1099 |
| Profit from Self-Employment | IRS Form 1040, plus Schedule C |
| Rental Income, Royalty Income | IRS Form 1040, plus Schedule E for rental income |
| Interest or Dividends from Savings Accounts, Retirement Accounts, Stocks, Bonds | IRS Form 1040, or IRS Form 1099(s). |
| Insurance, Legal settlements | Settlement documents |
| Child and/or Spousal Support | Court Documents, or Copy of the Check |
| School Grants, Scholarships, or Other Aid | Award Letters, or two most recent consecutive Pay Stubs, or Copy of the Check |
| None of the Sources Above | A statement explaining the sources of income used to support your household |

FOR INFORMATION ON CARE, CALL SOCALGAS AT:

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

Hearing Impaired (TDD/TTY): 1-800-252-0259 (available in English and Spanish only)

FAX: (213) 244-4665



CARE 20% Rate Discount Verification Form

Form 6675-E EN (06/14)

Please use DARK ink and print clearly to ensure proper processing

Correct way to mark circles: ●

CARE PROGRAM ML GT19A1
PO BOX 3249
LOS ANGELES, CA 90051-1249
FAX: (213) 244-4665



Customer Name
(as it appears on your bill):

Home Address
(street, city, zip):

Account Number:

Phone Number: () - -

E-mail Address: _____

I no longer qualify or wish to participate in CARE. Please remove my account from the CARE program.
 ← If you filled in this circle, please go directly to #4, sign at the bottom, and mail this form in the postage paid envelope provided within 90 days.

(1) Total number of persons in your household: 1 2 3 4 5 6 If more than 6:

(2) Please list names of everyone in your household (include you, additional adults, and children) and fill in the circle (●) to indicate whether each person is an adult or child.

| Name | | Adult/Child | | Name | | Adult/Child | |
|------|--|-----------------------|-----------------------|------|--|-----------------------|-----------------------|
| 1. | | <input type="radio"/> | <input type="radio"/> | 6. | | <input type="radio"/> | <input type="radio"/> |
| 2. | | <input type="radio"/> | <input type="radio"/> | 7. | | <input type="radio"/> | <input type="radio"/> |
| 3. | | <input type="radio"/> | <input type="radio"/> | 8. | | <input type="radio"/> | <input type="radio"/> |
| 4. | | <input type="radio"/> | <input type="radio"/> | 9. | | <input type="radio"/> | <input type="radio"/> |
| 5. | | <input type="radio"/> | <input type="radio"/> | 10. | | <input type="radio"/> | <input type="radio"/> |

Total Annual Household Income: If your household does not participate in any of the assistance programs from List 1, please fill in the circle (●) of your household's income range per year before deductions.

- \$0 - \$31,460
- \$31,461 - \$39,580
- \$39,581 - \$47,700
- \$47,701 - \$55,820
- \$55,821 - \$63,940
- If more than \$63,940, enter amount here: \$, .00 per year

(3) ***YOU MUST PROVIDE PROOF THAT YOU QUALIFY FOR THIS PROGRAM***
 I have **included** copies of documentation proving participation in an assistance program (list 1) **OR** income document(s) for every household member receiving income/aid (list 2). Please fill in a circle (●).
 Yes No

(4) **DECLARATION:** Please read and sign below.
 I state that the information and documents I have provided in this application are true and correct. I agree to inform SoCalGas if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that SoCalGas can share my information with other utilities or agents to enroll me in their assistance programs.

Signature: **X** _____ Date: / /

FOR SOCALGAS USE ONLY:
 1 = CE 2 = INCOME 3 = BOTH
 BLANK = INCOMPLETE
 INC: \$ _____ HH: _____ INITIALS: _____