

20% Discount CARE APPLICATION

For qualified Migrant Services and nonprofit migrant farm worker housing centers (MFHC).

The California Alternate Rates for Energy (CARE) program provides a 20 percent monthly discount on the natural gas bill for migrant services and nonprofit migrant farm worker housing centers that meet program criteria as established by the California Public Utilities Commission (CPUC). The discounted rate is available only to qualified facilities once SoCalGas receives and approves the application.

Instructions:

REVIEW the information on page 2. If you have questions, call SoCalGas at 1-800-207-8567.

CONFIRM that facilities meet the eligibility criteria and understand the responsibilities listed on page 2.

ATTACH all required documents. Application will not be approved without all required documentation.

MAIL TO: SoCalGas
CARE Program
P.O. Box 3249
Los Angeles, CA 90051-1249



Glad to be of service®

20% Discount CARE Application

For Qualified Migrant Services and Nonprofit
Migrant Farm Worker Housing Centers

Eligibility criteria for Migrant Farm Worker Housing Centers (MFHC)

Each MFHC **MUST** meet all of the following criteria:

- MFHC must operate in accordance with Section 50710.1(e) of the California Health and Safety Code, or must be a nonprofit migrant farm worker housing center.
- MFHC must be the utility customer of record.
- MFHC must verify that the facilities listed in this application have rates with residential end uses for CARE.
- MFHC must agree to use all CARE savings for the benefit of the occupants.

MFHC Responsibilities

MFHC is **REQUIRED** to:

- Provide a copy of current contract with the Office of Migrant Services, Department of Housing and Community Development or a copy of Federal 501 (c) (3) tax exemption or copy of state tax exemption form and current copy of local property tax exemption form.
- Maintain supporting records and documentation of how the CARE savings has benefited the occupants.
- Notify SoCalGas of any change that would remove or add to eligible facilities in this application. MFHC may be subject to rebilling if any of the facilities in this application are no longer eligible for the CARE discount.
- Update the application when notified by SoCalGas.

**Please COMPLETE and RETURN pages 3 and 4
for 20% Discount CARE Application**

The CARE program is funded by California utility customers and administered by SoCalGas under the auspices of the California Public Utilities Commission. Program funds will be allocated on a first-come, first-served basis until such funds are no longer available. This program may be modified or terminated without prior notice.



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MIGRANT FARM WORKER HOUSING CENTER INFORMATION:

NAME ON GAS BILL:		ACCOUNT NUMBER:	
NAME OF FACILITY (IF DIFFERENT FROM NAME ON GAS BILL):			
SERVICE ADDRESS:		CITY:	ZIP:
MAILING ADDRESS:		CITY:	ZIP:
FACILITY CONTACT:		EMAIL:	
PHONE: ()		FAX: ()	

ALL QUALIFIED SATELLITE FACILITIES (IF APPLICABLE):

FACILITY NAME:		ACCOUNT NUMBER:	
SERVICE ADDRESS:		CITY:	ZIP:
MAILING ADDRESS:		CITY:	ZIP:
FACILITY CONTACT:	PHONE: ()	EMAIL:	
TYPE OF METERING: INDIVIDUALLY METERED MASTER METERED		ENERGY USED FOR: RESIDENTIAL PURPOSE NON-RESIDENTIAL PURPOSE	

FACILITY NAME:		ACCOUNT NUMBER:	
SERVICE ADDRESS:		CITY:	ZIP:
MAILING ADDRESS:		CITY:	ZIP:
FACILITY CONTACT:	PHONE: ()	EMAIL:	
TYPE OF METERING: INDIVIDUALLY METERED MASTER METERED		ENERGY USED FOR: RESIDENTIAL PURPOSE NON-RESIDENTIAL PURPOSE	



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For Qualified Migrant Services and Nonprofit Migrant Farm Worker Housing Centers

ALL QUALIFIED SATELLITE FACILITIES CONTINUED

FACILITY NAME:		ACCOUNT NUMBER:	
SERVICE ADDRESS:		CITY:	ZIP:
MAILING ADDRESS:		CITY:	ZIP:
FACILITY CONTACT:	PHONE: ()	EMAIL:	
TYPE OF METERING: INDIVIDUALLY METERED MASTER METERED		ENERGY USED FOR: RESIDENTIAL PURPOSE NON-RESIDENTIAL PURPOSE	

FACILITY NAME:		ACCOUNT NUMBER:	
SERVICE ADDRESS:		CITY:	ZIP:
MAILING ADDRESS:		CITY:	ZIP:
FACILITY CONTACT:	PHONE: ()	EMAIL:	
TYPE OF METERING: INDIVIDUALLY METERED MASTER METERED		ENERGY USED FOR: RESIDENTIAL PURPOSE NON-RESIDENTIAL PURPOSE	

DECLARATION (Please read carefully and sign below.)

By signing this application, I certify under penalty of perjury that the information contained herein is true and accurate and agree to comply with all the eligibility criteria and MFHC responsibilities contained herein for all of the facilities listed in this application and I authorize SoCalGas to share my information in order to remain eligible for available energy management assistance, and price reduction and residential rate programs with other utilities, state agencies and entities designated by the CPUC.

AUTHORIZED REPRESENTATIVE'S NAME AND TITLE (PLEASE PRINT):	
AUTHORIZED REPRESENTATIVE'S SIGNATURE:	DATE:
AUTHORIZED REPRESENTATIVE'S TELEPHONE NUMBER:	

Return to:
SoCalGas CARE Program
P.O. Box 3249, Los Angeles, CA 90051-1249