20% DISCOUNT CARE APPLICATION

The California Alternate Rates for Energy (CARE) program* offers eligible SoCalGas customers a 20% discount on their monthly natural gas bill. The discount will be applied to the monthly bill following the date that the application is approved by SoCalGas. If you are a submetered tenant, your property owner/manager will be notified whether or not you are approved to receive the discount.

Please submit a completed application by using one of the methods listed below:

1) Visit **socalgas.com/CARE** and apply as a submetered tenant.
2) Call 1-866-716-3452 anytime, 24 hours a day. Please have your Facility ID ready.
3) Return the completed and signed form by mail or fax to (213) 244-4665.

There are TWO ways to qualify:

Public Assistance Programs

If you or another person in your household participates in any of these programs:

- Medi-Cal/Medicaid
- Medi-Cal for Families A&B
- Women, Infants & Children (WIC)
- CalWORKs (TANF)[1] or 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
- Supplemental Security Income

[1]Includes Welfare-To-Work

← OR →

Maximum household income

effective June 1, 2025 to May 31, 2026

Number of persons in household	Total annual income*
1-2	$42,300
3	$53,300
4	$64,300
5	$75,300
6	$86,300
7	$97,300
8	$108,300

Each additional person +$11,000

**Current household income from all sources before deductions.*

Conditions for participation:

1) You must meet the qualification requirements in one of the tables above. **2)** The natural gas bill must be in your name and the address must be your primary address. **3)** You must not be claimed as a dependent on another person's income tax return other than your spouse. **4)** You must recertify your application when requested. **5)** You must notify SoCalGas within 30 days if you no longer qualify. **6)** You may be asked to verify your eligibility for CARE.

Help for your home

Energy-saving home improvements from authorized local contractors at no cost.

Energy Savings Assistance Program

socalgas.com/Improvements
1-800-331-7593

Help for medical needs

Medical Baseline Allowance Program offers additional natural gas at the lowest baseline rate for those with qualifying medical conditions.

socalgas.com/Medical 1-866-431-3517

Help with your bill

Low Income Home Energy Assistance
Utility bill assistance and weatherization services.
1-866-675-6623

Help with your phone

California Lifeline
Discounted telephone services for eligible customers.
californialifeline.com

English: 1-800-427-2200
한국어: 1-800-427-0471
中文: 1-800-427-1429
廣東話: 1-800-427-1420
Español: 1-800-342-4545
Việt: 1-800-427-0478
FAX: (213) 244-4665
Hearing Impaired (TDD/TTY): 1-800-252-0259 (available in English and Spanish only)

20% **DISCOUNT** CARE APPLICATION

Please use dark blue or black ink only.

Please complete and return this application by mail, fax, or apply online at **socalgas.com/CARE**.

MAIL TO: SoCalGas CARE Program, P.O. Box 3249, Los Angeles, CA 90051-1249 or Fax to: (213) 244-4665

Please provide your Master Account and Facility ID to expedite the process.

MASTER ACCOUNT NUMBER (FIRST 10 DIGITS)

FACILITY I.D.

CUSTOMER NAME (FIRST AND LAST AS IT APPEARS ON YOUR BILL)

ADDRESS APT/SPACE #

CITY PRIMARY PHONE

1 **Total number of persons in your household (include yourself, other adults, and children):**

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ If more than 6:

2 **Are you (or someone in your household) enrolled in any of the following assistance programs?**

☐ **YES (If yes, please fill in the circle(s) ●)**

- ☐ Medi-Cal/Medicaid: Under age 65
- ☐ Medi-Cal/Medicaid: 65 or older
- ☐ Medi-Cal for Families A&B
- ☐ Women, Infants and Children Program (WIC)
- ☐ CalWORKs (TANF) or 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

☐ **NO (If no, what is your yearly household income before deductions, including all members of the household?)**

- ☐ $0-$42,300
- ☐ $42,301-$53,300
- ☐ $53,301-$64,300
- ☐ $64,301-$75,300
- ☐ $75,301-$86,300
- ☐ If more than $86,300, enter the dollar amount here

$, .00 per year.

Please mark your sources of income

- ☐ Social Security
- ☐ SSP or SSDI
- ☐ Pensions
- ☐ Interest or dividends from savings, stocks, bonds, or retirement accounts
- ☐ Wages and/or salary
- ☐ Unemployment benefits
- ☐ Insurance or legal settlements
- ☐ Disability or workers compensation payments
- ☐ Spousal or child support
- ☐ Scholarships, grants, or other aid used for living expenses
- ☐ Rental or royalty income
- ☐ Cash, other income, or profit from self-employment

3 **Declaration,** Please read and sign below.

I state that the information I have provided in this application is true and correct. I agree to provide proof of CARE program eligibility if asked. I agree to inform SoCalGas within 30 days if I no longer qualify to receive a discount. I understand that if I receive the discount without qualifying for it, I am required to pay back the discount I received. 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.

SIGNATURE: X DATE: / /

* These programs referred to above are 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. These programs may be modified or terminated without prior notice. Eligibility requirements apply; see each program's conditions for details. **The selection, purchase, and ownership of goods and/or services are the sole responsibility of customer. SoCalGas makes no warranty, whether express or implied, including the warranty of merchantability or fitness for a particular purpose, of goods or services selected by customer. Customers who choose to participate in these programs are not obligated to purchase any additional goods or services offered by any third party. SoCalGas does not endorse, qualify, or guarantee the work of any third party.**

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