Application for California Alternate Rates for Energy (CARE) Program

Get a discount on your gas bill!

CARE provides a 20% discount on your gas bill every month for income-qualified customers. This discount is available for your primary residence only. The Southwest Gas bill must be in your name. You may not be claimed as a dependent on another person's income tax return other than your spouse's. You will need to renew your application every two years or when requested by Southwest Gas.

Qualification for the CARE Program is based on your household income and household size. Review the chart below, and if you think you may qualify, complete and return this application.

CARE Program Income Requirements Maximum Household Income: (effective June 1, 2010 through May 31, 2011) Number of persons living in my home 5 1 or 2 6 Total combined gross annual income \$31,300 \$36,800 \$44,400 \$52,000 \$59,600 (from ALL sources) For each additional person, add \$7,600.

CARE RATE APPLICATION

Entire application must be completed and signed. Please print clearly.

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\ !	wages or profit from self-employment Pension Disability or Workers' Compensation payments SSP or SI Insurance or legal settlements TANF Scholarships, grants, or other aid used for living expenses Interest/dividends from: savings, stocks, bonds, or retirement accounts															ons SSI s	Social Security or SSDI Unemployment benefits Spousal or child support Rental or royalty income Cash and/or other income										
To:																mbe	er o	r of persons living in my household:									
Adults															_	Chi	ildre	en	Т	otal	_						
Your name																											
Yo	ur ho	me	add	ress	(inc	lude	ара	artm	ent	or s	pace	e nu	mbe	er)													
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Source Code (Southwest Gas Use Only) SWGC - 70000															0												
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Get a DISCOUNT on your gas bill and SAVE MONEY! Check inside to see if you qualify. Enrolling is easy!

factura de gas y AHORRE DINERO! Reciba un DESCUENTO en su

Pida una solicitud del programa **CARE en español**

> NO POSTAGE **NECESSARY** IF MAILED IN THE UNITED STATES

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Form 902.6 / 7000 (2010-2011)



BUSINESS REPLY MAIL PERMIT NO. 478

FIRST-CLASS MAIL

POSTAGE WILL BE PAID BY ADDRESSEE:

ATTN CARE **SOUTHWEST GAS CORPORATION PO BOX 1498** VICTORVILLE CA 92393-9969

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This application may also be completed online at: www.swgas.com/assistance/ca/care

For more information visit www.swgas.com or call:

Customer Assistance.....(877) 860-6020 Hearing Impaired......711

Other programs and services you may qualify for:

LIEE (Low-Income Energy Efficiency Program) offers energy-saving home improvements at no cost. For more information, please call:

Southern California -

Community Action Partnership of San Bernardino County, English and Spanish-speaking customers, 1-800-635-4618 Northern California -

Project Go, Inc., 1-800-655-7705;

Spanish-speaking customers, 1-866-812-5766

LIHEAP (Low-Income Home Energy Assistance Program) provides bill payment assistance, emergency bill assistance, and weatherization services.

Call the Department of Community Services and Development at 1-866-675-6623 for more information.

Seal and mail the completed application to Southwest Gas. No postage is necessary.