

CARE PROGRAM APPLICATION FOR TENANTS OF SUBMETERED RESIDENTIAL FACILITIES

Get a discount on your gas bill!

CARE provides a 20% discount on your monthly gas bill for income-qualified customers.

Review the chart below, and if you think you may qualify, complete and return entire application.

CARE Program Income Requirements

Maximum Household Income: *(effective June 1, 2007 through May 31, 2008)*

Number of persons living in my home	1 or 2	3	4	5	6
Total combined annual income (from ALL sources)	\$29,300	\$34,400	\$41,500	\$48,600	\$55,700
	<i>For each additional person, add \$7,100.</i>				

Entire application must be completed and signed

I understand the definition of "gross (before taxes) household income" is all money and noncash benefits available for living expenses from all sources, both taxable and nontaxable, before deductions, including expenses, for all people who live in my home.

Please check (✓) ALL sources of your income.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Wages or salaries | <input type="checkbox"/> Scholarships, grants, or other aid used for living expenses | <input type="checkbox"/> Workers' compensation | <input type="checkbox"/> Food stamps |
| <input type="checkbox"/> Interest or dividends from: savings accounts, stocks or bonds, or retirement accounts | <input type="checkbox"/> Profit from self-employment (IRS Form 1040, Schedule C, line 29) | <input type="checkbox"/> Social Security or SSI | <input type="checkbox"/> Child support |
| <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Disability payments | <input type="checkbox"/> Pensions | <input type="checkbox"/> Spousal support |
| <input type="checkbox"/> Rental or royalty income | | <input type="checkbox"/> Insurance settlements | <input type="checkbox"/> Gifts |
| | | <input type="checkbox"/> Legal settlements | <input type="checkbox"/> Other Income |
| | | <input type="checkbox"/> TANF (AFDC) | |

Total combined annual household income:

\$,

See Maximum Household Income listed above.

Number of persons living in my household:

	+		=	
Adults		Children		Total

Qualification for the CARE Program is based on your household income and household size.

PLEASE PRINT CLEARLY

TENANT INFORMATION

Your name

Contact phone number

Your home address (include apartment or space number)

City

State

ZIP Code

Mailing address (if different from home address)

City

State

ZIP Code

FACILITY LANDLORD OR MANAGER INFORMATION

Facility name

 - -

Southwest Gas facility account number (if available)

Contact phone number

Facility address

City

State

ZIP Code

I certify that I have read all information on both sides of this application and 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 Southwest Gas and my landlord or manager if I no longer qualify to receive the CARE discount. I understand that if I receive the CARE discount without meeting the qualifications I may be required to pay back the CARE discount I received. I understand that Southwest Gas can share my information with other utilities or their agents to enroll me in their assistance programs.

Tenant Signature

Date

Source Code (Southwest Gas Use Only) SWGC - 7500



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

If you have any questions, please call:

CARE Customer Assistance.....(800) 443-8093

Hearing Impaired.....711

Apply online at: www.swgas.com

Other programs and services you may qualify for: 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.

TENANTS - To qualify for a rate discount through your facility landlord or manager, submetered tenants must meet these qualifications:

- Submetered tenants do not receive a gas bill from Southwest Gas.
- Submetered tenants receive gas service and a gas bill from their facility landlord or manager.
- The submetered tenant's total combined annual household income cannot exceed the income guidelines (see chart on reverse side).

I CERTIFY:

- I understand the energy bill from my landlord must be in my name.
- I understand I must notify Southwest Gas if I move or exceed the income requirements.
- I am not claimed on another person's income tax return.
- I understand Southwest Gas has the right to verify my household income.
- I will renew my application every year or when requested by Southwest Gas.
- I understand that I will receive the discount from my landlord or manager beginning with the first regular billing after Southwest Gas notifies my landlord or manager that my completed application has been processed and approved.

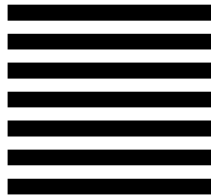


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 478 LAS VEGAS NV

POSTAGE WILL BE PAID BY ADDRESSEE:

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



CARE (NOTICE AND APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY)

Program Application for
Tenants of Submetered Residential Facilities

Get a **DISCOUNT** on your gas bill and **SAVE MONEY!**

Check inside to see if you qualify.
Enrolling is easy!

¡Reciba un **DESCUENTO** en su factura de gas y **AHORRE DINERO!**
Pida una solicitud del programa **CARE** en español.



www.swgas.com