



SOUTHWEST GAS CORPORATION

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.

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, 2009 through May 31, 2010)

Number of persons living in my home	1 or 2	3	4	5	6
Total combined annual income (from ALL sources)	\$30,500	\$35,800	\$43,200	\$50,600	\$58,000
	<i>For each additional person, add \$7,400.</i>				

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 your home.

This includes, but is not limited to, the following:

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:

\$,

Number of persons living in my household:

<input type="text"/> <input type="text"/>	+	<input type="text"/> <input type="text"/>	=	<input type="text"/> <input type="text"/>
Adults		Children		Total

See Maximum Household Income listed above.

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

CARE RATE APPLICATION

Source Code (Southwest Gas Use Only) -

I certify:

- The Southwest Gas bill is in my name.
- I understand Southwest Gas reserves the right to verify my household's income.
- I am not claimed on another person's income tax return.
- I will renew my application every two years or when requested by Southwest Gas.

Entire application must be completed and signed.

PLEASE PRINT CLEARLY

Your name

Your home address (include apartment or space number)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City

State

ZIP Code

- -

Southwest Gas account number

Contact phone number

Mailing address (if different from home address) City State ZIP Code

I certify 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 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.

Customer Signature

Date



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

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

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

Pida una solicitud del
programa CARE en español.

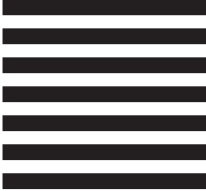
Form 902.6 / 7000 2009-2010



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



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

If you have any questions, please call:

Customer Assistance(877) 860-6020

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.
- **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**