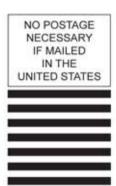
Get a DISCOUNT on your gas bill and SAVE MONEY!

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.



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

Hdooldollddoollddoblodloldooll

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

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

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.

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 1 or 2 3 6 \$31,300 \$44,400 \$52,000 \$59,600 Total combined gross annual income \$36,800 (from ALL sources) For each additional person, add \$7,600. CARE RATE APPLICATION Entire application must be completed and signed. Please print clearly. 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 that apply): Wages or profit from self-employment Pensions Social Security or SSDI Disability or Workers' Compensation payments SSP or SSI Unemployment benefits Insurance or legal settlements TANE Spousal or child support Scholarships, grants, or other aid used for living expenses Rental or royalty income Interest/dividends from: savings, stocks, bonds, or retirement accounts Cash and/or other income Total combined gross annual household income: Number of persons living in my household: Adults Children Total Your name Your home address (include apartment or space number) State ZIP Code City Southwest Gas account number Contact phone number Source Code (Southwest Gas Use Only) | S | W | G | C | -I certify that the information I have provided in this application is true and correct. I understand that Southwest Gas reserves the right to verify my household's income and I agree to provide proof of income, if asked. I agree to inform Southwest Gas within 30 days 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

Date

Customer Signature

me in their assistance programs.