

CARE

Application for California
Alternate Rates for Energy

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.



SOUTHWEST GAS
smarter > greener > better™

Form 902.6 / 7000 (2010-2011)



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

POSTAGE WILL BE PAID BY ADDRESSEE:

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



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



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:

LIIE (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	4	5	6
Total combined gross annual income (from ALL sources)	\$31,300	\$36,800	\$44,400	\$52,000	\$59,600

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):

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Wages or profit from self-employment | <input type="checkbox"/> Pensions | <input type="checkbox"/> Social Security or SSDI |
| <input type="checkbox"/> Disability or Workers' Compensation payments | <input type="checkbox"/> SSP or SSI | <input type="checkbox"/> Unemployment benefits |
| <input type="checkbox"/> Insurance or legal settlements | <input type="checkbox"/> TANF | <input type="checkbox"/> Spousal or child support |
| <input type="checkbox"/> Scholarships, grants, or other aid used for living expenses | | <input type="checkbox"/> Rental or royalty income |
| <input type="checkbox"/> Interest/dividends from: savings, stocks, bonds, or retirement accounts | | <input type="checkbox"/> 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)

City

State

ZIP Code

-

Southwest Gas account number

-

Contact phone number

Source Code (Southwest Gas Use Only) -

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 me in their assistance programs.

Customer Signature

Date

