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.

There are 2 ways to qualify!

1. Public Assistance Program Eligibility

If you or someone in your household pa	articipate(s) in any of the following program	s, please select the program(s) below:
Medicaid/Medi-Cal (age 65 and over)	CalFresh/SNAP (Food Stamps)	National School Lunch Program (NSLP)
Medicaid/Medi-Cal (under age 65)	Head Start Income Eligible (Tribal Only)	Low Income Home Energy Assistance Program (LIHEAP)
Medi-Cal for Families A&B (Healthy Families A&B)	Bureau of Indian Affairs General Assistance	CalWORKS (TANF) or Tribal TANF
Supplemental Security Income (SSI)	Women Infants and Children (WIC)	

2. Income Eligibility

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expenses

payments

Disability or Workers' Compensation

bonds, or retirement accounts

Interest/Dividends from: savings, stocks,

You can also qualify for CARE if you meet the income guideline qualifactions based on your household income and household size. You do not need to complete this section if you qualify through an eligible Public Assistance Program and have completed the section above.

CA	RE Progra	m Income H	Requireme	nts (effectiv	<i>ie June 1, 20</i>	24 through	May 31, 2025	5)	
Number of persons	arsons 1-2		4	5	6	7	8		
Number of persons living in my home	\$40,880	\$51,640	\$62,400	\$73,160	\$83,920	\$94,680	\$105,440		
		For eacl	h additiond	al person, a	dd \$10,760.				
	Total	combined	gross annu	al househo	ld income (fı	rom ALL sou	ırces)		
The definition of "gr expenses from all so live in your home.	oss (befor urces, both	e taxes) ho i taxable ai	ousehold i nd nontax	ncome" is able, befor	all money e deductior	and nonca ns, includin	sh benefits a g expenses,	available for l for all people	iving who
Please provide your to and select all income s			nual house	hold incom	e, provide th	ne number o	of persons livi	ng in your hou	sehold
Total combined gros	s annual hou	usehold inco	me:	N	lumber of per	rsons living ir	n my household	ł:	
\$,	. 00) per year			Adults +	Children	Total		
Wages or profit from se	elf-employm	ient	Social S	ecurity/SSDI	/SSI/SSP		Cash and/o	r other income	
Scholarships/grants/ai	d used for liv	/ina	TANF				Pensions		

Insurance or Legal Settlements

Unemployment benefits

Rental/Royalty Income Spousal or Child Support

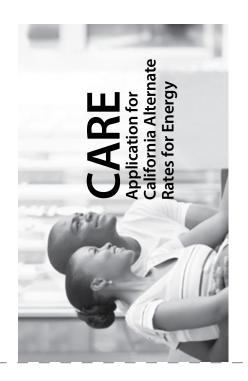
Entire application must be completed and signed. Please print clearly.

Your name (as shown on Southwest Gas bill)																									
Your ho	ome /	gas	ser	vice	add	lress	inc	lud	e ap	artn	nent	ors	spac	e nu	ımb	er)									
City																		:	C State	A]	ZIP C	Code		
]				-] -]	
South	west (Gas	acco	ount	nur	nbe	r					Con	tact	t pho	one	num	nber								
lf vou		2001		ovid	od a	6011	rco (ode	nla	200	ont	or it	aho												
If you have been provided a source code, please enter it above.																									

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 eligibility and I agree to provide proof of eligibility, 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.

Signature





- Get a DISCOUNT on your gas bill and SAVE MONEY!
- Check inside to see if you qualify Enrolling is easy!



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Visit swgas.com/CARE to complete this application on Spanish, large-type and master-meter tenan	
Visite swgas.com/CARE para completar esta solicitud sobre el int los formularios para inquilinos en español, de letra grande y d	<i>,</i> ,
For more information call:	
Customer Solutions	

Hearing Impaired.....

OTHER ASSISTANCE PROGRAMS AND SERVICES

Whether you own or rent your residence, the **Energy Savings Assistance Program** is a great way to increase the energy efficiency of your home. It provides income-qualified customers with money-saving improvements at no cost.

EPP Billing - Your monthly bill will be averaged out to allow you to budget your energy costs and eliminate big payment swings.

Medical Baseline - If you depend on life-support or other equipment due to medical needs, you may be eligible for additional energy at the lowest price through the Medical Baseline Program.

Low Income Home Energy Assistance Program (LIHEAP) - If you spend a high percentage of your income on energy bills, you may be eligible to receive financial assistance and weatherproofing — services through this program administered by the California Department of Community Services and Development (866) 675-6623.

Universal Lifeline Telephone Service (ULTS) - Get discounted telephone access when you meet similar income guidelines as the CARE Program. To learn more, contact your local phone service provider.

Visit swgas.com/caassist to learn more about these helpful programs and services.

California Customers

California Consumer Privacy Act ("CCPA") - NOTICE AT COLLECTION

Under the CCPA, Southwest Gas is required to notify you of the personal information we collect about you and why we collect it. This notice applies solely to customers, users, and others who reside in the state of California. A list of the categories of personal information we may collect about you and how we use such information can be found in our CCPA Privacy Policy on our website at **https://www.swgas.com/ccpa**.