

# West Coast Gas Company, Inc.

9203 Beatty Drive, Sacramento, CA 95826

(916) 364-4100 / Fax (916) 364-4200

E-mail westgas@aol.com / www.westcoastgas.com

## Application for CARE Program

Date: \_\_\_\_\_

WCG Account #: \_\_\_\_\_

Customer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: **Mather, CA 95655**

### **Eligibility - To Be Complete by Applicant:**

Identification of persons permanently residing in household

<b><u>NAME - PLEASE PRINT</u></b>	<b><u>SOCIAL SECURITY NUMBER</u></b>	<b><u>RELATIONSHIP TO APPLICANT</u></b>
1. _____	_____	Applicant / Customer
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Total Gross Annual Income\* for **ALL** persons residing in household \$ \_\_\_\_\_.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**APPLICANT NEEDS TO PROVIDE WEST COAST GAS COMPANY, INC. WITH DOCUMENTATION VERIFYING INCOME AND IF ON SMUD'S ENERGY REDUCED RATE PROGRAM, A COPY OF THE SMUD BILL.**

### **Consent to Continuing Verification**

Applicant, by completing this CARE application, hereby agrees that West Coast Gas Co., Inc. may verify the Customer's eligibility at any time. If at any time, verification by West Coast Gas Co., Inc. establishes that a Customer is ineligible, the Customer will be removed from the program and West Coast Gas Co., Inc. may render a corrective billing. It is the Applicant's responsibility to inform West Coast Gas Co., Inc. that the Applicant no longer qualifies for the CARE rate. Upon request by West Coast Gas Co., Inc., Applicant agrees to furnish such information regarding annual income so that West Coast Gas Co., Inc. can verify past and continuing eligibility for the CARE Program.

\*Gross Annual Income is income from **ALL** sources including wages, salaries, retirement payments including social security, supplemental social security (SSI), disability payments, dividends and interest.

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## **REQUIRED PROOFS OF INCOME**

*Proof of income must be current and show dollar amount.*

- Pay Check stub(s): current stub(s) covering a one month period and showing gross income; **or**
- Social Security: copy of current check(s); SSA Form 1099, 4926 or 2458; computer printout from Social Security Administration; **or**
- Pension and Annuities copy of current check: verification on letterhead or annual statement from pension plan; **or**
- Disability Compensation: copy of current check; printout or letter from agency or insurance company verifying the compensation amount; **or**
- Unemployment Benefits: copy of current check(s); printout from Employment Development Department; **or**
- Interest Income: monthly or quarterly bank statement; statement of interest income from bank or agency; **or**
- Child and/or Spousal Support: copy of current check; **or**
- Support From An Individual: copy of a check and statement signed by person providing the support; **or**
- General Assistance: Notice of Action from County Social Services; copy of current check; **or**
- Student Aid: Financial Aid statement from College or University; **or**
- Temporary Assistance for Needy Families (TANF): Notice of action; or computer printout; or benefit letter; copy of check; **or**
- Food Stamps: Notice of Action or benefit letter from eligibility worker showing dollar amount of assistance; **or**
- Supplemental Security Income: Notice of Planned Action or Form 2458; computer printout from Social Security Office; copy of bank statement showing SSI direct deposit; copy of SSI check; **or**
- Veteran's Benefits: A letter indicating receipt of Veteran's Pension; copy of Veteran's Administration check.

### **CARE Maximum Income Guidelines**

Household Size	Yearly Income
1-2	\$33,820
3	\$42,660
4	\$51,500
5	\$60,340
6	\$69,180
7	\$78,020
8	\$86,860
Each Additional	\$8,840

*You are not eligible for CARE if you are claimed as a dependent on another person's income tax return.*