

# WEST COAST GAS COMPANY INC. CARE APPLICATION

**PLEASE PRINT CLEARLY.**

Entire application must be completed, signed and returned to **West Coast Gas Company Inc. (WCG)** either by **mail** to 9203 Beatty Drive, Sacramento, CA 95826, **fax** at 916-364-4200 or **email** at westgas@aol.com.

## CUSTOMER INFORMATION

WCG ACCOUNT NUMBER \_\_\_\_\_

YOUR NAME (AS SHOWN ON WCG BILL) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

NUMBER OF PERSONS PERMANENTLY RESIDING IN HOUSEHOLD:  +  =   
ADULTS CHILDREN TOTAL

**I HEREBY CERTIFY:**

- My name is on the WCG bill
  - I am not claimed on another person's income tax return
  - I will renew my application when requested by WCG
- I will notify WCG if I no longer qualify for this rate
  - I understand that WCG reserves the right to verify my household's income

## INCOME ELIGIBILITY

### Maximum Gross Yearly Household Income Guidelines (Effective as of June 1, 2020)

Household Size	Gross Yearly Income
1 to 2	\$34,480
3	\$43,440
4	\$52,400

Household Size	Gross Yearly Income
5	\$61,360
6	\$70,320
7	\$79,280

Household Size	Gross Yearly Income
8	\$88,240
Each Additional Person	\$8,960

**Gross (before taxes) Yearly Income is income from ALL sources for ALL persons residing in the household. This includes, but is not limited to the following:**

*Please check (✓) ALL sources of your household income.*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Wages / Salary          | <input type="checkbox"/> SSI                       | <input type="checkbox"/> Retirement Payments                              |
| <input type="checkbox"/> Pension                 | <input type="checkbox"/> Unemployment Benefits     | <input type="checkbox"/> Scholarships / Grants / Other Living Expense Aid |
| <input type="checkbox"/> Social Security         | <input type="checkbox"/> Disability /Worker's Comp | <input type="checkbox"/> Insurance / Legal Settlements                    |
| <input type="checkbox"/> Cash / Other Income     | <input type="checkbox"/> Rents / Royalty Income    | <input type="checkbox"/> Interest / Dividends / Annuities                 |
| <input type="checkbox"/> Spousal / Child Support | <input type="checkbox"/> Food Stamps               | <input type="checkbox"/> Temporary Assistance for Needy Families          |

**TOTAL COMBINED GROSS YEARLY HOUSEHOLD INCOME:**

*Example: Current monthly income x 12 months = yearly household income*

Are you part of the SMUD discount program EARP?     YES     NO

## DECLARATION

I state that the information I have provided in this application is true and correct. I understand that I may be requested to provide updated documentation of eligibility at any time and agree to do so regardless of how I initially became eligible for the discount. I agree to inform West Coast Gas Company Inc. if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received.

\_\_\_\_\_  
CUSTOMER'S SIGNATURE

\_\_\_\_\_  
DATE