

WEST COAST GAS COMPANY INC. CARE APPLICATION

PLEASE PRINT CLEARLY.

Entire application, along with proof of income, 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, 2021)

Household Size	Gross Yearly Income
1 to 2	\$34,840
3	\$43,920
4	\$53,000

Household Size	Gross Yearly Income
5	\$62,080
6	\$71,160
7	\$80,240

Household Size	Gross Yearly Income
8	\$89,320
Each Additional Person	\$9,080

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 and attach proof to this application.

- | | | |
|--|--|---|
| <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 *If yes, please include a copy of your SMUD bill.* 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