

# 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, 2022)

Household Size	Gross Yearly Income
1 to 2	\$36,620
3	\$46,060
4	\$55,500

Household Size	Gross Yearly Income
5	\$64,940
6	\$74,380
7	\$83,820

Household Size	Gross Yearly Income
8	\$93,260
Each Additional Person	\$9,440

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 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 \_\_\_\_\_