



WEST COAST GAS COMPANY INC.

California Alternative Rates for Energy (CARE) Application

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.

PLEASE PRINT CLEARLY.

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:

- | | |
|---|--|
| <ul style="list-style-type: none"> ▪ 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 | <ul style="list-style-type: none"> ▪ 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 |
|---|--|

THERE ARE 2 WAYS TO QUALIFY!

1. PUBLIC ASSISTANCE PROGRAM ELIGIBILITY

If you or someone in your household participates in any of the following programs, please select the programs below:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Medi-Cal / Medicaid <input type="checkbox"/> Medi-Cal for Families A&B (Healthy Families A&B) <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> SMUD Energy Assistance Program Rate (EAPR) | <ul style="list-style-type: none"> <input type="checkbox"/> Women, Infants and Children (WIC) <input type="checkbox"/> National School Lunch Program (NSLP) <input type="checkbox"/> CalFresh/SNAP (Food Stamps) <input type="checkbox"/> CalWorks (TANF) / Tribal TANF |
|--|---|

OR

2. INCOME ELIGIBILITY

Maximum Gross Yearly Household Income Guidelines (Effective as of June 1, 2022)

Household Size	1-2	3	4	5	6	7	8
Gross Yearly Income	\$36,620	\$46,060	\$55,550	\$64,940	\$74,380	\$83,820	\$93,260

For each additional person, add \$9,440

Gross (before taxes) Yearly Income, is income from ALL sources for ALL persons residing in the household.

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

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Wages / Salary <input type="checkbox"/> Pension <input type="checkbox"/> Social Security <input type="checkbox"/> Cash / Other Income | <ul style="list-style-type: none"> <input type="checkbox"/> Spousal / Child Support <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Disability /Worker's Comp <input type="checkbox"/> Rents / Royalty Income | <ul style="list-style-type: none"> <input type="checkbox"/> Retirement Payments <input type="checkbox"/> Scholarships / Grants / Other Living Expense Aid <input type="checkbox"/> Insurance / Legal Settlements <input type="checkbox"/> Interest / Dividends / Annuities |
|---|---|--|

TOTAL COMBINED GROSS YEARLY HOUSEHOLD INCOME:

\$

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

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