



**APPLICATION FOR CARE PROGRAM DISCOUNT**  
Alpine Natural Gas (ANG)

**1) RULES FOR PARTICIPATION**

- The ANG bill must be in your name.
- You must notify ANG within 30 days if you no longer qualify.
- You may not be claimed on another person's income tax return other than your spouse.
- You must renew your application when requested. Re-certification is required every year.
- You may be asked to verify your income.

**CARE & ENERGY SAVINGS ASSISTANCE PROGRAM (200% of FPG)**

As of June 1, 2018

| <b>HOUSEHOLD SIZE</b>             | <b>Total Combined Annual Income</b> |
|-----------------------------------|-------------------------------------|
| 1 or 2                            | \$32,920                            |
| 3                                 | \$41,560                            |
| 4                                 | \$50,200                            |
| 5                                 | \$58,840                            |
| 6                                 | \$67,480                            |
| 7                                 | \$76,120                            |
| 8                                 | \$84,760                            |
| <i>For each additional person</i> | \$ 8,640                            |

Your household's gross annual income may not exceed these CARE Income Guidelines

**2) TOTAL YOUR HOUSEHOLD'S INCOME**

**YOU MUST COUNT ALL SOURCES OF YOUR HOUSEHOLD'S INCOME, INCLUDING:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Wages or Salaries                                | <input type="checkbox"/> Disability Payments  | <input type="checkbox"/> TANF (AFDC)            |
| <input type="checkbox"/> Interest or Dividends                            | <input type="checkbox"/> Workers Compensations  | <input type="checkbox"/> Food Stamps            |
| <input type="checkbox"/> Unemployment Benefits                            | <input type="checkbox"/> Social Security, SSI, SSP  | <input type="checkbox"/> Child Support          |
| <input type="checkbox"/> Rental or Royalty Income                         | <input type="checkbox"/> Pensions   | <input type="checkbox"/> Cash &/or Other Income |
| <input type="checkbox"/> Insurance Settlements                            | <input type="checkbox"/> Legal Settlements  | <input type="checkbox"/> Spousal Support        |
| <input type="checkbox"/> Scholarships, Grants, or Other Aid Used Expenses | <input type="checkbox"/> Profit from Self-Employment (IRS Form for Living 1040, Schedule C, line29) |   |

**3) COMPLETE THE APPLICATION (Please print clearly)**

\_\_\_\_\_  
Your Name 00 \_\_\_\_ 0 1 0  
ANG acct. number

\_\_\_\_\_  
Your Address Valley Springs CA 95252  
( ) \_\_\_\_\_ - **Number of Persons in Household: Adults + Children**

Home Telephone # \_\_\_\_\_  
**Total Annual Household Income \$** \_\_\_\_\_

\_\_\_\_\_  
**Customer Signature** **Date**

I state that the information I have provided in this application is true and correct, I agree to provide proof of income if asked, I agree to inform Alpine Natural Gas if I no longer qualify to receive the discount. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. I understand that ANG can share my information with other utilities or their agents to enroll me in their assistance programs.