

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,** | **2020** |  | |
|  | | **HOUSEHOLD SIZE** |  | **Total Combined Annual Income** | | | | |
| 1 or 2 | | | | $34,480 | | | | |
| 3 | | | | $43,440 | | | | |
| 4 | | | | $52,400 | | | | |
| *5* | | | | $61,360 | | | | |
| *6* | | | | $70,320 | | | | |
| *7* | | | | $79,280 | | | | |
| *8* | | | | $88,240 | | | | |
| *For each additional person* | | | | $ 8,960 | | | | |
|  | 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:**

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

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

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Your Name **ANG acct. number**

0 1 0

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.

**Effective June 1, 2020**