



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, 2021

HOUSEHOLD SIZE	Total Combined Annual Income
1-2	\$34,840
3	\$43,920
4	\$53,000
5	\$62,080
6	\$71,160
7	\$80,240
8	\$89,320
Each Additional Person	\$9,080

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 _____ ANG acct. number _____ 00 _____ 010

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, 2021

Advice Letter No. 61-G

Michael Lamond

Date Filed: April 30, 2021

Name

Effective: June 1, 2021

Decision No.

CFO

Resolution No. E-3524

Title