



APPLICATION FOR CARE PROGRAM DISCOUNT – 2024-25

Alpine Natural Gas (ANG)

CARE provides a 20% discount on your gas bill every month for qualified customers. Please see the rules below to check whether you qualify to participate in ANG’s CARE program.

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.
- You may be asked to verify your income.
- You must meet one of the following two eligibility methods: (1) Public Assistance Program Eligibility or (2) Income Eligibility.

2) **DETERMINE WHETHER YOU ARE ELIGIBLE**

a. Public Assistance Program Eligibility: If you or someone in your household participate in any of the following programs, please select the program(s) below:

- | | | |
|---|--|---|
| <input type="checkbox"/> Medicaid/Medi-Cal (age 65 and over) | <input type="checkbox"/> CalFresh/SNAP (Food Stamps) | <input type="checkbox"/> National School Lunch Program (NSLP) |
| <input type="checkbox"/> Medicaid/Medi-Cal (under 65) | <input type="checkbox"/> Head Start Income Eligible (Tribal Only) | <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) |
| <input type="checkbox"/> Medi-Cal for Families A&B (Healthy Families A&B) | <input type="checkbox"/> Bureau of Indian Affairs General Assistance | <input type="checkbox"/> CalWORKS (TANF) or Tribal TANF |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Women, Infants and Children (WIC) | |

b. Income Eligibility: You can also qualify for CARE if you meet the CARE Income Guidelines below. If you qualify through a Public Assistance Program above, and have completed the section above, then you do not need to also meet these income eligibility requirements.

Household Size	Income Eligibility Upper Limit *
1-2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440
Each Additional Person	\$10,760

*Upper Limit Calculation = 200% of Federal Poverty Guidelines

Annual Household Income*: \$ _____.

* This is all money and noncash benefits available for living expenses from all sources, both taxable and nontaxable, before deductions, including expenses, for all people who live in your home. Please select all income sources below that apply.

- | | | |
|---|--|---|
| <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 |

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3) **COMPLETE AND SIGN THE APPLICATION** *(Please Print Clearly)*

Your Name _____
Your Address _____

Valley Springs, CA 95252
Telephone Number _____
ANG Account Number 00 ____ _ 010
Number of persons in household: Adults _____ + Children _____
Total Annual Household Income: \$ _____

Customer Signature

Date

I state that the information I have provided in this application is true and correct, I agree that 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.