



## APPLICATION FOR CARE PROGRAM DISCOUNT – 2025-26 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:

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

**b. Income Eligibility:** You can also qualify for CARE if you meet the CARE Income Guidelines below, which are effective as of June 1, 2025. 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	\$42,300
3	\$53,300
4	\$64,300
5	\$75,300
6	\$86,300
7	\$97,300
8	\$108,300
Each Additional Person	\$11,000

\*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.

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

### **APPLICATION FOR CARE PROGRAM DISCOUNT – 2025-26 Alpine Natural Gas (ANG)**

**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 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.