

CARE Program Application for Tenants of Submetered Residential Facilities

Get a discount on your gas bill!

CARE provides a 20% discount on your monthly gas bill for income-qualified customers.

QUALIFICATION for the CARE Program is based on your household income and household size.

REVIEW the chart below, and if you think you may qualify, complete and return entire application.

CARE Program Income Requirements

Maximum Household Income: (effective June 1, 2011 through May 31, 2012)

Number of persons living in my home	1 or 2	3	4	5	6
Total combined gross annual income (from ALL sources)	\$31,800	\$37,400	\$45,100	\$52,800	\$60,500

For each additional person, add \$7,700.

Entire application must be completed and signed. Please print clearly.

The definition of "gross (before taxes) household income" 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.

This includes, but is not limited to, the following (please check (✓) ALL that apply):

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Wages or profit from self-employment | <input type="checkbox"/> Pensions | <input type="checkbox"/> Social Security or SSDI |
| <input type="checkbox"/> Disability or Workers' Compensation payments | <input type="checkbox"/> SSP or SSI | <input type="checkbox"/> Unemployment benefits |
| <input type="checkbox"/> Insurance or legal settlements | <input type="checkbox"/> TANF | <input type="checkbox"/> Spousal or child support |
| <input type="checkbox"/> Scholarships, grants, or other aid used for living expenses | | <input type="checkbox"/> Rental or royalty income |
| <input type="checkbox"/> Interest/dividends from: savings, stocks, bonds, or retirement accounts | | <input type="checkbox"/> Cash and/or other income |

Total combined gross annual household income:

\$, . 00 per year

Number of persons living in my household

+ =
 Adults Children Total

TENANT INFORMATION

Your name

Your home address (include apartment or space number)

 -

City

ZIP code

Contact phone number

Mailing address (if different from home address)

City

State

ZIP code

FACILITY LANDLORD OR MANAGER INFORMATION

Facility name

 -

Southwest Gas facility account number (if available)

Contact phone number

Facility address

City

State

ZIP code

Source Code (Southwest Gas Use Only) -

I certify that I have read all information on both sides of this application and 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 Southwest Gas and my landlord or manager within 30 days if I no longer qualify to receive the CARE discount. I understand that if I receive the CARE discount without meeting the qualifications I may be required to pay back the CARE discount I received. I understand that Southwest Gas can share my information with other utilities or their agents to enroll me in their assistance programs.

Tenant Signature

Date

Form 902.16 (05/2011) 320

Seal with tape to form postage-paid reply envelope.
Do not use staples.



SOUTHWEST GAS
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This application may also be completed online at:
www.swgas.com/care

For more information visit www.swgas.com or call:

Customer Assistance (877) 860-6020
Hearing Impaired 711

Other programs and services you may qualify for:

The Energy Savings Assistance Program offers energy-saving home improvements at no cost.

For more information, please call:

Southern California -

Community Action Partnership of San Bernardino County, English and Spanish-speaking customers, **1-800-635-4618**

Northern California -

Project Go, Inc., **1-800-655-7705**;
Spanish-speaking customers, **1-866-812-5766**

LIHEAP (Low-Income Home Energy Assistance Program) provides bill payment assistance, emergency bill assistance, and weatherization services.

Call the Department of Community Services and Development at **1-866-675-6623** for more information.

Energy Savings
.....
Assistance Program

TENANTS:

To qualify for a rate discount through your facility landlord or manager, submetered tenants must meet these qualifications:

- Submetered tenants do not receive a gas bill from Southwest Gas.
- Submetered tenants receive gas service and a gas bill from their facility landlord or manager.
- The submetered tenant's total combined annual household income cannot exceed the income guidelines (see chart on reverse side).

I CERTIFY:

- I understand the energy bill from my landlord must be in my name.
- I understand I must notify Southwest Gas within 30 days if I move or exceed the income requirements.
- I am not claimed on another person's income tax return.
- I understand Southwest Gas has the right to verify my household income.
- I will renew my application every two years or when requested by Southwest Gas.
- I understand that I will receive the discount from my landlord or manager beginning with the first regular billing after Southwest Gas notifies my landlord or manager that my completed application has been processed and approved.

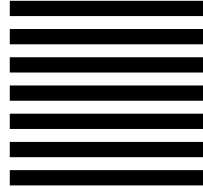
Seal and mail the completed application to Southwest Gas.
No postage is necessary.



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 478 LAS VEGAS NV

POSTAGE WILL BE PAID BY ADDRESSEE

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



ATTN: CARE
SOUTHWEST GAS CORPORATION
PO BOX 1498
VICTORVILLE CA 92393-9969



CARE
Application for California
Alternate Rates for Energy

Program Application for
**Tenants of Submetered
Residential Facilities**

> Get a **DISCOUNT** on your gas bill
and **SAVE MONEY!**

> Check inside to see if you qualify.
Enrolling is easy!

> ¡Reciba un **DESCUENTO** en su
factura de gas y **AHORRE DINERO!**

> Pida una solicitud del programa
CARE en español.



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Form 902.16 / 7500 (2011-2012)