

HOUSEHOLD INFORMATION										
LAST NAME, FIRST NAME			DOB	MONTHLY INCOME	ETHNICITY	GENDER	DISABLED			
						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> NO <input type="checkbox"/> YES			
						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> NO <input type="checkbox"/> YES			
						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> NO <input type="checkbox"/> YES			
						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> NO <input type="checkbox"/> YES			
Total Monthly Income of all persons in the household:										
<p>*RATEPAYER: Put 1 asterisk in front of the Ratepayer's name. **HEAD OF HOUSE HOLD: Put 2 asterisks in front of the Head of Household's name Ethnicity: 1) African American, 2) American Indian, 3) Asian, 4) Caucasian, 4) Chose Not to Answer, 5) Hispanic, 6) Other Multi-Racial</p>										
INCOME & EXPENSE INFORMATION										
<p>CHOOSE THE PRIMARY INCOME SOURCE AND LIST THE <u>TOTAL</u> GROSS MONTHLY INCOME FOR <u>ALL</u> SOURCES OF INCOME. 1) Child Support, 2) Employment, 3) Interest, 4) No Interest, 5) Other, 6) Pension, 7) Public Assistance, 8) Social Security, 9) SSI/SSD, 10) Unemployment, 11) Veteran's Benefits</p>										
DEMOGRAPHIC INFORMATION										
ADDRESS 1:										
ADDRESS 2:										
CITY:			ZIP:	COUNTY:		PHONE NUMBER:				
HOUSING STATUS:		NEITHER:		<input type="checkbox"/>	OFF:		<input type="checkbox"/>	IN THREAT OF TERMINATION:		<input type="checkbox"/>
GAS UTILITY INFORMATION				ACCOUNT NUMBER:			BALANCE DUE:			
CARE RATE:		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>					
AGREEMENT										
<p>PLEASE READ ALL OF THE FOLLOWING CAREFULLY</p> <p>To the best of my knowledge, all information on this application is true and complete. I understand and accept that false or incomplete statements will result in immediate rejection. I permit the United Way to review my utility account with the utility company. I understand that this application does not guarantee I will receive a grant nor does it guarantee that any particular amount of grant will be received. This application was signed by the applicant and proof of the amount of household income received in the past 30 days is attached.</p> <p>I understand that:</p> <ul style="list-style-type: none"> • I am eligible for only <u>one</u> GAF payment in 2020 • GAF payment assistance will not exceed amount owed to The Gas Company • Upon partial payment assistance of the utility bill, It is my responsibility to contact The Gas Company and pay the remaining balance. • It can take up to 30 days for the GAF payment to post to my gas account 										
California Alternate Rate for Energy (CARE) Information:										
<p>Declaration / Declaración: Please read and sign below / Por favor lea y firme abajo</p> <p>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 provide proof of CARE eligibility if asked. I agree to inform The Gas Company if I no longer qualify to receive the discount. I understand that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. I understand and consent that The Gas Company can share my information with other utilities or agents to enroll me in their assistance programs. / Declaro que la información que proporcioné en este formulario de solicitud es verdadera y correcta. Convengo en proporcionar prueba de elegibilidad en el programa CARE si se me requiere. Convengo en informar a The Gas Company se dijo de calificar para recibir el descuento. Entiendo que, si recibo el descuento sin tener derecho al mismo, se me puede exigir la devolución del descuento recibido. Entiendo que The Gas Company puede compartir mis datos con otras empresas de servicios públicos o qgentes para inscribirme en programas de asistencia.</p>										
Applicant's Signature _____							Application Date:			
INTAKE WORKERS NAME:				PHONE NUMBER:			SITE CODE:			