

CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities

ABOUT THE CARE/FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** provides a 20% or more discount on your electric bill — every month for income qualified customers.
- **Family Electric Rate Assistance (FERA)** program provides a discount to qualified households of 3 or more that exceed their baseline electricity usage by over 30%.

MAXIMUM HOUSEHOLD INCOME:

CARE/FERA PROGRAM

Number of Persons in Household	Maximum Household Income	
	<i>Effective as of June 1, 2009</i>	
	Total Combined Annual Income*	
	CARE	FERA
1–2	up to \$30,500	Not eligible
3	up to \$35,800	\$35,801–\$44,800
4	up to \$43,200	\$43,201–\$54,000
5	up to \$50,600	\$50,601–\$63,200
6	up to \$58,000	\$58,001–\$72,400
Each additional person	\$7,400	\$7,400–\$9,200

*Current gross (before taxes) household income from all sources.

TENANTS — read this information.

If you qualify, complete application and mail. Please have the property owner/manager complete the section on the back.

To qualify for a rate discount through the property owner or manager, sub-metered tenants must meet these qualifications:

- 1** You do not receive an electric bill from Southern California Edison. Sub-metered tenants receive electric service and bill from their property owner or manager.
- 2** Your household size and income cannot exceed the guidelines in the above chart.
- 3** And tenants must certify the following:
 - I do not receive my electric bill from Southern California Edison Company (SCE).
 - I am applying for a rate discount for my permanent **primary residence**.
 - I understand that I will receive the discount from my owner or manager beginning with the first regular billing after SCE notifies my owner/manager that my completed application has been processed.
 - My owner or manager completed the Property Owner/Manager section of this application.
 - I understand SCE has the right to verify my household's income. Proof required may include such items as tax returns, paycheck stubs, or copies of government records.
 - I understand I must notify SCE and my owner or manager if I move or exceed the income requirements.
 - **I understand the owner/manager and the individual tenant will receive renewal information and I will be asked to renew my application every two or four years.**
 - I am not claimed on another person's income tax return.
 - I understand 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 my home.

MAIL COMPLETED APPLICATION TO:

Southern California Edison
CARE/FERA
P. O. Box 9527
Azusa, CA 91702-9954

IF YOU HAVE QUESTIONS

Call SCE's Helpline at 1-800-447-6620
24 hours a day.
TTY 1-800-352-8580

CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities

RATE DISCOUNT APPLICATION

Application effective as of June 1, 2009.

PLEASE PRINT CLEARLY

1 TENANT INFORMATION:

Your Name _____

Home Address, do not use a P. O. Box _____ Space # _____ City _____ ZIP Code _____

Mailing Address, if different from the above address _____ Space # _____ City _____ ZIP Code _____
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Home Telephone _____ Work Telephone _____ TTY User (English Only)

Number of persons in my household: Adults + Children = Total

2a PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

Please check (✓) ALL programs you participate in. If you do not participate in any of the programs listed in this section, then GO to Section 2b.

- | | | |
|--|---|--|
| <input type="checkbox"/> Medi-Cal/Medicaid | <input type="checkbox"/> Healthy Families A & B | <input type="checkbox"/> National School Lunch (NSL) |
| <input type="checkbox"/> Food stamps/SNAP | <input type="checkbox"/> LIHEAP | <input type="checkbox"/> Bureau of Indian Affairs General Assistance |
| <input type="checkbox"/> TANF/Tribal TANF | <input type="checkbox"/> SSI | <input type="checkbox"/> Head Start Income Eligible (Tribal Only) |
| <input type="checkbox"/> WIC | | |

2b HOUSEHOLD INCOME ELIGIBILITY:

• **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 my home. This includes, but is not limited to, the following:**

Please check (✓) ALL sources of your household income. You will be enrolled in either the CARE or FERA program depending on your household income and household size.

- | | | |
|--|---|--|
| <input type="checkbox"/> Pensions | <input type="checkbox"/> Wages or salaries | <input type="checkbox"/> Scholarships, grants, or other aid used for living expenses |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> TANF/Tribal TANF | <input type="checkbox"/> Insurance settlements |
| <input type="checkbox"/> SSI, SSP, SSDI | <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Legal settlements |
| <input type="checkbox"/> Interest or dividends from:
<input type="checkbox"/> savings accounts,
<input type="checkbox"/> stocks or bonds, or
<input type="checkbox"/> retirement accounts | <input type="checkbox"/> Workers' compensation | <input type="checkbox"/> Child support |
| | <input type="checkbox"/> Disability payments | <input type="checkbox"/> Spousal support |
| | <input type="checkbox"/> Rental or royalty income | <input type="checkbox"/> Cash, and/or other income (gifts) |
| | <input type="checkbox"/> Profit from self-employment
<small>(IRS Form 1040, Schedule C, line 29)</small> | |

If you do not participate in any of the programs listed above, then SKIP to Section 3.

2c MAXIMUM HOUSEHOLD INCOME:

Total combined gross annual household income:

For example: Current monthly income x 12 months = annual household income

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3 DECLARATION: *(Please sign and date below)*

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 Southern California Edison if I no longer qualify to receive the discount. I understand that if I receive the discount without meeting the qualifications for it, I may be required to pay back the discount I received. I understand that Southern California Edison can share my information with other utilities or their agents to enroll me in their assistance programs.



Signature _____

Date _____

Guardian or Power-of-Attorney
Provide notarized copy of document

MANAGER OR LANDLORD INFORMATION:

Source Code (Edison Use Only)

Edison Service Account No. - - -

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Manager or Landlord Name _____

Mailing Address _____

City _____

ZIP Code _____

Name on Edison Bill _____

Service Address _____

City _____

ZIP Code _____

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Home Telephone _____

Work Telephone _____

Applicant Status:

Add New

Drop

Re-Certify

Moved to Different Space

Other Programs and Services You May Qualify For: 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. For other Edison assistance programs, call 1-800-736-4777.