



Save on your electric bill

See if you qualify and enroll today.

It's easy!

Check inside for the
CARE and FERA Program Income Guidelines

Ahorre en su factura eléctrica

Vea si califica e inscríbese ahora.

¡Es muy fácil!

Busque dentro de esta solicitud las
pautas del Programa CARE y FERA

The **California Alternate Rates for Energy (CARE)** program provides a discount of approximately 30 percent on monthly electric bills for eligible customers.

Family Electric Rate Assistance (FERA) program provides a discount of 18 percent on monthly electric bills for qualified households of 3 or more.

There are 2 ways to qualify:

- You can qualify for CARE if you or someone in your home participates in at least one of the eligible public assistance programs. (See Section 2 in application.)

OR

- You can also qualify for CARE or FERA if you meet the income guideline qualifications listed in the chart below

CARE/FERA PROGRAM

Maximum Household Income (Ingreso Máximo en el Hogar)

Effective as of June 1, 2020

Number of Persons in Household	Total Combined Annual Income*	
	CARE	FERA
1 to 2	up to \$34,480	Not eligible
3	up to \$43,440	\$43,441–\$54,300
4	up to \$52,400	\$52,401–\$65,500
5	up to \$61,360	\$61,361–\$76,700
6	up to \$70,320	\$70,321–\$87,900
7	up to \$79,280	\$79,281–\$99,100
8	up to \$88,240	\$88,241–\$110,300
Each additional person	up to \$8,960	\$8,960–\$11,200

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

Review the chart above, and the programs in Section 2 of the application.

If you think you may qualify, you can:

1. Apply online at sce.com/careandfera
2. Apply over the phone at 1-800-798-5723

OR

3. Complete and return the attached application

Call us with questions.

RATE DISCOUNT APPLICATION

**Entire application must be completed and signed.
Application effective as of June 1, 2020.**

PLEASE PRINT CLEARLY (Favor de Imprimir con Claridad)

Source Code (Edison Use Only)

--	--	--	--	--	--	--	--	--	--

 –

--	--	--	--	--	--	--	--	--	--

Default code 1150-2002

CUSTOMER INFORMATION:

Edison Service Account No.

--	--	--	--	--	--	--	--	--	--

(No. de Cuenta de Servicio de Edison)

Your Name, as shown on Edison Bill (Su Nombre)

Your Home Address (Su Domicilio)

City (Ciudad)

ZIP Code (Codigo Postal)

()

Landline (Teléfono fijo) Cell phone (Teléfono celular)

Telephone (Teléfono)

Email Address (Correo electrónico)

Number of persons in household (No. de personas en el hogar):

--

 +

--

 =

--

Adults (Adultos) Children (Niños) Total

I certify:

- The Edison bill is in my name.
- I am not claimed on another person's income tax return.
- I will renew my application when requested by Edison.
- I will notify Edison if I no longer qualify for this rate.
- I understand Edison reserves the right to verify my household's income.

PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

Do you or someone in your household participate in any of the following programs? If so, please check (✓) the program(s) below.

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

If you participate in any of the Public Assistance Programs in this section, then SKIP to Section 4.

RATE DISCOUNT APPLICATION

INCOME ELIGIBILITY:

You will be enrolled in either the CARE or FERA program depending on your household income and household size.

Total combined gross annual household income (Ingresos totales al año): \$, .00

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

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.

- | | |
|--|--|
| <input type="checkbox"/> Pensions | <input type="checkbox"/> Disability or Workers' Compensation Payments |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Rental or Royalty Income |
| <input type="checkbox"/> SSP, SSDI | <input type="checkbox"/> Scholarships, Grants, or Other Aid Used for Living Expenses |
| <input type="checkbox"/> Interest or Dividends from Savings, Stocks, Bonds, or Retirement Accounts | <input type="checkbox"/> Insurance or Legal Settlements |
| <input type="checkbox"/> Wages and/or Profits from Self-Employment | <input type="checkbox"/> Spousal or Child Support |
| <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Cash and/or Other Income |

DECLARATION: *(Please sign and date below)*

I state that the information I have provided in this application is true and correct. I understand that I may be requested to provide updated documentation of eligibility at any time and agree to do so regardless of how I initially became eligible for the discount. I agree to inform Southern California Edison Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that SCE can share my information with other utilities or their agents to enroll me in their assistance programs.



Customer Signature (Firma del Cliente)

Date (Fecha)

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

I confirm the information provided is accurate, and agree to receive calls at the above number, through an automatic-dialing announcing device (ATDS), or a prerecorded message from, or on behalf of, Southern California Edison for rebates, savings, or other low-income qualified program information. I understand that consent to receiving these calls is not required to enroll in this income-qualified program and that message and data rates may apply.

CONTACT INFORMATION

*Entire application must be completed and signed.
Please complete pages 3 and 4 and mail to:
Southern California Edison — CARE/FERA Program
P. O. Box 9527, Azusa, CA 91702-9954*

**If you have any questions, please call:
1-800-447-6620**

Si desea obtener una solicitud CARE/FERA en español
o para cualquier pregunta, por favor llame al: 1-800-447-6620

如果你想得到中文的CARE/FERA申請表或有任何問題，
請致電：1-800-843-8343

한글로 된 CARE/FERA 신청서를 원하시거나,
질문이 있으시면 전화해 주십시오: 1-800-628-3061

Nếu muốn có một mẫu đơn CARE/FERA bằng tiếng
Việt, hay có bất cứ thắc mắc nào, xin gọi: 1-800-327-3031

បើសិនជាអ្នកចង់បានក្រដាសដាក់ពាក្យសុំ CARE/FERA ជាភាសាខ្មែរ
ឬបើសិនជាអ្នកមានសំណួរអ្វី សូមទូរស័ព្ទទៅលេខ : 1-800-843-1309

Other Programs and Services You May Qualify For:

Energy Savings Assistance Program - offers free home energy solutions that help conserve energy and save money. For more information, call **1-800-736-4777**.

Medical Baseline Program - provides additional kilowatt hours to customers with certain medical conditions. For more information, call **1-800-655-4555**.

Low Income Home Energy Assistance Program (LIHEAP) provides bill payment assistance, emergency bill assistance, and weatherization services. For more information, call the **Department of Community Services and Development at 1-866-675-6623**.