

CARE/FERA Program

High Usage – Request for Appeal



Section 1: Account Holder Information			
Contract Number	8	Account Number	7
Customer Name			
Account Address			
Section 2: Details of the Appeal and Relevant Information			
Please explain why an appeal is needed and why an exemption for high usage should be granted. (Please attach additional sheets if needed.)			
1. Number of Household Members:		Adults:	Children:
2. Square Footage of Home:			
3. Does the property include an Accessory Dwelling Unit (ADU) that shares the primary residence’s utility meter?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Does the property include a swimming pool equipped with an energy-efficient pump and timer?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Do you have a water well that uses an electric pump?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. Do you operate a home-based business?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
7. Does anyone in your household use a life-sustaining medical device?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
8. If # 7 is yes, are you aware of the Medical Baseline Allowance?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Section 3: Declaration and Signature			
By signing below, I verify under penalty of perjury that the information provided in this form is accurate. Based on my energy usage history, I understand that my information may be shared with other SCE programs that can assist in lowering my energy consumption and I may be required to participate in such programs to remain enrolled in CARE/FERA. This form is used in accordance with the terms and conditions of program participation available at sce.com/carefera .			
Printed Name			
Signature		Date	
SCE USE ONLY			
Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	Decision Date:	Reviewed By:	Review Date:
Income Verification	Date	Comments:	
ESA Participation	Date		
Referral to: <input type="checkbox"/> MBL <input type="checkbox"/> Other:			

Return this completed form to:
SCE CARE/FERA Department
PO Box 9527
Azusa, CA 91702-9954