

CARE

AGRICULTURAL EMPLOYEE HOUSING APPLICATION

Your facility may qualify for an approximate 32.5% discount off your monthly SCE bill. Discount and eligibility criteria were established by the California Public Utilities Commission (CPUC).

INSTRUCTIONS

1. Determine if the Agricultural Employee Housing meets the eligibility guidelines below.
2. If the qualifying facility has satellite facilities, please provide that information as well.
3. Attach all required documents. (Application is NOT considered complete without the required documentation.)
4. Mail completed packet to:
SCE – CARE Program, P.O. Box 9527, Azusa, CA 91702.
5. If approved, the applicant must use the discount to confer a direct benefit on the occupants of the facility.

FACILITY ELIGIBILITY AND REQUIREMENTS CRITERIA

The facility must meet the criteria outlined in California Public Utilities Code § 739.2 and possess the necessary supporting documentation relevant for one of the following:

1. Privately Owned Employee Housing, as defined by California Health and Safety Code § 17008 and licensed/inspected pursuant to Part 1 of Division 13 of the Health and Safety Code.
 - Submission of current permit issued by Department of Housing and Community Development
2. Non-Profit Housing for Agricultural Employees (as defined in California Labor Code § 1140.4(b)) that has received an exemption from local property taxes pursuant to California Revenue and Tax Code § 214(g).
 - Submission of an unrevoked letter or ruling from the Internal Revenue Service or the Franchise Tax Board stating that the entity is exempt from income taxes.
 - Submission of a letter from the Assessor in the county where the facility is located that the housing is exempt from local property taxes.

Ensure all facility residents have total annual household incomes that meet current CARE income guidelines (excluding any employee operating or managing the facility who lives on the premises).

Ensure 100% of energy used must be for residential purposes if housing has individual meters; or for Non-Profit Housing only, not less than 70% for residential purposes if the housing has a master meter.

Maintain accounting entries, records of residents' income eligibility, and supporting documentation of how the discount was utilized for the direct benefit of the residents. These records must be retained for the duration of the enrollment. A customer may be liable for back billing if statements made regarding the direct benefit cannot be supported by the appropriate documentation.

Questions?

If you have questions or need additional assistance, please contact SCE at 800-447-6620 and one of our Energy Advisors will be more than happy to assist you. (TTY 800-352-9590)

To view current CARE Terms and Conditions, visit [sce.com/CARE](https://www.sce.com/CARE)

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Entire application must be completed and signed.
Mail to: SCE - CARE Program, P.O. Box 9527, Azusa, CA 91702

FACILITY INFORMATION			
Service Account No.	8	Customer Account No.	7
Name on SCE Account			
Name of Facility			
Service Address			
Phone Number			
ELIGIBILITY CHECKLIST			
Applicant is the customer of record?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
This application is for non-profit or privately-owned agricultural employee housing?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
100% of the facility residents are verified to meet CARE income requirements?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
100% of the facility's energy is used for residential purposes? If a master meter serves the facility, then not less than 70% of the energy is used for residential purposes? (for non-profit facilities only)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
The discount will be utilized for the direct benefit of the facility residents?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Describe how the discount will be/was utilized to benefit the residents:			
If re-certifying, estimated amount of discount received since last application?			

By signing this declaration, I affirm that my organization and facility meet the CARE qualifications outlined above. I declare under penalty of perjury that (1) the CARE discount will be used to directly benefit the occupants of the facility, and (2) the income of each household residing in the facility meets current CARE guidelines. I commit to maintaining records of eligibility for the duration of my enrollment, renewing eligibility every four years, and promptly notifying SCE of any changes that would affect eligibility. I acknowledge SCE's right to request eligibility verification and records of how the CARE discount was utilized, and I understand SCE may rebill my organization for failing to provide appropriate documentation. Unacceptable energy usage levels may result in removal from the program. Additionally, I understand and consent to the sharing of the enrolled facility's information with other utilities for enrollment in their assistance programs.

Authorized Representative	Title	Date
Name		
Signature		

If multiple addresses are served under master agreement, list those facilities below (use extra sheet of paper for additional accounts, if needed).

Service Account No.	Service Address