

CARE

MIGRANT FARM WORKER HOUSING CENTER 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 Migrant Farm Worker Housing Center (MFHC) 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. MFHC must be operated pursuant to Section 50710.1 of the California Health and Safety Code.
 - Submission of current contract with the Office of Migrant Services.
2. MFHC must be a non-profit migrant farm worker housing center (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 100% of the energy must be used for residential purposes if individually metered, or if a master meter serves the facility, then not less than 70% of the energy must be used for residential purposes.

Maintain accounting entries 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			
Email Address			
ELIGIBILITY CHECKLIST			
Applicant is the customer of record?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
This application is for a Migrant Farm Worker Housing Center (MFHC)?	<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?	<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 the CARE discount will be used to directly benefit the occupants of the facility. I commit to maintaining records of eligibility for the duration of the 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 re-bill 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