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 원하시는가요, 질문이 있으시면 전화해 주십시오: 1-800-628-3061
Nếu muốn có một mẫu đơn CARE/FERA bằng tiếng Việt, hãy có bất cứ câu nào, xin gọi: 1-800-327-3031
若要獲得印有CARE/FERA申請表或有任何問題，請致電：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.

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 inscríbase ahora.
¡Es muy fácil!

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

Entire application must be completed and signed. Application effective as of June 1, 2023.

PLEASE PRINT CLEARLY (Favor de Imprimir con Claridad)

CUSTOMER INFORMATION:

<table>
<thead>
<tr>
<th>Edison Service Account No. (No. de Cuenta de Servicio de Edison)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source Code (Edison Use Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Default code 1150-2002</td>
</tr>
</tbody>
</table>

Email Address (Correo electrónico)

Telephone (Teléfono)

City (Ciudad)

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

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

<table>
<thead>
<tr>
<th>Adults (Adultos) +</th>
<th>Children (Niños)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I certify:

- The Edison bill is in my name.
- 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.

- Medi-Cal/Medicaid
- CalFresh/SNAP (Food Stamps)
- CalWorks (TANF)/Tribal TANF
- Medi-Cal for Families (Healthy Families A & B)
- United Health Assistance (UHAP)
- WIC
- National School Lunch Program (NSLP)
- Bureau of Indian Affairs General Assistance
- Supplemental Security Income (SSI)
- Head Start Income Eligible (Tribal Only)

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

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:

- Pensions
- Social Security
- SSP or SSDI
- Interest or Dividends from Savings, Stocks, Bonds, or Retirement Accounts
- Wages and/or Profits from Self-Employment
- Unemployment Benefits
- Disability or Workers’ Compensation Payments
- Scholarships, Grants, or Other Aid Used for Living Expenses
- 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 for 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) MM/DD/YY

Guardian or Power-of-Attorney

Provide notarized copy of document

Call us with questions.

No staples

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, 2023

<table>
<thead>
<tr>
<th>Number of Persons in Household</th>
<th>Total Combined Annual Income*</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARE</td>
<td>FERA</td>
</tr>
<tr>
<td>1 to 2</td>
<td>up to $39,440</td>
</tr>
<tr>
<td>3</td>
<td>up to $49,720</td>
</tr>
<tr>
<td>4</td>
<td>up to $60,000</td>
</tr>
<tr>
<td>5</td>
<td>up to $70,280</td>
</tr>
<tr>
<td>6</td>
<td>up to $80,560</td>
</tr>
<tr>
<td>7</td>
<td>up to $90,840</td>
</tr>
<tr>
<td>8</td>
<td>up to $101,120</td>
</tr>
<tr>
<td>Each additional person</td>
<td>up to $10,280</td>
</tr>
</tbody>
</table>

*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