

CARE/FERA

RESIDENTIAL SUB METERED APPLICATION

BASIC REQUIREMENTS

Qualifying for CARE or FERA is possible if your household income meets the guidelines outlined below:

Income Guidelines valid from June 1, 2026 to May 31, 2027

Household Size	Total Combined Gross Annual Income*	
	Max. Income CARE	Max. Income FERA
1-2	up to \$43,280	\$43,281 – \$54,100
3	up to \$54,640	\$54,641 – \$68,300
4	up to \$66,000	\$66,001 – \$82,500
5	up to \$77,360	\$77,361 – \$96,700
6	up to \$88,720	\$88,721 – \$110,900
7	up to \$100,080	\$100,081 – \$125,100
8	up to \$111,440	\$111,441 – \$139,300
Each add'l person	\$11,360	\$11,360 – \$14,200

*GROSS annual income includes all income from all sources before taxes and deductions

California Alternate Rates for Energy (CARE) provides a monthly discount of 32.5% for eligible customers.

Family Electric Rate Assistance (FERA) provides a monthly discount of 18% for eligible customers.

Additionally, you may be eligible for CARE if someone in your household participates in an eligible public assistance program. (Refer to the reverse side for qualifying programs)

For additional program information or to review the current terms and conditions, visit us online at [sce.com/carefera](https://www.sce.com/carefera).

TENANTS - Please read this information

If eligible, fill out an application. To complete it, you'll need the property owner to furnish certain information. Ensure you meet the following qualifications to apply:

- Receive and pay for electricity through the property owner, not directly from SCE.
- Ensure household income stays within specified limits based on household size.
- Agree to verify and provide information upon SCE's request, with applications renewed every four years.
- Verify the discount application is for your primary residence.

Discount begins on the first regular billing after SCE notifies the property owner of the processed application. If mailing in application, allow a minimum of 30-days for processing.

CARE/FERA

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

Applicant Status: Add New Drop Re-Certify Move to Different Space

FACILITY INFORMATION

Tenant Name			
Service Address			
Mailing Address			
Phone Number			
Email Address			
No. of Household Members	Adults	Children	Total
Is this your primary address?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

PROPERTY OWNER INFORMATION (required to process application)

Service Account No.	8	Customer Account No.	7
Name on SCE Account			
Name of Facility			
Service Address			
Phone Number			
Email Address			

ELIGIBILITY If you check one or more programs listed below, you may skip annual income portion.

Does anyone in your household actively participate in one of the following Public Assistance Programs?
Check all that apply: (CARE Program Only)

<input type="checkbox"/> Medi-Cal/Medicaid	<input type="checkbox"/> Medi-Cal for Families (A & B)	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Bureau of Indian Affairs
<input type="checkbox"/> CalFresh/SNAP	<input type="checkbox"/> WIC	<input type="checkbox"/> National School Lunch	<input type="checkbox"/> Tribal Head Start
<input type="checkbox"/> CalWorks/TANF	<input type="checkbox"/> LIHEAP	<input type="checkbox"/> Tribal TANF	

You may enroll in either CARE or FERA utilizing your household income.
Gross ANNUAL income is all income for all household member regardless of if it is taxable or not.

Total gross ANNUAL household income	\$.00
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Please check the source(s) for all household income. Check all that apply:

<input type="checkbox"/> Pension	<input type="checkbox"/> Wages/Self-employment Profits	<input type="checkbox"/> Interest or Dividends	<input type="checkbox"/> Scholarships, Grants or other Aid
<input type="checkbox"/> Social Security	<input type="checkbox"/> Disability/Workers Comp	<input type="checkbox"/> Rental or Royalty Income	<input type="checkbox"/> Insurance or Legal Settlements
<input type="checkbox"/> SSP or SSDI	<input type="checkbox"/> Unemployment Benefits	<input type="checkbox"/> Spousal or Child Support	<input type="checkbox"/> Cash or Other Income

By completing this application, you affirm the accuracy of the information provided, agree to provide proof of income or eligibility upon request, and authorize SCE to share your information with other utilities, SCE contractors, state and federal agencies, and entities designated by the CPUC about other residential assistance programs. Additionally, you consent to receiving promotional messages via phone, text, and email regarding voluntary participation in other programs and services, and you can later opt out of these messages. Unacceptable energy usage levels may result in removal from the program. Your participation is subject to the terms and conditions at sce.com/carefera.

Tenant Signature	Date