

CARE

HOMEKEY GROUP LIVING FACILITY 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 facility 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.
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 all of the following criteria and possess the necessary supporting documentation relevant for one of the following:

- Copy of a valid Federal 501(c)(3) tax exemption form or Government Agency Taxpayer ID Form with the same name as the utility account(s); and
- Copy of a valid California state tax exemption form; and
- Proof of the Homekey award (i.e., Standard Agreement and published list of the award from HCD's website).
- Attestation from the applicant or owner of the facility on behalf of all residents stating that at least 70% of the energy supplied to each account, including common areas, is used for residential purposes and that the total gross annual income of residents/households meets the current CARE income eligibility requirements.

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 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
Name on SCE Account	
Name of Facility	
Service Address	
Phone Number	
Email Address	

ELIGIBILITY CHECKLIST		
If a qualifying facility has satellite locations, please provide the information requested on the other side of this application for each location.		
Applicant is the customer of record?	<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
At least 70% of the facilities' energy is used for residential purposes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Facility government owned, operated, or subsidized?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If re-certifying, estimated amount of discount received since last application?		
If re-certifying, describe how the discount will be/was utilized to benefit the residents:		

Facility Information
Primary purpose of facility:
Total No. of Units:
Name of Licensing Agency(ies): (attach copy of license)

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		