



Percentage of Income Payment Plan (PIPP) Pilot Application Form

After receipt of your application, you will receive a letter stating your program status.

Customer Name

«First Name» «Last Name»

Edison Service Account Number

«XXXXXXXXXX»

Service Address

«Service Address»

City, State Zip

«City, State Zip»

Phone Number

() Mobile Home

Email Address

@

Annual Household Income

\$

Number of People in Household

Applying for PIPP does not affect the immigration status of you or anyone in your household.

Optional If you are completing this form on someone's behalf, please complete the following:

Requestor First Name

Requestor Last Name

Requestor Phone Number

()

Requestor Relationship to Customer

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Sister |
| <input type="checkbox"/> Son | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Daughter | <input type="checkbox"/> Roommate |
| <input type="checkbox"/> Father | <input type="checkbox"/> Partner |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Other |
| <input type="checkbox"/> Brother | |

Terms & Conditions

I understand and agree that:

- I will not be eligible to participate in the PIPP pilot if I am enrolled in any other pilot program.
- If I am enrolled in SCE's Power Saver Rewards Program, the Emergency Load Reduction Program (ELRP) pilot for residential customers, by submitting this PIPP application and subsequently enrolling in the PIPP pilot, I agree that I will be un-enrolled from this pilot in order to participate in the PIPP pilot.
- If I move within SCE's service area and do not establish service at the new location within 30 days, or, if I move outside of SCE's or a participating CCA's service area, I will be removed from the PIPP pilot.
- I authorize Southern California Edison to share my information and be contacted by third parties that assist in the enrollment or evaluation of the PIPP pilot. The information that may be shared includes, without limitation, my name, address, email address, contact information, yearly income, household size, my energy usage, and enrollment in other utility energy savings, management, or customer assistance programs.
- I understand that by submitting income documentation for the CARE program, SCE will adjust my bill cap according to the income guidelines of the PIPP pilot.

- By checking this box, I confirm and state that the information I have provided in this application is true and correct, and that I fully understand and agree to the Terms & Conditions.
- I also agree to receive calls at the above number, through an automatic-dialing announcing device (ATDS), or a prerecorded message from, or on behalf of, Southern California Edison for rebates, savings, or other low-income qualified program information. I understand that consent to receiving these calls is not required to enroll in this pilot and that message and data rates may apply.

Signature

Date