



REPLY NEEDED

Use this form only when faxing or mailing signed documents.

SERVICE ACCOUNT NO: _____

Your service account number is located on the top right corner of your bill

STEP 1. Please fill out the table below.

Check only if you **no longer** qualify or **do not** want to participate in the CARE program, and sign the declaration below.

Number of people living in your household: Adults (18+) _____ Children (under 18) _____

Name of Each Household Member (including you)	Adult or Child	Proof of Eligibility Provided		
		Income Amount	Public Assistance	None
<i>e.g. John Doe</i>	X Adult <input type="checkbox"/> Child	\$2000/mo	<input type="checkbox"/>	<input type="checkbox"/>
<i>Baby Doe</i>	<input type="checkbox"/> Adult X Child		X	
	<input type="checkbox"/> Adult <input type="checkbox"/> Child			
	<input type="checkbox"/> Adult <input type="checkbox"/> Child			
	<input type="checkbox"/> Adult <input type="checkbox"/> Child			
	<input type="checkbox"/> Adult <input type="checkbox"/> Child			
	<input type="checkbox"/> Adult <input type="checkbox"/> Child			
	<input type="checkbox"/> Adult <input type="checkbox"/> Child			
	<input type="checkbox"/> Adult <input type="checkbox"/> Child			

Declaration: I certify that the information I have provided 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 understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received.

Signature: _____ **Date:** _____

Home Telephone #: _____ Secondary Phone #: _____

Email Address: _____

STEP 2. Please attach all income documentation that applies to you and your household

STEP 3. To expedite the processing of your eligibility verification documents, please fax the signed and completed form with supporting documents to: **626-571-4202**

Important: Any information or documents you submit are confidential and will only be used by Southern California Edison personnel for verification purposes. **Be sure to black out Social Security numbers on all documents for added security.**

If you do not wish to fax your documents, return your signed form and supporting documents to:

CARE/FERA, Southern California Edison
PO Box 9527 Azusa, CA 91702-9954

By checking this box, I confirm the information provided is accurate, and 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 income-qualified program and that message and data rates may apply.