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

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.

Please tear off this panel, and seal and mail the completed application to Southern California Edison. No postage is necessary.

If you have any questions, please call: 1-800-447-6620    TTY 1-800-352-8580

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申請表有任何問題，請致電: 1-800-843-8343

한글로 된 CARE/FERA 신청서를 원하시거나, 질문이 있으시면 전화해 주십시오: 1-800-628-3061

Nếu muốn có một mẫu đơn CARE/FERA bằng tiếng Việt, hay có bất cứ câu hỏi nào, xin gọi: 1-800-327-3031

Nếu muốn có một mẫu đơn CARE/FERA bằng tiếng Việt, hay có bất cứ câu hỏi nào, xin gọi: 1-800-327-3031

Leave this panel with the application for the CARE / FERA Program Income Guidelines.

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 84
ROSEMEAD CA
POSTAGE WILL BE PAID BY ADDRESSEE

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

Save en su factura eléctrica
Ver si califica e inscribese ahora.
¡Es muy fácil!

Busque dentro de esta solicitud las pautas del Programa CARE y FERA
ENTIRE APPLICATION MUST BE COMPLETED AND SIGNED. APPLICATION EFFECTIVE AS OF JUNE 1, 2019.
PLEASE PRINT CLEARLY (Favor de imprimir con claridad)

CUSTOMER INFORMATION:
Edison Service Account No. (No. de cuenta de servicio de Edison) [3 - ]

Source Code (Edison Use Only) [Default code 1150-2002]

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

Your Home Address (Su domicilio)
City (Ciudad) [ ] ZIP Code (Código Postal) [ ]
Telephone (Teléfono) [ ]
Email Address (Correo electrónico) [ ]

Number of Persons in My Household (No. de personas en el hogar):
Adults (Adultos) + Children (Niños) = Total (Total)

I certify:
• The Edison bill is in my name.
• I am not claimed on another person’s income tax return.
• I will renew my application when requested by Edison.

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
✓ WIC
✓ National School Lunch Program (NSLP)
✓ Bureau of Indian Affairs General Assistance
✓ LIHEAP
✓ 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): [ ]

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
Unemployment Benefits
Disability or Workers’ Compensation Payments
Supplemental Security Income (SSI)
Insurance or Legal Settlements
Spousal or Child Support
Cash and/or Other Income
Scholarships, Grants, or Other Aid Used for Living Expenses

Please check (✓) ALL sources of your household 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 to receive 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) [ ]

Guardian or Power-of-Attorney
Provide notarized copy of document

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.

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, 2019

Number of Persons in Household Total Combined Annual Income* CARE FERA
1 to 2 up to $33,820 Not eligible
3 up to $42,660 $42,661–$53,325
4 up to $51,500 $51,501–$64,375
5 up to $60,340 $60,341–$75,425
6 up to $69,180 $69,181–$86,475
7 up to $78,020 $78,021–$97,525
8 up to $86,860 $86,861–$108,575
Each additional person $8,840 $8,840–$11,050

*Current gross (before taxes) household income from all sources.

Call us with questions.
(See reverse side for telephone numbers)