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.

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申請表或有任何問題，請致電：1-800-843-8343

한글로 된 CARE/FERA 신청서를 원하시거나, 문제이 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

 usted puede completar la solicitud CARE/FERA en español contáctenos al 1-800-843-1309

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申請表或有任何問題，請致電：1-800-843-8343

한글로 된 CARE/FERA 신청서를 원하시거나，問題이 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

usted puede completar la solicitud CARE/FERA en español contáctenos al 1-800-843-1309

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.
RATE DISCOUNT APPLICATION

Entire application must be completed and signed. Application effective as of June 1, 2020.
PLEASE PRINT CLEARLY (Favor de Imprimir con Claridad)

1. CUSTOMER INFORMATION:
   Edison Service Account No. (No. de Cuenta de Servicio de Edison) 3 - [Redacted] - [Redacted] 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) _______________ Landline (Teléfono fijo) [ ] Cell phone (Teléfono celular) [ ]

   Email Address (Correo electrónico) ______________________________________________________

2. 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)

   Number of persons in my household (No de personas en el hogar): [Redacted] Adults (Adultos) + [Redacted] Children (Niños) = [Redacted] 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.
   • I understand Edison reserves the right to verify my household’s income.
   • I will notify Edison if I no longer qualify for this rate.

3. 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): $ [Redacted] – [Redacted].00

   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:

   Please check ( ) ALL sources of your household income.

   [ ] Pensions
   [ ] Social Security
   [ ] Unemployment Benefits
   [ ] Disability or Workers’ Compensation Payments
   [ ] Interest or Dividends from Savings, Stocks, Bonds, or Retirement Accounts
   [ ] Rental or Royalty Income
   [ ] Wages and/or Profits from Self-Employment
   [ ] Unemployment Benefits
   [ ] Disability or Workers’ Compensation Payments
   [ ] Interest or Dividends from Savings, Stocks, Bonds, or Retirement Accounts
   [ ] Rental or Royalty Income
   [ ] Scholarships, Grants, or Other Aid Used for Living Expenses
   [ ] Insurance or Legal Settlements
   [ ] Spousal or Child Support
   [ ] Cash and/or Other Income

4. 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 required 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.

   [ ] Hearing Impaired – Please use TTY to communicate (English Only)

   [ ] No Tape

   [ ] No Staples

   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 household 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, 2020

   Number of Persons in Household

   Total Combined Annual Income*

   CARE  FERA

   1 to 2  up to $34,480  Not eligible
   3  up to $43,440  $43,441–$54,300
   4  up to $52,400  $52,401–$65,500
   5  up to $61,360  $61,361–$76,700
   6  up to $70,320  $70,321–$87,900
   7  up to $79,280  $79,281–$99,100
   8  up to $88,240  $88,241–$110,300
   Each additional person  up to $8,960  $8,960–$11,200

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

   Review the chart above, and the programs in Section 2 of the application. If you think you may qualify, you can:

   1. Apply online at sce.com/careandfera
   2. Apply over the phone at 1-800-798-5723

   OR

   3. Complete and return the attached application

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