

CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities

ABOUT THE CARE/FERA PROGRAM

- **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.

MAXIMUM HOUSEHOLD INCOME:

CARE/FERA PROGRAM

Maximum Household Income
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.

TENANTS — read this information.

If you qualify, complete application and mail. Please have the property owner/manager complete the section on the back.

To qualify for a rate discount through the property owner or manager, sub-metered tenants must meet these qualifications:

- 1 You do not receive an electric bill from Southern California Edison. Sub-metered tenants receive electric service and bill from their property owner or manager.
- 2 Your household size and income cannot exceed the guidelines in the above chart.
- 3 And tenants must certify the following:
 - I do not receive my electric bill from Southern California Edison Company (SCE).
 - I am applying for a rate discount for my permanent **primary residence**.
 - I understand that I will receive the discount from my owner or manager beginning with the first regular

billing after SCE notifies my owner/manager that my completed application has been processed.

- My owner or manager completed the Property Owner/ Manager section of this application.
- I understand SCE has the right to verify my household's income. Proof required may include such items as tax returns, paycheck stubs, or copies of government records.
- I understand I must notify SCE and my owner or manager if I move or exceed the income requirements.
- **I understand the owner/manager and the individual tenant will receive renewal information and I will be asked to renew my application every two or four years.**
- I am not claimed on another person's income tax return.
- I understand 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.

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

OR

- 2 Complete and return the attached application to:
CARE/FERA Program
P. O. Box 9527, Azusa, CA 91702

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 QUESTIONS

Call SCE's Helpline at 1-800-447-6620,
TTY 1-800-352-8580

CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities

RATE DISCOUNT APPLICATION

**Application effective as of June 1, 2019.
PLEASE PRINT CLEARLY**

1 TENANT INFORMATION:

Your Name _____

Home Address, do not use a P. O. Box _____ Space # _____ City _____ ZIP Code _____

Mailing Address, if different from the above address _____ Space # _____ City _____ ZIP Code _____
() _____ Landline Cell phone Hearing Impaired – Please use TTY to communicate (English Only)

Telephone: _____

Email Address _____

Number of persons in my household: Adults + Children = Total

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.

- | | | |
|--|---|--|
| <input type="checkbox"/> Medi-Cal/Medicaid | <input type="checkbox"/> Medi-Cal for Families (Healthy Families A & B) | <input type="checkbox"/> National School Lunch Program (NSLP) |
| <input type="checkbox"/> CalFresh/SNAP (Food Stamps) | <input type="checkbox"/> LIHEAP | <input type="checkbox"/> Bureau of Indian Affairs General Assistance |
| <input type="checkbox"/> CalWorks (TANF)/Tribal TANF | <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Head Start Income Eligible (Tribal Only) |
| <input type="checkbox"/> WIC | | |

If you participate in any of the Public Assistance Programs in this section, then SKIP to Section 4.

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: \$, .00
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:

Please check (✓) ALL sources of your household income.

- | | | |
|--|---|--|
| <input type="checkbox"/> Pensions | <input type="checkbox"/> Wages and/or Profits from Self-Employment | <input type="checkbox"/> Scholarships, Grants, or Other Aid Used for Living Expenses |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Insurance or Legal Settlements |
| <input type="checkbox"/> SSP or SSDI | <input type="checkbox"/> Disability or Workers' Compensation Payments | <input type="checkbox"/> Spousal or Child Support |
| <input type="checkbox"/> Interest or Dividends from Savings, Stocks, Bonds, or Retirement Accounts | <input type="checkbox"/> Rental or Royalty Income | <input type="checkbox"/> 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 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.



Signature _____

Date _____

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.

MANAGER OR LANDLORD INFORMATION:

Edison Service Account No. 3 - - -
Source Code (Edison Use Only) -

Manager or Landlord Name _____

Mailing Address _____ City _____ ZIP Code _____

Name on Edison Bill _____

Service Address _____ City _____ ZIP Code _____
() ()

Home Telephone _____ Work Telephone _____

Applicant Status: Add New Drop Re-Certify Moved to Different Space