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.

MAXIMUM HOUSEHOLD INCOME:

CARE/FERA PROGRAM

Maximum Household Income
**Effective as of June 1, 2019**

<table>
<thead>
<tr>
<th>Number of Persons in Household</th>
<th>Total Combined Annual Income*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CARE</td>
</tr>
<tr>
<td>1 to 2</td>
<td>up to $33,820</td>
</tr>
<tr>
<td>3</td>
<td>up to $42,660</td>
</tr>
<tr>
<td>4</td>
<td>up to $51,500</td>
</tr>
<tr>
<td>5</td>
<td>up to $60,340</td>
</tr>
<tr>
<td>6</td>
<td>up to $69,180</td>
</tr>
<tr>
<td>7</td>
<td>up to $78,020</td>
</tr>
<tr>
<td>8</td>
<td>up to $86,860</td>
</tr>
<tr>
<td>Each additional person</td>
<td>$8,840–$11,050</td>
</tr>
</tbody>
</table>

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

IF YOU HAVE QUESTIONS
Call SCE’s Helpline at 1-800-447-6620, TTY 1-800-352-8580

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.
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
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.

✓ Medi-Cal/Medicaid  ✓ Medi-Cal for Families (Healthy Families A & B)  ✓ National School Lunch Program (NSLP)
✓ CalFresh/SNAP (Food Stamps)  ✓ LIHEAP  ✓ Bureau of Indian Affairs General Assistance
✓ CalWorks (TANF)/Tribal TANF  ✓ 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.

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

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:

✓ Wages and/or Profits from Self-Employment  ✓ Wages and/or Profits from Self-Employment
✓ Unemployment Benefits  ✓ Unemployment Benefits
✓ Disability or Workers’ Compensation Payments  ✓ Disability or Workers’ Compensation Payments
✓ Rental or Royalty Income  ✓ Rental or Royalty Income

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

☐ 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.

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

Manager or Landlord INFORMATION:

Edison Service Account No. 3 - _______ - _______ - _______
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

Source Code (Edison Use Only)