

### 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, 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		

<sup>\*</sup>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:

- 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

#### 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, 2020. PLEASE PRINT CLEARLY

		PLEASE PRINT CLEA
1	TENANT INFORMATION:	

Home Address, do not use a P. O. Box		Space #	City	ZIP Code
Mailing Address, if different from the above addre	988	Space #	City	ZIP Code
( ) Telephone:		Landlin	e 🗆 Cell phone	Hearing Impai Please use TT
Email Address				communicate (English Only)
Number of persons in my household:	+ Adults	Children =	Total	(English Only)
CalFresh/SNAP (Food Stamps) CalWorks (TANF)/TribalTANF	participate in any o Medi-Cal for Familie: Families A & B) LIHEAP Supplemental Secur	ity Income (SSI)	National School Lur Bureau of Indian Af Head Start Income	nch Program (NSLP) fairs General Assista Eligible (Tribal Only)
	biic Assistance P	rograms in tims s	ection, then <u>sk</u>	ir to Section 4.
INCOME ELIGIBILITY: You will be enrolled in either the CARE	or FERA program	depending on your	household income	e and household s
Total combined gross annual househol		\$		.00
For example: Current monthly income x 12 month  The definition of "gross (before taxes)		come	oncash henefits	
expenses, from all sources, both taxab	le and nontaxable,	before deductions,	including expens	es, for all people v
live in my home. This includes, but is n Please check ( ) ALL sources of your I	-	ollowing:		
Pensions	☐ Wages and/or F	Profits from	☐ Scholarships	s, Grants, or Other
☐ Social Security	Self-Employme	nt	Aid Used for	Living Expenses
SSP or SSDI	Unemploymen			Legal Settlements
	Disability or Wo Compensation			Child Support Other Income
				Other miconic
Retirement Accounts	Rental or Royal			
	Rental or Royal			
DECLARATION: (Please sign and date below	Rental or Royal	ty Income	and that I may be red	uested to provide up
	Rental or Royal  w) this application is true e to do so regardless of to receive the discount.	ty Income  and correct. I understate how I initially became ell understand that if I rece	ligible for the discount eive the discount with	. I agree to inform Sou out qualifying for it, I m
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