



# **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

# **Ahorre en su factura eléctrica**

**Vea si califica e inscríbase ahora.  
¡Es muy fácil!**

Busque dentro de esta solicitud las  
pautas del Programa CARE y FERA

The **California Alternate Rates for Energy (CARE)** program provides a discount of approximately 30 percent on monthly electric bills for eligible customers.

The **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, 2020***

| <b>Number of Persons<br/>in Household</b> | <b>Total Combined Annual Income*</b> |                    |
|---|--------------------------------------|--------------------|
|   | <b>CARE</b>                          | <b>FERA</b>        |
| 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](http://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.**



# RATE DISCOUNT APPLICATION

## 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):** \$ 

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



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.

## CONTACT INFORMATION

***Entire application must be completed and signed.  
Please complete pages 3 and 4 and mail to:  
Southern California Edison — CARE/FERA Program  
P. O. Box 9527, Azusa, CA 91702-9954***

**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,  
질문이 있으시면 전화해 주십시오: 1-800-628-3061

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

បើសិនជាអ្នកចង់បានក្រុងសាក់ពាក្យលី CARE/FERA ជាភាសាខ្មែរ  
ឬបើសិនជាអ្នកមានសំណូរដើរ សូមទូរសព្ទទៅលេខ : 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**.