

High Usage Electric Rate Discount Eligibility Verification Form

Use this form only when faxing or mailing signed documents.

Service Account No:		
Your service account number is located on the top right corner of your bill		
STEP 1. Please fill out the table below.		
Check only if you no longer qualify or do not want to participate in the CARE program, and sign the declaration below.		
Number of people living in your household: Adults Children (under 18)		
Energy Savings Assistance (ESA) Program Participation: (You must select Agree to ESA Participation or you		
will be removed from the CARE Program) Agree / Already Participated Do Not Agree		
Name of Each Household Member (including you)	Adult or Child	Income Document(s) Provided
e.g. John Doe	Adult	IRS Tax Return Transcript
Baby Doe	Child	Not Applicable
Declaration: I certify that the information I have provided is true and correct.		
Signature: Date:		
Home Telephone #:Secondary Phone #:		

STEP 2. Please attach all income documentation that applies to you and your household **STEP 3.** To expedite the processing of your income verification documents, please fax the signed and completed form with supporting documents to: **626-571-4202**

Important: Any information or documents you submit are confidential and will only be used by Southern California Edison personnel for verification purposes. Be sure to black out Social Security numbers on all documents for added security.

If you do not wish to fax your documents, return your signed form and supporting documents to:

CARE/FERA, Southern California Edison

PO Box 9527 Azusa, CA 91702-9954

If we do not receive the required documentation by the due date, your account will no longer receive the CARE rate.





Before mailing, please double check that all the necessary areas are filled in and that you've signed, dated and included all of the documents needed.