



**Save  
20% or more  
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 un  
20% o más  
en su factura  
eléctrica**

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

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



## Get a discount on your electric bill!

- **California Alternate Rates for Energy (CARE)** provides a 20% or more discount on your electric bill – every month for income qualified customers.
- **Family Electric Rate Assistance (FERA)** program provides a discount to qualified households of 3 or more that exceed their baseline electricity usage by over 30%.

Review the chart below, and if you think you may qualify, you can:

1. Apply online at [www.sce.com/careandfera](http://www.sce.com/careandfera)
2. Apply over the phone at 1-800-798-5723, 24 hours a day  
*or*
3. Complete and return the attached application

### CARE/FERA PROGRAM

#### Maximum Household Income (Ingreso Máximo en el Hogar)

*Effective as of June 1, 2011*

Number of Persons in Household	Total Combined Annual Income*	
	CARE	FERA
1–2	up to \$31,800	Not eligible
3	up to \$37,400	\$37,401–\$46,800
4	up to \$45,100	\$45,101–\$56,400
5	up to \$52,800	\$52,801–\$66,000
6	up to \$60,500	\$60,501–\$75,600
Each additional person	\$7,700	\$7,700–\$9,600

\*Current gross (before taxes) household income from all sources.

Call us with questions.

# RATE DISCOUNT APPLICATION

**Entire application must be completed and signed.**

**Application effective as of June 1, 2011.**

**PLEASE PRINT CLEARLY (Favor de Imprimir con Claridad)**

Source Code (Edison Use Only)

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Default code 1150-2002

## 1 CUSTOMER INFORMATION:

Edison Service Account No.

(No. de Cuenta de Servicio de Edison)

3									
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Your Name, as shown on Edison Bill (Su Nombre)

Your Home Address (Su Domicilio)

City (Ciudad)

(            )

ZIP Code (Codigo Postal)

(            )

Home Telephone (Teléfono particular)

Work Telephone (Teléfono de su trabajo)

TTY User (English Only)

Number of persons in my household (No. de personas en el hogar):

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+

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=

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Adults (Adultos)

Children (Niños)

Total

### **I certify:**

- The Edison bill is in my name.
- I am not claimed on another person's income tax return.
- I will renew my application when requested by Edison.
- I will notify Edison if I no longer qualify for this rate.
- I understand Edison reserves the right to verify my household's income.

## 2a 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

Food Stamps/SNAP

TANF/Tribal TANF

WIC

Healthy Families A & B

LIHEAP

SSI

National School Lunch (NSL)

Bureau of Indian Affairs General Assistance

Head Start Income Eligible (Tribal Only)

## 2b HOUSEHOLD INCOME ELIGIBILITY:

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<br><input type="checkbox"/> Social Security<br><input type="checkbox"/> SSI, SSP, SSDI<br><div style="border: 1px solid black; padding: 5px; margin: 5px 0;">                 Interest or dividends from:<br/> <input type="checkbox"/> savings accounts,<br/> <input type="checkbox"/> stocks or bonds, or<br/> <input type="checkbox"/> retirement accounts             </div> <input type="checkbox"/> Wages or salaries<br><input type="checkbox"/> TANF/Tribal TANF<br><input type="checkbox"/> Unemployment benefits<br><input type="checkbox"/> Workers' compensation | <input type="checkbox"/> Disability payments<br><input type="checkbox"/> Rental or royalty income<br><input type="checkbox"/> Profit from self-employment<br>(IRS Form 1040, Schedule C, line 29)<br><input type="checkbox"/> Scholarships, grants, or other aid<br>used for living expenses<br><input type="checkbox"/> Insurance settlements<br><input type="checkbox"/> Legal settlements<br><input type="checkbox"/> Child support<br><input type="checkbox"/> Spousal support<br><input type="checkbox"/> Cash and/or other income (gifts) |
|--|---|

## 2c MAXIMUM HOUSEHOLD INCOME:

If you participate in any of the Public Assistance Programs in Section 2a, then **SKIP** to Secion 3. If not, provide income here.

Total combined gross annual household income (Ingresos totales al año): \$    ,    .00

*For example:* Current monthly income x 12 months = annual household income

**You will be enrolled in either the CARE or FERA program depending on your household income and household size.**

## 3 DECLARATION: *(Please sign and date below)*

I state that the information I have provided in this application is true and correct. I agree to provide proof of income, if asked. I agree to inform Southern California Edison if I no longer qualify to receive the discount. I understand that if I receive the discount without meeting the qualifications for it, I may be required to pay back the discount I received. I understand that Southern California Edison 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

**Other Programs and Services You May Qualify For:** LIHEAP (Low Income Home Energy Assistance Program) provides bill payment assistance, emergency bill assistance, and weatherization services. Call the Department of Community Services and Development at **1-866-675-6623** for more information. For other Edison assistance programs, call 1-800-736-4777.

*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:**

**24 hours a day**

**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:  
Lunes a domingo, 8 a.m. a 8 p.m.  
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：  
星期一至星期五，早上8點至下午5點  
1-800-843-8343

한글로 된 CARE/FERA 신청서를 원하시거나, 질문이 있으시면 전화해 주십시오:  
월-금, 8 am ~ 5 pm  
1-800-628-3061

Nếu muốn có một mẫu đơn CARE/FERA bằng tiếng Việt, hay có bất cứ thắc mắc nào, xin gọi:  
Thứ Hai đến Thứ Sáu, từ 8:00 sáng đến 5:00 chiều  
1-800-327-3031

បើសិនជាអ្នកចង់បានក្រដាសដាក់ពាក្យសុំ CARE/FERA ជាភាសាខ្មែរ ឬបើសិនជាអ្នកមានសំណួរអ្វី សូមទូរស័ព្ទទៅលេខ :  
ថ្ងៃចន្ទ-ថ្ងៃសុក្រ, ៨ ព្រឹក ដល់ ៥ ល្ងាច  
1-800-843-1309