May 14, 2009

ADVICE 2343-E/157-G
(U 338-E)

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA
ENERGY DIVISION

SUBJECT: Communication of Existing Income Limitations for California
Alternate Rates for Energy and Family Energy Rate Assistance, and Modification of Applicable Forms

In compliance with the California Public Utilities Commission (Commission) Energy Division’s letters dated April 28, 2009 and May 1, 2009, and pursuant to Resolution E-3524 and Decision (D.) 04-02-057, Southern California Edison Company (SCE) hereby submits for filing the following revised tariff sheets and related forms which are listed on Attachment A and are attached hereto.

PURPOSE

This advice filing revises Schedule D-CARE, California Alternate Rates for Energy-Domestic Service, Schedule D-FERA, Family Electric Rate Assistance, Schedule G-1-CARE for Santa Catalina Island (Catalina) customers and associated forms, to reflect the Energy Division’s determination that the household annual income limitations applicable to the California Alternate Rates for Energy (CARE) and the Family Electric Rate Assistance (FERA) programs for 2009-2010 will be unchanged from the previous year, in compliance with the Energy Division’s letters (Letters) dated April 28, 2009 and May 1, 2009. In the Letters, utilities are requested to file revised tariffs reflecting the effective date of June 1, 2009.
BACKGROUND

The Commission authorized the Low Income Ratepayer Assistance (LIRA) program by D.89-07-062 which became effective September 1989. Schedule D-LI, Low Income Rate – Domestic Service, became effective pursuant to D.89-09-44 on November 1, 1989. The program name was changed from LIRA to CARE effective January 1, 1995, in accordance with Senate Bill 491. Accordingly, the rate schedule was renamed to Schedule D-CARE.

In compliance with D.04-02-057, SCE established Schedule D-FERA.\(^1\) The FERA program is a rate assistance program whereby lower to middle income large household participants will be charged Tier 2 electricity rates for their Tier 3 usage if the household consists of three (3) or more people and the family has a total combined income between 200 percent and 250 percent of the federal poverty threshold. The income threshold increases with each additional family member over three (3) people in a household. The FERA program was designed to assist those larger families whose income levels are just above the CARE income limits and thus are not eligible for CARE benefits.

Household income limitations are used to determine whether a person or household qualifies for discounts provided under CARE and FERA schedules. The Commission, in Resolution E-3524, directed the Energy Division to communicate new eligibility income levels to the utilities on May 1 of each year. The Commission further required the Energy Division to direct the utilities to file revised tariffs effective June 1 of each year reflecting the new income levels. In addition, D.04-02-057 stated that the use of CARE procedures for annual income guidelines updates is also reasonable for the FERA program.

PROPOSED TARIFF CHANGES

The Energy Division’s Letters provide an inflation factor of 1.001 applicable to current household annual income limitations under the various CARE and FERA programs. The inflation factor used is the “final” Consumer Price Index All Urban Consumers for the prior year, as published by the U.S. Department of Labor, Bureau of Labor Statistics. Income levels for CARE/FERA program eligibility are calculated by the Energy Division and are based upon the rules for computing income levels as set forth in Resolution E-3524 dated February 19, 1998. This advice filing updates Schedules D-CARE, D-FERA and Schedule G-1 CARE for Catalina Gas customers and all associated forms by incorporating the new effective date of the income limitation levels provided by the Energy Division. In addition, associated filed forms, Form 14-782 CARE/FERA Program Single Family Dwelling with SCE Meter, Form 14-783 CARE/FERA Program (Sub-metered Tenant), Form 14-526 CARE Program for

\(^{1}\) Advice 1792-E dated April 26, 2004.
Qualified Nonprofit Group Living Facilities, Form 14-802 Recertification Notice and Form 14-803 Final Recertification are revised to reflect the effective date of June 1, 2009.

Form 14-782 and 14-783 are further revised to indicate that the customer must provide a notarized copy of Guardian or Power-of-Attorney documentation. These Forms are also revised in Section 2b, Household Income Eligibility, to include check boxes to identify whether interest or dividends are derived from savings accounts, stock or bonds, or retirement accounts.

Finally, consistent with the intent of D.08-11-031 Recertification and Final Recertification Notices, Forms 14-802 and 14-803, are revised to mirror the household information, public assistance program eligibility, and household income eligibility information on the CARE/FERA applications, Forms 14-782 and Form 14-783, in an effort to retain eligible customers.

No cost information is required for this advice filing.

This advice filing will not increase any rate or charge, cause the withdrawal of service, or conflict with any other schedule or rule.

**TIER DESIGNATION**

Pursuant to D.07-01-024, Energy Industry Rule 5.1(1), this advice letter is submitted with a Tier 1 designation.

**EFFECTIVE DATE**

In compliance with D.04-02-057 this advice letter is effective June 1, 2009.

**NOTICE**

Anyone wishing to protest this advice filing may do so by letter via U.S. Mail, facsimile, or electronically, any of which must be received no later than 20 days after the date of this advice filing. Protests should be mailed to:

CPUC, Energy Division
Attention: Tariff Unit
505 Van Ness Avenue
San Francisco, California 94102
E-mail: jnj@cpuc.ca.gov and mas@cpuc.ca.gov

Copies should also be mailed to the attention of the Director, Energy Division, Room 4004 (same address above).

In addition, protests and all other correspondence regarding this advice letter should also be sent by letter and transmitted via facsimile or electronically to the attention of:
There are no restrictions on who may file a protest, but the protest shall set forth specifically the grounds upon which it is based and shall be submitted expeditiously.

In accordance with Section 4 of General Order No. 96-B, SCE is serving copies of this advice filing to the interested parties shown on the attached GO 96-B and R.07-01-042 service lists. Address change requests to the GO 96-B service list should be directed by electronic mail to AdviceTariffManager@sce.com or at (626) 302-4039. For changes to all other service lists, please contact the Commission’s Process Office at (415) 703-2021 or by electronic mail at Process_Office@cpuc.ca.gov.

Further, in accordance with Public Utilities Code Section 491, notice to the public is hereby given by filing and keeping the advice filing at SCE’s corporate headquarters. To view other SCE advice letters filed with the Commission, log on to SCE’s web site at http://www.sce.com/AboutSCE/Regulatory/adviceletters.

For questions, please contact Prabha Cadambi at (626) 302-8177 or by electronic mail at Prabha.Cadambi@sce.com.

Southern California Edison Company

Akbar Jazayeri

AJ:dm:jm
Enclosures
<table>
<thead>
<tr>
<th>MUST BE COMPLETED BY UTILITY (Attach additional pages as needed)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Company name/CPUC Utility No.:</strong> Southern California Edison Company (U 338-E)</td>
</tr>
<tr>
<td><strong>Utility type:</strong></td>
</tr>
<tr>
<td>☑ ELC</td>
</tr>
<tr>
<td>☐ PLC</td>
</tr>
<tr>
<td>E-mail Disposition Notice to: <a href="mailto:AdviceTariffManager@sce.com">AdviceTariffManager@sce.com</a></td>
</tr>
</tbody>
</table>

### EXPLANATION OF UTILITY TYPE

ELC = Electric  | GAS = Gas  
PLC = Pipeline  | HEAT = Heat  
WATER = Water  |

<table>
<thead>
<tr>
<th>Advice Letter (AL) #: 2343-E/157-G</th>
<th>Tier Designation: 1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Subject of AL: Communication of Existing Income Limitations for California Alternate Rates for Energy and Family Energy Rate Assistance, and Modification of Applicable Forms</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Keywords (choose from CPUC listing): Compliance, CARE, Forms</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>AL filing type: ☑ Monthly ☐ Quarterly ☐ Annual ☑ One-Time ☐ Other</th>
</tr>
</thead>
</table>

If AL filed in compliance with a Commission order, indicate relevant Decision/Resolution #: 

D.04-02-057 and Resolution E-3524

<table>
<thead>
<tr>
<th>Does AL replace a withdrawn or rejected AL? If so, identify the prior AL:</th>
</tr>
</thead>
</table>

Summarize differences between the AL and the prior withdrawn or rejected AL:

Confidential treatment requested? ☑ Yes ☐ No

Confidential information will be made available to appropriate parties who execute a nondisclosure agreement. Name and contact information to request nondisclosure agreement/access to confidential information:

Resolution Required? ☐ Yes ☑ No

<table>
<thead>
<tr>
<th>Requested effective date: 6/1/09</th>
<th>No. of tariff sheets: 14</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Estimated system annual revenue effect: (%)</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Estimated system average rate effect (%)</th>
<th></th>
</tr>
</thead>
</table>

When rates are affected by AL, include attachment in AL showing average rate effects on customer classes (residential, small commercial, large C/I, agricultural, lighting).

<table>
<thead>
<tr>
<th>Tariff schedules affected: Schedules D-CARE, D-FERA, G-1-CARE, Forms 14-526, 14-782, 14-783, 14-802, 14-803, and Table of Contents</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Service affected and changes proposed</th>
<th>None</th>
</tr>
</thead>
</table>

Pending advice letters that revise the same tariff sheets: None

---

1 Discuss in AL if more space is needed.
Protests and all other correspondence regarding this AL are due no later than 20 days after the date of this filing, unless otherwise authorized by the Commission, and shall be sent to:

CPUC, Energy Division
Attention: Tariff Unit
505 Van Ness Ave.,
San Francisco, CA 94102
jnjj@cpuc.ca.gov and mas@cpuc.ca.gov

Akbar Jazayeri
Vice President of Regulatory Operations
Southern California Edison Company
2244 Walnut Grove Avenue
Rosemead, California 91770
Facsimile: (626) 302-4829
E-mail: AdviceTariffManager@sce.com

Bruce Foster
Senior Vice President, Regulatory Affairs
c/o Karyn Gansecki
Southern California Edison Company
601 Van Ness Avenue, Suite 2040
San Francisco, California 94102
Facsimile: (415) 673-1116
E-mail: Karyn.Gansecki@sce.com
Electric Tariff Sheets
<table>
<thead>
<tr>
<th>Cal. P.U.C. Sheet No.</th>
<th>Title of Sheet</th>
<th>Cancelling Cal. P.U.C. Sheet No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revised 45157-E</td>
<td>Schedule D-CARE</td>
<td>Revised 44007-E</td>
</tr>
<tr>
<td>Revised 45158-E</td>
<td>Schedule D-FERA</td>
<td>Revised 44008-E*</td>
</tr>
<tr>
<td>Revised 45159-E</td>
<td>Form 14-526</td>
<td>Revised 44009-E</td>
</tr>
<tr>
<td>Revised 45160-E</td>
<td>Form 14-782</td>
<td>Revised 44010-E*</td>
</tr>
<tr>
<td>Revised 45161-E</td>
<td>Form 14-783</td>
<td>Revised 44011-E*</td>
</tr>
<tr>
<td>Revised 45162-E</td>
<td>Form 14-802</td>
<td>Revised 44012-E*</td>
</tr>
<tr>
<td>Revised 45163-E</td>
<td>Form 14-803</td>
<td>Revised 44013-E*</td>
</tr>
<tr>
<td>Revised 45164-E</td>
<td>Table of Contents</td>
<td>Revised 45123-E</td>
</tr>
<tr>
<td>Revised 45165-E</td>
<td>Table of Contents</td>
<td>Revised 45102-E</td>
</tr>
<tr>
<td>Revised 45166-E</td>
<td>Table of Contents</td>
<td>Revised 45145-E</td>
</tr>
<tr>
<td>Revised 45167-E</td>
<td>Table of Contents</td>
<td>Revised 44017-E</td>
</tr>
</tbody>
</table>
SPECIAL CONDITIONS

1. For the above rate components, the summer season shall commence at 12:00 a.m. on June 1 and continue until 12:00 a.m. on October 1 of each year. The winter season shall commence at 12:00 a.m. on October 1 of each year and continue until 12:00 a.m. on June 1 of the following year.

2. Basic Charge: For purposes of applying the Basic Charge, the following definitions shall be used:

   Single-Family Residence: A building of single occupancy, which does not share common walls, floors, or ceilings with other residential dwelling units.

   Multi-Family Residence: Apartments, mobilehomes, condominiums, townhouses or a building of multiple occupancy which shares common walls and/or floors and ceilings with other residential dwelling units.

3. CARE Household: A CARE Household is a household where the total gross income from all sources is less than shown on the table below based on the number of persons in the household. Total gross income shall include income from all sources, both taxable and nontaxable. Persons who are claimed as a dependent on another person’s income tax return are not eligible. These income limits are effective as of June 1, 2009.¹

<p>|</p>
<table>
<thead>
<tr>
<th>No. of Persons In Household</th>
<th>Total Gross Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 2</td>
<td>$30,500</td>
</tr>
<tr>
<td>3</td>
<td>35,800</td>
</tr>
<tr>
<td>4</td>
<td>43,200</td>
</tr>
<tr>
<td>5</td>
<td>50,600</td>
</tr>
<tr>
<td>6</td>
<td>58,000</td>
</tr>
</tbody>
</table>

   For Households with more than six persons, add $7,400 annually for each additional person residing in the household.

4. Group Living Facility: A Group Living Facility, as defined in the Preliminary Statement, Part O, Section 3.d., which is receiving service under a Domestic Rate Schedule may qualify either by total gross income as defined in Schedule D-CARE Special Condition 3 or by the eligibility standard defined in Preliminary Statement, Part O, Sections 3.d. and 3.e.

5. Application and Eligibility Declaration: An application and eligibility declaration on a form authorized by the Commission is required for each request for service under this Schedule. Renewal of a customer’s eligibility declaration will be required every two years and may be required on an annual basis. Customers are only eligible to receive service under this rate at one residential location at any one time and the rate applies only to a customer’s permanent primary residence. This Schedule is not applicable where, in the opinion of SCE, either the accommodation or occupancy is transient.

¹ Pursuant to California Public Utilities Commission letter dated April 28, 2009, the income limits for 2009-2010 will remain the same as those in effect during 2008-2009.
SPECIAL CONDITIONS

3. A household that is eligible for service under this Schedule is one consisting of three or more persons where the total gross income from all sources is between the amounts shown on the table below based for the number of persons in the household. Total gross income shall include income from all sources, both taxable and nontaxable. Persons who are claimed as a dependent on another person’s income tax return are not eligible. These income limits are effective as of June 1, 2009.¹

<table>
<thead>
<tr>
<th>No. of Persons in Household</th>
<th>200% of Poverty + $1 to 250% of Poverty Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>$35,801 - $44,800</td>
</tr>
<tr>
<td>4</td>
<td>$43,201 - $54,000</td>
</tr>
<tr>
<td>5</td>
<td>$50,601 - $63,200</td>
</tr>
<tr>
<td>6</td>
<td>$58,001 - $72,400</td>
</tr>
<tr>
<td>Each Additional Person Add</td>
<td>$7,400 - $9,200</td>
</tr>
</tbody>
</table>

4. Application and Eligibility Declaration: An application and eligibility declaration on a form authorized by the Commission is required for each request for service under this Schedule. Renewal of a customer’s eligibility declaration will be required at the request of SCE. Customers are only eligible to receive service under this Schedule at one residential location at any one time and this Schedule will only apply to a customer’s permanent primary residence. This Schedule is not applicable where, in the opinion of SCE, either the accommodation or occupancy is transient.

5. Commencement of Rate: Eligible customers shall be billed on this Schedule commencing no later than one billing period after receipt and approval of the customer’s application by SCE.

6. Verification: Information provided by the applicant is subject to verification by SCE. Refusal or failure of a customer to provide documentation of eligibility acceptable to SCE, upon request by SCE, shall result in removal from this Schedule.

7. Notice from Customer: It is the customer’s responsibility to notify SCE if there is a change in the customer’s eligibility status.

8. Rebilling: Customers may be rebilled for periods of ineligibility under the applicable tariff schedule.

9. This Schedule may only be combined with D, DE, D-APS, D-APS-E, DMS-1, DMS-2, DMS-3, and DS.

10. Billing Calculation: A customer’s bill is calculated based on rates shown in the Rate Section of this Schedule, as well as other terms and conditions of the customer’s OAT.

¹ Pursuant to California Public Utilities Commission letter dated May 1, 2009, the income limits for 2009-2010 will remain the same as those in effect during 2008-2009.
CALIFORNIA ALTERNATE RATES FOR
ENERGY (CARE) PROGRAM FOR QUALIFIED NONPROFIT
GROUP LIVING FACILITIES

Form 14-526
FACILITIES WITH SATELLITE LOCATIONS
If a qualifying facility has one or more satellite locations, these satellite locations will qualify for the discount providing they are covered by the qualifying facility’s license, the qualifying facility’s name is on the satellites’ utility bills, and they meet all of the same criteria listed for the qualifying facility.

The qualifying facility must complete the following information for all qualified satellite facilities. Satellite facilities do not need to apply for the discount individually. List satellite facilities:

INSTRUCTIONS
1. READ ALL information and instructions.
2. DETERMINE if the facility meets the definition of a qualified nonprofit group living facility. The facility MUST meet ALL criteria to qualify for the 20% or more discount from CARE.
3. COMPLETE the entire application (please print or type).
4. Complete a separate application for each facility. If a qualifying facility has satellite facilities, please provide the information requested for each satellite location.
5. ATTACH all required documents. (Application is not considered complete without documents.)
6. MAIL TO: Southern California Edison Company California Alternate Rates for Energy P.O. Box 9527 Azusa, CA 91702-9954

California Alternate Rates for Energy (CARE)
Application for Qualified Nonprofit Group Living Facilities

Discount
Your facility may qualify for a 20% or more discount off of your Edison bill if the facility meets the following criteria. Please see applicable rate schedule for more information. The discount and eligibility criteria were established by the California Public Utilities Commission (CPUC).

FACILITY ELIGIBILITY CRITERIA
The facility MUST meet ALL of the following criteria:
• Corporation operating the facility must have tax exemption under IRS Code 501(c)(3).
• A minimum of 70% of the energy consumed at the facility must be for residential purposes.
• Facility will be required to recertify eligibility annually. As part of that process, facility will be required to estimate amount of discount received, and explain how the funds were used for direct benefit of the residents.

(continued)
## California Alternate Rates for Energy (CARE)

**Application for Qualified Nonprofit Group Living Facilities**

Please complete a separate application for each facility.

Name on Edison Bill

Name of Business/Facility

Service Address

Mailing Address (if different)

Service Account number(s) for this facility

If a qualifying facility has satellite locations, please provide the information requested on the other side of this application for each location.

- Is facility operated by a corporation with tax exempt status under IRS Code 501(c)(3)?
- Is facility government owned and/or operated?
- Is facility government subsidized housing?
- Is at least 70% of the facility’s electricity used for residential purposes?
- Is the facility licensed by an authorized agency?
- Name of Licensing Agency (Copy of license required)

**FACILITIES NOT ELIGIBLE**

- Group living facilities offering only a place to live.
- Government-owned and/or operated facilities.
- Government-subsidized facility providing lodging only.

**RESIDENTS’ ELIGIBILITY CRITERIA**

**Effective as of June 1, 2009**

- Each resident’s total annual income from all sources, taxable and nontaxable, cannot exceed $30,500.
- No resident may be claimed as a dependent on someone else’s income tax return.

**ATTACHMENTS REQUIRED**

The following items MUST be attached to the application:

**For Group Living Facilities**

- A copy of the IRS documentation approving tax exempt status, under Code 501(c)(3), for the corporation operating the facility.
- A copy of the facility’s license from the licensing agency if the facility has a license.
- If the facility does not have a license, satisfactory proof to the utility that the facility is eligible to participate in the program.

**For Homeless Shelters, Hospices, and Women’s Shelters**

- A copy of the IRS documentation approving tax exempt status under Code 501(c)(3), for the corporation operating the facility.

**IF YOU HAVE QUESTIONS**

Call Edison’s CARE Helpline at 1-800-447-6620, 24 hours a day.
TTY 1-800-352-8580

<table>
<thead>
<tr>
<th>Source Code (Edison Use Only)</th>
<th></th>
<th></th>
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<tbody>
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<td></td>
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</table>

**For Office Use Only**

<table>
<thead>
<tr>
<th>Received Date</th>
<th>Process Date</th>
<th>Denied Reason</th>
<th>By</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**For Group Living Facilities Only**

<table>
<thead>
<tr>
<th>Primary Purpose of Facility</th>
<th>Services Offered</th>
<th>Total Number of Residents of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

I have verified 100% of the residents of the facility individually meet the CPUC’s CARE Eligibility Criteria for a Single Person Household.

<table>
<thead>
<tr>
<th>Is the facility licensed by an authorized agency?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Name of Licensing Agency (Copy of license required)

---

**For Homeless Shelters Only**

<table>
<thead>
<tr>
<th>Is facility open 180 days or more annually?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How many beds does shelter have?

<table>
<thead>
<tr>
<th>What was discount used for?</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**For Group Living Facilities Only**

<table>
<thead>
<tr>
<th>Is facility operated by a corporation with tax exempt status under IRS Code 501(c)(3)?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Is facility government owned and/or operated?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Is facility government subsidized housing?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Is at least 70% of the facility’s electricity used for residential purposes?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**For Homeless Shelters Only**

<table>
<thead>
<tr>
<th>Is each resident’s total annual income from all sources, taxable and nontaxable, cannot exceed $30,500?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**For Group Living Facilities Only**

<table>
<thead>
<tr>
<th>Is the facility licensed by an authorized agency?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Name of Licensing Agency (Copy of license required)
CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) / FAMILY ELECTRIC RATE ASSISTANCE (FERA) PROGRAM

(Single Family Dwelling with SCE Meter)

Form 14-782

(To be inserted by utility)  Issued by  (To be inserted by Cal. PUC)
Advice  2343-E  Akbar Jazayeri  Date Filed  May 14, 2009
Decision  04-02-057  Vice President  Effective
1D11  Resolution  E-3524
Save 20% or more on your electric bill

See if you qualify and enroll today.

It’s easy!

Check inside for the 2009 CARE and FERA Program Income Guidelines

Ahorre un 20% o más en su factura eléctrica

Vea si califica e inscríbase ahora.

¡Es muy fácil!

Busque dentro de esta solicitud las 2009 pautas del Programa CARE y FERA

If you have any questions, please call:
24 hours a day
1-800-447-6520
TTY 1-800-353-9540

Si desea obtener una vuelta CARE/FERA en español o para cualquier pregunta, por favor llame al Lunes a domingo, 8 a.m. a 8 p.m.
1-800-447-6520

如果有关于中文的CARE/FERA申请表或有任何问题，请致电：
星期一至星期五，早上8点至下午6点
1-800-843-8343

한글로 된 CARE/FERA 신청서를 원하시거나, 질문이 있으시면 정식화 주식회사:
월-금, 8 a.m. ~ 5 pm
1-800-628-3061

Nếu muốn có một bản CARE/FERA tiếng Việt, hay có câu hỏi cần hỗ trợ, vui lòng gọi Thứ Hai đến Thứ Sáu, từ 8:00 sáng đến 5:00 chiều
1-800-327-3031

CARE/FERA 한국어판은 한국 정부가 제작한 공문서입니다. 한국어로 읽으시면 이해가 쉬울 것입니다.

1-800-643-1309

Please tear off this panel, and seal and mail the completed application to Southern California Edison. No postage is necessary.
20% OR MORE DISCOUNT

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
2. Complete and return the attached application.

CARE/FERA PROGRAM

Maximum Household Income (Ingresos Máximo en el Hogar)
Effective as of June 1, 2009

<table>
<thead>
<tr>
<th>Number of Persons in Household</th>
<th>CARE</th>
<th>FERA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$30,000</td>
<td>Not eligible</td>
</tr>
<tr>
<td>2</td>
<td>up to $35,800</td>
<td>$35,801–$44,800</td>
</tr>
<tr>
<td>3</td>
<td>up to $43,200</td>
<td>$43,201–$54,000</td>
</tr>
<tr>
<td>4</td>
<td>up to $50,600</td>
<td>$50,601–$63,200</td>
</tr>
<tr>
<td>5</td>
<td>up to $58,000</td>
<td>$58,001–$72,400</td>
</tr>
<tr>
<td>6</td>
<td>Each additional person $7,400</td>
<td>$7,400–$9,200</td>
</tr>
</tbody>
</table>

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

Call us with questions.
(See reverse side for telephone numbers)
CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) / FAMILY ELECTRIC RATE ASSISTANCE (FERA) PROGRAM

(Sub-metered Tenant)

Form 14-783
ABOUT THE CARE/FERA PROGRAM

• 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%.

MAXIMUM HOUSEHOLD INCOME:

**CARE/FERA PROGRAM**

Maximunm Household Income

<table>
<thead>
<tr>
<th>Number of Persons in Household</th>
<th>CARE</th>
<th>FERA</th>
</tr>
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<tbody>
<tr>
<td>1-2</td>
<td>up to $30,500</td>
<td>Not eligible</td>
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</tr>
</tbody>
</table>

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

MAIL COMPLETED APPLICATION TO:

Southern California Edison
CARE/FERA
P.O. Box 9527
Azusa, CA 91702-9964

IF YOU HAVE QUESTIONS
Call SCE’s Helpline at 1-800-447-6620
24 hours a day.
TTY 1-800-352-8580

SCE 14-783 REV 5/09
CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities

RTE DISCOUNT APPLICATION

Application effective as of June 1, 2009.

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

TTY User (English Only)

Home Telephone

Work Telephone

Number of persons in my household:

Adults

Children

Total

2 PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

Please check (✔) ALL programs you participate in. If you do not participate in any of the programs listed in this section, then GO to Section 2b.

Medi-Cal (under age 65)

Medi-Cal (age 65 and over)

Food stamps

TANF (AFDC)

WIC

Healthy Families A & B

LIHEAP

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

Pensions

Social Security

SSI, SSP, SSDI

Interest or dividends from:

savings accounts,

stocks or bonds, or

retirement accounts

Wages or salaries

Unemployment benefits

Workers’ compensation

Disability payments

Rental or royalty income

Profit from self-employment

Scholarships, grants, or other aid used for living expenses

Insurance settlements

Legal settlements

Child support

Spousal support

Cash, and/or other income

If you do not participate in any of the programs listed above, then SKIP to Section 3.

4 MAXIMUM HOUSEHOLD INCOME:

Total combined gross annual household income:

$ 00

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

5 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.

Signature

Date

Guarantor or Power-of-Attorney

Provide notarized copy of document

MANAGER OR LANDLORD INFORMATION:

Edison Service Account No.

Manager or Landlord Name

Mailing Address

Name on Edison Bill

Service Address

Home Telephone

Work Telephone

Applicant Status:

Add New

Drop

Re-Certify

Moved to Different Space

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.
RECERTIFICATION NOTICE
(CARE/FERA)

Form 14-802

(Continued)

(To be inserted by utility)  Issued by  (To be inserted by Cal. PUC)
Advice  2343-E  Akbar Jazayeri  Date Filed  May 14, 2009
Decision  04-02-057  Vice President  Effective
1D10  Resolution  E-3524
RECERTIFICATION NOTICE

YOUR RATE DISCOUNT IS EXPIRING – RESPONSE IS NEEDED WITHIN 30 DAYS.

For the past few years, you have received a discount on your Southern California Edison electric bill through your participation in the California Alternate Rates for Energy (CARE) or Family Electric Rate Assistance (FERA) program. In order to remain enrolled in the program, you will need to re-certify your eligibility within 30 days from the date of this notice.

You may re-certify your eligibility online, by phone or mail:

Online: Recertify on line by logging onto www.SCE.com/CAREANDFERA and select the “Recertification” link located on the right side menu.

Phone: Call our toll-free automated re-certification number at (800) 890-1245 [TTY (800) 352-8580], 24-hours/7-days a week (except Sunday morning between 12:00 a.m. and 6:00 a.m.)

Please be prepared to provide the following:

• Total annual combined household income. This is income from all sources, for every member of your household receiving income (taxable or non-taxable)

• Total number of people in your household

Mail: Sign and complete the Certification Form on the reverse of this notice, and return it in the postage-paid envelope provided.

Please review the CARE/FERA income qualification chart and if you qualify, sign and complete the Certification Form on the reverse side of this notice. Please allow at least 30 days for processing. If you do not qualify for either program, please advise us by checking the appropriate box on the Certification Form.

INCOME ELIGIBILITY GUIDELINES

CARE/FERA PROGRAMS

Maximum Household Income

Effective as of June 1, 2009

<table>
<thead>
<tr>
<th>Number of Persons in Household</th>
<th>Total Combined Annual Income</th>
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<tbody>
<tr>
<td></td>
<td>CARE</td>
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<td>Each additional person</td>
<td>$7,400</td>
</tr>
</tbody>
</table>
Daytime Telephone Number (Please include area code)

☐ Check here **ONLY IF YOU NO LONGER QUALIFY** to participate in either the CARE or FERA rate assistance program. Please remove my account from the CARE/FERA program. **If you checked this box, please proceed to Section 4; sign and date at the bottom, then mail this form in the postage paid envelope provided.**

☐ Check here if TTY User / Hearing Impaired (English only)

If your household meets the income eligibility guidelines for the CARE or FERA programs shown on the front side of this notice, please provide the following information:

1. **HOUSEHOLD INFORMATION:** Number of persons in household: 
   - Adults + Children = Total

2. **HOUSEHOLD INCOME:** If you participate in any of the Public Assistance Programs in Section 3a, then GO to Section 3a now. If not, complete this Section 2 by indicating your Total annual combined household income, and then SKIP to section 3b.

   Total combined gross annual household income: $ __________ , _______ .00 per year (round to the nearest dollar)

   For example: Monthly income X 12 months = gross annual household income

3a. **PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:** Please check (✓) ALL programs you participate in, then proceed to Section 3b. If you do not participate in any of the programs in this Section 3a, then be sure to complete Section 2, and later SKIP to section 3b.

   - Medi-Cal (under age 65)
   - Medi-Cal (age 65 and over)
   - Food stamps
   - TANF (AFDC)
   - WIC
   - Healthy Families A & B
   - LIHEAP

3b. **HOUSEHOLD INCOME ELIGIBILITY:** Please check (✓) ALL sources of your household income, then proceed to Section 4.

   - Pensions
   - Social Security
   - SSI, SSP, SSDI
   - Wages or salaries
   - Unemployment benefits
   - Workers’ compensation
   - Disability payments
   - Rental or royalty income
   - Profit from self-employment
   - Scholarships, grants, or other aid
   - Used for living expenses
   - Insurance settlements
   - Legal settlements
   - Child support
   - Spousal support
   - Cash, and/or other income (gifts)

4. **CARE/FERA Declaration:**

   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 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 Southern California Edison can share my information with other utilities or their agents to enroll me in their assistance programs.

   Customer Signature (same name as listed on the account): ___________________________ Date: __________

   Customer Name (please print): ___________________________

   Indicate if you are a guardian or have Power-Of-Attorney for the above account and provide a notarized copy of the Power-of-Attorney document.

Return this form to Southern California Edison in postage paid return envelope provided:
CARE Dept, PO Box 9527, Azusa, CA 91702-9954
FINAL RECERTIFICATION NOTICE
(CARE/FERA)

Form 14-803

(Continued)

(To be inserted by utility)  Issued by  (To be inserted by Cal. PUC)
Advice 2343-E  Akbar Jazayeri  Date Filed May 14, 2009
Decision 04-02-057  Vice President  Effective

1D10

Resolution E-3524
May 3, 2009

SMITH, MARGARET
999 MAINE DR
APPLETON, CA, 99999

Service Account Number 3009999999

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**FINAL RECERTIFICATION NOTICE**

We recently sent you a notice to re-certify your participation in the California Alternate Rates for Energy (CARE) or Family Energy Rate Assistance (FERA) program. For the past few years, you have received a discount on your Southern California Edison (SCE) electric bill through your participation in the CARE or FERA program. In order to remain enrolled in the program, you will need to re-certify your eligibility within 30 days from the date of this second notice.

You may re-certify your eligibility online, by phone or mail:

**Online:** Recertify on line by logging onto [www.SCE.com/CAREANDFERA](http://www.SCE.com/CAREANDFERA) and select the “Recertification” link located on the right side menu.

**Phone:** Call our toll-free automated re-certification number at (800) 890-1245 [TTY (800) 352-8580], 24-hours/7-days a week (except Sunday morning between 12:00 a.m. and 6:00 a.m.)

Please be prepared to provide the following:

- Total annual combined household income. This is income from all sources, for every member of your household receiving income (taxable or non-taxable)
- Total number of people in your household

**Mail:** Sign and complete the Certification Form on the reverse of this notice and return it in the postage-paid envelope provided.

Please review the CARE/FERA income qualification chart and if you qualify, sign and complete the Certification Form on the reverse side of this notice. Please allow at least 30 days for processing. If you do not qualify for either program, please advise us by checking the appropriate box on the Certification Form.

---

**INCOME ELIGIBILITY GUIDELINES**

<table>
<thead>
<tr>
<th>CARE/FERA PROGRAMS</th>
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Daytime Telephone Number (Please include area code)  

☐ Check here ONLY IF YOU NO LONGER QUALIFY to participate in either the CARE or FERA rate assistance program. Please remove my account from the CARE/FERA program. If you checked this box, please proceed to Section 4; sign and date at the bottom, then mail this form in the postage paid envelope provided.

☐ Check here if TTY User / Hearing Impaired (English only)

If your household meets the income eligibility guidelines for the CARE or FERA programs shown on the front side of this notice, please provide the following information:

1 HOUSEHOLD INFORMATION: Number of persons in household: __________ + __________ = __________  
(Do Not Leave Blank)  

Adults  
Children  
Total

2 HOUSEHOLD INCOME: If you participate in any of the Public Assistance Programs in Section 3a, then GO to Section 3a now. If not, complete this Section 2 by indicating your Total annual combined household income, and then SKIP to section 3b.

Total combined gross annual household income: $ __________ , __________ , __________ .00 per year (round to the nearest dollar)  
For example: Monthly income X 12 months = gross annual household income

3a PUBLIC ASSISTANCE PROGRAM ELIGIBILITY: Please check (✓) ALL programs you participate in, then proceed to Section 3b. If you do not participate in any of the programs in this Section 3a, then be sure to complete Section 2, and later SKIP to Section 3b.

Medi-Cal (under age 65)  
Medi-Cal (age 65 and over)  
Food stamps  
TANF (AFDC)  
WIC  
Healthy Families A & B  
LIHEAP

3b HOUSEHOLD INCOME ELIGIBILITY: Please check (✓) ALL sources of your household income, then proceed to Section 4.

Pensions  
Social Security  
SSII, SP, SSDI  
Wages or salaries  
Unemployment benefits  
Workers’ compensation  
Disability payments  
Rental or royalty income  
Profit from self-employment  
Scholarships, grants, or other aid  
used for living expenses  
Insurance settlements  
Legal settlements  
Child support  
Spousal support  
Cash, and/or other income (gifts)

(IRS Form 1040, Sched. C, line 29)

4 CARE/FERA Declaration:  
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 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 Southern California Edison can share my information with other utilities or their agents to enroll me in their assistance programs.

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☐ Indicate if you are a guardian or have Power-Of-Attorney for the above account and provide a notarized copy of the Power-of Attorney document.

Return this form to Southern California Edison in postage paid return envelope provided:  
CARE Dept, PO Box 9527, Azusa, CA 91702-9954
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<th>Title of Sheet</th>
<th>Cal. P.U.C. No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
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<th>Applications and Agreements for Service</th>
<th>Cal. P.U.C. Sheet No.</th>
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<td>14-613</td>
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<td>14-642</td>
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<td>27761-E</td>
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<td>29169-E</td>
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<td>14-734</td>
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<td>14-735</td>
<td>Southern California Edison Company (SCE), Large Power Interruptible Rate Schedules Insurance Declaration</td>
<td>28829-E</td>
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<tr>
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<td>Agreement For Customer Participating in Demand Bidding Program and Interruptible Load Aggregation Option Under Interruptible Rate Schedules</td>
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<td>14-777</td>
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<td>14-779</td>
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<tr>
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Schedule G-1-CARE
SANTA CATALINA ISLAND CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE)
DOMESTIC SERVICE

APPLICABILITY

Applicable to domestic service to CARE households residing in a permanent single-family accommodation where a customer meets all the Special Conditions of this Schedule. Customers who receive gas service under Schedule G-1 are eligible for this Schedule.

TERRITORY

The City of Avalon, Santa Catalina Island.

RATES

The bill as determined under Schedule G-1 which would otherwise be applicable, minus the CARE surcharge, less a 20% discount excluding the PUCRF.

SPECIAL CONDITIONS

1. CARE Customers are exempt from a CARE Surcharge of $0.03352/Therm for Baseline and Non-Baseline Service. The 20% discount applies to the Customer Charge and GCAC and base rate (excluding the CARE surcharge portion) charges only. The total Schedule G-1-CARE bill is thus equal to the Schedule G-1 bill, minus CARE surcharge, minus the 20% discount.

2. CARE Household: A CARE Household is a household where the total gross income from all sources is less than shown on the table below based on the number of persons in the household. Total gross income shall include income from all sources, both taxable and nontaxable. Persons who are claimed as a dependent on another person’s income tax return are not eligible. These income limits are effective as of June 1, 2009.¹

<table>
<thead>
<tr>
<th>No. of Persons In Household</th>
<th>Total Gross Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2</td>
<td>$30,500</td>
</tr>
<tr>
<td>3</td>
<td>35,800</td>
</tr>
<tr>
<td>4</td>
<td>43,200</td>
</tr>
<tr>
<td>5</td>
<td>50,600</td>
</tr>
<tr>
<td>6</td>
<td>58,000</td>
</tr>
</tbody>
</table>

For Households with more than six persons, add $7,400 annually for each additional person residing in the household.

¹ Pursuant to California Public Utilities Commission letter dated April 28, 2009, the income limits for 2009-2010 will remain the same as those in effect during 2008-2009.
### SPECIAL CONDITIONS (Continued)

3. **Application and Eligibility Declaration:** An application and eligibility declaration on a form authorized by the Commission is required for each request for service under this Schedule unless the Customer has completed an electric service application for CARE. If a customer qualifies for CARE as an electric service customer they are also eligible for Schedule G-1-CARE. Renewal of a customer's eligibility declaration will be required every two years and may be required on an annual basis. Customers are only eligible to receive service under this rate at one residential location at any one time and the rate applies only to a customer's permanent primary residence. This Schedule is not applicable where, in the opinion of SCE, either the accommodation or occupancy is transient.

4. **Commencement of Rate:** Eligible customer shall be billed on this Schedule commencing no later than one billing period after receipt and approval of the customer's application by SCE.

5. **Verification:** Information provided by the applicant is subject to verification by SCE. Refusal or failure of a customer to provide documentation of eligibility acceptable to SCE, upon request by SCE, shall result in removal from this Schedule.

6. **Notice From Customer:** It is the customer's responsibility to notify SCE if there is a change in his eligibility status.

7. **Rebilling:** Customers may be rebilled for periods of ineligibility under the applicable rate schedule. However, if SCE determines a customer does not qualify for the CARE discount, SCE will not rebill for the amount of the discount distributed from November 1, 2005 through April 30, 2006.
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### LIST OF CONTRACTS AND DEVIATIONS

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