
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: ijnj@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:

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) 929-5540
E-mail: Karyn.Gansecki@sce.com

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

CALIFORNIA PUBLIC UTILITIES COMMISSION

ADVICE LETTER FILING SUMMARY ENERGY UTILITY

MUST BE COMPLETED BY UTILITY (Attach additional pages as needed)

Company name/CPUC Utility No.: Southern California Edison Company (U 338-E)

Utility type:

ELC GAS
 PLC HEAT WATER

Contact Person: James Yee

Phone #: (626) 302-2509

E-mail: James.Yee@sce.com

E-mail Disposition Notice to: AdviceTariffManager@sce.com

EXPLANATION OF UTILITY TYPE

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

(Date Filed/ Received Stamp by CPUC)

Advice Letter (AL) #: 2343-E/157-G Tier Designation: 1

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

Keywords (choose from CPUC listing): Compliance, CARE, Forms

AL filing type: Monthly Quarterly Annual One-Time Other

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

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

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL: _____

Summarize differences between the AL and the prior withdrawn or rejected AL¹: _____

Confidential treatment requested? Yes No

If yes, specification of confidential information:

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

Requested effective date: 6/1/09 No. of tariff sheets: 14

Estimated system annual revenue effect: (%): _____

Estimated system average rate effect (%): _____

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).

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

Service affected and changes proposed¹: _____

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
inj@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

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
Revised 45157-E	Schedule D-CARE	Revised 44007-E
Revised 45158-E	Schedule D-FERA	Revised 44008-E*
Revised 45159-E	Form 14-526	Revised 44009-E
Revised 45160-E	Form 14-782	Revised 44010-E*
Revised 45161-E	Form 14-783	Revised 44011-E*
Revised 45162-E	Form 14-802	Revised 44012-E*
Revised 45163-E	Form 14-803	Revised 44013-E*
Revised 45164-E	Table of Contents	Revised 45123-E
Revised 45165-E	Table of Contents	Revised 45102-E
Revised 45166-E	Table of Contents	Revised 45145-E
Revised 45167-E	Table of Contents	Revised 44017-E

Schedule D-CARE
CALIFORNIA ALTERNATE RATES FOR ENERGY
DOMESTIC SERVICE

Sheet 2

(Continued)

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

(T)

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

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.

(N)
(N)

(Continued)

(To be inserted by utility)
Advice 2343-E
Decision 04-02-057

Issued by
Akbar Jazayeri
Vice President

(To be inserted by Cal. PUC)
Date Filed May 14, 2009
Effective _____
Resolution E-3524

Schedule D-FERA
Family Electric Rate Assistance

Sheet 3

(Continued)

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 (T)

	Total Gross Annual Income	(T)
	<u>200% of Poverty + \$1 to 250% of Poverty Limit</u>	
No. of Persons In Household		
3	\$35,801 - \$44,800	
4	\$43,201 - \$54,000	
5	\$50,601 - \$63,200	
6	\$58,001 - \$72,400	
Each Additional Person Add	\$7,400 - \$9,200	

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. (N)
(N)

(To be inserted by utility)
Advice 2343-E
Decision 04-02-057

Issued by
Akbar Jazayeri
Vice President

(To be inserted by Cal. PUC)
Date Filed May 14, 2009
Effective _____
Resolution E-3524



Southern California Edison
Rosemead, California (U 338-E)

Revised Cal. PUC Sheet No. 45159-E
Cancelling Revised Cal. PUC Sheet No. 44009-E

Sheet 1

CALIFORNIA ALTERNATE RATES FOR
ENERGY (CARE) PROGRAM FOR QUALIFIED NONPROFIT
GROUP LIVING FACILITIES

Form 14-526

(Continued)

(To be inserted by utility)

Advice 2343-E
Decision 04-02-057

Issued by
Akbar Jazayeri
Vice President

(To be inserted by Cal. PUC)

Date Filed May 14, 2009
Effective _____
Resolution E-3524

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:

STREET ADDRESS _____
 CITY STATE ZIP _____
 ACCOUNT NO _____
 At least 70% of electricity used for residential purposes? Yes No
 100% of the residents individually meet the income criteria? Yes No
 Number of residents: _____
 For Homeless Shelters – Is facility open 180 days or more annually? Yes No
 – Does shelter have six beds or more? Yes No

STREET ADDRESS _____
 CITY STATE ZIP _____
 ACCOUNT NO _____
 At least 70% of electricity used for residential purposes? Yes No
 100% of the residents individually meet the income criteria? Yes No
 Number of residents: _____
 For Homeless Shelters – Is facility open 180 days or more annually? Yes No
 – Does shelter have six beds or more? Yes No

STREET ADDRESS _____
 CITY STATE ZIP _____
 ACCOUNT NO _____
 At least 70% of electricity used for residential purposes? Yes No
 100% of the residents individually meet the income criteria? Yes No
 Number of residents: _____
 For Homeless Shelters – Is facility open 180 days or more annually? Yes No
 – Does shelter have six beds or more? Yes No

STREET ADDRESS _____
 CITY STATE ZIP _____
 ACCOUNT NO _____
 At least 70% of electricity used for residential purposes? Yes No
 100% of the residents individually meet the income criteria? Yes No
 Number of residents: _____
 For Homeless Shelters – Is facility open 180 days or more annually? Yes No
 – Does shelter have six beds or more? Yes No

STREET ADDRESS _____
 CITY STATE ZIP _____
 ACCOUNT NO _____
 At least 70% of electricity used for residential purposes? Yes No
 100% of the residents individually meet the income criteria? Yes No
 Number of residents: _____
 For Homeless Shelters – Is facility open 180 days or more annually? Yes No
 – Does shelter have six beds or more? Yes No

STREET ADDRESS _____
 CITY STATE ZIP _____
 ACCOUNT NO _____
 At least 70% of electricity used for residential purposes? Yes No
 100% of the residents individually meet the income criteria? Yes No
 Number of residents: _____
 For Homeless Shelters – Is facility open 180 days or more annually? Yes No
 – Does shelter have six beds or more? Yes No

Attach list of additional locations if necessary. Please provide information in the same format as above.

I am responsible for the annual renewal of this facility's license from the appropriate licensing agency.

I certify under penalty of perjury under the laws of the State of California the information on this application is true and accurate.

I further certify the discount received will be used for the direct benefit of the residents of the facility.

I understand Edison reserves the right to verify the accuracy of this information and that the direct benefit was used for the benefit of the residents.

My signature gives consent for this information to be shared with other utilities or their agents, if applicable.

AUTHORIZED REPRESENTATIVE'S NAME (Please Print) _____
 AUTHORIZED REPRESENTATIVE'S TITLE (Please Print) _____
 AUTHORIZED REPRESENTATIVE'S SIGNATURE _____
 DATE _____
 TELEPHONE NUMBER _____



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

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)

(continued)

Additional Criteria for Group Living Facilities Such As Transitional Housing; Short- or Long-Term Care Facilities; or Group Homes for Physically or Mentally Disabled Persons

- If facility is licensed by organizations such as the Community Care Licensing Division (CCLD) of the State Department of Social Services, the Licensing Branch of the Department of Alcohol and Drug Programs, or the Department of Health Services, a copy of the license must be provided.
- If facility does not have a conditional use permit or an appropriate state license, facility must provide satisfactory proof to the utility it is eligible to participate in CARE.
- Facility must provide services, such as meals or rehabilitation, in addition to lodging.
- 100 percent of the residents must individually meet the CPUC's existing income eligibility criteria for a single-person household (see section on RESIDENTS' ELIGIBILITY CRITERIA).
- Satellite facilities of a qualifying nonprofit corporation, must be included under the corporation's license, meet all eligibility criteria, and have utility accounts in the corporation name.

Additional Criteria for Homeless Shelters, Hospices, and Women's Shelters

- Facility must provide a minimum of six beds each night for a minimum of 180 days each year for persons who have no alternative residence.
- Primary function of the facility is to provide lodging.
- Facility may be asked to provide appropriate documentation indicating primary function.

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 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

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



An EDISON INTERNATIONAL Company

For Office Use Only

Received Date _____ Process Date _____
Denied Reason _____ By _____

Source Code (Edison Use Only) -

Please complete a separate application for each facility.

Name on Edison Bill _____

Name of Business/Facility _____

Service Address _____
STREET CITY STATE ZIP

Mailing Address (if different) _____
STREET CITY STATE ZIP

Service Account number(s) for this facility _____
(Attach list if necessary)

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)? (attach documentation) Yes No
- Is facility government owned and/or operated? Yes No
- Is facility government subsidized housing? Yes No
- Is at least 70% of the facility's electricity used for residential purposes? Yes No
- Recertification: Estimated amount of discount received last year \$ _____
- What was discount used for? _____

For Group Living Facilities Only

Primary Purpose of Facility _____
Services Offered _____
Total Number of Residents of Facility _____

For Homeless Shelters Only

Is facility open 180 days or more annually? Yes No
How many beds does shelter have? _____

I have verified 100% of the residents of the facility individually meet the CPUC's CARE Eligibility Criteria for a Single Person Household Yes No
Is the facility licensed by an authorized agency? Yes No
Name of Licensing Agency (Copy of license required) _____



Southern California Edison
Rosemead, California (U 338-E)

Revised Cal. PUC Sheet No. 45160-E
Cancelling Revised Cal. PUC Sheet No. 44010-E*

Sheet 1

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)

Advice 2343-E

Decision 04-02-057

Issued by

Akbar Jazayeri

Vice President

(To be inserted by Cal. PUC)

Date Filed May 14, 2009

Effective _____

Resolution E-3524

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

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

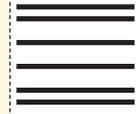
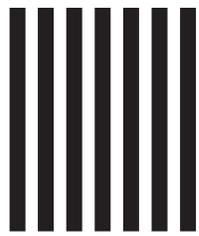
如果你想得到中文的CARE/FERA申請表或有任何問題，請致電：星期一至星期五，早上8點至下午5點 1-800-843-8343

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

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

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



BUSINESS REPLY MAIL FIRST-CLASS MAIL PERMIT NO. 84 ROSEMEAD CA

POSTAGE WILL BE PAID BY ADDRESSEE

CARE / FERA SOUTHERN CALIFORNIA EDISON PO BOX 9527 AZUSA CA 91702-9954



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 inscribese ahora. ¡Es muy fácil!

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

RATE DISCOUNT APPLICATION

Entire application must be completed and signed. Application effective as of June 1, 2009.

PLEASE PRINT CLEARLY (Favor de Imprimir con Claridad)

Source Code (Edison Use Only)

□ □ □ □ □ - □ □ □ □ □

Default code 1150-2002

1 CUSTOMER INFORMATION:

Edison Service Account No.
(No. de Cuenta de Servicio de Edison)

3 - □ □ □ □ - □ □ □ □ - □ □

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

Your Home Address (Su Domicilio)

City (Ciudad)

ZIP Code (Codigo Postal)

() ()

TTY User (English Only)

Home Telephone (Teléfono particular)

Work Telephone (Teléfono de su trabajo)

Number of persons in my household (N° de personas en el hogar):

□ + □ = □
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:

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

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

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

- Pensions Wages or salaries Scholarships, grants, or other aid used for living expenses
 Social Security Unemployment benefits Insurance settlements
 SSI, SSP, SSDI Workers' compensation Legal settlements
 Interest or dividends from: Disability payments Child support
 savings accounts, Rental or royalty income Spousal support
 stocks or bonds, or Profit from self-employment Cash, and/or other income
 retirement accounts (IRS Form 1040, Schedule C, line 29)

If you participate in any of the Public Assistance Programs in Section 2a, then SKIP to Section 3. If not, GO to Section 2c.

2c MAXIMUM HOUSEHOLD INCOME:

Total combined gross annual household income (Ingresos totales al año): \$ □ □ □ □ , □ □ □ □ .00
 For example: Current monthly income x 12 months = annual household income

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.

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:

- Apply online at www.sce.com/careandfera
- Complete and return the attached application.

CARE/FERA PROGRAM

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

Number of Persons in Household	Total Combined Annual Income*	
	CARE	FERA
1-2	up to \$30,500	Not eligible
3	up to \$35,800	\$35,801-\$44,800
4	up to \$43,200	\$43,201-\$54,000
5	up to \$50,600	\$50,601-\$63,200
6	up to \$58,000	\$58,001-\$72,400
Each additional person	\$7,400	\$7,400-\$9,200

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

Call us with questions.
(See reverse side for telephone numbers)

No Staples



Please Moistens and Seal



No Tape



Southern California Edison
Rosemead, California (U 338-E)

Revised Cal. PUC Sheet No. 45161-E
Cancelling Revised Cal. PUC Sheet No. 44011-E*

Sheet 1

CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) /
FAMILY ELECTRIC RATE ASSISTANCE (FERA)
PROGRAM

(Sub-metered Tenant)

Form 14-783

(To be inserted by utility)

Advice 2343-E

Decision 04-02-057

Issued by

Akbar Jazayeri

Vice President

(To be inserted by Cal. PUC)

Date Filed May 14, 2009

Effective _____

Resolution E-3524

CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities

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

Number of Persons in Household	Maximum Household Income	
	<i>Effective as of June 1, 2009</i>	
	Total Combined Annual Income*	
	CARE	FERA
1–2	up to \$30,500	Not eligible
3	up to \$35,800	\$35,801–\$44,800
4	up to \$43,200	\$43,201–\$54,000
5	up to \$50,600	\$50,601–\$63,200
6	up to \$58,000	\$58,001–\$72,400
Each additional person	\$7,400	\$7,400–\$9,200

*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:

- 1** 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.

MAIL COMPLETED APPLICATION TO:

Southern California Edison
CARE/FERA
P. O. Box 9527
Azusa, CA 91702-9954

IF YOU HAVE QUESTIONS

Call SCE's Helpline at 1-800-447-6620
24 hours a day.
TTY 1-800-352-8580

CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities

RATE 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

2a 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.

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Medi-Cal (under age 65) | <input type="checkbox"/> Food stamps | <input type="checkbox"/> Healthy Families A & B |
| <input type="checkbox"/> Medi-Cal (age 65 and over) | <input type="checkbox"/> TANF (AFDC) | <input type="checkbox"/> LIHEAP |
| | <input type="checkbox"/> WIC | |

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Pensions | <input type="checkbox"/> Wages or salaries | <input type="checkbox"/> Scholarships, grants, or other aid used for living expenses |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Insurance settlements |
| <input type="checkbox"/> SSI, SSP, SSDI | <input type="checkbox"/> Workers' compensation | <input type="checkbox"/> Legal settlements |
| • Interest or dividends from: | <input type="checkbox"/> Disability payments | <input type="checkbox"/> Child support |
| <input type="checkbox"/> savings accounts, | <input type="checkbox"/> Rental or royalty income | <input type="checkbox"/> Spousal support |
| <input type="checkbox"/> stocks or bonds, or | <input type="checkbox"/> Profit from self-employment (IRS Form 1040, Schedule C, line 29) | <input type="checkbox"/> Cash, and/or other income |
| <input type="checkbox"/> retirement accounts | | |

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

2c MAXIMUM HOUSEHOLD INCOME:

Total combined gross annual household income: \$, .00
For example: Current monthly income x 12 months = annual household income

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.



Signature _____ Date _____

- Guardian or Power-of-Attorney
Provide notarized copy of document

MANAGER OR LANDLORD INFORMATION:

Edison Service Account No. - - - Source Code (Edison Use Only) -

Manager or Landlord Name _____

Mailing Address _____ City _____ ZIP Code _____

Name on Edison Bill _____

Service Address _____ City _____ ZIP Code _____
() ()

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.



Southern California Edison
Rosemead, California (U 338-E)

Revised Cal. PUC Sheet No. 45162-E
Cancelling Revised Cal. PUC Sheet No. 44012-E*

Sheet 1

RECERTIFICATION NOTICE
(CARE/FERA)

Form 14-802

(Continued)

(To be inserted by utility)

Advice 2343-E
Decision 04-02-057

Issued by
Akbar Jazayeri
Vice President

(To be inserted by Cal. PUC)

Date Filed May 14, 2009
Effective _____
Resolution E-3524

For questions call 1-800-447-6620 or visit us
online at www.SCE.com/CAREANDFERA

May 3, 2009

SMITH, MARGARET
999 MAINE DR
APPLETON, CA, 99999

Service Account Number 3009999999

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**

Number of Persons in Household	Total Combined Annual Income	
	CARE	FERA
1-2	up to \$30,500	Not eligible
3	up to \$35,800	\$35,801 – \$44,800
4	up to \$43,200	\$43,201 – \$54,000
5	up to \$50,600	\$50,601 – \$63,200
6	up to \$58,000	\$58,001 – \$72,400
Each additional person	\$7,400	\$7,400 – \$9,200

Daytime Telephone Number (Please include area code)

Grid of boxes for telephone number entry, with some boxes shaded black.

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

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

- | | | |
|--|---|------------------------------------|
| Pensions | Wages or salaries | Scholarships, grants, or other aid |
| Social Security | Unemployment benefits | used for living expenses |
| SSI, SSP, SSDI | Workers' compensation | Insurance settlements |
| Interest or dividends from:
Savings accounts,
Stocks or bonds, or
Retirement accounts | Disability payments | Legal settlements |
| | Rental or royalty income | Child support |
| | Profit from self-employment
(IRS Form 1040, Sched. C, line 29) | 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



Southern California Edison
Rosemead, California (U 338-E)

Revised Cal. PUC Sheet No. 45163-E
Cancelling Revised Cal. PUC Sheet No. 44013-E*

Sheet 1

FINAL RECERTIFICATION NOTICE
(CARE/FERA)

Form 14-803

(Continued)

(To be inserted by utility)

Advice 2343-E
Decision 04-02-057

Issued by
Akbar Jazayeri
Vice President

(To be inserted by Cal. PUC)

Date Filed May 14, 2009
Effective _____
Resolution E-3524



**CERTIFICATION FORM
INCOME QUALIFYING
RATE ASSISTANCE PROGRAMS**

For questions call 1-800-447-6620 or visit us
online at www.SCE.com/CAREANDFERA

May 3, 2009

SMITH, MARGARET
999 MAINE DR
APPLETON, CA, 99999

Service Account Number 3009999999

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 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		
Number of Persons in Household	Total Combined Annual Income	
	CARE	FERA
1–2	up to \$30,500	Not eligible
3	up to \$35,800	\$35,801 – \$44,800
4	up to \$43,200	\$43,201 – \$54,000
5	up to \$50,600	\$50,601 – \$63,200
6	up to \$58,000	\$58,001 – \$72,400
Each additional person	\$7,400	\$7,400 – \$9,200

Daytime Telephone Number (Please include area code)

Grid of boxes for telephone number entry, with some boxes shaded black.

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

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

- | | | |
|-----------------------------|------------------------------------|------------------------------------|
| Pensions | Wages or salaries | Scholarships, grants, or other aid |
| Social Security | Unemployment benefits | used for living expenses |
| SSI, SSP, SSDI | Workers' compensation | Insurance settlements |
| Interest or dividends from: | Disability payments | Legal settlements |
| Savings accounts, | Rental or royalty income | Child support |
| Stocks or bonds, or | Profit from self-employment | Spousal support |
| Retirement accounts | (IRS Form 1040, Sched. C, line 29) | 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



TABLE OF CONTENTS

Sheet 1

Cal. P.U.C.
 Sheet No.

TITLE PAGE 11431-E

TABLE OF CONTENTS - RATE SCHEDULES 45164-45124-45165-45103-45104-45109-44612-E (T)

TABLE OF CONTENTS - LIST OF CONTRACTS AND DEVIATIONS 44612-E

TABLE OF CONTENTS - RULES 45106-E

TABLE OF CONTENTS - BASELINE REGIONS 44250-E

TABLE OF CONTENTS - SAMPLE FORMS 45166-45167-45146-45108-44401-42398-E (T)

..... 43047-E

PRELIMINARY STATEMENT:

A. Territory Served 22909-E

B. Description of Service 22909-E

C. Procedure to Obtain Service 22909-E

D. Establishment of Credit and Deposits 22909-E

E. General..... 22909-27629-38292-37165-37166-37167-E

F. Symbols 37168-E

G. Gross Revenue Sharing Mechanism 26584-26585-26586-26587-27195-27196-27197-E
 27198-27199-27200-27201-E

H. Baseline Service 11457-43058-11880-11881-31679-E

I. Advanced Metering Infrastructure Balancing Account 42811-42812-E

J. Palo Verde Balancing Account..... 44942-44943-44944-E

K. Nuclear Decommissioning Adjustment Mechanism 36582-36583-E

L. Purchase Agreement Administrative Costs Balancing Account..... 44041-44042-E

M. Income Tax Component of Contributions 44770-27632-E

N. Memorandum Accounts..... 21344-44945-44946-42035-42036-41775-42837-42838-44947-E
 42840-42841-42842-44948-44949-44950-44951-44952-44953-42849-42850-42851-E
 41717-42853-44297-42855-42856-44341-44954-44955-42860-42861-42862-42863-E
 42864-42921-42922-44956-44957-42869-42870-42871-42872-42873-42874-42875-E
 42876-42877-42878-42879-42880-42881-42882-42883-44958-42885-44959-42887-E
 42888-44960-43367-42891-42892-39861-43889-43890-43891-43892-44029-44133-E

O. California Alternate Rates for Energy (CARE) Adjustment Clause
 34705-41902-36472-38847-44961-E

P. Optional Pricing Adjustment Clause (OPAC)..... 27670-27671-27672-27673-27674-E

(Continued)

(To be inserted by utility)
 Advice 2343-E
 Decision 04-02-057

Issued by
Akbar Jazayeri
Vice President

(To be inserted by Cal. PUC)
 Date Filed May 14, 2009
 Effective _____
 Resolution E-3524



TABLE OF CONTENTS

Sheet 3

(Continued)

RATE SCHEDULES

<u>Schedule</u>	<u>Title of Sheet</u>	<u>Cal. P.U.C.</u>
<u>No.</u>		<u>No.</u>

SERVICE AREA MAPS:

Index to Maps of Service Area	20557-E
Map A - Service Area	27223-E
Map B - Service Area	7865-E
Map C - Service Area	27224-E
Map D - Service Area	5697-E

RESIDENTIAL

D	Domestic Service	44988-43059-38299-42456-E	
D-APS	Domestic Automatic Powershift	43603-43604-43605-E	
D-APS-E	Domestic Automatic Powershift – Enhanced	43606-43607-43608-E	
D-CARE	Domestic Service, CARE	44989-45157-42999-E	(T)
DE	Domestic Service to Utility Employees	38306-E	
D-FERA	Domestic Service, Family Electric Rate Assistance.....	44990-44991-45158-E	(T)
DM	Domestic Service Multifamily Accommodation	39037-34728-44992-E	
DMS-1	Domestic Service Multifamily Accommodation Submetered	44993-43698-E	
	34732-E	
DMS-2	Domestic Service Mobilehome Park Multifamily Accommodation Submetered	44994-43699-34735-40747-E	
DMS-3	Domestic Service Qualifying RV Park Accommodation Submetered	38312-34737-E	
	34738-43066-E	
DS	Domestic - Seasonal	43067-34741-E	
MB-E	Medical Baseline – Exemption.....	44995-44996-E	
PCT	Programmable Communicating Thermostat	44277-44278-44279-44280-E	
PPP	PEAK Plus Pilot (PPP)	42659-42411-E	
TOU-D-1	Time-of-Use Domestic	44997-43068-38316-42458-E	
TOU-D-2	Time-of-Use Domestic	44998-43069-42459-E	
TOU-EV-1	Domestic Time-Of-Use Electric Vehicle Charging	44999-34765-42462-E	

(Continued)

(To be inserted by utility)

Advice 2343-E
 Decision 04-02-057

Issued by
Akbar Jazayeri
 Vice President

(To be inserted by Cal. PUC)

Date Filed May 14, 2009
 Effective _____
 Resolution E-3524

TABLE OF CONTENTS

Sheet 10

(Continued)

SAMPLE FORMS
(Continued)

Form No.	<u>Applications and Agreements for Service</u>	Cal. P.U.C. <u>Sheet No.</u>
14-459	Momentary Parallel Generation Agreement	27758-E
14-499	Customer Application, Citrus Growers Payment Deferral Program.....	42189-E
14-499-1	Attachment to Customer Application, Citrus Producers Utility Bill Deferral Program	42190-E
14-523	Economic Development Rate Agreement (Existing Installation)	16545-E
14-524	Economic Development Rate Agreement	18686-E
14-526	California Alternate Rates For Energy (CARE) Program For Qualified Nonprofit Group Living Facilities	45159-E (T)
14-548	Permanent Change in Operating Conditions Declaration	44245-E
14-605	Pay As You Grow, Special Conditions PA-1 and PA-2	27759-E
14-606	Electronic Data Interchange (Energy Bill) Invoicing Agreement	25989-E
14-613	Residential Guaranty	44246-E
14-620	Application for California Alternate Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing	38854-E
14-637	Contribution to Margin Agreement	24148-E
14-641	Schedule RTP Non-Disclosure Agreement	21151-E
14-642	Environmental Pricing Credit Agreement.....	24151-E
14-643	Time-Related Demand Aggregation Service Agreement.....	24152-E
14-685	Agreement For Parking Lot Lighting Service SCE-Owned System Schedule LS-1	27760-E
14-686	Voluntary Power Reduction Credit Agreement Between Customer and Southern California Edison Company (SCE).....	26743-E
14-687	Application And Contract For Electric Service For Schedule WTR, Wireless Technology Rate	43041-E
14-697	Proposal to Purchase and Agreement for Transfer of Ownership of Distribution Systems	27761-E
14-730	Back-Up Service Agreement Between Customer and Southern California Edison Company (SCE)	29169-E
14-731	Generating Facility Interconnection Agreement	31119-E
14-732	Generating Facility Interconnection Application	41340-E
14-733	Renewable and Alternative Power Public Water and Wastewater Agency Agreement	45139-E
14-734	Renewable and Alternative Power Public Water and Wastewater Agency Excess Agreement	45140-E
14-735	Southern California Edison Company (SCE), Large Power Interruptible Rate Schedules Insurance Declaration	28829-E
14-736	Southern California Edison Company (SCE), Large Power Interruptible Rate Schedules Essential Use and Exempt Customer Declaration	28830-E
14-738	Agreement For Customer Participating in Demand Bidding Program and Interruptible Load Aggregation Option Under Interruptible Rate Schedules	29804-E

(Continued)

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Advice 2343-E
Decision 04-02-057

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Date Filed May 14, 2009
Effective _____
Resolution E-3524

TABLE OF CONTENTS

Sheet 11

(Continued)
SAMPLE FORMS
(Continued)

Form No.	Applications and Agreements for Service	Cal. P.U.C. Sheet No.
14-739	Scheduled Load Reduction Program Agreement Between Customer and Southern California Edison Company	43443-E
14-740	Optional Binding Mandatory Curtailment Agreement	43444-E
14-741	Demand Bidding Program	41861-E
14-742	Generating Facility Interconnection Agreement (3 rd Party Non-Exporting)	31121-E
14-743	Generating Facility Interconnection Agreement (3 rd Party Inadvertent-Exporting)	31122-E
14-744	Customer Generation Agreement	31123-E
14-745	Generating Facility Interconnection Agreement (Inadvertent-Export)	31124-E
14-746	Medical Baseline Allowance Application	31680-E
14-747SC	Medical Baseline Allowance Self Certification	31681-E
14-748	SCE Bill Manager [®] Service Agreement	42441-E
14-749	Customer Physical Assurance Agreement	41619-E
14-750	Biogas Digester Electrical Generating Facility Net Energy Metering and Interconnection Agreement	39630-E
14-752	Technical Assistance Incentive Application	35208-E
14-753	Application For A Net Energy Metering And Generating Facility Interconnection Agreement	36436-E
14-755	Fuel Cell Electrical Generating Facility Net Energy Metering and Interconnection Agreement	39631-E
14-756	Direct Access Customer Relocation/Replacement Declaration	36269-E
14-758	Economic Development Rate-Attraction Agreement	43016-E
14-759	Economic Development Rate-Expansion Agreement	43017-E
14-760	Economic Development Rate-Retention Agreement	43018-E
14-771	Application for California Alternate Rates for Energy (CARE) Program for Migrant Farm Worker Housing Centers (MFHC)	38855-E
14-772	Affidavit For Economic Development Rates	39116-E
14-773	Generating Facility Interconnection Agreement for Combined Technologies	41334-E
14-775	Notice By Aggregator To Add/Delete Customer Service Accounts For Capacity Bidding Program (CBP)	43651-E
14-776	Capacity Bidding Program Participant Agreement	43446-E
14-777	Capacity Bidding Program Aggregator Agreement	41702-E
14-778	On-Bill Financing Program Loan Agreement	41745-E
14-779	Notice By Aggregator To Add/Delete Customer Service Accounts	14839-E
14-780	Time-of-Use Base Interruptible Program Aggregator Agreement	41842-E
14-782	California Alternate Rates for Energy (CARE)/Family Electric Rate Assistance (FERA) Program (Single Family Dwelling with SCE Meter)	45160-E (T)
14-782-1	Recertification CARE/FERA	40637-E
14-783	California Alternate Rates for Energy (CARE)/Family Electric Rate Assistance (FERA) Program (Sub-metered Tenant)	45161-E (T)
14-802	Recertification Notice (CARE/FERA)	45162-E
14-803	Final Recertification Notice (CARE/FERA)	45163-E (T)
16-323	Service Adjustment Agreement (Military Base Closures)	18753-E
16-324	Agricultural and Pumping Real Time Pricing, Schedule PA-RTP, Participation Agreement, Form 16-324	26140-E
16-326	Schedule TOU-PA-6, Agricultural Water Pumping, Large, Alternative Power Source	19421-E
16-339	Schedule TOU-PA-7, Agricultural Water Pumping - Large, Alternate Power Source	27762-E
16-340	Interconnection Agreement for Residential Photovoltaic Solar-Electric Generating Facilities of 10 Kilowatts or Less	21726-E
16-342	Power Purchase Agreement for Residential Photovoltaic Solar-Electrical Generating Facilities of 10 Kilowatts or Less	21727-E

(Continued)

(To be inserted by utility)

Advice 2343-E
Decision 04-02-057

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Effective _____
Resolution E-3524

Gas Tariff Sheets

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
Revised 1131-G Revised 1132-G	Schedule G-1-CARE Schedule G-1-CARE	Revised 999-G Revised 999-G
Revised 1133-G	Table of Contents	Revised 1096-G

Schedule G-1-CARE Sheet 1
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 (T)

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

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

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. (N)
(N)

(Continued)

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Advice 157-G
Decision 04-02-057

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Date Filed May 14, 2009
Effective _____
Resolution E-3524

Schedule G-1-CARE Sheet 2 (N)
SANTA CATALINA ISLAND CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE)
DOMESTIC SERVICE

(Continued)

SPECIAL CONDITIONS (Continued) (N)

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. (L)
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. (L)

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Advice 157-G
Decision 04-02-057

Issued by
Akbar Jazayeri
Vice President

(To be inserted by Cal. PUC)
Date Filed May 14, 2009
Effective _____
Resolution E-3524



TABLE OF CONTENTS

Sheet 1

	<u>Cal. P.U.C. Sheet No.</u>	
TITLE PAGE	131-G	
TABLE OF CONTENTS - RATE SCHEDULES	1133-G	(T)
TABLE OF CONTENTS - LIST OF CONTRACTS AND DEVIATIONS	770-G	
TABLE OF CONTENTS - RULES	1081-G	
TABLE OF CONTENTS - SAMPLE FORMS	1081-G	
 PRELIMINARY STATEMENT:		
A. Territory Served by the Utility	1038-G	
B. Types and Classes of Service	1038-G	
C. Procedure to Obtain Service	1038-G	
D. Symbols	1038-G	
E. Baseline Service	371-372-G	
F. Santa Catalina Island Gas Cost Adjustment Clause (GCAC)	355-399-888-1092-G	
G. Income Tax Component of Contributions Provision.....	1107-460-G	
H. Catalina Gas Operations GRC Revenue Requirement Memorandum Account.....	1119-G	
 SERVICE AREA MAP	 3-G	

RATE SCHEDULES

<u>Schedule No.</u>	<u>Title of Sheet</u>	<u>Cal. P.U.C. No.</u>	
DE	Domestic Service to Utility Employees	123-G	
G-1	Domestic Service	1093-1094-G	
G-1-CARE	Domestic Service	1131-G-1131-G	(T)
G-2	General Service	1095-429-G	
GM	Domestic Service, Multifamily Accommodation	376-G	
G-SE	Service Establishment Charge	278-G	
RF-G	Surcharge to Fund Public Utilities Commission Reimbursement Fee.....	932-G	

LIST OF CONTRACTS AND DEVIATIONS

	<u>Cal. P.U.C. Sheet No.</u>
List of Contracts and Deviations	696-G

(Continued)

(To be inserted by utility)
 Advice 157-G
 Decision 04-02-057

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 Effective _____
 Resolution E-3524