
November 1, 2005

ADVICE 1928-E
(U 338-E)

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA
ENERGY DIVISION

SUBJECT: Implementation of SCE's Winter Initiative Programs in
Compliance with Decision No. 05-10-044

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

In compliance with Decision No. (D.) 05-10-044, this advice filing revises Schedule D-CARE, *California Alternate Rates for Energy - Domestic Service*, Schedule D-FERA, *Family Electric Rate Assistance*, and Forms 14-526, 14-782, 14-782-1, and 14-783 to expand qualifying income guidelines for CARE customers and correspondingly adjust qualifying income guidelines for FERA customers. These changes in qualifying income levels are being implemented to address the impact of high bills this winter due to the increased cost of natural gas, but will remain in effect until modified by the California Public Utilities Commission (Commission).¹

In addition, Rule 9, *Rendering and Payment of Bills*, Section E, Level Pay Plan is being modified pursuant to Ordering Paragraph 15 of D.05-10-044 to offer levelized payment options to master-metered customers.

Finally, pursuant to Ordering Paragraph 16 of D.05-10-044, Preliminary Statement, Part AA, *CARE Balancing Account*, is being revised to record on a monthly basis the

¹ These changes in qualifying income levels are also applicable to qualified customers in submetered, group living, and agricultural housing.

under-collection in other operating revenue (OOR) which results from waiving reconnection fees for CARE customers during the winter months.²

BACKGROUND

On September 13, 2005, the Commission issued a Notice of an October 6, 2005 en banc hearing in Los Angeles (Notice), which directed the energy utilities under the Commission's jurisdiction to present proposals for various emergency program changes to reduce bill impacts of high natural gas prices on low income customers during the coming winter months. SCE filed its proposals on September 28, 2005, outlining SCE's Proposed Cost Mitigation Concepts for the 2005-2006 Winter Heating Season. Subsequent modifications to SCE's proposals were submitted consistent with ALJ Weissman's October 7, 2005 ruling, culminating in a Workshop on the various utilities' proposals on October 20, 2005. On October 27, 2005, the Commission issued D.05-10-044 approving, as modified, the various proposed emergency program changes.

Consistent with D.05-10-044, SCE provides the following tariff-related changes:

- Expansion of the CARE qualifying income guidelines from 175 percent to 200 percent of poverty guidelines within Schedule D-CARE;
- Corresponding adjustment of the FERA qualifying income guidelines from 175 percent plus \$1 to 200 percent plus \$1 through 250 percent of poverty guidelines within Schedule D-FERA;
- Expansion of the CARE qualifying income guidelines and corresponding adjustment of the FERA qualifying income guidelines on Forms 14-526 (Group Living Facilities), 14-782 (Single Family Dwelling with SCE Meter), 14-782-1 (Recertification), and 14-783 (Sub-Metered Tenant).³ In addition, the toll-free 800 telephone number reference entitled "TDD" (Telecommunication Device for the Deaf) will be changed to "TTY" (Teletypewriter);
- Modification to Preliminary Statement, Part AA, to record on a monthly basis the under-collection in revenue which results from waiving reconnection fees for CARE customers during the winter months; and
- Modification to Rule 9 to enable master-metered customers to participate in SCE's Level Pay Plan.

² The winter season associated with D.05-10-044 is identified as November 1, 2005 through April 30, 2006.

³ These forms serve as the joint application for the CARE and FERA programs. Furthermore, Form 14-620, (Qualified Agricultural Employee Housing Facilities) will not be revised since it does not contain qualifying income guidelines.

In addition, D.05-10-044 provides that during the winter months the utilities are prohibited from shutting off service to residential customers, where residential customers continue to make minimum bill payments and are enrolled in either a levelized payment plan or a plan to repay all past due amounts within 9 months of the end of the winter period. Pursuant to Ordering Paragraph 16, SCE will not disconnect service during the winter months to residential customers who pay at least 50 percent of the outstanding balance of their current month's bill. At the end of the winter months, 9 month payment arrangements can be made for the unpaid balances as specified in the Decision.

Lastly, as a result of the CARE qualifying income criterion being expanded to 200 percent of poverty guidelines for all customers, the CARE program annual subsidy will increase by approximately \$27 million. As a result, SCE requests that the Commission authorize it to increase the CARE surcharge when implementing the rate change resulting from its 2006 Energy Resource Recovery Account application (A.05-08-002) if the Commission intends to make the change in CARE income eligibility criterion permanent.

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.

EFFECTIVE DATE

In accordance with Ordering Paragraphs 6 and 18 of D.05-10-044, this advice filing will become effective the date filed, November 1, 2005, subject to review.

NOTICE

Pursuant to the Decision, the protest period for this advice filing has been shortened. 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 five working 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: jjr@cpuc.ca.gov and jnj@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
Director of Revenue and Tariffs
Southern California Edison Company
2244 Walnut Grove Avenue
Rosemead, California 91770
Facsimile: (626) 302-4829
E-mail: AdviceTariffManager@sce.com

Bruce Foster
Vice President of Regulatory Operations
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

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 III, Paragraph G, of General Order No. 96-A, SCE is serving copies of this advice filing to the interested parties shown on the attached GO 96-A service list and R.04-01-006 *et al.* Address change requests to the GO 96-A service list should be directed by electronic mail to AdviceTariffManager@sce.com or at (626) 302-2930. 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 Pat Aldridge at (626) 302-4617 or by electronic mail at Pat.Aldridge@sce.com

Southern California Edison Company

Akbar Jazayeri

AJ:pa:sq
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: <input checked="" type="checkbox"/> ELC <input type="checkbox"/> GAS <input type="checkbox"/> PLC <input type="checkbox"/> HEAT <input type="checkbox"/> WATER	Contact Person: James Yee Phone #: (626) 302-2509 E-mail: James.Yee@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) #: <u>1928-E</u>	
Subject of AL: <u>Implementation of SCE's Winter Initiative Programs in Compliance with Decision No. 05-10-044</u>	
Keywords (choose from CPUC listing): <u>Compliance, CARE, Forms</u>	
AL filing type: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input checked="" type="checkbox"/> One-Time <input type="checkbox"/> Other _____	
If AL filed in compliance with a Commission order, indicate relevant Decision/Resolution #: <p style="text-align: center;"><u>D.05-10-044</u></p>	
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 AL ¹ : 	
Resolution Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Requested effective date: <u>11/01/05</u> No. of tariff sheets: <u>15</u>	
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: <u>Preliminary Statement Part AA, Schedule D-CARE, Schedule D-FERA, Rule 9, Form 14-526, Form 14-782, Form 14-782-1, Form 14-783, Table of Contents</u>	
Service affected and changes proposed ¹ : _____	
Pending advice letters that revise the same tariff sheets: _____	

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
jjr@cpuc.ca.gov and jnj@cpuc.ca.gov

Akbar Jazayeri
Director of Revenue and Tariffs
Southern California Edison Company
2244 Walnut Grove Avenue
Rosemead, California 91770
Facsimile: (626) 302-4829
E-mail: AdviceTariffManager@sce.com

Bruce Foster
Vice President of Regulatory Operations
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

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
Revised 39362-E Revised 39363-E	Preliminary Statement Part AA Preliminary Statement Part AA	Revised 38295-E Revised 34445-E
Revised 39364-E	Schedule D-CARE	Revised 38768-E
Revised 39365-E	Schedule D-FERA	Revised 38769-E
Revised 39366-E	Rules 9	Revised 36744-E
Revised 39367-E	Form 14-526	Revised 38770-E
Revised 39368-E	Form 14-782	Revised 38771-E
Revised 39369-E	Form 14-782-1	Revised 38772-E
Revised 39370-E	Form 14-783	Revised 38773-E
Revised 39371-E Revised 39372-E Revised 39373-E Revised 39374-E Revised 39375-E Revised 39376-E	Table of Contents Table of Contents Table of Contents Table of Contents Table of Contents Table of Contents	Revised 39350-E Revised 39351-E Revised 38862-E Revised 39044-E Revised 38859-E Revised 39119-E

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
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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 6400
 RANCHO CUCAMONGA CA 91729-9824

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 November 1, 2005**

- Each resident's total annual income from all sources, taxable and nontaxable, cannot exceed \$27,700.
- 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)

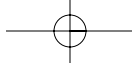
If a qualifying facility has satellite locations, please provide the information requested on the other side of this application for each location.

- 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) _____



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 offers a discount to qualified households of 3 or more that exceed their baseline electricity usage by 30% or more.

Review the chart below, and if you think you may qualify, complete and return the attached application or call us (see reverse for telephone numbers).

CARE/FERA PROGRAM

Maximum Household Income (Ingreso Máximo en el Hogar) Effective as of November 1, 2005		
Number of Persons in Household	Total Combined Annual Income	
	CARE	FERA
1-2	up to \$27,700	Not eligible
3	up to \$32,500	\$32,501 - \$40,600
4	up to \$39,200	\$39,201 - \$49,000
5	up to \$45,900	\$45,901 - \$57,400
6	up to \$52,600	\$52,601 - \$65,800
Each additional person	\$6,700	\$6,701 - \$8,400

Entire application must be completed and signed. Application effective as of November 1, 2005.

RATE DISCOUNT APPLICATION

Source Code (Edison Use Only) - Default code 1150-2002

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 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. This includes, but is not limited to, the following:
- I will notify Edison if I no longer qualify for this rate.
- I understand Edison reserves the right to verify my household's income.

Please check (✓) ALL sources of your income.

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

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

PLEASE PRINT CLEARLY (Favor de Imprimir con Claridad)

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

Your Home Address (Su Domicilio)

City (Ciudad)

ZIP Code (Codigo Postal)

()

()

Home Telephone (Teléfono particular)

Work Telephone (Teléfono de su trabajo)

Edison Service Account No.

(No. de Cuenta de Servicio de Edison)

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

Adults (Adultos) + Children (Niños) = Total

Total combined annual household income (Ingresos totales al año):
See Maximum Household Income chart above.

\$

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)

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.

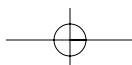
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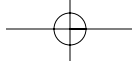


Please Moisten and Seal



No Staples





24 hours a day
 1-800-447-6620 TTY 1-800-352-8580
 Lunes a sábado, 7 a.m. a 7 p.m.
 1-800-447-6620
 星期一至星期五, 早上8點至下午5點
 1-800-843-8343
 월-금, 8 am ~ 5 pm
 1-800-628-3061
 Thứ Hai đến Thứ Sáu, từ 8:00 sáng đến 5:00 chiều
 1-800-327-3031
 1-800-843-1309

Si desea obtener una solicitud CARE/FERA en español o para cualquier pregunta, sírvase llamar al:
 Nếu muốn có mt mẫu đơn CARE/FERA bằng tiếng Việt, hay có bất cứ thắc mắc nào, xin gọi:
 如果您想得到中文的CARE/FERA申請表或有任何問題, 請致電:
 한국로 된 CARE/FERA 신청서를 원하시거나, 콜센터에 있으시면 전화해 주십시오:
 1-800-843-1309

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:



**Save
 20% or more
 on your
 electric bill**

See if you qualify and enroll today.

It's easy!

**Ahorre un
 20% o más
 en su factura
 eléctrica**

Vea si califica e inscribese ahora.

¡Es muy fácil!

SCE 14-782 REV 10/05 (CW)

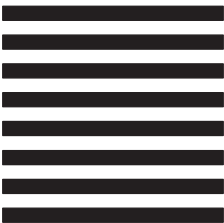
FOR OVER 100 YEARS...LIFE. POWERED BY EDISON.



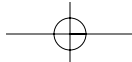
Southern California Edison
 CARE/FERA
 P O BOX 6400
 Rancho Cucamonga CA 91729-9824

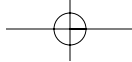
POSTAGE WILL BE PAID BY ADDRESSEE

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



NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES





It's time to renew!

Your income-qualifying rate discount is about to expire. To renew, simply complete, sign and return the application below. You will continue to receive discounted electricity rates at your primary residence when SCE receives and approves your renewal application. Don't delay. Renew today!



- **California Alternate Rates for Energy (CARE)** provides a 20% or more discount to qualified households.
- **Family Electric Rate Assistance (FERA)** provides a rate discount for qualified households of 3 or more that exceed their baseline electricity usage by 30% or more.

CARE/FERA PROGRAM

Maximum Household Income (Ingreso Máximo en el Hogar) Effective as of November 1, 2005		
Number of Persons in Household	Total Combined Annual Income	
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5	up to \$45,900	\$45,901 - \$57,400
6	up to \$52,600	\$52,601 - \$65,800
Each additional person	\$6,700	\$6,701 - \$8,400

Entire application must be completed and signed. Application effective as of November 1, 2005.

RATE DISCOUNT RENEWAL APPLICATION

Source Code (Edison Use Only) —

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 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. This includes, but is not limited to, the following:
- I will notify Edison if I no longer qualify for this rate.
- I understand Edison reserves the right to verify my household's income.

Please check (✓) ALL sources of your income.

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

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

PLEASE PRINT CLEARLY (Favor de Imprimir con Claridad)

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

Your Home Address (Su Domicilio)

City (Ciudad)

ZIP Code (Codigo Postal)

()

()

Home Telephone (Teléfono particular)

Work Telephone (Teléfono de su trabajo)

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

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

Adults (Adultos) + Children (Niños) = Total

Total combined annual household income (Ingresos totales al año):
See Maximum Household Income chart above.

\$

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)

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.

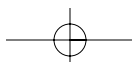
No Tape

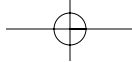


Please Moisten and Seal



No Staples





24 hours a day
 1-800-447-6620 TTY 1-800-352-8580
 Lunes a sábado, 7 a.m. a 7 p.m.
 1-800-447-6620
 星期一至星期五, 早上8點至下午5點
 1-800-843-8343
 월-금, 8 am ~ 5 pm
 1-800-628-3061
 Thứ Hai đến Thứ Sáu, từ 8:00 sáng đến 5:00 chiều
 1-800-327-3031
 ថ្ងៃច័ន្ទ-ថ្ងៃសុក្រ, ៨ ព្រឹក ដល់ ៥ ល្ងាច
 1-800-843-1309

If you have any questions, please call:

Si desea obtener una solicitud CARE/FERA en español o para cualquier pregunta, sírvase llamar al:

如果您想得到中文的CARE/FERA申請表或有任何問題，請致電：

한국로 된 CARE/FERA 신청서를 원하시거나, 질문이 있으시면 전화해 주십시오.

Nêu muốn có mt mẫu đơn CARE/FERA bằng tiếng Việt, hay có bất cứ thắc mắc nào, xin gọi:

ប្រសិនបើអ្នកចង់ទាញយកម៉ូឌុលសុំសេវាថ្លៃថោកនៃ CARE/FERA ជាភាសាខ្មែរ :

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



Important Information

It's time to RENEW

your application for SCE's income-qualifying rate discount program. In order to continuing saving money on your electric bill, you **MUST** complete this renewal application and return it within 30 days. If you do not reapply, you will no longer receive a discount.

Información Importante

Es hora de RENOVAR su solicitud para el programa de descuento en las tarifas de SCE para personas con ingresos que califican. Para poder continuar ahorrando dinero en su cuenta de electricidad, usted **DEBE** completar esta solicitud de renovación y enviarla dentro de un plazo de 30 días. Si no vuelve a solicitar el programa, dejará de recibir el descuento.

SCE 14-782-1 REV 10/05

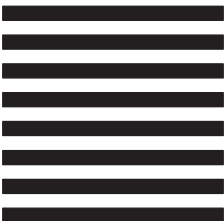
FOR OVER 100 YEARS...LIFE. POWERED BY EDISON.



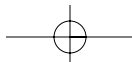
Southern California Edison
 CARE/FERA
 P O BOX 6400
 Rancho Cucamonga CA 91729-9824

POSTAGE WILL BE PAID BY ADDRESSEE

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



NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES





Southern California Edison's Income-Qualifying Rate Programs

- **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 offers a discount to qualified households of 3 or more that exceed their baseline electricity usage by 30% or more.

Information and Application for **Submetered Tenants**

TENANTS — read this information.

If you qualify, complete application and mail. Your property owner/manager must complete the section on the back.

To qualify for a rate discount through the property owner or manager, submetered tenants must meet these qualifications:

- You do not receive an electric bill from Southern California Edison. Submetered tenants receive electric service and bill from their property owner or manager.
- Your household size and income cannot exceed the guidelines in the above chart.

CARE/FERA PROGRAM		
Maximum Household Income (Ingreso Máximo en el Hogar) Effective as of November 1, 2005		
Number of Persons in Household	Total Combined Annual Income	
	CARE	FERA
1-2	up to \$27,700	Not eligible
3	up to \$32,500	\$32,501 - \$40,600
4	up to \$39,200	\$39,201 - \$49,000
5	up to \$45,900	\$45,901 - \$57,400
6	up to \$52,600	\$52,601 - \$65,800
Each additional person	\$6,700	\$6,701 - \$8,400

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 income.

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

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

MAIL COMPLETED APPLICATION TO: Southern California Edison
CARE/FERA
P.O. Box 6400
Rancho Cucamonga, CA
91729-9824

IF YOU HAVE QUESTIONS

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



Source Code (Edison Use Only) -

Southern California Edison's Income-Qualifying Rate Programs
 Information and Application for **Submetered Tenants**

RATE DISCOUNT APPLICATION

Entire application must be completed and signed. Application effective as of November 1, 2005.

I certify:

- 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 will receive renewal information and I will be asked to renew my application each year.**
- 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.

TENANT — PLEASE PRINT CLEARLY (Favor de Imprimir con Claridad)

Number of persons in my household (N° de personas en el hogar):
 Total combined annual household income (Ingresos totales al año):
 See Maximum Household Income chart on other side.

Adults (Adultos)		Children (Niños)		Total
<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>
				\$ <input type="text"/>

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

Tenant Name _____

Tenant Mailing Address _____ Apt./Space No. _____

City _____, CA ZIP Code _____

Home Telephone () _____ Daytime Telephone () _____

Tenant Signature _____ Date _____

PROPERTY OWNER/MANAGER — COMPLETE THIS SECTION

This section must be completed by the property owner or manager.

Master-Metered Customer Name _____ Daytime Telephone () _____

Service Account No. _____ Meter No. _____

Property Address _____

City _____, CA ZIP Code _____

PRELIMINARY STATEMENT

Sheet 1

AA. CALIFORNIA ALTERNATIVE RATES FOR ENERGY (CARE) BALANCING ACCOUNT

1. Purpose

The purpose of the CARE Balancing Account (CBA) is to record on a monthly basis: (1) CBA Revenue; (2) the under or overcollection in revenue which results from the difference between the amount of the CARE Discount provided to CARE-eligible customers and the CARE Surcharge charged to non-CARE customers; (3) the difference between the Commission-authorized CARE administrative costs recorded in the Public Purpose Programs Adjustment Mechanism (PPPAM) and actually incurred CARE administrative costs; (4) actual costs incurred associated with the automatic enrollment program per D.02-07-033; (5) reimbursements made to the Energy Division associated with Energy Division's audit of SCE's CARE programs; and (6) the undercollection in revenue which results from waiving reconnection fees for CARE customers from November 1, 2005 through April 30, 2006. (T)

2. Definitions

a. Total Authorized CBA Revenue Requirement

Total Authorized CBA Revenue Requirement shall be the current Commission-adopted revenue requirement in rate levels associated amounts recorded in the CBA.

b. Total Authorized SCE Public Purpose Programs Revenue Requirement

Total Authorized SCE Public Purpose Programs Revenue Requirement shall be the current Commission-adopted revenue requirement in rate levels associated with SCE's Public Purpose Programs, including both Public Goods Charges (legislatively mandated) and all other Commission-authorized Public Purpose Programs.

c. CBA Billed Revenues

Shall be determined each month as follows:

$$(A / B) * C$$

Where:

- A = Total Authorized CBA Revenue Requirement
- B = Total Authorized SCE Public Purpose Programs Revenue Requirement
- C = Total recorded billed Public Purpose Programs revenues, adjusted to remove the CARE Surcharge.

d. CBA Unbilled Revenues

Unbilled Revenues are accrued ("earned" as revenue for financial statement purposes) CBA revenues associated with electric customer kWh usage that has not yet been billed by SCE. (CBA Unbilled Revenues will be allocated using the same percentage as used to determine the CBA Billed Revenue.)

(Continued)

(To be inserted by utility)

Advice 1928-E
Decision 05-10-044

Issued by

John R. Fielder
Senior Vice President

(To be inserted by Cal. PUC)

Date Filed _____
Effective _____
Resolution _____

PRELIMINARY STATEMENT

Sheet 2

(Continued)

AA. CALIFORNIA ALTERNATIVE RATES FOR ENERGY (CARE) BALANCING ACCOUNT

2. Definitions (Continued)

e. CBA Revenue:

- (1) CBA Billed Revenue;
- (2) Plus: The change (plus or minus) in the amount of CBA Unbilled Revenues (i.e., the reversal of prior month's estimate, plus the current month's estimate);
- (3) Less: A provision for FF&U.

f. Annual Authorized CARE Administrative Costs

<u>Program Year</u>	<u>Authorized Amount</u>	<u>Decision</u>
2002	\$2,882,838	D.02-09-021

g. Interest Rate

The Interest Rate shall be the most recent monthly interest rate on Commercial Paper (prime, three months), published in the Federal Reserve Statistical Release, G.13. Should publication of the interest rate on Commercial Paper (prime, three months) be discontinued, interest shall so accrue at the rate of the most recent annual interest rate on Commercial Paper that most closely approximates the rate that was discontinued, and which is published in the Federal Reserve Statistical Release G.13, or its successor publication.

h. Franchise Fees and Uncollectible

Franchise Fees and Uncollectible Accounts Expense (FF&U) shall be calculated using the factors most recently authorized by the CPUC.

3. Operation of CBA

Entries to the CBA shall be made on a monthly basis, and shall be calculated as follows (all amounts recorded in the CBA shall exclude FF&U expenses):

a. CARE Subsidy (Over)/Under Collection calculated as follows:

- (1) Credit equal to the recorded CBA Revenue;
- (2) Credit entry equal to the amount of revenue billed associated with the CARE Surcharge rate component;
- (3) Debit entry equal to the amount of the CARE Discount reflected on customer's bills.
- (4) Debit entry equal to the amount of waived reconnection fees during the winter period, November 1, 2005 through April 30, 2006. (N)
(N)

(Continued)

(To be inserted by utility)

Advice 1928-E
Decision 05-10-044

Issued by

John R. Fielder
Senior Vice President

(To be inserted by Cal. PUC)

Date Filed _____
Effective _____
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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 the first Sunday in June and continue until 12:00 a.m. of the first Sunday in October of each year. The winter season shall commence at 12:00 a.m. on the first Sunday in October of each year and continue until 12:00 a.m. of the first Sunday in June 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.

<u>No. of Persons In Household</u>	<u>Total Gross Annual Income</u>	
1 - 2	\$27,700	(I)
3	32,500	
4	39,200	
5	45,900	(I)
6	52,600	(I)

For Households with more than six persons, add \$6,700 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.

(Continued)

(To be inserted by utility)
Advice 1928-E
Decision 05-10-044

Issued by
John R. Fielder
Senior Vice President

(To be inserted by Cal. PUC)
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Resolution _____



Southern California Edison
Rosemead, California

Revised Cal. PUC Sheet No. 39364-E
Cancelling Revised Cal. PUC Sheet No. 38768-E

Schedule D-CARE
CALIFORNIA ALTERNATE RATES FOR ENERGY
DOMESTIC SERVICE
(Continued)

Sheet 2

(Continued)

(To be inserted by utility)

Advice 1928-E
Decision 05-10-044

Issued by
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Senior Vice President

(To be inserted by Cal. PUC)

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Schedule D-FERA
Family Electric Rate Assistance

Sheet 2

(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 November 1, 2005. (T)

No. of Persons In Household	Total Gross Annual Income	
	<u>200% of Poverty + \$1 to 250% of Poverty Limit</u>	(I)
3	\$32,501 - \$40,600	
4	\$39,201 - \$49,000	
5	\$45,901 - \$57,400	
6	\$52,601 - \$65,800	
Each Additional Person Add	\$6,701 - \$8,400	(I)

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, DM, DMS-1, DMS-2, DMS-3, and DS.
10. Billing Calculation: A customer's bill is calculated according to the rates and conditions of the customer's OAT.

(To be inserted by utility)
Advice 1928-E
Decision 05-10-044

Issued by
John R. Fielder
Senior Vice President

(To be inserted by Cal. PUC)
Date Filed _____
Effective _____
Resolution _____

Rule 9
RENDERING AND PAYMENT OF BILLS

Sheet 2

(Continued)

B. Reading of Separate Meters Not Combined. For the purpose of billing, each meter upon the customer's premises will be considered separately, and the readings to two or more meters will not be combined except as follows:

1. Where combinations of meter readings are specifically provided for in the rate schedule.
2. Where SCE's operating convenience requires the use of more than one meter.

C. Payment of Bills. All Bills and Summary Bills are due and payable on presentation, and payment should be received at the office of SCE or by a representative or agent authorized by SCE. Accepted methods of payment are as follows:

1. Checks sent via the U.S. mail to the address on the payment stub, or
2. Checks, money orders, or cash paid at any SCE Payment Office or an authorized payment location, or
3. Electronically through SCE's electronic bill presentation and payment service, Pay-by-Phone service, Direct Payment service, QuickCheck, or EDI for commercial customers, or
4. Electronically by a recurring automatic bank debit or an electronic funds transfer the customer initiates through a third party. A transfer or transaction fee over and above the SCE bill amount may be charged to the customer by a third-party vendor for these services, or
5. Any other means mutually agreeable to SCE and the customer.

D. Returned Check Charge. SCE may require payment of a \$10.00 returned check charge for any check returned from the bank unpaid. The Returned Check Charge shall also apply to any forms of payment that are subsequently dishonored.

E. Level Pay Plan.

Small commercial and lighting customers who are served by SCE on Schedule GS-1 and residential customers qualifying for Baseline allocations, who are served by SCE under Schedules D, D-CARE, DM, DMS-1, DMS-2, and DMS-3 all of whom want to minimize variations in monthly bills, may elect to participate in the Level Pay Plan. Customers can join the plan in any month of the year and the plan will extend for 12 subsequent months. However, customers may voluntarily withdraw from the plan upon written notice to SCE and a settlement bill will be generated in accordance with the provision of Section E.4. Meters will normally be read and billed at regular monthly intervals. The terms and conditions of the Level Pay Plan are as follows: (T)

1. Level Pay Plan is open to customers regardless of length of service with SCE.
2. The Level Pay Plan amount is due upon presentation as described in Section E.3.
3. Customers shall pay the Level Pay Plan amount shown due each month before it becomes Past Due as described in Rule 11, Section A, Discontinuance and Restoration of Service.
4. At the one (1) year anniversary of Level Pay Plan participation, all customers will receive a settlement bill. Customers will also receive a settlement bill if they voluntarily withdraw from the plan.

(Continued)

(To be inserted by utility)

Advice 1928-E
Decision 05-10-044

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John R. Fielder
Senior Vice President

(To be inserted by Cal. PUC)

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Resolution _____



Southern California Edison
Rosemead, California

Revised Cal. PUC Sheet No. 39367-E
Cancelling Revised Cal. PUC Sheet No. 38770-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 1928-E
Decision 05-10-044

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John R. Fielder
Senior Vice President

(To be inserted by Cal. PUC)

Date Filed _____
Effective _____
Resolution _____



Southern California Edison
 Rosemead, California

Revised Cal. PUC Sheet No. 39368-E
 Cancelling Revised Cal. PUC Sheet No. 38771-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 1928-E
 Decision 05-10-044

Issued by
John R. Fielder
 Senior Vice President

(To be inserted by Cal. PUC)

Date Filed _____
 Effective _____
 Resolution _____



Southern California Edison
Rosemead, California

Revised Cal. PUC Sheet No. 39369-E
Cancelling Revised Cal. PUC Sheet No. 38772-E

Recertification CARE/FERA

Form 14-782-1

(To be inserted by utility)

Advice 1928-E

Decision 05-10-044

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John R. Fielder

Senior Vice President

(To be inserted by Cal. PUC)

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Resolution _____



Southern California Edison
Rosemead, California

Revised Cal. PUC Sheet No. 39370-E
Cancelling Revised Cal. PUC Sheet No. 38773-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 1928-E

Decision 05-10-044

Issued by

John R. Fielder

Senior Vice President

(To be inserted by Cal. PUC)

Date Filed _____

Effective _____

Resolution _____



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