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June 23, 2005

ADVICE LETTER 1701-E/1536-G
(U902-M)

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

SUBJECT: JOINT APPLICATION FOR CARE/FERA FORM 142-732/4

San Diego Gas & Electric Company (SDG&E) hereby submits for filing the following revisions to its electric and gas tariffs as shown on the Attachment A and B, respectively.

PURPOSE

In this filing, SDG&E is revising Form 142-732/4 (*California Alternate Rates for Energy (CARE) Program Recertification Application and Statement of Eligibility for Submetered Customers*) to make it a joint CARE/Family Energy Rate Assistance (FERA) application, consistent with other program forms.

BACKGROUND

On February 26, 2004, the Commission issued Decision (D.) 04-02-057 in Rulemaking (R.) 01-05-047 which adopted the FERA program whereby lower-middle income household participants are charged Tier 2 (101% - 130% of baseline) electricity rates for the Tier 3 (131% - 200% of baseline) usage in order to assist those families whose income levels are just above the CARE income limits and not eligible for CARE benefits. The FERA program is eligible to households of three or more person with total incomes between 175% plus \$1 and 250% of the federal poverty income guidelines.

On April 26, 2004, in compliance with D.04-02-057, SDG&E filed Advice Letter 1586-E which, among other things, revised Standard Form 142-732 and 142-732/2 to make them a joint form that would apply to both the CARE/FERA residential programs. At the time, SDG&E did not revise its other forms since there was some debate on whether to make the CARE and FERA program application(s) a stand alone form versus a combined form.

Inasmuch as a year has passed and SDG&E has not received any negative feedback on its combined forms, SDG&E has determined it is worthwhile and cost effective to continue designing the CARE/FERA forms as combined applications. Therefore, SDG&E is revising the recertification application for submetered tenants prior to its annual recertification of submetered tenants to make it a joint CARE/FERA form.

This filing will not create any deviations from SDG&E's tariffs, cause withdrawal of service from any present customers, or impose any more restrictive conditions.

EFFECTIVE DATE

SDG&E believes this filing is subject to Energy Division disposition and therefore respectfully requests that this filing become effective on July 23, 2005, which is 30 calendar days after the date filed.

PROTEST

Anyone may protest this Advice Letter to the California Public Utilities Commission. The protest must state the grounds upon which it is based, including such items as financial and service impact, and should be submitted expeditiously. The protest must be made in writing and must be received within 20 days of the date this Advice Letter was filed with the Commission. There is no restriction on who may file a protest. The address for mailing or delivering a protest to the Commission is:

CPUC Energy Division
Attention: Tariff Unit
505 Van Ness Avenue
San Francisco, CA 94102

Copies of the protest should also be sent via e-mail to the attention of both Jerry Royer (jrr@cpuc.ca.gov) and to Honesto Gatchalian (jnj@cpuc.ca.gov) of the Energy Division. A copy of the protest should also be sent via both e-mail and facsimile to the address shown below on the same date it is mailed or delivered to the Commission.

Attn: Monica Wiggins
Regulatory Tariff Manager
8330 Century Park Court, Room 32C
San Diego, CA 92123-1548
Facsimile No. (858) 654-1788
E-mail: mwiggins@semprautilities.com

NOTICE

A copy of this filing has been served on the utilities and interested parties shown on the attached list, including interested parties in R.04-01-006, by either providing them a copy electronically or by mailing them a copy hereof properly stamped and addressed.

Address changes should be directed to Bertha Blas by facsimile at (858) 654-1788 or by e-mail to bblas@semprautilities.com.

J. STEVE RAHON
Director – Tariffs & Regulatory Accounts

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. **SAN DIEGO GAS & ELECTRIC**

Utility type:

ELC

GAS

PLC

HEAT

WATER

Contact Person: Margee Moore

Phone #: (858) 654-1748

E-mail: mmoore@semprautilities.com

EXPLANATION OF UTILITY TYPE

ELC = Electric

GAS = Gas

PLC = Pipeline

HEAT = Heat

WATER = Water

(Date Filed/ Received Stamp by CPUC)

Advice Letter (AL) #: 1701-E/1536-G

Subject of AL: Joint Application for CARE/FERA Form 142-732/4

Keywords (choose from CPUC listing): CARE, FERA, sample forms

AL filing type: Monthly Quarterly Annual One-Time Other

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

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL N/A

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

Resolution Required? Yes No

Requested effective date: 7/23/05

No. of tariff sheets: 6

Estimated system annual revenue effect (%): N/A

Estimated system average rate effect (%): N/A

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: Form 142/732/4 & TOC

Service affected and changes proposed¹: Recertification application and statement of eligibility for submetered customers is being revised to make it a combined CARE/FERA application.

Pending advice letters that revise the same tariff sheets: 1695-E, 1592-E, 1529-G, 1452-G

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 Avenue

San Francisco, CA 94102

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

San Diego Gas & Electric

Attention: Monica Wiggins

8330 Century Park Ct, Room 32C

San Diego, CA 92123

mwiggin@semprautilities.com

¹ Discuss in AL if more space is needed.

General Order No. 96-A, Sec. III. G.
ADVICE LETTER FILING MAILING LIST

cc: (w/enclosures)

Public Utilities Commission

W. Ahern

ORA

R. Birdsell
W. Gibson
J. Grieg
L. Maack
D. Morse
M. Pocta
W. Scott

Energy Division

F. Fua
D. Lafrenz

CA. Energy Commission

G. Budin-Gordon
F. DeLeon
R. Tavares
B. Wood

Advantage Energy, LLC (U.S. MAIL)

Alcantar & Kahl LLP

AMDAX

American Energy Institute

Anza Electric Cooperative

APS Energy Services

Arter & Hadden LLP

BP Energy Company

Barkovich & Yap, Inc.

Bartle Wells Associates

BENTEK Energy Technologies

Burlington Resources

California Energy Markets

California Farm Bureau Federation

Calpine

CCTA

Children's Hospital & Health Center

City of Chula Vista

City of Poway

City of San Diego

Jose Cervantes

Gerard Lonergan

Commonwealth Energy Corp

M. Reyna

J. Shultz

Crossborder Services

CSC Energy Services

R. McKillip

T. Rodriguez

C. Tammaro

Davis Wright Tremaine, LLP

E. O'Neill

J. Pau

Dept. of General Services

Dept. of Vet. Affairs Med. Ctr.

Douglass & Liddell

Dan Douglass

Don Liddell

Duke Energy North America

Dynegy, Inc.

Eisenman, Eric

Ellison Schneider & Harris LLP

Energy Law Group LLP

Energy Price SolutionsEnergy Solutions

Energy Strategies, Inc.

Enron Capital & Trade (2)

G.A. Koteen Associates, Inc

G.E. Goodrich Co

General Atomics

Goodin, MacBride, Squeri, Ritchie & Day

B. Cragg

J. Heather Patrick

J. Squeri

Goodrich Aerostructures Group

Green Mountain.Com Company

Hanna and Morton LLP

Henwood Energy Services

HMH Resources, Inc.

Interstate Gas Services, Inc.

J.B.S. Energy

Kyocera America Inc

LeBoeuf, Lamb, Greene & MacRael

LSW Engineers, California Inc.

J. Mascarro

B. Mahoney

Luce, Forward, Hamilton & Scripps LLP

ManageAmerica

Manatt, Phelps & Phillips

Matthew V. Brady & Associates

Modesto Irrigation District

Morrison & Foerster

MRW & Associates

NCR Corp

New Energy, Inc, An AES Company

O'Rourke & Company

Pacific Gas & Electric Co.

N. Avendano

J. Clark

W. Edwards

Pacific Utility Audit

Poway Unified School District

R. M. Hairston Company

Recon Research Corp

Robinsons-May Dept. Stores

San Diego Regional Energy Office

Susan Freedman

Scott J. Anders

School Project for Utility Rate

Reduction

Scripps Health

Shute, Mihaly & Weinberger LLP

K. Johanson

J. Schue

O. Armi

Sithe Energies

Solar Turbines

Sutherland, Asbill & Brennan LLP

Southern California Edison Co.

M. Alexander

K. Cini

C. Cushnie

K. Gansecki

J. Quinlan

H. Romero

C. Roskopf

S. Smith

TransCanada

J. Roscher

B. Johnson

TURN

M. Florio

M. Hawiger

UCAN

U.S. Dept. of the Navy

K. Davoodi

N. Furuta

J. Perez

UtiliHost/Electric America

Utility Cost Management LLC

Utility Solutions Inc.

B. Dotson

T. Rodriguez

Utility Specialists, Southwest, Inc.

Vulcan Materials - CalMat Div.

Viterra Energy Services

Western Manufactured Housing

Communities Association

White & Case LLP

L. Cottle

P. Lacourciere

Interested Parties

R.04-01-006

ATTACHMENT A
ADVICE LETTER 1701-E

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
Revised 18382-E	SAMPLE FORMS, FORM 142-732/4, Sheet 1	Revised 18319-E
Revised 18383-E	TABLE OF CONTENTS, Sheet 1	Revised 18370-E
Revised 18384-E	TABLE OF CONTENTS, SAMPLE FORMS, Sheet 7	Revised 18323-E



San Diego Gas & Electric Company
San Diego, California

Revised Cal. P.U.C. Sheet No. 18382-E

Canceling Revised Cal. P.U.C. Sheet No. 18319-E

SAMPLE FORMS

Sheet 1

FORM 142-732/4

California Alternate Rates For Energy (CARE)/
Family Energy Rate Assistance (FERA) Program
Renewal Application and Statement of Eligibility
For Submetered Customers

(06/05)

(See Attached Form)

T
T

1P8

Advice Ltr. No. 1701-E

Decision No. _____

Issued by
Lee Schavrien
Vice President
Regulatory Affairs

Date Filed Jun 23, 2005

Effective _____

Resolution No. _____



CARE and FERA Renewal Application For Submetered Tenants

Check the appropriate box:

- I still qualify for CARE.
- I still qualify for FERA.
- I no longer qualify or wish to participate in the CARE or FERA program. Please remove me from the program. *(Send in this form even if you no longer qualify).*

I receive ___ gas, ___ electricity directly from SDG&E. My SDG&E account number is: _____

To qualify for one of SDG&E's energy bill discount programs, your total household income must meet the established income guidelines.

Total Yearly Household Income _____

Number of Persons in Household

	+		=	
Adults		Children		Total

Income Sources:

- | | | |
|--|--|--------------------------|
| Wages or Salaries | Disability Payments | TANF (AFDC) |
| Interest or Dividends from: | Workers Compensation | Food Stamps |
| Savings Accounts, | Social Security, SSI, SSP | Child Support |
| Stocks or Bonds, or | Pensions | Cash and/or Other Income |
| Retirement Accounts | Insurance Settlements | Spousal Support |
| Unemployment Benefits | Legal Settlements | |
| Rental or Royalty Income | Scholarships, Grants or Other Aid Used for Living Expenses | |
| Profit from Self-Employment (IRS Form 1040, Schedule C, line 29) | | |

Declaration and Self-Certification Statement:

I state 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 SDG&E if I no longer qualify to receive the discount. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. I understand that SDG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

SIGNATURE: _____ DATE: _____

PHONE NUMBER (OPTIONAL): _____

Please don't forget to include your signature.
Mail this application in the postage-paid envelope provided.



A Sempra Energy utility™

Energy Bill Discount Annual Renewal

*Serving you today.
Planning for tomorrow.™*

July 1, 2005

Dear Submetered Tenant:

You are currently receiving a 20% discount on your monthly energy bill through CARE or a lower rate for a portion of your electricity through FERA. These programs are helping many people save money every month.

Every year participants are asked to confirm they still qualify for a discount. To see if you are still eligible, check the chart below. The income qualifications are based on income for the total number of people living in your household. If you think you qualify, then just fill out the enclosed application and mail it back to us in the postage-paid envelope provided.

ENERGY BILL DISCOUNT INCOME QUALIFICATIONS		
Number of persons living in your home	Maximum total yearly income to qualify	
	CARE	FERA
1 or 2	\$0 to \$24,200	Not Applicable
3	\$0 to \$28,400	\$28,401 to \$40,600
4	\$0 to \$34,200	\$34,201 to \$49,000
5	\$0 to \$40,000	\$40,001 to \$57,400
6	\$0 to \$45,800	\$45,801 to \$65,800
For each additional person, add:	\$5,800	\$8,400

CONDITIONS FOR PARTICIPATION

1. You must notify SDG&E if you no longer qualify.
2. You may not be claimed on another person's income tax return other than your spouse.
3. Your total yearly household income (which is all the money and non-cash benefits received by every person living in your home) does not exceed the income levels shown.
4. You may be asked to verify your income.
5. You must renew your application when requested.

If we do not receive your renewal application by August 15, you will be removed from the program you are currently enrolled in and you'll no longer receive the bill discount. While no proof of income information is needed now, you may need to provide it at a later time.

You may also qualify for other assistance programs and services:

Energy Team: Free energy education, energy-efficient appliances and weatherization services are available for income-qualified households. Call SDG&E for more information.

Medical Baseline: People with special medical needs can receive additional energy at a lower rate. Contact SDG&E for more information and an application.

Low Income Home Energy Assistance Program (LIHEAP): Bill payment assistance and weatherization services for qualified customers. Call the California Dept. of Community Services and Development at 1-866-675-6623 for more information.

Universal Life Line Telephone Service (ULTS): Discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local phone service provider for more details.

For more information on either discount program or other ways we're working to provide exceptional customer service, please call us at 1-800-560-5551.

Sincerely,

Irma Robles DePratti
CARE Program Manager



Solicitud para renovar CARE y FERA Para inquilinos con medidor colectivo

Marque el círculo correspondiente:

- Aún cumplo con los requisitos del programa CARE
- Aún cumplo con los requisitos del programa FERA.
- Ya no reúno los requisitos o no deseo participar en el programa CARE o FERA. Sírvase quitarme del programa. (Envíe este formulario aunque ya no reúna los requisitos).

NOMBRE: _____

DOMICILIO: _____

CIUDAD: _____ CÓDIGO POSTAL: _____

Recibo servicio de ___ gas, ___ electricidad directamente de SDG&E.

Número de cuenta de SDG&E: _____

Para tener derecho a uno de los programas de descuento en la factura de energía que ofrece SDG&E, el ingreso total en su hogar debe cumplir con las pautas de ingreso establecidas.

Ingreso total anual en el hogar _____

Número de personas

	+		=	
Adultos		Niños		Total

Fuentes de ingreso:

Sueldos	Pagos de incapacidad laboral	TANF (AFDC)
Interés o dividendos de:	Seguro de indemnización de los trabajadores	Estampillas para comida
Cuentas de ahorro,	Seguro Social, SSI, SSP	Pensión alimenticia
Acciones o bonos, o	Pensiones	Dinero en efectivo y/u otros ingresos
Cuentas Jubilación	Indemnizaciones de seguro	Prestaciones de desempleo
Indemnizaciones legales	Manutención conyugal	Ingreso de alquiler o regalías
Becas, subvenciones, u otra ayuda usada para sufragar el costo de vida		
Ganancias por Autoempleo (Forma IRS 1040, Tabla C, línea 29)		

Declaración y afirmación de auto-certificación:

Declaro que la información que he proveído en esta solicitud es verdadera y correcta. Convengo en proporcionar constancias de ingreso si se me solicita. Convengo en informar a SDG&E si dejo de tener derecho a recibir el descuento. Tengo entendido que si recibo cualquier descuento sin tener derecho al mismo, se me podrá exigir el reintegro del descuento recibido. Entiendo que SDG&E puede compartir mi información con otras empresas de servicio público o sus representantes para inscribirme en sus programas de ayuda.

FIRMA: _____ FECHA: _____

NÚMERO TELEFÓNICO (OPCIONAL): _____

Por favor no olvide firmar e incluir su número de cuenta.
Envíe esta solicitud en el sobre prepagado incluido.



A Sempra Energy utility™

Renovación Anual del Descuento en la Factura de Energía

Atendiéndole hoy.
Planificando para el mañana.™

1 de julio de 2005

Estimado(a) cliente(a) con medidor colectivo:

Actualmente está recibiendo un 20% de descuento en su factura mensual de energía a través de CARE o una tarifa más baja en una porción de su electricidad por medio de FERA. Estos programas ayudan a muchas personas a ahorrar dinero mensualmente.

Cada año se pide a los participantes confirmar que siguen cumpliendo los requisitos para recibir el descuento. Para ver si todavía tiene derecho, chequee la siguiente gráfica. Los requisitos de ingreso se basan en el ingreso total de todas las personas que viven en su hogar. Si cree usted que tiene derecho, entonces sólo llene la solicitud adjunta y envíenla por correo en el sobre con timbre postal pagado.

REQUISITOS PARA EL DESCUENTO EN LA FACTURA DE ENERGÍA		
Número de personas que viven en su hogar	Ingreso máximo total anual para tener derecho al descuento	
	CARE	FERA
1 ó 2	\$0 a \$24,200	No aplica
3	\$0 a \$28,400	\$28,401 a \$40,600
4	\$0 a \$34,200	\$34,201 a \$49,000
5	\$0 a \$40,000	\$40,001 a \$57,400
6	\$0 a \$45,800	\$45,801 a \$65,800
Por cada persona adicional, añada:	\$5,800	\$8,400

CONDICIONES PARA PARTICIPAR

1. Debe notificar a SDG&E si deja de reunir los requisitos.
2. No puede aparecer como dependiente en la declaración de impuestos de otra persona que no sea su cónyuge.
3. El ingreso total anual en su hogar (que incluye todo el dinero y prestaciones no monetarias recibidas por cada una de las personas que viven en su hogar) no debe exceder los niveles señalados.
4. Le pueden pedir verificación de ingreso.
5. Debe renovar de solicitud cuando le sea requerido.

Si no recibimos su solicitud de renovación para el 15 de agosto, será quitado del programa en que está actualmente inscrito y dejará de recibir el descuento en su factura. Aunque en este momento no es necesario presentar comprobante de ingresos, es probable que tenga que hacerlo posteriormente.

Quizás tenga derecho a otros programas y servicios de ayuda tales como:

Programa Energy Team: Servicios que le ayudan a mejorar la eficiencia energética de su hogar. Para más información, comuníquese a SDG&E.

Asignación Médica Inicial: Las personas que padezcan una afección médica que requiera calefacción, aire acondicionado o equipo de soporte vital pudieran obtener una asignación inicial de energía adicional, a la tarifa más baja. Para mayor información, comuníquese a SDG&E.

Programa LIHEAP: Este programa de asistencia para el pago de energía en hogares de bajos ingresos provee ayuda para el pago de facturas de energía y servicios de impermeabilización. Para mayor información, comuníquese a la oficina *Department of Community Services and Development* al 1-866-675-6623.

Programa ULTS: La Línea Universal De Servicio Del Teléfono. El programa ULTS ofrece servicio telefónico de precio reducido a clientes que reúnen requisitos similares a los del programa CARE. Llame a su compañía de teléfonos para obtener más información.

Para mayor información acerca de cualquiera de los programas de descuento o otras maneras en que estamos trabajando con empeño para proveerle un excepcional servicio al cliente, llame al 1-800-560-5551.

Atentamente,

Irma Robles DePratti
CARE Program Manager



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The following sheets contain all the effective rates and rules affecting rates, service and information relating thereto, in effect on the date indicated herein.

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Sheet 7

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ATTACHMENT B
ADVICE LETTER 1536-G

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
Revised 14834-G	SAMPLE FORMS, FORM 142-732/4, Sheet 1	Revised 14734-G
Revised 14835-G	TABLE OF CONTENTS, Sheet 1	Revised 14818-G
Revised 14836-G	TABLE OF CONTENTS, Sheet 6	Revised 14480-G



San Diego Gas & Electric Company
San Diego, California

Revised Cal. P.U.C. Sheet No. 14834-G

Canceling Revised Cal. P.U.C. Sheet No. 14734-G

SAMPLE FORMS

Sheet 1

FORM 142-732/4

California Alternate Rates For Energy (CARE)/
Family Energy Rate Assistance (FERA) Program
Renewal Application and Statement of Eligibility
For Submetered Customers

(06/05)

(See Attached Form)

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Advice Ltr. No. 1536-G

Decision No. _____

Issued by
Lee Schavrien
Vice President
Regulatory Affairs

Date Filed Jun 23, 2005

Effective _____

Resolution No. _____



CARE and FERA Renewal Application For Submetered Tenants

Check the appropriate box:

- I still qualify for CARE.
- I still qualify for FERA.
- I no longer qualify or wish to participate in the CARE or FERA program. Please remove me from the program. *(Send in this form even if you no longer qualify).*

I receive ___ gas, ___ electricity directly from SDG&E. My SDG&E account number is: _____

To qualify for one of SDG&E's energy bill discount programs, your total household income must meet the established income guidelines.

Total Yearly Household Income _____

Number of Persons in Household

	+		=	
Adults		Children		Total

Income Sources:

- | | | |
|--|--|--------------------------|
| Wages or Salaries | Disability Payments | TANF (AFDC) |
| Interest or Dividends from: | Workers Compensation | Food Stamps |
| Savings Accounts, | Social Security, SSI, SSP | Child Support |
| Stocks or Bonds, or | Pensions | Cash and/or Other Income |
| Retirement Accounts | Insurance Settlements | Spousal Support |
| Unemployment Benefits | Legal Settlements | |
| Rental or Royalty Income | Scholarships, Grants or Other Aid Used for Living Expenses | |
| Profit from Self-Employment (IRS Form 1040, Schedule C, line 29) | | |

Declaration and Self-Certification Statement:

I state 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 SDG&E if I no longer qualify to receive the discount. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. I understand that SDG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

SIGNATURE: _____ DATE: _____

PHONE NUMBER (OPTIONAL): _____

Please don't forget to include your signature.
Mail this application in the postage-paid envelope provided.



A Sempra Energy utility™

Energy Bill Discount Annual Renewal

*Serving you today.
Planning for tomorrow.™*

July 1, 2005

Dear Submetered Tenant:

You are currently receiving a 20% discount on your monthly energy bill through CARE or a lower rate for a portion of your electricity through FERA. These programs are helping many people save money every month.

Every year participants are asked to confirm they still qualify for a discount. To see if you are still eligible, check the chart below. The income qualifications are based on income for the total number of people living in your household. If you think you qualify, then just fill out the enclosed application and mail it back to us in the postage-paid envelope provided.

ENERGY BILL DISCOUNT INCOME QUALIFICATIONS		
Number of persons living in your home	Maximum total yearly income to qualify	
	CARE	FERA
1 or 2	\$0 to \$24,200	Not Applicable
3	\$0 to \$28,400	\$28,401 to \$40,600
4	\$0 to \$34,200	\$34,201 to \$49,000
5	\$0 to \$40,000	\$40,001 to \$57,400
6	\$0 to \$45,800	\$45,801 to \$65,800
For each additional person, add:	\$5,800	\$8,400

CONDITIONS FOR PARTICIPATION

1. You must notify SDG&E if you no longer qualify.
2. You may not be claimed on another person's income tax return other than your spouse.
3. Your total yearly household income (which is all the money and non-cash benefits received by every person living in your home) does not exceed the income levels shown.
4. You may be asked to verify your income.
5. You must renew your application when requested.

If we do not receive your renewal application by August 15, you will be removed from the program you are currently enrolled in and you'll no longer receive the bill discount. While no proof of income information is needed now, you may need to provide it at a later time.

You may also qualify for other assistance programs and services:

Energy Team: Free energy education, energy-efficient appliances and weatherization services are available for income-qualified households. Call SDG&E for more information.

Medical Baseline: People with special medical needs can receive additional energy at a lower rate. Contact SDG&E for more information and an application.

Low Income Home Energy Assistance Program (LIHEAP): Bill payment assistance and weatherization services for qualified customers. Call the California Dept. of Community Services and Development at 1-866-675-6623 for more information.

Universal Life Line Telephone Service (ULTS): Discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local phone service provider for more details.

For more information on either discount program or other ways we're working to provide exceptional customer service, please call us at 1-800-560-5551.

Sincerely,

Irma Robles DePratti
CARE Program Manager



Solicitud para renovar CARE y FERA

Para inquilinos con medidor colectivo

Marque el círculo correspondiente:

- Aún cumplo con los requisitos del programa CARE
- Aún cumplo con los requisitos del programa FERA.
- Ya no reúno los requisitos o no deseo participar en el programa CARE o FERA. Sírvase quitarme del programa. *(Envíe este formulario aunque ya no reúna los requisitos).*

NOMBRE: _____

DOMICILIO: _____

CIUDAD: _____ CÓDIGO POSTAL: _____

Recibo servicio de ___ gas, ___ electricidad directamente de SDG&E.
Número de cuenta de SDG&E: _____

Para tener derecho a uno de los programas de descuento en la factura de energía que ofrece SDG&E, el ingreso total en su hogar debe cumplir con las pautas de ingreso establecidas.

Ingreso total anual en el hogar _____

Número de personas

	+		=	
Adultos		Niños		Total

Fuentes de ingreso:

- | | | |
|--|---|---------------------------------------|
| Sueldos | Pagos de incapacidad laboral | TANF (AFDC) |
| Interés o dividendos de: | Seguro de indemnización de los trabajadores | Estampillas para comida |
| Cuentas de ahorro, | Seguro Social, SSI, SSP | Pensión alimenticia |
| Acciones o bonos, o | Pensiones | Dinero en efectivo y/u otros ingresos |
| Cuentas Jubilación | Indemnizaciones de seguro | Prestaciones de desempleo |
| Indemnizaciones legales | Manutención conyugal | Ingreso de alquiler o regalías |
| Becas, subvenciones, u otra ayuda usada para sufragar el costo de vida | | |
| Ganancias por Autoempleo (Forma IRS 1040, Tabla C, línea 29) | | |

Declaración y afirmación de auto-certificación:

Declaro que la información que he proveído en esta solicitud es verdadera y correcta. Convengo en proporcionar constancias de ingreso si se me solicita. Convengo en informar a SDG&E si dejo de tener derecho a recibir el descuento. Tengo entendido que si recibo cualquier descuento sin tener derecho al mismo, se me podrá exigir el reintegro del descuento recibido. Entiendo que SDG&E puede compartir mi información con otras empresas de servicio público o sus representantes para inscribirme en sus programas de ayuda.

FIRMA: _____ FECHA: _____

NÚMERO TELEFÓNICO (OPCIONAL): _____

Por favor no olvide firmar e incluir su número de cuenta.
Envíe esta solicitud en el sobre prepagado incluido.



A Sempra Energy utility™

Renovación Anual del Descuento en la Factura de Energía

Atendiéndole hoy.
Planificando para el mañana.™

1 de julio de 2005

Estimado(a) cliente(a) con medidor colectivo:

Actualmente está recibiendo un 20% de descuento en su factura mensual de energía a través de CARE o una tarifa más baja en una porción de su electricidad por medio de FERA. Estos programas ayudan a muchas personas a ahorrar dinero mensualmente.

Cada año se pide a los participantes confirmar que siguen cumpliendo los requisitos para recibir el descuento. Para ver si todavía tiene derecho, chequee la siguiente gráfica. Los requisitos de ingreso se basan en el ingreso total de todas las personas que viven en su hogar. Si cree usted que tiene derecho, entonces sólo llene la solicitud adjunta y envíenla por correo en el sobre con timbre postal pagado.

REQUISITOS PARA EL DESCUENTO EN LA FACTURA DE ENERGÍA		
Número de personas que viven en su hogar	Ingreso máximo total anual para tener derecho al descuento	
	CARE	FERA
1 ó 2	\$0 a \$24,200	No aplica
3	\$0 a \$28,400	\$28,401 a \$40,600
4	\$0 a \$34,200	\$34,201 a \$49,000
5	\$0 a \$40,000	\$40,001 a \$57,400
6	\$0 a \$45,800	\$45,801 a \$65,800
Por cada persona adicional, añada:	\$5,800	\$8,400

CONDICIONES PARA PARTICIPAR

1. Debe notificar a SDG&E si deja de reunir los requisitos.
2. No puede aparecer como dependiente en la declaración de impuestos de otra persona que no sea su cónyuge.
3. El ingreso total anual en su hogar (que incluye todo el dinero y prestaciones no monetarias recibidas por cada una de las personas que viven en su hogar) no debe exceder los niveles señalados.
4. Le pueden pedir verificación de ingreso.
5. Debe renovar de solicitud cuando le sea requerido.

Si no recibimos su solicitud de renovación para el 15 de agosto, será quitado del programa en que está actualmente inscrito y dejará de recibir el descuento en su factura. Aunque en este momento no es necesario presentar comprobante de ingresos, es probable que tenga que hacerlo posteriormente.

Quizás tenga derecho a otros programas y servicios de ayuda tales como:

Programa Energy Team: Servicios que le ayudan a mejorar la eficiencia energética de su hogar. Para más información, comuníquese a SDG&E.

Asignación Médica Inicial: Las personas que padezcan una afección médica que requiera calefacción, aire acondicionado o equipo de soporte vital pudieran obtener una asignación inicial de energía adicional, a la tarifa más baja. Para mayor información, comuníquese a SDG&E.

Programa LIHEAP: Este programa de asistencia para el pago de energía en hogares de bajos ingresos provee ayuda para el pago de facturas de energía y servicios de impermeabilización. Para mayor información, comuníquese a la oficina *Department of Community Services and Development* al 1-866-675-6623.

Programa ULTS: La Línea Universal De Servicio Del Teléfono. El programa ULTS ofrece servicio telefónico de precio reducido a clientes que reúnen requisitos similares a los del programa CARE. Llame a su compañía de teléfonos para obtener más información.

Para mayor información acerca de cualquiera de los programas de descuento o otras maneras en que estamos trabajando con empeño para proveerle un excepcional servicio al cliente, llame al 1-800-560-5551.

Atentamente,

Irma Robles DePratti
CARE Program Manager



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Advice Ltr. No. 1536-G

Decision No. _____

Issued by
Lee Schavrien
Vice President
Regulatory Affairs

Date Filed Jun 23, 2005

Effective _____

Resolution No. _____