

(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, 2005**

- Each resident's total annual income from all sources, taxable and nontaxable, cannot exceed \$24,200.
- 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.

**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 at least 70% of the facility's electricity used for residential purposes? Yes No
- Is facility government owned and/or operated? Yes No
- Recertification: Estimated amount of discount received last year \$ _____
- Is facility government subsidized housing? Yes No
- 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 June 1, 2005		
Number of Persons in Household	Total Combined Annual Income	
	CARE	FERA
1-2	up to \$24,200	Not eligible
3	up to \$28,400	\$28,401 - \$40,600
4	up to \$34,200	\$34,201 - \$49,000
5	up to \$40,000	\$40,001 - \$57,400
6	up to \$45,800	\$45,801 - \$65,800
Each additional person	\$5,800	\$5,801 - \$8,400

Entire application must be completed and signed. Application effective as of June 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 will notify Edison if I no longer qualify for this rate.
- I understand Edison reserves the right to verify my household's income.
- **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.

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)

Your Gas Company Account No.
(No. de Cuenta de Servicio de su Compañía de Gas)

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.



24 hours a day
 1-800-447-6620
 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

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, 원문이 있으시면 전화해 주십시오.
 Nếu muốn có mt mẫu đơn CARE/FERA bằng tiếng Việt, hay có bất cứ thắc mắc nào, xin gọi:
 1-800-843-1309

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



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 inscribase ahora. **¡Es muy fácil!**

SCE 14-782 REV 5/05 (CW)

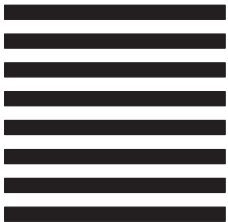
FOR OVER 100 YEARS...LIFE. POWERED BY EDISON.



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 June 1, 2005		
Number of Persons in Household	Total Combined Annual Income	
	CARE	FERA
1-2	up to \$24,200	Not eligible
3	up to \$28,400	\$28,401 - \$40,600
4	up to \$34,200	\$34,201 - \$49,000
5	up to \$40,000	\$40,001 - \$57,400
6	up to \$45,800	\$45,801 - \$65,800
Each additional person	\$5,800	\$5,801 - \$8,400

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

RATE DISCOUNT RENEWAL APPLICATION

I certify:

Source Code (Edison Use Only) -

- 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.
- 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.

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)

Your Gas Company Account No.
(No. de Cuenta de Servicio de su Compañía de Gas)

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.



1-800-008-1309
 1-800-327-3031
 1-800-628-3061
 1-800-843-8343
 1-800-447-6620
 1-800-447-6620
 24 hours a day

1-800-843-1309
 1-800-327-3031
 1-800-628-3061
 1-800-843-8343
 1-800-447-6620
 1-800-447-6620
 24 hours a day

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:

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

한국로 된 CARE/FERA 신청서를 원하시거나, 원문이 없으시면 전화해 주십시오:

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

විස්තරයක් සඳහා සිදු කළ යුතු ප්‍රශ්න සඳහා:



Important Information

It's time to RENEW

your application for SCE's income-qualifying rate discount program. In order to continue 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.

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 June 1, 2005		
Number of Persons in Household	Total Combined Annual Income	
	CARE	FERA
1-2	up to \$24,200	Not eligible
3	up to \$28,400	\$28,401 - \$40,600
4	up to \$34,200	\$34,201 - \$49,000
5	up to \$40,000	\$40,001 - \$57,400
6	up to \$45,800	\$45,801 - \$65,800
Each additional person	\$5,800	\$5,801 - \$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-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.

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.

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 June 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 in June.**
- I am not claimed on another person's income tax return.
- 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 (Nº 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 _____



Southern California Edison
 Rosemead, California

Cancelling Revised Cal. PUC Sheet No. 36409-E
 Revised Cal. PUC Sheet No. 33623-E*

Sheet 1

APPLICATION FOR CALIFORNIA ALTERNATE
 RATES FOR ENERGY (CARE)

Form 14-338

WITHDRAWN

(Continued)

(To be inserted by utility)

Advice 1797-E
 Decision 89-07-062

Issued by
John R. Fielder
 Senior Vice President

(To be inserted by Cal. PUC)

Date Filed May 20, 2004
 Effective Jun 1, 2004
 Resolution E-3524

Get 20% off your electric bill!

You could be saving money each month on your electric bill with **California Alternate Rates for Energy (CARE)**. The CARE program offers a 20% discount on your electric bill for your primary residence. Take a look at the chart to the right. If your household size and income fall within the ranges listed, complete and return the application below or call us (see reverse for telephone number) for more information.

CARE Program	
Maximum Household Income (Ingreso Máximo en el Hogar) Effective as of June 1, 2004	
Number of Persons in Household	Total Combined Annual Income
1-2	up to \$23,400
3	up to \$27,500
4	up to \$33,100
5	up to \$38,700
6	up to \$44,300
Each additional person	\$5,600

Entire application must be completed and signed. Application effective as of June 1, 2004.

CARE 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.
- 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 equity income | <input type="checkbox"/> Disability payments | <input type="checkbox"/> TANF (AFDC) |
| <input type="checkbox"/> Interest on dividends from
savings accounts,
stocks or bonds, or
retirement accounts | <input type="checkbox"/> Scholarships, grants, and
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 |

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)

Your Gas Company Account No.

(No. de Cuenta de Servicio de su Compañía de Gas)

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

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

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.

