

If you have any questions, please call:  
 Si desea obtener una solicitud CARE en español o para cualquier pregunta, sírvase llamar al:  
 問題，請致電：  
 如果你懂得到中文的CARE申請表或有任何  
 問題，請致電：  
 한글로 된 CARE 신청서를 원하시거나,  
 幫助가 있으시면 전화해 주십시오.  
 Nếu muốn có mt mẫu đơn CARE bằng tiếng  
 Việt, hay có bất cứ thắc mắc nào, xin gọi:  
 1-800-843-1309

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

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



Application for California  
 Alternate Rates for  
 Energy (CARE)

Solicitud para Tarifas  
 Alternas para Energía en  
 California (CARE)

**You May Qualify for a  
 Discount on  
 your Edison Bill.**

Please read the application  
 carefully. If you qualify,  
 complete and mail.

**Usted podría calificar  
 para recibir un descuento  
 en su cuenta de Edison.**

Por favor lea cuidadosamente esta  
 solicitud. Si usted califica, llénela  
 y envíela por correo.



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



NO POSTAGE  
 NECESSARY  
 IF MAILED  
 IN THE  
 UNITED STATES



**BUSINESS REPLY MAIL**  
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POSTAGE WILL BE PAID BY ADDRESSEE



Southern California Edison  
Rosemead, California

Revised Cal. PUC Sheet No. 36410-E  
Cancelling Revised Cal. PUC Sheet No. 33624-E\*

Sheet 1

REAPPLICATION FOR THE CALIFORNIA  
ALTERNATE RATES FOR ENERGY (CARE)

Form 14-338-1

WITHDRAWN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

## California Alternate Rates for Energy (CARE)

Your CARE rate discount is about to expire. To renew, simply complete, sign and return the application below. You will continue to receive a 20% discount on your electricity rates at your primary residence when SCE receives and approves your renewal application. Don't delay. Renew today!

**It's time to renew!**  
California Alternate Rates for Energy (CARE) provides a 20% discount to qualified households.

### 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 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.
- The definition of "gross (before taxes) household income" is all money and in-kind benefits, available for living expenses, from all sources, both taxable and non-taxable, 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 checking accounts, savings accounts, IRAs, 401(k) plans, 529 college savings accounts, 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    |

**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.



Si desea obtener una solicitud CARE en español o para cualquier pregunta, sírvase llamar al: 1-800-447-6620

Nếu muốn có mt mẫu đơn CARE bằng tiếng Việt, hay có bất cứ thắc mắc nào, xin gọi: 1-800-447-6620

만료로 된 CARE 신청서를 원하시거나, 질문이 있으시면 전화해 주십시오: 1-800-447-6620

If you have any questions, please call: 1-800-447-6620

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

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



**Important Information**

**It's time to RENEW**

your application for SCE's California Alternate Rates for Energy (CARE) rate discount program. In order to continue saving money on your electric bill, you MUST submit this renewal application and return within 30 days. If you do not reapply, you will no longer receive the discount.

**Información Importante**

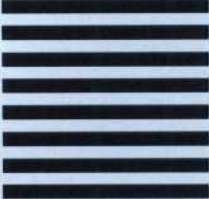
**Es hora de RENOVAR**

su solicitud para el programa de descuentos de las tarifas de SCE California Alternate Rates for Energy (CARE) (Tarifas Alternativas para Energía de California). Si desea 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.

**WITHDRAWN**



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



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE





Southern California Edison  
Rosemead, California

Revised Cal. PUC Sheet No. 36411-E  
Cancelling Revised Cal. PUC Sheet No. 33625-E

Sheet 1

CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE)  
INFORMATION AND APPLICATION FOR  
SUBMETERED TENANT

Form 14-339

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

## California Alternate Rates for Energy (CARE)

Information and Application for **Submetered Tenants**

**TENANTS** — read this information. You could be saving money each month on your electric bill with 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, you qualify.

To qualify for the 20% 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 chart to the right.

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

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:<br>savings accounts,<br>stocks or bonds, or<br>retirement accounts | <input type="checkbox"/> Scholarships, grants, or<br>other aid used for living<br>expenses        | <input type="checkbox"/> Workers' compensation     | <input type="checkbox"/> Food stamps     |
| <input type="checkbox"/> Unemployment benefits  | <input type="checkbox"/> Profit from self-employ-<br>ment (IRS Form 1040,<br>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    |

MAIL COMPLETED APPLICATION TO: **Southern California Edison  
CARE  
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.

# California Alternate Rates for Energy (CARE)

Information and Application for **Submetered Tenants**

## CARE APPLICATION

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

**I certify:**

- I do not receive my electric bill from Southern California Edison Company (SCE).
- I am applying for a CARE rate discount for my permanent **primary residence**.
- I understand that I will receive the 20% 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 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.
- The definition of gross (before taxes) household income is all money and noncash benefits, available to my family, and noncash benefits, available to my family, 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 (Número 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 style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
		\$ <input style="width: 100px; height: 20px;" 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 \_\_\_\_\_

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>	(I)
1 - 2	\$24,200	
3	28,400	
4	34,200	
5	40,000	
6	45,800	(I)

For Households with more than six persons, add \$5,800 annually for each additional person residing in the household. (I)

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. (T)

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. (T)

(Continued)

(To be inserted by utility)  
Advice 1893-E  
Decision 04-02-057

Issued by  
John R. Fielder  
Senior Vice President

(To be inserted by Cal. PUC)  
Date Filed May 13, 2005  
Effective \_\_\_\_\_  
Resolution E-3524



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 June 1, 2005. (T)

		Total Gross Annual Income	
No. of Persons In Household		<u>175% of Poverty + \$1 to 250% of Poverty Limit</u>	
3		\$28,401 - \$40,600	(I)
4		\$34,201 - \$49,000	
5		\$40,001 - \$57,400	
6		\$45,801 - \$65,800	
Each Additional Person Add		\$ 5,801 - \$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 1893-E  
Decision 04-02-057

Issued by  
John R. Fielder  
Senior Vice President

(To be inserted by Cal. PUC)  
Date Filed May 13, 2005  
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