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May 14, 2007

**ADVICE 2125-E**  
**(U 338-E)**

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA  
ENERGY DIVISION

**SUBJECT:**        **Adjustment of Existing Income Limitations for California  
Alternate Rates for Energy and Family Energy Rate Assistance  
and Modification of Applicable Forms**

In compliance with the California Public Utilities Commission (Commission) Energy Division's letters dated May 1, 2007, Resolution E-3524, and Decision (D.) 04-02-057, Southern California Edison Company (SCE) hereby submits for filing the following revised tariff sheets and related forms which are listed on Attachment A and are attached hereto.

**PURPOSE**

This advice filing revises Schedule D-CARE, *California Alternate Rates for Energy-Domestic Service*, and Schedule D-FERA, *Family Electric Rate Assistance* and associated forms, to reflect an increase in the household annual income limitations applicable to the California Alternate Rates for Energy (CARE) and the Family Electric Rate Assistance (FERA) programs in compliance with the Energy Division's letters (Letters) dated May 1, 2007,<sup>1</sup> Resolution E-3524, and D.04-02-057. In the Letters, utilities were requested to file revised tariffs reflecting the revised income levels effective June 1, 2007. In addition, SCE will be withdrawing from service Form 14-782-1, *Recertification CARE/FERA*, which has been superseded by Forms 14-802 and 14-803.<sup>2</sup> The revised tariffs and forms are included in Attachment A.

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<sup>1</sup> Both the CARE and FERA revised income limitations letters from the Commission's Energy Division were dated May 1, 2007.

<sup>2</sup> Form 14-782-1 was replaced in Advice 2000-E, effective June 1, 2006, by newly established Form 14-802, Recertification Notice, and Form 14-803, Final Recertification Notice, and therefore is no longer necessary.

## **BACKGROUND**

The Commission authorized the Low Income Ratepayer Assistance (LIRA) program by D.89-07-062 which became effective September 1989. Schedule D-LI, Low Income Rate – Domestic Service, became effective pursuant to D.89-09-44 on November 1, 1989. The LIRA program name was changed to CARE effective January 1, 1995, in accordance with Senate Bill 491. Accordingly, the rate schedule was renamed to Schedule D-CARE.

In compliance with D.04-02-057, SCE established Schedule D-FERA and Forms 14-782 and 14-783.<sup>3</sup> The FERA program is a rate assistance program whereby lower to middle income large household participants will be charged Tier 2 electricity rates for their Tier 3 usage if the household consists of three (3) or more people and the family has a total combined income between 200% and 250% of the federal poverty threshold. The income threshold increases with each additional family member over three (3) people in a household. The FERA program was designed to assist those larger families whose income levels are just above the CARE income limits and thus are not eligible for CARE benefits.

Household income limitations are used to determine whether a person or household qualifies for discounts provided under Schedules D-CARE and D-FERA. The Commission, in Resolution E-3524, directed the Energy Division to communicate new eligibility income levels to the utilities on May 1 of each year. The Commission further required the Energy Division to direct the utilities to file revised tariffs effective June 1 of each year reflecting the new income levels. In addition, D.04-02-057 stated that the use of CARE procedures for annual income guidelines updates is also reasonable for the FERA program.

The Energy Division's May 1, 2007 letters provided for an inflation factor of 1.024 from the current household annual income limitations. The inflation factor used is the "final" Consumer Price Index All Urban Consumers for the prior year, as published by the U.S. Department of Labor, Bureau of Labor Statistics. The new income limitation levels for the CARE and FERA programs were calculated by the Energy Division and are based upon the rules for computing income levels as set forth in Resolution E-3524, dated February 19, 1998. This advice filing updates Schedules D-CARE and D-FERA and all associated forms by incorporating the new household income limitation levels provided by the Energy Division.

In addition to the changes mentioned above, SCE is adding a checkbox to its CARE/FERA application, Form 14-782; CARE/FERA Submetered Tenant Application, Form 14-783; Recertification Notice, Form 14-802; and Final Recertification Notice, Form 14-803 for a hearing impaired customer to indicate if he/she utilizes a teletype machine (TTY). Obtaining TTY information through these enrollment and recertification

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<sup>3</sup> Advice 1792-E, dated April 26, 2004.

applications will help ensure this customer-specific information will be placed in the customer's profile so that SCE's Customer Service Representatives will know that these outbound calls should be made via a TTY device.

Furthermore, SCE is withdrawing Form 14-782-1, *Recertification CARE/FERA*, which has been superceded by Forms 14-802 and 14-803. SCE has also further revised and implemented the capability to personalize Forms 14-802 and 14-803 with each CARE customer's name, service address, and service account number, along with a bar-code encoding the service account and a transaction code. Previous targeted outreach efforts have shown that personalization increases response rates. Bar coding has decreased the amount of time it takes to process a recertification. In addition, scanning of the bar codes immediately upon receipt from the U.S. Post Office has enabled SCE to inform inquiring customers if and when their recertification forms have been received. Form 14-802 is the initial contact letter to customers reminding them of their CARE/FERA recertification. On the reverse side of this initial contact letter will be the income guidelines for CARE/FERA and a statement noting that a response is needed in 30 days. Form 14-803 is the final communication to customers reminding them of their CARE/FERA recertification. If the CARE/FERA customer does not respond to Form 14-802, Form 14-803 will be mailed 30 days after Form 14-802 is mailed. Form 14-803 will be the final communication letter for CARE/FERA customers before they are removed from either rate schedule, Schedule D-CARE or Schedule D-FERA. If a customer is removed from either rate schedule, SCE will send a letter to the customer advising the customer he/she has been removed and no longer qualifies for either CARE or FERA.

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 compliance with D.04-02-057 this advice letter is effective June 1, 2007.

### **NOTICE**

Anyone wishing to protest this advice filing may do so by letter via U.S. Mail, facsimile, or electronically, any of which must be received no later than 20 days after the date of this advice filing. Protests should be mailed to:

CPUC, Energy Division  
Attention: Tariff Unit  
505 Van Ness Avenue  
San Francisco, California 94102  
E-mail: [inj@cpuc.ca.gov](mailto:inj@cpuc.ca.gov) and [mas@cpuc.ca.gov](mailto:mas@cpuc.ca.gov)

Copies should also be mailed to the attention of the Director, Energy Division, Room 4004 (same address above).

In addition, protests and all other correspondence regarding this advice letter should also be sent by letter and transmitted via facsimile or electronically to the attention of:

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

Bruce Foster  
Senior 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](mailto: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, A.06-06-032 et al., and R.07-01-042 service lists. Address change requests to the GO 96-A service list should be directed by electronic mail to [AdviceTariffManager@sce.com](mailto: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](mailto: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 Darrah Morgan at (626) 302-2086 or by electronic mail at [Darrah.Morgan@sce.com](mailto:Darrah.Morgan@sce.com).

**Southern California Edison Company**

Akbar Jazayeri

AJ:dm: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>2125-E</u>	
Subject of AL: <u>Adjustment of Existing Income Limitations for California Alternate Rates for Energy and Family Energy Rate Assistance and Modification of Applicable Forms</u>	
Keywords (choose from CPUC listing): <u>Compliance, CARE, LIRA, Forms</u>	
AL filing type: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annual <input 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;">D.04-02-057 and Resolution E-3524</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 <sup>1</sup> :  	
Resolution Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Requested effective date: <u>6/1/07</u> No. of tariff sheets: <u>-12-</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>Schedule D-CARE, Schedule D-FERA, Form 14-526, Form 14-782, Form 14-783, Form 14-802, Form 14-803, Withdrawn Form 14-782-1, and Table</u>	
Service affected and changes <sup>of Contents</sup> proposed <sup>1</sup> : _____	
Pending advice letters that revise the same tariff sheets: _____	

<sup>1</sup> 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  
[jinj@cpuc.ca.gov](mailto:jinj@cpuc.ca.gov) and [mas@cpuc.ca.gov](mailto:mas@cpuc.ca.gov)

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

Bruce Foster  
Senior 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](mailto:Karyn.Gansecki@sce.com)

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
Revised 42566-E	Schedule D-CARE	Revised 40671-E
Revised 42567-E	Schedule D-FERA	Revised 40623-E*
Revised 42568-E	Form 14-526	Revised 40673-E
Revised 42569-E	Form 14-782	Revised 40636-E
Revised 42570-E	Form 14-783	Revised 40676-E
Revised 42571-E	Form 14-802	Original 40677-E
Revised 42572-E	Form 14-803	Original 40678-E
Revised 40637-E*	<b>WITHDRAWN</b> FORM 14-782-1	Revised 40675-E
Revised 42573-E	Table of Contents	Revised 42541-E
Revised 42574-E	Table of Contents	Revised 42525-E
Revised 42575-E	Table of Contents	Revised 42193-E
Revised 42576-E	Table of Contents	Revised 42444-E



Schedule D-CARE  
CALIFORNIA ALTERNATE RATES FOR ENERGY  
DOMESTIC SERVICE

Sheet 2

(Continued)

SPECIAL CONDITIONS

1. For the above rate components, the summer season shall commence at 12:00 a.m. on 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	\$29,300	(I)
3	34,400	
4	41,500	
5	48,600	
6	55,700	(I)

For Households with more than six persons, add \$7,100 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.

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 2125-E  
Decision 04-02-057

Issued by  
Akbar Jazayeri  
Vice President

(To be inserted by Cal. PUC)  
Date Filed May 14, 2007  
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, 2007. (T)

No. of Persons In Household	Total Gross Annual Income	
	<u>200% of Poverty + \$1 to 250% of Poverty Limit</u>	
3	\$34,401 - \$43,000	(I)
4	\$41,501 - \$51,800	
5	\$48,601 - \$60,600	
6	\$55,701 - \$69,400	
Each Additional Person Add	\$7,100 - \$8,800	(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 2125-E  
Decision 04-02-057

Issued by  
Akbar Jazayeri  
Vice President

(To be inserted by Cal. PUC)  
Date Filed May 14, 2007  
Effective \_\_\_\_\_  
Resolution E-3524

**FACILITIES WITH SATELLITE LOCATIONS**

If a qualifying facility has one or more satellite locations, these satellite locations will qualify for the discount providing they are covered by the qualifying facility's license, the qualifying facility's name is on the satellites' utility bills, and they meet all of the same criteria listed for the qualifying facility.

The qualifying facility must complete the following information for all qualified satellite facilities. Satellite facilities do not need to apply for the discount individually. List satellite facilities:

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

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

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

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

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

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

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

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

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

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

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

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

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



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

**INSTRUCTIONS**

1. READ ALL information and instructions.
2. DETERMINE if the facility meets the definition of a qualified nonprofit group living facility. The facility MUST meet ALL criteria to qualify for the 20% or more discount from CARE.
3. COMPLETE the entire application (please print or type).
4. Complete a separate application for each facility. If a qualifying facility has satellite facilities, please provide the information requested for each satellite location.
5. ATTACH all required documents. (Application is not considered complete without documents.)
6. MAIL TO: Southern California Edison Company  
 California Alternate Rates for Energy  
 P. O. Box 9527  
 Azusa, CA 91702-9954

**Discount**

Your facility may qualify for a 20% or more discount off of your Edison bill if the facility meets the following criteria. Please see applicable rate schedule for more information. The discount and eligibility criteria were established by the California Public Utilities Commission (CPUC).

**FACILITY ELIGIBILITY CRITERIA**

- The facility MUST meet ALL of the following criteria:
- Corporation operating the facility must have tax exemption under IRS Code 501(c)(3).
  - A minimum of 70% of the energy consumed at the facility must be for residential purposes.
  - Facility will be required to recertify eligibility annually. As part of that process, facility will be required to estimate amount of discount received, and explain how the funds were used for direct benefit of the residents.



(continued)

(continued)

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

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

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

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

**FACILITIES NOT ELIGIBLE**

- Group living facilities offering only a place to live.
- Government-owned and/or operated facilities.
- Government-subsidized facility providing lodging only.

**RESIDENTS' ELIGIBILITY CRITERIA  
Effective as of June 1, 2007**

- Each resident's total annual income from all sources, taxable and nontaxable, cannot exceed \$29,300.
- No resident may be claimed as a dependent on someone else's income tax return.

**ATTACHMENTS REQUIRED**

The following items MUST be attached to the application:

**For Group Living Facilities**

- A copy of the IRS documentation approving tax exempt status, under Code 501(c)(3), for the corporation operating the facility.
- A copy of the facility's license from the licensing agency if facility has a license.
- If the facility does not have a license, satisfactory proof to the utility that the facility is eligible to participate in the program.

**For Homeless Shelters, Hospices, and Women's Shelters**

- A copy of the IRS documentation approving tax exempt status under Code 501(c)(3), for the corporation operating the facility.

**IF YOU HAVE QUESTIONS**

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

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



An EDISON INTERNATIONAL Company

**For Office Use Only**

Received Date \_\_\_\_\_ Process Date \_\_\_\_\_  
Denied Reason \_\_\_\_\_ By \_\_\_\_\_

Source Code (Edison Use Only)     -

Please complete a separate application for each facility.

Name on Edison Bill \_\_\_\_\_

Name of Business/Facility \_\_\_\_\_

Service Address \_\_\_\_\_  
STREET CITY STATE ZIP

Mailing Address (if different) \_\_\_\_\_  
STREET CITY STATE ZIP

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

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

- Is facility operated by a corporation with tax exempt status under IRS Code 501(c)(3)? (attach documentation) . . . . .  Yes  No
- Is facility government owned and/or operated? . . . . .  Yes  No
- Is facility government subsidized housing? . . . . .  Yes  No
- Is at least 70% of the facility's electricity used for residential purposes? . . . . .  Yes  No
- Recertification: Estimated amount of discount received last year \$ \_\_\_\_\_
- What was discount used for? \_\_\_\_\_

**For Group Living Facilities Only**

Primary Purpose of Facility \_\_\_\_\_  
Services Offered \_\_\_\_\_  
Total Number of Residents of Facility \_\_\_\_\_

**For Homeless Shelters Only**

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

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



Southern California Edison  
Rosemead, California

Revised Cal. PUC Sheet No. 42568-E  
Cancelling Revised Cal. PUC Sheet No. 40673-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 2125-E

Decision 04-02-057

Issued by

Akbar Jazayeri

Vice President

(To be inserted by Cal. PUC)

Date Filed May 14, 2007

Effective \_\_\_\_\_

Resolution E-3524

# Get a discount on your electric bill!



- **California Alternate Rates for Energy (CARE)** provides a 20% or more discount on your electric bill – every month for income qualified customers.
- **Family Electric Rate Assistance (FERA)** program provides a discount to qualified households of 3 or more that exceed their baseline electricity usage by over 30%.

Review the chart below, and if you think you may qualify, 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, 2007		
Number of Persons in Household	Total Combined Annual Income	
	CARE	FERA
1-2	up to \$29,300	Not eligible
3	up to \$34,400	\$34,401 - \$43,000
4	up to \$41,500	\$41,501 - \$51,800
5	up to \$48,600	\$48,601 - \$60,600
6	up to \$55,700	\$55,701 - \$69,400
Each additional person	\$7,100	\$7,100 - \$8,800

Entire application must be completed and signed. Application effective as of June 1, 2007.

## RATE DISCOUNT 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 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) \_\_\_\_\_

TTY User (Teletipo/Teleimpresor)

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.



ផ្តល់សេវាអន្តរជាតិសម្រាប់អតិថិជនដែលរស់នៅក្នុងប្រទេសដទៃទៀត។ សូមទាក់ទងមកទៅសេវាអន្តរជាតិរបស់យើង។

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

한글로 된 CARE/FERA 신청서를 원하시거나, 원문이 있으시면 전화해 주십시오:

如果您想得到中文的CARE/FERA申請表或有任何問題，請致電：

Si desea obtener una solicitud CARE/FERA en español o para cualquier pregunta, por favor llame al:

If you have any questions, please call:

24 hours a day

1-800-447-6620

TTY 1-800-352-8580

Lunes a domingo, 8 a.m. a 8 p.m.

1-800-447-6620

Monday to Friday, 8 a.m. to 5 p.m.

1-800-843-8343

Monday - Friday, 8 am ~ 5 pm

1-800-628-3061

1-800-327-3031

Thứ Hai đến Thứ Sáu, từ 8:00 sáng đến 5:00 chiều

1-800-843-1309

ផ្តល់សេវាអន្តរជាតិសម្រាប់អតិថិជនដែលរស់នៅក្នុងប្រទេសដទៃទៀត។

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



SOUTHERN CALIFORNIA EDISON

An EDISON INTERNATIONAL Company

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 5/07 (CW)

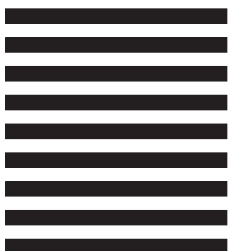
FOR OVER 100 YEARS...LIFE. POWERED BY EDISON.



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

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  
Rosemead, California

Revised Cal. PUC Sheet No. 42569-E  
Cancelling Revised Cal. PUC Sheet No. 40636-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 2125-E

Decision 04-02-057

Issued by

Akbar Jazayeri

Vice President

(To be inserted by Cal. PUC)

Date Filed May 14, 2007

Effective \_\_\_\_\_

Resolution E-3524



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

### Information and Application for **Sub-metered 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, sub-metered tenants must meet these qualifications:

- You do not receive an electric bill from Southern California Edison. Sub-metered tenants receive electric service and bill from their property owner or manager.
- 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, 2007		
Number of Persons in Household	Total Combined Annual Income	
	CARE	FERA
1-2	up to \$29,300	Not eligible
3	up to \$34,400	\$34,401 - \$43,000
4	up to \$41,500	\$41,501 - \$51,800
5	up to \$48,600	\$48,601 - \$60,600
6	up to \$55,700	\$55,701 - \$69,400
Each additional person	\$7,100	\$7,100 - \$8,800

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    |

*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 9527  
Azusa, CA 91702-9954

### IF YOU HAVE QUESTIONS

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

TTY 1-800-352-8580

# Southern California Edison's Income-Qualifying Rate Programs

## Information and Application for Sub-metered Tenants

### RATE DISCOUNT APPLICATION

*Entire application must be completed and signed. Application effective as of June 1, 2007.*

**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 (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 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 \_\_\_\_\_  TTY User

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

Revised Cal. PUC Sheet No. 42570-E  
Cancelling Revised Cal. PUC Sheet No. 40676-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 2125-E

Decision 04-02-057

Issued by

Akbar Jazayeri

Vice President

(To be inserted by Cal. PUC)

Date Filed May 14, 2007

Effective \_\_\_\_\_

Resolution E-3524



CERTIFICATION FORM
INCOME QUALIFYING
RATE ASSISTANCE PROGRAMS

FORMULARIO DE CERTIFICACIÓN
PROGRAMAS DE ASISTENCIA
TARIFARIA SEGÚN LOS INGRESOS

«Date»

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

«CUSTNAME»
«ADDRESS1»
«CITYSTATEZIP»

«Service Account #»
«SCECusNam»
«ServAddr»
«ServCity»,«ServSt»
«ServZip5»

Daytime Telephone Number (Please include area code)
Número de teléfono durante el día (incluya el código de área)

Grid for telephone number input

If your household meets the income eligibility guidelines for the CARE or FERA programs shown on the reverse, please provide the following information:

Number of persons in household: \_\_\_\_\_ Total annual combined household income: \$ \_\_\_\_\_

Si su hogar cumple las pautas de ingresos para el programa CARE o FERA mencionados en el dorso, incluya la siguiente información:

Cantidad de personas que viven en su hogar \_\_\_\_\_ Total de ingresos anuales y combinados de su hogar \$ \_\_\_\_\_

You will be enrolled in either the CARE or FERA program depending on your household size and income. Dependiendo del tamaño e ingresos de su hogar, usted será inscrito/inscrita al programa CARE o FERA.

My household is no longer qualified for a Southern California Edison rate assistance program. TTY User
Mi hogar ya no califica para un programa de asistencia tarifaria de Southern California Edison. TTY Usuario

CARE/FERA Declaration:

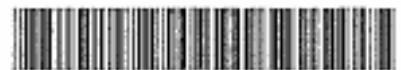
I state it is true and correct that my household qualifies for the discounted rate program indicated by me above. I agree to provide proof of income if asked. I agree to inform Southern California Edison Company if I no longer qualify to receive a discount. I understand that if I receive a discount without qualifying for it, I may be required to pay back the discount I received. I understand that SCE can share my information with other utilities or their agents to enroll me in their income qualifying rate assistance programs.

Declaración de CARE/FERA:

Afirmo de forma veraz y correcta que mi hogar califica para el programa de tarifas de descuento que he indicado arriba. Acepto proveer prueba de mis ingresos si esta fuera solicitada. Acepto informar a Southern California Edison si en algún momento dejara de calificar para el descuento. Tengo entendido que si recibo un descuento sin calificar para el mismo, se me podría pedir que pagara el descuento que recibí. Tengo entendido que SCE puede compartir mis datos con otras compañías de servicios públicos o sus agentes para que me inscriban a sus programas de asistencia tarifaria basados en los ingresos.)

X Customer Signature/ Firma del Cliente Date/Fecha

Indicate if you are a guardian or have power-of-attorney for the above account.
Indique si usted es tutor o tiene poder notarial para la cuenta anterior.



# RE-CERTIFICATION NOTICE

## YOUR RATE DISCOUNT IS EXPIRING – RESPONSE IS NEEDED WITHIN 30 DAYS.

For the past two years, you have received a discount on your Southern California Edison (SCE) electric bill through your participation in the California Alternate Rates for Energy (CARE) or Family Electric Rate Assistance (FERA) program. In order to remain enrolled in the program, you will need to re-certify your eligibility within 30 days from the date of this notice.

You may re-certify your eligibility by phone or mail:

**Phone:** Call our toll-free automated re-certification number at (800) 890-1245 [TTY (800) 352-8580], 24-hours/7-days a week (except Sunday morning between 12:00 a.m. and 6:00 a.m.)

Please be prepared to provide the following:

- Total annual combined household income. This is income from all sources, for every member of your household receiving income (taxable or non-taxable)
- Total number of people in your household

**Mail:** Sign and complete the Certification Form on the **reverse of this notice**, and return it in the postage-paid envelope provided.

Please review the CARE/FERA income qualification chart and if you qualify, sign and complete the Certification Form on the reverse side of this notice. If you do not qualify for either program, please advise us by checking the appropriate box on the Certification Form.

Thank you for allowing SCE to serve your energy needs.

# AVISO DE RECERTIFICACION

## SU TARIFA DE DESCUENTO ESTÁ A PUNTO DE VENCER – RESPONDA EN LOS PRÓXIMOS 30 DÍAS

En los últimos 2 años, usted ha recibido un descuento en su factura eléctrica de Southern California Edison (SCE) por participar en los programas de Tarifas Alternativas de Energía para California (CARE) o Ayuda Familiar para las Tarifas Eléctricas (FERA). De modo de mantener su inscripción al programa, usted debe recertificar su elegibilidad dentro de los 30 días de la fecha de este aviso.

Usted puede recertificar su elegibilidad por teléfono o correo:

**Por teléfono:** llame gratis a nuestro número de recertificación automática al (800) 890-1245, (TTY 800-352-8580), el cual funciona las 24 horas del día, los 7 días de la semana (excepto domingos de 12:00 a.m. a 6:00 a.m.).

Le solicitamos que tenga a mano la siguiente información:

- Total de ingresos anuales y combinados de su hogar. De todas las fuentes, para cada miembro de su familia que esté recibiendo ingresos (sobre los que tiene que pagar impuestos y sobre los que no tiene que pagar impuestos).
- Cantidad total de personas que viven en su hogar.

**Por correo:** Complete y firme el Formulario de Certificación **al dorso de este aviso** y envíenlo gratis por correo.

Estudie el gráfico de requisitos de ingresos para CARE/FERA y si califica, complete y firme el Formulario de Certificación al dorso de este aviso. Si usted no califica para ningún programa, le solicitamos que nos lo avise al marcar el casillero correspondiente en el Formulario de Certificación.

Gracias por permitir que SCE le suministre su servicio eléctrico.

<b>CARE/FERA PROGRAMS</b>		
<b>Maximum Household Income</b> <i>(Ingreso Máximo en el Hogar)</i>		
Effective as of June 1, 2007 <i>(Vigente al partir del 1º de junio de 2007)</i>		
Number of Persons in Household <i>(Cantidad de Personas en el Hogar)</i>	Total Combined Annual Income <i>(Ingreso Anual Total y Combinado)</i>	
	CARE	FERA
1–2	up to <i>(hasta)</i> \$29,300	Not eligible <i>(No califica)</i>
3	up to <i>(hasta)</i> \$34,400	\$34,401 – \$43,000
4	up to <i>(hasta)</i> \$41,500	\$41,501 – \$51,800
5	up to <i>(hasta)</i> \$48,600	\$48,601 – \$60,600
6	up to <i>(hasta)</i> \$55,700	\$55,701 – \$69,400
Each additional person <i>(Cada persona adicional)</i>	\$7,100	\$7,100 – \$8,800

T-37



Southern California Edison  
Rosemead, California

Revised Cal. PUC Sheet No. 42571-E  
Cancelling Original Cal. PUC Sheet No. 40677-E

Sheet 1

RECERTIFICATION NOTICE  
(CARE/FERA)

Form 14-802

(Continued)

(To be inserted by utility)

Advice 2125-E

Decision 04-02-057

Issued by

Akbar Jazayeri

Vice President

(To be inserted by Cal. PUC)

Date Filed May 14, 2007

Effective \_\_\_\_\_

Resolution E-3524



**CERTIFICATION FORM  
INCOME QUALIFYING  
RATE ASSISTANCE PROGRAMS**

**FORMULARIO DE CERTIFICACIÓN  
PROGRAMAS DE ASISTENCIA  
TARIFARIA SEGÚN LOS INGRESOS**

For questions call 1-800-447-6620 or  
visit us online at [www.SCE.com/CARE](http://www.SCE.com/CARE)

«Date»

«CUSTNAME»  
«ADDRESS1»  
«CITYSTATEZIP»

«Service Account #»  
«SCECusNam»  
«ServAddr»  
«ServCity», «ServSt»  
«ServZip5»

Daytime Telephone Number (Please include area code)  
*Número de teléfono durante el día (incluya el código de área)*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If your household meets the income eligibility guidelines for the CARE or FERA programs shown on the reverse, please provide the following information:

Number of persons in household: \_\_\_\_\_ Total annual combined household income: \$ \_\_\_\_\_

Si su hogar cumple las pautas de ingresos para el programa CARE o FERA mencionados en el dorso, incluya la siguiente información:

Cantidad de personas que viven en su hogar \_\_\_\_\_ Total de ingresos anuales y combinados de su hogar \$ \_\_\_\_\_

**You will be enrolled in either the CARE or FERA program depending on your household size and income. Dependiendo del tamaño e ingresos de su hogar, usted será inscrito/inscrita al programa CARE o FERA.**

My household is no longer qualified for a Southern California Edison rate assistance program.  
*Mi hogar ya no califica para un programa de asistencia tarifaria de Southern California Edison.*

TTY User  
*TTY Usuario*

**CARE/FERA Declaration:**

I state it is true and correct that my household qualifies for the discounted rate program indicated by me above. I agree to provide proof of income if asked. I agree to inform Southern California Edison Company if I no longer qualify to receive a discount. I understand that if I receive a discount without qualifying for it, I may be required to pay back the discount I received. I understand that SCE can share my information with other utilities or their agents to enroll me in their income qualifying rate assistance programs.

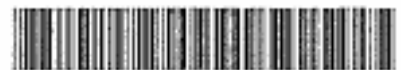
**Declaración de CARE/FERA:**

Afirmo de forma veraz y correcta que mi hogar califica para el programa de tarifas de descuento que he indicado arriba. Acepto proveer prueba de mis ingresos si esta fuera solicitada. Acepto informar a Southern California Edison si en algún momento dejara de calificar para el descuento. Tengo entendido que si recibo un descuento sin calificar para el mismo, se me podría pedir que pagara el descuento que recibí. Tengo entendido que SCE puede compartir mis datos con otras compañías de servicios públicos o sus agentes para que me inscriban a sus programas de asistencia tarifaria basados en los ingresos.)

X \_\_\_\_\_  
Customer Signature/ Firma del Cliente

\_\_\_\_\_  
Date/Fecha

Indicate if you are a guardian or have power-of-attorney for the above account.  
*Indique si usted es tutor o tiene poder notarial para la cuenta anterior.*



# FINAL RE-CERTIFICATION NOTICE

We recently sent you a notice to re-certify your participation in the California Alternate Rates for Energy (CARE) or Family Energy Rate Assistance (FERA) program. For the past two years, you have received a discount on your Southern California Edison (SCE) electric bill through your participation in the CARE or FERA program. In order to remain enrolled in the program, you will need to re-certify your eligibility within 30 days from the date of this second notice.

You may re-certify your eligibility by phone **or** mail:

**Phone:** Call our toll-free automated re-certification number at (800) 890-1245 [TTY (800) 352-8580], 24-hours/7-days a week (except Sunday morning between 12:00 a.m. and 6:00 a.m.)

Please be prepared to provide the following:

- Total annual combined household income. This is income from all sources, for every member of your household receiving income (taxable or non-taxable)
- Total number of people in your household

**Mail:** Sign and complete the Certification Form on the **reverse of this notice**, and return it in the postage-paid envelope provided.

Please review the CARE/FERA income qualification chart and if you qualify, sign and complete the Certification Form on the reverse side of this notice. If you do not qualify for either program, please advise us by checking the appropriate box on the Certification Form.

Thank you for allowing SCE to serve your energy needs.

# AVISO FINAL DE RECERTIFICACION

Recientemente le enviamos un aviso para renovar su participación en los programas de Tarifas Alternativas de Energía para California (CARE) o Ayuda Familiar para las Tarifas Eléctricas (FERA). En los últimos 2 años, usted ha recibido un descuento en su factura eléctrica de Southern California Edison (SCE) por participar en los programas CARE o FERA. De modo de mantener su inscripción al programa, usted debe recertificar su elegibilidad dentro de los 30 días de la fecha de este segundo aviso.

Usted puede recertificar su elegibilidad por teléfono **o** correo:

**Por teléfono:** llame gratis a nuestro número de recertificación automática al (800) 890-1245, (TTY 800-352-8580), el cual funciona las 24 horas del día, los 7 días de la semana (excepto domingos de 12:00 a.m. a 6:00 a.m.).

Le solicitamos que tenga a mano la siguiente información:

- Total de ingresos anuales y combinados de su hogar. De todas las fuentes, para cada miembro de su familia que esté recibiendo ingresos (sobre los que tiene que pagar impuestos y sobre los que no tiene que pagar impuestos).
- Cantidad total de personas que viven en su hogar.

**Por correo:** Complete y firme el Formulario de Certificación **al dorso de este aviso** y envíenlo gratis por correo.

Estudie el gráfico de requisitos de ingresos para CARE/FERA y si califica, complete y firme el Formulario de Certificación al dorso de este aviso. Si usted no califica para ningún programa, le solicitamos que nos lo avise al marcar el casillero correspondiente en el Formulario de Certificación.

Gracias por permitir que SCE le suministre su servicio eléctrico.

CARE/FERA PROGRAMS			
Maximum Household Income (Ingreso Máximo en el Hogar)			
Effective as of June 1, 2007 (Vigente al partir del 1º de junio de 2007)			
Number of Persons in Household (Cantidad de Personas en el Hogar)	Total Combined Annual Income (Ingreso Anual Total y Combinado)		
	CARE	FERA	
1-2	up to (hasta) \$29,300	Not eligible (No califica)	
3	up to (hasta) \$34,400	\$34,401 – \$43,000	
4	up to (hasta) \$41,500	\$41,501 – \$51,800	
5	up to (hasta) \$48,600	\$48,601 – \$60,600	
6	up to (hasta) \$55,700	\$55,701 – \$69,400	
Each additional person (Cada persona adicional)	\$7,100	\$7,100 – \$8,800	

T-91





Southern California Edison  
Rosemead, California

Revised Cal. PUC Sheet No. 42572-E  
Cancelling Original Cal. PUC Sheet No. 40678-E

Sheet 1

FINAL RECERTIFICATION NOTICE  
(CARE/FERA)

Form 14-803

(Continued)

(To be inserted by utility)

Advice 2125-E  
Decision 04-02-057

Issued by  
Akbar Jazayeri  
Vice President

(To be inserted by Cal. PUC)

Date Filed May 14, 2007  
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(To be inserted by utility)

Advice 2125-E  
Decision 04-02-057

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(To be inserted by utility)

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Vice President

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Resolution E-3524

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

## CARE/FERA PROGRAM

Maximum Household Income (Ingreso Máximo en el Hogar) Effective as of June 1, 2006		
Number of Persons in Household	Total Combined Annual Income	
	CARE	FERA
1-2	up to \$28,600	Not eligible
3	up to \$33,600	\$33,601 - \$42,000
4	up to \$40,500	\$40,501 - \$50,600
5	up to \$47,400	\$47,401 - \$59,200
6	up to \$54,300	\$54,301 - \$67,800
Each additional person	\$6,900	\$6,900 - \$8,600

Entire application must be completed and signed. Application effective as of June 1, 2006.

## RATE DISCOUNT RENEWAL APPLICATION

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, less deductions including expenses, for all people who live in my home. This includes, but is not limited to, the following:

Source Code (Edison Use Only)     -

Please check (✓) ALL sources of your income.

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Wages or salaries   | <input type="checkbox"/> Rental, 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) \_\_\_\_\_

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.



ប្រសិនបើមានការសង្ស័យអំពីការបំពេញប្រតិបត្តិការសុំបញ្ជាក់ស្តីពីការបញ្ជូនស្របច្បាប់ :

ប្រសិនបើអ្នកបង្ហាញការសង្ស័យអំពីការបំពេញប្រតិបត្តិការសុំបញ្ជាក់ស្តីពីការបញ្ជូនស្របច្បាប់ CARE/FERA ជាអង្គការ :

Viet, hay có bất cứ thắc mắc nào, xin gọi:

Nếu muốn có mt mẫu đơn CARE/FERA bằng tiếng

한국어 있으시면 전화해 주십시오.

한국어 된 CARE/FERA 신청서를 원하시거나,

問題，請致電：

如果你得到中文的CARE/FERA申请表或有任何

en español o para cualquier pregunta, por favor llame al:

Si desea obtener una solicitud CARE/FERA

If you have any questions, please call:

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



SOUTHERN CALIFORNIA EDISON

An EDISON INTERNATIONAL® Company

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

Para poder 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.

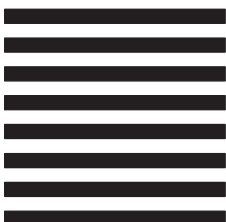
FOR OVER 100 YEARS...LIFE. POWERED BY EDISON.



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

POSTAGE WILL BE PAID BY ADDRESSEE

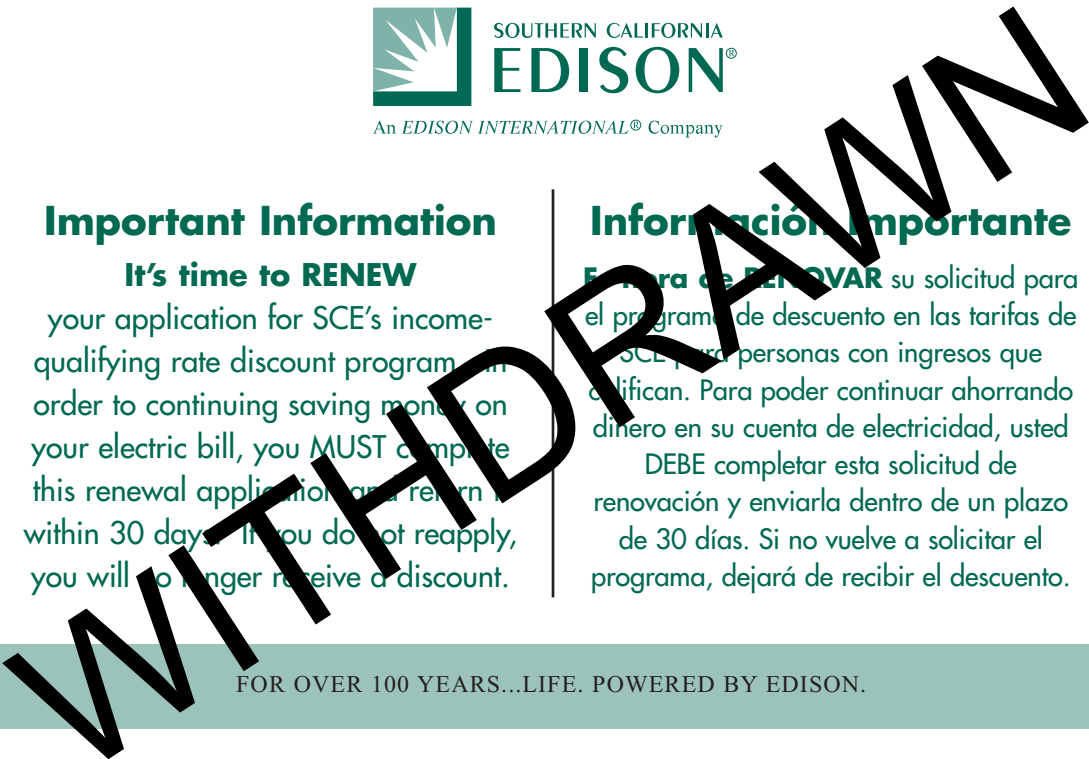
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UNITED STATES



SCE 14-782-1 REV 6/06





Southern California Edison  
Rosemead, California

Cancelling Revised Cal. PUC Sheet No. 40637-E\*  
Revised Cal. PUC Sheet No. 40675-E

Recertification CARE/FERA

Form 14-782-1

WITHDRAWN

(To be inserted by utility)

Advice 1998-E

Decision \_\_\_\_\_

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