

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: 24 hours a day 1-800-447-6620 TTY 1-800-352-8580

Si desea obtener una solicitud CARE/FERA en español o para cualquier pregunta, por favor llame al: Lunes a domingo, 8 a.m. a 8 p.m. 1-800-447-6620

如果你想得到中文的CARE/FERA申請表或有任何問題，請致電：星期一至星期五，早上8點至下午5點 1-800-843-8343

한글로 된 CARE/FERA 신청서를 원하시거나, 질문이 있으시면 전화해 주십시오: 월-금, 8 am ~ 5 pm 1-800-628-3061

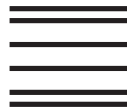
Nếu muốn có một mẫu đơn CARE/FERA bằng tiếng Việt, hay có bất cứ thắc mắc nào, xin gọi: Thứ Hai đến Thứ Sáu, từ 8:00 sáng đến 5:00 chiều 1-800-327-3031

បើសិនជាអ្នកចង់បានប្រតិបត្តិការសេវាកម្មសុំ CARE/FERA ជាភាសាខ្មែរ ឬបើសិនជាអ្នកមានសំណួរអ្វី សូមទូរស័ព្ទទៅលេខ : ថ្ងៃចន្ទ-ថ្ងៃសុក្រ, ៨ ព្រឹក ដល់ ៥ ល្ងាច 1-800-843-1309



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

BUSINESS REPLY MAIL FIRST-CLASS MAIL PERMIT NO. 84 ROSEMEAD CA POSTAGE WILL BE PAID BY ADDRESSEE



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



Save 20% or more on your electric bill

See if you qualify and enroll today. It's easy!

Check inside for the 2008 CARE and FERA Program Income Guidelines

Ahorre un 20% o más en su factura eléctrica

Vea si califica e inscríbese ahora. ¡Es muy fácil!

Busque dentro de esta solicitud las 2008 pautas del Programa CARE y FERA

RATE DISCOUNT APPLICATION

Entire application must be completed and signed. Application effective as of June 1, 2008.

PLEASE PRINT CLEARLY (Favor de Imprimir con Claridad)

Source Code (Edison Use Only)

- Default code 1150-2002

1 CUSTOMER INFORMATION:

Edison Service Account No. (No. de Cuenta de Servicio de Edison) 3 - - -

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

Your Home Address (Su Domicilio) _____

City (Ciudad) _____

ZIP Code (Codigo Postal) _____

() () _____

TTY User (English Only)

Home Telephone (Teléfono particular) _____ Work Telephone (Teléfono de su trabajo) _____

Number of persons in my household (N° de personas en el hogar): + = Total
Adults (Adultos) Children (Niños)

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.

2a PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

Please check (✓) ALL programs you participate in. If you do not participate in any of the programs listed below in this section, then GO to Section 2b.

- Medi-Cal (under age 65) Food stamps Healthy Families A & B
 Medi-Cal (age 65 and over) TANF (AFDC) LIHEAP
 WIC

2b HOUSEHOLD INCOME ELIGIBILITY:

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

- Pensions Wages or salaries Scholarships, grants, or other aid used for living expenses
 Social Security Unemployment benefits Insurance settlements
 SSI, SSP, SSDI Workers' compensation Legal settlements
 Interest or dividends from:
• savings accounts, Disability payments Child support
• stocks or bonds, or Rental or royalty income Spousal support
• retirement accounts Profit from self-employment (IRS Form 1040, Schedule C, line 29) Cash, and/or other income

If you participate in any of the Public Assistance Programs in Section 2a, then SKIP to Section 3. If not, GO to Section 2c.

2c MAXIMUM HOUSEHOLD INCOME: (Effective June 1, 2008 to May 31, 2009)

Total combined annual household income (Ingresos totales al año):

For example: Monthly income x 12 months = annual household income \$

3 DECLARATION: (Please sign and date below)

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) _____

Guardian or Power of Attorney

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.

20% OR MORE DISCOUNT



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, you can:

- Apply online at www.sce.com/careandfera
- Complete and return the attached application.

CARE/FERA PROGRAM

Maximum Household Income (Ingreso Máximo en el Hogar)

Effective as of June 1, 2008

Number of Persons in Household	Total Combined Annual Income	
	CARE	FERA
1-2	up to \$30,500	Not eligible
3	up to \$35,800	\$35,801-\$44,800
4	up to \$43,200	\$43,201-\$54,000
5	up to \$50,600	\$50,601-\$63,200
6	up to \$58,000	\$58,001-\$72,400
Each additional person	\$7,400	\$7,400-\$9,200

Call us with questions.
(See reverse side for telephone numbers)

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