



Southern California Edison
Rosemead, California (U 338-E)

Revised Cal. PUC Sheet No. 56697-E
Cancelling Revised Cal. PUC Sheet No. 38854-E

Sheet 1

APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR
ENERGY (CARE) PROGRAM FOR QUALIFIED
AGRICULTURAL EMPLOYEE HOUSING FACILITIES

Form 14-620

(To be inserted by utility)

Advice 3213-E
Decision 04-02-057; 12-08-044

Issued by

R.O. Nichols
Senior Vice President

(To be inserted by Cal. PUC)

Date Filed May 1, 2015
Effective Jun 1, 2015
Resolution _____

For individual facilities of the same type, attach separate sheet for more than four (4):

SCE account number(s) _____

Service Address _____

Please check:
 Type of metering: Individually metered Master metered

Energy used for residential purposes: 100%

Total number of residents (*exclude on-site manager*) _____

100% of residents and/or households meet income eligibility criteria. Yes No

SCE account number(s) _____

Service Address _____

Please check:
 Type of metering: Individually metered Master metered

Energy used for residential purposes: 100%

Total number of residents (*exclude on-site manager*) _____

100% of residents and/or households meet income eligibility criteria. Yes No

SCE account number(s) _____

Service Address _____

Please check:
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Service Address _____

Please check:
 Type of metering: Individually metered Master metered

Energy used for residential purposes: 100%

Total number of residents (*exclude on-site manager*) _____

100% of residents and/or households meet income eligibility criteria. Yes No



**Application for California Alternate Rates for Energy (CARE) Program
 for Qualified Agricultural Employee Housing Facilities
 Solicitud para Tarifas Alternas para Energía en California (CARE)**

Discount

INSTRUCTIONS

1. **READ ALL** information and instructions before you complete this application. If you have questions, call 1-800-447-6620, Monday through Friday, 8:00 a.m. to 5:00 p.m.
2. **DETERMINE** if the facility meets the definition of qualified agricultural employee housing. The facility **MUST** meet **ALL** criteria to qualify for the 30% or more discount from the CARE program.
3. **COMPLETE** the entire application (please print or type).
4. **ATTACH** all required documents. (Application is not considered complete without documents.)
5. **MAIL TO:** Southern California Edison Company
 California Alternate Rates for Energy
 P. O. Box 9527
 Azusa, CA 91702-9954

DISCOUNT

The CARE program provides a 30% or more discount off your SCE bill for facilities that meet program criteria. (Please see rate schedule for more information.) The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates, upon formal approval by the California Public Utilities Commission, are available to qualified facilities. The facility will receive the discount after SCE receives and approves the application.

ELIGIBILITY CRITERIA FOR APPLICANT

Each applicant **MUST** meet **ALL** of the following criteria:

- Applicant must be SCE's customer of record.
- Applicant must verify that 100% of the residents and/or households meet the CARE income guidelines, excluding any employee operating or managing the facility who resides at the facility. (See enclosed sheet for current CARE income guidelines.)
- Applicant is required to certify CARE eligibility annually by completing a new application.

ELIGIBLE FACILITIES

EMPLOYEE HOUSING (privately owned), as defined in Section 17008 of the Health and Safety Code, that is licensed and inspected by state and/or local agencies pursuant to Part I (commencing with Section 17000) of Division 13.

- Supporting documentation required:
 - Provide copy of current permit issued by the State Department of Housing and Community Development.
- Total energy used must be 100% residential.

APPLICANTS RESPONSIBILITIES

The applicant is required to:

- Provide proof of facility's eligibility (see Eligible Facilities) and submit required documentation with the application (see requirements on the application).



- Verify that all households and/or individuals residing in the facility meet the CARE income eligibility guidelines (see income guideline sheet) and make a certification to that effect, under the penalty of perjury, under the laws of the state of California.
- At annual recertification, provide documentation of how the past year's discount was used and indicate how the next year's discount is expected to be used for the direct benefit of the residents.
- Maintain records of residents' income eligibility, which should come from federal tax return, payroll stubs or similar records acceptable to SCE. These records must be retained for three (3) years from the date of initial application and/or recertification.

- Maintain accounting entries and supporting documentation of how the discount was used for the direct benefit of the residents. These records must be retained for three (3) years from the date of initial application and/or recertification.
- Upon request from SCE, provide documentation of the resident's income eligibility and/or documentation of how the discount was used for the direct benefit of the residents.
- Provide all information requested by SCE. Failure to do so will result in denial or removal from the program. The applicant may be subject to rebilling for the period they were ineligible for the discount as determined by SCE.

IF YOU HAVE QUESTIONS:
 Call Edison's CARE Helpline at 1-800-447-6620, Monday through Friday, 8:00 a.m. to 5:00 p.m.

¿Qué puedo hacer si tengo preguntas?
 Llame a la Línea de Asistencia de Edison al 1-800-447-6620, 8 a.m. a 5 p.m., lunes a viernes.

(T)

Application for California Alternate Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing Facilities
Solicitud para Tarifas Alternas para Energía en California (CARE)

For Office Use Only

Received Date _____ Process Date _____

Denied Reason _____ By _____

APPLICANT INFORMATION: *(please print)*

Use reverse side for additional facilities.

Name on SCE Bill _____

Account Number for This Facility _____

Name of Facility *(if different)* _____

Facility Contact: *(who to contact if SCE needs more information)* _____

Daytime Phone _____ FAX _____

Service Address _____

STREET CITY STATE ZIP

Mailing Address *(if different)* _____

STREET CITY STATE ZIP

DECLARATION

By signing this application, I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and accurate.

- I have:
- Verified the income eligibility of all residents of the facility and/or households and have the documentation on file.
 - Maintained documentation to substantiate the above.
 - Verified the facility meets the residential energy usage criteria.

For all facilities:

Applicant is customer of record Yes No

100% of residents and/or households meet the CARE income guidelines Yes No

- I have provided information on how the discount for the coming year will be used to directly benefit the residents Yes No
- For recertification, I have provided information on how the discount was used for the direct benefit of the residents, and I have documentation on file. If initial certification, leave blank Yes No
- I understand SCE reserves the right to request documentation on the eligibility of the residents and the use of the discount. Yes No

- I understand SCE has the right to rebill me at the applicable rate if appropriate Yes No
- I understand if the facility(ies), or the residents, become(s) ineligible to receive the discount I must notify SCE within 30 days Yes No

Last year's discount was used for _____
IF INITIAL CERTIFICATION, LEAVE BLANK

This year's discount will be used for _____

By signing this application, I give my consent that the information provided by me may be shared with other energy utility companies. *(Limited to name and address.)*

AUTHORIZED REPRESENTATIVE'S NAME (PLEASE PRINT OR TYPE)

AUTHORIZED REPRESENTATIVE'S TITLE

AUTHORIZED REPRESENTATIVE'S SIGNATURE

DATE