



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

Revised Cal. PUC Sheet No. 60582-E  
Cancelling Revised Cal. PUC Sheet No. 56702-E

Sheet 1

VERIFICATION FOLLOW-UP ENGLISH

FORM 14-791

(To be inserted by utility)

Advice 3494-E  
Decision 12-08-044

Issued by  
Caroline Choi  
Senior Vice President

(To be inserted by Cal. PUC)

Date Filed Oct 24, 2016  
Effective Nov 23, 2016  
Resolution \_\_\_\_\_

**IMMEDIATE REPLY NEEDED**  
**To maintain discount electricity rates**  
**we must hear from you within 45 days**  
**of this letter.**

May 26, 2015



Service Account Number:

Dear

We recently mailed you a letter asking you to verify your eligibility for the discount. We haven't heard from you and want to make sure you remain in the program if you're still eligible.

**What to do:**

**1. Complete the enclosed Eligibility Verification Form:** The table must be completed fully. If any information is missing, our review may be delayed and your discount may be interrupted.

**2. Attach all supporting documentation that apply to you and your household members.** There are two ways to provide proof of eligibility:

**a. Public Assistance Program Eligibility:** *if you or any household member participates in any of these Public Assistance Programs*

Medi-Cal/Medicaid	WIC	Supplemental Security Income (SSI)	Head Start Income Eligible (Tribal Only)
Medi-Cal for Families	CalFresh/SNAP (Food Stamps)	National School Lunch Program (NSLP)	
CalWorks (TANF)/Tribal TANF	LIHEAP	Bureau of Indian Affairs General Assistance	

**b. Income Eligibility:** *you must provide proof of all gross household income*

- **MOST RECENT FEDERAL INCOME TAX RETURN:** Most recent individual and/or business return, including all schedules. If a Federal tax return is not filed, please send a confirmation letter from the IRS
- **EMPLOYMENT:** Last three (3) consecutive pay stubs or last pay stub showing year-to-date gross annual income from each employer
- **UNEMPLOYMENT:** *Statement of Benefits* from the State Employment Development Department
- **SOCIAL SECURITY:** *Copy of the Statement of Benefits* for the current year or *copy of Direct Deposit notice*
- **SUPPLEMENTAL SECURITY INCOME (SSI):** *Copy of the Statement of Benefits* for current year
- **RETIREMENT INCOME (PENSION):** *Copy of Form 1099, copies of last three (3) pay stubs or last pay stub showing year-to-date gross annual income*
- **DISABILITY INCOME:** *Copy of Statement of Benefits* for current year
- **ALIMONY/ CHILD SUPPORT:** Copy of court documents showing the amount given or loaned
- **FAMILY SUPPORT:** Letter from person providing support stating amount given or loaned
- **INTEREST/DIVIDENDS (TAXABLE AND NON-TAXABLE):** Copies of 1099 forms
- **SCHOOL GRANTS/SCHOOL RECORD/BIRTH CERTIFICATE:** Showing current address of children living in home, or copies of documents showing amount of grant
- **If making a statement of no income, please provide a notarized statement of how bills are paid.**

**3. Double-check, copy, and send it back to us.** Before you send in your documents, please double-check that all the required information has been provided and that you have signed the Eligibility Verification Form. Be sure to make copies of everything for your own records. **Be sure to black out Social Security numbers on all documents for added security.**

**What happens next.** If we do not hear from you, you will not receive the discounted rate on your SCE electric bill.

**Your information is confidential.** Rest assured, any information you send us will only be used to verify your eligibility for the discount and will not affect any other income assistance you may be receiving.

Need more information? Call us toll-free at 1-800-890-1245

Sincerely,  
Southern California Edison

(T)

(T)  
(N)

(N)



**IMMEDIATE REPLY NEEDED**  
**To maintain discount electricity rates**  
**we must hear from you within 45 days**  
**of this letter.**

Service Account Number: XXXXXXXXXX

**VERIFICATION OF ELIGIBILITY FOR CARE / FERA RATE**

**STEP 1. Please fill out the table below.**

(N)

Check only if you **no longer** qualify or **do not** want to participate in the CARE / FERA program, and sign the declaration below.

Number of people living in your household: Adults (18+) \_\_\_\_\_ Children (under 18) \_\_\_\_\_

Name of Each Household Member	Adult or Child	Proof of Eligibility Provided		
		Income Amount	Public Assistance	None
e.g. John Doe	X Adult Child	\$2000/mo	<input type="checkbox"/>	<input type="checkbox"/>
Baby Doe	<input type="checkbox"/> Adult X Child	\$0/mo	X	<input type="checkbox"/>
	<input type="checkbox"/> Adult <input type="checkbox"/> Child			
	<input type="checkbox"/> Adult <input type="checkbox"/> Child			
	<input type="checkbox"/> Adult <input type="checkbox"/> Child			
	<input type="checkbox"/> Adult <input type="checkbox"/> Child			
	<input type="checkbox"/> Adult <input type="checkbox"/> Child			
	<input type="checkbox"/> Adult <input type="checkbox"/> Child			
	<input type="checkbox"/> Adult <input type="checkbox"/> Child			

**Declaration:** I certify that the information I have provided is true and correct. I understand that I may be requested to provide updated documentation of eligibility at any time and agree to do so regardless of how I initially became eligible for the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**STEP 2.** Please attach all income documentation that applies to you and your household  
**STEP 3.** To expedite the processing of your eligibility verification documents, please fax the signed and completed form with supporting documents to: **626-571-4202**

**Important:** Any information or documents you submit are confidential and will only be used by Southern California Edison personnel for verification purposes. **Be sure to black out Social Security numbers on all documents for added security.**

(N)

If you do not wish to fax your documents, return your signed form and supporting documents to:  
 CARE/FERA, Southern California Edison  
 PO Box 9527 Azusa, CA 91702-9954

By checking this box, I confirm the information provided is accurate, and agree to receive calls at the above number, through an automatic-dialing announcing device (ATDS), or a prerecorded message from, or on behalf of, Southern California Edison for rebates, savings, or other low-income qualified program information. I understand that consent to receiving these calls is not required to enroll in this income-qualified program and that message and data rates may apply

