



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

Revised Cal. PUC Sheet No. 71129-E
Cancelling Revised Cal. PUC Sheet No. 69044-E

Sheet 1

CARE/FERA
FINAL RECERTIFICATION NOTICE

(Sub-metered Tenant)

Form 14-820

(To be inserted by utility)

Advice 4479-E
Decision 04-02-057; 12-08-044

Issued by
Carla Peterman
Senior Vice President

(To be inserted by Cal. PUC)

Date Submitted Apr 28, 2021
Effective Jun 1, 2021
Resolution E-3524



August 05, 2019

John Bongiovi
999 Main unique 99 t
Irwindale CA 98711

Dear John Bongiovi,

Thank you for your participation in the CARE/FERA Program.

To remain enrolled in the program, you must provide your recertification by November xx, 2019.
Complete the recertification form to confirm your eligibility:

Online: Recertify online by logging onto www.sce.com/carerecert
Phone: Call our toll-free automated re-certification number at 1-800-890-1245

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.

If you have any questions, you can find more information about our income-qualifying discount rate programs online at www.sce.com/careandfera. We look forward to helping you continue your participation so you can manage your electricity bill in the best way possible.

Please allow at least 30 days for processing. If you don't qualify for the CARE/FERA program, please let us know by checking the appropriate box on the online form.

Sincerely,

Southern California Edison

INCOME ELIGIBILITY GUIDELINES

CARE/FERA PROGRAMS

Maximum Household Income -- Effective as of June 1, 2021

Number of Persons in Household	Total Combined Annual Income	
	CARE	FERA
1 - 2	up to \$34,840	Not eligible
3	up to \$43,920	\$43,921 - \$54,900
4	up to \$53,000	\$53,001 - \$66,250
5	up to \$62,080	\$62,081 - \$77,600
6	up to \$71,160	\$71,161 - \$88,950
7	up to \$80,240	\$80,241 - \$100,300
8	up to \$89,320	\$89,321 - \$111,650
Each additional person	\$9,080	\$9,080 - \$11,350

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Daytime Telephone Number (Please include area code)

Landline Cell phone

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Email Address:

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Check here **ONLY IF YOU NO LONGER QUALIFY** to participate in either the CARE or FERA rate assistance program. Your account will be removed from the CARE/FERA program. **If you checked this box, please proceed to Section 4; sign and date at the bottom, then mail this form in the postage paid envelope provided.**

1	HOUSEHOLD INFORMATION: Total Number of persons in household (Do Not Leave Blank) Adults <input style="width: 30px; height: 20px;" type="checkbox"/> Children <input style="width: 30px; height: 20px;" type="checkbox"/> Total (Adult + Children) <input style="width: 30px; height: 20px;" type="checkbox"/>
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2	PUBLIC ASSISTANCE PROGRAM ELIGIBILITY: Please check (✓) ALL programs you participate in. If you do not participate in any of the programs in this section, then be sure to complete Section 3. <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Medi-Cal/ Medicaid</td> <td style="width: 33%;"><input type="checkbox"/> WIC</td> <td style="width: 33%;"><input type="checkbox"/> Supplemental Security Income (SSI)</td> </tr> <tr> <td><input type="checkbox"/> CalFresh/SNAP (Food Stamps)</td> <td><input type="checkbox"/> Medi-Cal for Families (Healthy Families A&B)</td> <td><input type="checkbox"/> National School Lunch Program (NSLP)</td> </tr> <tr> <td><input type="checkbox"/> CalWorks (TANF)/ Tribal TANF</td> <td><input type="checkbox"/> LIHEAP</td> <td><input type="checkbox"/> Bureau of Indian Affairs General Assistance</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Head Start Income Eligible (Tribal Only)</td> </tr> </table>	<input type="checkbox"/> Medi-Cal/ Medicaid	<input type="checkbox"/> WIC	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> CalFresh/SNAP (Food Stamps)	<input type="checkbox"/> Medi-Cal for Families (Healthy Families A&B)	<input type="checkbox"/> National School Lunch Program (NSLP)	<input type="checkbox"/> CalWorks (TANF)/ Tribal TANF	<input type="checkbox"/> LIHEAP	<input type="checkbox"/> Bureau of Indian Affairs General Assistance			<input type="checkbox"/> Head Start Income Eligible (Tribal Only)
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3	INCOME ELIGIBILITY: Please provide your total gross annual household income, and check () all income sources Total combined gross annual household income: \$ <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> .00 per year (round to the nearest dollar) <i>For example: Monthly income X 12 months = gross annual household income</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Pensions</td> <td style="width: 33%;"><input type="checkbox"/> Wages and/or Profits from Self-Employment</td> <td style="width: 33%;"><input type="checkbox"/> Scholarships, Grants, or Other Aid Used for Living Expenses</td> </tr> <tr> <td><input type="checkbox"/> Social Security</td> <td><input type="checkbox"/> Unemployment Benefits</td> <td><input type="checkbox"/> Insurance or Legal Settlements</td> </tr> <tr> <td><input type="checkbox"/> SSP or SSDI</td> <td><input type="checkbox"/> Disability or Workers' Compensation</td> <td><input type="checkbox"/> Spousal or Child Support</td> </tr> <tr> <td><input type="checkbox"/> Interest or Dividends From Savings, Stocks, Bonds, or Retirement Accounts</td> <td><input type="checkbox"/> Rental or Royalty Income</td> <td><input type="checkbox"/> Cash and/or Other Income</td> </tr> </table>	<input type="checkbox"/> Pensions	<input type="checkbox"/> Wages and/or Profits from Self-Employment	<input type="checkbox"/> Scholarships, Grants, or Other Aid Used for Living Expenses	<input type="checkbox"/> Social Security	<input type="checkbox"/> Unemployment Benefits	<input type="checkbox"/> Insurance or Legal Settlements	<input type="checkbox"/> SSP or SSDI	<input type="checkbox"/> Disability or Workers' Compensation	<input type="checkbox"/> Spousal or Child Support	<input type="checkbox"/> Interest or Dividends From Savings, Stocks, Bonds, or Retirement Accounts	<input type="checkbox"/> Rental or Royalty Income	<input type="checkbox"/> Cash and/or Other Income
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4	CARE/FERA Declaration: I state that the information I have provided in this application 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 agree to inform Southern California Edison Company if I no longer qualify to receive 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. I understand that SCE can share my information with other utilities or their agents to enroll me in their assistance programs. Customer Signature (same name as listed on the account): _____ Date: <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> Customer Name: <input style="width: 100%; height: 20px;" type="text"/> <input type="checkbox"/> Indicate if you are a guardian or have Power-of-Attorney for the above account and provide a notarized copy of the Power-of-Attorney document.
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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 pre-recorded 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.

Return this form to Southern California Edison in the postage paid return envelope provided, or mail directly to:

Southern California Edison, CARE Dept., P.O. Box 9527, Azusa, CA 91702-9932



Before mailing, please double check that all the necessary areas are filled in and that you've signed, dated and included all of the documents needed.