


The California Alternate Rates for Energy (CARE)

provides a 20% discount off your electric bill for your **permanent primary residence**, if you meet the qualifications and income guidelines. To apply for this discount, please complete and mail this application. You will receive the discount beginning on the next bill after your completed, signed application is received and approved by Edison.

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20%

Tear off. 

Maximum Household Income (Ingreso Maximo en el Hogar) Effective as of June 1, 2002	
Number of Persons in Household	Total Combined Annual Income
1-2	\$22,600
3	26,600
4	32,000
Add \$5,400 for each additional person.	

CARE APPLICATION

Entire application must be completed and signed. Application effective as of June 1, 2002.

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.
- **For CARE, 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"/> Cash |
| | | <input type="checkbox"/> Insurance settlements | <input type="checkbox"/> Other income |
| | | <input type="checkbox"/> Legal settlements | <input type="checkbox"/> Spousal support |

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 (Codigo Postal) _____

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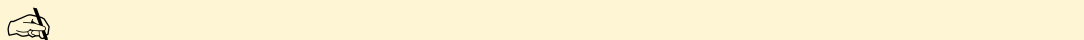
Home Telephone (Teléfono particular) _____ Work Telephone (Teléfono de su trabajo) _____

Edison Service Account No. (No. de Cuenta de Servicio de Edison) _____ Your Gas Company Account No. (No. de Cuenta de Servicio de su Compañía de Gas) _____

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 income limits 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 **1-800-433-4327** for more information. For other Edison assistance programs, call 1-800-736-4777.



Application for California Alternate Rates for Energy (CARE)

You May Qualify for a Discount on Your Edison Bill.

Please read this application carefully. If you qualify, complete and mail.

Solicitud para Tarifas Alternas para Energía en California (CARE)

Usted podría calificar para recibir un descuento en su cuenta de Edison.

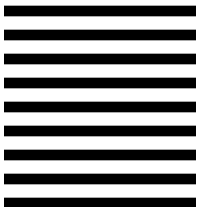
Por favor lea cuidadosamente esta solicitud. Si usted califica, llénela y envíela por correo.



Southern California Edison
California Alternate Rates for Energy
P O BOX 6400
Rancho Cucamonga CA 91729-9824

POSTAGE WILL BE PAID BY ADDRESSEE

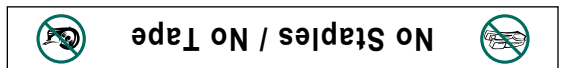
BUSINESS REPLY MAIL
▪ FIRST CLASS MAIL ▪ PERMIT NO. 84 ▪ ROSEMEAD, CA



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



Source Code (Edison Use Only) -



Please tear off this panel, and seal and mail this 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

Lunes a sábado, 7 a.m. a 7 p.m.
1-800-447-6620

星期一至星期五, 早上8點至下午5點
1-800-843-8343

월-금, 8 am ~ 5 pm
1-800-628-3061

Thứ Hai đến Thứ Sáu, từ 8:00 sáng đến 5:00 chiều
1-800-327-3031

ថ្ងៃច័ន្ទ-ថ្ងៃសុក្រ, ៨ ព្រឹក ដល់ ៥ ល្ងាច
1-800-843-1309

如果你想得到中文的CARE申請表或有任何
問題, 請致電:

Si desea obtener una solicitud CARE en español
o para cualquier pregunta, sírvase llamar al:

한국로 된 CARE 신청서를 원하시거나,
질문이 있으시면 전화해 주십시오:

Nếu muốn có mt mẫu đơn CARE bằng tiếng
Việt, hay có bát cứ thàc mác nào, xin gọi:

ប្រសិនបើអ្នកចង់បានទម្រង់សុំអត្រាថ្នាំថ្នាក់ថ្មី
ឬប្រសិនបើអ្នកមានសំណួរអ្វី តុំអ្វីសុំទូរស័ព្ទទេស្តីអំពី: