May 24, 2018

Russell G. Worden  
Director, State Regulatory Operations  
Southern California Edison Company  
8631 Rush Street  
Rosemead, CA 91770

SUBJECT: Adjustment of Existing Income Limitations for California Alternate Rates for Energy and Family Energy Rate Assistance, and Modifications of Applicable Forms.

Dear Mr. Worden:

Advice Letter 220-G and 3791-E is effective as of June 1, 2018.

Sincerely,

Edward Randolph  
Director, Energy Division
April 25, 2018

ADVICE 220-G/3791-E
(U 338-E)

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA
ENERGY DIVISION

SUBJECT: Adjustment of Existing Income Limitations for California Alternate Rates for Energy and Family Energy Rate Assistance, and Modification of Applicable Forms

In compliance with the California Public Utilities Commission (Commission) Energy Division’s letter dated March 1, 2018 (Letter), and pursuant to Resolution E-3524, Decision (D.)04-02-057 and D.12-08-044, Southern California Edison Company (SCE) hereby submits for filing the following revised tariffs and related forms listed on Attachment A and attached hereto.

PURPOSE

This advice filing revises electric Schedule D-CARE, California Alternate Rates for Energy, Domestic Service; Schedule D-FERA, Family Electric Rate Assistance; gas Schedule G-1-CARE, Santa Catalina Island California Alternate Rates for Energy, Domestic Service, and associated forms to reflect the increases in the household annual income limitations applicable to the California Alternate Rates for Energy (CARE) and the Family Electric Rate Assistance (FERA) programs in compliance with the Energy Division’s Letter, Resolution E-3524, D.04-02-057, and D.12-08-044.

BACKGROUND

The Commission authorized the Low Income Ratepayer Assistance (LIRA) program in D.89-07-062 which became effective September 1989. Schedule D-LI, Low Income Rate – Domestic Service, became effective pursuant to D.89-09-044 on November 1, 1989. The program name was changed from LIRA to CARE effective January 1, 1995, in accordance with Senate Bill 491. Accordingly, the rate schedule was renamed to Schedule D-CARE.
In compliance with D.04-02-057, SCE established Schedule D-FERA. The FERA program is a rate assistance program whereby lower to middle income large household participants were originally charged Tier 2 electricity rates for their Tier 3 usage if the household consists of three or more people and the family has a total combined income between 200 percent and 250 percent of the federal poverty threshold. The income threshold increases with each additional family member over three people in a household. The FERA program was designed to assist those larger families whose income levels are just above the CARE income limits and thus are not eligible for CARE benefits. In compliance with D.15-07-001, Schedule D-FERA’s rate design was revised to reflect a 12 percent effective discount (including the CSI exemption) compared to what the FERA customer’s bill would be on SCE’s standard domestic rate schedule, Schedule D.

Household income limitations are used to determine whether a person or household qualifies for discounts provided under CARE and FERA programs. In addition, pursuant to D.12-08-044’s Categorical Eligibility and Enrollment Program, in lieu of providing income documentation, CARE customers who have been income verified by a qualifying categorical eligible low income program may submit proof of enrollment in an approved categorical eligibility program and qualify for CARE.

The Commission, in Resolution E-3524, directed the Energy Division to communicate new eligibility income levels to the utilities on May 1 of each year. The Commission further required the Energy Division to direct the utilities to file revised tariffs effective June 1 of each year reflecting the new income levels. However, D.12-08-044 moved the annual income letter release date from May 1 to April 1 each year, as well as the FERA update so that the CARE and FERA annual income letter and updates are simultaneously released and to continue to allow continued ease of access for enrolling into the CARE program. In addition, D.12-08-044, Ordering Paragraph 88 (b) (ii) directs the Energy Division to include an approved updated list of categorical programs along with this updated annual income letter.

The Energy Division’s Letter updates the 2018-2019 income limits in compliance with Public Utilities (PU) Code Section 739.1 (a). Beginning with the 2012-2013 annual income update, the Federal Poverty Guideline values and corresponding household size are used to determine and update the annual CARE income limits. The Commission transitioned to this approach because the methodology it used previously, pursuant to Resolution E-3524, which was adopted in February 1998, did not align with the requirements of PU Code Section 739.1(b)(1).

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1 Advice 1792-E dated April 26, 2004.
2 Advice 3267-E effective October 1, 2015.
PROPOSED TARIFF CHANGES

This advice filing updates electric Schedules D-CARE and D-FERA, and G-1-CARE for Catalina gas customers, as well as associated forms by incorporating the new effective date and the new income limitation levels provided by the Energy Division.

No cost information is required for this advice filing.

This advice filing will not increase any rate or charge, cause the withdrawal of service, or conflict with any other schedule or rule.

TIER DESIGNATION

Pursuant to General Order (GO) 96-B, Energy Industry Rule 5.1(1), this advice letter is submitted with a Tier 1 designation.

EFFECTIVE DATE

In accordance with the Energy Division’s Letter and Resolution E-3524, SCE requests that this advice filing become effective on June 1, 2018.

NOTICE

Anyone wishing to protest this advice filing may do so by letter via U.S. Mail, facsimile, or electronically, any of which must be received no later than 20 days after the date of this advice filing. Protests should be mailed to:

CPUC, Energy Division
Attention: Tariff Unit
505 Van Ness Avenue
San Francisco, CA 94102
Facsimile: (415) 703-2200
E-mail: EDTariffUnit@cpuc.ca.gov

Copies should also be mailed to the attention of the Director, Energy Division, Room 4004 (same address above).

In addition, protests and all other correspondence regarding this advice letter should also be sent by letter and transmitted via facsimile or electronically to the attention of:
There are no restrictions on who may file a protest, but the protest shall set forth specifically the grounds upon which it is based and shall be submitted expeditiously.

In accordance with Section 4 of General Order No. 96-B, SCE is serving copies of this advice filing to the interested parties shown on the attached Electric and Gas GO 96-B service lists. Address change requests to the GO 96-B service list should be directed by electronic mail to AdviceTariffManager@sce.com or at (626) 302-4039. For changes to all other service lists, please contact the Commission’s Process Office at (415) 703-2021 or by electronic mail at Process_Office@cpuc.ca.gov.

Further, in accordance with Public Utilities Code Section 491, notice to the public is hereby given by filing and keeping the advice filing at SCE’s corporate headquarters. To view other SCE advice letters filed with the Commission, log on to SCE’s web site at https://www.sce.com/wps/portal/home/regulatory/advice-letters.

For questions, please contact Prabha Cadambi at (626) 302-8177 or by electronic mail at Prabha.Cadambi@sce.com.

Southern California Edison Company

/s/ Gary A. Stern, Ph.D.
Gary A. Stern, Ph.D.
**CALIFORNIA PUBLIC UTILITIES COMMISSION**

**ADVICE LETTER FILING SUMMARY**

**ENERGY UTILITY**

**MUST BE COMPLETED BY UTILITY (Attach additional pages as needed)**

<table>
<thead>
<tr>
<th>Company name/CPUC Utility No.:</th>
<th>Southern California Edison Company (U 338-E)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utility type:</td>
<td>Contact Person: Darrah Morgan</td>
</tr>
<tr>
<td>☑ ELC</td>
<td>Phone #: (626) 302-2086</td>
</tr>
<tr>
<td>☐ GAS</td>
<td>E-mail: <a href="mailto:Darrah.Morgan@sce.com">Darrah.Morgan@sce.com</a></td>
</tr>
<tr>
<td>☐ PLC</td>
<td>E-mail Disposition Notice to: <a href="mailto:AdviceTariffManager@sce.com">AdviceTariffManager@sce.com</a></td>
</tr>
<tr>
<td>☐ HEAT</td>
<td></td>
</tr>
<tr>
<td>☐ WATER</td>
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</table>

**EXPLANATION OF UTILITY TYPE**

<table>
<thead>
<tr>
<th>ELC = Electric</th>
<th>GAS = Gas</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLC = Pipeline</td>
<td>HEAT = Heat</td>
</tr>
<tr>
<td>WATER = Water</td>
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<table>
<thead>
<tr>
<th>Advice Letter (AL) #:</th>
<th>220-G/3791-E</th>
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<tbody>
<tr>
<td>Tier Designation:</td>
<td>1</td>
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</table>

<table>
<thead>
<tr>
<th>Subject of AL:</th>
<th>Adjustment of Existing Income Limitations for California Alternate Rates for Energy and Family Energy Rate Assistance, and Modification of Applicable Forms</th>
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</table>

<table>
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<tr>
<th>Keywords (choose from CPUC listing):</th>
<th>Compliance, Forms</th>
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<table>
<thead>
<tr>
<th>AL filing type:</th>
<th>☑ Monthly ☐ Quarterly ☐ Annual ☑ One-Time ☐ Other</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>If AL filed in compliance with a Commission order, indicate relevant Decision/Resolution #:</th>
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<tbody>
<tr>
<td>D.04-02-057, D.12-08-044, and Resolution E-3524</td>
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</table>

<table>
<thead>
<tr>
<th>Does AL replace a withdrawn or rejected AL?</th>
<th>If so, identify the prior AL:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Summarize differences between the AL and the prior withdrawn or rejected AL:</th>
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</table>

<table>
<thead>
<tr>
<th>Confidential treatment requested?</th>
<th>☑ Yes ☐ No</th>
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</thead>
</table>

Confidential information will be made available to appropriate parties who execute a nondisclosure agreement. Name and contact information to request nondisclosure agreement/access to confidential information:

<table>
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<tr>
<th>Resolution Required?</th>
<th>☑ Yes ☐ No</th>
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</table>

<table>
<thead>
<tr>
<th>Requested effective date:</th>
<th>6/1/18</th>
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<tr>
<td>No. of tariff sheets:</td>
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</table>

<table>
<thead>
<tr>
<th>Estimated system annual revenue effect: (%)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Estimated system average rate effect (%)</th>
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</thead>
</table>

When rates are affected by AL, include attachment in AL showing average rate effects on customer classes (residential, small commercial, large C/I, agricultural, lighting).

<table>
<thead>
<tr>
<th>Tariff schedules affected:</th>
<th>See Gas and Electric Attachment A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Service affected and changes proposed¹:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Pending advice letters that revise the same tariff sheets:</th>
<th>None</th>
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</thead>
</table>

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¹ Discuss in AL if more space is needed.
Protests and all other correspondence regarding this AL are due no later than 20 days after the date of this filing, unless otherwise authorized by the Commission, and shall be sent to:

CPUC, Energy Division  
Attention: Tariff Unit  
505 Van Ness Avenue  
San Francisco, California 94102  
E-mail: EDTariffUnit@cpuc.ca.gov

Gary A. Stern, Ph.D.  
Managing Director, State Regulatory Operations  
Southern California Edison Company  
8631 Rush Street  
Rosemead, California 91770  
Telephone: (626) 302-9645  
Facsimile: (626) 302-6396  
E-mail: AdviceTariffManager@sce.com

Laura Genao  
Managing Director, State Regulatory Affairs  
c/o Karyn Gansecki  
Southern California Edison Company  
601 Van Ness Avenue, Suite 2030  
San Francisco, California 94102  
Facsimile: (415) 929-5544  
E-mail: Karyn.Gansecki@sce.com
Gas Tariff Sheets
<table>
<thead>
<tr>
<th>Cal. P.U.C. Sheet No.</th>
<th>Title of Sheet</th>
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</thead>
<tbody>
<tr>
<td>Revised 2075-G</td>
<td>Schedule G-1-CARE</td>
<td>Revised 2062-G</td>
</tr>
<tr>
<td>Revised 2076-G</td>
<td>Table of Contents</td>
<td>Revised 2064-G</td>
</tr>
</tbody>
</table>
Schedule G-1-CARE  Sheet 1
SANTA CATALINA ISLAND CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE)
DOMESTIC SERVICE

APPLICABILITY

Applicable to domestic service to CARE households residing in a permanent single-family accommodation where a customer meets all the Special Conditions of this Schedule. Customers who receive gas service under Schedule G-1 are eligible for this Schedule.

TERRITORY

The City of Avalon, Santa Catalina Island.

RATES

The bill as determined under Schedule G-1 which would otherwise be applicable, minus the CARE surcharge, less a 20% discount excluding the PUCRF.

SPECIAL CONDITIONS

1. CARE Customers are exempt from a CARE Surcharge of $0.06592/Therm for Baseline and Non-Baseline Service. The 20% discount applies to the Customer Charge and GCAC and base rate (excluding the CARE surcharge portion) charges only. The total Schedule G-1-CARE bill is thus equal to the Schedule G-1 bill, minus CARE surcharge, minus the 20% discount.

2. CARE Household: A CARE Household is a household where the total gross income from all sources is less than shown on the table below based on the number of persons in the household. Total gross income shall include income from all sources, both taxable and nontaxable. Persons who are claimed as a dependent on another person’s income tax return are not eligible. These income limits are effective as of June 1, 2018.

<table>
<thead>
<tr>
<th>No. of Persons in Household</th>
<th>Total Gross Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2</td>
<td>32,920</td>
</tr>
<tr>
<td>3</td>
<td>41,560</td>
</tr>
<tr>
<td>4</td>
<td>50,200</td>
</tr>
<tr>
<td>5</td>
<td>58,840</td>
</tr>
<tr>
<td>6</td>
<td>67,480</td>
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<tr>
<td>7</td>
<td>76,120</td>
</tr>
<tr>
<td>8</td>
<td>84,760</td>
</tr>
</tbody>
</table>

For each additional person residing in the household, add $8,640 annually.
### TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Sheet No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE PAGE</td>
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<td>2076-G (T)</td>
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<tr>
<td>TABLE OF CONTENTS - RATE SCHEDULES</td>
<td></td>
<td>2021-G</td>
</tr>
<tr>
<td>TABLE OF CONTENTS - LIST OF CONTRACTS AND DEVIATIONS</td>
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<td>1980-G</td>
</tr>
<tr>
<td>TABLE OF CONTENTS - RULES</td>
<td></td>
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<tr>
<td>TABLE OF CONTENTS - SAMPLE FORMS</td>
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**PRELIMINARY STATEMENT:**

A. Territory Served by the Utility ........................................................................... 1388-G
B. Types and Classes of Service .................................................................................. 1388-G
C. Procedure to Obtain Service .................................................................................... 1388-G
D. Interest ...................................................................................................................... 1388-G
E. Symbols ..................................................................................................................... 1388-G
F. Baseline Service ....................................................................................................... 1389-1826-G
G. Santa Catalina Island Gas Cost Adjustment Clause (GCAO) .......................... 1391-1392-1393-2059-G
H. Income Tax Component of Contributions Provision ........................................ 2047-1892-G

**SERVICE AREA MAP** .............................................................................................................. 3-G

### RATE SCHEDULES

<table>
<thead>
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<th>Schedule No.</th>
<th>Title of Sheet</th>
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<tbody>
<tr>
<td>DE</td>
<td>Domestic Service to Utility Employees</td>
<td>1398-G</td>
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<tr>
<td>G-1</td>
<td>Domestic Service</td>
<td>2060-2061-G</td>
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<td>G-1-CARE</td>
<td>Domestic Service</td>
<td>2075-1132-G (T)</td>
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<td>G-2</td>
<td>General Service</td>
<td>2063-1401-G</td>
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<td>G-OBR</td>
<td>Santa Catalina Island On-Bill Repayment Pilot Program</td>
<td>2020-1633-1634-1635-G</td>
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<tr>
<td>GM</td>
<td>Domestic Service, Multifamily Accommodation</td>
<td>1402-G</td>
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<td>G-SE</td>
<td>Service Establishment Charge</td>
<td>1403-G</td>
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<tr>
<td>RF-G</td>
<td>Surcharge to Fund Public Utilities Commission Reimbursement Fee</td>
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**LIST OF CONTRACTS AND DEVIATIONS**

List of Contracts and Deviations .................................................................................. 696-G

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(Continued)
Electric Tariff Sheets
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<thead>
<tr>
<th>Cal. P.U.C. Sheet No.</th>
<th>Title of Sheet</th>
<th>Cancelling Cal. P.U.C. Sheet No.</th>
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<tbody>
<tr>
<td>Revised 63771-E</td>
<td>Schedule D-CARE</td>
<td>Revised 61517-E</td>
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<tr>
<td>Revised 63772-E</td>
<td>Schedule D-FERA</td>
<td>Revised 63156-E</td>
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<tr>
<td>Revised 63773-E</td>
<td>Form 14-526</td>
<td>Revised 61519-E</td>
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<tr>
<td>Revised 63774-E</td>
<td>Form 14-782</td>
<td>Revised 61520-E</td>
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<tr>
<td>Revised 63775-E</td>
<td>Form 14-783</td>
<td>Revised 61521-E*</td>
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<tr>
<td>Revised 63776-E</td>
<td>Form 14-802</td>
<td>Revised 61522-E</td>
</tr>
<tr>
<td>Revised 63777-E</td>
<td>Form 14-803</td>
<td>Revised 61523-E</td>
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<tr>
<td>Revised 63778-E</td>
<td>Form 14-819</td>
<td>Revised 61524-E</td>
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<td>Revised 63779-E</td>
<td>Form 14-820</td>
<td>Revised 61525-E</td>
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<tr>
<td>Revised 63780-E</td>
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<td>Revised 63521-E</td>
</tr>
<tr>
<td>Revised 63781-E</td>
<td>Table of Contents</td>
<td>Revised 63207-E</td>
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<tr>
<td>Revised 63782-E</td>
<td>Table of Contents</td>
<td>Revised 62215-E</td>
</tr>
</tbody>
</table>
SCHEDULE D-CARE
CALIFORNIA ALTERNATE RATES FOR ENERGY
DOMESTIC SERVICE
(Continued)

SPECIAL CONDITIONS

1. For the above rate components, the summer season shall commence at 12:00 a.m. on June 1 and continue until 12:00 a.m. on October 1 of each year. The winter season shall commence at 12:00 a.m. on October 1 of each year and continue until 12:00 a.m. on June 1 of the following year.

PTR Period: At SCE’s discretion, events will be called on non-holiday weekdays and last for a fixed four-hour duration between 2:00 p.m. and 6:00 p.m.

Holidays are New Year’s Day (January 1), Presidents’ Day (third Monday in February), Memorial Day (last Monday in May), Independence Day (July 4), Labor Day (first Monday in September), Veterans Day (November 11), Thanksgiving Day (fourth Thursday in November), and Christmas (December 25).

When any holiday listed above falls on Sunday, the following Monday will be recognized as a holiday. No change will be made for holidays falling on Saturday.

2. Basic Charge: For purposes of applying the Basic Charge, the following definitions shall be used:

Single-Family Accommodation: A building of single occupancy that does not share common walls, floors, or ceilings with other Single-Family Dwellings, except as specified in the Multifamily Accommodation definition below.

Multifamily Accommodation: Apartments, mobilehomes, mobilehomes in a mobilehome park, condominiums, townhouses, Qualifying Recreational Vehicle Unit, Qualifying Recreational Vehicle Park, Owner Lot Recreational Vehicle Park, or a building of multiple occupancy which shares common walls and/or floors and ceilings with other Single-Family Dwellings.

3. CARE Household: A CARE Household is a household where the total gross income from all sources is less than shown on the table below based on the number of persons in the household. Total gross income shall include income from all sources, both taxable and nontaxable. Persons who are claimed as a dependent on another person’s income tax return are not eligible. These income limits are effective as of June 1, 2018.

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<tr>
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<td>6</td>
<td>67,480</td>
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<tr>
<td>7</td>
<td>76,120</td>
</tr>
<tr>
<td>8</td>
<td>84,760</td>
</tr>
</tbody>
</table>

For each additional person residing in the household, add $8,640 annually.

4. Group Living Facility: A Group Living Facility, as defined in the Preliminary Statement, Part O, Section 3.d., which is receiving service under a Domestic Rate Schedule may qualify either by total gross income as defined in Schedule D-CARE Special Condition 3 or by the eligibility standard defined in Preliminary Statement, Part O, Sections 3.d. and 3.e.

(Continued)
SPECIAL CONDITIONS (Continued)

2. FERA Household: A FERA household that is eligible for service under this Schedule is one consisting of three or more persons where the total gross income from all sources is between the amounts shown on the table below based for the number of persons in the household. Total gross income shall include income from all sources, both taxable and nontaxable. Persons who are claimed as a dependent on another person’s income tax return are not eligible. These income limits are effective as of June 1, 2018.

<table>
<thead>
<tr>
<th>No. of Persons in Household</th>
<th>Total Gross Annual Income 200% of Poverty + $1 to 250% of Poverty Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>$41,561 - $51,950</td>
</tr>
<tr>
<td>4</td>
<td>$50,201 - $62,750</td>
</tr>
<tr>
<td>5</td>
<td>$58,841 - $73,550</td>
</tr>
<tr>
<td>6</td>
<td>$67,481 - $84,350</td>
</tr>
<tr>
<td>7</td>
<td>$76,121 - $95,150</td>
</tr>
<tr>
<td>8</td>
<td>$84,761 - $105,950</td>
</tr>
<tr>
<td>Each Additional Person Add</td>
<td>$8,640 - $10,800</td>
</tr>
</tbody>
</table>

3. Application and Eligibility Declaration: An application and eligibility declaration on a form authorized by the Commission is required for each request for service under this Schedule. Renewal of a customer’s eligibility declaration will be required at the request of SCE. Customers are only eligible to receive service under this Schedule at one residential location at any one time and this Schedule will only apply to a customer’s permanent primary residence. This Schedule is not applicable where, in the opinion of SCE, either the dwelling, accommodation, or occupancy is transient.

4. Commencement of Rate: Eligible customers shall be billed on this Schedule commencing no later than one billing period after receipt and approval of the customer’s application by SCE.

5. For the above rate components, the summer season shall commence at 12:00 a.m. on June 1, and continue until 12:00 a.m. on October 1 of each year. The winter season shall commence at 12:00 a.m. on October 1 of each year and continue until 12:00 a.m. of June 1 of the following year.

Holidays are New Year's Day (January 1), Presidents’ Day (third Monday in February), Memorial Day (last Monday in May), Independence Day (July 4), Labor Day (first Monday in September), Veterans Day (November 11), Thanksgiving Day (fourth Thursday in November), and Christmas (December 25).

When any holiday listed above falls on Sunday, the following Monday will be recognized as a holiday. No change will be made for holidays falling on Saturday.

(Continued)
CALIFORNIA ALTERNATE RATES FOR ENERGY
APPLICATION FOR QUALIFIED NONPROFIT
GROUP LIVING FACILITIES

Form 14-526

(To be inserted by utility)
Advice 3791-E
Decision 04-02-057; 12-08-044

Issued by Caroline Choi
Senior Vice President

(To be inserted by Cal. PUC)
Date Filed Apr 26, 2018
Effective Jun 1, 2018
Resolution E-3524
INSTRUCTIONS

1. READ ALL information and instructions.
2. DETERMINE if the facility meets the definition of a qualified nonprofit group living facility. The facility MUST meet ALL criteria to qualify for the discount from CARE.
3. COMPLETE the entire application (please print or type).
4. Complete a separate application for each facility. If a qualifying facility has satellite facilities, please provide the information requested for each satellite location.
5. ATTACH all required documents. (Application is not considered complete without documents.)
6. MAIL TO: Southern California Edison Company California Alternate Rates for Energy P. O. Box 9527 Azusa, CA 91702-9954

California Alternate Rates for Energy (CARE)
Application for Qualified Nonprofit Group Living Facilities

Discount

Your facility may qualify for a discount off of your Edison bill if the facility meets the following criteria. Please see applicable rate schedule for more information. The discount and eligibility criteria were established by the California Public Utilities Commission (CPUC).

FACILITY ELIGIBILITY CRITERIA

The facility MUST meet ALL of the following criteria:

• Corporation operating the facility must have tax exemption under IRS Code 501(c)(3).
• A minimum of 70% of the energy consumed at the facility must be for residential purposes.
• Facility will be required to recertify eligibility annually. As part of that process, facility will be required to estimate amount of discount received, and explain how the funds were used for direct benefit of the residents.

(continued)
Facilities NOT ELIGIBLE
- Group living facilities offering only a place to live.
- Government-owned and/or operated facilities.
- Government-subsidized facility providing lodging only.

RESIDENTS’ ELIGIBILITY CRITERIA
Effective as of June 1, 2018
- Each resident’s total annual income from all sources, taxable and non-taxable, cannot exceed $32,920.
- No resident may be claimed as a dependent on someone else’s income tax return.

ATTACHMENTS REQUIRED
The following items MUST be attached to the application:

For Group Living Facilities
- A copy of the IRS documentation approving tax exempt status, under Code 501(c)(3), for the corporation operating the facility.
- A copy of the facility’s license from the licensing agency if facility has a license.
- If the facility does not have a license, satisfactory proof to the utility that the facility is eligible to participate in the program.

For Homeless Shelters, Hospices, and Women’s Shelters
- A copy of the IRS documentation approving tax exempt status under Code 501(c)(3), for the corporation operating the facility.

IF YOU HAVE QUESTIONS
Call Edison’s CARE Helpline at 1-800-447-6620, TTY 1-800-352-8580

California Alternate Rates for Energy (CARE)
Application for Qualified Nonprofit Group Living Facilities

Additional Criteria for Group Living Facilities Such As Transitional Housing: Short- or Long-Term Care Facilities; or Group Homes for Physically or Mentally Disabled Persons
- If facility is licensed by organizations such as the Community Care Licensing Division (CCLD) of the State Department of Social Services, the Licensing Branch of the Department of Alcohol and Drug Programs, or the Department of Health Services, a copy of the license must be provided.
- If facility does not have a conditional use permit or an appropriate state license, facility must provide satisfactory proof to the utility it is eligible to participate in CARE.
- Facility must provide services, such as meals or rehabilitation, in addition to lodging.
- 100 percent of the residents must individually meet the CPUC’s existing income eligibility criteria for a single-person household (see section on RESIDENTS’ ELIGIBILITY CRITERIA).
- Satellite facilities of a qualifying nonprofit corporation, must be included under the corporation’s license, meet all eligibility criteria, and have utility accounts in the corporation name.

Additional Criteria for Homeless Shelters, Hospices, and Women’s Shelters
- Facility must provide a minimum of six beds each night for a minimum of 180 days each year for persons who have no alternative residence.
- Primary function of the facility is to provide lodging.
- Facility may be asked to provide appropriate documentation indicating primary function.
CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) / FAMILY ELECTRIC RATE ASSISTANCE (FERA) PROGRAM

(Single Family Dwelling with SCE Meter)

Form 14-782
Save on your electric bill
See if you qualify and enroll today.
It’s easy!
Check inside for the CARE and FERA Program Income Guidelines

Other Programs and Services You May Qualify For:

Energy Savings Assistance Program - offers free home energy solutions that help conserve energy and save money. For more information, call 1-800-736-4777.

Medical Baseline Program - provides additional kilowatt hours to customers with certain medical conditions. For more information, call 1-800-655-4555.

Low Income Home Energy Assistance Program (LIHEAP) provides bill payment assistance, emergency bill assistance, and weatherization services. For more information, call the Department of Community Services and Development at 1-866-675-6623.

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:
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: 1-800-447-6620

如果你想获得中文的CARE/FERA申请表或有任何问题，请致电：1-800-843-8343

한글로 된 CARE/FERA 신청서를 원하시거나, 질문이 있으시면 전화해 주십시오: 1-800-628-3061

Nếu muốn có một mẫu đơn CARE/FERA bằng tiếng Việt, hay có bất cứ câu hỏi nào, xin gọi: 1-800-327-3031

네이버에 제공하는 한국어 버전의 CARE/FERA 신청서를 원하시면, 한국에 거주하시는 분들용 1-800-843-1309

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

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

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

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

Ahorre en su factura eléctrica
Vea si califica e inscribase ahora.
¡Es muy fácil!

Busque dentro de esta solicitud las pautas del Programa CARE y FERA
RATE DISCOUNT APPLICATION

Entire application must be completed and signed. Application effective as of June 1, 2018.

PLEASE PRINT CLEARLY (Favor de Imprimir con Claridad)

1 CUSTOMER INFORMATION:

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

Source Code (Edison Use Only) - Default code 1150-2002

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

Your Home Address (Su Domicilio)

City (Ciudad) ZIP Code (Código Postal)

Telephone (Teléfono) Landline (Teléfono fijo) Cell phone (Teléfono celular)

Email Address (Correo electrónico)

Number of persons in my household (No. de personas en el hogar):

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.

PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

Do you or someone in your household participate in any of the following programs? If so, please check (✓) the program(s) below.

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

If you participate in any of the following programs, then SKIP to Section 4.

2 INCOME ELIGIBILITY:

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

Total combined gross annual household income (Ingresos totales al año): $ ___________.00

For example: Current monthly income x 12 months = annual household income

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.

- Pensions
- Social Security
- SSDP or SSDI
- Interest or Dividends from Savings, Stocks, Bonds, or Retirement Accounts
- Wages and/or Profits from Self-Employment
- Unemployment Benefits
- Disability or Workers’ Compensation Payments
- Scholarships, Grants, or Other Aid Used for Living Expenses
- Insurance or Legal Settlements
- Spousal or Child Support
- Cash and/or Other Income
- Rental or Royalty Income
- Guardianship or Power-of-Attorney
- Provide notarized copy of document

DECLARATION: (Please sign and date below)

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 (Firma del Cliente) Date (Fecha)

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.

CARE/FERA PROGRAM

Maximum Household Income (Ingresos Máximo en el Hogar)

Effective as of June 1, 2018

<table>
<thead>
<tr>
<th>Number of Persons in Household</th>
<th>Total Combined Annual Income*</th>
<th>CARE</th>
<th>FERA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 2</td>
<td>up to $32,920</td>
<td>Not eligible</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>up to $41,560</td>
<td>$41,561–$51,950</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>up to $50,200</td>
<td>$50,201–$62,750</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>up to $58,840</td>
<td>$58,841–$73,550</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>up to $67,480</td>
<td>$67,481–$84,350</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>up to $76,120</td>
<td>$76,121–$95,150</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>up to $84,760</td>
<td>$84,761–$105,950</td>
<td></td>
</tr>
<tr>
<td>Each additional person</td>
<td>$8,640</td>
<td>$8,640–$10,800</td>
<td></td>
</tr>
</tbody>
</table>

*Current gross (before taxes) household income from all sources.

Review the chart above, and the programs in Section 2 of the application. If you think you may qualify, you can:
1. Apply online at sce.com/careandfera
2. Apply over the phone at 1-800-798-5723

OR
3. Complete and return the attached application

Call us with questions.
(See reverse side for telephone numbers)
CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) / FAMILY ELECTRIC RATE ASSISTANCE (FERA) PROGRAM APPLICATION FOR TENANTS OF SUB-METERED RESIDENTIAL FACILITIES

Form 14-783
CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities

ABOUT THE CARE/FERA PROGRAM

• California Alternate Rates for Energy (CARE) program provides a discount of approximately 30 percent on monthly electric bills for eligible customers.

• Family Electric Rate Assistance (FERA) program provides a discount of 12 percent on monthly electric bills for qualified households of 3 or more.

MAXIMUM HOUSEHOLD INCOME:

MAXIMUM HOUSEHOLD INCOME:

There are 2 ways to qualify:

• You can qualify for CARE if you or someone in your home participates in at least one of the eligible public assistance programs. (See Section 2 in application.)

• You can also qualify for CARE or FERA if you meet the income guideline qualifications listed in the chart below.

<table>
<thead>
<tr>
<th>Number of Persons in Household</th>
<th>Total Combined Annual Income*</th>
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</thead>
<tbody>
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<td></td>
<td>CARE</td>
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<td>up to $32,920</td>
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<td>up to $84,760</td>
</tr>
<tr>
<td>Each additional person</td>
<td>$8,640</td>
</tr>
</tbody>
</table>

*Current gross (before taxes) household income from all sources.

TENANTS — read this information.

If you qualify, complete application and mail. Please have the property owner/manager complete the section on the back.

To qualify for a rate discount through the property owner or manager, sub-metered tenants must meet these qualifications:

1. You do not receive an electric bill from Southern California Edison. Sub-metered tenants receive electric service and bill from their property owner or manager.

2. Your household size and income cannot exceed the guidelines in the above chart.

3. And tenants must certify the following:
   • I do not receive my electric bill from Southern California Edison Company (SCE).
   • I am applying for a rate discount for my permanent primary residence.
   • I understand that I will receive the discount from my owner or manager beginning with the first regular billing after SCE notifies my owner/manager that my completed application has been processed.
   • My owner or manager completed the Property Owner/Manager section of this application.
   • I understand SCE has the right to verify my household’s income. Proof required may include such items as tax returns, paycheck stubs, or copies of government records.
   • I understand I must notify SCE and my owner or manager if I move or exceed the income requirements.
   • I understand the owner/manager and the individual tenant will receive renewal information and I will be asked to renew my application every two or four years.
   • I am not claimed on another person’s income tax return.
   • I understand 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.

Review the chart above, and the programs in Section 2 of the application. If you think you may qualify, you can:

1. Apply online at sce.com/careandfera

2. Complete and return the attached application to: CARE/FERA Program
   P. O. Box 9527, Azusa, CA 91702

Other Programs and Services You May Qualify For:

Energy Savings Assistance Program - offers free home energy solutions that help conserve energy and save money. For more information, call 1-800-736-4777.

Medical Baseline Program - provides additional kilowatt hours to customers with certain medical conditions. For more information, call 1-800-655-4555.

Low Income Home Energy Assistance Program (LIHEAP) provides bill payment assistance, emergency bill assistance, and weatherization services. For more information, call the Department of Community Services and Development at 1-866-675-6623.

IF YOU HAVE QUESTIONS
Call SCE’s Helpline at 1-800-447-6620, TTY 1-800-352-8580
CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities

RATE DISCOUNT APPLICATION

Application effective as of June 1, 2018.
PLEASE PRINT CLEARLY

1 TENANT INFORMATION:

Your Name
Home Address, do not use a P.O. Box
Mailing Address, if different from the above address
Telephone:
Email Address
Number of persons in my household:

<table>
<thead>
<tr>
<th>Adults</th>
<th>+</th>
<th>Children</th>
<th>=</th>
<th>Total</th>
</tr>
</thead>
</table>

2 PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

Do you or someone in your household participate in any of the following programs? If so, please check (✓) the program(s) below.

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

If you participate in any of the Public Assistance Programs in this section, then SKIP to Section 4.

3 INCOME ELIGIBILITY:

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

Total combined gross annual household income: $ __________, __________.00

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:

- Pensions
- Social Security
- SSP or SSDI
- Interest or Dividends from Savings, Stocks, Bonds, or Retirement Accounts
- Wages and/or Profits from Self-Employment
- Unemployment Benefits
- Disability or Workers’ Compensation Payments
- Rental or Royalty Income
- Scholarships, Grants, or Other Aid Used for Living Expenses
- Insurance or Legal Settlements
- Spousal or Child Support
- Cash and/or Other Income

4 DECLARATION: (Please sign and date below)

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.

Signature __________________________ Date __________

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.

Guardian or Power-of-Attorney
Provide notarized copy of document

MANAGER OR LANDLORD INFORMATION:

Edison Service Account No. __________ - __________ - __________ - __________
Manager or Landlord Name
Mailing Address
Name on Edison Bill
Service Address
Home Telephone ____________________ Work Telephone ____________________
Applicant Status: Add New Drop Re-Certify Moved to Different Space

Source Code (Edison Use Only) ____________ - ____________
CARE/FERA

RECERTIFICATION NOTICE
(Single Family Dwelling with SCE Meter)

Form 14-802
YOUR RATE DISCOUNT IS EXPIRING – RESPONSE IS NEEDED WITHIN 45 DAYS.

For the past few years, you have received a discount on your Southern California Edison (SCE) electric bill through your participation in the California Alternate Rates for Energy (CARE) or Family Electric Rate Assistance (FERA) program. In order to remain enrolled in the program, you will need to re-certify your eligibility within 45 days from the date of this notice.

You may re-certify your eligibility online, by phone or mail:

Online: Recertify online by logging onto on.sce.com/carerecert
Phone: Call our toll-free automated re-certification number at 1-800-890-1245 [TTY 1-800-352-8580]

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.

There are two ways to qualify:

- You can qualify for CARE if you or someone in your home participates in at least one of the eligible public assistance programs. (See Section 2 on the back of this form) OR
- You can also qualify for CARE or FERA if you meet the income guideline qualifications listed in the chart below.

Please allow at least 30 days for processing. If you do not qualify for either program, please advise us by calling 1-800-798-5723 or by checking the appropriate box on the Certification Form.

INCOME ELIGIBILITY GUIDELINES

<table>
<thead>
<tr>
<th>Number of Persons in Household</th>
<th>Total Combined Annual Income</th>
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<td>CARE</td>
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<tr>
<td>1 - 2</td>
<td>up to $32,920</td>
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<td>8</td>
<td>up to $84,760</td>
</tr>
<tr>
<td>Each additional person</td>
<td>$8,640</td>
</tr>
</tbody>
</table>

(T) (I)
Daytime Telephone Number (Please include area code)  
☐ Landline  ☐ Cell phone

Email Address:  

☐ 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.

☐ Check here if TTY User / Hearing Impaired (English only)

1 HOUSEHOLD INFORMATION:  Total Number of persons in household (Do Not Leave Blank)  

Adults: ________  Children: ________  Total (Adult + Children): ________

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.

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

3 INCOME ELIGIBILITY: Please provide your total gross annual household income, and check (✓) all income sources

Total combined gross annual household income: $ ________ per year (round to the nearest dollar)  

For example: Monthly income X 12 months = gross annual household income

☐ Pensions  ☐ Wages and/or Profits from Self-Employment  ☐ Scholarships, Grants, or Other Aid Used for Living Expenses  
☐ Social Security  ☐ Unemployment Benefits  ☐ Insurance or Legal Settlements  
☐ SSP or SSDI  ☐ Disability or Workers’ Compensation Payments  ☐ Spousal or Child Support  
☐ Interest or Dividends from Savings, Stocks, Bonds, or Retirement Accounts  ☐ Rental or Royalty Income  ☐ Cash and/or Other Income

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:  ________________

Customer Name (please print):  ___________________________

☐ 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.

☐ 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 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
(CARE/FERA)
FINAL RECERTIFICATION NOTICE

(Single Family Dwelling with SCE Meter)

Form 14-803

(To be inserted by utility)  Issued by  (To be inserted by Cal. PUC)
Advice  3791-E  Caroline Choi  Date Filed  Apr 26, 2018
Decision  04-02-057; 12-08-044  Senior Vice President  Effective  Jun 1, 2018
Resolution  E-3524
We recently sent you a notice to re-certify your eligibility to participate in the California Alternate Rates for Energy (CARE) or Family Energy Rate Assistance (FERA) program. For the past few years, you have received a discount on your Southern California Edison (SCE) electric bill through your participation in the CARE or FERA program. In order to remain enrolled in the program, you will need to re-certify your eligibility within 45 days from the date of this second notice.

You may re-certify your eligibility online, by phone or mail:

**Online:** Recertify online by logging onto on.sce.com/carerecert.
**Phone:** Call our toll-free automated re-certification number at 1-800-890-1245 [TTY 1-800-352-8580] 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.

**There are two ways to qualify:**
- You can qualify for CARE if you or someone in your home participates in at least one of the eligible public assistance programs. (See Section 3a on the back of this form) **OR**
- You can also qualify for CARE or FERA if you meet the income guideline qualifications listed in the chart below.

Please allow at least 30 days for processing. **If you do not qualify for either program, please advise us by calling 1-800 798-5723 or by checking the appropriate box on the Certification Form.**

**INCOME ELIGIBILITY GUIDELINES**

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<thead>
<tr>
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<td>8</td>
<td>up to $84,760</td>
</tr>
<tr>
<td>Each additional person</td>
<td>$8,640</td>
</tr>
</tbody>
</table>

---

CERTIFICATION FORM
INCOME QUALIFYING
RATE ASSISTANCE PROGRAMS

For questions call 1-800-447-6620 or visit us online at SCE.com/CAREANDFERA
Daytime Telephone Number (Please include area code)

- [ ] Landline
- [ ] Cell phone

Email Address:

- [ ] 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.**
- [ ] Check here if TTY User / Hearing Impaired (English only)

### 1. HOUSEHOLD INFORMATION: Total Number of persons in household (Do Not Leave Blank)

<table>
<thead>
<tr>
<th>Adults</th>
<th>Children</th>
<th>Total (Adult + Children)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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>
<thead>
<tr>
<th><strong>✓</strong></th>
<th><strong>✓</strong></th>
<th><strong>✓</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal/ Medicaid</td>
<td>WIC</td>
<td>Supplemental Security Income (SSI)</td>
</tr>
<tr>
<td>CalFresh/SNAP (Food Stamps)</td>
<td>Medi-Cal for Families</td>
<td>National School Lunch Program (NSLP)</td>
</tr>
<tr>
<td>CalWorks (TANF)/Tribal TANF</td>
<td>Healthy Families A&amp;B</td>
<td>Bureau of Indian Affairs General Assistance</td>
</tr>
<tr>
<td>LIHEAP</td>
<td>Head Start Income Eligible (Tribal Only)</td>
<td></td>
</tr>
</tbody>
</table>

### 3. INCOME ELIGIBILITY: Please provide your total gross annual household income, and check (**✓**) all income sources

Total combined gross annual household income: $\text{__________00}$ per year (round to the nearest dollar)

- [ ] Pensions
- [ ] Social Security
- [ ] SSP or SSDI
- [ ] Interest or Dividends from Savings, Stocks, Bonds, or Retirement Accounts
- [ ] Wages and/or Profits from Self-Employment
- [ ] Unemployment Benefits
- [ ] Disability or Workers’ Compensation Payments
- [ ] Rental or Royalty Income
- [ ] Scholarships, Grants, or Other Aid Used for Living Expenses
- [ ] Insurance or Legal Settlements
- [ ] Spousal or Child Support
- [ ] Cash and/or Other Income

### 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: ____________

Customer Name (please print): ____________________________________________

- [ ] 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.

- [ ] 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 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
CARE/FERA
RECERTIFICATION NOTICE

(Sub-metered Tenant)

Form 14-819
YOUR RATE DISCOUNT IS EXPIRING – RESPONSE IS NEEDED WITHIN 45 DAYS.

For the past few years, you have received a discount on your Southern California Edison (SCE) electric bill through your participation in the California Alternate Rates for Energy (CARE) or Family Electric Rate Assistance (FERA) program. In order to remain enrolled in the program, you will need to re-certify your eligibility within 45 days from the date of this notice.

You may re-certify your eligibility online, by phone or mail:

**Online:** Recertify online by logging onto on.sce.com/carerecert

**Phone:** Call our toll-free automated re-certification number at 1-800-890-1245 [TTY 1-800-352-8580]

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.

There are two ways to qualify:

- You can qualify for CARE if you or someone in your home participates in at least one of the eligible public assistance programs. (See Section 2 on the back of this form) OR
- You can also qualify for CARE or FERA if you meet the income guideline qualifications listed in the chart below.

Please allow at least 30 days for processing. **If you do not qualify for either program, please advise us by calling 1-800-798-5723 or by checking the appropriate box on the Certification Form.**

### INCOME ELIGIBILITY GUIDELINES

<table>
<thead>
<tr>
<th>CARE/FERA PROGRAMS</th>
<th>CARE</th>
<th>FERA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maximum Household Income -- Effective as of June 1, 2018</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Number of Persons in Household</strong></td>
<td><strong>Total Combined Annual Income</strong></td>
<td><strong>Total Combined Annual Income</strong></td>
</tr>
<tr>
<td>1 - 2</td>
<td>up to $32,920</td>
<td>Not eligible</td>
</tr>
<tr>
<td>3</td>
<td>up to $41,560</td>
<td>$41,561 – $51,950</td>
</tr>
<tr>
<td>4</td>
<td>up to $50,200</td>
<td>$50,201 – $62,750</td>
</tr>
<tr>
<td>5</td>
<td>up to $58,840</td>
<td>$58,841 – $73,550</td>
</tr>
<tr>
<td>6</td>
<td>up to $67,480</td>
<td>$67,481 – $84,350</td>
</tr>
<tr>
<td>7</td>
<td>up to $76,120</td>
<td>$76,121 – $95,150</td>
</tr>
<tr>
<td>8</td>
<td>up to $84,760</td>
<td>$84,761 – $105,950</td>
</tr>
<tr>
<td>Each additional person</td>
<td>$8,640</td>
<td>$8,640 – $10,800</td>
</tr>
</tbody>
</table>
Daytime Telephone Number (Please include area code)  
☐ Landline ☐ Cell phone  

Email Address:  

☐ 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.  

☐ Check here if TTY User / Hearing Impaired (English only)  

1 HOUSEHOLD INFORMATION: Total Number of persons in household (Do Not Leave Blank)  

Adults _____ Children _____ Total (Adult + Children) _____  

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.  

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

3 INCOME ELIGIBILITY: Please provide your total gross annual household income, and check (√) all income sources  

Total combined gross annual household income: $ ________ per year (round to the nearest dollar)  

For example: Monthly income x 12 months = gross annual household income  

☐ Pensions ☐ Wages and/or Profits from Self-Employment ☐ Scholarships, Grants, or Other Aid Used for Living Expenses  
☐ Social Security ☐ Unemployment Benefits ☐ Insurance or Legal Settlements  
☐ SSP or SSDI ☐ Disability or Workers’ Compensation Payments ☐ Spousal or Child Support  
☐ Interest or Dividends from Savings, Stocks, Bonds, or Retirement Accounts ☐ Rental or Royalty Income ☐ Cash and/or Other Income  

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: ___________  

Customer Name (please print): ____________________________________________________  

☐ 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.  

☐ 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 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
CARE/FERA
FINAL RECERTIFICATION NOTICE

(Sub-metered Tenant)

Form 14-820
Service Account Number 3

We recently sent you a notice to re-certify your eligibility to participate in the California Alternate Rates for Energy (CARE) or Family Energy Rate Assistance (FERA) program. For the past few years, you have received a discount on your Southern California Edison (SCE) electric bill through your participation in the CARE or FERA program. In order to remain enrolled in the program, you will need to re-certify your eligibility within 45 days from the date of this second notice.

You may re-certify your eligibility online, by phone or mail:

**Online:** Recertify on line by logging onto on.sce.com/carerecert.

**Phone:** Call our toll-free automated re-certification number at 1-800-890-1245 [TTY 1-800-352-8580]

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.

There are two ways to qualify:

- You can qualify for CARE if you or someone in your home participates in at least one of the eligible public assistance programs. (See Section 3a on the back of this form) **OR**
- You can also qualify for CARE or FERA if you meet the income guideline qualifications listed in the chart below.

Please allow at least 30 days for processing. **If you do not qualify for either program, please advise us by calling 1-800 798-5723 or by checking the appropriate box on the Certification Form.**

## INCOME ELIGIBILITY GUIDELINES

<table>
<thead>
<tr>
<th>Number of Persons in Household</th>
<th>CARE</th>
<th>FERA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 2</td>
<td>up to $32,920</td>
<td>Not eligible</td>
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<tr>
<td>3</td>
<td>up to $41,560</td>
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Daytime Telephone Number (Please include area code) ____________

☐ Landline  ☐ Cell phone

Email Address: ____________________________________________________________

☐ 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.**

☐ Check here if TTY User / Hearing Impaired (English only)

1 **HOUSEHOLD INFORMATION:** Total Number of persons in household **(Do Not Leave Blank)**

   Adults ________  Children ________  Total (Adult + Children) ________

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.

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

3 **INCOME ELIGIBILITY:** Please provide your total gross annual household income, and check (✓) all income sources.

   Total combined gross annual household income: $___________.00 per year (round to the nearest dollar)

   For example: Monthly income X 12 months = gross annual household income

   ☐ Pensions  ☐ Wages and/or Profits from Self-Employment  ☐ Scholarships, Grants, or Other Aid Used for Living Expenses
   ☐ Social Security  ☐ Unemployment Benefits  ☐ Insurance or Legal Settlements
   ☐ SSP or SSDI  ☐ Disability or Workers’ Compensation Payments  ☐ Spousal or Child Support
   ☐ Interest or Dividends from Savings, Stocks, Bonds, or Retirement Accounts  ☐ Rental or Royalty Income  ☐ Cash and/or Other Income

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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
TABLE OF CONTENTS

Title Page ............................................................................................................................. 11431-E
TABLE OF CONTENTS - RATE SCHEDULES ................................................................. 63780-63036-63238-63781-63208-63093-63094-E (T)
........................................................................................................................................ 63042-63522-63044-E
TABLE OF CONTENTS - LIST OF CONTRACTS AND DEVIATIONS ........................... 63044-E
TABLE OF CONTENTS - RULES ...................................................................................... 63045-E
TABLE OF CONTENTS - INDEX OF COMMUNITIES, MAPS, BOUNDARY DESCRIPTIONS 58961-E
TABLE OF CONTENTS - SAMPLE FORMS ..................................................................... 63782-61970-61971-63296-E (T)

PRELIMINARY STATEMENT:

A. Territory Served .............................................................................................................. 22909-E
B. Description of Service .................................................................................................. 22909-E
C. Procedure to Obtain Service ....................................................................................... 22909-E
D. Establishment of Credit and Deposits .......................................................................... 22909-E
E. General .......................................................................................................................... 45178-45179-45180-53818-45182-E
F. Symbols ......................................................................................................................... 45182-E
G. Gross Revenue Sharing Mechanism........................................................................... 26584-26585-26586-26587-27195-27196-54092-E
........................................................................................................................................ 51717-53819-27200-27201-E
H. Baseline Service ........................................................................................................... 52027-52028-52029-52030-52031-E
I. Charge Ready Program Balancing Account ............................................................... 58633-58634-E
J. Not In Use ...................................................................................................................... E
K. Nuclear Decommissioning Adjustment Mechanism................................................... 36582-57779-E
L. Purchase Agreement Administrative Costs Balancing Account.............................. 55207-51922-55208-E
M. Income Tax Component of Contributions .................................................................. 58419-58420-E
........................................................................................................................................ 50418-42841-42842-44948-44949-44950-62634-62635-44953-42849-42850-42851-E
........................................................................................................................................ 61169-61170-55623-61171-42870-50209-42872-42873-50421-46539-E
........................................................................................................................................ 42876-42877-42878-42879-42880-42881-42882-54534-53371-56253-44959-42887-E
........................................................................................................................................ 53016-57156-57157-51163-51164-51165-51166-51167-51168-51169-51170-51171-E
........................................................................................................................................ 51244-55806-56393-56394-56395-56396-56397-56398-58978-59917-59918-E
O. California Alternate Rates for Energy (CARE) Adjustment Clause .......................... 34705-41902-E
........................................................................................................................................ 36472-38847-56788-60261-E
P. Optional Pricing Adjustment Clause (OPAC) .............................................................. 27670-27671-27673-27674-E

(Continued)
## TABLE OF CONTENTS

### SERVICE AREA MAPS:

- Index to Maps of Service Area .......................................................... 20557-E
  - Map A - Service Area ............................................................................. 27223-E
  - Map B - Service Area ............................................................................. 7865-E
  - Map C - Service Area ............................................................................... 27224-E
  - Map D - Service Area ............................................................................... 5697-E

### RATE SCHEDULES:

#### RESIDENTIAL

- **D** Domestic Service .......................................................... 63140-63141-63142-63143-63144-63145-63146-E
- **D-CARE** Domestic Service, CARE ........................................ 63147-63148-63149-63771-63150-63151-63152-E
- **DE** Domestic Service to Utility Employees ........................... 52049-E
- **D-FERA** Domestic Service, Family Electric Rate Assistance ........ 63153-63154-63155-E
  - ............................................................................................................. 63772-63157-63158-E
- **D-SDP** Domestic Summer Discount Plan .................................. 63159-60794-63161-63162-60797-E
- **DM** Domestic Service Multifamily Accommodation ................. 59033-52051-62250-E
- **DMS-1** Domestic Service Multifamily Accommodation Submetered ... 59035-59036-E
  - ............................................................................................................. 45191-E
- **DMS-2** Domestic Service Mobilehome Park Multifamily Accommodation Submetered ... 59037-59038-49026-49027-E
- **DMS-3** Domestic Service Qualifying RV Park Accommodation Submetered ... 59039-52057-E
- **DS** Domestic - Seasonal ............................................................. 59040-55724-E
- **ESC-OO** Edison SmartConnect Opt-Out ....................................... 56208-58894-E
- **MB-E** Medical Baseline – Exemption ........................................ 58244-E
- **PEVSP** Plug-In Electric Vehicle Submetering Pilot (Phase 1) .... 55109-56566-56566-56567-E
  - ............................................................................................................. 56568-56569-E
- **SEP** Smart Energy Program ......................................................... 63163-63164-63165-E
- **TOU-D** Time-of-Use Domestic .................................................. 63166-63167-63168-63169-63170-63171-63172-63173-E
  - ............................................................................................................. 63174-63175-63176-63177-63178-63179-63180-63181-63182-63183-E
  - ............................................................................................................. 63184-63185-63186-63187-E
- **TOU-D-T** Time-of-Use Domestic Tiered ......................................... 63188-63189-63190-63191-63192-63193-63194-E
  - ............................................................................................................. 63195-63196-63197-63198-63199-63200-E
- **TOU-DPP** Time-of-Use Domestic Pilot Program ....................... 63201-59387-62882-62883-62884-62885-E
  - ............................................................................................................. 62886-62887-59394-62888-62889-59398-63202-E
- **TOU-EV-1** Domestic Time-Of-Use Electric Vehicle Charging .... 62891-55918-49362-E

(Continued)
TABLE OF CONTENTS

Sheet 17

SAMPLE FORMS (Continued)

CARE/FERA

<table>
<thead>
<tr>
<th>Form No.</th>
<th>Description</th>
<th>Cal. P.U.C. Sheet No.</th>
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<tbody>
<tr>
<td>14-526</td>
<td>California Alternate Rates For Energy Application For Qualified Nonprofit Group Living</td>
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<tr>
<td>14-620</td>
<td>Application for CARE Program for Qualified Agricultural Employee Housing</td>
<td>56697-E</td>
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<tr>
<td>14-771</td>
<td>Application for CARE Program for Migrant Farm Worker Housing Centers (MFHC)</td>
<td>56698-E</td>
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<tr>
<td>14-782</td>
<td>CARE/FERA Program (Single Family Dwelling with SCE Meter)</td>
<td>63774-E</td>
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<tr>
<td>14-783</td>
<td>CARE/FERA Program Application for Tenants of Sub-metered Residential Facilities</td>
<td>63775-E</td>
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<tr>
<td>14-790</td>
<td>Verification Initial English</td>
<td>60581-E</td>
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<tr>
<td>14-791</td>
<td>Verification Follow-up English</td>
<td>60582-E</td>
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<tr>
<td>14-802</td>
<td>Recertification Notice (CARE/FERA)</td>
<td>63776-E</td>
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<td>14-803</td>
<td>Final Recertification Notice (CARE/FERA)</td>
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<td>14-819</td>
<td>Recertification Notice Sub-metered Tenant (CARE/FERA)</td>
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<td>Final Recertification Notice Sub-metered Tenant (CARE/FERA)</td>
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Collection/Disconnect Notices

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<th>Form No.</th>
<th>Description</th>
<th>Cal. P.U.C. Sheet No.</th>
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<tr>
<td>CSD-470</td>
<td>Notice of Termination - Electric Service</td>
<td>49847-E</td>
</tr>
<tr>
<td>14-258</td>
<td>Notice of Call - Meter Test</td>
<td>13096-E</td>
</tr>
<tr>
<td>14-457</td>
<td>Payment Receipt</td>
<td>16557-E</td>
</tr>
<tr>
<td>14-564</td>
<td>Local Office Payment Receipt</td>
<td>45222-E</td>
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<td>14-589</td>
<td>Closed Account Overdue Notice</td>
<td>56515-E</td>
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<td>14-590</td>
<td>Closed Account Collection Notice</td>
<td>56516-E</td>
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<tr>
<td>14-591</td>
<td>Closed Account Final Collection Notice</td>
<td>56517-E</td>
</tr>
<tr>
<td>14-592</td>
<td>Closed Account Notice of Transfer</td>
<td>56518-E</td>
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<tr>
<td>14-593</td>
<td>Closed Account Transfer Notice</td>
<td>56519-E</td>
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<tr>
<td>14-631</td>
<td>Southern California Edison Repair Person Was Here Today</td>
<td>36849-E</td>
</tr>
<tr>
<td>14-656</td>
<td>Request To Pay Deposit</td>
<td>56520-E</td>
</tr>
<tr>
<td>14-657</td>
<td>Disconnection Notice, Past Due Security Deposit</td>
<td>62189-E</td>
</tr>
<tr>
<td>14-658</td>
<td>Deposit Urgent Notice</td>
<td>61457-E</td>
</tr>
<tr>
<td>14-659</td>
<td>Deposit Receipt</td>
<td>56523-E</td>
</tr>
<tr>
<td>14-664</td>
<td>Past Due Service Disconnection Notice</td>
<td>56528-E</td>
</tr>
<tr>
<td>14-665</td>
<td>Disconnection Notice, Past Due Utility Service and Other Services</td>
<td>62190-E</td>
</tr>
<tr>
<td>14-666</td>
<td>Urgent Notice</td>
<td>62191-E</td>
</tr>
<tr>
<td>14-667</td>
<td>Disconnection Notice, Returned Check</td>
<td>61460-E</td>
</tr>
<tr>
<td>14-757</td>
<td>Final Call / Disconnection Doorhanger</td>
<td>62198-E</td>
</tr>
<tr>
<td>14-762</td>
<td>SCE Construction Crew/Service Planner Was Here Today</td>
<td>36851-E</td>
</tr>
<tr>
<td>14-814</td>
<td>Tenant Rights</td>
<td>51366-E</td>
</tr>
<tr>
<td>14-907</td>
<td>Deposit to Establish Credit with Payment Arrangement/Extension</td>
<td>51368-E</td>
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</tbody>
</table>

(Continued)