

# Save on your SDG&E® bill

Residential Rate Assistance Application for CARE and FERA



Your Name

Home Address, Apartment, City, Zip Code

SDG&E® Account Number

Home Telephone

Email Address



## Income Qualification for CARE & FERA Programs

Effective June 1, 2025 - May 31, 2026

Number in Household	CARE Program	FERA Program
	Total Annual Household Income*	
1 or 2	\$42,300	\$42,301-\$52,875
3	\$53,300	\$53,301-\$66,625
4	\$64,300	\$64,301-\$80,375
5	\$75,300	\$75,301-\$94,125
6	\$86,300	\$86,301-\$107,875
7	\$97,300	\$97,301-\$121,625
8	\$108,300	\$108,301-\$135,375
Each additional person, add	\$11,000	\$11,000-\$13,750

\* To figure your current total gross household income, combine all money and non-cash benefits received by every person living in your home.

**High energy use may result in removal from the program.**

**Once you are enrolled in CARE or FERA, you are also eligible for a discounted Base Services Charge.**

**1 Household information:** Please complete

Number of persons in your household: Adults:  + Children:  =

**Please complete either section 2A OR 2B, then go to section 3.**

**2<sup>A</sup> Public assistance programs:** (For CARE Program Only)

If you or someone in your household receives benefits from any of the following public assistance programs check all that apply. Fill out section 2A or 2B. You do not need to complete both sections.

- |  |   |
|--|---|
| <input type="checkbox"/> Bureau of Indian Affairs General Assistance               | <input type="checkbox"/> National School Lunch Program (NSLP)       |
| <input type="checkbox"/> CalFresh/Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Supplemental Security Income (SSI)         |
| <input type="checkbox"/> CalWORKs/Temporary Assistance for Needy Families (TANF)   | <input type="checkbox"/> Tribal TANF                                |
| <input type="checkbox"/> Low-income Home Energy Assistance Program (LIHEAP)        | <input type="checkbox"/> Women, Infants, and Children Program (WIC) |
| <input type="checkbox"/> Medicaid/Medi-Cal for Families A & B                      | <input type="checkbox"/> Head Start Income Eligible (Tribal Only)   |

**If you do not participate in any of the above programs, please complete Section 2B.**

**2<sup>B</sup> Household income eligibility:** (For CARE or FERA Programs)

If your household does not participate in a public assistance program, please check all sources of household income for all members of the household and write the total income in the spaces provided.

**You must check (✓) all sources of your household's income, including:**

- |  |  |
|--|--|
| <input type="checkbox"/> Wages and/or profits from self employment | <input type="checkbox"/> Disability or workers' compensation payments                          |
| <input type="checkbox"/> Rent or royalty income                    | <input type="checkbox"/> Unemployment benefits   |
| <input type="checkbox"/> Pensions                                  | <input type="checkbox"/> Scholarships, grants or other aid for living expenses                 |
| <input type="checkbox"/> Social Security                           | <input type="checkbox"/> Interest/dividends from savings, stocks, bonds or retirement accounts |
| <input type="checkbox"/> SSP or SSDI                               | <input type="checkbox"/> Spousal or child support  |
|  | <input type="checkbox"/> Insurance or legal settlements  |
|  | <input type="checkbox"/> Cash or other income  |

**Total annual household income:** \$    ,    .

**3 Declaration:** (please read and sign below)

I state 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 SDG&E if I no longer qualify to receive the discount. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. I understand that SDG&E can share my information with other utilities and governmental agencies and their respective agents, contractors, consultants, and participating organizations to provide me information about, as well as enroll me, in their assistance programs.



Customer Signature

Date