



*SDG&E's bill savings
program is helping over
300,000 households
save up to 35% a month
and it can help you too!*

*You may qualify to save
up to \$275 a year on
your SDG&E® bill.*

connected to savings

If you're on a limited income you may qualify to receive up to a 35% bill savings through SDG&E's CARE program. Or, if your household income is higher and you have three or more people living at your home, you may be eligible for a reduced electric rate under the Family Electric Rate Assistance (FERA) program.

Applying is fast and easy. Apply online at **sdge.com/care** or mail or fax the application. For more information, call 1.866.429.3603, or email **billdiscount@sdge.com**.



SDG&E® bill discount application

Apply online at **sdge.com/care** or
complete application and mail to:

SDG&E CARE PROGRAM
PO BOX 129831, San Diego CA 92112-9831

Or fax to: 858-636-5749

SDG&E Account Number (listed at top left on your energy bill)

Your Name

Home Address

City / State / Zip

Telephone Number

Email

\$
Total Yearly Household Income

Total Number of Persons in Household

Number of Adults over 18 Number of Children 17 & under

Income Qualification for CARE & FERA Programs		
Effective June 1, 2012 - May 31, 2013		
Number in household	CARE Program Total Annual Household Income*	FERA Program Total Annual Household Income*
1	\$22,340	n/a
2	\$30,260	n/a
3	\$38,180	\$38,181-\$47,725
4	\$46,100	\$46,101-\$57,625
5	\$54,020	\$54,021-\$67,525
6	\$61,940	\$61,941-\$77,425
7	\$69,860	\$69,861-\$87,325
8	\$77,780	\$77,781-\$97,225
Each additional person, add	\$7,920	\$7,920-\$9,900

Please write your total yearly household income on the line to the left and, if applicable, check the appropriate box below if you are enrolled in any of the following programs.

- ☐ Bureau of Indian Affairs General Assistance
- ☐ TANF/CalWORKs or Tribal TANF
- ☐ Medi-Cal/Medicaid - Under 65
- ☐ LIHEAP
- ☐ National School Lunch Program
- ☐ Medi-Cal/Medicaid - Over 65
- ☐ Head Start Income Eligible (Tribal only)
- ☐ WIC
- ☐ SNAP/CalFresh
- ☐ SSI
- ☐ Healthy Families A & B

* To figure your current total gross household income, combine all money and non-cash benefits received by every person living in your home (include wages, government checks and benefits, and any other financial support). Qualifying income levels are subject to change, and participating households must re-apply for this discount program every 24 months or when requested by SDG&E.

Sign your application below

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 promptly inform SDG&E if I no longer qualify to receive the discount. I understand and agree 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 or their agents to enroll me in their assistance programs.

Customer Signature

Date

