



*SDG&E's bill discount program is helping over 300,000 households save money, and it can help you too!*

*You may qualify for a 35% savings on your monthly SDG&E® bill.*

**connected** ..... **to savings**

If you're already enrolled in one of the public assistance programs listed, or your income meets the guidelines on the chart, you may qualify to receive 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](http://sdge.com/care)** or mail or fax the application. For more information, call 1.866.429.3603, or email **[billdiscount@sdge.com](mailto:billdiscount@sdge.com)**.



## SDG&E® bill discount application

Apply online at [sdge.com/care](https://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 Guidelines\*

Number of persons living in your home	CARE	FERA
<b>1 or 2</b>	<b>\$ 31,800</b>	Not applicable
<b>3</b>	<b>\$ 37,400</b>	<b>\$ 37,401 to \$ 46,800</b>
<b>4</b>	<b>\$ 45,100</b>	<b>\$ 45,101 to \$ 56,400</b>
<b>5</b>	<b>\$ 52,800</b>	<b>\$ 52,801 to \$ 66,000</b>
<b>6</b>	<b>\$ 60,500</b>	<b>\$ 60,501 to \$ 75,600</b>
For each additional person, add	<b>\$ 7,700</b>	<b>\$ 7,700 to \$ 9,600</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.

Please check the appropriate box if you're enrolled in any of the following programs. If none, please write your total yearly household income on the line to the left.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Bureau of Indian Affairs General Assistance | <input type="checkbox"/> TANF/CalWORKS or Tribal TANF  | <input type="checkbox"/> Medi-Cal/Medicaid - Under 65 |
| <input type="checkbox"/> LIHEAP                                      | <input type="checkbox"/> National School Lunch Program | <input type="checkbox"/> Medi-Cal/Medicaid - Over 65  |
| <input type="checkbox"/> Head Start Income Eligible (Tribal only)    | <input type="checkbox"/> WIC                           | <input type="checkbox"/> SNAP/CalFresh                |
|  | <input type="checkbox"/> SSI                           | <input type="checkbox"/> Healthy Families A & B       |

## 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

