

You may qualify for
a 20% discount on
your SDG&E bill.

SDG&E's bill discount program
is helping over 240,000
households save money
on their energy bills,
and it can help you too!



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a 20% discount on
your SDG&E® bill.



*Serving you today.
Planning for tomorrow.®*

If you meet the income guidelines on the enclosed chart, you may qualify to receive a **20% energy bill discount** 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 - just complete and mail or fax the application inside or apply online at sdge.com/care. For more information, call 1.866.429.3603, or e-mail billdiscount@sdge.com.

SDG&E[®] BILL DISCOUNT APPLICATION

Complete application, and mail to:

SDG&E CARE PROGRAM

PO BOX 129831, San Diego CA 92112-9831

Or fax to: (858) 636-5749 or
apply online at: sdge.com/care

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

Your Name

Home Address

City/State/Zip

Telephone Number

E-mail

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

1 or 2

\$ 30,500

Not applicable

3

\$ 35,800

\$ 35,801 to \$ 44,800

4

\$ 43,200

\$ 43,201 to \$ 54,000

5

\$ 50,600

\$ 50,601 to \$ 63,200

6

\$ 58,000

\$ 58,001 to \$ 72,400

For each additional person, add

\$ 7,400

\$ 7,400 to \$ 9,200

*To figure your 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 box for any of these programs in which you are currently enrolled. If none, please write your total yearly household income.

- WIC LIHEAP Food Stamps
 Medi-cal Healthy Families A & B TANF

Total Yearly Household Income

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



A  Sempra Energy utility[®]

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