



San Diego Gas & Electric Company
San Diego, California

Revised Cal. P.U.C. Sheet No. 21234-E*

Canceling Revised Cal. P.U.C. Sheet No. 20627-E

SAMPLE FORMS

Sheet 1

FORM 142-732/3

California Alternate Rates For Energy (CARE) Program
Recertification Application and Statement of Eligibility

(05/09) *

(See Attached Form)

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Advice Ltr. No. 2087-E

Decision No. _____

Issued by
Lee Schavrien
Senior Vice President
Regulatory Affairs

Date Filed May 14, 2009

Effective Jun 1, 2009

Resolution No. E-3524

Final Notice

Don't Let Your CARE 20% Energy Bill Discount Expire!

Final Notice

Dear Customer,

Our records indicate that you are currently enrolled in the CARE program, which provides a 20% discount on your monthly energy bill. A few weeks ago, we contacted you in an effort to be sure you are still qualified and that you wish to continue receiving this benefit without interruption. We have not yet received this information and you are at risk of being removed from the program. Please respond promptly to be sure that you remain enrolled. If you have submitted the form within the last day or so, please disregard this notice.

There are two ways to qualify:

Categorically-Based:

If your household is currently receiving benefits from WIC, Food Stamps/SNAP, Healthy Families A&B, Supplemental Security Income (SSI), NSL Free Lunch Program, Medicaid/Medi-Cal: Over or Under 65, BIA General Assistance, Head Start Income Eligible (Tribal Only), LIHEAP, or TANF or Tribal TANF, you are qualified. Fill out Question 2a on reverse.

OR

Income-Based:

If your total current household income, before deductions, is less than the amount shown below for your household size, you are qualified. Fill out Question 2b on reverse.

Number in Household	1 or 2	3	4	5	6
Total Annual Income	\$30,500	\$35,800	\$43,200	\$50,600	\$58,000

For each additional person in your household, add \$7,400
* Income guidelines are effective June 1, 2009 through May 31, 2010

If you qualify by meeting the criteria for either (1) or (2) above, please complete and sign the enclosed renewal application and return it to SDG&E immediately (or go to www.sdge.com/careonline). You do not need to include documentation of your eligibility at this time, however, you may be asked to provide this information in the future. Please be advised that if we do not receive your renewal application within 30 days, you will be removed from the discount program and you will no longer receive the benefit.

There may be other programs and services you qualify for:

- SDG&E offers free energy education and other energy-saving home improvements to income-qualified homeowners and renters. For more information call 1-866-597-0597.
- People with special medical needs, regardless of income level, may be eligible to receive additional energy from SDG&E at the lowest rate. Call 1-866-463-0070 for assistance.
- Emergency bill assistance and weatherization services are available through LIHEAP (Low Income Home Energy Assistance Program). For inquiries or to see if you are eligible, contact the California Department of Community Services and Development at 1-866-675-6623. You may also call 2-1-1 to be referred to a local agency for additional assistance programs.
- For discounted telephone access for customers meeting income guidelines, please contact your local telephone service provider and ask about the California LifeLine Program.

SDG&E is committed to responding to your energy needs and providing exceptional customer service. If you have any questions or would like more information about the 20% discount on your energy bill, please call 1-800-560-5551 or send an email to billdiscount@semprautilities.com. If you are speech or hearing impaired, please call our TDD/TTY number at 1-877-889-7343; it is available 24 hours a day for your convenience.

Rules for Participation in the CARE 20% Energy Bill Discount Program:

- The SDG&E® bill must be in your name and the address must be your primary residence.
- You must notify SDG&E if you no longer qualify.
- You may be asked to verify your income.
- You may not be claimed on another person's income tax return other than your spouse.
- Your household is receiving benefits from one of the public assistance programs listed in 2A, or your total current household income (all income of all persons living in your home) before deductions is no more than the income level in the chart.
- You must renew your application when requested.

Please remove me from the CARE Program.
 If you no longer qualify, or you no longer wish to participate, please check this box, sign and date this form, and return in the postage-paid envelope.

1	Number of Persons in Household	<i>Adults:</i>	<i>Children:</i>	<i>Total:</i>												
2A	<p>Does anyone in your household receive benefits from any of the following assistance programs? If "Yes," check the program(s) below and skip 2B.</p>															
OR	<table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Medicaid / Medi-Cal - Under 65</td> <td><input type="checkbox"/> Head Start Income Eligible (Tribal Only)</td> <td><input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)</td> </tr> <tr> <td><input type="checkbox"/> Medicaid / Medi-Cal - Over 65</td> <td><input type="checkbox"/> Bureau of Indian Affairs General Assistance</td> <td><input type="checkbox"/> Supplemental Security Income (SSI)</td> </tr> <tr> <td><input type="checkbox"/> Healthy Families A & B</td> <td><input type="checkbox"/> Women, Infants and Children Program (WIC)</td> <td><input type="checkbox"/> TANF or Tribal TANF</td> </tr> <tr> <td><input type="checkbox"/> Food Stamps / SNAP</td> <td><input type="checkbox"/> National School Lunch's Free Lunch Program (NSL)</td> <td></td> </tr> </table>				<input type="checkbox"/> Medicaid / Medi-Cal - Under 65	<input type="checkbox"/> Head Start Income Eligible (Tribal Only)	<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)	<input type="checkbox"/> Medicaid / Medi-Cal - Over 65	<input type="checkbox"/> Bureau of Indian Affairs General Assistance	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Healthy Families A & B	<input type="checkbox"/> Women, Infants and Children Program (WIC)	<input type="checkbox"/> TANF or Tribal TANF	<input type="checkbox"/> Food Stamps / SNAP	<input type="checkbox"/> National School Lunch's Free Lunch Program (NSL)	
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2B	<p>If you are not currently enrolled in one of the programs listed above, what is your total current household income? (Before deductions, including all members of the household.)</p> <p><i>Please check the boxes that indicate your sources of income and then write your total current household income in the spaces provided:</i></p> <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Wages and/or profits from self employment</td> <td><input type="checkbox"/> Unemployment benefits</td> </tr> <tr> <td><input type="checkbox"/> Rent or royalty income</td> <td><input type="checkbox"/> Scholarships, grants or other aid for living expenses</td> </tr> <tr> <td><input type="checkbox"/> Pensions</td> <td><input type="checkbox"/> Interest/Dividends from Savings, Stocks, Bonds or Retirement accounts</td> </tr> <tr> <td><input type="checkbox"/> Social Security</td> <td><input type="checkbox"/> Spousal or child support</td> </tr> <tr> <td><input type="checkbox"/> SSP or SSDI</td> <td><input type="checkbox"/> Insurance or legal settlements</td> </tr> <tr> <td><input type="checkbox"/> Disability, or Workers Compensation payments</td> <td><input type="checkbox"/> Cash or other income</td> </tr> </table> <p>Total annual household income: \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00</p>				<input type="checkbox"/> Wages and/or profits from self employment	<input type="checkbox"/> Unemployment benefits	<input type="checkbox"/> Rent or royalty income	<input type="checkbox"/> Scholarships, grants or other aid for living expenses	<input type="checkbox"/> Pensions	<input type="checkbox"/> Interest/Dividends from Savings, Stocks, Bonds or Retirement accounts	<input type="checkbox"/> Social Security	<input type="checkbox"/> Spousal or child support	<input type="checkbox"/> SSP or SSDI	<input type="checkbox"/> Insurance or legal settlements	<input type="checkbox"/> Disability, or Workers Compensation payments	<input type="checkbox"/> Cash or other income
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3	<p>Declaration: (please read and sign below)</p> <p>The information I have provided 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. If I continue to receive the 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.</p> <p>X _____ Signature Date</p> <p style="text-align:right;">(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Phone</p> <p style="text-align:right;">_____ E-mail</p>															

Último aviso

No deje que venza el descuento CARE del 20% en su factura de energía!

Último aviso

Apreciable cliente:

Nuestros archivos indican que actualmente usted está inscrito en el Programa CARE, que brinda un **20% de descuento en su factura mensual de energía**. Hace unas cuantas semanas, nos comunicamos con usted en un esfuerzo por asegurarnos de que todavía esté calificado y desee continuar recibiendo este beneficio ininterrumpidamente. Aún no hemos recibido esta información y corre el riesgo de que se le quite del programa. Por favor responda a la brevedad para asegurarnos de que sigue inscrito. Si ya presentó el formulario en los últimos días, por favor haga caso omiso de este aviso.

Hay **dos** formas de calificar:

Por categorización:

Si su hogar está recibiendo actualmente los beneficios de WIC, Food Stamps/SNAP, Healthy Families A&B, Supplemental Security Income (SSI), NSL Free Lunch Program, Medicaid/Medi-Cal: mayor o menor de 65 años, BIA General Assistance, Head Start Income Eligible (Tribal únicamente), LIHEAP, o TANF o Tribal TANF, está usted calificado. *Conteste la pregunta 2a al reverso.*

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Por ingreso:

Si el ingreso total actual de su hogar, antes de deducciones, es menor al monto que aparece a continuación para las personas que viven en su hogar, está usted calificado. *Conteste la pregunta 2b al reverso.*

Número de personas en el hogar	1 o 2	3	4	5	6
Ingreso total anual	\$30,500	\$35,800	\$43,200	\$50,600	\$58,000

Por cada persona adicional en su hogar, agregue \$7,400

** Los lineamientos de ingreso estarán en vigor del 1 de junio de 2009 al 31 de mayo de 2010*

Si califica por cumplir con los criterios **ya sea de (1) o (2)**, anteriormente citados, por favor llene y firme el formulario de solicitud de renovación adjunto y devuélvalo inmediatamente a SDG&E® (o vaya a www.sdge.com/careonline). No necesita incluir documentación de su elegibilidad en este momento; sin embargo, tal vez se le pida que proporcione esta información en un futuro. Por favor tenga presente que si no recibimos su formulario de solicitud de renovación en un plazo no mayor de 30 días, se le quitará del programa de descuento y ya no recibirá este beneficio.

Tal vez haya otros programas y servicios para los que puede calificar:

- SDG&E **ofrece educación gratuita sobre energía y otras mejoras que ahorran energía en el hogar a propietarios e inquilinos** que reúnan los lineamientos de ingreso. Para más información, llame al 1-866-597-0597.
- **Las personas con necesidades médicas especiales**, sin importar el nivel de ingreso, tal vez tengan derecho a recibir energía adicional de SDG&E a la tarifa más baja. Llame al 1-866-463-0070 para obtener asistencia.
- **Hay servicios de asistencia de emergencia para el pago de la factura y para la protección de la casa contra los agentes atmosféricos** a través del Programa de Asistencia Energética para Hogares de Bajos Recursos (LIHEAP). Para solicitar información o para ver si califica, comuníquese con el Departamento de Servicios a la Comunidad al 1-866-675-6623. También puede llamar al 2-1-1 para que le remitan a una agencia de su localidad para programas de asistencia adicionales.
- **Para acceso telefónico** con descuento para clientes que cumplen con los lineamientos de ingreso, por favor comuníquese con su proveedor local de servicio telefónico y pregunte acerca del programa California LifeLine.

SDG&E tiene el compromiso de dar respuesta a sus necesidades de energía y de proveer un excepcional servicio al cliente. Si tiene alguna duda o si quisiera obtener más información acerca del 20% de descuento en su factura de energía, por favor llame al 1-800-560-5551 o envíe un mensaje por correo electrónico a billdiscount@semprautilities.com. Si tiene problemas auditivos o del habla, por favor llame a nuestro número TDD/TTY al 1-877-889-7343; para su comodidad, está disponible 24 horas al día.

