



***Response required
to keep your bill discount***

Dear CARE Customer,

You currently receive a discount on your monthly SDG&E® bill through your enrollment in the CARE program. As you may recall, eligibility for the CARE discount is based on total household income or participation in certain public assistance programs.

If you would like to continue receiving your discount, you must provide proof of eligibility within 90 days of the date of this letter.

How to provide proof of eligibility

- Follow the enclosed instructions to make sure you have the correct documents.
- Before submitting your information, be sure to **black out Social Security and/or bank account numbers on all copies**. This is for your protection.
- Complete the CARE Verification Form at the end of this letter.

Where to return your documents

Send your completed CARE Verification Form and supporting documents to us in one of the following ways:

- Upload to ***sdge.com/documents***.
- Email to ***billdiscount@sdge.com***.
- Mail using the enclosed envelope.

As a customer enrolled in CARE, you are eligible for a discounted Base Services Charge of approximately \$6 a month. If you are removed from the CARE program for any reason, including for not renewing, you will no longer be eligible for a discounted Base Services Charge and will automatically be charged the full Base Services Charge amount of approximately \$24 per month. For full program eligibility requirements, visit ***sdge.com/CARE***.

Questions?

If you have questions, email ***billdiscount@sdge.com*** anytime or call **1-800-560-5551** from 7 a.m. to 4 p.m., Monday through Friday, to speak with a customer assistance representative. If you have a hearing or speech impairment, call our TDD/TTY number at 1-877-889-7343.

Sincerely,
SDG&E Customer Assistance Team

Enclosed: Instructions, CARE Verification Form, Affidavit of Zero Income, reply envelope

Instructions

► **STEP 1: Provide proof of participation in a public assistance program.**

- If you or someone in your household participates in any of the following qualifying public assistance programs, you'll qualify for CARE.
 ► ***If not, skip to STEP 2.***
- As proof of participation, send either a current notice of action **OR** a benefit/award letter
- The document must be dated within 12 months of your CARE sign-up date.

Qualifying public assistance programs

Bureau of Indian Affairs General Assistance
CalFresh/SNAP
California Work Opportunities and Responsibility to Kids (CalWORKs)
Head Start Income Eligible (Tribal Only)
Low Income Home Energy Assistance Program (LIHEAP)
Medicaid/Medi-Cal for Families A & B
National School Lunch's Free Lunch Program (NSL)
Supplemental Security Income (SSI)
Temporary Assistance for Needy Families (TANF) or Tribal TANF
Women, Infants and Children Program (WIC)

► **STEP 2: Provide proof of income for every adult in the household.**

► ***Skip STEP 2 if your household participates in any of the above public assistance programs.***

- If no one in your household participates in a public assistance program, then qualification for the CARE discount is based on total household income staying within the **CARE income guidelines**.
- Each adult (18 years or older) in the household is required to provide proof of income – see chart titled **“Required documents to verify household income or support.”**
- Income includes all cash and non-cash benefits, financial support and subsidies for everyone living in your home.
- **For your protection, please black out Social Security and/or bank account numbers on all copies.**

CARE Income Guidelines	
Number of household members	Total annual household income*
1-2	\$42,300
3	\$53,300
4	\$64,300
5	\$75,300
6	\$86,300
7	\$97,300
8	\$108,300
For each additional person	Add \$11,000
<small>*Total income includes all cash and non-cash benefits, financial support and subsidies for everyone living in your home. See enclosed instructions for verifying income for each household member. Guidelines effective June 1, 2025, to May 31, 2026.</small>	

► **STEP 3: Complete the CARE Verification Form at the end of this letter and return it with your supporting documents.**

Send your completed form and supporting documents to us in one of the following ways:

- Upload to ***sdge.com/documents***.
- Email to ***billdiscount@sdge.com***.
- Mail using the enclosed envelope.

Required documents to verify household income or support

For this type of income or support...	... you must provide these documents <i>(copies accepted; additional documents may be requested)</i>
1. Wages, salary, tips, commissions	1a. Federal Income Tax Return (all Forms 1099 or W-2 are required with the tax return) <u>OR</u> 1b. Two most recent consecutive paycheck stubs <u>OR</u> 1c. Written affidavit from employer for cash wages
2. Social Security Administration (SSA), State Supplementary Payment (SSP), Social Security Disability Insurance (SSDI), pensions and annuities, workers' compensation, unemployment benefits, foster care, veterans benefits	2a. Federal Income Tax Return (all Forms 1099 or W-2 are required with the tax return) <u>OR</u> 2b. Paycheck stubs <u>OR</u> 2c. Benefit/award letter <u>AND</u> two most recent consecutive bank statements showing the deposits
3. Self-employment	3a. Income statement showing most recent quarterly adjusted earnings plus prior year's tax return (Form 1040 and Schedule C) <u>OR</u> 3b. Affidavit from an applicant or accountant
4. Rental income, royalty income	4a. Tax return Form 1040 and Schedule E showing rental income and Royalty Income <u>OR</u> 4b. Copy of rental receipts <u>OR</u> 4c. Copy of rental agreement specifying rent amount <u>AND</u> affidavit from tenant
5. Interest or dividends from savings or retirement accounts, stocks, bonds, capital gains on assets	5a. Federal Income Tax Return (all Forms 1099 or W-2 are required with the tax return) <u>OR</u> 5b. Three most recent consecutive bank statements
6. Insurance, legal settlements	6a. Settlement documents
7. Alimony or child support	7a. Most recent bank statement <u>OR</u> 7b. Court documents <u>OR</u> 7c. Copy of the check
8. Family or monetary support	8a. Letter from person(s) providing support, including name, address, phone number, signature, and monthly or annual amount of support <u>AND</u> 8b. Two most recent consecutive bank statements showing the amount(s)
9. School grants, scholarships or other aid	9a. Benefit/award letter <u>AND</u> two most recent consecutive paycheck stubs or checks
10. IRA or 401(k)	10a. Copy of customer's check stubs <u>OR</u> 10b. Copy of most recent award letter <u>OR</u> 10c. Copy of Form 1099R from prior year <u>OR</u> 10d. Copy or screen print of bank statement showing direct deposit
11. Zero income, non-filing or other sources	11a. Affidavit of Zero Income (complete enclosed form) <u>AND</u> 11b. Two most recent consecutive bank statements

Reference Account(s): 0000 0000 0000



CARE Verification Form

First and last name of each household member, including yourself	Adult (age 18+)	Child (under 18)	Source of income (check box for type of income)			Documents included (copies accepted; check box for yes or no)	
			Public assistance	Income	Neither	Y	N
	A	C	PA	I	N	Y	N
	A	C	PA	I	N	Y	N
	A	C	PA	I	N	Y	N
	A	C	PA	I	N	Y	N
	A	C	PA	I	N	Y	N
	A	C	PA	I	N	Y	N
	A	C	PA	I	N	Y	N
	A	C	PA	I	N	Y	N

Total number of people living in your household:

Adults (ages 18+) + Children (under 18) =

Estimated total annual income

\$ _ _ _ , _ _ _

Declaration (please read and sign below)

I state that the information I have provided in this application is true and correct. I agree to provide proof of CARE program eligibility if asked. I agree to inform SDG&E if I no longer qualify to receive a 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.

Signature:
Date:
Email address:
Phone: () -

☐ **Please remove me from the CARE program.**

If you no longer qualify or wish to participate in the program, please check this box, sign and date this form, and return in the envelope provided or send an email to billdiscount@sdge.com.

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

Document ID: 0000000000



California Alternate Rates for Energy (CARE) Affidavit of Zero Income

SECTION 1 – ACCOUNT HOLDER/HOUSEHOLD MEMBER INFORMATION

SDG&E Account Name John Doe	SDG&E Account Number 0000 0000 0000
Household Member Name (if different from above)	Address: 1234 America Way City: Anytown, Zip Code: 00000

SECTION 2 – DECLARATION

I, _____, hereby certify the following:

I currently do not earn income, nor am I self-employed, **AND** (check one of the following)

☐ I do not receive any supplemental income from any public or private sources, and I do not receive any ongoing payments from rents, royalties, recurring gifts, hobby income, insurance payments, disability or unemployment benefits, retirement income, or investment income, **OR**

☐ I receive financial support, other than income, from savings, reverse mortgage, subsidized housing, credit card loans, etc.

Amount \$ _____ Type (gift/savings/etc.) _____
Frequency (weekly/monthly/etc.) _____

Any change in my employment status within the calendar year that would affect the accuracy of the statements above will be reported to SDG&E.

SECTION 3 - SIGNATURE

By signing below, I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

A	Print Customers Full Name as on SDG&E bill	SDG&E Account Holder's Signature	Date
B	Print Household Member's Name. <i>(if different from above)</i>	Household Member's Signature	Date

Please upload your documents to sdge.com/documents or fax your information to billdiscount@sdge.com. You can also return your documents in the enclosed envelope.

Document ID:0000000000