Save on your SDG&E® bill



Residential Rate Assistance Application for CARE and FERA

Your Name		Home Telep	Home Telephone		
Home Address, Apartment, City, Zip Code		Mobile Phor	Mobile Phone		
SDG&E® Account Number		Email Addre	Email Address		
How would you like to be contacted?	☐ Email ☐ Mail				
Household information: Please complete Number of persons in your household: Adults: + Children: = Please complete either section 2A OR 2B, then go to section 3.					
	d receives benefits from any of the following Il that apply. Fill out section 2A or 2B.				
□ Bureau of Indian Affairs General Assistance □ CalFresh/Supplemental Nutrition Assistance Program (SNAP) □ CalWORKs/Temporary Assistance for Needy Families (TANF)	□ women, infants, and Children Program	Inc CAI	Income Qualification for CARE & FERA Program Effective June 1, 2023 - May 31, 2024		
☐ Low-income Home Energy Assistance Program (LIHEAP)	(WIC) ☐ Head Start Income Eligible (Tribal Only)	Number in Household	CARE Program	FERA Program	
If you do not participate in any of the above programs, please		Housellolu	Total Annual	Household Income*	
	te Section 2B.	1 or 2	\$39,440	Not eligible	
Household income eligibility: (For CARE or FERA Programs) If your household does not participate in a public assistance program, please check all sources of household income for all members of the		3	\$49,720	\$49,721 - \$62,150	
household and write the total inco		4	\$60,000	\$60,001 - \$75,000	
You must check (✔) all sources of	your household's income, including:	5	\$70,280	\$70,281 - \$87,850	
☐ Wages and/or profits from self ☐ employment	Scholarships, grants or other aid for living expenses	3			
☐ Rent or royalty income ☐ Pensions	Interest/dividends from savings, stocks, bonds or retirement	6	\$80,560	\$80,561 - \$100,700	
□ Social Security	accounts	7	\$90,840	\$90,841 - \$113,550	
□ Disability or workers'	□ Spousal or child support □ Insurance or legal settlements □ Cash or other income	8	\$101,120	\$101,121 - \$126,400	
□ Unemployment benefits		Each			
Total annual household income:	\$ 00	additional person, add	\$10,280	\$10,280 - \$12,850	
Declaration: (please read and sign below)			* To figure your current total gross household income, combir all money and non-cash benefits received by every person		

Customer Signature

their assistance programs.

Date

High energy use may result in removal from the program.

I state the information I have provided in this application 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. 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 or their agents to enroll me in