

# CARE Program for agricultural employee housing facilities



APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE)  
PROGRAM FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES

## Instructions

- 1 Please read all** information and instructions before you complete, sign, and date this application. If you have questions, please call us at 1-800-560-5551.
- 2 Determine** if the facility meets the definition of a qualified agricultural employee housing facility. The facility **MUST** meet ALL criteria to qualify for the discount from the CARE Program.
- 3 Complete** the entire application (please print or type). Complete a separate application for each qualified facility (including satellite facilities).
- 4 Attach** all required documents. (Application is considered incomplete without documents.)
- 5 Mail to:** San Diego Gas & Electric®  
CARE Program  
PO Box 129831  
San Diego, CA 92112-9831

## Discount

The CARE program offers a discount on your monthly bill. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates, upon formal approval by the California Public Utilities Commission, are available to qualified facilities. The facility will receive the discount after the utility receives and approves the completed and signed application.

## Eligibility criteria for applicant

Each applicant **MUST** meet all of the following criteria:

- Applicant must be the utility customer of record.
- Applicant must verify that 100% of the residents and/or households meet the current CARE income guidelines, excluding any employee operating or managing the facility who resides on the facility.

INCOME QUALIFICATION FOR THE CARE PROGRAM EFFECTIVE JUNE 1, 2022 - MAY 31, 2023	
Number in Household	CARE Total Annual Household Income*
1 or 2	\$36,620
3	\$46,060
4	\$55,500
5	\$64,940
6	\$74,380
7	\$83,820
8	\$93,260
Each Additional Person, add	\$9,440

\* To figure the current total gross household income, combine all money and non-cash benefits received by every person living in the home (include wages, government checks and benefits, and any other financial support)

- Applicant is required to certify CARE eligibility bi-annually by completing a new application, including how the discount will be used for the direct benefit of the residents.

## Eligible facilities

**Employee Housing** (privately owned), as defined in section 17008 of the Health and Safety Code, that is licensed and inspected by state and/or local agencies pursuant to Part I (commencing with Section 17000) of Division 13.

- Supporting documentation required:
  - ✓ Provide copy of current permit issued by the Department of Housing and Community Development.
- Total energy used must be 100% residential.

**Housing for Agricultural Employees** (non-migrant and operated by non-profit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code.

- Supporting documentation required:
  - ✓ Provide current copy of federal 501(c) (3) tax exemption or copy of state tax exemption form, and current copy of local property tax exemption form.
- Total Energy used:
  - ✓ Master-metered facilities must be 70% residential use.
  - ✓ Individually metered units must be 100% residential use.

## Applicant's responsibilities

The applicant is required to:

- Provide proof of facility's eligibility (see Eligible Facilities) and submit required documentation with the application (see requirements on the application).
- Verify that all individuals residing in the facility meet the CARE income eligibility guidelines (see income guideline table) and certify to that effect, under penalty of perjury, under the laws of the state of California.
- At recertification, show how the past year's discount was used and how the next year's discount is expected to be used for direct benefit of the residents.
- Maintain records of residents' income eligibility, which should come from federal tax return, payroll stubs or similar records acceptable to the utility. These records must be retained for three (3) years from the date of initial application and/or recertification.
- Maintain accounting entries and supporting documentation of how the discount was used for the direct benefit of the residents. These records must be retained for three (3) years from the date of initial application and/or recertification.
- Upon request from the utility, provide documentation of the residents' income eligibility and/or documentation of how the discount was used for the direct benefit of the residents.
- Provide all information requested by the utility. Failure to do so will result in denial or removal from the program. The applicant may be subject to rebilling for the period they were ineligible for the discount as determined by the utility.



# Application for discount

APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE)  
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## 1 Applicant information: (please print)

Name on Utility Bill		
Name of Facility (If different than on bill)		
Account Number for This Facility		
Service Address	City	Zip Code
Mailing Address (If different)	City	Zip Code
Facility Contact (Who to contact if utility needs more information)		
Email Address		
Daytime Phone	Mobile Phone	Fax
How would you like to be contacted? <input type="checkbox"/> Email <input type="checkbox"/> Mail		

## 2 Facility information:

- Employee housing** (privately owned), as defined in Section 17008 of the Health and Safety Code, that is licensed and inspected by state and/or local agencies pursuant to part 1 of Division 13.
- Housing For Agricultural Employees** (non-migrant and operated by nonprofit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has received exemptions from local property taxes pursuant to subdivision (g) of the Revenue and Taxation Code.

**3 Declaration:** (Please read carefully and sign below.)

By signing this application, I certify under penalty of perjury that the information contained herein is true and accurate. I agree to comply with all the eligibility criteria and applicant responsibilities contained herein for all of the Service Agreements listed in this application. I give my consent that the information herein may be shared with other energy utility companies.

I have:

- Verified the income eligibility of all residents of the facility and/or households meet income guidelines.
- Documentation is available to substantiate the above.
- Verified that each facility meets the residential energy usage criteria.

**For individual facilities of the same type, attach separate sheet for more than four (4) addresses:**

Applicant is customer of record	<input type="checkbox"/> Yes <input type="checkbox"/> No
100% of residents and/or households meet CARE income guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have provided information on how the discount for the coming year will be used to directly benefit the residents	<input type="checkbox"/> Yes <input type="checkbox"/> No
For recertification, I have provided information on how the discount was used for the direct benefit of the residents and I have documentation on file (If initial certification, leave blank).	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand the utility reserves the right to request documentation on the eligibility of the residents and the use of the discount.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand the utility has the right to rebill me at the applicable rate if appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand if the facility(ies), or the residents, become(s) ineligible to receive the discount I must notify the utility within 30 days.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last year's discount was used for: (if initial certification leave blank)	
This year's discount will be used for	
By signing this application, I give my consent that the information provided by me may be shared with other energy utility companies (information limited to name and address).	
Authorized Representative's Name (Please print.)	Authorized Representative's Title
Authorized Representative's Signature	Date

**If you have any questions, call SDG&E's CARE toll-free line at 1-800-560-5551.**

**4 For individual facilities of the same type, attach separate sheet for more than four (4) addresses:**

Account Number			
Service Address	City	CA	Zip Code
Type of metering: <input type="checkbox"/> Individually metered <input type="checkbox"/> Master metered			
Energy used for residential purpose: <input type="checkbox"/> 100% <input type="checkbox"/> At least 70%			
Total number of residents (exclude on-site manager)			
100% of residents and/or households meet income eligibility criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Account Number			
Service Address	City	CA	Zip Code
Type of metering: <input type="checkbox"/> Individually metered <input type="checkbox"/> Master metered			
Energy used for residential purpose: <input type="checkbox"/> 100% <input type="checkbox"/> At least 70%			
Total number of residents (exclude on-site manager)			
100% of residents and/or households meet income eligibility criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Total number of residents (exclude on-site manager)			
100% of residents and/or households meet income eligibility criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Service Address	City	CA	Zip Code
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Total number of residents (exclude on-site manager)			
100% of residents and/or households meet income eligibility criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No			