

Save on your SDG&E® bill

Residential Rate Assistance Application for FERA



PRINT ANSWERS CLEARLY, DARK AND INSIDE EACH ANSWER BOX. Failure to do so may lead to application errors. Fully erase or white out any mistakes. Photocopies are not acceptable.

MAIL BACK THIS FORM TO:

CARE/FERA, San Diego Gas & Electric, PO Box 129831, San Diego CA 92112-9985

Your Name:	Home Phone:	Mobile Phone:
Home Address: Apartment, City, Zip Code		Email Address:
Account Number:	Please provide first 12 digits printed on bill (including any leading 0s)	
How would you like to be contacted?	Email:	Phone:

Household information: Please complete

Number of persons in your household:	Adults:	+	Children:	=
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Household income eligibility:

Please identify all sources of household income for all members of the household and write the total income in the spaces provided.

Please print **YES** inside each box to attest. **DO NOT PUT ANY CHECKMARKS OR X'S INSIDE THE BOXES.**

Failure to do so may lead to application errors. Fully erase or white out any mistakes. Photocopies are not acceptable.

Wages and/or profits from self employment:	Unemployment benefits:
Rent or royalty income:	Scholarships, grants or other aid for living expenses:
Pensions:	Interest/dividends from savings, stocks, bonds or retirement accounts:
Social Security:	Spousal or child support:
SSP or SSDI:	Insurance or legal settlements:
Disability or workers' compensation payments:	Cash or other income:
TOTAL HOUSEHOLD INCOME: \$	

By signing below, I attest to the following information:

I state that the information I have provided in this application is true and correct. I agree to provide proof of FERA 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.



Income Qualification for FERA

Effective June 1, 2025 - May 31, 2026

Number in Household	Income Eligibility Lower Limit*	Income Eligibility Upper Limit**
	Total Annual Household Income*	
1 or 2	\$42,301	\$52,875
3	\$53,301	\$66,625
4	\$64,301	\$80,375
5	\$75,301	\$94,125
6	\$86,301	\$107,875
7	\$97,301	\$121,625
8	\$108,301	\$135,375
Each Additional Person, add:	\$11,000	\$13,750

* To figure your current total gross household income, combine all money and non-cash benefits received by every person living in your home.

High energy use may result in removal from the program.

Once enrolled in FERA, you are also eligible for a discounted Base Services Charge of approximately \$12 a month.

Signature:	Date:	OFFICE USE ONLY:
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