

Save on your SDG&E® bill



Residential Rate Assistance Application for CARE and FERA



Your Name

Home Address, Apartment, City, Zip Code

SDG&E® Account Number

How would you like to be contacted? ☐ Email ☐ Mail

Home Telephone

Mobile Phone

Email Address



Income Qualification for CARE & FERA Programs

Effective June 1, 2025 - May 31, 2026

Number in Household	CARE Program	FERA Program
	Total Annual Household Income*	
1 or 2	\$42,300	\$42,301-\$52,875
3	\$53,300	\$53,301-\$66,625
4	\$64,300	\$64,301-\$80,375
5	\$75,300	\$75,301-\$94,125
6	\$86,300	\$86,301-\$107,875
7	\$97,300	\$97,301-\$121,625
8	\$108,300	\$108,301-\$135,375
Each Additional Person, add	\$11,000	\$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 you are enrolled in CARE or FERA, you are also eligible for a discounted Base Services Charge.

1 Household information: Please complete
Number of persons in your household: Adults: + Children: =
Please complete either section 2A OR 2B, then go to section 3.

2A Public assistance programs: (For CARE Program Only)
If you or someone in your household receives benefits from any of the following public assistance programs check all that apply. Fill out section 2A or 2B. You do not need to complete both sections.

OR

☐ Bureau of Indian Affairs General Assistance

☐ Medicaid/Medi-Cal for Families A & B

☐ CalFresh/Supplemental Nutrition Assistance Program (SNAP)

☐ National School Lunch Program (NSLP)

☐ CalWORKs/Temporary Assistance for Needy Families (TANF)

☐ Supplemental Security Income (SSI)

☐ Low-income Home Energy Assistance Program (LIHEAP)

☐ Tribal TANF

☐ Women, Infants, and Children Program (WIC)

☐ Head Start Income Eligible (Tribal Only)

If you do not participate in any of the above programs, please complete Section 2B.

2B 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 household and write the total income in the spaces provided.

You must check (✓) all sources of your household's income, including:

☐ Wages and/or profits from self employment

☐ Rent or royalty income

☐ Pensions

☐ Social Security

☐ SSP or SSDI

☐ Disability or workers' compensation payments

☐ Unemployment benefits

☐ Scholarships, grants or other aid for living expenses

☐ Interest/dividends from savings, stocks, bonds or retirement accounts

☐ Spousal or child support

☐ Insurance or legal settlements

☐ Cash or other income

Total annual household income: \$

3 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.

Customer Signature Date