



Application for California Alternate Rates for Energy (CARE) Program for qualified nonprofit group living facilities

Instructions

1. **READ** the information on page 2 of this form.
2. **DETERMINE** if the facility meets the definition of a qualified nonprofit group living facility. The facility **MUST** meet ALL criteria to qualify for the discount.
3. **COMPLETE** the entire application (please print or type).
Nonprofit corporations must complete this application for all qualified satellites.
4. **ATTACH** all required documents. (Application is not considered complete without documents.)

5. **MAIL TO:**

San Diego Gas & Electric
CARE Program
P.O. Box 129831
San Diego, CA 92112-9831

Discount

Your facility may qualify for a discount on your SDG&E® bill for residential rates. For commercial rate schedules, a discount will be calculated on all rate elements of the bill for gas and electric charges.

Eligibility criteria

The facility MUST meet all of the following criteria:

For transitional housing (drug rehabilitation, half-way house), short or long-term care facility (hospice, nursing homes, children's and seniors' homes), group home for physically or mentally disabled persons, or other nonprofit group living facilities:

- ▶ Corporation operating facility must have IRS tax-exempt status under Code 501(c)(3).
- ▶ Facility must be licensed by the appropriate state agency such as the State Department of Social Services, Department of Drug and Alcohol Programs or Department of Health Services, or provide other proof of eligibility satisfactory to the utility.
- ▶ Facility must provide a special needs social service, such as meals or rehabilitation, in addition to lodging.
- ▶ 100 percent of the residents must individually meet current CARE eligibility guidelines for a single-person household. (see table)
- ▶ 70 percent of the energy supplied to the facility must be used for residential purposes.
- ▶ Satellite facilities in the name of the licensed facility, where 70 percent of the energy supplied is for residential purposes, are also eligible.

For homeless shelters:

- ▶ Corporation operating facility must have IRS tax-exempt status under Code 501(c)(3).
- ▶ Facility must have a Conditional Use Permit or provide other proof of eligibility satisfactory to the utility.
- ▶ Facility must provide at least six beds each night for a minimum of 180 days per year for persons who have no alternative residence.
- ▶ Primary function of facility is to provide lodging.
- ▶ 70 percent of energy consumed must be for residential purposes.

Facilities not eligible:

- ▶ A group-living facility offering only a place to live.
- ▶ Government subsidized facility providing lodging only.
- ▶ Publicly owned housing.
- ▶ Student housing, dormitories, fraternities, sororities.
- ▶ Private, for profit, group living facilities.

Individual eligibility guidelines

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, 2024 - May 31, 2025	
Number in Household	CARE Program Total Annual Household Income*
1-2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440
Each additional person, add	\$10,760

* 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)

Additional documentation required

- ▶ A copy of IRS letter determining tax-exempt status of corporation operating the facility under IRS Code 501(c)(3).
- ▶ A copy of license from appropriate state agency, a copy of Conditional Use Permit, or other proof of eligibility satisfactory to the utility.

Recertification

Facility is required to recertify bi-annually and provide an explanation of how funds were used for the direct benefit of low-income residents.



Name On SDG&E Bill _____ Daytime Phone _____

Name Of Facility (if different) _____ Mobile Phone _____

Account Number(s) (list additional on back) _____ Number Of Residents (this facility) _____

Service Address _____ City _____ State _____ Zip Code _____

Mailing Address (if different) _____ City _____ State _____ Zip Code _____

How would you like to be contacted? Email Mail _____
Email Address _____

Does corporation operating facility have IRS 501(c)(3) tax-exempt status? Yes No (Required Attachment: IRS letter)

Is at least 70 percent of facility's energy used for residential purposes? Yes No

Is facility publicly owned and operated? Yes No

A nonprofit group living facility may consist of a licensed primary facility and related nonlicensed facilities at other locations ("satellites"). The nonlicensed satellite facilities are eligible for the discount providing:

- ▶ The primary facility is licensed by the appropriate state agency and meets all other criteria
- ▶ At least 70 percent of the energy consumed by the satellite facility MUST be used for residential purposes
- ▶ The primary facility must appear as the customer of record on the energy bill for the satellite facility

The nonprofit corporation must complete the information on back for all qualified satellite facilities. If it's a satellite facility, contact the corporate facility.

For nonprofit group living facilities

Services offered by facility:

Lodging Meals Rehabilitation Training Counseling

Other (explain) _____

Total Number of Residents of Facility _____ Total Number of Residents who QUALIFY as Low-Income _____

Name on Business License (Required Attachment: State Issued License) _____

If no Business License, please call SDG&E at (800) 560-5551

For homeless shelters

Number of Beds _____ Number of Days Occupied each year _____

Name on Conditional Use Permit (required attachment): Use Permit _____

If no Conditional Use Permit, please call SDG&E at (800) 560-5551

Recertification will be required bi-annually. The complete application plus the information below will be required.

Recertification

What was discount used for? _____

I certify, under penalty of perjury, under the laws of the State of California, that the information on this application is true and accurate and I have verified the income eligibility of all residents. I am responsible for the renewal of the facility's license from the appropriate state licensing department or for the Conditional Use Permit. I understand that SDG&E may verify the accuracy of this information and confirm the direct benefit to the resident through random sampling. Errors in information provided may cause the account(s) to be rebilled without the discount. I give my consent for the information provided on this application to be shared with other utility companies.

Authorized Representative's Name And Title (please print) _____ Date _____

Authorized Representative's Signature _____ Phone No. _____



For nonprofit group living facilities

Service Address

Zip Code

Account Numbers

Number Of Residents (*this facility*)

Yes No 70 percent of energy used for residential purposes

Service Address

Zip Code

Account Numbers

Number Of Residents (*this facility*)

Yes No 70 percent of energy used for residential purposes

Service Address

Zip Code

Account Numbers

Number Of Residents (*this facility*)

Yes No 70 percent of energy used for residential purposes

Service Address

Zip Code

Account Numbers

Number Of Residents (*this facility*)

Yes No 70 percent of energy used for residential purposes

Service Address

Zip Code

Account Numbers

Number Of Residents (*this facility*)

Yes No 70 percent of energy used for residential purposes

Homeless shelters

Service Address

Zip Code

Account Numbers

Number Of Residents (*this facility*)

Yes No 70 percent of energy used for residential purposes

Service Address

Zip Code

Account Numbers

Number Of Residents (*this facility*)

Yes No 70 percent of energy used for residential purposes

Service Address

Zip Code

Account Numbers

Number Of Residents (*this facility*)

Yes No 70 percent of energy used for residential purposes