

CARE/FERA Program Application for **Residential Single-Family Customers**

01-9077 Rev. 01/01/14

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)

Provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA)

Provides a monthly discount on electric bills for incomequalified households of three or more persons.

PROGRAM GUIDELINES

- 1. The PG&E bill must be in your name.
- 2. You must live at the address where the discount will be received.
- 3. You may not be claimed as a dependent on another person's income tax return other than your spouse.
- 4. You may not share an energy meter with another home.
- 5. You must account for all sources of qualifying household income and meet the program income guidelines described in this application.
- 6. You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
- 7. Following enrollment, you may be required to provide proof of qualifying household income, including IRS Tax Return Transcripts, and agree to participate in the Energy Savings Assistance program to remain enrolled in CARE.
- 8. Your monthly electric usage must not exceed six times the Tier 1 allowance.
- 9. You are required to recertify your eligibility every two years (four years if fixed income).

INCOME GUIDELINES (valid until May 31, 2014)						
Number of Persons in Household	Annual Income*					
	CARE	FERA				
1-2	\$31,020	Not Eligible				
3	\$39,060	\$39,061-\$48,825				
4	\$47,100	\$47,101-\$58,875				
5	\$55,140	\$55,141-\$68,925				
6	\$63,180	\$63,181–\$78,975				
7	\$71,220	\$71,221-\$89,025				
8	\$79,260	\$79,261-\$99,075				
For each additional person, add:	\$8,040	\$8,040-\$10,050				

^{*}Before taxes based on current income sources. You may be enrolled in either the CARE or FERA program but not in both.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR: VISIT www.pge.com/myenergy

- Balanced Payment Plan: Monthly payments can be averaged out to allow you to budget your energy costs and eliminate big swings in your payments. Call 1-800-743-5000 for more information.
- · Bill Guaranty: A deposit alternative enables customers to secure their account by having another qualifying PG&E customer sign on their behalf. Call 1-800-743-5000 for more information.
- Low Income Home Energy Assistance Program (LIHEAP): Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- Medical Baseline: Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- REACH: One-time energy-assistance program sponsored by PG&E and administered by the Salvation Army. Call 1-800-933-9677 for more information.

 Energy Savings Assistance Program: Provides incomequalified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

Energy Savings Assistance Program

- · Third-Party Notification: Allows you to name a friend or relative to receive duplicate copies of past-due payment notices. The designated person is not responsible for paying the bill, but can contact PG&E to help resolve the problem. Call 1-800-743-5000 for more information.
- Universal Lifeline Telephone Service (ULTS): Provides discounted telephone access. Contact your local telephone service provider for more information.
- My Energy: You can go online to see your detailed energy usage information and use it to make informed energy choices. Simply log in to My Energy at pge.com/myenergy, and if you have a connected SmartMeter™, you can view your hourly electric and daily gas usage—up to the previous day. Learn more at pge.com/smartmeter.

FOR MORE INFORMATION

CARE: 1-866-743-2273 www.pge.com/care FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday-Friday, 9:00 a.m.-11:00 p.m.

the TDD line

California Relay: 1-800-735-2929 if you cannot utilize



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1 CUSTOMER INFORMATION: (p	lease print clearly)						
PG&E Account Number: (This number is located on the first page of your PG&E bill)				-			
Name of PG&E customer on record		Phone □ Home □ Work □ Mobile					
Email Address	ernate phone □ Home □ Work □ Mobile						
Service Address (Do NOT use a P.O. Box)	Apartment # City	1 1 1		Zip Code			
Choose the language preference for future CARE/FERA communications: □ Spanish □ Tagalog □ Russian □ Hmong □ Korean □ Vietnamese □ Cantonese □ Mandarin							
Preferred method of communication: ☐ text (Msg and Data Rates may apply) ☐ phone ☐ email ☐ mail							
Number of Persons in Household: Adults + Children (under 18) =							
Total Gross Annual Household Income: (please account for all income from every household member) \$							
2A HOUSEHOLD INCOME ELIGIBILITY: check all sources of household income.							
 □ Pensions □ Social Security □ SSP or SSDI □ Interests/Dividends from: Savings, Stocks, Bonds, or Retirement Accounts 	 □ Wages and/or Profits from Self-Employment □ Rental or Royalty Income □ Unemployment Benefits □ Disability or Workers Compensation Payments 		 □ Scholarships, Grants or Other Aid for Living Expenses □ Insurance or Legal Settlements □ Spousal or Child Support □ Cash and/or Other Income 				
PUBLIC ASSISTANCE PROG household participate.	RAM ELIGIBILITY: chec	k all progra	ms in which y	ou or someone in your			
 ☐ Medicaid/Medi-Cal (under age 65) ☐ Medicaid/Medi-Cal (age 65 and over) ☐ Supplemental Security Income (SSI) ☐ CalFresh/SNAP (Food Stamps) ☐ Low Income Home Energy Assistance Program (LIHEAP) 	 □ Women, Infants and Childr □ Healthy Families A & B □ CalWORKs (TANF) or Trib □ National School Lunch Pro (NSLP) 	Families A & B General		of Indian Affairs Assistance art Income Eligible Only)			
I agree to provide proof of household income household income no longer qualifies me to for it, I may be required to pay back the disc agencies, state or federal agencies, other util under penalty of perjury under the laws of the and correct.	e if asked. I also agree to inform receive the discount. I understa ount I received. I understand that ities or their agents to facilitate e	and that if I re at PG&E car enrollment in	eceive the disc n share my info their assistanc	count without qualifying ormation with municipal ce programs. I declare			
Customer Signature O Fill in circle	if guardian or power of attorney	Date					