

CARE/FERA PROGRAM APPLICATION Sub-Metered Residential Customers

Choose the best rate plan for you. Learn more[†].

Save on your monthly PG&E bill

If your landlord bills you directly for gas and electricity, you are a "sub-metered" customer. While you are not a direct PG&E customer, you may still be eligible for programs and services to help you lower your energy bills, including the CARE and the FERA programs.

California Alternate Rates for Energy (CARE)

pge.com/care 1-866-743-2273

The CARE program offers a monthly discount on PG&E bills for qualifying households. To enroll:

- Check all the qualifying public assistance programs in Section 2A from which you, or someone in your household, receive benefits OR
- Complete Section 2B which includes your household's total gross annual income.*

Other qualifications include:

- Your monthly electric usage does not exceed six times the Tier 1 allowance.
- You are not claimed as a dependent on another person's income tax return other than your spouse.
- You do not share an energy meter with another home.
- You will renew your eligibility at least every two years.

You will also need to have your landlord or facility manager complete Section 1A of this application. If your landlord has questions, have him or her email **CAREandFERA@pge.com**.

CARE Income Guidelines (good until May 31, 2024)

Number of people in household	Total gross annual household income*		
1–2	\$39,440 or less		
3	\$49,720 or less		
4	\$60,000 or less		
5	\$70,280 or less		
6	\$80,560 or less		
7	\$90,840 or less		
8	\$101,120 or less		
Each additional person, add	\$10,280		

Family Electric Rate Assistance (FERA)

pge.com/fera 1-800-743-5000

If you do not qualify for the CARE program, you may still qualify for the FERA program, which offers a monthly discount on electric bills for households of three of more people with a slightly higher FERA Income Guidelines (good until May 31, 2024)

Number of people in household	Total gross annual household income*	
1–2	Not eligible	
3	\$49,721-\$62,150	
4	\$60,001-\$75,000	
5	\$70,281-\$87,850	
6	\$80,561-\$100,700	
7	\$90,841-\$113,550	
8	\$101,121-\$126,400	
Each additional person, add	\$10,280-\$12,850	

income than required for CARE.

See the FERA Income Guidelines listed above to find out if you qualify, and enroll by completing the included application.

†Learn more and get a personalized rate analysis at pge.com/findrates

How you can apply

Email: Take a picture or scan completed application and email this image to **CAREandFERA@pge.com**

Mail: Send completed application to CARE/FERA Program P.O. Box 7979 San Francisco, CA 94120–7979 **Fax:** Send completed application to **1-877-302-7563**

Other helpful programs and services

Energy Savings Assistance Program pge.com/energysavings 1-800-933-9555

This program provides energy-efficient home improvements and appliances at no cost to customers who are income qualified. Property owners and renters are eligible to participate.

Energy SavingsAssistance Program

Medical Baseline pge.com/medicalbaseline

If you depend on life-support or other equipment due to medical needs, you may be eligible for additional energy at the lowest price through the Medical Baseline program.

Universal Lifeline Telephone Service (ULTS)

Get discounted telephone access when you meet similar income guidelines as the CARE program. To learn more, contact your local phone service provider.

Low Income Home Energy Assistance Program (LIHEAP) 1-866-675-6623

If you spend a high percentage of your income on energy bills, you may be eligible to receive financial assistance and weatherproofing services through this program administered by the California Department of Community Services and Development.

^{*}Total gross annual household income includes all taxable and non-taxable revenues from all people living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.



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Please have your landlord or facility manager fill out Section 1A, while you fill out Section 1B about you and your household, and then complete Sections 2A **OR** 2B. Sign, date, and return to PG&E as soon as possible. **By signing this application you agree to make available to your landlord or facility manager PG&E's determination of your eligibility to participate in CARE or FERA for them to pass along the discount if you qualify.**

1A Your landlord and facility	Applicant status:	ADD NEW DROP RENEW MOVE TO DIFFERENT SPACE
PG&E account numbers: Electricity	-	Gas
Your mobile home park/facility name		
Your mobile home park/facility address (City/State/Zip Code)		
Your landlord or manager's name		Preferred phone number
Your landlord or manager's mailing address (City/State/Zip Code)		Email
1 You and your household		
Your name (Use the name as it appears on the energy bill from your landlord, which r	must be in your name.]	Email (By entering your email address, you are authorizing PG&E to send you information from time to time regarding your PG&E utility service and PG&E programs and services that may be available to you.)
Your home address (Address must be your primary residence. Do NOT use a P.O). Box.]	Unit #/City/State/Zip Code
Mailing address Unit #/City/State/Zip Code		Preferred phone number
What language do you prefer for future CARE and FERA communic (Choose one) ☐ English ☐ Spanish ☐ Mandarin ☐ Cantonese ☐ Viet☐ Russian ☐ Korean ☐ Tagalog ☐ Hmong	cations? etnamese	Alternative phone number
What is your preferred method of communication? (Choose one) ☐ Mail ☐ Email ☐ Phone ☐ Text (Message and data rates may apply	y.]	Adults + Children = 0
Household qualification Fill out Section 2A OR Section 2B.	3	Your declaration By signing this declaration, I certify that the information I have
2A Public assistance programs Check all the programs in which you, or someone in your household, participate.		provided in this application is true and correct. I acknowledge that I have read and understood the contents of this application. I also agree to follow the terms and conditions of the CARE or
☐ Low-Income Home Energy ☐ Medi-Cal for Famil Assistance Program (LIHEAP) ☐ (Healthy Families A&B)		the FERA program, including the following: 1. I am not claimed as a dependent on another person's income tax return other than my spouse.
 Women, Infants, and Children (WIC) □ CalFresh/SNAP (Food stamps) □ CalWORKs (TANF) or Tribal TANF □ Head Start Income Eligible □ Women, Infants, and Children (WIC) □ Program (NSLP) □ Bureau of Indian A General Assistance 	unch ffairs	 2. I am not knowingly sharing an energy meter with another home. 3. I will notify PG&E if my household is no longer eligible for the CARE or FERA discount. 4. I understand I may be required to provide proof of household income.
(Tribal only) ☐ Supplemental Security Income (SSI) ☐ Medicaid/Medi-Cal (under age 65) ☐ Medicaid/Medi-Cal (age 65 and over)	11	 5. I understand I may be required to participate in the Energy Savings Assistance Program. 6. I understand I may be removed from the CARE program if my monthly electric usage exceeds six times the Tier 1 allowance. 7. I understand that I may be switched or dropped from the CARE or FERA program if I submit information or PG&E receives information
2B Household income	fit-	from other programs which deem me ineligible. 8. I authorize PG&E to share my information in order to remain eligible for available energy management assistance, and price reduction and residential rate programs with other utilities, state agencies and entities
I am currently on a fixed income and receive income or bene from one or more of the following: pensions, Social Security, SS or SSDI, interest/dividends from retirement accounts, Medicaid, Medi-Cal (age 65 and over) or SSI.	SP I	designated by the CPUC. 9. I will pay back the discount I have received if I provided false information to support my application for the CARE or the FERA program.
My household income is:		X
Total gross annual household income \$.00		Customer signature
(please account for all income from every household member)		Date