

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 1-800-468-4743

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, 2025)

Number of people in household	Total gross annual household income*
1-2	\$40,880 or less
3	\$51,640 or less
4	\$62,400 or less
5	\$73,160 or less
6	\$83,920 or less
7	\$94,680 or less
8	\$105,440 or less
Each additional person, add	\$10,760

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, 2025)

Number of people in household	Total gross annual household income*
1-2	Not eligible
3	\$51,641-\$64,550
4	\$62,401-\$78,000
5	\$73,161-\$91,450
6	\$83,921-\$104,900
7	\$94,681-\$118,350
8	\$105,441-\$131,800
Each additional person, add	\$10,760-\$13,450

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 300 Lakeside Drive Oakland, CA 94612 **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.



CARE/FERA PROGRAM APPLICATION

Sub-Metered Residential Customers

- 1. Have your landlord or facility manager fill out Section 1A.
- 2. Fill out Section 1B.
- 3. Fill out Section 2A **OR** Section 2B. **Only one section (A or B) is required** to qualify for this program. However, if you complete Section 2B, **you may qualify for additional discounts** as new programs become available.
- 4. Sign and date this form 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.

	ility	cant status: ADD NEW DROP RENEW MOVE TO DIFFERENT S
PG&E account numbers:		-
Electricity		Gas
our mobile home park/facility name		
our mobile home park/facility address	(City/State/Zip Code)	
Your landlord or manager's name		Preferred phone number
Your landlord or manager's mailing addi	ress (City/State/Zip Code)	Email
1B You and your househo	old	
Your name (Use the name as it appears on the ene	ergy bill from your landlord, which must be in	your name.] Email (By entering your email address, you are authorizing PG&E to send you information from time regarding your PG&E utility service and PG&E programs and services that may be available.
Your home address (Address must be your prin	mary 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 (Alternative phone number
□ English □ Spanish □ Mandarir □ Russian □ Korean □ Tagalog	n □ Cantonese □ Vietname □ Hmong	Se Number of people in your household at this address:
What is your preferred method of comm	unication? (Choose one)	Adults + Children =
Household qualification		Your declaration
2A Public assistance programs: Check all the programs in which you, chousehold, participate.		By signing this declaration, I certify that the information I h 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 CAF the FERA program, including the following: 1. I am not claimed as a dependent on another person's income tax nother than my spouse.
Public assistance programs Check all the programs in which you, of household, participate. Low Income Home Energy Assistance Program (LIHEAP) Women, Infants, and Children (WIC) CalFresh/SNAP (Food stamps)	or someone in your ☐ Medi-Cal for Families (Healthy Families A&B) ☐ National School Lunch Program (NSLP)	By signing this declaration, I certify that the information I have 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 CAF the FERA program, including the following: 1. I am not claimed as a dependent on another person's income tax mother than my spouse. 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 CARI
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