

# CARE/FERA PROGRAM APPLICATION Residential Customers

Choose the best rate plan for you. Learn more<sup>†</sup>.

# Save on your monthly PG&E bill

# 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.

# **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 or more people with 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

a slightly higher 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.

## How you can apply

**Online:** Apply online for faster enrollment at **pge.com/care** 

**Phone:** Apply by calling 1-866-743-2273

#### 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

Energy Savings
Assistance Program

improvements and appliances at no cost to customers who are income qualified. Property owners and renters are eliqible to participate.

# Your Account pge.com/youraccount

Log in to Your Account to sign up for billing and payment alerts, analyze your household's energy usage, pay your bills and learn more about your rate plan options.

### Budget Billing pge.com/budgetbilling 1-800-743-5000

Your monthly bill will be averaged out to allow you to budget your energy costs and eliminate big payment swings.

### 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.

## 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.

### 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.

<sup>\*</sup>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.

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



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- 1. Fill out Section 1.
- **2.** 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.

If you qualify, your CARE or FERA discount will appear on the first page of your next PG&E bill.

Your PG&E account number (Find yours on page 1 of your PG&E  nust be in your name.)  D. Box.)  Unit #  Preferred phone number
D. Box.) Unit #
Preferred phone number
Preferred phone number
Alternative phone number
Number of people in your household at this address:
Adults + Children =
(under 18)
acknowledge that I have read and understood the contents of application. I also agree to follow the terms and conditions of t
CARE or the FERA program, including the following:  I am not claimed as a dependent on another person's incom
return other than my spouse. 2. I am not knowingly sharing an energy meter with another ho 3. I will notify PG&E if my household is no longer eligible for th
CARE or FERA discount.
. I understand I may be required to provide proof of household
<ol> <li>I understand I may be required to participate in the Energy Sa Assistance Program.</li> </ol>
o. I understand I may be removed from the CARE program if m monthly electric usage exceeds six times the Tier 1 allowand
7. I understand that I may be switched or dropped from the CA FERA program if I submit information or PG&E receives infor from other programs which deem me ineligible.
B. I authorize PG&E to share my information in order to remain eligible for available energy management assistance, and pr
reduction and residential rate programs with other utilities, agencies and entities designated by the CPUC.
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