



## CARE/FERA PROGRAM APPLICATION Residential Customers

01-9077  
Rev. 6.15

# Save 30%\* or more on your monthly PG&E bill

### California Alternate Rates for Energy (CARE)

[pge.com/care](http://pge.com/care)  
1-866-743-2273

The CARE Program offers a monthly discount on PG&E bills for qualifying households. **If your household meets the CARE Income Guidelines** listed on this application form, you can enroll by:

- Checking all the qualifying public assistance programs from which you, or someone in your household, receive benefits **OR**
- Checking the box that matches 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, 2016)

| Number of People in Household | Total Gross Annual Household Income** |
|-------------------------------|---------------------------------------|
| 1-2                           | \$31,860 or less                      |
| 3                             | \$40,180 or less                      |
| 4                             | \$48,500 or less                      |
| 5                             | \$56,820 or less                      |
| 6                             | \$65,140 or less                      |
| 7                             | \$73,460 or less                      |
| 8                             | \$81,780 or less                      |
| Each Additional Person, add   | \$8,320                               |

### Family Electric Rate Assistance (FERA)

[pge.com/fera](http://pge.com/fera)  
1-800-743-5000

**FERA Income Guidelines**  
(good until May 31, 2016)

| Number of People in Household | Total Gross Annual Household Income** |
|-------------------------------|---------------------------------------|
| 1-2                           | Not Eligible                          |
| 3                             | \$40,181-\$50,225                     |
| 4                             | \$48,501-\$60,625                     |
| 5                             | \$56,821-\$71,025                     |
| 6                             | \$65,141-\$81,425                     |
| 7                             | \$73,461-\$91,825                     |
| 8                             | \$81,781-\$102,225                    |
| Each Additional Person, add   | \$8,320-\$10,400                      |

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 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.

\*Gas and electricity CARE customers can save at least 30 percent while gas-only CARE customers can save at least 20 percent.

\*\*Total gross annual household income includes all taxable and nontaxable 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.

### How You Can Apply

**Online:** Apply online for faster enrollment at [pge.com/care](http://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](mailto: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/esa](http://pge.com/esa)  
1-800-989-9744

**Energy Savings  
Assistance Program**

This program provides energy-efficient home improvements and appliances at no cost to customers who qualify for CARE and rent or own a home that is at least five years old.

**My Energy**  
[pge.com/myenergy](http://pge.com/myenergy)

Log in to My Energy 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.

#### Balanced Payment Plan

[pge.com/balancedpayment](http://pge.com/balancedpayment)  
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](http://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.

Please fill out the information below about you and your household, and then the information for EITHER Section 2A **OR** 2B. Sign and date this form and return it to PG&E as soon as possible. **If you qualify, your CARE or FERA discount will appear on the first page of your PG&E bill within the next billing cycle.**

## 1 You and Your Household

[illegible]

**Your PG&E Account Number** (Find yours on page 1 of your PG&E bill.)

**Your Name** (Use the name as it appears on your PG&E bill, which must be in your name.)

**Your Home Address** (Address must be your primary residence. Do **NOT** use a P.O. Box.)

Unit #

City/State/Zip Code

Email Address

(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.)

Preferred Phone Number ☐ Home ☐ Work ☐ Mobile

**What language do you prefer for future CARE and FERA communications?** (Choose one)

- ☐ English   ☐ Spanish   ☐ Mandarin   ☐ Cantonese   ☐ Vietnamese  
☐ Russian   ☐ Korean   ☐ Tagalog   ☐ Hmong

Alternative Phone Number ☐ Home ☐ Work ☐ Mobile

**Number of people in your household at this address:**

What is your preferred method of communication? (Choose one)

- ☐ Mail    ☐ Email    ☐ Phone    ☐ Text (Message and data rates may apply.)

**Adults**  **+ Children**  **=**   
(under 18)

## 2 Household Qualification

**If your household meets the Program Income Guidelines**, either fill out Section 2A **OR** Section 2B. You do not need to complete both sections. You will be enrolled in either the CARE or the FERA Program, depending on your household income and household size.

## 2A Public Assistance Programs

Check all the programs in which you, or someone in your household, participate.

- ☐ Low Income Home Energy Assistance Program (LIHEAP)
  - ☐ Bureau of Indian Affairs General Assistance
  - ☐ National School Lunch Program (NSLP)
  - ☐ CalWORKs (TANF) or Tribal TANF
  - ☐ Head Start Income Eligible (Tribal only)
  - ☐ Medi-Cal for Families (Healthy Families A&B)
  - ☐ CalFresh/SNAP (Food stamps)
  - ☐ Women, Infants, and Children (WIC)
  - ☐ Supplemental Security Income (SSI)
  - ☐ Medicaid/Medi-Cal (under age 65)
  - ☐ Medicaid/Medi-Cal (age 65 and over)

**If you checked any of the boxes in this section, skip to Section 3.**

## 2B Household Income

If you did not check any of the boxes in Section 2A, please add up all the income from every household member and check the box below that matches your household's total annual gross income. Please note: The income ranges listed below ARE NOT fixed incremental amounts, so carefully review each income range before selecting the appropriate box.

- ☐ I am currently on a fixed income and receive income or benefits from one or more of the following: pensions, Social Security, SSP or SSDI, interest/dividends from retirement accounts, Medicaid/Medi-Cal (age 65 and over) or SSI.

**My household income is:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> \$0-\$31,860      | <input type="checkbox"/> \$60,626-\$65,140 | <input type="checkbox"/> \$81,781-\$90,100  |
| <input type="checkbox"/> \$31,861-\$40,180 | <input type="checkbox"/> \$65,141-\$71,025 | <input type="checkbox"/> \$90,101-\$91,825  |
| <input type="checkbox"/> \$40,181-\$48,500 | <input type="checkbox"/> \$71,026-\$73,460 | <input type="checkbox"/> \$91,826-\$98,420  |
| <input type="checkbox"/> \$48,501-\$50,225 | <input type="checkbox"/> \$73,461-\$81,425 | <input type="checkbox"/> \$98,421-\$102,225 |
| <input type="checkbox"/> \$50,226-\$56,820 | <input type="checkbox"/> \$81,426-\$81,780 | <input type="checkbox"/> Other \$ _____     |
| <input type="checkbox"/> \$56,821-\$60,625 |  |   |

### 3 Your Declaration

By signing this declaration, I certify that based on my household size and income I qualify for either the CARE or the FERA Program.

I acknowledge that I have read and understood the contents of this application, and will have the opportunity to ask questions at any time.

I also agree to the following program terms and conditions in order to remain eligible for the CARE or the FERA Program:

1. I will notify PG&E if my household is no longer eligible for the CARE or FERA discount.
2. I understand I may be required to provide proof of household income and to participate in the Energy Savings Assistance Program.
3. I will allow PG&E to share my information with municipal, state or federal agencies, and/or other utilities or their agents, for the sole purpose of facilitating enrollment in their assistance programs.
4. I will pay back the discount if any of the information provided above is untrue.
5. The information I have provided here is true and correct.

**X**

Customer Signature

☐ Fill in circle if you are a guardian or you have power of attorney.

Date \_\_\_\_\_

FOR INTERNAL USE ONLY

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