Pacific Gas and Electric Company®

CARE/FERA Program Application for **Tenants of Sub-Metered Residential Facilities**

01-9285
Rev. 01/01/14

1A MANAGER / FACILITY INFORMATION: *(please print clearly)*

Mobile Home Park/Other Sub-Metered Facilities Name

Mobile Home Park/Other Sub-Metered Facilities Address **City** **Zip Code**

PG&E Account Number: Electricity | | | | | | | | | | - | | Gas | | | | | | | | | | - | |

Manager or Landlord Name **(_____) Telephone**

Manager or Landlord Mailing Address **City** **Zip Code**

Applicant Status ○ **ADD NEW** ○ **DROP** ○ **RE-CERTIFY** ○ **MOVE TO DIFFERENT SPACE**

1B TENANT INFORMATION: *(please print clearly)*

Name (As it appears on your energy bill) **(_____) Telephone**

Home Address *(Do NOT use a P.O. Box)* **Unit #** **City** **Zip Code**

Mailing Address *(If different from the above address)* **Unit #** **City** **Zip Code**

Number of Persons in Household: Adults_____ **+ Children** (under 18) _____ **=** _____

Total Gross Annual Household Income:
(please account for all income from every household member) **$** | | | , | | | .00

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

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY: check all programs in which you or someone in your household participate.

- ☐ 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 Children (WIC)
- ☐ Healthy Families A & B
- ☐ CalWORKs (TANF) or Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

3 DECLARATION: *(please read and sign)*

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that PG&E can share my information with municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

For Internal Use Only
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X _____
Customer Signature ○ Fill in circle if guardian or power of attorney **Date**