

## ABOUT THE CARE/FERA PROGRAM

### California Alternate Rates for Energy (CARE)

Provides a monthly discount on energy bills for income-qualified households.

### Family Electric Rate Assistance (FERA)

Provides a monthly discount on electric bills for income-qualified households of three or more persons.

## PROGRAM GUIDELINES


1. The PG&E bill must be in your name.
2. You must live at the address where the discount will be received.
3. You may not be claimed as a dependent on another person's income tax return other than your spouse.
4. You may not share an energy meter with another home.
5. You must account for all sources of qualifying household income and meet the program income guidelines described in this application.
6. You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
7. Following enrollment, you may be required to provide proof of qualifying household income, including IRS Tax Return Transcripts, and agree to participate in the Energy Savings Assistance program to remain enrolled in CARE.
8. Your monthly electric usage must not exceed six times the Tier 1 allowance.
9. You are required to recertify your eligibility every two years (four years if fixed income).

INCOME GUIDELINES (valid until May 31, 2014)		
Number of Persons in Household	Annual Income*	
	CARE	FERA
1-2	\$31,020	Not Eligible
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
For each additional person, add:	\$8,040	\$8,040–\$10,050

\*Before taxes based on current income sources. You may be enrolled in either the CARE or FERA program but not in both.

## OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR: VISIT [www.pge.com/myenergy](http://www.pge.com/myenergy)

- **Balanced Payment Plan:** Monthly payments can be averaged out to allow you to budget your energy costs and eliminate big swings in your payments. Call 1-800-743-5000 for more information.
- **Bill Guaranty:** A deposit alternative enables customers to secure their account by having another qualifying PG&E customer sign on their behalf. Call 1-800-743-5000 for more information.
- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **REACH:** One-time energy-assistance program sponsored by PG&E and administered by the Salvation Army. Call 1-800-933-9677 for more information.
- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.
 


- **Third-Party Notification:** Allows you to name a friend or relative to receive duplicate copies of past-due payment notices. The designated person is not responsible for paying the bill, but can contact PG&E to help resolve the problem. Call 1-800-743-5000 for more information.
- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.
- **My Energy:** You can go online to see your detailed energy usage information and use it to make informed energy choices. Simply log in to My Energy at [pge.com/myenergy](http://pge.com/myenergy), and if you have a connected SmartMeter™, you can view your hourly electric and daily gas usage—up to the previous day. Learn more at [pge.com/smartmeter](http://pge.com/smartmeter).

## FOR MORE INFORMATION

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

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

**Email:** [CAREandFERA@pge.com](mailto:CAREandFERA@pge.com)

**TDD/TTY:** 1-800-652-4712 for speech/hearing-impaired, Monday–Friday, 9:00 a.m.–11:00 p.m.

**California Relay:** 1-800-735-2929 if you cannot utilize the TDD line



# CARE/FERA Program Application for Residential Single-Family Customers

01-9077  
Rev. 01/01/14

## 1 CUSTOMER INFORMATION: (please print clearly)

**PG&E Account Number:**

(This number is located on the first page of your PG&E bill)

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Name of PG&E customer on record

Phone  Home  Work  Mobile

Email Address

Alternate phone  Home  Work  Mobile

Service Address (Do NOT use a P.O. Box)

Apartment #

City

Zip Code

**Choose the language preference for future CARE/FERA communications:**

Spanish  Tagalog  Russian  Hmong  Korean  Vietnamese  Cantonese  Mandarin

**Preferred method of communication:**  text (Msg and Data Rates may apply)  phone  email  mail

**Number of Persons in Household: Adults** \_\_\_\_\_ **+ Children** (under 18) \_\_\_\_\_ **=** \_\_\_\_\_

**Total Gross Annual Household Income:**

(please account for all income from every household member)

\$ 

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## 2A HOUSEHOLD INCOME ELIGIBILITY: check all sources of household income.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Pensions   | <input type="checkbox"/> Wages and/or Profits from Self-Employment   | <input type="checkbox"/> Scholarships, Grants or Other Aid for Living Expenses |
| <input type="checkbox"/> Social Security  | <input type="checkbox"/> Rental or Royalty Income                    | <input type="checkbox"/> Insurance or Legal Settlements                        |
| <input type="checkbox"/> SSP or SSDI  | <input type="checkbox"/> Unemployment Benefits                       | <input type="checkbox"/> Spousal or Child Support                              |
| <input type="checkbox"/> Interests/Dividends from: Savings, Stocks, Bonds, or Retirement Accounts | <input type="checkbox"/> Disability or Workers Compensation Payments | <input type="checkbox"/> Cash and/or Other Income                              |

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Medicaid/Medi-Cal (under age 65)                   | <input type="checkbox"/> Women, Infants and Children (WIC)    | <input type="checkbox"/> Bureau of Indian Affairs General Assistance |
| <input type="checkbox"/> Medicaid/Medi-Cal (age 65 and over)                | <input type="checkbox"/> Healthy Families A & B               | <input type="checkbox"/> Head Start Income Eligible (Tribal Only)    |
| <input type="checkbox"/> Supplemental Security Income (SSI)                 | <input type="checkbox"/> CalWORKs (TANF) or Tribal TANF       |  |
| <input type="checkbox"/> CalFresh/SNAP (Food Stamps)                        | <input type="checkbox"/> National School Lunch Program (NSLP) |  |
| <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) |   |  |

## 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.

**X** \_\_\_\_\_  
Customer Signature  Fill in circle if guardian or power of attorney Date

<small>For Internal Use Only</small>
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