



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.

- Checkboxes for various income sources: 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.

- Checkboxes for public assistance programs: 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.

X Customer Signature Date

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