



CARE PROGRAM APPLICATION Nonprofit Group Living Facilities

Form 62-0156

Choose the
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Save on your monthly PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/care

The CARE program offers a monthly discount on PG&E bills for qualifying nonprofit group living facilities based on criteria established by the California Public Utilities Commission. Please review this application carefully to see if your facility qualifies. If you have questions, email CAREandFERA@pge.com.

How You Can Apply

Read all the information, including the eligibility criteria for both organizations and facilities, before you complete this application.

Determine if your facility meets the definition of a qualified nonprofit group living facility. The facility must meet all criteria to qualify for a monthly CARE discount.

Complete the entire application, making sure to fill out a separate application for each type of qualified facility.

Attach all required documents; otherwise your application will be considered incomplete. Required documents include:

- A copy of a currently valid Federal 501(c)(3) tax exemption document with the same name as the PG&E account(s)
- A copy of your license to provide social service by the appropriate agency
- A complete list of your facility's PG&E accounts [See Section 5 of the application.]

Return your completed application using **one** of the following methods:

- **Email:** Take clear pictures of your completed application and required documentation or scan these materials; convert these images into a PDF (portable document file) and email it to CAREandFERA@pge.com.
- **Fax:** Send completed application and required documentation to **1-877-302-7563**.
- **Mail to:** Pacific Gas and Electric Company
CARE Program
P.O. Box 7979
San Francisco, CA 94120-7979

TTY is available at 711 or 1-800-735-2929.

Eligible Facilities

Homeless Shelters, Hospices and Women's Shelters

- Lodging must be the facility's primary function.
- Facility must be open with at least six beds for a minimum of 180 days and/or nights per year at each facility's service address.
- Satellite facilities (facilities associated with the headquarter) in the name of the licensed organization are also eligible, as long as 70 percent of the energy supplied is used for residential purposes. NOTE: Applications for satellite facilities must be completed by the organization that holds the documentation required.

Required Supporting Documentation

Copy of a currently valid Federal 501(c)(3) tax exemption document with the same name as the PG&E account(s).

Group Living Facilities

These facilities are defined as transitional housing (such as drug rehabilitation or half-way houses), short- or long-term care facilities (such as hospice, nursing home, children's and seniors' homes), group homes for physically or mentally challenged people, or other nonprofit group living facilities.

- Each facility must provide a special-needs social service, such as meals or rehabilitation, in addition to lodging.
- Satellite facilities in the name of the licensed organization are also eligible, as long as 70 percent of the energy supplied is used for residential purposes **and** the facility also provides special-needs social services. NOTE: Applications for satellite facilities must be completed by the organization that holds the documentation that shows the special needs social services that are provided.

Required Supporting Documentation

- Copy of your currently valid Federal 501(c)(3) tax exemption document with the same name as the PG&E account(s).
- Copy of a license to provide service by the appropriate agency, such as the State Department of Social Services, Department of Drug and Alcohol program or the Department of Health Services **OR** be able to show some other proof of service that meets with PG&E's satisfaction.

Facilities NOT Eligible

- Nonprofit facilities that only provide social services
- Group living facilities that only provide lodging
- Government-owned and/or -operated facilities
- Government-subsidized facilities that only provide lodging

Eligibility Criteria for Organizations

Each facility MUST meet ALL of the following:

- Organization operating the facility must be able to prove its Federal 501(c)(3) status.
- Name on the PG&E account(s) must match the name on the Federal 501(c)(3) tax exemption.
- Seventy percent of the energy supplied to each PG&E account, including common use areas, must be used for residential purposes.
- Organization must verify that total gross annual income of all facility's residents and/or households, at any given time, meet the current CARE income eligibility guidelines. *NOTE: This excludes any employee operating or managing the facility who lives on the premises. Please see the enclosed sheet for the current CARE income guidelines.*
- Organization is required to renew its CARE eligibility by completing a new application, attaching all required documentation (updated as necessary) and providing an explanation as to how the previous year's CARE discount was used to directly benefit its residents.

Organization's Responsibilities

As the applicant, your organization is required to:

- Provide proof of the facility's eligibility (see *Eligible Facilities*), and submit required documentation with their CARE application.
- Verify that total gross annual income of all your facility's residents and/or households, at any given time, meet the current CARE income guidelines (see *CARE Income Guidelines* sheet) and make a certification to that effect, under the penalty of perjury, under the laws of the state of California.
- Maintain records of your residents' income eligibility, as demonstrated by Federal tax returns, payroll stubs or similar records acceptable to PG&E. These records must be retained for three years from the date of the initial CARE application and/or renewal.
- Show at renewal how the previous year's CARE discount directly benefited your residents.
- Maintain accounting entries and supporting documentation that demonstrates how the previous year's CARE discount directly benefited your residents. These records must be retained for three years from the date of the initial CARE application and/or renewal.
- Upon request from PG&E, provide documentation for your residents' income eligibility and/or documentation that shows how the CARE discount directly benefited the residents.
- Provide all information requested by PG&E. Failure to do so will result in denial or removal from the CARE program. In addition, your organization may be subject to rebilling for the period it was ineligible for the discount, as determined by PG&E.



Please complete all sections of this application, including the reverse side of this page. Then sign and date this form and return it to PG&E as soon as possible. **If you qualify, your CARE discount will appear on the first page of your next PG&E bill.**

1 Your Organization and Facility

Your Organization's Name (Must be the organization with the IRS tax exemption.)

Your Facility's Name (If different from the name on the PG&E bill.)

Facility Address

City/State/Zip Code

Facility Mailing Address (If different) City/State/Zip Code

Primary Contact

Phone Number

Fax Number

Email Address

Secondary Contact

Phone Number

Fax Number

Email Address

2 Facility Information

Please use a separate application for each TYPE of facility.

2A. Type of Facility

- Group Living Facility
- Homeless Shelter
- Hospice
- Women's Shelter

2B. Facility Services

Please check all services that apply.

- Lodging
- Rehabilitation
- Counseling
- Training
- Meals
- Other (Please describe): _____

3 CARE Program Renewal

If you want to renew your facility's CARE eligibility, please explain how your organization used the savings from last year's CARE discount to directly benefit your residents:

4 Your Declaration

By signing this declaration, I certify that our nonprofit organization and the facility we operate qualify for CARE. I also agree to the following program terms and conditions in order to remain eligible for the CARE program:

1. The information I have provided here is true and correct.
2. The organization is a PG&E customer of record.
3. Total gross annual income of all facility's residents and/or households meet the current CARE income guidelines, and documentation is available to substantiate this statement.
4. Each PG&E account meets the 70 percent residential energy usage criteria as described on this application.
5. I will renew our organization's eligibility at least every four years and notify PG&E of any changes that may affect our CARE eligibility.
6. PG&E reserves the right to request verification of records demonstrating eligibility at any time and may rebill the organization at the applicable rate, if appropriate.
7. I understand that PG&E may share our facility's name and address with other utilities or their agents, for the sole purpose of facilitating enrollment in their assistance programs.

X

Authorized Representative's Signature

Date

X

Authorized Representative's Name

Date

FOR INTERNAL USE ONLY

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Please complete this application by providing your PG&E account information in Section 5 on the reverse side.

5

Your PG&E Facility Account(s)

For individual facilities of the same type (such as a Group Living Facility or Homeless Shelter), please attach a separate sheet for more than four addresses.

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

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Satellite facility? Yes No

Common Use Area Account? Yes No

Number of days this facility is occupied each year: _____

Total number of residents (Excluding on-site manager): _____

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

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Satellite facility? Yes No

Common Use Area Account? Yes No

Number of days this facility is occupied each year: _____

Total number of residents (Excluding on-site manager): _____

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

Electric Service ID#

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Service Address

City/State/Zip Code

Satellite facility? Yes No

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Number of days this facility is occupied each year: _____

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

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Satellite facility? Yes No

Common Use Area Account? Yes No

Number of days this facility is occupied each year: _____

Total number of residents (Excluding on-site manager): _____