



**Gas Sample Form No. 62-0672**

Sheet 1

CARE/FERA Program Application for Sub-Metered Residential Customers (English/Chinese)

**Please Refer to Attached  
Sample Form**



# CARE/FERA PROGRAM APPLICATION Sub-Metered Residential Customers



## Save on your monthly PG&E bill

If your landlord bills you directly for gas and electricity, you are a "sub-metered" customer. While you are not a direct PG&E customer, you may still be eligible for programs and services to help you lower your energy bills, including the CARE and the FERA programs.

### 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. To enroll:

- Check all the qualifying public assistance programs in Section 2A from which you, or someone in your household, receive benefits **OR**
- Complete Section 2B which includes 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.

You will also need to have your landlord or facility manager complete Section 1A of this application. If your landlord has questions, have him or her email [CAREandFERA@pge.com](mailto:CAREandFERA@pge.com).

#### CARE Income Guidelines (good until May 31, 2024)

Number of people in household	Total gross annual household income*
1-2	\$39,440 or less
3	\$49,720 or less
4	\$60,000 or less
5	\$70,280 or less
6	\$80,560 or less
7	\$90,840 or less
8	\$101,120 or less
Each additional person, add	\$10,280

### Family Electric Rate Assistance (FERA)

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

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.

#### FERA Income Guidelines (good until May 31, 2024)

Number of people in household	Total gross annual household income*
1-2	Not eligible
3	\$49,721-\$62,150
4	\$60,001-\$75,000
5	\$70,281-\$87,850
6	\$80,561-\$100,700
7	\$90,841-\$113,550
8	\$101,121-\$126,400
Each additional person, add	\$10,280-\$12,850

See the FERA Income Guidelines listed above to find out if you qualify, and enroll by completing the included application.

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

†Learn more and get a personalized rate analysis at [pge.com/findrates](http://pge.com/findrates)

### How you can apply

**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/energysavings](http://pge.com/energysavings)  
1-800-933-9555

This program provides energy-efficient home improvements and appliances at no cost to customers who are income qualified. Property owners and renters are eligible to participate.



**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.

#### 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.

**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.



# CARE/FERA 計劃申請表 使用分錶的住宅用戶

62-0672 表格

選擇最適合您的費率計劃。深入了解<sup>+</sup>。

## 您每月的 PG&E 帳單可獲得省錢優惠

如果您的房東直接向您收取煤電費用，您即屬於「使用分錶」的用戶。雖然您不是 PG&E 的直屬用戶，但您仍可能有資格參加降低能源帳單的計劃，其中包含 CARE 及 FERA 計劃。

### California Alternate Rates for Energy (CARE) 計劃

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

CARE 計劃為符合申請條件的家庭提供 PG&E 帳單每月折扣優惠。您可透過以下方式註冊：

- 勾選第 2A 節中您或家中其他人參加並獲得福利的所有符合條件的公共補助計劃或
- 填妥第 2B 節（當中包括您的全家總年收入）。\*

其他資格條件包括：

- 您每月的用電量不超過第一級 (Tier 1) 容許量的六倍。
- 除了您的配偶外，您未在他人的所得稅表上被申報為受扶養人。
- 您並未與其他家庭共用電錶/煤氣錶。
- 您至少每兩年將更新一次您的資格條件。

您還需要房東或住宅設施經理填寫本申請表 1A 節。如果您的房東有任何疑問，請他或她致電郵地 [CAREandFERA@pge.com](mailto:CAREandFERA@pge.com)。

\*全家年收入總計包括居於此地址之家庭成員所有繳稅與不需繳稅的收入，且涵蓋所有收入來源，包括（但不限於）工資、月薪、利息、股利、配偶和子女贍養費、社會補助款項、社安金、退休金、住宅補貼、軍人補貼、租金收入、自營收入和所有與聘僱工作有關的非現金收入。

†了解更多並取得個人化費率分析：[pge.com/findrates](http://pge.com/findrates)

CARE 收入標準  
(有效期至 2024 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	\$39,440 或以下
3	\$49,720 或以下
4	\$60,000 或以下
5	\$70,280 或以下
6	\$80,560 或以下
7	\$90,840 或以下
8	\$101,120 或以下
每多一人即增加	\$10,280

### Family Electric Rate Assistance (FERA) 計劃

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

FERA 收入標準  
(有效期至 2024 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	不符合資格
3	\$49,721-\$62,150
4	\$60,001-\$75,000
5	\$70,281-\$87,850
6	\$80,561-\$100,700
7	\$90,841-\$113,550
8	\$101,121-\$126,400
每多一人即增加	\$10,280-\$12,850

如果您不符合 CARE 申請資格，仍可能有資格參加 Family Electric Rate Assistance (家庭電費補助，簡稱 FERA) 計劃。該計劃為三人以上的家庭提供每月電費帳單折扣，而申請資格的收入上限較高。

請參考以上所列 FERA 收入標準，了解自己是否符合申請資格，並填寫附頁申請表以申請加入計劃。

### 申請方式

**電郵地址:** 將填好的申請表拍照或掃描後透過電子郵件寄到 [CAREandFERA@pge.com](mailto:CAREandFERA@pge.com)

**郵寄:** 將填好的申請表寄到  
CARE/FERA Program  
P.O. Box 7979  
San Francisco, CA 94120-7979

**傳真:** 將填好的申請表傳真到  
1-877-302-7563

### 其他補助計劃和服務

**Energy Savings Assistance Program**  
[pge.com/energysavings-ch](http://pge.com/energysavings-ch)  
1-800-933-9555

此計劃為收入符合資格的客戶免費提供住家節能改善工程與家電設備。業主和租客符合參與資格。

**Energy Savings Assistance Program**

**Medical Baseline**  
[pge.com/medicalbaseline](http://pge.com/medicalbaseline)

如果您有醫療上的需求，要依賴維生素系統或其他設備，就可能有資格透過「基本醫療底線」(Medical Baseline) 計劃以最低價格使用額外能源。

**Universal Lifeline Telephone Service (ULTS)**

您只要符合近似的 CARE 計劃收入標準，就能獲得電話費折扣優惠。如要進一步瞭解，請聯絡您當地電話服務公司。

**低收入家庭能源協助計劃 (LIHEAP)**  
1-866-675-6623

透過加州社區服務與發展部所主持的這項計劃，若您在能源帳單上的支出在您的收入中佔相當高的比例，您可能符合資格獲得財務援助及防水服務。



# CARE/FERA PROGRAM APPLICATION

## Sub-Metered Residential Customers

Form 62-0672

Please have your landlord or facility manager fill out Section 1A, while you fill out Section 1B about you and your household, and then complete Sections 2A **OR** 2B. Sign, date, and return to PG&E as soon as possible. **By signing this application you agree to make available to your landlord or facility manager PG&E's determination of your eligibility to participate in CARE or FERA for them to pass along the discount if you qualify.**

1

**1A Your landlord and facility**

**Applicant status:** ● ADD NEW ● DROP ● RENEW ● MOVE TO DIFFERENT SPACE

PG&E account numbers:  Electricity  Gas

Your mobile home park/facility name \_\_\_\_\_

Your mobile home park/facility address (City/State/Zip Code) \_\_\_\_\_

Your landlord or manager's name \_\_\_\_\_ Preferred phone number  Home  Work  Mobile

Your landlord or manager's mailing address (City/State/Zip Code) \_\_\_\_\_ Email \_\_\_\_\_

1B You and your household

Your name (Use the name as it appears on the energy bill from your landlord, which must be in your name.) \_\_\_\_\_ Email (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.) \_\_\_\_\_

Your home address (Address must be your primary residence. Do NOT use a P.O. Box.) \_\_\_\_\_ Unit #/City/State/Zip Code \_\_\_\_\_

Mailing address Unit #/City/State/Zip Code \_\_\_\_\_ Preferred phone number  Home  Work  Mobile

What language do you prefer for future CARE and FERA communications? (Choose one) \_\_\_\_\_ Alternative phone number  Home  Work  Mobile

English  Spanish  Mandarin  Cantonese  Vietnamese  
 Russian  Korean  Tagalog  Hmong

What is your preferred method of communication? (Choose one) \_\_\_\_\_ **Number of people in your household at this address:**

Mail  Email  Phone  Text (Message and data rates may apply.) **Adults**  **+** **Children**  **=**  (under 18)

2

Household qualification

Fill out Section 2A **OR** Section 2B.

2A Public assistance programs

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

Low-Income Home Energy Assistance Program (LIHEAP)

Medi-Cal for Families (Healthy Families A&B)

Women, Infants, and Children (WIC)

National School Lunch Program (NSLP)

CalFresh/SNAP (Food stamps)

Bureau of Indian Affairs General Assistance

CalWORKs (TANF) or Tribal TANF

Head Start Income Eligible (Tribal only)

Medicaid/Medi-Cal (under age 65)

Supplemental Security Income (SSI)

Medicaid/Medi-Cal (age 65 and over)

OR

2B Household income

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:**

**Total gross annual household income** \$  .00

(please account for all income from every household member)

3

Your declaration

**By signing this declaration, I certify that the information I have provided in this application is true and correct.**

I acknowledge that I have read and understood the contents of this application. I also agree to follow the terms and conditions of the CARE or the FERA program, including the following:

- I am not claimed as a dependent on another person's income tax return other than my spouse.
- I am not knowingly sharing an energy meter with another home.
- I will notify PG&E if my household is no longer eligible for the CARE or FERA discount.
- I understand I may be required to provide proof of household income.
- I understand I may be required to participate in the Energy Savings Assistance Program.
- I understand I may be removed from the CARE program if my monthly electric usage exceeds six times the Tier 1 allowance.
- I understand that I may be switched or dropped from the CARE or FERA program if I submit information or PG&E receives information from other programs which deem me ineligible.
- I authorize PG&E to share my information in order to remain eligible for available energy management assistance, and price reduction and residential rate programs with other utilities, state agencies and entities designated by the CPUC.
- I will pay back the discount I have received if I provided false information to support my application for the CARE or the FERA program.

X

**Customer signature**  Fill in circle if you are a guardian or you have power of attorney.

FOR INTERNAL USE ONLY

Date \_\_\_\_\_

