



INSTRUCTIONS

1. READ ALL information and instructions before you complete this application. If you have questions, call Pacific Gas and Electric Company's CARE Program toll-free at 1-866-743-2273 or the Hotline at 415-973-7288.
2. DETERMINE if the facility can comply with section 50710.1 (e) of the California Health and Safety Code, or is a non-profit farm worker housing center.
3. REVIEW the service agreements in this application to confirm that they are residential end use and included in your facility.
4. COMPLETE, SIGN and DATE the application.
5. MAIL TO: **Pacific Gas and Electric Company
CARE Program
PO Box 7979
San Francisco, CA 94120-7979**

DISCOUNT

The CARE Program provides a monthly discount on energy bills for MFHC facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates are available only to qualified facilities. The facility will receive the discount after the utility receives and approves the application.

ELIGIBILITY CRITERIA FOR ORGANIZATIONS

- MFHC must be the utility customer of record.
- MFHC must verify that the service agreements listed in this application have rates with residential end uses for CARE.
- MFHC must agree to use all CARE savings from a reduction in energy rates for the benefit of the occupants of the migrant farm worker housing center.

CARE: ☎ **1-866-743-2273** Fax: ☎ 415-973-6419 www.pge.com/care 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 can not utilize the TDD line



ELIGIBLE FACILITIES

- **MIGRANT FARM WORKER HOUSING CENTERS, operated by Office of Migrant Services (OMS), Department of Housing and Community Development**, provides pursuant to Section 50710 of the California Health and Safety Code.
- **MIGRANT FARM WORKER HOUSING CENTERS, operated by non-profit entities**, as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code.

MIGRANT FARM WORKER HOUSING CENTERS (MFHC) RESPONSIBILITIES

MFHC is required to:

- At the time of application for CARE discount, provide a copy of current contract with the Office of Migrant Services, Department of Housing and Community Development or a copy of Federal 501 (c) (3) tax exemption or copy of state tax exemption form and current copy of local property tax exemption form.
- Maintain supporting records and documentation of how savings from the reduction in energy rates benefited the occupants.
- Notify PG&E of any change that would remove or add to eligible service agreements in this application. MFHC may be subject to rebilling of any of the service agreements in this application are no longer eligible for the CARE discount.
- Update its application when notified by PG&E.

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1 ORGANIZATION INFORMATION: *(please print or type)*

Name on Utility Bill _____

Name of Facility _____
(if different than on bill)

Address _____ City _____ Zip Code _____

Mailing Address _____ City _____ Zip Code _____
(if different)

Primary Contact _____
(who to contact if utility needs more information)

Secondary Contact _____
(who to contact if utility needs more information)

Phone (____) _____

Phone (____) _____

Fax (____) _____

Fax (____) _____

E-mail Address _____

E-mail Address _____

2 FACILITY INFORMATION:

Please use a separate application for each TYPE of facility

MIGRANT FARM WORKER HOUSING CENTER, operated by Office of Migrant Services (OMS), provided pursuant to Section 50710 of the Health and Safety Code

MIGRANT FARM WORKER HOUSING CENTER, operated by Non-profit entities, as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code.

3 RE-CERTIFICATION *(please print or type)*

If re-certifying the facility's eligibility for continued CARE discounts, please provide an explanation of how last year's discount savings was used by your organization to benefit your clients:

This year's discount will be used for:

4 DECLARATION: *(please read and sign below)*

By signing this application I certify under penalty of perjury that the information contained herein is true and accurate and agree to comply with all the eligibility criteria and MFHC responsibilities contained herein for all of the Service Agreements listed in this application and I give my consent that the information herein may be shared with other energy utility companies.

Authorized Representative's Signature _____ Date _____

Authorized Representative's Name _____ Date _____

Please complete this application by providing individual account information on the reverse side of this page.

