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## 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 Non-Profit hotline at 415-973-7288.
2. DETERMINE if the facility meets the definition of a qualified nonprofit group living facility. The facility MUST meet ALL criteria to qualify for a monthly discount from the CARE Program.
3. COMPLETE the entire application (please print or type). Complete a separate application for each type of qualified facility (including satellite facilities).
4. ATTACH all required documents. (Application is considered incomplete without documents.)
5. MAIL TO: **Pacific Gas and Electric Company  
CARE Program  
PO Box 7979  
San Francisco, CA 94120-7979**

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## DISCOUNT

The CARE Program provides a monthly discount on energy bills for 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.

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## ELIGIBILITY CRITERIA FOR ORGANIZATIONS

Each facility MUST meet ALL of the following criteria:

- Organization operating facility must be able to prove federal 501(c)(3) tax-exempt status.
- All Pacific Gas and Electric Company accounts must be in the name of the organization with IRS tax exemption.
- 70% of the energy supplied to each Pacific Gas and Electric Company account including common use areas must be used for residential purposes.
- 100% of the residents or clients occupying the facility at any given time must individually meet the current CARE income eligibility guidelines for a single-person household.  
Note: This excludes any employee operating or managing the facility who resides on the premise. Please see enclosed sheet for the current CARE income guidelines.
- Organizations are required to re-certify CARE eligibility by completing a new application, attaching all required documentation (updated as necessary) and a statement of how the discount was used in the previous year to directly benefit the residents.

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

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## ELIGIBLE FACILITIES

**GROUP LIVING FACILITIES:** 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 persons, or other nonprofit group living facilities.

- Each facility must provide a special needs social service, such as meals or rehabilitation, in addition to lodging
- Also eligible are satellite facilities in the name of the licensed organization, where 70% of the energy supplied is for residential purposes, and where special-needs social services are provided. Applications for satellite facilities must be completed by the organization that holds the documentation showing the special-needs social services provided.
- **Supporting documentation required:**
  - ✓ Completed and signed application form (one form for each type of facility).
  - ✓ Provide current copy of federal 501(c)(3) tax exemption
  - ✓ Organizations must provide licensing of services by the appropriate agency such as the State Department of Social Services, Department of Drug and Alcohol Programs or Department of Health Services, or be able to show some other proof of services satisfactory to Pacific Gas and Electric Company.

### **HOMELESS SHELTERS, HOSPICES and WOMEN'S SHELTERS:**

- Primary function of the facility must be to provide lodging
- Each facility must be open for operation with at least 6 beds for a minimum of 180 days and/or nights per year.
- Satellite facilities in the name of the licensed organization, where 70% of the energy supplied is for residential purposes, are also eligible. Applications for satellite facilities must be completed by the organization that holds the documentation required.
- **Supporting documentation required:**
  - ✓ Completed and signed application form (one form for each type of facility).
  - ✓ Provide current copy of federal 501(c)(3) tax exemption

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## FACILITIES NOT ELIGIBLE

- Non-Profit Facilities providing social services only.
- Group Living Facilities providing no other services than a place to live.
- Government-owned and/or –operated facilities.
- Government-subsidized facility providing lodging only.

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## ORGANIZATION'S RESPONSIBILITIES

### **The organization is required to:**

- Provide proof of facility's eligibility (see Eligible Facilities) and submit required documentation with the application (see requirements on the application).
  - Verify that all individuals residing in the facility meet the CARE income eligibility guidelines (see income guideline sheet) and make a certification to that effect, under the penalty of perjury, under the laws of the state of California.
  - Maintain records of residents' income eligibility, which should come from federal tax return, payroll stubs or similar records acceptable to the utility. These records must be retained for three (3) years from the date of initial application and/or re-certification.
  - Show how the previous year discount was used to directly benefit the residents at re-certification.
  - Maintain accounting entries and supporting documentation of how the discount was used for the direct benefit of the residents. These records must be retained for three (3) years from the date of initial application and/or re-certification.
  - Upon request from the utility, provide documentation of the residents' income eligibility and/or documentation of how the discount was used for the direct benefit of the residents.
  - Provide all information requested by the utility. Failure to do so will result in denial or removal from the program. The applicant may be subject to rebilling for the period they were ineligible for the discount as determined by the utility.
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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 \_\_\_\_\_ Secondary Contact \_\_\_\_\_  
(who to contact if utility needs more information)

Phone (\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

**2 FACILITY INFORMATION:** *(please print or type)*

**TYPE OF FACILITY**  
(please use a separate application for each TYPE of facility)

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

**SERVICES PROVIDED** (check all that apply)

- Lodging
- Counseling
- Meals
- Rehabilitation
- Training
- Other (Please Describe): \_\_\_\_\_

**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:

\_\_\_\_\_

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

- Organization is Pacific Gas and Electric Company customer of record
- 100% of all residents of the facility and/or households meet CARE income guidelines.
- Documentation is available to substantiate the above.
- Each Pacific Gas and Electric Company account meets the 70% residential energy usage criteria.

By signing below, I certify under penalty of perjury that the information on this declaration is truthful and correct. Although this declaration is valid for one year, I will notify Pacific Gas and Electric Company of any changes that may affect eligibility for CARE. Pacific Gas and Electric Company reserves the right to request verification of records demonstrating eligibility at any time and may re-bill the Organization at the applicable rate if appropriate. I understand that the facility name and address may be shared with other energy utilities, if applicable.

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.**

