



ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly energy bill for qualifying households.
- **Family Electric Rate Assistance (FERA)** Program provides savings on your electric bill for large households of three or more persons with low-to middle-income.

PROGRAM GUIDELINES

- The PG&E bill must be in your name.
- You must live at the address where the discount will be received.
- You may not share energy meter(s) with another home.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E if your household no longer qualifies for the CARE / FERA discount.
- Tenants of sub-metered mobile home parks, apartments and marinas must use the "CARE/FERA Program Application for Tenants of Sub-Metered Facilities". (See Landlord / Manager for form 01-9285)

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **LIHEAP** - Low Income Home Energy Assistance Program. Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **REACH** – Contact the Salvation Army for one-time assistance in paying your bills. Call the Salvation Army at 1-800-933-9677 for more information.
- **Medical Baseline** - Provides services at the lowest rates to customers with documented needs. Call 1-800-PGE-5000 for more information.
- **Energy Partners** - Free energy education and weatherization to income-qualified customers. Call 1-800-989-9744 for more information.
- **Balanced Payment Plan** – Contact Pacific Gas and Electric Company Customer Services to see how your monthly payments can be evened out to allow you to budget your energy costs. Call 1-800-PGE-5000 for more information.
- **ULTS** – Universal Lifeline Telephone Service provides discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local telephone service provider for more information.

Mail Completed Application to:

Pacific Gas and Electric Company
CARE / FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☎ **1-866-743-2273** Fax: ☎ 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.pge.com/fera

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

California Relay 1-800-735-2929 if you can not utilize the TDD line



1 CUSTOMER INFORMATION: (please print clearly)

Account Number:

(This number is located on the first page of your PG&E bill)

Account number input boxes

Name Telephone Number

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) =

2a PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then SKIP to section 3.

- Medi-Cal (under age 65), Medi-Cal (age 65 and over), Food Stamps, TANF (AFDC), WIC, Healthy Families A & B, LIHEAP

If you do not participate in any of the above programs, SKIP to section 2b

2b HOUSEHOLD INCOME ELIGIBILITY: (skip if you filled out section 2a)

CHECK all sources of household income. You will be enrolled in either the CARE or FERA Program depending on your household size and income.

- Pensions, Social Security, SSI, SSP, SSDI, Wages or Salaries, Unemployment Benefits, Workers compensation, Disability payments, Rental or Royalty Income, Profit from self-employment, School Grants, Scholarships or other aid used for living expenses, Insurance Settlements, Legal Settlements, Child support, Spousal support, Cash and/or other income

MAXIMUM HOUSEHOLD INCOME: (effective June 1, 2008 to May 31, 2009)

Table with columns: Number of Persons in Household, Total Combined Annual Income (before taxes), CARE, FERA

Total Annual Household Income: \$

3 DECLARATION: (please read and sign below)

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify 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 Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

X Signature Date