



ABOUT THE CARE/FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a monthly discount on energy bills for income qualified households.
- **Family Electric Rate Assistance (FERA)** Program provides a monthly discount on electric bills for income qualified households of three or more persons.

Number of Persons in Household	Annual Income*	
	CARE	FERA
1-2	\$30,500	Not Eligible
3	\$35,800	\$35,801 - \$44,800
4	\$43,200	\$43,201 - \$54,000
5	\$50,600	\$50,601 - \$63,200
6	\$58,000	\$58,001 - \$72,400
For Each Additional Person add	\$7,400	\$7,400 - \$9,200

* Before taxes based on current income sources

Valid until May 31, 2010

PROGRAM GUIDELINES

- The energy bill from your landlord must be in your name.
- You must live at the address where the discount will be received.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- You may not share energy meter(s) with another home.
- 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.
- PG&E will notify you when it is time for you to reapply, if you still qualify.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **Energy Partners** - Free energy education and weatherization to income qualified customers. Call 1-800-989-9744 for more information.
- **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.
- **Medical Baseline** - Provides services at the lowest rates to customers with documented needs. 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

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



1 **MANAGER / FACILITY INFORMATION:** *(please print clearly)*

Mobile Home Park/Other Sub-Metered Facilities Name

Mobile Home Park/Other Sub-Metered Facilities Address

City

Zip Code

PG&E Account Number:

Electricity

Grid for electricity account number with a dash in the 11th position.

Gas

Grid for gas account number with a dash in the 11th position.

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Manager or Landlord Name

Telephone Number

Manager or Landlord Mailing Address

City

Zip Code

Applicant Status

ADD NEW

DROP

RE-CERTIFY

MOVE TO DIFFERENT SPACE

2 **TENANT INFORMATION:** *(please print clearly)*

Name *(As it appears on your energy bill)*

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) _____ = _____

3A **PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:**

CHECK all programs you participate in, then GO TO section 4.

- | | | |
|--|---|--|
| <input type="checkbox"/> Medicaid/Medi-Cal (under age 65) | <input type="checkbox"/> LIHEAP | <input type="checkbox"/> NSL FREE Lunch Program |
| <input type="checkbox"/> Medicaid/Medi-Cal (age 65 and over) | <input type="checkbox"/> WIC | <input type="checkbox"/> Bureau of Indian Affairs General Assistance |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Healthy Families A & B | <input type="checkbox"/> Head Start Income Eligible (Tribal Only) |
| <input type="checkbox"/> Food Stamps/SNAP | <input type="checkbox"/> TANF or Tribal TANF | |

If you do not participate in any of the above programs, GO TO section 3B

3B **HOUSEHOLD INCOME ELIGIBILITY:** *(skip if you filled out section 3A)*

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Pensions | <input type="checkbox"/> Wages and/or Profits from Self-Employment | <input type="checkbox"/> Scholarships, Grants or other aid for living expenses |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Rental or Royalty Income | <input type="checkbox"/> Insurance or Legal Settlements |
| <input type="checkbox"/> SSP or SSDI | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Spousal or Child Support |
| <input type="checkbox"/> Interests/Dividends from: Savings, Stocks, Bonds, or Retirement Accounts | <input type="checkbox"/> Disability or Workers Compensation Payments | <input type="checkbox"/> Cash and/or Other Income |

Total Annual Household Income: \$ [] [] , [] [] [] []

4 **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

fill in circle if guardian or power of attorney

_____ Date

For Internal Use Only

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