



**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.

**PROGRAM GUIDELINES**

1. The energy bill from your landlord must be in your name.
2. You must live at the address where the discount will be received.
3. You may not be claimed as a dependent on another person's income tax return other than your spouse.
4. You may not share energy meter with another home.
5. Your household must meet the program income guidelines described in this application.
6. You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
7. Following enrollment, you may be selected for income verification and must provide proof of qualifying household income in order to remain on the program.
8. You are required to recertify your eligibility every two years (four years if fixed income).

<b>INCOME GUIDELINES</b> (valid until May 31, 2012)		
Number of Persons in Household	Annual Income (before taxes based on current income sources)	
	<b>CARE</b>	<b>FERA</b>
1-2	\$31,800	Not Eligible
3	\$37,400	\$37,401 - \$46,800
4	\$45,100	\$45,101 - \$56,400
5	\$52,800	\$52,801 - \$66,000
6	\$60,500	\$60,501 - \$75,600
For each additional person, add:	\$7,700	\$7,700 - \$9,600

## OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.



- **Low Income Home Energy Assistance Program (LIHEAP):** 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:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.

## FOR MORE INFORMATION

**Mail completed application to:** Pacific Gas and Electric Company  
CARE/FERA Program  
P. O. Box 7979  
San Francisco, CA 94120-7979

**Or fax completed application to:** 415-973-6419

**CARE:** 1-866-743-2273 <http://www.pge.com/care>

**FERA:** 1-800-743-5000 <http://www.pge.com/fera>

**Email:** 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 cannot utilize the TDD line



## 2A PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

**CHECK** all programs you or someone in your household participate in.

- |   |  |
|---|--|
| <input type="checkbox"/> Medicaid/Medi-Cal (under age 65)                   | <input type="checkbox"/> CalWORKs (TANF) or Tribal TANF              |
| <input type="checkbox"/> Medicaid/Medi-Cal (age 65 and over)                | <input type="checkbox"/> National School Lunch Program (NSLP)        |
| <input type="checkbox"/> Supplemental Security Income (SSI)                 | <input type="checkbox"/> Bureau of Indian Affairs General Assistance |
| <input type="checkbox"/> CalFresh/SNAP (Food Stamps)                        | <input type="checkbox"/> Head Start Income Eligible (Tribal Only)    |
| <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) |  |
| <input type="checkbox"/> Women, Infants and Children (WIC)                  |  |
| <input type="checkbox"/> Healthy Families A & B                             |  |

## 2B HOUSEHOLD INCOME ELIGIBILITY:

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

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

## 3 DECLARATION: *(please read and sign)*

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** \_\_\_\_\_

**Customer Signature**

**Date**

fill in circle if guardian or power of attorney

For Internal Use Only

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