



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

3A PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

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

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

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.

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