Pacific Gas and Electric Company®

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June 17, 2005

Advice 2643-G/2677-E
(Pacific Gas and Electric Company ID U39M)

Subject: **Revisions to Form 62-1198—California Alternate Rates for Energy Program Application for Qualified Agricultural Employee Housing Facilities**

New Form 61-0535—California Alternate Rates for Energy Program Application for Office of Migrant Services/Non-profit Migrant Farm Worker Housing Centers

Public Utilities Commission of the State of California

Pacific Gas and Electric Company (PG&E) hereby submits for filing revisions to Form 62-1198— California Alternate Rates for Energy Program Application for Qualified Agricultural Employee Housing Facilities and a new Form 61-0535— California Alternate Rates for Energy Program Application for Office of Migrant Services/Non-profit Migrant Farm Worker Housing Centers, as authorized by Decision (D.)05-04-052. The affected tariff sheets are listed on the enclosed Attachment I.

Background

Form 62-1198 provides an application form for participation in the California Alternate Rates for Energy (CARE) Program.[1] PG&E hereby proposes to modify Form 62-1198 to implement eligibility of migrant farm labor centers for CARE.

Assembly Bill (AB) 868, signed by the Governor on September 21, 2004, amended Sections 50710.1 and 50712.5 of the Health and Safety Code related to migrant farm labor centers to deem an entity operating a migrant farm labor center to be eligible for CARE. The assigned Administrative Law Judge (ALJ) in Rulemaking (R.) 04-01-006 issued two rulings on October 1, 2004, and November 22, 2004. The two rulings were designed to ensure utility compliance with the statute's obligations to serve all migrant farm labor centers deemed eligible and to address how to pass savings on to occupants of the centers. The ALJ also required the utilities (PG&E, Southern California Edison, San Diego Gas &

[1] The Commission most recently approved Form 62-1198 in Advice 2322-G/2126-E effective July 1, 2001.

Electric, SoCal Gas) to consult with the California Office of Migrant Services (OMS) which administers the migrant farm housing center program.

The utilities consulted with OMS and filed a plan to comply with AB 868 by automatically enrolling OMS and other qualifying non-profit-administered Migrant Farmworker Housing Centers (MFHC) into the CARE program. The utilities have served OMS centers since 1996, when the CARE program began serving agricultural employee housing centers (see D.95-10-047 and PG&E Tariff Rule 19.3, Cal PUC Sheet No. 13899-E, effective Jan. 23, 1996), and noted that they would need to revise their current applications to automatically enroll these deemed-eligible migrant centers.

Decision 05-04-052, Ordering Paragraphs 24, 25, and 26 ordered:

- the utilities to create a new application for migrant housing centers that did not include the previous requirement that 100% of OMS farmworker housing center residents be eligible for CARE;
- non-profit farmworker housing centers, even if not managed by OMS, shall receive the CARE discount; and
- the IOUs shall use their best efforts to enroll all residents of OMS and non-profit migrant housing centers in the CARE program within 60 days.

PG&E has worked with the other utilities to revise the applications consistently and has already been in contact with its OMS centers to help them automatically enroll with this new application. The instant Advice Letter submits the revised and new applications for Commission approval.

Proposed Revisions to Form 62-1198 and Need for New Form 61-0535

PG&E proposes the following revisions to Form 62-1198:

1. Page 1, INSTRUCTIONS Section, point 2: Delete "Determine" and replace with "DETERMINE".
2. Page 2, ELIGIBILITY Section:
    a. Change section heading from "ELIGIBILITY" to "ELIGIBLE FACILITIES"
    b. Delete "MIGRANT FARMWORKER HOUSING CENTER" subsection in its entirety.
    c. HOUSING FOR AGRICULTURAL EMPLOYEES, subsection: Delete "(operated by non-profit entities)" parenthetical and replace with "(non-migrant")
3. Page 3, 2. FACILITY INFORMATION Section:
    a. Delete "MIGRANT FARMWORKER HOUSING CENTER" subsection in its entirety.

b. HOUSING FOR AGRICULTURAL EMPLOYEES, subsection: Delete "(operated by non-profit entities)" parenthetical and replace with "(non-migrant")

PG&E proposes to create New Form 61-0535 to address the new MIGRANT FARMWORKER HOUSING CENTERS enrollment criteria codified by AB 868 and mandated by D.05-04-052. These centers were removed from Form 62-1198.

Protests

Anyone wishing to protest this filing may do so by letter sent via U.S. mail, by facsimile or electronically, any of which must be received no later than 20 days after the date of this filing, which is **July 7, 2005**. Protests should be mailed to:

CPUC Energy Division
Attention: Tariff Unit, 4th Floor
505 Van Ness Avenue
San Francisco, California 94102

Facsimile: (415) 703-2200
E-mail: jjr@cpuc.ca.gov and jnj@cpuc.ca.gov

Copies of protests also should be mailed to the attention of the Director, Energy Division, Room 4004, at the address shown above.

The protest also should be sent via U.S. mail (and by facsimile and electronically, if possible) to PG&E at the address shown below on the same date it is mailed or delivered to the Commission:

Pacific Gas and Electric Company
Attention: Brian Cherry
Director, Regulatory Relations
77 Beale Street, Mail Code B10C
P.O. Box 770000
San Francisco, California 94177

Facsimile: (415) 973-7226
E-mail: PGETariffs@pge.com

Effective Date

PG&E requests that this advice filing become effective on regular notice, **July 18, 2005,** which is 31 days after the date of filing.

Notice

In accordance with General Order 96-A, Section III, Paragraph G, a copy of this advice letter is being sent electronically and via U.S. mail to parties shown on the attached list. Address changes should be directed to Rose de la Torre at (415) 973-4716. Advice letter filings can also be accessed electronically at:

http://www.pge.com/tariffs

Brian K. Cherry /RL

Director, Regulatory Relations

Attachments

cc: Service Lists R.04-01-006

CALIFORNIA PUBLIC UTILITIES COMMISSION

ADVICE LETTER FILING SUMMARY
ENERGY UTILITY

MUST BE COMPLETED BY UTILITY (Attach additional pages as needed)

Company name/CPUC Utility No. **Pacific Gas and Electric Company (ID U39)**

Utility type:	Contact Person: Bernard Lam
☑ ELC ☑ GAS	Phone #: (415) 973-4878
☐ PLC ☐ HEAT ☐ WATER	E-mail: bxlc@pge.com

EXPLANATION OF UTILITY TYPE

ELC = Electric GAS = Gas
PLC = Pipeline HEAT = Heat WATER = Water

(Date Filed/ Received Stamp by CPUC)

Advice Letter (AL) #: **2643-G/2677-E**

Subject of AL: Revisions to CARE Form 62-1198 and new Form 61-0535 for Migrant Farm Worker Housing Centers

Keywords (choose from CPUC listing): CARE, Compliance, Forms

AL filing type: ☐ Monthly ☐ Quarterly ☐ Annual ☑ One-Time ☐ Other _____

If AL filed in compliance with a Commission order, indicate relevant Decision/Resolution #:

D.05-04-052

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL: No

Summarize differences between the AL and the prior withdrawn or rejected AL[1]: _____

Resolution Required? ☐ Yes ☑ No

Requested effective date: **07/18/2005** No. of tariff sheets: 8

Estimated system annual revenue effect: (%): N/A

Estimated system average rate effect (%): N/A

When rates are affected by AL, include attachment in AL showing average rate effects on customer classes (residential, small commercial, large C/I, agricultural, lighting).

Tariff schedules affected: CARE Forms 62-1198 and 61-0535

Service affected and changes proposed[1]: Automatic enrollment of OMS centers in CARE

Pending advice letters that revise the same tariff sheets: N/A

Protests and all other correspondence regarding this AL are due no later than 20 days after the date of this filing, unless otherwise authorized by the Commission, and shall be sent to:

CPUC, Energy Division
Attention: Tariff Unit
505 Van Ness Ave.,
San Francisco, CA 94102
jjr@cpuc.ca.gov and jnj@cpuc.ca.gov

Pacific Gas and Electric Company
Attn: Brian K. Cherry
Director, Regulatory Relations
77 Beale Street, Mail Code B10C
P.O. Box 770000
San Francisco, CA 94177
E-mail: PGETariffs@pge.com

[1] Discuss in AL if more space is needed.

ATTACHMENT 1
2643-G

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
23210-G	Sample Forms--62-1198--Application for Qualified Agricultural Employee Housing Facilities	20603-G
23211-G	Sample Forms--61-0535--Application for Migrant Farm Worker Housing Centers	New
23212-G	Table of Contents--Sample Forms	23149-G
23213-G	Table of Contents--Rate Schedules	23180-G

ATTACHMENT 1
2677-E

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
23629-E	Sample Forms--62-1198--Application for Qualified Agricultural Employee Housing Facilities	18339-E
23630-E	Sample Forms--61-0535--Application for Migrant Farm Worker Housing Centers	New
23631-E	Table of Contents--Sample Forms	23429-E
23632-E	Table of Contents--Rate Schedules	23593-E

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
APPLICATION FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES
FORM NO. 62-1198 (REV 6/05) (T)
(ATTACHED)

Pacific Gas and Electric Company®

www.pge.com/care

CARE Program Application for

Qualified Agricultural Employee Housing Facilities

CARE Program

Mail Completed Application to: P.O. Box 7979, San Francisco, CA 94120-7979

For Questions Call: 1-866-PGE-CARE (743-2273) *Fax:* 415-973-6419

62-1198

Rev. 06/01/05

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 Hotline at 415-973-7288.
2. DETERMINE if the facility meets the definition of a qualified agricultural employee housing facility. The facility MUST meet ALL criteria to qualify for the 20% discount from the CARE Program.
3. COMPLETE the entire application (please print or type). Complete a separate application for each 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

DISCOUNT

The CARE Program provides a 20% discount on the utility bill 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.

ELIGIBILITY CRITERIA FOR ORGANIZATIONS

Each facility MUST meet ALL of the following criteria:

- Applicant must be the utility customer of record.
- Applicant must verify that 100% of the residents and/or households meet the current CARE income guidelines, excluding any employee operating or managing the facility who resides on the facility. (See enclosed sheet for current CARE income guidelines.)
- Applicant is required to certify CARE eligibility annually by completing a new application, including how the discount will be used in the first year for the direct benefit of the residents.

1-866-743-2273

Assistance with the CARE Program in English
Giúp xin chương trình CARE bằng tiếng Việt
CARE 華語協助專線
Ayuda con el programa CARE en español

ELIGIBLE FACILITIES

EMPLOYEE HOUSING (privately owned), as defined in section 17008 of the health and Safety Code, that is licensed and inspected by state and/or local agencies pursuant to Part I (commencing with Section 17000) of Division 13

- **Supporting documentation required:**
  - ✓ Provide copy of current permit issued by the Department of Housing and Community Development.
- **Total energy used must be 100% residential.**

HOUSING FOR AGRICULTURAL EMPLOYEES (non-migrant and operated by non-profit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code.

- **Supporting documentation required:**
  - ✓ Provide current copy of federal 501(c)(3) tax exemption or copy of state tax exemption form, and current copy of local property tax exemption form.
- **Total Energy used:**
  - ✓ Master-metered facilities must be 70% residential use.
  - ✓ Individually metered units must be 100% residential use.

APPLICANT'S RESPONSIBILITIES

The applicant 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.
- At annual re-certification, show how the past year's discount was used and how the next year's discount is expected to be used for direct benefit of the resident.
- 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.
- 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.

Pacific Gas and Electric Company®

www.pge.com/care

CARE Program Application for

Qualified Agricultural Employee Housing Facilities

CARE Program

Mail Completed Application to: P.O. Box 7979, San Francisco, CA 94120-7979

For Questions Call: 1-866-PGE-CARE (743-2273) Fax: 415-973-6419

62-1198

Rev. 06/01/05

1 APPLICANT INFORMATION: *(please print or type)*

Name on Utility Bill _____

Name of Facility _____
(if different than on bill)

Service Address _____ **City** _____ **CA Zip Code** _____

Mailing Address _____ **City** _____ **CA Zip Code** _____
(if different)

Facility Contact _____
(who to contact if utility needs more information)

E-mail Address _____
(optional)

Daytime Phone ☐☐☐ ■ ☐☐☐ ■ ☐☐☐☐ **Fax** ☐☐☐ ■ ☐☐☐ ■ ☐☐☐☐

2 FACILITY INFORMATION:

Please use a separate application for each TYPE of facility

☐ **EMPLOYEE HOUSING** (privately owned), as defined in Section 17008 of the health and Safety Code, that is licensed and inspected in state and/or local agencies pursuant to part 1 of Division 13.

☐ **HOUSING FOR AGRICULTURAL EMPLOYEES** (non-migrant and operated by non-profit entities), as defined in as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has received exemptions from local property taxes pursuant to subdivision (g) of the Revenue and Taxation Code.

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:

_____

This year's discount will be used for:

_____

4 DECLARATION: *(please read carefully 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 appropriate 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 print or type)

Please complete this application by providing individual account information on the reverse side of this page.

5 FOR INDIVIDUAL FACILITIES OF THE SAME TYPE, ATTACH SEPARATE SHEET FOR MORE THAN FIVE (5) ADDRESSES:

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

Service Address _____ **City** _____ **CA Zip Code** _____

Please check:
Type of Metering? ☐ **Individually metered** ☐ **Master metered**

Total Number of residents (excluding on-site manager) _____

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

Service Address _____ **City** _____ **CA Zip Code** _____

Please check:
Type of Metering? ☐ **Individually metered** ☐ **Master metered**

Total Number of residents (excluding on-site manager) _____

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

Service Address _____ **City** _____ **CA Zip Code** _____

Please check:
Type of Metering? ☐ **Individually metered** ☐ **Master metered**

Total Number of residents (excluding on-site manager) _____

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

Service Address _____ **City** _____ **CA Zip Code** _____

Please check:
Type of Metering? ☐ **Individually metered** ☐ **Master metered**

Total Number of residents (excluding on-site manager) _____

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

Service Address _____ **City** _____ **CA Zip Code** _____

Please check:
Type of Metering? ☐ **Individually metered** ☐ **Master metered**

Total Number of residents (excluding on-site manager) _____

PACIFIC GAS AND ELECTRIC COMPANY (N)

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
APPLICATION FOR OFFICE OF MIGRANT SERVICES/NON-PROFIT
MIGRANT FARM WORKER HOUSING CENTERS
FORM NO. 61-0535
(ATTACHED) (N)

Pacific Gas and Electric Company®

www.pge.com/care

CARE Program Application for OMS/Non-profit

Migrant Farm Worker Housing Centers (MFHC)

Authorized by CPUC Decision 05-04-052

CARE Program

Mail Completed Application to: P.O. Box 7979, San Francisco, CA 94120-7979

For Questions Call: 1-866-PGE-CARE (743-2273) *Fax:* 415-973-6419

61-0535

Created 06/01/05

INSTRUCTIONS

1. PLEASE READ ALL information and instructions before you complete, sign, and date this application. If you have questions, call 1-415-973-7288, Monday through Friday, 8:00 a.m. to 5:00 p.m.
2. DETERMINE if the facility can comply with section 50710.1 (e) of the California Health and Safety Code, or is a non-profit farm worker housing center.
3. REVIEW the service agreements in this application to confirm that they are residential end use and included in your facility.
4. COMPLETE, SIGN and DATE the application.
5. MAIL TO:

Pacific Gas and Electric Company
CARE Program
PO Box 7979
San Francisco, CA 94120-7979

DISCOUNT

The CARE Program provides a 20% discount on the utility bill for MFHC facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates, upon formal approval by the California Public Utilities Commission, are available to qualified facilities. The facility will receive the discount after the utility receives the completed and signed application.

ELIGIBILITY CRITERIA FOR ORGANIZATIONS

- MFHC must be the utility customer of record.
- MFHC must verify that the service agreements listed in this application have rates with residential end uses for CARE.
- MFHC must agree to use all CARE savings from a reduction in energy rates for the benefit of the occupants of the migrant farm worker center.

1-866-743-2273

Assistance with the CARE Program in English
Giúp xin chương trình CARE bằng tiếng Việt
CARE 華語協助專線
Ayuda con el programa CARE en español

Mail Completed Application to: P.O. Box 7979, San Francisco, CA 94120-7979
For Questions Call: 1-866-PGE-CARE (743-2273) Fax: 415-973-6419

ELIGIBLE FACILITIES

- **MIGRANT FARM WORKER HOUSING CENTERS, operated by *Office of Migrant Services (OMS)*, Department of Housing and Community Development**, provides pursuant to Section 50710 of the health and Safety Code.

- **MIGRANT FARM WORKER HOUSING CENTERS, operated by non-profit entities**, as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code.

MIGRANT FARM WORKER HOUSING CENTERS (MFHC) RESPONSIBILITIES

MFHC is REQUIRED to:

- At the time of application for CARE discount, provide a copy of current contract with the Office of Migrant Services, Department of Housing and Community Development or a copy of Federal 501 (c) (3) tax exemption or copy of state tax exemption form and current copy of local property tax exemption form.

- Maintain supporting records and documentation of how savings from the reduction in energy rates benefited the occupants.

- Notify PG&E of any change that would remove or add to eligible service agreements in this application. MFHC may be subject to rebilling of any of the service agreements in this application are no longer eligible for the CARE discount.

- Update its application annually when notified by PG&E.

1-866-743-2273

Assistance with the CARE Program in English
Giúp xin chương trình CARE bằng tiếng Việt
CARE 華語協助專線
Ayuda con el programa CARE en español

Pacific Gas and Electric Company®

www.pge.com/care

CARE Program Application for OMS/Non-profit Migrant Farm Worker Housing Centers (MFHC)

Authorized by CPUC Decision 05-04-052

CARE Program

Mail Completed Application to: P.O. Box 7979, San Francisco, CA 94120-7979

For Questions Call: 1-866-PGE-CARE (743-2273) Fax: 415-973-6419

61-0535

Created 06/01/05

1 APPLICANT INFORMATION: *(please print or type)*

Name on Utility Bill Name of Facility _____
(If different than on bill)

Service Address _____ **City** _____ **CA Zip Code** _____

Mailing Address _____ **City** _____ **CA Zip Code** _____
(If different)

Facility Contact _____
(Who to contact if utility needs more information)

E-mail Address _____
(Optional)

Daytime Phone ☐☐☐ ☐☐☐ ☐☐☐☐ **Fax** ☐☐☐ ☐☐☐ ☐☐☐☐

2 FACILITY INFORMATION:

Please use a separate application for each TYPE of facility

☐ **MIGRANT FARM WORKER HOUSING CENTER**, operated by Office of Migrant Services (OMS), provided pursuant to Section 50710 of the Health and Safety Code

☐ **MIGRANT FARM WORKER HOUSING CENTER,** operated by Non-profit entities, as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code.

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:

_____

_____

This year's discount will be used for:

_____

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

By signing this application I certify under penalty of perjury that the information contained herein is true and accurate and agree to comply with all the eligibility criteria and MFHC responsibilities contained herein for all of the Service Agreements listed in this application and I give my consent that the information herein may be shared with other energy utility companies.

Authorized Representative's Signature _____ **Date** _____

Authorized Representative's Name _____ **Date** _____
(Please print or type)

Please complete this application by providing individual account information on the reverse side of this page.

5 FOR INDIVIDUAL FACILITIES OF THE SAME TYPE, ATTACH SEPARATE SHEET FOR MORE THAN FIVE (5) ADDRESSES:

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

Service Address _____ **City** _____ **CA Zip Code** _____

Please check:
Type of Metering? ☐ **Individually metered** ☐ **Master metered**

Total Number of residents (excluding on-site manager) _____

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

Service Address _____ **City** _____ **CA Zip Code** _____

Please check:
Type of Metering? ☐ **Individually metered** ☐ **Master metered**

Total Number of residents (excluding on-site manager) _____

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

Service Address _____ **City** _____ **CA Zip Code** _____

Please check:
Type of Metering? ☐ **Individually metered** ☐ **Master metered**

Total Number of residents (excluding on-site manager) _____

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

Service Address _____ **City** _____ **CA Zip Code** _____

Please check:
Type of Metering? ☐ **Individually metered** ☐ **Master metered**

Total Number of residents (excluding on-site manager) _____

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

Service Address _____ **City** _____ **CA Zip Code** _____

Please check:
Type of Metering? ☐ **Individually metered** ☐ **Master metered**

Total Number of residents (excluding on-site manager) _____

TABLE OF CONTENTS—SAMPLE FORMS
(Continued)

FORM NO.	DATE SHOWN ON FORM	AGREEMENT/CONTRACT TITLE	CPUC SHEET NO.	
		RULE 2 DESCRIPTION OF SERVICE		
79-255	4/82	Agreement for Installation or Allocation of Special Facilities	11041-G	
		RULES 3 APPLICATION FOR SERVICE		
01-8670	REV 12/95	Credit Application	17658-G	
02-2590	REV 10/00	Interim Service Agreement	20147-G	
62-0683	08/02	Application for Service—Residential Service	21168-G	
62-0684	08/02	Application for Service—Residential Subdivision/Development	21169-G	
62-0685	08/02	Application for Service—Commercial/Industrial Development	21170-G	
62-0686	08/02	Application for Service—Agricultural Service	21171-G	
62-0687	08/02	Application for Relocation/Rearrangement	21172-G	
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RATE SCHEDULES

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PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
APPLICATION FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES
FORM NO. 62-1198 (REV 6/05) (T)
(ATTACHED)

Pacific Gas and Electric Company®

www.pge.com/care

CARE Program Application for

Qualified Agricultural Employee Housing Facilities

CARE Program

Mail Completed Application to: P.O. Box 7979, San Francisco, CA 94120-7979

For Questions Call: 1-866-PGE-CARE (743-2273) *Fax:* 415-973-6419

62-1198

Rev. 06/01/05

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 Hotline at 415-973-7288.
2. DETERMINE if the facility meets the definition of a qualified agricultural employee housing facility. The facility MUST meet ALL criteria to qualify for the 20% discount from the CARE Program.
3. COMPLETE the entire application (please print or type). Complete a separate application for each 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

DISCOUNT

The CARE Program provides a 20% discount on the utility bill 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.

ELIGIBILITY CRITERIA FOR ORGANIZATIONS

Each facility MUST meet ALL of the following criteria:

- Applicant must be the utility customer of record.
- Applicant must verify that 100% of the residents and/or households meet the current CARE income guidelines, excluding any employee operating or managing the facility who resides on the facility. (See enclosed sheet for current CARE income guidelines.)
- Applicant is required to certify CARE eligibility annually by completing a new application, including how the discount will be used in the first year for the direct benefit of the residents.

1-866-743-2273

Assistance with the CARE Program in English
Giúp xin chương trình CARE bằng tiếng Việt
CARE 華語協助專線
Ayuda con el programa CARE en español

ELIGIBLE FACILITIES

EMPLOYEE HOUSING (privately owned), as defined in section 17008 of the health and Safety Code, that is licensed and inspected by state and/or local agencies pursuant to Part I (commencing with Section 17000) of Division 13

- **Supporting documentation required:**
  - ✓ Provide copy of current permit issued by the Department of Housing and Community Development.
- **Total energy used must be 100% residential.**

HOUSING FOR AGRICULTURAL EMPLOYEES (non-migrant and operated by non-profit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code.

- **Supporting documentation required:**
  - ✓ Provide current copy of federal 501(c)(3) tax exemption or copy of state tax exemption form, and current copy of local property tax exemption form.
- **Total Energy used:**
  - ✓ Master-metered facilities must be 70% residential use.
  - ✓ Individually metered units must be 100% residential use.

APPLICANT'S RESPONSIBILITIES

The applicant 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.
- At annual re-certification, show how the past year's discount was used and how the next year's discount is expected to be used for direct benefit of the resident.
- 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.
- 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.

Pacific Gas and Electric Company®

www.pge.com/care

CARE Program Application for

Qualified Agricultural Employee Housing Facilities

CARE Program

Mail Completed Application to: P.O. Box 7979, San Francisco, CA 94120-7979

For Questions Call: 1-866-PGE-CARE (743-2273) Fax: 415-973-6419

62-1198

Rev. 06/01/05

1 APPLICANT INFORMATION: *(please print or type)*

Name on Utility Bill _____

Name of Facility _____
(if different than on bill)

Service Address _____ **City** _____ **CA Zip Code** _____

Mailing Address _____ **City** _____ **CA Zip Code** _____
(if different)

Facility Contact _____
(who to contact if utility needs more information)

E-mail Address _____
(optional)

Daytime Phone ☐☐☐ ■ ☐☐☐ ■ ☐☐☐☐ **Fax** ☐☐☐ ■ ☐☐☐ ■ ☐☐☐☐

2 FACILITY INFORMATION:

Please use a separate application for each TYPE of facility

☐ **EMPLOYEE HOUSING** (privately owned), as defined in Section 17008 of the health and Safety Code, that is licensed and inspected in state and/or local agencies pursuant to part 1 of Division 13.

☐ **HOUSING FOR AGRICULTURAL EMPLOYEES** (non-migrant and operated by non-profit entities), as defined in as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has received exemptions from local property taxes pursuant to subdivision (g) of the Revenue and Taxation Code.

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:

_____

This year's discount will be used for:

_____

4 DECLARATION: *(please read carefully 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 appropriate 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 print or type)

Please complete this application by providing individual account information on the reverse side of this page.

5 ***FOR INDIVIDUAL FACILITIES OF THE SAME TYPE, ATTACH SEPARATE SHEET FOR MORE THAN FIVE (5) ADDRESSES:***

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

Service Address _____ **City** _____ **CA Zip Code** _____

Please check:
Type of Metering? ☐ **Individually metered** ☐ **Master metered**

Total Number of residents (excluding on-site manager) _____

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

Service Address _____ **City** _____ **CA Zip Code** _____

Please check:
Type of Metering? ☐ **Individually metered** ☐ **Master metered**

Total Number of residents (excluding on-site manager) _____

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

Service Address _____ **City** _____ **CA Zip Code** _____

Please check:
Type of Metering? ☐ **Individually metered** ☐ **Master metered**

Total Number of residents (excluding on-site manager) _____

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

Service Address _____ **City** _____ **CA Zip Code** _____

Please check:
Type of Metering? ☐ **Individually metered** ☐ **Master metered**

Total Number of residents (excluding on-site manager) _____

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

Service Address _____ **City** _____ **CA Zip Code** _____

Please check:
Type of Metering? ☐ **Individually metered** ☐ **Master metered**

Total Number of residents (excluding on-site manager) _____

PACIFIC GAS AND ELECTRIC COMPANY (N)

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
APPLICATION FOR OFFICE OF MIGRANT SERVICES/NON-PROFIT
MIGRANT FARM WORKER HOUSING CENTERS
FORM NO. 61-0535
(ATTACHED) (N)

Pacific Gas and Electric Company®

www.pge.com/care

CARE Program Application for OMS/Non-profit

Migrant Farm Worker Housing Centers (MFHC)

Authorized by CPUC Decision 05-04-052

CARE Program

Mail Completed Application to: P.O. Box 7979, San Francisco, CA 94120-7979

For Questions Call: 1-866-PGE-CARE (743-2273) *Fax:* 415-973-6419

61-0535

Created 06/01/05

INSTRUCTIONS

1. PLEASE READ ALL information and instructions before you complete, sign, and date this application. If you have questions, call 1-415-973-7288, Monday through Friday, 8:00 a.m. to 5:00 p.m.
2. DETERMINE if the facility can comply with section 50710.1 (e) of the California Health and Safety Code, or is a non-profit farm worker housing center.
3. REVIEW the service agreements in this application to confirm that they are residential end use and included in your facility.
4. COMPLETE, SIGN and DATE the application.
5. MAIL TO:

Pacific Gas and Electric Company
CARE Program
PO Box 7979
San Francisco, CA 94120-7979

DISCOUNT

The CARE Program provides a 20% discount on the utility bill for MFHC facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates, upon formal approval by the California Public Utilities Commission, are available to qualified facilities. The facility will receive the discount after the utility receives the completed and signed application.

ELIGIBILITY CRITERIA FOR ORGANIZATIONS

- MFHC must be the utility customer of record.
- MFHC must verify that the service agreements listed in this application have rates with residential end uses for CARE.
- MFHC must agree to use all CARE savings from a reduction in energy rates for the benefit of the occupants of the migrant farm worker center.

1-866-743-2273

Assistance with the CARE Program in English
Giúp xin chương trình CARE bằng tiếng Việt
CARE 華語協助專線
Ayuda con el programa CARE en español

Mail Completed Application to: P.O. Box 7979, San Francisco, CA 94120-7979
For Questions Call: 1-866-PGE-CARE (743-2273) Fax: 415-973-6419

ELIGIBLE FACILITIES

- **MIGRANT FARM WORKER HOUSING CENTERS, operated by *Office of Migrant Services (OMS)*, Department of Housing and Community Development**, provides pursuant to Section 50710 of the health and Safety Code.

- **MIGRANT FARM WORKER HOUSING CENTERS, operated by non-profit entities**, as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code.

MIGRANT FARM WORKER HOUSING CENTERS (MFHC) RESPONSIBILITIES

MFHC is REQUIRED to:

- At the time of application for CARE discount, provide a copy of current contract with the Office of Migrant Services, Department of Housing and Community Development or a copy of Federal 501 (c) (3) tax exemption or copy of state tax exemption form and current copy of local property tax exemption form.

- Maintain supporting records and documentation of how savings from the reduction in energy rates benefited the occupants.

- Notify PG&E of any change that would remove or add to eligible service agreements in this application. MFHC may be subject to rebilling of any of the service agreements in this application are no longer eligible for the CARE discount.

- Update its application annually when notified by PG&E.

1-866-743-2273

Assistance with the CARE Program in English
Giúp xin chương trình CARE bằng tiếng Việt
CARE 華語協助專線
Ayuda con el programa CARE en español

Pacific Gas and Electric Company®

www.pge.com/care

CARE Program Application for OMS/Non-profit Migrant Farm Worker Housing Centers (MFHC)

Authorized by CPUC Decision 05-04-052

CARE Program

Mail Completed Application to: P.O. Box 7979, San Francisco, CA 94120-7979

For Questions Call: 1-866-PGE-CARE (743-2273) Fax: 415-973-6419

61-0535

Created 06/01/05

1 APPLICANT INFORMATION: *(please print or type)*

Name on Utility Bill Name of Facility _____
(If different than on bill)

Service Address _____ **City** _____ **CA Zip Code** _____

Mailing Address _____ **City** _____ **CA Zip Code** _____
(If different)

Facility Contact _____
(Who to contact if utility needs more information)

E-mail Address _____
(Optional)

Daytime Phone ☐☐☐ ☐☐☐ ☐☐☐☐ **Fax** ☐☐☐ ☐☐☐ ☐☐☐☐

2 FACILITY INFORMATION:

Please use a separate application for each TYPE of facility

☐ **MIGRANT FARM WORKER HOUSING CENTER**, operated by Office of Migrant Services (OMS), provided pursuant to Section 50710 of the Health and Safety Code

☐ **MIGRANT FARM WORKER HOUSING CENTER,** operated by Non-profit entities, as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code.

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:

_____

_____

This year's discount will be used for:

_____

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

By signing this application I certify under penalty of perjury that the information contained herein is true and accurate and agree to comply with all the eligibility criteria and MFHC responsibilities contained herein for all of the Service Agreements listed in this application and I give my consent that the information herein may be shared with other energy utility companies.

Authorized Representative's Signature _____ **Date** _____

Authorized Representative's Name _____ **Date** _____
(Please print or type)

Please complete this application by providing individual account information on the reverse side of this page.

5 *FOR INDIVIDUAL FACILITIES OF THE SAME TYPE, ATTACH SEPARATE SHEET FOR MORE THAN FIVE (5) ADDRESSES:*

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

Service Address _____ **City** _____ **CA Zip Code** _____

Please check:
Type of Metering? ☐ **Individually metered** ☐ **Master metered**

Total Number of residents (excluding on-site manager) _____

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

Service Address _____ **City** _____ **CA Zip Code** _____

Please check:
Type of Metering? ☐ **Individually metered** ☐ **Master metered**

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PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

Service Address _____ **City** _____ **CA Zip Code** _____

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Type of Metering? ☐ **Individually metered** ☐ **Master metered**

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PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

Service Address _____ **City** _____ **CA Zip Code** _____

Please check:
Type of Metering? ☐ **Individually metered** ☐ **Master metered**

Total Number of residents (excluding on-site manager) _____

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

Service Address _____ **City** _____ **CA Zip Code** _____

Please check:
Type of Metering? ☐ **Individually metered** ☐ **Master metered**

Total Number of residents (excluding on-site manager) _____

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01-9077	REV 6/04	Application for Residential Single-Family Customers	21623-E	
01-9285	REV 6/04	Application for Tenants of Sub-metered Facilities	21624-E	
62-0156	REV 7/01	Application for Qualified Nonprofit Group-Living Facilities	18338-E	
62-1198	REV 6/05	Application for Qualified Agricultural Employee Housing Facilities	23629-E	(T) (T)
61-0535	6/05	Application for Migrant Farm Wroker Housing Centers	23630-E	(N)
62-1477	REV 6/04	Income Guidelines	21625-E	
03-006	REV 6/04	Postage-Paid Application	21626-E	
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SCHEDULE	TITLE OF SHEET	CAL P.U.C. SHEET NO.
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A-15	Direct-Current General Service	23524,23525-E
E-19	Medium General Demand-Metered Time-of-Use Service	21358,17092, 22946,23526,23527,23528,23529,21364,22207,22208,22110,18864,21016,22111,21018, 21019,16414,15330,21020,23530,23531,22210,20935,23532,20729,19805,21370,21371-E
E-20	Service to Customers with Maximum Demands of 1,000 Kilowatts or More	21372,21373,23533,23534,21377,22213,19314,22214,22112,21022, 22113,21024, 21025,22114,15358,21027,23535,23536,23537,23154,17101,20945,21383-E

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Masonite Corporation
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Sierra Pacific Power Company
Silicon Valley Power
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