STATE OF CALIFORNIA
ARNOLD SCHWARZENEGGER, *Governor*

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298

Tel. No. (415) 703-1691

December 20, 2005

Advice Letter 2664-G-B/2720-E-B

Rose de la Torre
Pacific Gas & Electric
77 Beale Street, Room 1088
Mail Code B10C
San Francisco, CA 94105

Subject: Implementation of 2005-2006 Winter Customer Care and Relief Program in compliance with Decision 05-10-044

Dear Ms de la Torre:

Advice Letter 2664-G-B/2720-E-B is effective November 1, 2005. A copy of the advice letter is returned herewith for your records.

Sincerely,

Sean H. Gallagher, Director
Energy Division

jjr

Pacific Gas and Electric Company®

Brian K. Cherry
Director
Regulatory Relations

77 Beale Street, Room 1087
San Francisco, CA 94105

Mailing Address
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November 1, 2005

Advice 2664-G-B/2720-E-B

Pacific Gas and Electric Company ID U39 M

Subject: **Implementation of PG&E's "2005-2006 Winter Customer Care and Relief Program" in Compliance with Decision 05-10-044**

Public Utilities Commission of the State of California

Pacific Gas and Electric Company (PG&E) is filing this supplemental Advice Letter with tariff sheets that supersede those filed in Advice Letters 2664-G-A/2720-E-A and 2664-G/2720-E, seeking to implement PG&E's "2005-2006 Winter Customer Care and Relief Program." This supplemental advice letter is in compliance with Decision (D.) 05-10-044 – *Interim Opinion Approving Various Emergency Program Changes in Light of Anticipated High Natural Gas Prices in the Winter of 2005-2006*. The affected tariff sheets are listed on the enclosed Attachment I.

Purpose and Background

On September 13, 2005, the Commission issued a *Notice of October 6, 2005 Full Panel Hearing (FPH) in Los Angeles* (Notice), which directed the energy utilities under their jurisdiction to prepare a presentation for the Commission's FPH on October 6, 2005, and to provide proposals for reducing bill impacts for low income customers during the coming winter months. The Notice also directed the utilities to file their respective proposals in advance of the FPH. PG&E filed its proposal on September 30, 2005, outlining the company's *"2005-2006 Winter Customer Care and Relief Program."*

On October 7, 2005, PG&E filed Advice 2664-G/2720-E seeking to implement PG&E's Winter Customer Care and Relief Program. On October 7, 2005, ALJ Weissman issued an electronic communication to all parties on the R.04-01-006 service list setting forth an "Expedited Schedule for Winter 2005-2006 Program Changes." Pursuant to ALJ Weissman's Expedited Schedule, PG&E submitted a supplemental advice letter 2664-G-A/2720-E-A on October 11, clarifying and expanding the proposed program originally filed in Advice 2664-G/2720-E. On October 27, 2005, the Commission adopted D.05-10-044.

In compliance with D.05-10-044, Ordering Paragraph 18, PG&E is filing the instant advice letter proposing changes to tariffs and forms. [1]

Tariff and Form Changes

Electric Rate Schedule E-FERA:

E-FERA – *Family Electric Rate Assistance* is modified to reflect the applicability of the rate schedule to all individually metered customers and submetered tenants with a maximum annual household income of between 200 percent and 250 percent of federal poverty guidelines (FPG) with a household of three (3) or more. The maximum annual household income range is changed from "175 percent and 250 percent" to reflect California Alternate Rate for Energy (CARE)'s expansion to 200 percent of FPG. The new income guidelines for E-FERA are:

No. Of Persons In Household	Total Gross Annual Income
1-2	Not Applicable
3	$32,501 — $40,600
4	$39,201 — $49,000
5	$45,901 — $57,400
6	$52,601 — $65,800
Each Additional Person Add	$6,701 — $8,400

The following standard forms are modified to reflect this change:

FERA Application Form Single Family Customers	62-1415 – English/Vietnamese 62-1418 – English/Spanish) 62-1419 – English/Chinese)
FERA Application – Submetered Tenants of Master Metered Customers	62-1420 – English/Chinese 62-1422 – English/Spanish 62-1423 – English/Vietnamese

Gas and Electric Rule 9

Gas and Electric Rule 9 – *Rendering and Payment of Bills,* is modified to expand the Balanced Payment Plan (BPP) to all residential and small commercial

[1] PG&E will adjust its forecast 2006 gas and electric rates and associated revenue allocations to be effective January 1, 2006, to reflect the changes in CARE and FERA eligibility authorized by the Interim Opinion.

customers whose energy is supplied and billed by PG&E. Because of the concern expressed by the use of the word "Qualified" in Advice 2664-G-A/2720-E-A, submission of Gas and Electric Rule 9.G. Balanced Payment Plan, PG&E has replaced with a list of the actual gas and electric residential and small commercial rate schedules qualifying for the expanded BPP Program; specifically, rate schedules: E-1, EL-1, E-7, EL-7, EA-7, ELA-7, E-8, EL-8, EM, EML, ES, ESL, ESR, ESRL, ET, ETL, A1, A-6, G-1, GL-1, GM, GML, GS, GSL, GT, GTL, and GNR1.

The following changes are also being made to Rule 9 for clarity:

- Rule 9.G.1. – The language was changed so that customers would not think a settlement bill would be issued in the twelfth month of the plan or that BPP ended automatically at the end of twelve months.
- Rule 9.G.5. – The change was meant to bring clarity to the concept of a "rolling" twelve month period.
- Rule 9.G.6. – The change was to clarify the BPP amount is not reviewed exactly at months 4, 8 and 12, but is reviewed at a minimum of three times a year. The initial review is at month 4 and the account is thereafter continually reviewed to ensure the 15% threshold has not been met. If that threshold is met, the BPP amount is readjusted. Subsequent review of the account will not occur for another 4 months after readjustment.
- Rule 9.G.7. – The change in language from "will be" to "subject to" in regards to the customer being removed from BPP for missed payments is to let PG&E extend additional leniency to customers who would otherwise have been dropped from BPP during our Winter Customer Care and Relief Program.
- Rule 9.G.8. – Added to reflect the obligation, under Public Utilities Code 739.5 and Ordering Paragraph 15 of D.05-10-044, of master-metered customers with sub-metered tenants to pledge to pass on the BPP benefits to their sub-metered tenants and agree to inform the sub-metered tenants of BPP service in order to qualify for the BPP.

PG&E will review the complexities and related issues associated with continuing to provide BPP eligibility to master-metered customers with sub-metered tenants after April 2006 and determine whether continued eligibility is prudent based on this winter's experience.

Gas and Electric Rule 11

Gas and Electric Rule 11 – *Discontinuance and Restoration of Service* is modified to implement the moratorium on shut off for non-payment (SONP) during the winter months for residential customers that cannot pay the full amount of their outstanding energy bills but can pay at least 50 percent of the outstanding balance. D.05-10-044 states that "[t]he utilities are prohibited from shutting off

service this winter to residential customers that make regular payments of at least 50% of their bills. The utilities may require such customers to comply with a levelized payment plan to avoid shut-off, or otherwise must provide such customers with 9 month repayment plans starting at the end of the winter." (*See* D.05-10-044, p.3). Consistent with this provision, PG&E will require residential customers with delinquent accounts to pay at least 50% of their outstanding balance and enroll in and comply with its BPP in order to avoid service termination. In addition, PG&E will provide CARE customers with delinquent accounts who demonstrate special hardship the opportunity to avoid service termination if they agree to pay 50% of their bills this winter and enter into a 9 month repayment plan starting at the end of the winter. PG&E will work with its customers who become delinquent in payment of their energy bills this winter to ensure that they are aware of the options available to them.

Gas and Electric Rules 19.1, 19.2, and 19.3

Gas and Electric Rules 19.1, 19.2, and 19.3 relating to CARE are all changed to reflect the expansion of CARE to 200 percent of FPG. The new income guidelines for CARE are:

Number of Persons in Household	Maximum Annual Household Income
1-2	$27,700
3	$32,500
4	$39,200
5	$45,900
6	$52,600
Each additional member, add:	$ 6,700

Form Nos. 01-9077, 01-9285, and 62-1477 are changed to reflect the expansion of the applicability of PG&E's CARE program to households with maximum incomes up to 200 percent of the FPG.

Changes are also made to Gas and Electric Rules 19.1, 19.2, and 19.3 to provide during the 2005-2006 Winter a suspension of the requirement to disqualify applicants for failure to meet CARE recertification requirements. PG&E proposes this moratorium for the six-month winter season beginning immediately upon Commission approval and extending through **April 30, 2006**. The proposed tariff changes give PG&E the flexibility to extend or reinstate the moratorium should circumstances warrant doing so.

Specifically, "Recertification Requirements" in gas and electric Rules 19.1 and 19.2 and "Misapplication of CARE" in gas and electric Rule 19.3 will incorporate the following changes to implement this moratorium:

Gas and Electric Rule 19.1.D.:

- Upon PG&E's request that the applicant recertify eligibility following the regular expiration date of applicants' eligibility, the applicant will have 90 days to recertify, after which applicants not recertified ~~will~~ may lose their eligibility under the CARE program.

Gas and Electric Rule 19.2.D.:

- Upon PG&E's request that the Nonprofit Group-Living Facility recertify eligibility or 90 days before the regular expiration date of the Nonprofit Group-Living Facility's eligibility, the Nonprofit Group-Living Facility will have 90 days to recertify, after which Nonprofit Group-Living Facilities not recertified ~~will~~ may lose their eligibility under the CARE program.

Gas and Electric Rule 19.3.E.:

- Upon PG&E's request that the Facility recertify eligibility or 90 days before the regular expiration date of the Facility's eligibility, the Facility will have 90 days to recertify, after which Facilities not recertified ~~will~~ may lose their eligibility under the CARE program.

A new provision is also added to Gas and Electric Rules 19.1, 19.2, and 19.3. The new provision is in compliance with Ordering Paragraph 16 of D.05-10-044, requiring utilities to waive reconnection fees and deposits for CARE customers during the winter months.

Protests

Pursuant to Ordering Paragraph 18 of D.05-10-044, 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 **November 8, 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

Pursuant to Ordering Paragraph 18 of D.05-10-044, this advice letter will become effective the date of filing, **November 1, 2005**.

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. A copy is also being sent electronically to parties on the service list for R.04-01-006. 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 /BL
Director, Regulatory Relations

Attachments

cc: Service List: 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) #: **2664-G-B/2720-E-B**

Subject of AL: Implementation of PG&E's "2005-2006 Winter Care and Relief Program" in Compliance with Decision 05-10-044

Keywords (choose from CPUC listing): CARE, Billings

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

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

Decision 05-10-044

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: **11/1/2005** No. of tariff sheets: 41

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: Gas and Electric Rules 9, 11, 19.1, 19.2, 19.3; E-FERA, Sample Forms,

Service affected and changes proposed[1]: Expansion of CARE, moratorium on CARE requirement, and change to Balanced Payment Plan

Pending advice letters that revise the same tariff sheets: 2631-G/2662-E, 2643-G/2677-E, 2643-G-A/2677-E-A, and 2664-G/2720-E, 2664-G-A/2720-E-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
Advice 2664-G-B

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
23518-G	Rule 09--Rendering and Payment of Bills	21932-G
23519-G	Rule 11--Discontinuance and Restoration of Service	18221-G
23520-G	Rule 11 (Cont.)	18222-G
23521-G	Rule 19.1--California Alternate Rates for Energy for Individual Customers and Submetered Tenants of Master-Metered Customers	23142-G
23522-G	Rule 19.1 (Cont.)	23441-G
23523-G	Rule 19.1 (Cont.)	19373-G
23524-G	Rule 19.2--California Alternate Rates for Energy for Nonprofit Group-Living Facilities	23143-G
23525-G	Rule 19.2 (Cont.)	23442-G
23526-G	Rule 19.3--California Alternate Rates for Energy for Qualified Agricultural Employee Housing Facilities	23444-G
23527-G	Rule 19.3 (Cont.)	23446-G
23528-G	Sample Form 01-9077--Application for Residential Single-Family Customers	21345-G
23529-G	Sample Form 01-9285--Application for Tenants of Sub-Metered Facilities	23146-G
23530-G	Sample Form 62-1477--Income Guidelines	23147-G
23531-G	Table of Contents -- Sample Forms	23473-G
23532-G	Table of Contents -- Rules	23474-G
23533-G	Table of Contents -- Rate Schedules	23475-G

ATTACHMENT 1
Advice 2720-E-B

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
23963-E	Schedule E-FERA--Family Electric Rate Assistance	21641-E
23964-E	Schedule E-FERA (Cont.)	23432-E
23965-E	Rule 09--Rendering and Payment of Bills	20970-E
23966-E	Rule 11--Discontinuance and Restoration of Service	13144-E
23967-E	Rule 11 (Cont.)	13145-E
23968-E	Rule 19.1--California Alternate Rates for Energy for Individual Customers and Submetered Tenants of Master-Metered Customers	23421-E
23969-E	Rule 19.1 (Cont.)	23933-E
23970-E	Rule 19.1 (Cont.)	16394-E
23971-E	Rule 19.2--California Alternate Rates for Energy for Nonprofit Group-Living Facilities	23423-E
23972-E	Rule 19.2 (Cont.)	23934-E
23973-E	Rule 19.3--California Alternate Rates for Energy for Qualified Agricultural Employee Housing Facilities	23936-E
23974-E	Rule 19.3 (Cont.)	23938-E
23975-E	Sample Form 01-9077--Application for Residential Single-Family Customers	23425-E
23976-E	Sample Form 01-9285--Application for Tenants of Sub-metered Facilities	23426-E
23977-E	Sample Form 62-1477--Income Guidelines	23427-E
23978-E	Sample Form 62-1415--Application for Residential Single-Family Customers (English/Vietnamese)	23433-E
23979-E	Sample Form 62-1418--Application for Residential Single-Family Customers (English/Spanish)	23434-E
23980-E	Sample Form 62-1419--Application for Residential Single-Family Customers (English/Chinese)	23435-E
23981-E	Sample Form 62-1420--Application for Tenants of Sub-Metered Facilities (English/Chinese)	23436-E

ATTACHMENT 1
Advice 2720-E-B

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
23982-E	Sample Form 62-1422--Application for Tenants of Sub-Metered Facilities (English/Spanish)	23437-E
23983-E	Sample Form 62-1423--Application for Tenants of Sub-Metered Facilities (English/Vietnamese)	23438-E
23984-E	Table of Contents -- Sample Forms	23957-E
23985-E	Table of Contents -- Sample Forms	23439-E
23986-E	Table of Contents -- Rules, Maps, Contracts and Deviations	23958-E
23987-E	Table of Contents -- Rate Schedules	23959-E

RULE 9—RENDERING AND PAYMENT OF BILLS
(Continued)

F. CLOSING BILL PAYABLE ON PRESENTATION

Removal bills, special bills, bills rendered on vacation of premises or bills rendered to persons discontinuing the service, shall be paid on presentation. Bills for connection or reconnection of service and payments for deposits or to reinstate deposits as required under the rules of PG&E shall be paid before service will be connected or reconnected.

G. BALANCED PAYMENT PLAN

Residential and small commercial customers whose energy is supplied and billed by PG&E on Rate Schedules G-1, GL-1, GM, GML, GS, GSL, GT, GTL, and GNR1 and wish to minimize variations in monthly bills, may elect to participate in the Balanced Payment Plan (BPP). This plan is detailed as follows: (T) (T)

1. A Customer can join the plan in any month of the year. The plan will remain in effect until it is terminated by PG&E or the customer. (T) (T)

2. Participation is subject to approval by PG&E.

3. Meters will be read and billed at regular intervals.

4. Customers will be expected to pay the BPP amount shown due.

5. The BPP amount will be one-twelfth of the annual bill as estimated by PG&E, based on the customer's historical billings for the most recent year at the time of the calculation, or, if that is not available, the usage pattern of either the premises or comparable customers similarly situated. (T) (T)

6. BPP amounts will be reviewed at least three times a year and adjusted no more than three times in a year if required to reduce the likelihood of a large imbalance between actual charges and BPP charges. Customers will be notified on their bill of any change in the BPP amount. (T) (T)

7. Participants are subject to removal from the plan and subject to termination of service if a bill containing a prior unpaid BPP amount becomes delinquent as defined in Rule 11. (T) (T)

8. In accordance with Ordering Paragraph 15, in Decision (D.) 05-10-044, pertaining to PG&E's Winter Customer Care and Relief Program and Public Utility Code Section 739.5, master-metered customers with sub-metered tenants served on rate schedules GS, GSL, GT, and GTL must pledge to pass on the BPP benefits to their sub-metered tenants and agree to inform the sub-metered tenants of this service in order to qualify for the BPP. (N) (N)

(Continued)

RULE 11—DISCONTINUANCE AND RESTORATION OF SERVICE
(Continued)

D. TERMINATION OF SERVICE FOR NONPAYMENT OF BILLS OR CREDIT DEPOSIT REQUESTS—RESIDENTIAL (Cont'd.)

1. INABILITY TO PAY—RESIDENTIAL (Cont'd.)

c. FAILURE TO AGREE ON PAYMENT ARRANGEMENTS (Cont'd.)

3) If the Customer is not satisfied with CAB's resolution of the complaint, the Customer may appeal to the CPUC in accordance with the CPUC's procedures.

4) Failure of the Customer to observe any time limits set by the CPUC's complaint procedures shall entitle PG&E to insist upon payment and to terminate service if the payment is not made.

d. 2005-2006 WINTER CUSTOMER CARE AND RELIEF PROGRAM ("Program") (N)

1) In accordance with D.05-10-044, during the winter of 2005-2006 (November 1, 2005 through April 30, 2006), residential customers who cannot pay the full amount of their outstanding energy bills but pay at least fifty percent (50%) may avoid termination of service if they agree to enroll in PG&E's Balanced Payment Plan (BPP) and comply with the program guidelines as stated in Rule 9.G. Customers who enroll in BPP under this program and fail to pay the BPP amount in full each month may be dropped from the Program and subject to the otherwise applicable requirements of PG&E's rules regarding payment and service termination.

2) CARE customers who demonstrate, in PG&E's judgment, special hardship, may avoid service termination this winter if they agree to pay 50% of their energy bills this winter and enter into a repayment plan to repay all past-due amounts within nine months of April 30, 2006. Customers who fail to pay according to their agreements will be dropped from the Program and subject to the otherwise applicable requirements of PG&E's rules regarding payment and service termination. (N)

2. BILLING OR CREDIT DEPOSIT REQUEST DISPUTE—RESIDENTIAL

PG&E will not terminate service when a residential Customer has initiated a complaint or requested an investigation within five days of receiving a disputed bill or credit deposit request, until the Customer has been given an opportunity for review of the dispute by PG&E or the CPUC in accordance with Rule 10. However, the Customer must continue to pay subsequent undisputed PG&E bills before these bills become past due, or the Customer's service will be subject to termination in accordance with this Rule and Rule 8. (L)

(Continued)

RULE 11—DISCONTINUANCE AND RESTORATION OF SERVICE
(Continued)

D. TERMINATION OF SERVICE FOR NONPAYMENT OF BILLS OR CREDIT DEPOSIT REQUESTS—RESIDENTIAL (Cont'd.) (L)

3. CORRECTED BILL OR CREDIT DEPOSIT REQUEST—RESIDENTIAL

When PG&E has corrected the Customer's bill or the requested credit deposit amount, service may not be terminated until the Customer has received notices for the corrected amount in accordance with Rule 8. (L)

E. TERMINATION OF SERVICE FOR NONPAYMENT OF BILLS OR CREDIT DEPOSIT REQUESTS—NONRESIDENTIAL

Monthly bills for nonresidential service are due and payable upon presentation and will be considered past due if payment is not received by PG&E within 15 days after the bill is mailed to the Customer. Credit deposit requests for nonresidential service are due and payable upon presentation and will be considered past due if payment is not received by PG&E within 11 days after the credit deposit request is mailed to the Customer.

When a bill or credit deposit request has become past due and the Customer has received notice in accordance with Rule 8, PG&E may terminate any and all services the Customer is receiving unless an exception described in Sections E.1 through E.3, below, applies.

1. INABILITY TO PAY—NONRESIDENTIAL

PG&E may, at its sole option, extend payment arrangements to a nonresidential Customer who alleges an inability to pay.

It is the Customer's responsibility to contact PG&E to request payment arrangements. If payment arrangements are made, such payment arrangements may be by Amortization Agreement, as described in Section E.1.a., below, or by Extension Agreement, as described in Section E.1.b., below.

When the Customer and PG&E have agreed upon payment arrangements, PG&E will not terminate service as long as the Customer complies with the arrangements. However, if the Customer fails to comply, PG&E may terminate any and all services the Customer is receiving after notice is given in accordance with Section E.1.a. and Section E.1.b., below.

(Continued)

RULE 19.1—CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS
(Continued)

B. ELIGIBILITY (Cont'd.)

Total gross annual income for all persons in the applicants household may not exceed the following:

Number of Persons in Household	Maximum Annual Household Income
1-2	$27,700 (I)
3	$32,500 |
4	$39,200 |
5	$45,900 |
6	$52,600 |
Each additional member, add:	$ 6,700 (I)

C. CERTIFICATION

1. Individually metered PG&E Customers, submetered tenants of master-metered PG&E Customers, and other qualifying applicants in individually metered residential dwelling units:

   All applicants for certification must fill out and provide to PG&E Application Form No. 01-9077.

2. Submetered tenants of master-metered PG&E Customers:

   Submetered tenants of master-metered Customers will submit Application Form No. 01-9285 to PG&E, including their apartment/unit number and PG&E master metered account number. PG&E will notify the master-metered Customer of the tenant's certification. The master-metered Customer, not PG&E, is responsible for extending CARE discounts to tenants certified to receive them.

3. Self-certification:

   Self-certification will be used to determine income eligibility for the CARE program. Customers must sign a statement upon application indicating that PG&E may verify the Customer's eligibility at any time. If verification establishes that the Customer is ineligible, the Customer will be removed from the program and PG&E may render corrective billings.

(Continued)

RULE 19.1—CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS
(Continued)

D. RECERTIFICATION REQUIREMENTS

1. Certification of individually-metered PG&E Customers is valid for a period of two years, except as provided in Section F.

2. Certification of submetered tenants of master-metered Customers is valid for one year, except as provided in Section F.

Applicants either suspected of or proven to have provided incorrect information in their application for CARE may be required to recertify at any time. Further, PG&E reserves the right to conduct random audits to determine applicants' eligibility. Failure by any party asked to provide proper proof of eligibility will result in disqualification of applicant's eligibility to receive the CARE rate. PG&E may rebill Customers removed from the program for previous discounts received for which the participant did not qualify.

Upon PG&E's request that the applicant recertify eligibility following the regular expiration date of applicants' eligibility, the applicant will have 90 days to recertify, after which applicants not recertified may lose their eligibility under the CARE program. (T)

It is the responsibility of the applicant to immediately notify PG&E when the applicant is no longer eligible for the CARE program.

(Continued)

RULE 19.1—CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS
(Continued)

E. QUALIFIED SUBMETERED APPLICANTS

Where residential dwelling units are not individually metered by PG&E and where the qualifying CARE applicants are not PG&E's Customers of record, PG&E will perform annual audits to determine if the qualifying applicants still reside at the premises receiving CARE. Then PG&E will either (a) allow CARE to remain in effect until recertification in accordance with Section D above, or (b) remove the Customers of record from CARE effective with their next regular meter reading dates.

F. MISAPPLICATION OF CARE

Certification for eligibility for the CARE program that is made based upon incorrect information provided by the applicant shall constitute misapplication of CARE for the period under which the applicant received CARE. PG&E may rebill the account at the Customer's/applicant's otherwise-applicable rate schedule for misapplication of CARE. Such billing shall be for a period up to the most recent three years in accordance with Rule 17.1. However, nothing in Rule 19.1 shall be interpreted as limiting PG&E's rights under any provisions of any applicable law or tariff.

Master-metered Customers with PG&E-certified submetered tenants shall not be held responsible for incorrect information provided by the submetered tenant to PG&E.

G. 2005-2006 WINTER CUSTOMER CARE AND RELIEF PROGRAM (N)

Pursuant to Decision 05-10-044, Ordering Paragraph 16, PG&E will waive reconnection fees specified in Rule 11 and deposits specified in Rule 7 for CARE customers during the winter months (November 1, 2005 through April 30, 2006). (N)

(Continued)

RULE 19.2—CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES
(Continued)

B. ELIGIBILITY (Cont'd.)

3. The facility must also be licensed, or otherwise prove to PG&E's satisfaction, by the appropriate state agency. A homeless shelter is required to provide a copy of its municipal or county conditional use permit.

4. The total gross income for all persons residing in each household at a Facility may not exceed the following:

Number of Persons in Household	Maximum Annual Household Income
1-2	$27,700 (I)
3	$32,500 |
4	$39,200 |
5	$45,900 |
6	$52,600 |
Each additional member, add:	$ 6,700 (I)

(Continued)

RULE 19.2—CALIFORNIA ALTERNATE RATES FOR ENERGY
FOR NONPROFIT GROUP-LIVING FACILITIES
(Continued)

D. RECERTIFICATION REQUIREMENTS

1. Facilities wishing to recertify must complete Form No. 62-0156 and provide the information listed in Section C.

2. Recertification shall include a quantification by the Nonprofit Group-Living Facility of the annual CARE discount and an identification of how these discount funds were spent for the benefit of qualifying residents.

Nonprofit Group-Living Facilities either suspected of or proven to have provided incorrect information in their application for CARE may be required to recertify at any time. Further, PG&E reserves the right to conduct random audits to determine Nonprofit Group-Living Facility eligibility. Failure by any party to provide proper proof of eligibility will result in the removal of the Nonprofit Group-Living Facility from the CARE rate.

Upon PG&E's request that the Nonprofit Group-Living Facility recertify eligibility or 90 days before the regular expiration date of the Nonprofit Group-Living Facility's eligibility, the Nonprofit Group-Living Facility will have 90 days to recertify, after which Nonprofit Group-Living Facilities not recertified may lose their eligibility under the CARE program. (T)

E. MISAPPLICATION OF CARE

Misapplication of CARE for the period during which the Nonprofit Group-Living Facility received CARE occurs when: 1) the Nonprofit Group-Living Facility certifies or recertifies using incorrect information, or 2) when the CARE discount funds were not spent for the benefit of the qualifying residents. PG&E may rebill the account at the customer's otherwise applicable rate schedule for misapplication of CARE. Such billing shall be for a period up to the most recent three years in accordance with Rule 17. However, nothing in Rule 19.2 shall be interpreted as limiting PG&E's rights under any provisions of any applicable law or tariff.

F. 2005-2006 WINTER CUSTOMER CARE AND RELIEF PROGRAM (N)

Pursuant to Decision 05-10-044, Ordering Paragraph 16, PG&E will waive reconnection fees specified in Rule 11 and deposits specified in Rule 7 for CARE customers during the winter months (November 1, 2005 through April 30, 2006). (N)

RULE 19.3-CALIFORNIA ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRICULTURAL HOUSING FACILITIES
(Continued)

B. ELIGIBILITY (Cont'd.)

2. PRIVATE-OWNED EMPLOYEE HOUSING FACILITIES

a. Privately-Owned Employee Housing Facilities must provide proof of current compliance with Part 1 of Division 13 of the Health and Safety Code. Compliance must take the form of having a permit issued by the State Department of Housing and Community Development pursuant to Health and Safety Code §17030.

b. For Privately-Owned Employee Housing Facilities, 100 percent of the energy supplied to the facility's premises must be used for residential purposes.

3. AGRICULTURAL EMPLOYEE HOUSING FACILITIES

a. Agricultural Employee Housing Facilities must provide a letter of determination by the Internal Revenue Service (IRS) that the corporation is tax-exempt due to its non-profit status under IRS Code §501(c)(3) or proof that it is tax-exempt due to its non-profit status from the State of California. Additionally, the Facility must provide a copy of letter from the Assessor in the county where the Facility is located stating that the housing is exempt from local property taxes.

b. For Agricultural Employee Housing Facilities, 100 percent of the energy supplied to the facility's premises must be used for residential purposes, if each of the dwelling areas in the facility is individually metered. If a master meter serves the facility, not less than 70 percent of the energy supplied to the facility's premises must be used for residential purposes.

4. The total gross income for all persons residing in each household at a Facility may not exceed the following:

Number of Persons in Household	Maximum Annual Household Income
1-2	$27,700 (I)
3	$32,500 |
4	$39,200 |
5	$45,900 |
6	$52,600 |
Each additional member, add:	$ 6,700 (I)

(Continued)

RULE 19.3-CALIFORNIA ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRICULTURAL HOUSING FACILITIES
(Continued)

D. RECERTIFICATION REQUIREMENTS

1. Facilities wishing to recertify must complete a new Form No. 62-1198 or Form No. 61-0535 and provide the information listed in Section C.

2. Recertification shall include an explanation by the Facility of how the annual CARE discount was used during the previous year for the direct benefit of qualifying residents. Additionally, the Facility shall certify how the next year's discount will be used to directly benefit occupants.

E. MISAPPLICATION OF CARE

Misapplication of CARE eligibility for the period during which the Facility received CARE occurs when: 1) the Facility certifies or recertifies using incorrect information, or 2) when the CARE discount funds were not spent for the benefit of the qualifying residents. PG&E may rebill the account at the customer's otherwise applicable rate schedule for misapplication of CARE. Such billing shall be for a period up to the most recent three years in accordance with Rule 17.1. However, nothing in Rule 19.3 shall be interpreted as limiting PG&E's rights under any provisions of any applicable law or tariff.

Facilities either suspected of or proven to have provided incorrect information in their application for CARE may be required to recertify at any time. Further, PG&E reserves the right to conduct random audits to determine Facility eligibility. Failure by any party to provide proper proof of eligibility will result in the removal of the Facility from the CARE rate.

Upon PG&E's request that the Facility recertify eligibility or 90 days before the regular expiration date of the Facility's eligibility, the Facility will have 90 days to recertify, after which Facilities not recertified may lose their eligibility under the CARE program. (T)

F. 2005-2006 WINTER CUSTOMER CARE AND RELIEF PROGRAM (N)

Pursuant to Decision 05-10-044, Ordering Paragraph 16, PG&E will waive reconnection fees specified in Rule 11 and deposits specified in Rule 7 for CARE customers during the winter months (November 1, 2005 through April 30, 2006). (N)

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
APPLICATION FOR RESIDENTIAL SINGLE-FAMILY CUSTOMERS
FORM NO. 01-9077 (REV 11/05) (T)
(ATTACHED)

Pacific Gas and Electric Company®

www.pge.com/care

CARE Program Application for

Residential Single-Family Customers

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

01-9077

Rev. 11/01/05

ABOUT THE CARE DISCOUNT PROGRAM

The CARE Program provides a 20% discount on the utility bill of qualifying households. (If you are a qualifying Time-of-Use customer, your discount will be equal to your monthly meter charge.) The discount and eligibility criteria were established by the California Public Utilities Commission and are updated each June. If you qualify, your discount will appear after your next Pacific Gas and Electric Company bill cycle once your completed application has been received and verified by Pacific Gas and Electric Company. Pacific Gas and Electric Company will contact you by mail at least every two years to verify your continued need for the program.

CARE PROGRAM RULES

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

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **FERA** – Family Electric Rate Assistance Program. Provides a Tier 3 (131-200 percent of baseline) electric rate reduction for large households of 3 or more persons with low to middle income. Customer may be enrolled in either the FERA Program or the CARE Program, but not both. Call 1-800-PGE-5000 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.
- **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.
- **Payment Arrangements** - Pacific Gas and Electric Company can work out a payment schedule for you if you need more time paying your bill. Call 1-800-PGE-5000 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.

1-866-743-2273

Assistance with the CARE Program in English / Ayuda con el programa CARE en español

Giúp xin chương trình CARE bằng tiếng Việt / CARE 華語協助專線

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)

Pacific Gas and Electric Company®

www.pge.com/care

CARE Program Application for
Residential Single-Family Customers

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

01-9077

Rev. 11/01/05

1 PACIFIC GAS AND ELECTRIC COMPANY CUSTOMER INFORMATION: *(please type or print)*

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

Name _____
As it appears on your energy bill

Home Address _____ **City** _____ **CA Zip Code** _____
Do NOT use a P.O. Box

Mailing Address _____ **City** _____ **CA Zip Code** _____
If different from the above address

Daytime Telephone Number
Please Include Area Code

Number of people living in your household ☐☐ + ☐☐ = ☐☐
Adults Children **Total**

2 HOUSEHOLD INCOME WORKSHEET: *(please fill in circle next to all sources of your household's annual income)*

- ○ Wages or Salaries
- ○ Interest and/or Dividends from:
  - ○ Savings Accounts,
  - ○ Stocks or Bonds, or
  - ○ Retirement Accounts
- ○ Unemployment Benefits
- ○ Rental or Royalty Income
- ○ School Grants, Scholarships or other aid used for living expenses
- ○ Profit from self-employment (IRS form Schedule C, Line 29)
- ○ Disability payments
- ○ Workers compensation
- ○ Social Security, SSI, SSP
- ○ Pensions
- ○ Insurance Settlements
- ○ Legal Settlements
- ○ TANF (AFDC)
- ○ Food stamps
- ○ Child support
- ○ Spousal support
- ○ Cash and/or other income

MAXIMUM HOUSEHOLD INCOME: *(effective November 1, 2005)*

Your household's gross annual income may not exceed these CARE income guidelines:

Number of Persons in Household	*1 or 2*	*3*	*4*	*5*	*6*	*Add **$6,700** for each additional household member*
Total Combined Annual Income	***$27,700***	***$32,500***	***$39,200***	***$45,900***	***$52,600***	

Total Annual Household Income: $ ☐☐,☐☐☐

3 DECLARATION: *(please read carefully 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 _____ _____
Pacific Gas and Electric Company Customer Signature O fill in circle if guardian or power of attorney ***Date***

Pacific Gas and Electric Company®

www.pge.com/care

Solicitudes del Programa CARE para Clientes Residenciales de Familias Individuales

CARE Program

Devuelva la solicitud llena a: P.O. Box 7979, San Francisco, CA 94120-7979 — **01-9077**

Si tiene preguntas llame al: 1-866-PGE-CARE (743-2273) *Fax:* 415-973-6419 — *Rev. 11/01/05*

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO CARE

El programa CARE ofrece un descuento del 20% en la cuenta mensual de gas y electricidad a los hogares que califican. (Si usted es un cliente del plan "Tiempo de Uso" y llena los requisitos, su descuento será igual al cargo mensual de su medidor.) El descuento y las pautas de elegibilidad fueron establecidas por la Comisión de Servicios Públicos de California y las mismas se actualizan en junio de cada año. Si llena los requisitos, su descuento aparecerá en el siguiente ciclo del estado de cuenta de Pacific Gas and Electric Company, una vez que hayamos recibido su solicitud llena y la misma sea verificada por PG&E. Pacific Gas and Electric Company se pondrá en contacto con usted, por correo, por lo menos cada dos años para verificar que continúa necesitando este programa.

REGLAS DEL PROGRAMA CARE

- La cuenta de Pacific Gas and Electric Company debe estar a su nombre.
- Debe vivir en la direccion donde se recibirá el descuento por lo menos la mitad del año (no aplica a segundos hogares)
- Es posible que no califique para el programa CARE si comparte su medidor (electric meter) con otra casa.
- No debe aparecer como dependiente, en la declaración de impuestos, de ninguna otra persona que no sea su cónyuge.
- El hogar del solicitante debe llenar la definicion de bajos ingresos, tal y como se describe en esta solicitud
- Debe informar a Pacific Gas and Electric Company si su hogar ya no reúne los requisitos para el descuento del programa de CARE
- Los inquilinos con medidores "sub-medidos" que pertenecen a parques de casas móviles, apartamentos o muelles de botes, deben llenar otro formulario llamado "Solicitud del Programa CARE para Inquilinos de Instalaciones Residenciales Sub-Medidas". (Vea al propietario/administrador de su instalación para obtener el formulario 01-9285).

OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **FERA** – Programa de Ayuda Familiar para los Cargos Eléctricos. Este programa proporciona una reducción del precio eléctrico en la "Hilera 3" (131-200 porciento de la tarifa base), para casas grandes con mas de 3 personas de bajos a medianos ingresos. Nuestros clientes se pueden inscribir en el programa CARE o en el programa FERA, pero no en ambos. Llame al 1-800-PGE-5000 para mas información.
- **LIHEAP** – Programa de Ayuda para el Pago de la Energía en los Hogares de Bajos Ingresos (LIHEAP). Este es un programa que brinda asistencia con el pago de sus cuentas, asistencia de emergencia para el pago de sus cuentas, y servicio de protección en contra de las inclemencias del tiempo. Para mas información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.
- **REACH** – Póngase en contacto con el Ejército de Salvación (Salvation Army) para recibir ayuda, en una sola ocasión, para el pago de sus cuentas eléctricas. Llámelos al 1-800-933-9677.
- **Facilidades de Pago** – Pacific Gas and Electric Company puede elaborar un programa de pagos en caso de que requiera mas tiempo para pagar su cuenta. Llame al 1-800-PGE-5000 para mas información.
- **Medical Baseline** – Brinda servicios, por medio del pago de las tarifas mas bajas, a los clientes que tengan necesidades comprobadas. Llame al 1-800-PGE-5000 para mas información.
- **Socios en la Energía** – Ofrece servicios gratuitos de orientación sobre la energía y sobre protección en contra de las inclemencias del tiempo a los clientes que llenen los requisitos. Llame al 1-800-989-9744 para mas información.
- **Plan de Pagos Balanceados** – Comuníquese con Pacific Gas and Electric Company para investigar como puede uniformizar sus pagos, de modo que pueda hacer un presupuesto para el pago de sus costos energéticos. Llame al 1-800-PGE-5000 para mas información.
- **ULTS** – La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a precios de descuento, a aquellos clientes que reúnan requisitos similares a los del Programa CARE. Llame a su compañía local de teléfonos para mas información.

1-866-743-2273

Assistance with the CARE Program in English / Ayuda con el programa CARE en español

Giúp xin chương trình CARE bằng tiếng Việt / CARE 華語協助專線

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)

Pacific Gas and Electric Company®

www.pge.com/care

Solicitudes del Programa CARE para

Clientes Residenciales de Familias Individuales

CARE Program

Devuelva la solicitud llena a: P.O. Box 7979, San Francisco, CA 94120-7979

Si tiene preguntas llame al: 1-866-PGE-CARE (743-2273) *Fax:* 415-973-6419

01-9077

Rev. 11/01/05

1 INFORMACIÓN DEL CLIENTE DE PACIFIC GAS AND ELECTRIC COMPANY: *(por favor escriba a máquina o con letras de molde)*

Número de cuenta del cliente:
(Su número de cuenta aparece en la primera página de la factura de PG&E)

Nombre _____
Tal y como aparece en la factura

Dirección del Hogar _____ **Ciudad** _____ **CA Código Postal** _____
No use P.O. Box

Dirección Postal, si tiene _____ **Ciudad** _____ **CA Código Postal** _____
Llene solo si su dirección postal es diferente a la que aparece arriba

Número telefónico durante el día
Por favor incluya el código de área

Número de Personas que viven en su hogar + =

Adultos Niños **Total**

2 HOJA DE TRABAJO SOBRE LOS INGRESOS DEL HOGAR: *(Por favor rellene los círculos junto a todas las fuentes de ingresos anuales de su hogar)*

- ○ Sueldos y/o Salarios, Jornales Intereses y/o Dividendos de:
  - ○ Cuentas de Ahorros,
  - ○ Acciones y Bonos, o
  - ○ Cuentas de Jubilación
- ○ Pagos por Desempleo
- ○ Ingresos provenientes de Rentas o Regalías
- ○ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- ○ Ganancias de su Propio Negocio (Formulario de IRS, Schedule C, Línea 29)
- ○ Pagos por Incapacidad
- ○ Pagos por Compensación al Trabajador
- ○ Pagos del Seguro Social, SSI, SSP
- ○ Pagos de Pensiones
- ○ Pagos de Reclamaciones del Seguro
- ○ Pagos de Reclamaciones Legales
- ○ Pagos de TANF (AFDC)
- ○ Pagos por medio de Estampillas de Alimentos
- ○ Pagos por Pensión Alimenticia a Hijos
- ○ Pagos por Pensión Conyugal
- ○ Pagos en Efectivo y/u Otros Ingresos

INGRESOS MÁXIMOS DEL HOGAR: *(efectivo Noviembre 1, 2005)*

Los ingresos anuales brutos de su hogar no deben exceder las Pautas de Ingresos de CARE especificadas a continuación:

Número de Personas en el Hogar	*1 o 2*	*3*	*4*	*5*	*6*	*Agregue **$6,700** anual por cada personal adicional en el hogar*
Ingresos Anuales	***$27,700***	***$32,500***	***$39,200***	***$45,900***	***$52,600***	

Ingresos Totales Anuales del Hogar: $,

3 DECLARACIÓN: *(Por favor lea detenidamente y firme abajo)*

Declaro que la información proporcionada en esta solicitud es correcta y verdadera. Estoy de acuerdo en proveer pruebas de mis ingresos, de ser necesario. Estoy de acuerdo en informar a Pacific Gas and Electric Company si mi situación financiera cambia y ya no califico para recibir dicho descuento. Comprendo que, si recibo el descuento sin calificar para el mismo, se me podría pedir que devuelva el monto total del descuento recibido. Comprendo que Pacific Gas and Electric Company podría compartir esta información con otras compañías de suministro de energía o sus agentes, para suscribirme en sus programas de ayuda.

X _____ _____

Firma del Cliente de Pacific Gas and Electric Company ○ Marque aquí si es tutor o tiene carta de poder ***Fecha***

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
APPLICATION FOR TENANTS OF SUB-METERED FACILITIES
FORM NO. 01-9285 (REV 11/05) (T)
(ATTACHED)

Pacific Gas and Electric Company®

CARE Program Application for

Tenants of Sub-Metered Residential Facilities

CARE Program

www.pge.com/care

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

01-9285

Rev. 11/01/05

ABOUT THE CARE DISCOUNT PROGRAM

The CARE program provides a 20% discount on the utility bill of qualifying households. The discount and eligibility criteria were established by the California Public Utilities Commission. If you qualify, Pacific Gas and Electric Company will notify your manager or landlord of your eligibility after your completed application has been received and verified. Pacific Gas and Electric Company will contact you at least every year to verify your continued need for the program.

CARE PROGRAM RULES

- The energy bill from your landlord must be in your name.
- You must live at the address where the discount will be received more than half of the year (not for second homes).
- You may not qualify for a CARE discount if you share energy meter(s) with another home.
- You may not be claimed as a dependent on another person's tax return other than your spouse.
- Your household must meet the program definition of low-income as described in this application packet.
- You must notify Pacific Gas and Electric Company if your household no longer qualifies for the CARE discount.

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **FERA** – Family Electric Rate Assistance Program. Provides a Tier 3 (131-200 percent of baseline) electric rate reduction for large households of 3 or more persons with low to middle income. Customer may be enrolled in either the FERA Program or the CARE Program, but not both. Call 1-800-PGE-5000 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.
- **Energy Partners** - Free energy education and weatherization to income-qualified customers. Call 1-800-989-9744 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.

1-866-743-2273

Assistance with the CARE Program in English / Ayuda con el programa CARE en español

Giúp xin chương trình CARE bằng tiếng Việt / CARE 華語協助專線

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)

Pacific Gas and Electric Company®

www.pge.com/care

CARE Program Application for Tenants of Sub-Metered Residential 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

01-9285

Rev. 11/01/05

1 MANAGER OR LANDLORD INFORMATION: *(please type or print)*

Manager or Landlord Name _____ **Contact Phone** ☐☐☐-☐☐☐-☐☐☐☐

Mailing Address _____ **City** _____ **CA Zip Code** _____

Name on PG&E Bill _____

PG&E Account Number: Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

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

Applicant Status O ADD NEW O DROP O RE-CERTIFY O MOVE TO DIFFERENT SPACE

2 TENANT INFORMATION: *(please type or print)*

Name _____
As it appears on your energy bill

Home Address _____ **City** _____ **CA Zip Code** _____
Do NOT use a P.O. Box

Mailing Address _____ **City** _____ **CA Zip Code** _____
If different from the above address

Daytime Telephone Number ☐☐☐-☐☐☐-☐☐☐☐
Please Include Area Code

Number of People Living in Household ☐☐ (Adults) + ☐☐ (Children) = ☐☐ (Total)

3 HOUSEHOLD INCOME WORKSHEET: *(please fill in circle next to all sources of your household's annual income)*

- O Wages or Salaries
- Interest and/or Dividends from:
  - O Savings Accounts,
  - O Stocks or Bonds, or
  - O Retirement Accounts
- O Unemployment Benefits
- O Rental or Royalty Income
- O School Grants, Scholarships or other aid used for living expenses
- O Profit from self-employment (IRS from Schedule C, Line 29)
- O Disability payments
- O Workers compensation
- O Social security, SSI, SSP
- O Pensions
- O Insurance settlements
- O Legal Settlements
- O TANF (AFDC)
- O Food stamps
- O Child support
- O Spousal support
- O Cash and/or other income

MAXIMUM HOUSEHOLD INCOME: *(effective November 1, 2005)*

Your household's gross annual income may not exceed these CARE income guidelines.

Number of Persons in Household	*1 or 2*	*3*	*4*	*5*	*6*
Total Combined Annual Income	***$27,700***	***$32,500***	***$39,200***	***$45,900***	***$52,600***

*Add **$6,700** for each additional household member*

Total Annual Household Income: $ ☐☐,☐☐☐

4 DECLARATION: *(please read carefully 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 _____ _____

Pacific Gas and Electric Company Customer Signature O fill in circle if guardian or power of attorney ***Date***

Pacific Gas and Electric Company®

www.pge.com/care

Solicitudes del Programa CARE para

Inquilinos de Instalaciones Residenciales "Sub-medidas"

CARE Program

Devuelva la solicitud llena a: P.O. Box 7979, San Francisco, CA 94120-7979

Si tiene preguntas llame al: 1-866-PGE-CARE (743-2273) *Fax:* 415-973-6419

01-9285

Rev. 11/01/05

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO CARE

El programa CARE ofrece un descuento del 20% en la cuenta mensual de gas y electricidad a los hogares que califican. El descuento y las pautas de elegibilidad fueron establecidas por la Comisión de Servicios Públicos de California. Si llena los requisitos, Pacific Gas and Electric Company le avisará a su administrador o propietario que ha sido certificado, una vez que hayamos recibido su solicitud llena y la misma sea verificada por PG&E. Pacific Gas and Electric Company se pondrá en contacto con usted, por correo, por lo menos cada año para verificar que continúa necesitando este programa.

REGLAS DEL PROGRAMA CARE

- La cuenta de energía del administrador de su parque debe estar a su nombre.
- Debe vivir en la direccion donde se recibirá el descuento por lo menos la mitad del año (no aplica a segundos hogares)
- Es posible que no califique para el programa CARE si comparte su medidor (electric meter) con otra casa.
- No debe aparecer como dependiente, en la declaración de impuestos, de ninguna otra persona que no sea su cónyuge.
- El hogar del solicitante debe llenar la definicion de bajos ingresos, tal y como se describe en esta solicitud.
- Debe informar a Pacific Gas and Electric Company si su hogar ya no reúne los requisitos para el descuento del programa de CARE

OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **FERA** – Programa de Ayuda Familiar para los Cargos Eléctricos. Este programa proporciona una reducción del precio eléctrico en la "Hilera 3" (131-200 porciento de la tarifa base), para casas grandes con mas de 3 personas de bajos a medianos ingresos. Nuestros clientes se pueden inscribir en el programa CARE o en el programa FERA, pero no en ambos. Llame al 1-800-PGE-5000 para mas información.

- **LIHEAP** – Programa de Ayuda para el Pago de la Energía en los Hogares de Bajos Ingresos (LIHEAP). Este es un programa que brinda asistencia con el pago de sus cuentas, asistencia de emergencia para el pago de sus cuentas, y servicio de protección en contra de las inclemencias del tiempo. Para mas información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.

- **Medical Baseline** – Brinda servicios, por medio del pago de las tarifas mas bajas, a los clientes que tengan necesidades comprobadas. Llame al 1-800-PGE-5000 para mas información.

- **Socios en la Energía** – Ofrece servicios gratuitos de orientación sobre la energía y sobre protección en contra de las inclemencias del tiempo a los clientes que llenen los requisitos. Llame al 1-800-989-9744 para mas información.

- **ULTS** – La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a precios de descuento, a aquellos clientes que reúnan requisitos similares a los del Programa CARE. Llame a su compañía local de teléfonos para mas información.

1-866-743-2273

Assistance with the CARE Program in English / Ayuda con el programa CARE en español

Giúp xin chương trình CARE bằng tiếng Việt / CARE 華語協助專線

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)

Pacific Gas and Electric Company®

www.pge.com/care

Solicitudes del Programa CARE para
Inquilinos de Instalaciones Residenciales "Sub-medidas"

CARE Program

Devuelva la solicitud llena a: P.O. Box 7979, San Francisco, CA 94120-7979

Si tiene preguntas llame al: 1-866-PGE-CARE (743-2273) *Fax:* 415-973-6419

01-9285

Rev. 11/01/05

1 INFORMACIÓN DEL ADMINISTRADOR O PROPIETARIO: *(por favor escriba a máquina o con letras de molde)*

Nombre del Administrador o Propietario _____ **Teléfono** | | | | | | | | | | | | |

Dirección postal _____ **Ciudad** _____ **CA Código Postal** _____

Nombre que aparece en la cuenta de energía _____

Número de Cuenta Electricidad | | | | | | | | | | - | | Gas | | | | | | | | | | - | |

Dirección donde se da el servicio _____ **Ciudad** _____ **CA Código postal** _____

Situación del solicitante O NUEVO O CANCELÓ EL PROGRAMA O SE RECERTIFICÓ O SE MUDÓ A OTRO ESPACIO

2 INFORMACIÓN DEL INQUILINO: *(por favor escriba a máquina o con letras de molde)*

Nombre _____
Tal y como aparece en la factura

Dirección del hogar _____ **Ciudad** _____ **CA Código postal** _____
No use P.O. Box

Dirección Postal, si tiene _____ **Ciudad** _____ **CA Código postal** _____
Llene solo si su dirección postal es diferente a la que aparece arriba

Número telefónico durante el día | | | - | | | | - | | | | |
Por favor incluya el código de área

Número de personas que viven en el hogar | | + | | = | |
Adultos Niños **Total**

3 HOJA DE TRABAJO SOBRE LOS INGRESOS DEL HOGAR: *(Por favor llene los circulos junto a todas las fuentes de ingresos anuales de su hogar)*

- O Sueldos y/o Salarios, Jornales
- O Intereses y/o Dividendos de:
  - O Cuentas de Ahorros,
  - O Acciones y Bonos, o
  - O Cuentas de Jubilación
- O Pagos por Desempleo
- O Ingresos provenientes de Rentas o Regalías
- O Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- O Ganancias de su Propio Negocio (Formulario de IRS, Schedule C, Línea 29)
- O Pagos por Incapacidad
- O Pagos por Compensación al Trabajador
- O Pagos del Seguro Social, SSI, SSP
- O Pagos de Pensiones
- O Pagos de Reclamaciones del Seguro
- O Pagos de Reclamaciones Legales
- O Pagos de TANF (AFDC)
- O Pagos por medio de Estampillas de Alimentos
- O Pagos por Pensión Alimenticia a Hijos
- O Pagos por Pensión Conyugal
- O Pagos en Efectivo y/u Otros Ingresos

INGRESOS MÁXIMOS DEL HOGAR: *(efectivo Noviembre 1, 2005)*

Los ingresos anuales brutos de su hogar no deben exceder las Pautas de Ingresos de CARE especificadas a continuación:

Número de Personas en el Hogar	*1 o 2*	*3*	*4*	*5*	*6*	*Agregue **$6,700** anual por cada personal adicional en el hogar*
Ingresos Anuales	***$27,700***	***$32,500***	***$39,200***	***$45,900***	***$52,600***	

Ingresos Totales Anuales del Hogar: $ | | | , | | |

4 DECLARACIÓN: *(Por favor lea detenidamente y firme abajo)*

Declaro que la información proporcionada en esta solicitud es correcta y verdadera. Estoy de acuerdo en proveer pruebas de mis ingresos, de ser necesario. Estoy de acuerdo en informar a Pacific Gas and Electric Company si mi situación financiera cambia y ya no califico para recibir dicho descuento. Comprendo que, si recibo el descuento sin calificar para el mismo, se me podría pedir que devuelva el monto total del descuento recibido. Comprendo que Pacific Gas and Electric Company podría compartir esta información con otras compañías de suministro de energía o sus agentes, para suscribirme en sus programas de ayuda.

X _____ _____

Firma del Cliente de Pacific Gas and Electric Company O Marque aqui si es tutor o tiene carta poder ***Fecha***

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
INCOME GUIDELINES
FORM NO. 62-1477 (REV 11/05) (T)
(ATTACHED)

Pacific Gas and Electric Company®

CARE Program

Income Guidelines

CARE Program

www.pge.com/care

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

62-1477

Rev. 11/01/05

CALIFORNIA ALTERNATE RATES FOR ENERGY

INCOME GUIDELINES (effective November 1, 2005)

Your household's gross income must not exceed the CARE Income Guidelines

Size of Household	Yearly
1 or 2	$27,700
3	$32,500
4	$39,200
5	$45,900
6	$52,600

Add **$6,700** for each additional household member

TARIFAS ALTERNAS DE ENERGÍA DE CALIFORNIA

PAUTAS DE INGRESOS (efectivo Noviembre 1, 2005)

Los ingresos brutos de su hogar no deben exceder las Pautas de Ingresos de CARE.

Número de Personas en el Hogar	Anual
1 or 2	$27,700
3	$32,500
4	$39,200
5	$45,900
6	$52,600

Agregue **$6,700** anual por cada personal adicional en el hogar

Definition of Income:

All revenues, from all household members, from whatever source derived, whether taxable or non-taxable, including, but not limited to:

- Wages or Salaries
- Interest and/or Dividends from:
  - Savings Accounts,
  - Stocks or Bonds, or
  - Retirement Accounts
- Unemployment Benefits
- Rental or Royalty Income
- School Grants, Scholarships or other aid used for living expenses
- Profit from self-employment (IRS from Schedule C, Line 29)
- Disability payments
- Workers compensation
- Social security, SSI, SSP
- Pensions
- Insurance settlements
- Legal Settlements
- TANF (AFDC)
- Food stamps
- Child support
- Spousal support
- Cash and/or other income

Definición de Ingresos:

Todos los ingresos de todas las personas que viven en su hogar, derivadas de todas las fuentes, tanto si se pagan impuestos sobre las mismas o no, y que incluyen, pero no se limitan a:

- Sueldos y/o Salarios, Jornales
- Intereses y/o Dividendos de:
  - Cuentas de Ahorros,
  - Acciones o Bonos, o
  - Cuentas de Jubilación
- Pagos por Desempleo
- Ingresos provenientes de Rentas o Regalías
- Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- Ganancias de su Propio Negocio (Formulario de IRS, Schedule C, Línea 29)
- Pagos por Incapacidad
- Pagos por Compensación al Trabajador
- Pagos del Seguro Social, SSI, SSP
- Pagos de Pensiones
- Pagos de Reclamaciones del Seguro
- Pagos de Reclamaciones Legales
- Pagos de TANF (AFDC)
- Pagos por medio de Estampillas de Alimentos
- Pagos por Pensión Alimenticia a Hijos
- Pagos por Pensión Conyugal
- Pagos en Efectivo y/u Otros Ingresos

1-866-743-2273

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

62-1477

Rev. 11/01/05

加州能源替代費率

收入標準(有效期由 2005 年 11 月 1)

您家庭的總收入不可超過 CARE 計劃的收入標準

家庭人數	全年總收入
1 或 2	$27,700
3	$32,500
4	$39,200
5	$45,900
6	$52,600

每增加一人，增加 **$6,700**

收入定義:

所有家庭成員的收入，無論來自任何途徑，是要繳稅或不需繳稅，其中包括，但不局限於：

- 工資
- 利息/或股息，來源于:
  - 儲蓄戶口、
  - 股票或債券，或
  - 退休帳戶
- 失業福利
- 租金或版權收入
- 學校助學金、獎學金或其他生活津貼補助
- 自僱者的總收入（IRS 表格 C 第 29 行）
- 傷病補助金
- 勞工賠償
- 社會福利、SSI、SSP
- 退休金
- 保險訴訟所得的金錢
- 法律訴訟所得的金錢
- 對需協助的家庭之臨時補助 TANF (AFDC)
- 食物券
- 給孩童的資助
- 給配偶的資助
- 現金和 / 或其他收入

CHƯƠNG TRÌNH GIÁ BIỂU NĂNG LƯỢNG KHÁC CỦA CALIFORNIA

ĐỊNH MỨC LỢI TỨC (Có hiệu lực từ ngày 1 tháng 11, 2005)
Tổng Số Lợi Tức Toàn Gia Đình của quý vị không được vượt quá Định Mức Lợi Tức CARE dưới đây:

Số Người trong Gia Đình	Hàng Năm
1 hay 2	$27,700
3	$32,500
4	$39,200
5	$45,900
6	$52,600

Cộng **$6,700** cho mỗi người thêm sau đó

Định Nghĩa Lợi Tức:

"Tổng Số Lợi Tức Toàn Gia Đình" có nghĩa là tất cả mọi lợi tức, của mọi người trong nhà, có từ bất cứ nguồn nào, dù phải đóng thuế hay không đóng thuế, bao gồm nhưng không phải chỉ giới hạn vào:

- Tiền Lương
- Tiền Lời từ:
  - Các Trương Mục Tiết Kiệm,
  - Các Chứng Khoán hay Trái Phiếu, hay
  - Trương Mục Hưu Trí
- Tiền Thất Nghiệp
- Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- Tiền Học Bổng hay các thú Tiền Trợ Giúp cho Đời Sống hằng ngày
- Lợi Tức từ việc Làm Ăn Riêng (IRS mẫu Schedule C, Dòng 29)
- Tiền cho Người Có Khuyết Tật
- Tiền Bồi Thường Tai Nạn Lao Động
- Tiền An Sinh Xã Hội (SSI, SSP)
- Tiền Hưu Bổng
- Tiền Bảo Hiểm Bồi Thường
- Tiền Bồi Thường Thưa Kiện
- TANF (AFDC) (trợ cấp gia đình nghèo có con nhỏ)
- Tiền Phiếu Thực Phẩm
- Tiền Cấp Dưỡng Con Cái
- Tiền Cấp Dưỡng Vợ/Chồng
- Tiền Mặt và/hay Lợi Tức Khác

1-866-743-2273

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

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RATE SCHEDULES

RESIDENTIAL

NONRESIDENTIAL

SCHEDULE E-FERA—FAMILY ELECTRIC RATE ASSISTANCE

APPLICABILITY: This schedule is applicable to single-phase and polyphase residential bundled service in single-family dwellings and in flats and apartments separately metered by PG&E and domestic submetered tenants residing in multifamily accommodations, mobilehome parks and to qualifying recreational vehicle parks and marinas and to farm service on the premises operated by the person who's residence is supplied through the same meter where the applicant qualified for Family Electric Rate Assistance (FERA) under the eligibility and certification criteria set forth below in Special Conditions 2 and 3.

All individually meter customers and submetered tenants must have a maximum annual household income of between 200% and 250% of federal poverty guidelines and have 3 or more persons residing full time in their household for that household to receive benefit of Schedule E-FERA. (T)

TERRITORY: The entire territory served.

RATES: The rate of the customer's otherwise applicable rate schedule; E-1, E-7, E-A7, E-8, E-9 and E-NET will apply except that all Tier 3 baseline usage will be billed at Tier 2 baseline rates. These conditions also apply to master-metered customers and to qualified sub-metered tenants where the master-meter customer is served under PG&E's Rate Schedule ES, ESL, ESR, ESRL, ET, or ETL.

For master-metered customers, the FERA discount is equal to the Tier 3 usage assigned to non-CARE and non-medical units on a prorated basis times the difference between Tier 2 and Tier 3 rates multiplied by the number of FERA units divided by the sum of the number of non-CARE and non-medical units.

SPECIAL CONDITIONS:

1. OTHERWISE APPLICABLE SCHEDULE: The Special Conditions of the Customer's otherwise applicable rate schedule will apply to this schedule.

2. ELGIBILITY: To be eligible to receive E-FERA the applicant must qualify under the criteria set forth below and meet the certification requirements thereof to the satisfaction of PG&E. Applicants may qualify for E-FERA at their primary residence only. Customers or sub-metered tenants participating in the California Alternate Rates for Energy (CARE) program or medical baseline program cannot concurrently participate in the FERA program. Master-metered customers without sub-metering on Schedule EM are ineligible to participate in the FERA program. In addition, non-residential customers taking service on Schedule E-CARE are categorically ineligible to take service on Schedule E-FERA. Direct Access and Transitional Bundled Service customers are also ineligible to take service on Schedule E-FERA. Customers on experimental residential Schedules E-2 and E-3 are also ineligible to participate in the FERA program.

(Continued)

SCHEDULE E-FERA—FAMILY ELECTRIC RATE ASSISTANCE
(Continued)

SPECIAL CONDITIONS: (Cont'd.)

A Schedule E-FERA household is a household consisting of 3 or more persons where the total gross income from all sources is within the ranges shown on the table below based on the number of persons in the household. Total gross income shall include income from all sources, both taxable and nontaxable. Persons who are claimed as a dependent on another person's income tax return are not eligible.

No. Of Persons In Household	Total Gross Annual Income	
1-2	Not Applicable	
3	$32,501 – $40,600	(I)
4	$39,201 – $49,000	|
5	$45,901 – $57,400	|
6	$52,601 – $65,800	|
Each Additional Person Add	$ 6,701 – $ 8,400	(I)

Households where total gross income from all sources is below the lower end of the annual income ranges shown above may qualify to participate in the CARE program. See Rule 19.1 for the CARE income guidelines applicable to 1 to 2 person households.

3. CERTIFICATION:

Individually metered PG&E customers, submetered tenants of master-metered PG&E customers, and other qualifying applicants in individually metered residential dwelling units:

All applicants for certification must fill out and provide to PG&E Application Form No. 62-1415 (English/Vietnamese), 62-1418 (English/Spanish), 62-1419 (English/Chinese).

Submetered tenants of master-metered PG&E Customers:

Submetered tenants of master-metered Customers will submit Application Form No. 62-1420 (English/Chinese), 62-1422 (English/Spanish), 62-1423 (English/Vietnamese) to PG&E, including their tenant's apartment/unit number and PG&E account number. PG&E will notify the master-metered Customer of the tenant's certification. The master-metered Customer, not PG&E, is responsible for extending E-FERA discounts to tenants certified to receive them.

Self-certification will be used to determine income eligibility for the E-FERA program. Customers must sign a statement upon application indicating that PG&E may verify the Customer's eligibility at any time. If verification establishes that the Customer is ineligible, the Customer will be removed from the program and PG&E may render corrective billings in accordance with Rule 17.1.

(Continued)

RULE 9—RENDERING AND PAYMENT OF BILLS
(Continued)

F. CLOSING BILL PAYABLE ON PRESENTATION

Removal bills, special bills, bills rendered on vacation of premises, or bills rendered to persons discontinuing the service, shall be paid on presentation. Bills for connection or reconnection of service and payments for deposits or to reinstate deposits as required under the rules of PG&E shall be paid before service will be connected or reconnected.

G. BALANCED PAYMENT PLAN

Residential and small commercial customers whose energy is supplied and billed by PG&E on Rate Schedules: E-1, EL-1, E-7, EL-7, EA-7, ELA-7, E-8, EL-8, EM, EML, ES, ESL, ESR, ESRL, ET, ETL, A1 and A-6 and wish to minimize variations in monthly bills, may elect to participate in the Balanced Payment Plan (BPP). This plan is detailed as follows: (T)

1. A Customer can join the plan in any month of the year. The plan will remain in effect until it is terminated by PG&E or the customer. (T)

2. Participation is subject to approval by PG&E.

3. Meters will be read and billed at regular intervals.

4. Customers will be expected to pay the BPP amount shown due.

5. The BPP amount will be one-twelfth of the annual bill as estimated by PG&E, based on the customer's historical billings for the most recent year at the time of the calculation, or, if that is not available, the usage pattern of either the premises comparable customers similarly situated. (T)

6. BPP amounts will be reviewed at least three times a year and adjusted no more than three times in a year if required to reduce the likelihood of a large imbalance between actual charges and BPP charges. Customers will be notified on their bill of any change in the BPP amount. (T)

7. Participants are subject to removal from the plan and subject to termination of service if a bill containing a prior unpaid BPP amount becomes delinquent as defined in Rule 11. (T)

8. In accordance with Ordering Paragraph 15, in Decision (D.) 05-10-044, pertaining to PG&E's Winter Customer Care and Relief Program and Public Utility Code Section 739.5, master-metered customers with sub-metered tenants served on rate schedules ES, ESL, ESR, ESRL, ET and ETL must pledge to pass on the BPP benefits to their sub-metered tenants and agree to inform the sub-metered tenants of this service in order to qualify for the BPP. (N)

(Continued)

RULE 11—DISCONTINUANCE AND RESTORATION OF SERVICE
(Continued)

C. TERMINATION OF SERVICE FOR NONPAYMENT OF BILLS OR CREDIT DEPOSIT REQUESTS—RESIDENTIAL (Cont'd.)

1. INABILITY TO PAY—RESIDENTIAL (Cont'd.)

c. FAILURE TO AGREE ON PAYMENT ARRANGEMENTS (Cont'd.)

3) If the customer is not satisfied with CAB's resolution of the complaint, the customer may appeal to the CPUC in accordance with the CPUC's procedures.

4) Failure of the customer to observe any time limits set by the CPUC's complaint procedures shall entitle PG&E to insist upon payment and to terminate service if the payment is not made.

d. 2005-2006 WINTER CUSTOMER CARE AND RELIEF PROGRAM ("Program") (N)

1) In accordance with D.05-10-044, during the winter of 2005-2006 (November 1, 2005 through April 30, 2006), residential customers who cannot pay the full amount of their outstanding energy bills but pay at least fifty percent (50%) may avoid termination of service if they agree to enroll in PG&E's Balanced Payment Plan (BPP) and comply with the program guidelines as stated in Rule 9.G. Customers who enroll in BPP under this program and fail to pay the BPP amount in full each month may be dropped from the Program and subject to the otherwise applicable requirements of PG&E's rules regarding payment and service termination.

2) CARE customers who demonstrate, in PG&E's judgment, special hardship, may avoid service termination this winter if they agree to pay 50% of their energy bills this winter and enter into a repayment plan to repay all past-due amounts within nine months of April 30, 2006. Customers who fail to pay according to their agreements will be dropped from the Program and subject to the otherwise applicable requirements of PG&E's rules regarding payment and service termination. (N)

2. BILLING OR CREDIT DEPOSIT REQUEST DISPUTE—RESIDENTIAL

PG&E will not terminate service when a residential customer has initiated a complaint or requested an investigation within five days of receiving a disputed bill or credit deposit request, until the customer has been given an opportunity for review of the dispute by PG&E or the CPUC in accordance with Rule 10. However, the customer must continue to pay subsequent undisputed PG&E bills before these bills become past due, or the customer's service will be subject to termination in accordance with this rule and Rule 8. (L)

(Continued)

RULE 11—DISCONTINUANCE AND RESTORATION OF SERVICE
(Continued)

C. TERMINATION OF SERVICE FOR NONPAYMENT OF BILLS OR CREDIT DEPOSIT REQUESTS—RESIDENTIAL (Cont'd.) (L)

3. CORRECTED BILL OR CREDIT DEPOSIT REQUEST—RESIDENTIAL

When PG&E has corrected the customer's bill or the requested credit deposit amount, service may not be terminated until the customer has received notices for the corrected amount in accordance with Rule 8. (L)

D. TERMINATION OF SERVICE FOR NONPAYMENT OF BILLS OR CREDIT DEPOSIT REQUESTS—NONRESIDENTIAL

Monthly bills for nonresidential service are due and payable upon presentation and will be considered past due if payment is not received by PG&E within 15 days after the bill is mailed to the customer. Credit deposit requests for nonresidential service are due and payable upon presentation and will be considered past due if payment is not received by PG&E within 11 days after the credit deposit request is mailed to the customer.

When a bill or credit deposit request has become past due and the customer has received notice in accordance with Rule 8, PG&E may terminate any and all services the customer is receiving unless an exception described in Sections D.1 through D.3, below, applies.

1. INABILITY TO PAY—NONRESIDENTIAL

PG&E may, at its sole option, extend payment arrangements to a nonresidential customer who alleges an inability to pay.

It is the customer's responsibility to contact PG&E to request payment arrangements. If payment arrangements are made, such payment arrangements may be by Amortization Agreement, as described in Section D.1.a., below, or by Extension Agreement, as described in Section D.1.b., below.

When the customer and PG&E have agreed upon payment arrangements, PG&E will not terminate service as long as the customer complies with the arrangements. However, if the customer fails to comply, PG&E may terminate any and all services the customer is receiving after notice is given in accordance with Section D.1.a. and Section D.1.b., below.

(Continued)

RULE 19.1—CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS
(Continued)

B. ELIGIBILITY (Cont'd.)

Total gross annual income for all persons in the applicants household may not exceed the following:

Number of Persons in Household	Maximum Annual Household Income	
1-2	$27,700	(I)
3	$32,500	|
4	$39,200	|
5	$45,900	|
6	$52,600	|
Each additional member, add:	$56,700	(I)

C. CERTIFICATION

1. Individually metered PG&E customers, submetered tenants of master-metered PG&E customers, and other qualifying applicants in individually metered residential dwelling units:

   All applicants for certification must fill out and provide to PG&E Application Form No. 01-9077.

2. Submetered tenants of master-metered PG&E Customers:

   Submetered tenants of master-metered Customers will submit Application Form No. 01-9285 to PG&E, including their tenant's apartment/unit number and PG&E account number. PG&E will notify the master-metered Customer of the tenant's certification. The master-metered Customer, not PG&E, is responsible for extending CARE discounts to tenants certified to receive them.

3. Self-certification:

   Self-certification will be used to determine income eligibility for the CARE program. Customers must sign a statement upon application indicating that PG&E may verify the Customer's eligibility at any time. If verification establishes that the Customer is ineligible, the Customer will be removed from the program and PG&E may render corrective billings.

(Continued)

RULE 19.1—CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS
(Continued)

D. RECERTIFICATION REQUIREMENTS

1. Certification of individually-metered PG&E Customers is valid for a period of two years, except as provided in Section F.

2. Certification of submetered tenants of master-metered customers is valid for one year, except as provided in Section F.

Applicants either suspected of or proven to have provided incorrect information in their application for CARE may be required to recertify at any time. Further, PG&E reserves the right to conduct random audits to determine applicants' eligibility. Failure by any party asked to provide proper proof of eligibility will result in disqualification of applicant's eligibility to receive the CARE rate. PG&E may rebill Customers removed from the program for previous discounts received for which the participant did not qualify.

Upon PG&E's request that the applicant recertify eligibility following the regular expiration date of applicants' eligibility, the applicant will have 90 days to recertify, after which applicants not recertified may lose their eligibility under the CARE program. (T)

It is the responsibility of the applicant to immediately notify PG&E when they are no longer eligible for the CARE program.

(Continued)

RULE 19.1—CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS
(Continued)

E. QUALIFIED SUBMETERED APPLICANTS

Where residential dwelling units are not individually metered by PG&E and where the qualifying CARE applicants are not PG&E's customers of record, PG&E will perform annual audits to determine if the qualifying applicants still reside at the premises receiving CARE. Then PG&E will either (a) allow CARE to remain in effect until recertification in accordance with Section D above, or (b) remove the customers of record from CARE effective with their next regular meter reading dates.

F. MISAPPLICATION OF CARE

Certification for eligibility for the CARE program that is made based upon incorrect information provided by the applicant shall constitute misapplication of CARE for the period under which the applicant received CARE. PG&E may rebill the account at the customer's/applicant's otherwise-applicable rate schedule for misapplication of CARE. Such billing shall be for a period up to the most recent three years in accordance with Rule 17.1. However, nothing in Rule 19.1 shall be interpreted as limiting PG&E's rights under any provisions of any applicable law or tariff.

Master-metered customers with PG&E-certified submetered tenants shall not be held responsible for incorrect information provided by the submetered tenant to PG&E.

G. 2005-2006 WINTER CUSTOMER CARE AND RELIEF PROGRAM (N)

Pursuant to Decision 05-10-044, Ordering Paragraph 16, PG&E will waive reconnection fees specified in Rule 11 and deposits specified in Rule 7 for CARE customers during the winter months (November 1, 2005 through April 30, 2006). (N)

RULE 19.2—CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES
(Continued)

B. ELIGIBILITY (Cont'd.)

3. The facility must also be licensed, or otherwise prove to PG&E's satisfaction, by the appropriate state agency. A homeless shelter is required to provide a copy of its municipal or county conditional use permit.

4. The total gross income for all persons residing in each household at a Facility may not exceed the following:

Number of Persons in Household	Maximum Annual Household Income	
1-2	$27,700	(I)
3	$32,500	|
4	$39,200	|
5	$45,900	|
6	$52,600	|
Each additional member, add:	$ 6,700	(I)

(Continued)

RULE 19.2--CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES
(Continued)

D. RECERTIFICATION REQUIREMENTS

1. Facilities wishing to recertify must complete Form No. 62-0156 and provide the information listed in Section C.

2. Recertification shall include a quantification by the Nonprofit Group-Living Facility of the annual CARE discount and an identification of how these discount funds were spent for the benefit of qualifying residents.

Nonprofit Group-Living Facilities either suspected of or proven to have provided incorrect information in their application for CARE may be required to recertify at any time. Further, PG&E reserves the right to conduct random audits to determine Nonprofit Group-Living Facility eligibility. Failure by any party to provide proper proof of eligibility will result in the removal of the Nonprofit Group-Living Facility from the CARE rate.

Upon PG&E's request that the Nonprofit Group-Living Facility recertify eligibility or 90 days before the regular expiration date of the Nonprofit Group-Living Facility's eligibility, the Nonprofit Group-Living Facility will have 90 days to recertify, after which Nonprofit Group-Living Facilities not recertified may lose their eligibility under the CARE program. (T)

E. MISAPPLICATION OF CARE

Misapplication of CARE for the period during which the Nonprofit Group-Living Facility received CARE occurs when: 1) the Nonprofit Group-Living Facility certifies or recertifies using incorrect information, or 2) when the CARE discount funds were not spent for the benefit of the qualifying residents. PG&E may rebill the account at the customer's otherwise applicable rate schedule for misapplication of CARE. Such billing shall be for a period up to the most recent three years in accordance with Rule 17. However, nothing in Rule 19.2 shall be interpreted as limiting PG&E's rights under any provisions of any applicable law or tariff.

F. 2005-2006 WINTER CUSTOMER CARE AND RELIEF PROGRAM (N)

Pursuant to Decision 05-10-044, Ordering Paragraph 16, PG&E will waive reconnection fees specified in Rule 11 and deposits specified in Rule 7 for CARE customers during the winter months (November 1, 2005 through April 30, 2006). (N)

RULE 19.3—CALIFORNIA ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRICULTURAL HOUSING FACILITIES
(Continued)

B. ELIGIBILITY (Cont'd.)

2. PRIVATELY-OWNED EMPLOYEE HOUSING FACILITIES

a. Privately-Owned Employee Housing Facilities must provide proof of current compliance with Part 1 of Division 13 of the Health and Safety Code. Compliance must take the form of having a permit issued by the State Department of Housing and Community Development pursuant to Health and Safety Code §17030.

b. For Privately-Owned Employee Housing Facilities, 100 percent of the energy supplied to the facility's premises must be used for residential purposes.

3. AGRICULTURAL EMPLOYEE HOUSING FACILITIES

a. Agricultural Employee Housing Facilities must provide a letter of determination by the Internal Revenue Service (IRS) that the corporation is tax-exempt due to its non-profit status under IRS Code §501(c)(3) or proof that it is tax-exempt due to its non-profit status from the State of California. Additionally, the Facility must provide a copy of letter from the Assessor in the county where the Facility is located stating that the housing is exempt from local property taxes.

b. For Agricultural Employee Housing Facilities, 100 percent of the energy supplied to the facility's premises must be used for residential purposes, if each of the dwelling areas in the facility is individually metered. If a master meter serves the facility, not less than 70 percent of the energy supplied to the facility's premises must be used for residential purposes.

4. The total gross income for all persons residing in each household at a Facility may not exceed the following:

Number of Persons in Household	Maximum Annual Household Income
1-2	$27,700 (I)
3	$32,500 |
4	$39,200 |
5	$45,900 |
6	$52,600 |
Each additional member, add:	$ 6,700 (I)

(Continued)

RULE 19.3-CALIFORNIA ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRICULTURAL HOUSING FACILITIES
(Continued)

D. RECERTIFICATION REQUIREMENTS

1. Facilities wishing to recertify must complete a new Form No. 62-1198 or Form No. 61-0535 and provide the information listed in Section C.

2. Recertification shall include an explanation by the Facility of how the annual CARE discount was used during the previous year for the direct benefit of qualifying residents. Additionally, the Facility shall certify how the next year's discount will be used to directly benefit occupants.

E. MISAPPLICATION OF CARE

Misapplication of CARE for the period during which the Facility received CARE occurs when: 1) the Facility certifies or recertifies using incorrect information, or 2) when the CARE discount funds were not spent for the benefit of the qualifying residents. PG&E may rebill the account at the customer's otherwise applicable rate schedule for misapplication of CARE. Such billing shall be for a period up to the most recent three years in accordance with Rule 17.1. However, nothing in Rule 19.3 shall be interpreted as limiting PG&E's rights under any provisions of any applicable law or tariff.

Facilities either suspected of or proven to have provided incorrect information in their application for CARE may be required to recertify at any time. Further, PG&E reserves the right to conduct random audits to determine Facility eligibility. Failure by any party to provide proper proof of eligibility will result in the removal of the Facility from the CARE rate.

Upon PG&E's request that the Facility recertify eligibility or 90 days before the regular expiration date of the Facility's eligibility, the Facility will have 90 days to recertify, after which Facilities not recertified may lose their eligibility under the CARE program. (T)

F. 2005-2006 WINTER CUSTOMER CARE AND RELIEF PROGRAM (N)

Pursuant to Decision 05-10-044, Ordering Paragraph 16, PG&E will waive reconnection fees specified in Rule 11 and deposits specified in Rule 7 for CARE customers during the winter months (November 1, 2005 through April 30, 2006). (N)

(Continued)

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
APPLICATION FOR RESIDENTIAL SINGLE-FAMILY CUSTOMERS
FORM NO. 01-9077 (REV 11/05) (T)
(ATTACHED)

Pacific Gas and Electric Company®

CARE Program Application for

Residential Single-Family Customers

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

www.pge.com/care

01-9077

Rev. 11/01/05

ABOUT THE CARE DISCOUNT PROGRAM

The CARE Program provides a 20% discount on the utility bill of qualifying households. (If you are a qualifying Time-of-Use customer, your discount will be equal to your monthly meter charge.) The discount and eligibility criteria were established by the California Public Utilities Commission and are updated each June. If you qualify, your discount will appear after your next Pacific Gas and Electric Company bill cycle once your completed application has been received and verified by Pacific Gas and Electric Company. Pacific Gas and Electric Company will contact you by mail at least every two years to verify your continued need for the program.

CARE PROGRAM RULES

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

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **FERA** – Family Electric Rate Assistance Program. Provides a Tier 3 (131-200 percent of baseline) electric rate reduction for large households of 3 or more persons with low to middle income. Customer may be enrolled in either the FERA Program or the CARE Program, but not both. Call 1-800-PGE-5000 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.
- **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.
- **Payment Arrangements** - Pacific Gas and Electric Company can work out a payment schedule for you if you need more time paying your bill. Call 1-800-PGE-5000 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.

1-866-743-2273

Assistance with the CARE Program in English / Ayuda con el programa CARE en español

Giúp xin chương trình CARE bằng tiếng Việt / CARE 華語協助專線

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)

Pacific Gas and Electric Company®

www.pge.com/care

CARE Program Application for Residential Single-Family Customers

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

01-9077

Rev. 11/01/05

1 PACIFIC GAS AND ELECTRIC COMPANY CUSTOMER INFORMATION: *(please type or print)*

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

Name _____
As it appears on your energy bill

Home Address _____ **City** _____ **CA Zip Code** _____
Do NOT use a P.O. Box

Mailing Address _____ **City** _____ **CA Zip Code** _____
If different from the above address

Daytime Telephone Number
Please Include Area Code

Number of people living in your household ☐☐ + ☐☐ = ☐☐
Adults Children **Total**

2 HOUSEHOLD INCOME WORKSHEET: *(please fill in circle next to all sources of your household's annual income)*

- ○ Wages or Salaries
  Interest and/or Dividends from:
  - ○ Savings Accounts,
  - ○ Stocks or Bonds, or
  - ○ Retirement Accounts
- ○ Unemployment Benefits
- ○ Rental or Royalty Income
- ○ School Grants, Scholarships or other aid used for living expenses
- ○ Profit from self-employment (IRS form Schedule C, Line 29)
- ○ Disability payments
- ○ Workers compensation
- ○ Social Security, SSI, SSP
- ○ Pensions
- ○ Insurance Settlements
- ○ Legal Settlements
- ○ TANF (AFDC)
- ○ Food stamps
- ○ Child support
- ○ Spousal support
- ○ Cash and/or other income

MAXIMUM HOUSEHOLD INCOME: *(effective November 1, 2005)*

Your household's gross annual income may not exceed these CARE income guidelines:

Number of Persons in Household	*1 or 2*	*3*	*4*	*5*	*6*	*Add **$6,700** for each additional household member*
Total Combined Annual Income	***$27,700***	***$32,500***	***$39,200***	***$45,900***	***$52,600***	

Total Annual Household Income: $ ☐☐,☐☐☐

3 DECLARATION: *(please read carefully 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 _____ _____
Pacific Gas and Electric Company Customer Signature O fill in circle if guardian or power of attorney ***Date***

Pacific Gas and Electric Company®

Solicitudes del Programa CARE para
Clientes Residenciales de Familias Individuales

CARE Program

Devuelva la solicitud llena a: P.O. Box 7979, San Francisco, CA 94120-7979 — *01-9077*

www.pge.com/care

Si tiene preguntas llame al: 1-866-PGE-CARE (743-2273) *Fax:* 415-973-6419 — *Rev. 11/01/05*

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO CARE

El programa CARE ofrece un descuento del 20% en la cuenta mensual de gas y electricidad a los hogares que califican. (Si usted es un cliente del plan "Tiempo de Uso" y llena los requisitos, su descuento será igual al cargo mensual de su medidor.) El descuento y las pautas de elegibilidad fueron establecidas por la Comisión de Servicios Públicos de California y las mismas se actualizan en junio de cada año. Si llena los requisitos, su descuento aparecerá en el siguiente ciclo del estado de cuenta de Pacific Gas and Electric Company, una vez que hayamos recibido su solicitud llena y la misma sea verificada por PG&E. Pacific Gas and Electric Company se pondrá en contacto con usted, por correo, por lo menos cada dos años para verificar que continúa necesitando este programa.

REGLAS DEL PROGRAMA CARE

- La cuenta de Pacific Gas and Electric Company debe estar a su nombre.
- Debe vivir en la direccion donde se recibirá el descuento por lo menos la mitad del año (no aplica a segundos hogares)
- Es posible que no califique para el programa CARE si comparte su medidor (electric meter) con otra casa.
- No debe aparecer como dependiente, en la declaración de impuestos, de ninguna otra persona que no sea su cónyuge.
- El hogar del solicitante debe llenar la definicion de bajos ingresos, tal y como se describe en esta solicitud
- Debe informar a Pacific Gas and Electric Company si su hogar ya no reúne los requisitos para el descuento del programa de CARE
- Los inquilinos con medidores "sub-medidos" que pertenecen a parques de casas móviles, apartamentos o muelles de botes, deben llenar otro formulario llamado "Solicitud del Programa CARE para Inquilinos de Instalaciones Residenciales Sub-Medidas". (Vea al propietario/administrador de su instalación para obtener el formulario 01-9285).

OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **FERA** – Programa de Ayuda Familiar para los Cargos Eléctricos. Este programa proporciona una reducción del precio eléctrico en la "Hilera 3" (131-200 porciento de la tarifa base), para casas grandes con mas de 3 personas de bajos a medianos ingresos. Nuestros clientes se pueden inscribir en el programa CARE o en el programa FERA, pero no en ambos. Llame al 1-800-PGE-5000 para mas información.
- **LIHEAP** – Programa de Ayuda para el Pago de la Energía en los Hogares de Bajos Ingresos (LIHEAP). Este es un programa que brinda asistencia con el pago de sus cuentas, asistencia de emergencia para el pago de sus cuentas, y servicio de protección en contra de las inclemencias del tiempo. Para mas información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.
- **REACH** – Póngase en contacto con el Ejército de Salvación (Salvation Army) para recibir ayuda, en una sola ocasión, para el pago de sus cuentas eléctricas. Llámelos al 1-800-933-9677.
- **Facilidades de Pago** – Pacific Gas and Electric Company puede elaborar un programa de pagos en caso de que requiera mas tiempo para pagar su cuenta. Llame al 1-800-PGE-5000 para mas información.
- **Medical Baseline** – Brinda servicios, por medio del pago de las tarifas mas bajas, a los clientes que tengan necesidades comprobadas. Llame al 1-800-PGE-5000 para mas información.
- **Socios en la Energía –** Ofrece servicios gratuitos de orientación sobre la energía y sobre protección en contra de las inclemencias del tiempo a los clientes que llenen los requisitos. Llame al 1-800-989-9744 para mas información.
- **Plan de Pagos Balanceados** – Comuníquese con Pacific Gas and Electric Company para investigar como puede uniformizar sus pagos, de modo que pueda hacer un presupuesto para el pago de sus costos energéticos. Llame al 1-800-PGE-5000 para mas información.
- **ULTS** – La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a precios de descuento, a aquellos clientes que reúnan requisitos similares a los del Programa CARE. Llame a su compañía local de teléfonos para mas información.

1-866-743-2273

Assistance with the CARE Program in English / Ayuda con el programa CARE en español

Giúp xin chương trình CARE bằng tiếng Việt / CARE 華語協助專線

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)

Pacific Gas and Electric Company®

www.pge.com/care

Solicitudes del Programa CARE para Clientes Residenciales de Familias Individuales

CARE Program

Devuelva la solicitud llena a: P.O. Box 7979, San Francisco, CA 94120-7979 — **01-9077**

Si tiene preguntas llame al: 1-866-PGE-CARE (743-2273) *Fax:* 415-973-6419 — *Rev. 11/01/05*

1 INFORMACIÓN DEL CLIENTE DE PACIFIC GAS AND ELECTRIC COMPANY: *(por favor escriba a máquina o con letras de molde)*

Número de cuenta del cliente:
(Su número de cuenta aparece en la primera página de la factura de PG&E)

Nombre _____
Tal y como aparece en la factura

Dirección del Hogar _____ **Ciudad** _____ **CA Código Postal** _____
No use P.O. Box

Dirección Postal, si tiene _____ **Ciudad** _____ **CA Código Postal** _____
Llene solo si su dirección postal es diferente a la que aparece arriba

Número telefónico durante el día
Por favor incluya el código de área

Número de Personas que viven en su hogar ☐☐ + ☐☐ = ☐☐
Adultos Niños **Total**

2 HOJA DE TRABAJO SOBRE LOS INGRESOS DEL HOGAR: *(Por favor rellene los círculos junto a todas las fuentes de ingresos anuales de su hogar)*

- ○ Sueldos y/o Salarios, Jornales Intereses y/o Dividendos de:
  - ○ Cuentas de Ahorros,
  - ○ Acciones y Bonos, o
  - ○ Cuentas de Jubilación
- ○ Pagos por Desempleo
- ○ Ingresos provenientes de Rentas o Regalías
- ○ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- ○ Ganancias de su Propio Negocio (Formulario de IRS, Schedule C, Línea 29)
- ○ Pagos por Incapacidad
- ○ Pagos por Compensación al Trabajador
- ○ Pagos del Seguro Social, SSI, SSP
- ○ Pagos de Pensiones
- ○ Pagos de Reclamaciones del Seguro
- ○ Pagos de Reclamaciones Legales
- ○ Pagos de TANF (AFDC)
- ○ Pagos por medio de Estampillas de Alimentos
- ○ Pagos por Pensión Alimenticia a Hijos
- ○ Pagos por Pensión Conyugal
- ○ Pagos en Efectivo y/u Otros Ingresos

INGRESOS MÁXIMOS DEL HOGAR: *(efectivo Noviembre 1, 2005)*

Los ingresos anuales brutos de su hogar no deben exceder las Pautas de Ingresos de CARE especificadas a continuación:

Número de Personas en el Hogar	*1 o 2*	*3*	*4*	*5*	*6*	*Agregue **$6,700** anual por cada personal adicional en el hogar*
Ingresos Anuales	***$27,700***	***$32,500***	***$39,200***	***$45,900***	***$52,600***	

Ingresos Totales Anuales del Hogar: $ ☐☐,☐☐☐

3 DECLARACIÓN: *(Por favor lea detenidamente y firme abajo)*

Declaro que la información proporcionada en esta solicitud es correcta y verdadera. Estoy de acuerdo en proveer pruebas de mis ingresos, de ser necesario. Estoy de acuerdo en informar a Pacific Gas and Electric Company si mi situación financiera cambia y ya no califico para recibir dicho descuento. Comprendo que, si recibo el descuento sin calificar para el mismo, se me podría pedir que devuelva el monto total del descuento recibido. Comprendo que Pacific Gas and Electric Company podría compartir esta información con otras compañías de suministro de energía o sus agentes, para suscribirme en sus programas de ayuda.

X _____ _____
Firma del Cliente de Pacific Gas and Electric Company ○ Marque aquí si es tutor o tiene carta de poder ***Fecha***

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
APPLICATION FOR TENANTS OF SUB-METERED FACILITIES
FORM NO. 01-9285 (REV 11/05) (T)
(ATTACHED)

Pacific Gas and Electric Company®

CARE Program Application for

Tenants of Sub-Metered Residential Facilities

CARE Program

Mail Completed Application to: P.O. Box 7979, San Francisco, CA 94120-7979 **01-9285**

www.pge.com/care *For Questions Call:* 1-866-PGE-CARE (743-2273) *Fax:* 415-973-6419 *Rev. 11/01/05*

ABOUT THE CARE DISCOUNT PROGRAM

The CARE program provides a 20% discount on the utility bill of qualifying households. The discount and eligibility criteria were established by the California Public Utilities Commission. If you qualify, Pacific Gas and Electric Company will notify your manager or landlord of your eligibility after your completed application has been received and verified. Pacific Gas and Electric Company will contact you at least every year to verify your continued need for the program.

CARE PROGRAM RULES

- The energy bill from your landlord must be in your name.
- You must live at the address where the discount will be received more than half of the year (not for second homes).
- You may not qualify for a CARE discount if you share energy meter(s) with another home.
- You may not be claimed as a dependent on another person's tax return other than your spouse.
- Your household must meet the program definition of low-income as described in this application packet.
- You must notify Pacific Gas and Electric Company if your household no longer qualifies for the CARE discount.

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **FERA** – Family Electric Rate Assistance Program. Provides a Tier 3 (131-200 percent of baseline) electric rate reduction for large households of 3 or more persons with low to middle income. Customer may be enrolled in either the FERA Program or the CARE Program, but not both. Call 1-800-PGE-5000 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.
- **Energy Partners** - Free energy education and weatherization to income-qualified customers. Call 1-800-989-9744 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.

1-866-743-2273

Assistance with the CARE Program in English / Ayuda con el programa CARE en español

Giúp xin chương trình CARE bằng tiếng Việt / CARE 華語協助專線

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)

Pacific Gas and Electric Company®

CARE Program Application for Tenants of Sub-Metered Residential Facilities

CARE Program

Mail Completed Application to: P.O. Box 7979, San Francisco, CA 94120-7979 **01-9285**

www.pge.com/care

For Questions Call: 1-866-PGE-CARE (743-2273) Fax: 415-973-6419 *Rev. 11/01/05*

1 MANAGER OR LANDLORD INFORMATION: *(please type or print)*

Manager or Landlord Name _____ **Contact Phone** ☐☐☐-☐☐☐-☐☐☐☐

Mailing Address _____ **City** _____ **CA Zip Code** _____

Name on PG&E Bill _____

PG&E Account Number: Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

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

Applicant Status O **ADD NEW** O **DROP** O **RE-CERTIFY** O **MOVE TO DIFFERENT SPACE**

2 TENANT INFORMATION: *(please type or print)*

Name _____
As it appears on your energy bill

Home Address _____ **City** _____ **CA Zip Code** _____
Do NOT use a P.O. Box

Mailing Address _____ **City** _____ **CA Zip Code** _____
If different from the above address

Daytime Telephone Number ☐☐☐-☐☐☐-☐☐☐☐
Please Include Area Code

Number of People Living in Household ☐☐ Adults + ☐☐ Children = ☐☐ **Total**

3 HOUSEHOLD INCOME WORKSHEET: *(please fill in circle next to all sources of your household's annual income)*

- O Wages or Salaries
- Interest and/or Dividends from:
  - O Savings Accounts,
  - O Stocks or Bonds, or
  - O Retirement Accounts
- O Unemployment Benefits
- O Rental or Royalty Income
- O School Grants, Scholarships or other aid used for living expenses
- O Profit from self-employment (IRS from Schedule C, Line 29)
- O Disability payments
- O Workers compensation
- O Social security, SSI, SSP
- O Pensions
- O Insurance settlements
- O Legal Settlements
- O TANF (AFDC)
- O Food stamps
- O Child support
- O Spousal support
- O Cash and/or other income

MAXIMUM HOUSEHOLD INCOME: *(effective November 1, 2005)*

Your household's gross annual income may not exceed these CARE income guidelines.

Number of Persons in Household	*1 or 2*	*3*	*4*	*5*	*6*	*Add **$6,700** for each additional household member*
Total Combined Annual Income	***$27,700***	***$32,500***	***$39,200***	***$45,900***	***$52,600***	

Total Annual Household Income: $ ☐☐,☐☐☐

4 DECLARATION: *(please read carefully 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 _____ _____

Pacific Gas and Electric Company Customer Signature O fill in circle if guardian or power of attorney ***Date***

Pacific Gas and Electric Company®

www.pge.com/care

Solicitudes del Programa CARE para Inquilinos de Instalaciones Residenciales "Sub-medidas"

CARE Program

Devuelva la solicitud llena a: P.O. Box 7979, San Francisco, CA 94120-7979 **01-9285**

Si tiene preguntas llame al: 1-866-PGE-CARE (743-2273) *Fax:* 415-973-6419 *Rev. 11/01/05*

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO CARE

El programa CARE ofrece un descuento del 20% en la cuenta mensual de gas y electricidad a los hogares que califican. El descuento y las pautas de elegibilidad fueron establecidas por la Comisión de Servicios Públicos de California. Si llena los requisitos, Pacific Gas and Electric Company le avisará a su administrador o propietario que ha sido certificado, una vez que hayamos recibido su solicitud llena y la misma sea verificada por PG&E. Pacific Gas and Electric Company se pondrá en contacto con usted, por correo, por lo menos cada año para verificar que continúa necesitando este programa.

REGLAS DEL PROGRAMA CARE

- La cuenta de energía del administrador de su parque debe estar a su nombre.
- Debe vivir en la direccion donde se recibirá el descuento por lo menos la mitad del año (no aplica a segundos hogares)
- Es posible que no califique para el programa CARE si comparte su medidor (electric meter) con otra casa.
- No debe aparecer como dependiente, en la declaración de impuestos, de ninguna otra persona que no sea su cónyuge.
- El hogar del solicitante debe llenar la definicion de bajos ingresos, tal y como se describe en esta solicitud.
- Debe informar a Pacific Gas and Electric Company si su hogar ya no reúne los requisitos para el descuento del programa de CARE

OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **FERA** – Programa de Ayuda Familiar para los Cargos Eléctricos. Este programa proporciona una reducción del precio eléctrico en la "Hilera 3" (131-200 porciento de la tarifa base), para casas grandes con mas de 3 personas de bajos a medianos ingresos. Nuestros clientes se pueden inscribir en el programa CARE o en el programa FERA, pero no en ambos. Llame al 1-800-PGE-5000 para mas información.

- **LIHEAP** – Programa de Ayuda para el Pago de la Energía en los Hogares de Bajos Ingresos (LIHEAP). Este es un programa que brinda asistencia con el pago de sus cuentas, asistencia de emergencia para el pago de sus cuentas, y servicio de protección en contra de las inclemencias del tiempo. Para mas información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.

- **Medical Baseline** – Brinda servicios, por medio del pago de las tarifas mas bajas, a los clientes que tengan necesidades comprobadas. Llame al 1-800-PGE-5000 para mas información.

- **Socios en la Energía** – Ofrece servicios gratuitos de orientación sobre la energía y sobre protección en contra de las inclemencias del tiempo a los clientes que llenen los requisitos. Llame al 1-800-989-9744 para mas información.

- **ULTS** – La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a precios de descuento, a aquellos clientes que reúnan requisitos similares a los del Programa CARE. Llame a su compañía local de teléfonos para mas información.

1-866-743-2273

Assistance with the CARE Program in English / Ayuda con el programa CARE en español

Giúp xin chương trình CARE bằng tiếng Việt / CARE 華語協助專線

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)

Pacific Gas and Electric Company®

Solicitudes del Programa CARE para Inquilinos de Instalaciones Residenciales "Sub-medidas"

CARE Program

Devuelva la solicitud llena a: P.O. Box 7979, San Francisco, CA 94120-7979

Si tiene preguntas llame al: 1-866-PGE-CARE (743-2273) *Fax:* 415-973-6419

www.pge.com/care

01-9285

Rev. 11/01/05

1 INFORMACIÓN DEL ADMINISTRADOR O PROPIETARIO: *(por favor escriba a máquina o con letras de molde)*

Nombre del Administrador o Propietario _____ **Teléfono** ( ) -

Dirección postal _____ **Ciudad** _____ **CA Código Postal** _____

Nombre que aparece en la cuenta de energía _____

Número de Cuenta Electricidad _____ - Gas _____ -

Dirección donde se da el servicio _____ **Ciudad** _____ **CA Código postal** _____

Situación del solicitante O NUEVO O CANCELÓ EL PROGRAMA O SE RECERTIFICÓ O SE MUDÓ A OTRO ESPACIO

2 INFORMACIÓN DEL INQUILINO: *(por favor escriba a máquina o con letras de molde)*

Nombre _____
Tal y como aparece en la factura

Dirección del hogar _____ **Ciudad** _____ **CA Código postal** _____
No use P.O. Box

Dirección Postal, si tiene _____ **Ciudad** _____ **CA Código postal** _____
Llene solo si su dirección postal es diferente a la que aparece arriba

Número telefónico durante el día ( ) -
Por favor incluya el código de área

Número de personas que viven en el hogar _____ + _____ = _____
Adultos Niños **Total**

3 HOJA DE TRABAJO SOBRE LOS INGRESOS DEL HOGAR: *(Por favor llene los circulos junto a todas las fuentes de ingresos anuales de su hogar)*

- O Sueldos y/o Salarios, Jornales
- O Intereses y/o Dividendos de:
  - O Cuentas de Ahorros,
  - O Acciones y Bonos, o
  - O Cuentas de Jubilación
- O Pagos por Desempleo
- O Ingresos provenientes de Rentas o Regalías
- O Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- O Ganancias de su Propio Negocio (Formulario de IRS, Schedule C, Línea 29)
- O Pagos por Incapacidad
- O Pagos por Compensación al Trabajador
- O Pagos del Seguro Social, SSI, SSP
- O Pagos de Pensiones
- O Pagos de Reclamaciones del Seguro
- O Pagos de Reclamaciones Legales
- O Pagos de TANF (AFDC)
- O Pagos por medio de Estampillas de Alimentos
- O Pagos por Pensión Alimenticia a Hijos
- O Pagos por Pensión Conyugal
- O Pagos en Efectivo y/u Otros Ingresos

INGRESOS MÁXIMOS DEL HOGAR: *(efectivo Noviembre 1, 2005)*

Los ingresos anuales brutos de su hogar no deben exceder las Pautas de Ingresos de CARE especificadas a continuación:

Número de Personas en el Hogar	*1 o 2*	*3*	*4*	*5*	*6*	*Agregue **$6,700** anual por cada personal adicional en el hogar*
Ingresos Anuales	***$27,700***	***$32,500***	***$39,200***	***$45,900***	***$52,600***	

Ingresos Totales Anuales del Hogar: $ _____ , _____

4 DECLARACIÓN: *(Por favor lea detenidamente y firme abajo)*

Declaro que la información proporcionada en esta solicitud es correcta y verdadera. Estoy de acuerdo en proveer pruebas de mis ingresos, de ser necesario. Estoy de acuerdo en informar a Pacific Gas and Electric Company si mi situación financiera cambia y ya no califico para recibir dicho descuento. Comprendo que, si recibo el descuento sin calificar para el mismo, se me podría pedir que devuelva el monto total del descuento recibido. Comprendo que Pacific Gas and Electric Company podría compartir esta información con otras compañías de suministro de energía o sus agentes, para suscribirme en sus programas de ayuda.

X _____ _____

Firma del Cliente de Pacific Gas and Electric Company O Marque aqui si es tutor o tiene carta poder ***Fecha***

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
INCOME GUIDELINES
FORM NO. 62-1477 (REV 11/05) (T)
(ATTACHED)

Pacific Gas and Electric Company®

CARE Program

Income Guidelines

CARE Program

www.pge.com/care

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

62-1477

Rev. 11/01/05

CALIFORNIA ALTERNATE RATES FOR ENERGY

INCOME GUIDELINES (effective November 1, 2005)

Your household's gross income must not exceed the CARE Income Guidelines

Size of Household	Yearly
1 or 2	$27,700
3	$32,500
4	$39,200
5	$45,900
6	$52,600

Add **$6,700** for each additional household member

Definition of Income:

All revenues, from all household members, from whatever source derived, whether taxable or non-taxable, including, but not limited to:

- Wages or Salaries
- Interest and/or Dividends from:
  - Savings Accounts,
  - Stocks or Bonds, or
  - Retirement Accounts
- Unemployment Benefits
- Rental or Royalty Income
- School Grants, Scholarships or other aid used for living expenses
- Profit from self-employment (IRS from Schedule C, Line 29)
- Disability payments
- Workers compensation
- Social security, SSI, SSP
- Pensions
- Insurance settlements
- Legal Settlements
- TANF (AFDC)
- Food stamps
- Child support
- Spousal support
- Cash and/or other income

TARIFAS ALTERNAS DE ENERGÍA DE CALIFORNIA

PAUTAS DE INGRESOS (efectivo Noviembre 1, 2005)

Los ingresos brutos de su hogar no deben exceder las Pautas de Ingresos de CARE.

Número de Personas en el Hogar	Anual
1 or 2	$27,700
3	$32,500
4	$39,200
5	$45,900
6	$52,600

Agregue **$6,700** anual por cada personal adicional en el hogar

Definición de Ingresos:

Todos los ingresos de todas las personas que viven en su hogar, derivadas de todas las fuentes, tanto si se pagan impuestos sobre las mismas o no, y que incluyen, pero no se limitan a:

- Sueldos y/o Salarios, Jornales
- Intereses y/o Dividendos de:
  - Cuentas de Ahorros,
  - Acciones o Bonos, o
  - Cuentas de Jubilación
- Pagos por Desempleo
- Ingresos provenientes de Rentas o Regalías
- Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- Ganancias de su Propio Negocio (Formulario de IRS, Schedule C, Línea 29)
- Pagos por Incapacidad
- Pagos por Compensación al Trabajador
- Pagos del Seguro Social, SSI, SSP
- Pagos de Pensiones
- Pagos de Reclamaciones del Seguro
- Pagos de Reclamaciones Legales
- Pagos de TANF (AFDC)
- Pagos por medio de Estampillas de Alimentos
- Pagos por Pensión Alimenticia a Hijos
- Pagos por Pensión Conyugal
- Pagos en Efectivo y/u Otros Ingresos

1-866-743-2273

Assistance with the CARE Program in English / Ayuda con el programa CARE en español

Giúp xin chương trình CARE bằng tiếng Việt / CARE 華語協助專線

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)

Pacific Gas and Electric Company®

CARE Program

Income Guidelines

CARE Program

www.pge.com/care

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

62-1477

Rev. 11/01/05

加州能源替代費率

收入標準(有效期由 2005 年 11 月 1)

您家庭的總收入不可超過 CARE 計劃的收入標準

家庭人數	全年總收入
1 或 2	$27,700
3	$32,500
4	$39,200
5	$45,900
6	$52,600

每增加一人，增加 **$6,700**

收入定義:

所有家庭成員的收入，無論來自任何途徑，是要繳稅或不需繳稅，其中包括，但不局限於：

- 工資
- 利息/或股息，來源于:
  - 儲蓄戶口、
  - 股票或債券，或
  - 退休帳戶
- 失業福利
- 租金或版權收入
- 學校助學金、獎學金或其他生活津貼補助
- 自僱者的總收入（IRS 表格 C 第 29 行）
- 傷病補助金
- 勞工賠償
- 社會福利、SSI、SSP
- 退休金
- 保險訴訟所得的金錢
- 法律訴訟所得的金錢
- 對需協助的家庭之臨時補助 TANF (AFDC)
- 食物券
- 給孩童的資助
- 給配偶的資助
- 現金和 / 或其他收入

CHƯƠNG TRÌNH GIÁ BIỂU NĂNG LƯỢNG KHÁC CỦA CALIFORNIA

ĐỊNH MỨC LỢI TỨC (Có hiệu lực từ ngày 1 tháng 11, 2005)
Tổng Số Lợi Tức Toàn Gia Đình của quý vị không được vượt quá Định Mức Lợi Tức CARE dưới đây:

Số Người trong Gia Đình	Hàng Năm
1 hay 2	$27,700
3	$32,500
4	$39,200
5	$45,900
6	$52,600

Cộng **$6,700** cho mỗi người thêm sau đó

Định Nghĩa Lợi Tức:

"Tổng Số Lợi Tức Toàn Gia Đình" có nghĩa là tất cả mọi lợi tức, của mọi người trong nhà, có từ bất cứ nguồn nào, dù phải đóng thuế hay không đóng thuế, bao gồm nhưng không phải chỉ giới hạn vào:

- Tiền Lương
- Tiền Lời từ:
  - Các Trương Mục Tiết Kiệm,
  - Các Chứng Khoán hay Trái Phiếu, hay
  - Trương Mục Hưu Trí
- Tiền Thất Nghiệp
- Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- Tiền Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống hằng ngày
- Lợi Tức từ việc Làm Ăn Riêng (IRS mẫu Schedule C, Dòng 29)
- Tiền cho Người Có Khuyết Tật
- Tiền Bồi Thường Tai Nạn Lao Động
- Tiền An Sinh Xã Hội (SSI, SSP)
- Tiền Hưu Bổng
- Tiền Bảo Hiểm Bồi Thường
- Tiền Bồi Thường Thưa Kiện
- TANF (AFDC) (trợ cấp gia đình nghèo có con nhỏ)
- Tiền Phiếu Thực Phẩm
- Tiền Cấp Dưỡng Con Cái
- Tiền Cấp Dưỡng Vợ/Chồng
- Tiền Mặt và/hay Lợi Tức Khác

1-866-743-2273

Assistance with the CARE Program in English / Ayuda con el programa CARE en español

Giúp xin chương trình CARE bằng tiếng Việt / CARE 華語協助專線

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)

PACIFIC GAS AND ELECTRIC COMPANY

FAMILY ELECTRIC RATE ASSISTANCE
APPLICATION FOR RESIDENTIAL SINGLE-FAMILY CUSTOMERS
FORM NO. 62-1415 (ENGLISH/VIETNAMESE) 11/05 (T)
(ATTACHED)

Pacific Gas and Electric Company®

FERA Program Application for

Residential Single-Family Customers

Mail Completed Application to: P.O. Box 7123, San Francisco, CA 94120-7123

For Questions Call: 1-800-743-5000 Fax: 1-415-973-6419

www.pge.com/fera

62-1415

Rev. 11/01/05

ABOUT THE FERA PROGRAM

The Family Electric Rate Assistance (FERA) program is for large households of three or more persons with low to middle income as described below. This program allows you to save on your electric bill by charging Tier 2 (101-130 percent of baseline) rates for Tier 3 (131-200 percent of baseline) usage (*electric usage exceeding Tier 3 will be billed at Tiers 4 and 5).* The eligibility criteria were established by the California Public Utilities Commission and are updated each June. If you qualify, your savings will appear after your next Pacific Gas and Electric Company bill cycle once your completed application has been received and verified by Pacific Gas and Electric Company. Pacific Gas and Electric Company will contact you by mail at least every two years to verify your continued need for the program.

FERA PROGRAM RULES

- The Pacific Gas and Electric Company bill must be in your name.
- You must live at the address where the savings will be received for more than half of the year (not for second homes).
- You may not qualify for a FERA savings if you share energy meter(s) with another home.
- You may not be claimed as a dependent on another person's tax return other than your spouse.
- Your household must meet the program definition of low to middle income as described in this application packet.
- You must notify Pacific Gas and Electric Company if your household no longer qualifies for the FERA savings.
- Tenants of sub-metered mobile home parks, apartments and marinas must use the "FERA Program Application for Tenants of Sub-Metered Residential Facilities". (See Landlord / Manager for form 62-1422)

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **CARE** – California Alternate Rates for Energy Program. Provides a 20% discount on the utility bill of qualifying households. Customer may be enrolled in either the CARE Program or the FERA Program, but not both. Contact CARE at toll-free 1-866-PGE-CARE 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.
- **REACH** – Contact The Salvation Army for one-time assistance in paying your energy bills. Call 1-800-933-9677 for more information.
- **Payment Arrangements** - Pacific Gas and Electric Company can work out a payment schedule for you if you need more time paying your bill. Call 1-800-PGE-5000 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.

1-800-743-5000

Assistance with the FERA Program in English

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)

Pacific Gas and Electric Company®

FERA Program Application for Residential Single-Family Customers

Mail Completed Application to: P.O. Box 7123, San Francisco, CA 94120-7123

For Questions Call: 1-800-743-5000 Fax: 1-415-973-6419

www.pge.com/fera

62-1415

Rev. 11/01/05

1 PACIFIC GAS AND ELECTRIC COMPANY CUSTOMER INFORMATION: *(please type or print)*

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

Name _____
As it appears on your energy bill

Home Address _____ **City** _____ **CA Zip Code** _____
Do NOT use a P.O. Box

Mailing Address _____ **City** _____ **CA Zip Code** _____
If different from the above address

Daytime Telephone Number
Please Include Area Code

Number of people living in your household ☐☐ + ☐☐ = ☐☐
Adults Children **Total**

2 HOUSEHOLD INCOME WORKSHEET: *(please fill in circle next to all sources of your household's annual income)*

- ○ Wages or Salaries
- Interest and/or Dividends from:
  - ○ Savings Accounts,
  - ○ Stocks or Bonds, or
  - ○ Retirement Accounts
- ○ Unemployment Benefits
- ○ Rental or Royalty Income
- ○ School Grants, Scholarships or other aid used for living expenses
- ○ Profit from self-employment (IRS form Schedule C, Line 29)
- ○ Disability payments
- ○ Workers compensation
- ○ Social Security, SSI, SSP
- ○ Pensions
- ○ Insurance Settlements
- ○ Legal Settlements
- ○ TANF (AFDC)
- ○ Food stamps
- ○ Child support
- ○ Spousal support
- ○ Cash and/or other income

MAXIMUM HOUSEHOLD INCOME GUIDELINES: *(Effective November 1, 2005)*

Your household's gross annual income may not exceed these FERA income guidelines.

Number of Persons in Household	Total Combined Annual Income
1-2	Not Applicable
3	$32,501 — $40,600
4	$39,201 — $49,000
5	$45,901 — $57,400
6	$52,601 — $65,800
Each Additional	$6,701 — $8,400

Total Annual Household Income: $☐☐,☐☐☐

3 DECLARATION: *(please read carefully 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 savings. I understand that if I receive the savings without qualifying for it, I may be required to pay back the savings 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 which include CARE.

X _____ _____
Pacific Gas and Electric Company Customer Signature ○ fill in circle if guardian or power of attorney ***Date***

Pacific Gas and Electric Company®

www.pge.com/fera

Đơn Xin Hưởng Chương Trình FERA cho Khách Hàng Ở Nhà Riêng (Residential Single-Family)

Gởi đơn đã điền về: P.O. Box 7123, San Francisco, CA 94120-7123

Có nghi vấn, xin gọi: 1-800-743-5000 *Fax:* 1-415-973-6419

62-1415

Rev. 11/01/05

CHƯƠNG TRÌNH FERA

Chương trình FERA là chương trình dành cho những gia đình có từ ba người trở lên và có mức lợi tức trung bình theo như dưới đây. Chương trình này giúp quí vị tiết kiệm tiền bằng cách tính giá điện của mức thứ 2 (101-130% of baseline) cho số lượng điện quí vị dùng ở mức thứ 3 (131-200% of baseline) *(điện dùng qua mức thứ 3 sẽ phải trả theo giá của mức thứ 4 và thứ 5).* Tiêu chuẩn hợp lệ được ấn định bởi Ủy Ban Tiện Ích Công Cộng California và được điều chỉnh vào mỗi tháng Sáu. Một khi đơn của quí vị được nhận và xét thấy đủ điều kiện, số tiền giảm sẽ được in sau hóa đơn kỳ tới. Ít nhất là cứ mỗi hai năm, Công ty Pacific Gas and Electric sẽ liên lạc với quí vị để xem quí vị còn cần hưởng chương trình FERA nữa hay không.

NHỮNG ĐIỀU KIỆN CỦA CHƯƠNG TRÌNH FERA

- Quí vị phải là người đứng tên trên hóa đơn.
- Quí vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá hơn nửa năm (không được là nơi ở phụ).
- Quí vị có thể không đủ điều kiện được giảm giá qua chương trình FERA nếu xài chung đồng hồ điện với nhà khác.
- Quí vị không bị ai khác khai là phụ thuộc vào họ để họ trừ thuế ngoài người phối ngẫu.
- Lợi tức của gia đình quí vị phải nằm trong định mức qui định trong đơn này.
- Quí vị phải thông báo với Công ty Pacific Gas and Electric khi gia đình của quí vị không còn hội đủ điều kiện giảm giá nữa.
- Những người sống trong khu nhà lưu động, chung cư và nhà nổi có đồng hồ phụ phải dùng mẫu "Đơn Xin Hưởng Chương Trình FERA cho Người Mướn Nhà có Đồng Hồ Điện Phụ". (Xin hỏi chủ nhà/quản lý để lấy mẫu đơn 62-1423)

NHỮNG CHƯƠNG TRÌNH VÀ NHỮNG DỊCH VỤ KHÁC MÀ QUÍ VỊ CÓ THỂ NỘP ĐƠN:

- **CARE** – Chương Trình Giá Biểu Năng Lượng Khác của California. Giảm 20% trên hóa đơn điện ga cho những gia đình hội đủ điều kiện. Khách hàng chỉ có thể ghi danh cho chương trình CARE hay chương trình FERA, chứ không được cả hai. Xin liên lạc chương trình CARE tại số miễn phí 1-866-PGE-CARE để biết thêm chi tiết.
- **LIHEAP** – Chương Trình Trợ Giúp Năng Lượng cho Gia Cư có Lợi Tức Thấp. Trợ giúp trả hóa đơn, trợ giúp trả hóa đơn khẩn cấp, cung ứng những dịch vụ chống thời tiết khắc nghiệt. Xin gọi Sở Dịch Vụ và Phát Triển Cộng Đồng (CSD) ở số 1-866-675-6623 để biết thêm chi tiết.
- **REACH** – Liên lạc cơ quan Salvation Army để được giúp trả tiền điện ga một lần. Xin gọi cơ quan Salvation Army tại số 1-800-933-9677 để biết thêm chi tiết.
- **Payment Arrangements** – Công ty Pacific Gas and Electric sẽ xắp xếp cho quí vị nếu quí vị cần thêm thời gian để trả tiền. Xin gọi số 1-800-PGE-5000 để biết thêm chi tiết.
- **Medical Baseline** – Cung cấp dịch vụ với giá thấp nhất cho những khách hàng với những nhu cầu có giấy tờ chứng nhận. Xin gọi số 1-800-PGE-5000 để biết thêm chi tiết.
- **Energy Partners** – Dịch vụ hướng dẫn về năng lượng và phòng chống thời tiết miễn phí cho khách hàng hội đủ điều kiện về lợi tức. Xin gọi số 1-800-989-9744 để biết thêm chi tiết.
- **Balanced Payment Plan** – Xin liên lạc Công ty Pacific Gas and Electric để biết cách trả cùng một khoản tiền điện ga mỗi tháng hầu giúp quí vị định được chi phí năng lượng của mình. Xin gọi số 1-800-PGE-5000 để biết thêm chi tiết.
- **ULTS** – Dịch vụ điện thoại Universal Lifeline giảm giá điện thoại cho những khách hàng hội đủ cùng những điều kiện lợi tức như cho chương trình CARE. Xin liên lạc hãng điện thoại "local" của quí vị để biết thêm chi tiết.

1-800-298-8438

Giúp xin chương trình FERA bằng tiếng Việt

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)

Pacific Gas and Electric Company®

Đơn Xin Hưởng Chương Trình FERA cho Khách Hàng Ở Nhà Riêng (Residential Single-Family)

Gởi đơn đã điền về: P.O. Box 7123, San Francisco, CA 94120-7123

Có nghi vấn, xin gọi: 1-800-743-5000 Fax: 1-415-973-6419

www.pge.com/fera

62-1415

Rev. 11/01/05

1 CHI TIẾT VỀ KHÁCH HÀNG CỦA CÔNG TY PACIFIC GAS AND ELECTRIC: *(Xin đánh máy hoặc viết hoa)*

Số Hồ Sơ Khách Hàng
(Ở trang đầu tiên của hóa đơn PG&E)

Tên _____
Viết Y như trên hóa đơn Điện

Địa Chỉ Nhà _____ Thành Phố _____ CA Zip Code _____
ĐỪNG dùng số hộp thư (P.O. Box)

Địa Chỉ Liên Lạc Bằng Thư _____ Thành Phố _____ CA Zip Code _____
Nếu khác với địa chỉ ở trên

Số Điện Thoại Ban Ngày
Xin viết số vùng

Số Người Sống Trong Nhà

Người Lớn + Trẻ Em = Tổng Số

2 BẢNG KHAI LỢI TỨC GIA ĐÌNH: *(Xin đánh dấu vào tất cả các nguồn lợi tức hàng năm trong gia đình của quí vị)*

- O Tiền Lương
- Tiền Lời từ:
  - O Các Trương Mục Tiết Kiệm,
  - O Các Chứng Khoán hay Trái Phiếu, hay
  - O Trương Mục Hưu Trí
- O Tiền Thất Nghiệp
- O Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- O Tiền Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống hằng ngày
- O Lợi Tức từ việc Làm Ăn Riêng (IRS mẫu Schedule C, Dòng 29)
- O Tiền cho Người Có Khuyết Tật
- O Tiền Bồi Thường Tai Nạn Lao Động
- O Tiền Trợ Cấp An Sinh Xã Hội (SSI, SSP)
- O Tiền Hưu Bổng
- O Tiền Bảo Hiểm Bồi Thường
- O Tiền Bồi Thường Thua Kiện
- O TANF (AFDC) (Trợ cấp gia đình nghèo có con nhỏ)
- O Tiền Phiếu Thực Phẩm
- O Tiền Cấp Dưỡng Con Cái
- O Tiền Cấp Dưỡng Vợ/Chồng
- O Tiền Mặt và/hay Lợi Tức Khác

LỢI TỨC TỐI ĐA CHO MỖI GIA ĐÌNH *(Có hiệu lực từ ngày 1 tháng 11, 2005)*

Tổng Số lợi tức nguyên năm của gia đình quí vị không được vượt quá định mức lợi tức của chương trình FERA dưới đây:

Số Người trong Gia Đình	Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm
1-2	Không Ứng Dụng
3	$32,501 — $40,600
4	$39,201 — $49,000
5	$45,901 — $57,400
6	$52,601 — $65,800
Mỗi người thêm sau đó	$6,701 — $8,400

Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm $,

3 CAM ĐOAN: *(Xin Đọc Kỹ và Ký Tên Dưới Đây)*

Tôi xin cam đoan rằng tất cả những chi tiết tôi đã cung cấp trên đây là thật và đúng. Tôi đồng ý cung cấp chứng minh lợi tức nếu được yêu cầu. Tôi đồng ý thông báo cho Công ty Pacific Gas and Electric biết nếu tôi không còn hội đủ điều kiện để được giảm giá. Tôi hiểu rằng nếu tôi nhận sự giảm giá mà không đủ điều kiện thì tôi có thể bị yêu cầu phải hoàn lại tất cả số tiền mà tôi đã được giảm. Tôi hiểu rằng Công ty Pacific Gas and Electric có thể cho những cơ quan tiện ích khác hay nhân viên của họ những chi tiết về tôi để ghi danh tôi vào những chương trình trợ giúp của họ kể cả chương trình CARE.

X _____ _____

Chữ ký của khách hàng Công ty Pacific Gas and Electric O Đánh dấu vào nếu là người giám hộ hay người được ủy quyền Ngày

PACIFIC GAS AND ELECTRIC COMPANY

FAMILY ELECTRIC RATE ASSISTANCE
APPLICATION FOR RESIDENTIAL SINGLE-FAMILY CUSTOMERS
FORM NO. 62-1418 (ENGLISH/SPANISH) 11/05 (T)
(ATTACHED)

Pacific Gas and Electric Company®

FERA Program Application for

Residential Single-Family Customers

Mail Completed Application to: P.O. Box 7123, San Francisco, CA 94120-7123

For Questions Call: 1-800-743-5000 Fax: 1-415-973-6419

62-1418

Rev. 11/01/05

www.pge.com/fera

ABOUT THE FERA PROGRAM

The Family Electric Rate Assistance (FERA) program is for large households of three or more persons with low to middle income as described below. This program allows you to save on your electric bill by charging Tier 2 (101-130 percent of baseline) rates for Tier 3 (131-200 percent of baseline) usage (*electric usage exceeding Tier 3 will be billed at Tiers 4 and 5).* The eligibility criteria were established by the California Public Utilities Commission and are updated each June. If you qualify, your savings will appear after your next Pacific Gas and Electric Company bill cycle once your completed application has been received and verified by Pacific Gas and Electric Company. Pacific Gas and Electric Company will contact you by mail at least every two years to verify your continued need for the program.

FERA PROGRAM RULES

- The Pacific Gas and Electric Company bill must be in your name.
- You must live at the address where the savings will be received for more than half of the year (not for second homes).
- You may not qualify for a FERA savings if you share energy meter(s) with another home.
- You may not be claimed as a dependent on another person's tax return other than your spouse.
- Your household must meet the program definition of low to middle income as described in this application packet.
- You must notify Pacific Gas and Electric Company if your household no longer qualifies for the FERA savings.
- Tenants of sub-metered mobile home parks, apartments and marinas must use the "FERA Program Application for Tenants of Sub-Metered Residential Facilities". (See Landlord / Manager for form 62-1422)

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **CARE** – California Alternate Rates for Energy Program. Provides a 20% discount on the utility bill of qualifying households. Customer may be enrolled in either the CARE Program or the FERA Program, but not both. Contact CARE at toll-free 1-866-PGE-CARE 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.
- **REACH** – Contact The Salvation Army for one-time assistance in paying your energy bills. Call 1-800-933-9677 for more information.
- **Payment Arrangements** - Pacific Gas and Electric Company can work out a payment schedule for you if you need more time paying your bill. Call 1-800-PGE-5000 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.

1-800-743-5000

Assistance with the FERA Program in English

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)

Pacific Gas and Electric Company®

www.pge.com/fera

FERA Program Application for
Residential Single-Family Customers

Mail Completed Application to: P.O. Box 7123, San Francisco, CA 94120-7123

For Questions Call: 1-800-743-5000 Fax: 1-415-973-6419

62-1418

Rev. 11/01/05

1 PACIFIC GAS AND ELECTRIC COMPANY CUSTOMER INFORMATION: *(please type or print)*

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

Name _____
As it appears on your energy bill

Home Address _____ **City** _____ **CA Zip Code** _____
Do NOT use a P.O. Box

Mailing Address _____ **City** _____ **CA Zip Code** _____
If different from the above address

Daytime Telephone Number
Please Include Area Code

Number of people living in your household ☐☐ + ☐☐ = ☐☐
Adults Children **Total**

2 HOUSEHOLD INCOME WORKSHEET: *(please fill in circle next to all sources of your household's annual income)*

- ○ Wages or Salaries
- Interest and/or Dividends from:
  - ○ Savings Accounts,
  - ○ Stocks or Bonds, or
  - ○ Retirement Accounts
- ○ Unemployment Benefits
- ○ Rental or Royalty Income
- ○ School Grants, Scholarships or other aid used for living expenses
- ○ Profit from self-employment (IRS form Schedule C, Line 29)
- ○ Disability payments
- ○ Workers compensation
- ○ Social Security, SSI, SSP
- ○ Pensions
- ○ Insurance Settlements
- ○ Legal Settlements
- ○ TANF (AFDC)
- ○ Food stamps
- ○ Child support
- ○ Spousal support
- ○ Cash and/or other income

MAXIMUM HOUSEHOLD INCOME GUIDELINES: *(Effective November 1, 2005)*

Your household's gross annual income may not exceed these FERA income guidelines.

Number of Persons in Household	Total Combined Annual Income
1-2	Not Applicable
3	$32,501 — $40,600
4	$39,201 — $49,000
5	$45,901 — $57,400
6	$52,601 — $65,800
Each Additional	$6,701 — $8,400

Total Annual Household Income: $ ☐☐,☐☐☐

3 DECLARATION: *(please read carefully 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 savings. I understand that if I receive the savings without qualifying for it, I may be required to pay back the savings 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 which include CARE.

X _____ _____
Pacific Gas and Electric Company Customer Signature ○ fill in circle if guardian or power of attorney ***Date***

Pacific Gas and Electric Company®

Solicitudes del Programa FERA para

Clientes Residenciales de Familias Individuales

Devuelva la solicitud llena a: P.O. Box 7123, San Francisco, CA 94120-7123

Si tiene preguntas llame al: 1-800-743-5000 Fax: 1-415-973-6419

www.pge.com/fera

62-1418

Rev. 11/01/05

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO FERA

El programa de Ayuda Familiar para los Cargos Eléctricos (FERA) está diseñado para hogares grandes, de tres o mas personas, de ingresos bajos y medianos, tal y como se describe mas adelante. Este programa le permite ahorrar en su factura eléctrica cuando le cobra las tarifas de la Hilera 2 (101-130 porciento de la tarifa base) por el uso de las tarifas (131-200 porciento de la tarifa base) de la Hilera 3 *(el uso que exceda la Hilera 3 le será facturado bajo las Hileras 4 y 5).* El descuento y las pautas de elegibilidad fueron establecidas por la Comisión de Servicios Públicos de California y las mismas se actualizan en junio de cada año. Si llena los requisitos, su descuento aparecerá en el siguiente ciclo del estado de cuenta de Pacific Gas and Electric Company, una vez que hayamos recibido su solicitud llena y la misma sea verificada por PG&E. Pacific Gas and Electric Company se pondrá en contacto con usted, por correo, por lo menos cada dos años para verificar que continúa necesitando este programa.

REGLAS DEL PROGRAMA FERA

- La cuenta de Pacific Gas and Electric Company debe estar a su nombre.
- Debe vivir en la direccion donde se recibirá el descuento por lo menos la mitad del año (no aplica a segundos hogares)
- Es posible que no califique para el programa FERA si comparte su medidor (electric meter) con otra casa.
- No debe aparecer como dependiente, en la declaración de impuestos, de ninguna otra persona que no sea su cónyuge.
- El hogar del solicitante debe llenar la definicion de bajos o medianos ingresos, tal y como se describe en esta solicitud
- Debe informar a Pacific Gas and Electric Company si su hogar ya no reúne los requisitos para el descuento del programa de FERA.
- Los inquilinos con medidores "sub-medidos" que pertenecen a parques de casas móviles, apartamentos o muelles de botes, deben llenar otro formulario llamado "Solicitud del Programa FERA para Inquilinos de Instalaciones Residenciales Sub-Medidas". (Vea al propietario/administrador de su instalación para obtener el formulario 62-1422).

OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **CARE** – Programa de Tarifas Alternas de California para el Pago de la Energía. Este programa ofrece un 20% de descuento en las tarifas de energía de los hogares que califican. Nuestros clientes se pueden inscribir en el programa CARE o en el programa FERA, pero no en ambos. Llame gratis a CARE al 1-866-PGE-CARE para mas información.
- **LIHEAP** – Programa de Ayuda para el Pago de la Energía en los Hogares de Bajos Ingresos (LIHEAP). Este es un programa que brinda asistencia con el pago de sus cuentas, asistencia de emergencia para el pago de sus cuentas, y servicio de protección en contra de las inclemencias del tiempo. Para mas información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.
- **REACH** – Póngase en contacto con el Ejército de Salvación (Salvation Army) para recibir ayuda, en una sola ocasión, para el pago de sus cuentas eléctricas. Llámelos al 1-800-933-9677.
- **Facilidades de Pago** – Pacific Gas and Electric Company puede elaborar un programa de pagos en caso de que requiera mas tiempo para pagar su cuenta. Llame al 1-800-PGE-5000 para mas información.
- **Medical Baseline** – Brinda servicios, por medio del pago de las tarifas mas bajas, a los clientes que tengan necesidades comprobadas. Llame al 1-800-PGE-5000 para mas información.
- **Socios en la Energía –** Ofrece servicios gratuitos de orientación sobre la energía y sobre protección en contra de las inclemencias del tiempo a los clientes que llenen los requisitos. Llame al 1-800-989-9744 para mas información.
- **Plan de Pagos Balanceados** – Comuníquese con Pacific Gas and Electric Company para investigar como puede uniformizar sus pagos, de modo que pueda hacer un presupuesto para el pago de sus costos energéticos. Llame al 1-800-PGE-5000 para mas información.
- **ULTS** – La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a precios de descuento, a aquellos clientes que reúnan requisitos similares a los del Programa CARE. Llame a su compañía local de teléfonos para mas información.

1-800-743-5000

Ayuda con el Programa FERA en Español

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)

Pacific Gas and Electric Company®

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Solicitudes del Programa FERA para
Clientes Residenciales de Familias Individuales

Devuelva la solicitud llena a: P.O. Box 7123, San Francisco, CA 94120-7123

Si tiene preguntas llame al: 1-800-743-5000 Fax: 1-415-973-6419

62-1418

Rev. 11/01/05

1 INFORMACIÓN DEL CLIENTE DE PACIFIC GAS AND ELECTRIC COMPANY: *(por favor escriba a máquina o con letras de molde)*

Número de cuenta del cliente:
(Su número de cuenta aparece en la primera página de la factura de PG&E) | | | | | | | | | | - | |

Nombre _____
Tal y como aparece en la factura

Dirección del Hogar _____ **Ciudad** _____ **CA Código Postal** _____
No use P.O. Box

Dirección Postal, si tiene _____ **Ciudad** _____ **CA Código Postal** _____
Llene solo si su dirección postal es diferente a la que aparece arriba

Número telefónico durante el día
Por favor incluya el código de área | | | | | | | | | | | | |

Número de Personas que viven en su hogar | | + | | = | |
Adultos Niños **Total**

2 HOJA DE TRABAJO SOBRE LOS INGRESOS DEL HOGAR: *(Por favor rellene los círculos junto a todas las fuentes de ingresos anuales de su hogar)*

- ○ Sueldos y/o Salarios, Jornales
- ○ Intereses y/o Dividendos de:
  - ○ Cuentas de Ahorros,
  - ○ Acciones y Bonos, o
  - ○ Cuentas de Jubilación
- ○ Pagos por Desempleo
- ○ Ingresos provenientes de Rentas o Regalías
- ○ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- ○ Ganancias de su Propio Negocio (Formulario de IRS, Schedule C, Línea 29)
- ○ Pagos por Incapacidad
- ○ Pagos por Compensación al Trabajador
- ○ Pagos del Seguro Social, SSI, SSP
- ○ Pagos de Pensiones
- ○ Pagos de Reclamaciones del Seguro
- ○ Pagos de Reclamaciones Legales
- ○ Pagos de TANF (AFDC)
- ○ Pagos por medio de Estampillas de Alimentos
- ○ Pagos por Pensión Alimenticia a Hijos
- ○ Pagos por Pensión Conyugal
- ○ Pagos en Efectivo y/u Otros Ingresos

INGRESOS MÁXIMOS DEL HOGAR: *(efectivo Noviembre 1, 2005)*
Los ingresos anuales brutos de su hogar no deben exceder las Pautas de Ingresos de FERA especificadas a continuación:

Número de Personas en el Hogar	Ingresos Anuales Combinados		
1-2	No Aplica		
3	$32,501	—	$40,600
4	$39,201	—	$49,000
5	$45,901	—	$57,400
6	$52,601	—	$65,800
Cada Persona Adicional	$6,701	—	$8,400

Ingresos Totales Anuales del Hogar: $ | | , | | | |

3 DECLARACIÓN: *(Por favor lea detenidamente y firme abajo)*

Declaro que la información proporcionada en esta solicitud es correcta y verdadera. Estoy de acuerdo en proveer pruebas de mis ingresos, de ser necesario. Estoy de acuerdo en informar a Pacific Gas and Electric Company si mi situación financiera cambia y ya no califico para recibir dicho descuento. Comprendo que, si recibo el descuento sin calificar para el mismo, se me podría pedir que devuelva el monto total del descuento recibido. Comprendo que Pacific Gas and Electric Company podría compartir esta información con otras compañías de suministro de energía o sus agentes, para suscribirme en sus programas de ayuda.

X _____ _____
Firma del Cliente de Pacific Gas and Electric Company ○ Marque aqui si es tutor o tiene carta de poder ***Fecha***

PACIFIC GAS AND ELECTRIC COMPANY

FAMILY ELECTRIC RATE ASSISTANCE
APPLICATION FOR RESIDENTIAL SINGLE-FAMILY CUSTOMERS
FORM NO. 62-1419 (ENGLISH/CHINESE) 11/05 (T)
(ATTACHED)

Pacific Gas and Electric Company®

FERA Program Application for

Residential Single-Family Customers

Mail Completed Application to: P.O. Box 7123, San Francisco, CA 94120-7123 **62-1419**

www.pge.com/fera

For Questions Call: 1-800-743-5000 Fax: 1-415-973-6419 Rev. 11/01/05

ABOUT THE FERA PROGRAM

The Family Electric Rate Assistance (FERA) program is for large households of three or more persons with low to middle income as described below. This program allows you to save on your electric bill by charging Tier 2 (101-130 percent of baseline) rates for Tier 3 (131-200 percent of baseline) usage (*electric usage exceeding Tier 3 will be billed at Tiers 4 and 5).* The eligibility criteria were established by the California Public Utilities Commission and are updated each June. If you qualify, your savings will appear after your next Pacific Gas and Electric Company bill cycle once your completed application has been received and verified by Pacific Gas and Electric Company. Pacific Gas and Electric Company will contact you by mail at least every two years to verify your continued need for the program.

FERA PROGRAM RULES

- The Pacific Gas and Electric Company bill must be in your name.
- You must live at the address where the savings will be received for more than half of the year (not for second homes).
- You may not qualify for a FERA savings if you share energy meter(s) with another home.
- You may not be claimed as a dependent on another person's tax return other than your spouse.
- Your household must meet the program definition of low to middle income as described in this application packet.
- You must notify Pacific Gas and Electric Company if your household no longer qualifies for the FERA savings.
- Tenants of sub-metered mobile home parks, apartments and marinas must use the "FERA Program Application for Tenants of Sub-Metered Residential Facilities". (See Landlord / Manager for form 62-1422)

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **CARE** – California Alternate Rates for Energy Program. Provides a 20% discount on the utility bill of qualifying households. Customer may be enrolled in either the CARE Program or the FERA Program, but not both. Contact CARE at toll-free 1-866-PGE-CARE 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.
- **REACH** – Contact The Salvation Army for one-time assistance in paying your energy bills. Call 1-800-933-9677 for more information.
- **Payment Arrangements** - Pacific Gas and Electric Company can work out a payment schedule for you if you need more time paying your bill. Call 1-800-PGE-5000 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.

1-800-743-5000

Assistance with the FERA Program in English

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)

Pacific Gas and Electric Company®

FERA Program Application for Residential Single-Family Customers

Mail Completed Application to: P.O. Box 7123, San Francisco, CA 94120-7123

For Questions Call: 1-800-743-5000 Fax: 1-415-973-6419

www.pge.com/fera

62-1419

Rev. 11/01/05

1 PACIFIC GAS AND ELECTRIC COMPANY CUSTOMER INFORMATION: *(please type or print)*

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

Name _____
As it appears on your energy bill

Home Address _____ **City** _____ **CA Zip Code** _____
Do NOT use a P.O. Box

Mailing Address _____ **City** _____ **CA Zip Code** _____
If different from the above address

Daytime Telephone Number
Please Include Area Code

Number of people living in your household ☐☐ + ☐☐ = ☐☐
Adults Children **Total**

2 HOUSEHOLD INCOME WORKSHEET: *(please fill in circle next to all sources of your household's annual income)*

- ○ Wages or Salaries
  Interest and/or Dividends from:
  - ○ Savings Accounts,
  - ○ Stocks or Bonds, or
  - ○ Retirement Accounts
- ○ Unemployment Benefits
- ○ Rental or Royalty Income
- ○ School Grants, Scholarships or other aid used for living expenses
- ○ Profit from self-employment (IRS form Schedule C, Line 29)
- ○ Disability payments
- ○ Workers compensation
- ○ Social Security, SSI, SSP
- ○ Pensions
- ○ Insurance Settlements
- ○ Legal Settlements
- ○ TANF (AFDC)
- ○ Food stamps
- ○ Child support
- ○ Spousal support
- ○ Cash and/or other income

MAXIMUM HOUSEHOLD INCOME GUIDELINES: *(Effective November 1, 2005)*

Your household's gross annual income may not exceed these FERA income guidelines.

Number of Persons in Household	Total Combined Annual Income
1-2	Not Applicable
3	$32,501 — $40,600
4	$39,201 — $49,000
5	$45,901 — $57,400
6	$52,601 — $65,800
Each Additional	$6,701 — $8,400

Total Annual Household Income: $ ☐☐,☐☐☐

3 DECLARATION: *(please read carefully 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 savings. I understand that if I receive the savings without qualifying for it, I may be required to pay back the savings 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 which include CARE.

X _____ _____
Pacific Gas and Electric Company Customer Signature ○ fill in circle if guardian or power of attorney ***Date***

Pacific Gas and Electric Company®

FERA計劃申請表

單戶住宅家庭用戶

申請表請寄至: P.O. Box 7123, San Francisco, CA 94120-7123

FERA 熱線電話: 1-866-743-5000 傳真: 415-973-6419

www.pge.com/fera

62-1419

Rev. 11/01/05

FERA 優惠計劃

家庭電費費率優惠計劃(FERA)為合格的三人以上低至中等收入住宅家庭提供電費帳單折扣。參加這計劃的家庭的第三層用電量 (101-130的底線百份比) 將以第二層 (131-200的底線百份比)電費費率計算(第四及第五層用電量的電費將以正常費率計算)。折扣及資格規定由加州公用事業委員會訂立，並於每年六月修訂。在您填好的申請表經收妥及查證屬實後，如果您合符資格，您的折扣會出現在下一個月的太平洋煤電公司帳單上。太平洋煤電公司將至少每兩年與您聯絡以便證實您仍有需要繼續本計劃。

FERA 計劃規定

- 申請FERA 計劃者必須是太平洋煤電公司帳單的註冊客戶。
- 申請FERA 計劃者必須每年有半年以上居住在將收到折扣的地方(而非第二居所)。
- 申請者居所不可與另一居所共同用一個碼錶，否則將不能符合FERA 計劃折扣的資格要求。
- 除了夫婦，申請人不可以在另一個人的報稅表中被稱為受贍養者 (dependent) 。
- 申請者家庭必須符合本申請資料中所描述低至中等收入之定義。
- 申請者家庭若不再符合FERA 計劃折扣的資格要求，必須知會太平洋煤電公司。
- 使用分錶的流動住家場所、柏文公寓和摩托艇碼頭之住客，必須使用「FERA計劃分錶設施住客申請表」。(請找經理/ 業主索取表格 62-1420)

其他有助您支付能源帳單的計劃和服務項目

- **CARE** - CARE 計劃為合格住宅家庭提供百分之二十的煤電帳單折扣。客戶可以申請 FERA 計劃或 CARE 計劃但不可以同時擁有兩項折扣優惠。詳情請電1-866-PGE-CARE (743-2273)
- **LIHEAP** - 低收入家居能源輔助計劃，為收入符合資格要求的客戶提供付帳輔助、特發情況付帳輔助和家居防寒保暖措施。欲知詳情，請撥 1-866-675-6623 跟加州社區服務及發展部（CSD）聯絡。
- **REACH** - 請聯絡救世軍，他們能幫助您支付一次煤電費用。詳情請電1-800-933-9677。
- **付款安排**- 如果您需要廷長付款時間，太平洋煤電公司可為您安排分期付款計劃。詳情請電1-800-743-5000。
- **醫療底線 Medical Baseline** - 經醫生證明為有需要的客戶提供最低費率的服務。詳情請電1-800-743-5000。
- **能源伙伴 Energy Partners** - 為收入符合資格要求的客戶提供免費能源教育和家居防寒保暖措施。詳情請電1-800-989-9744。
- **均衡付帳計劃 Balanced Payment Plan** - 請聯絡太平洋煤電公司，以了解如何把每月付費平均攤付，讓您能計劃您的能源開支預算。詳情請電1-800-743-5000。
- **生機一線電話服務 ULTS** - 為符合 CARE 計劃折扣的客戶提供折扣電話服務。欲知詳情，請聯絡您當地的熱線電話服務公司。

1-800-893-9555

中文FERA服務熱線

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)

Pacific Gas and Electric Company®

FERA計劃申請表
單戶住宅家庭用戶

申請表請寄至: P.O. Box 7123, San Francisco, CA 94120-7123
FERA 熱線電話: 1-866-743-5000 傳真: 415-973-6419

www.pge.com/fera

62-1419
Rev. 11/01/05

1 太平洋煤電公司客戶資料：(請用正楷填寫)

帳戶號碼:
(號碼位於帳單的第一頁)

姓名 _____
請填寫您在能源帳單上的名字

家庭住址 _____ 城市 _____ 加州 CA 郵政區號 _____
不要使用郵箱號碼

郵寄住址 _____ 城市 _____ 加州 CA 郵政區號 _____
如果跟以上地址不同的話

日間電話號碼
請包括地區號碼

在上述住址家庭人數 成人總數 ☐☐ + 孩童總數 ☐☐ = 家庭總人數 ☐☐

2 家庭收入計算表: (請勾選全部您的家庭全年總收入)

- ○ 工資
- 利息/或股息，來源于:
  - ○ 儲蓄戶口、
  - ○ 股票或債券，或
  - ○ 退休帳戶
- ○ 失業福利
- ○ 租金或版權收入
- ○ 學校助學金、獎學金或其他生活開支補助
- ○ 自僱者的總收入（IRS表格C第29行）
- ○ 傷病補助金
- ○ 勞工賠償
- ○ 安全保險補助金、SSI、SSP
- ○ 退休金
- ○ 保險訴訟所得的金錢
- ○ 法律訴訟所得的金錢
- ○ 對需協助的家庭之臨時補助TANF (AFDC)
- ○ 食物券
- ○ 給孩童的資助
- ○ 給配偶的資助
- ○ 現金和 / 或其他收入

家庭最高收入標準: (有效期由2005 年 11 月 1)

您家庭的總收入不可超過FERA計劃的收入標準。

家庭人數	家庭最高年收入總額 (稅前)
1-2	不適用於此計劃
3	$32,501 — $40,600
4	$39,201 — $49,000
5	$45,901 — $57,400
6	$52,601 — $65,800
每增加一人，增加	$6,701 — $8,400

家庭全年總收入 $ ☐☐,☐☐☐

3 聲明: (請小心閱讀，然後在下面簽字)

我聲明我在此申請表中提供的資料是真實和準確的。如有需要，我會提供收入證明。如果我不再符合獲得折扣的條件，我將告知太平洋煤電公司。如果我不符合折扣條件而獲得折扣，我會被要求退回獲得的折扣。我明白太平洋煤電公司可以提供我的申請資料給其他能源公用事業公司及其代表，以加入它們的輔助項目。抱括CARE計劃。

X _____ _____

太平洋煤電客戶簽字 ○ 如果是監護人或代理人的話，請勾上記號 日期

PACIFIC GAS AND ELECTRIC COMPANY

FAMILY ELECTRIC RATE ASSISTANCE
APPLICATION FOR TENANTS OF SUB-METERED FACILITIES
FORM NO. 62-1420 (ENGLISH/CHINESE) 11/05 (T)
(ATTACHED)

Pacific Gas and Electric Company®

FERA Program Application for

Tenants of Sub-Metered Residential Facilities

Mail Completed Application to: P.O. Box 7123, San Francisco, CA 94120-7123

For Questions Call: 1-800-743-5000 Fax: 1-415-973-6419

www.pge.com/fera

62-1420

Rev. 11/01/05

ABOUT THE FERA PROGRAM

The Family Electric Rate Assistance (FERA) program is for large households of three or more persons with low to middle income as described below. This program allows you to save on your electric bill by charging Tier 2 (101-130 percent of baseline) rates for Tier 3 (131-200 percent of baseline) usage (*electric usage exceeding Tier 3 will be billed at Tiers 4 and 5).* The eligibility criteria were established by the California Public Utilities Commission and are updated each June. If you qualify, Pacific Gas and Electric Company will notify your manager or landlord of your eligibility after your completed application has been received and processed. Pacific Gas and Electric Company will contact you at least every year to verify your continued need for the program.

FERA PROGRAM RULES

- The energy bill from your landlord must be in your name.
- You must live at the address where the savings will be received for more than half of the year (not for second homes).
- You may not qualify for a FERA savings if you share energy meter(s) with another home.
- You may not be claimed as a dependent on another person's tax return other than your spouse.
- Your household must meet the program definition of low to middle income as described in this application packet.
- You must notify Pacific Gas and Electric Company if your household no longer qualifies for the FERA savings.

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **CARE** – California Alternate Rates for Energy Program. Provides a 20% discount on the utility bill of qualifying households. Customer may be enrolled in either the CARE Program or the FERA Program, but not both. Contact CARE at toll-free 1-866-PGE-CARE 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.
- **Energy Partners** - Free energy education and weatherization to income-qualified customers. Call 1-800-989-9744 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.

1-800-743-5000

Assistance with the FERA Program in English

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)

Pacific Gas and Electric Company®

FERA Program Application for
Tenants of Sub-Metered Residential Facilities

Mail Completed Application to: P.O. Box 7123, San Francisco, CA 94120-7123

For Questions Call: 1-800-743-5000 Fax: 1-415-973-6419

www.pge.com/fera

62-1420

Rev. 11/01/05

1 MANAGER OR LANDLORD INFORMATION: *(please type or print)*

Manager or Landlord Name _____ **Contact Phone** | | | | - | | | | - | | | | |

Mailing Address _____ **City** _____ **CA Zip Code** _____

Name on PG&E Bill _____

PG&E Electricity Account Number: | | | | | | | | | | - | |

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

Applicant Status O **ADD NEW** O **DROP** O **RE-CERTIFY** O **MOVE TO DIFFERENT SPACE**

2 TENANT INFORMATION: *(please type or print)*

Name _____
As it appears on your energy bill

Home Address _____ **City** _____ **CA Zip Code** _____
Do NOT use a P.O. Box

Mailing Address _____ **City** _____ **CA Zip Code** _____
If different from the above address

Daytime Telephone Number
Please Include Area Code | | | | - | | | | - | | | | |

Number of People Living in Household | | Adults + | | Children = | | **Total**

3 HOUSEHOLD INCOME WORKSHEET: *(please fill in circle next to all sources of your household's annual income)*

- O Wages or Salaries
- Interest and/or Dividends from:
  - O Savings Accounts,
  - O Stocks or Bonds, or
  - O Retirement Accounts
- O Unemployment Benefits
- O Rental or Royalty Income
- O School Grants, Scholarships or other aid used for living expenses
- O Profit from self-employment (IRS form Schedule C, Line 29)
- O Disability payments
- O Workers compensation
- O Social Security, SSI, SSP
- O Pensions
- O Insurance Settlements
- O Legal Settlements
- O TANF (AFDC)
- O Food stamps
- O Child support
- O Spousal support
- O Cash and/or other income

MAXIMUM HOUSEHOLD INCOME GUIDELINES: *(Effective November 1, 2005)*

Your household's gross annual income may not exceed these FERA income guidelines.

Number of Persons in Household	Total Combined Annual Income
1-2	Not Applicable
3	$32,501 — $40,600
4	$39,201 — $49,000
5	$45,901 — $57,400
6	$52,601 — $65,800
Each Additional	$6,701 — $8,400

Total Annual Household Income: $ | | , | | | |

4 DECLARATION: *(please read carefully 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 savings. I understand that if I receive the savings without qualifying for it, I may be required to pay back the savings 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 which include CARE.

X _____ _____

Pacific Gas and Electric Company Customer Signature O fill in circle if guardian or power of attorney ***Date***

Pacific Gas and Electric Company®

FERA計劃申請表

分錶住宅設施住客

申請表請寄至: P.O. Box 7123, San Francisco, CA 94120-7123

FERA 熱線電話: 1-866-743-5000 傳真: 415-973-6419

www.pge.com/fera

62-1420

Rev. 11/01/05

FERA 折扣計劃

家庭電費費率優惠計劃(FERA)為合格的三人以上低至中等收入住宅家庭提供電費帳單折扣。參加這計劃的家庭的第三層用電量 (101-130的底線百份比) 將以第二層 (131-200的底線百份比)電費費率計算(第四及第五層用電量的電費將以正常費率計算)。折扣及資格規定由加州公用事業委員會訂立，並於每年六月修訂。在您填好的申請表經收妥及查證屬實後，如果您合符資格，太平洋煤電公司將會告知您住宅的經理或業主。太平洋煤電公司將至少每年與您聯絡以便證實您仍有需要繼續本計劃。

FERA 計劃規定

- 您的業主給您的煤電帳單必須是以您的名字註冊。
- 申請FERA計劃者必須每年有半年以上居住在將收到折扣的地方(而非第二居所)。
- 申請者居所不可與另一居所共同用一個碼錶，否則將不能符合FERA計劃折扣的資格要求。
- 除了夫婦，申請人不可以在另一個人的報稅表中被稱為受贍養者 (dependent)。
- 申請者家庭必須符合本申請資料中所描述低收入之定義。
- 申請者家庭若不再符合FERA計劃折扣的資格要求，必須知會太平洋煤電公司。

其他有助您支付能源帳單的計劃和服務項目

- CARE - CARE 計劃為合格住宅家庭提供百分之二十的煤電帳單折扣。客戶可以申請 FERA 計劃或 CARE 計劃但不可以同時擁有兩項折扣優惠。詳情請電1-866-PGE-CARE (743-2273)
- LIHEAP - 低收入家居能源輔助計劃，為收入符合資格要求的客戶提供付帳輔助、特發情況付帳輔助和家居防寒保暖措施。欲知更多詳情，請撥 1-866-675-6623 跟加州社區服務及發展部（CSD）聯絡。
- **醫療底線 Medical Baseline** - 經醫生證明為有需要的客戶提供最低費率的服務。欲知詳情，請聯絡太平洋煤電。詳情請 電1-800-743-5000。
- **能源伙伴 Energy Partners** - 為收入符合資格要求的客戶提供免費能源教育和家居防寒保暖措施。詳情請電1-800-989-9744。
- **生機一線電話服務** ULTS-為符合CARE計劃折扣的客戶提供折扣電話服務。欲知詳情，請聯絡您當地的電話服務公司。

1-800-893-9555

中文FERA服務熱線

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)

Pacific Gas and Electric Company®

FERA計劃申請表
分錶住宅設施住客

申請表請寄至: P.O. Box 7123, San Francisco, CA 94120-7123
FERA 熱線電話: 1-866-743-5000 傳真: 415-973-6419

www.pge.com/fera

62-1420
Rev. 11/01/05

1 經理或業主資料: (請用正楷填寫)

經理或業主姓名 _____ 聯絡電話 | | | | ■ | | | | ■ | | | | |

郵寄住址 _____ 城市 _____ 加州CA 郵政區號 _____

PG&E 能源帳單上的名字 _____

帳戶號碼: 電力 | | | | | | | | | | - | |

服務住址 _____ 城市 _____ 加州CA 郵政區號 _____

申請人狀況 O 新加入 O 退出 O 重新確認 O 搬到不同地點

2 住客資料: (請用正楷填寫)

姓名 _____
請填寫您在能源帳單上的名字

家庭住址 _____ 城市 _____ 加州CA 郵政區號 _____
不要使用郵箱號碼

郵寄住址 _____ 城市 _____ 加州CA 郵政區號 _____
如果跟以上地址不同的話

日間電話號碼
請包括地區號碼 | | | ■ | | | | ■ | | | | |

在上述住址家庭人數 成人 | | + 孩童 | | = 家庭總人數 | |

3 家庭收入計算表: (請勾選全部您的家庭全年總收入)

- O 工資
- 利息/或股息，來源于:
  - O 儲蓄戶口、
  - O 股票或債券，或
  - O 退休帳戶
- O 失業福利
- O 租金或版權收入
- O 學校助學金、獎學金或其他生活開支補助
- O 自僱者的總收入 (IRS表格C第29行)
- O 傷病補助金
- O 勞工賠償
- O 安全保險補助金、SSI、SSP
- O 退休金
- O 保險訴訟所得的金錢
- O 法律訴訟所得的金錢
- O 對需協助的家庭之臨時補助TANF (AFDC)
- O 食物券
- O 給孩童的資助
- O 給配偶的資助
- O 現金和 / 或其他收入

家庭最高收入標準: (有效期由2005 年 11 月 1)

您家庭的總收入不可超過FERA計劃的收入標準。

家庭人數	家庭最高年收入總額 (稅前)
1-2	不適用於此計劃
3	$32,501 — $40,600
4	$39,201 — $49,000
5	$45,901 — $57,400
6	$52,601 — $65,800
每增加一人，增加	$6,701 — $8,400

家庭全年總收入 $ | | , | | | |

4 聲明: (請小心閱讀，然後在下面簽字)

我聲明我在此申請表中提供的資料是真實和準確的。如有需要，我會提供收入證明。如果我不再符合獲得折扣的條件，我將告知太平洋煤電公司。如果我不符合折扣條件而獲得折扣，我會被要求退回獲得的折扣。我明白太平洋煤電公司可以提供我的申請資料給其他能源公用事業公司及其代表，以加入它們的輔助項目。抱括CARE計劃。

X _____ _____

太平洋煤電客戶簽字 O 如果是監護人或代理人的話，請勾上記號 日期

PACIFIC GAS AND ELECTRIC COMPANY

FAMILY ELECTRIC RATE ASSISTANCE
APPLICATION FOR TENANTS OF SUB-METERED FACILITIES
FORM NO. 62-1422 (ENGLISH/SPANISH) 11/05 (T)
(ATTACHED)

Pacific Gas and Electric Company®

FERA Program Application for

Tenants of Sub-Metered Residential Facilities

Mail Completed Application to: P.O. Box 7123, San Francisco, CA 94120-7123

62-1422

www.pge.com/fera

For Questions Call: 1-800-743-5000 Fax: 1-415-973-6419

Rev. 11/01/05

ABOUT THE FERA PROGRAM

The Family Electric Rate Assistance (FERA) program is for large households of three or more persons with low to middle income as described below. This program allows you to save on your electric bill by charging Tier 2 (101-130 percent of baseline) rates for Tier 3 (131-200 percent of baseline) usage (*electric usage exceeding Tier 3 will be billed at Tiers 4 and 5).* The eligibility criteria were established by the California Public Utilities Commission and are updated each June. If you qualify, Pacific Gas and Electric Company will notify your manager or landlord of your eligibility after your completed application has been received and processed. Pacific Gas and Electric Company will contact you at least every year to verify your continued need for the program.

FERA PROGRAM RULES

- The energy bill from your landlord must be in your name.
- You must live at the address where the savings will be received for more than half of the year (not for second homes).
- You may not qualify for a FERA savings if you share energy meter(s) with another home.
- You may not be claimed as a dependent on another person's tax return other than your spouse.
- Your household must meet the program definition of low to middle income as described in this application packet.
- You must notify Pacific Gas and Electric Company if your household no longer qualifies for the FERA savings.

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **CARE** – California Alternate Rates for Energy Program. Provides a 20% discount on the utility bill of qualifying households. Customer may be enrolled in either the CARE Program or the FERA Program, but not both. Contact CARE at toll-free 1-866-PGE-CARE 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.
- **Energy Partners** - Free energy education and weatherization to income-qualified customers. Call 1-800-989-9744 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.

1-800-743-5000

Assistance with the FERA Program in English

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)

Pacific Gas and Electric Company®

FERA Program Application for
Tenants of Sub-Metered Residential Facilities

Mail Completed Application to: P.O. Box 7123, San Francisco, CA 94120-7123

For Questions Call: 1-800-743-5000 Fax: 1-415-973-6419

www.pge.com/fera

62-1422

Rev. 11/01/05

1 MANAGER OR LANDLORD INFORMATION: *(please type or print)*

Manager or Landlord Name _____ **Contact Phone** ☐☐☐-☐☐☐-☐☐☐☐

Mailing Address _____ **City** _____ **CA Zip Code** _____

Name on PG&E Bill _____

PG&E Electricity Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

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

Applicant Status O **ADD NEW** O **DROP** O **RE-CERTIFY** O **MOVE TO DIFFERENT SPACE**

2 TENANT INFORMATION: *(please type or print)*

Name _____
As it appears on your energy bill

Home Address _____ **City** _____ **CA Zip Code** _____
Do NOT use a P.O. Box

Mailing Address _____ **City** _____ **CA Zip Code** _____
If different from the above address

Daytime Telephone Number
Please Include Area Code ☐☐☐-☐☐☐-☐☐☐☐

Number of People Living in Household ☐☐ Adults + ☐☐ Children = ☐☐ **Total**

3 HOUSEHOLD INCOME WORKSHEET: *(please fill in circle next to all sources of your household's annual income)*

- O Wages or Salaries
- Interest and/or Dividends from:
  - O Savings Accounts,
  - O Stocks or Bonds, or
  - O Retirement Accounts
- O Unemployment Benefits
- O Rental or Royalty Income
- O School Grants, Scholarships or other aid used for living expenses
- O Profit from self-employment (IRS form Schedule C, Line 29)
- O Disability payments
- O Workers compensation
- O Social Security, SSI, SSP
- O Pensions
- O Insurance Settlements
- O Legal Settlements
- O TANF (AFDC)
- O Food stamps
- O Child support
- O Spousal support
- O Cash and/or other income

MAXIMUM HOUSEHOLD INCOME GUIDELINES: *(Effective November 1, 2005)*

Your household's gross annual income may not exceed these FERA income guidelines.

Number of Persons in Household	Total Combined Annual Income
1-2	Not Applicable
3	$32,501 — $40,600
4	$39,201 — $49,000
5	$45,901 — $57,400
6	$52,601 — $65,800
Each Additional	$6,701 — $8,400

Total Annual Household Income: $☐☐,☐☐☐

4 DECLARATION: *(please read carefully 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 savings. I understand that if I receive the savings without qualifying for it, I may be required to pay back the savings 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 which include CARE.

X _____ _____

Pacific Gas and Electric Company Customer Signature O fill in circle if guardian or power of attorney ***Date***

Pacific Gas and Electric Company®

Solicitudes del Programa FERA para

Inquilinos de Instalaciones Residenciales "Sub-medidas"

Devuelva la solicitud llena a: P.O. Box 7123, San Francisco, CA 94120-7123

Si tiene preguntas llame al: 1-800-743-5000 Fax: 1-415-973-6419

www.pge.com/fera

62-1422

Rev. 11/01/05

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO FERA

El programa de Ayuda Familiar para los Cargos Eléctricos (FERA) está diseñado para hogares grandes, de tres o mas personas, de ingresos bajos y medianos, tal y como se describe mas adelante. Este programa le permite ahorrar en su factura eléctrica cuando le cobra las tarifas de la Hilera 2 (101-130 porciento de la tarifa base) por el uso de las tarifas (131-200 porciento de la tarifa base) de la Hilera 3 *(el uso que exceda la Hilera 3 le será facturado bajo las Hileras 4 y 5)*. El descuento y las pautas de elegibilidad fueron establecidas por la Comisión de Servicios Públicos de California y las mismas se actualizan en junio de cada año. Si llena los requisitos, su descuento aparecerá en el siguiente ciclo del estado de cuenta de Pacific Gas and Electric Company, una vez que hayamos recibido su solicitud llena y la misma sea verificada por PG&E. Pacific Gas and Electric Company se pondrá en contacto con usted, por correo, por lo menos cada dos años para verificar que continúa necesitando este programa.

REGLAS DEL PROGRAMA FERA

- La cuenta de energía del administrador de su parque debe estar a su nombre.
- Debe vivir en la direccion donde se recibirá el descuento por lo menos la mitad del año (no aplica a segundos hogares)
- Es posible que no califique para el programa FERA si comparte su medidor (electric meter) con otra casa.
- No debe aparecer como dependiente, en la declaración de impuestos, de ninguna otra persona que no sea su cónyuge.
- El hogar del solicitante debe llenar la definicion de bajos o medianos ingresos, tal y como se describe en esta solicitud
- Debe informar a Pacific Gas and Electric Company si su hogar ya no reúne los requisitos para el descuento del programa de FERA.

OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **CARE** – Programa de Tarifas Alternas de California para el Pago de la Energía. Este programa ofrece un 20% de descuento en las tarifas de energía de los hogares que califican. Nuestros clientes se pueden inscribir en el programa CARE o en el programa FERA, pero no en ambos. Llame gratis a CARE al 1-866-PGE-CARE para mas información.

- **LIHEAP** – Programa de Ayuda para el Pago de la Energía en los Hogares de Bajos Ingresos (LIHEAP). Este es un programa que brinda asistencia con el pago de sus cuentas, asistencia de emergencia para el pago de sus cuentas, y servicio de protección en contra de las inclemencias del tiempo. Para mas información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.

- **Medical Baseline** – Brinda servicios, por medio del pago de las tarifas mas bajas, a los clientes que tengan necesidades comprobadas. Llame al 1-800-PGE-5000 para mas información.

- **Socios en la Energía** – Ofrece servicios gratuitos de orientación sobre la energía y sobre protección en contra de las inclemencias del tiempo a los clientes que llenen los requisitos. Llame al 1-800-989-9744 para mas información.

- **ULTS** – La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a precios de descuento, a aquellos clientes que reúnan requisitos similares a los del Programa CARE. Llame a su compañía local de teléfonos para mas información.

1-800-743-5000

Ayuda con el Programa FERA en Español

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)

Pacific Gas and Electric Company®

www.pge.com/fera

Solicitudes del Programa FERA para Inquilinos de Instalaciones Residenciales "Sub-medidas"

Devuelva la solicitud llena a: P.O. Box 7123, San Francisco, CA 94120-7123

Si tiene preguntas llame al: 1-800-743-5000 Fax: 1-415-973-6419

62-1422

Rev. 11/01/05

1 INFORMACIÓN DEL ADMINISTRADOR O PROPIETARIO: *(por favor escriba a máquina o con letras de molde)*

Nombre del Administrador o Propietario _____ **Teléfono** ( ) -

Dirección postal _____ **Ciudad** _____ **CA Código Postal** _____

Nombre que aparece en la cuenta de energía _____

Número de Cuenta de Electricidad de PG&E: -

Dirección donde se da el servicio _____ **Ciudad** _____ **CA Código postal** _____

Situación del solicitante O NUEVO O CANCELÓ EL PROGRAMA O SE RECERTIFICÓ O SE MUDÓ A OTRO ESPACIO

2 INFORMACIÓN DEL INQUILINO: *(por favor escriba a máquina o con letras de molde)*

Nombre _____
Tal y como aparece en la factura

Dirección del hogar _____ **Ciudad** _____ **CA Código postal** _____
No use P.O. Box

Dirección Postal, si tiene _____ **Ciudad** _____ **CA Código postal** _____
Llene solo si su dirección postal es diferente a la que aparece arriba

Número telefónico durante el día ( ) -
Por favor incluya el código de área

Número de personas que viven en el hogar + =
Adultos Niños **Total**

3 HOJA DE TRABAJO SOBRE LOS INGRESOS DEL HOGAR: *(Por favor rellene los círculos junto a todas las fuentes de ingresos anuales de su hogar)*

- O Sueldos y/o Salarios, Jornales
- Intereses y/o Dividendos de:
  - O Cuentas de Ahorros,
  - O Acciones y Bonos, o
  - O Cuentas de Jubilación
- O Pagos por Desempleo
- O Ingresos provenientes de Rentas o Regalías
- O Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- O Ganancias de su Propio Negocio (Formulario de IRS, Schedule C, Línea 29)
- O Pagos por Incapacidad
- O Pagos por Compensación al Trabajador
- O Pagos del Seguro Social, SSI, SSP
- O Pagos de Pensiones
- O Pagos de Reclamaciones del Seguro
- O Pagos de Reclamaciones Legales
- O Pagos de TANF (AFDC)
- O Pagos por medio de Estampillas de Alimentos
- O Pagos por Pensión Alimenticia a Hijos
- O Pagos por Pensión Conyugal
- O Pagos en Efectivo y/u Otros Ingresos

INGRESOS MÁXIMOS DEL HOGAR: *(Efectivo Noviembre 1, 2005)*

Los ingresos anuales brutos de su hogar no deben exceder las Pautas de Ingresos de FERA especificadas a continuación:

Número de Personas en el Hogar	Ingresos Anuales Combinados
1-2	No Aplica
3	$32,501 — $40,600
4	$39,201 — $49,000
5	$45,901 — $57,400
6	$52,601 — $65,800
Cada Persona Adicional	$6,701 — $8,400

Ingresos Totales Anuales del Hogar: $,

4 DECLARACIÓN: *(Por favor lea detenidamente y firme abajo)*

Declaro que la información proporcionada en esta solicitud es correcta y verdadera. Estoy de acuerdo en proveer pruebas de mis ingresos, de ser necesario. Estoy de acuerdo en informar a Pacific Gas and Electric Company si mi situación financiera cambia y ya no califico para recibir dicho descuento. Comprendo que, si recibo el descuento sin calificar para el mismo, se me podría pedir que devuelva el monto total del descuento recibido. Comprendo que Pacific Gas and Electric Company podría compartir esta información con otras compañías de suministro de energía o sus agentes, para suscribirme en sus programas de ayuda.

X _____ _____

Firma del Cliente de Pacific Gas and Electric Company O Marque aqui si es tutor o tiene carta de poder ***Fecha***

PACIFIC GAS AND ELECTRIC COMPANY

FAMILY ELECTRIC RATE ASSISTANCE
APPLICATION FOR TENANTS OF SUB-METERED FACILITIES
FORM NO. 62-1423 (ENGLISH/VIETNAMESE) 11/05 (T)
(ATTACHED)

Pacific Gas and Electric Company®

FERA Program Application for

Tenants of Sub-Metered Residential Facilities

Mail Completed Application to: P.O. Box 7123, San Francisco, CA 94120-7123

For Questions Call: 1-800-743-5000 Fax: 1-415-973-6419

www.pge.com/fera

62-1423

Rev. 11/01/05

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- You may not be claimed as a dependent on another person's tax return other than your spouse.
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1-800-743-5000

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TDD/TTY 1-800-652-4712

For Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

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www.pge.com/fera

62-1423

Rev. 11/01/05

1 MANAGER OR LANDLORD INFORMATION: *(please type or print)*

Manager or Landlord Name _____ **Contact Phone** ( ) -

Mailing Address _____ **City** _____ **CA Zip Code** _____

Name on PG&E Bill _____

PG&E Electricity Account Number: - -

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

Applicant Status O ADD NEW O DROP O RE-CERTIFY O MOVE TO DIFFERENT SPACE

2 TENANT INFORMATION: *(please type or print)*

Name _____
As it appears on your energy bill

Home Address _____ **City** _____ **CA Zip Code** _____
Do NOT use a P.O. Box

Mailing Address _____ **City** _____ **CA Zip Code** _____
If different from the above address

Daytime Telephone Number ( ) -
Please Include Area Code

Number of People Living in Household Adults + Children = **Total**

3 HOUSEHOLD INCOME WORKSHEET: *(please fill in circle next to all sources of your household's annual income)*

- O Wages or Salaries
- Interest and/or Dividends from:
  - O Savings Accounts,
  - O Stocks or Bonds, or
  - O Retirement Accounts
- O Unemployment Benefits
- O Rental or Royalty Income
- O School Grants, Scholarships or other aid used for living expenses
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- O Disability payments
- O Workers compensation
- O Social Security, SSI, SSP
- O Pensions
- O Insurance Settlements
- O Legal Settlements
- O TANF (AFDC)
- O Food stamps
- O Child support
- O Spousal support
- O Cash and/or other income

MAXIMUM HOUSEHOLD INCOME GUIDELINES: *(Effective November 1, 2005)*

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Each Additional	$6,701 — $8,400

Total Annual Household Income: $,

4 DECLARATION: *(please read carefully 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 savings. I understand that if I receive the savings without qualifying for it, I may be required to pay back the savings 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 which include CARE.

X _____ _____

Pacific Gas and Electric Company Customer Signature O fill in circle if guardian or power of attorney ***Date***

Pacific Gas and Electric Company®

Đơn Xin Hưởng Chương Trình FERA cho Người Mướn Nhà có Đồng Hồ Điện Phụ

Gởi đơn đã điền về: P.O. Box 7123, San Francisco, CA 94120-7123

Có nghi vấn, xin gọi: 1-800-743-5000 *Fax:* 1-415-973-6419

www.pge.com/fera

62-1423

Rev. 11/01/05

CHƯƠNG TRÌNH FERA

Chương trình FERA là chương trình dành cho những gia đình có từ ba người trở lên và có mức lợi tức trung bình theo như dưới đây. Chương trình này giúp quí vị tiết kiệm tiền bằng cách tính giá điện của mức thứ 2 (101-130% of baseline) cho số lượng điện quí vị dùng ở mức thứ 3 (131-200% of baseline) *(điện dùng qua mức thứ 3 sẽ phải trả theo giá của mức thứ 4 và thứ 5).* Tiêu chuẩn hợp lệ được ấn định bởi Ủy Ban Tiện Ích Công Cộng California và được điều chỉnh vào mỗi tháng Sáu. Sau khi đơn của quí vị được nhận và xét thấy đủ điều kiện, Công ty Pacific Gas and Electric sẽ báo cho quản lý hay chủ nhà của quí vị biết rằng quí vị đủ tiêu chuẩn. Ít nhất là mỗi năm một lần, Công ty Pacific Gas and Electric sẽ liên lạc với quí vị để xem quí vị còn cần hưởng chương trình FERA nữa hay không.

NHỮNG ĐIỀU KIỆN CỦA CHƯƠNG TRÌNH FERA

- Hóa đơn tiền điện từ chủ nhà của quí vị phải có tên của quí vị.
- Quí vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá hơn nửa năm (không được là nơi ở phụ).
- Quí vị có thể không đủ điều kiện được giảm giá qua chương trình FERA nếu xài chung đồng hồ điện với nhà khác.
- Quí vị không bị ai khác khai là phụ thuộc vào họ để họ trừ thuế ngoài người phối ngẫu.
- Lợi tức của gia đình quí vị phải nằm trong định mức qui định trong đơn này.
- Quí vị phải thông báo với Công ty Pacific Gas and Electric khi gia đình của quí vị không còn hội đủ điều kiện giảm giá nữa.

NHỮNG CHƯƠNG TRÌNH VÀ NHỮNG DỊCH VỤ KHÁC MÀ QUÍ VỊ CÓ THỂ NỘP ĐƠN:

- **CARE** – Chương Trình Giá Biểu Năng Lượng Khác của California. Giảm 20% trên hóa đơn điện ga cho những gia đình hội đủ điều kiện. Khách hàng chỉ có thể ghi danh cho chương trình CARE hay chương trình FERA, chứ không được cả hai. Xin liên lạc chương trình CARE tại số miễn phí 1-866-PGE-CARE để biết thêm chi tiết.
- **LIHEAP** - Chương Trình Trợ Giúp Năng Lượng cho Gia Cư có Lợi Tức Thấp. Trợ giúp trả hóa đơn, trợ giúp trả hóa đơn khẩn cấp, cung ứng những dịch vụ chống thời tiết khắc nghiệt. Xin gọi Sở Dịch Vụ và Phát Triển Cộng Đồng (CSD) ở số 1-866-675-6623 để biết thêm chi tiết.
- **Medical Baseline** - Cung cấp dịch vụ với giá thấp nhất cho những khách hàng với những nhu cầu có giấy tờ chứng nhận. Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **Energy Partners** - Dịch vụ hướng dẫn về năng lượng và phòng chống thời tiết miễn phí cho khách hàng hội đủ điều kiện về lợi tức. Xin gọi số 1-800-989-9744 để biết thêm chi tiết.
- **ULTS** – Dịch vụ điện thoại Universal Lifeline giảm giá điện thoại cho những khách hàng hội đủ cùng những điều kiện lợi tức như cho chương trình CARE. Xin liên lạc hãng điện thoại tại "local" của quí vị để biết thêm chi tiết.

1-800-298-8438

Giúp xin chương trình FERA bằng tiếng Việt

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)

Pacific Gas and Electric Company®

www.pge.com/fera

Đơn Xin Hưởng Chương Trình FERA cho Người Mướn Nhà có Đồng Hồ Điện Phụ

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62-1423

Rev. 11/01/05

1 CHI TIẾT VỀ QUẢN LÝ HAY CHỦ NHÀ *(Xin đánh máy hoặc viết hoa)*

Tên của Quản Lý hay Chủ Nhà _____ Điện Thoại Liên Lạc

Địa Chỉ Liên Lạc Bằng Thư _____ Thành Phố _____ CA Zip Code _____

Tên Trên Hóa Đơn Điện _____

Số Hồ Sơ Điện với PG&E

Địa Chỉ Nơi Nhận Dịch Vụ _____ Thành Phố _____ CA Zip Code _____

Tình Trạng Người Nộp Đơn O CỘNG THÊM MỚI O BỎ O TÁI XÁC NHẬN O DỜI SANG CHỖ KHÁC

2 CHI TIẾT VỀ KHÁCH HÀNG *(Xin đánh máy hoặc viết hoa)*

Tên _____

Viết Y như trên Hóa Đơn Điện

Địa Chỉ Nhà _____ Thành Phố _____ CA Zip Code _____

ĐỪNG dùng số hộp thư (P.O. Box)

Địa Chỉ Liên Lạc Bằng Thư _____ Thành Phố _____ CA Zip Code _____

Nếu khác với địa chỉ ở trên

Số Điện Thoại Ban Ngày
Xin viết số vùng

Số Người Sống Trong Nhà + =

Người Lớn Trẻ Em Tổng Số

3 BẢNG KHAI LỢI TỨC GIA ĐÌNH: *(Xin đánh dấu vào tất cả các nguồn lợi tức hàng năm trong gia đình của quí vị)*

- O Tiền Lương
  Tiền Lời từ:
  - O Các Trương Mục Tiết Kiệm,
  - O Các Chứng Khoán hay Trái Phiếu, hay
  - O Trương Mục Hưu Trí
- O Tiền Thất Nghiệp
- O Lợi Túc do Cho Thuê Nhà hay Tiền Bản Quyền
- O Tiền Học Bổng hay các thú Tiền Trợ Giúp cho Đời Sống hằng ngày
- O Lợi Túc từ việc Làm Ăn Riêng (IRS mẫu Schedule C, Dòng 29)
- O Tiền cho Người Có Khuyết Tật
- O Tiền Bồi Thường Tai Nạn Lao Động
- O Tiền Trợ Cấp An Sinh Xã Hội (SSI, SSP)
- O Tiền Hưu Bổng
- O Tiền Bảo Hiểm Bồi Thường
- O Tiền Bồi Thường Thua Kiện
- O TANF (AFDC) (Trợ cấp gia đình nghèo có con nhỏ)
- O Tiền Phiếu Thực Phẩm
- O Tiền Cấp Dưỡng Con Cái
- O Tiền Cấp Dưỡng Vợ/Chồng
- O Tiền Mặt và/hay Lợi Túc Khác

LỢI TỨC TỐI ĐA CHO MỖI GIA ĐÌNH *(Có hiệu lực từ ngày 1 tháng 11, 2005)*

Tổng Số lợi tức nguyên năm của gia đình quí vị không được vượt quá định mức lợi tức của chương trình FERA dưới đây:

Số Người trong Gia Đình	Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm
1-2	Không Ứng Dụng
3	$32,501 — $40,600
4	$39,201 — $49,000
5	$45,901 — $57,400
6	$52,601 — $65,800
Mỗi người thêm sau đó	$6,701 — $8,400

Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm $,

4 CAM ĐOAN: *(Xin Đọc Kỹ và Ký Tên Dưới Đây)*

Tôi xin cam đoan rằng tất cả những chi tiết tôi đã cung cấp trên đây là thật và đúng. Tôi đồng ý cung cấp chứng minh lợi tức nếu được yêu cầu. Tôi đồng ý thông báo cho Công ty Pacific Gas and Electric biết nếu tôi không còn hội đủ điều kiện để được giảm giá. Tôi hiểu rằng nếu tôi nhận sự giảm giá mà không đủ điều kiện thì tôi có thể bị yêu cầu phải hoàn lại tất cả số tiền mà tôi đã được giảm. Tôi hiểu rằng Công ty Pacific Gas and Electric có thể cho những cơ quan tiện ích khác hay nhân viên của họ những chi tiết về tôi để ghi danh tôi vào những chương trình trợ giúp của họ kể cả chương trình CARE.

X _____ _____

Chữ ký của Người Mướn Nhà có Đồng Hồ Điện Phụ O Đánh dấu vào nếu là người giám hộ hay người được ủy quyền Ngày

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Ahmed, Ali
Alcantar & Elsesser
Anderson Donovan & Poole P.C.
Applied Power Technologies
APS Energy Services Co Inc
Arter & Hadden LLP
Avista Corp
Barkovich & Yap, Inc.
BART
Bartle Wells Associates
Blue Ridge Gas
Bohannon Development Co
BP Energy Company
Braun & Associates
C & H Sugar Co.
CA Bldg Industry Association
CA Cotton Ginners & Growers Assoc.
CA League of Food Processors
CA Water Service Group
California Energy Commission
California Farm Bureau Federation
California Gas Acquisition Svcs
California ISO
Calpine
Calpine Corp
Calpine Gilroy Cogen
Cambridge Energy Research Assoc
Cameron McKenna
Cardinal Cogen
Cellnet Data Systems
Chevron Texaco
Chevron USA Production Co.
Childress, David A.
City of Glendale
City of Healdsburg
City of Palo Alto
City of Redding
CLECA Law Office
Commerce Energy
Constellation New Energy
Cooperative Community Energy
CPUC
Cross Border Inc
Crossborder Inc
CSC Energy Services
Davis, Wright Tremaine LLP
Davis, Wright, Tremaine, LLP
Defense Fuel Support Center
Department of the Army
Department of Water & Power City
DGS Natural Gas Services
DMM Customer Services
Douglass & Liddell
Downey, Brand, Seymour & Rohwer
Duke Energy
Duke Energy North America
Duncan, Virgil E.
Dutcher, John
Dynegy Inc.
Ellison Schneider
Energy Law Group LLP
Energy Management Services, LLC
Enron Energy Services
Exelon Energy Ohio, Inc
Exeter Associates
Foster Farms
Foster, Wheeler, Martinez
Franciscan Mobilehome
Future Resources Associates, Inc
G. A. Krause & Assoc
Gas Transmission Northwest Corporation
GLJ Energy Publications
Goodin, MacBride, Squeri, Schlotz &
Hanna & Morton
Heeg, Peggy A.
Hitachi Global Storage Technologies
Hogan Manufacturing, Inc
House, Lon
Imperial Irrigation District
Integrated Utility Consulting Group
International Power Technology
Interstate Gas Services, Inc.
J. R. Wood, Inc
JTM, Inc
Kaiser Cement Corp
Luce, Forward, Hamilton & Scripps
Manatt, Phelps & Phillips
Marcus, David
Masonite Corporation
Matthew V. Brady & Associates
Maynor, Donald H.
McKenzie & Assoc
McKenzie & Associates
Meek, Daniel W.
Mirant California, LLC
Modesto Irrigation Dist
Morrison & Foerster
Morse Richard Weisenmiller & Assoc.
Navigant Consulting
New United Motor Mfg, Inc
Norris & Wong Associates
North Coast Solar Resources
Northern California Power Agency
Office of Energy Assessments
Palo Alto Muni Utilities
PG&E National Energy Group
Pinnacle CNG Company
PITCO
Plurimi, Inc.
PPL EnergyPlus, LLC
Praxair, Inc.
Price, Roy
Product Development Dept
R. M. Hairston & Company
R. W. Beck & Associates
Recon Research
Regional Cogeneration Service
RMC Lonestar
Sacramento Municipal Utility District
SCD Energy Solutions
Seattle City Light
Sempra
Sempra Energy
Sequoia Union HS Dist
SESCO
Sierra Pacific Power Company
Silicon Valley Power
Smurfit Stone Container Corp
Southern California Edison
SPURR
St. Paul Assoc
Stanford University
Sutherland, Asbill & Brennan
Tabors Caramanis & Associates
Tansev and Associates
Tecogen, Inc
TFS Energy
Transcanada
Turlock Irrigation District
U S Borax, Inc
United Cogen Inc.
URM Groups
Utility Cost Management LLC
Utility Resource Network
Wellhead Electric Company
Western Hub Properties, LLC
White & Case
WMA