PUBLIC UTILITIES COMMISSION
505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298

July 2, 2009

Advice Letter 3019-G/3460-E

Brian K. Cherry
Vice President, Regulatory Relations
Pacific Gas and Electric Company
77 Beale Street, Mail Code B10C
P.O. Box 770000
San Francisco, CA 94177

Subject: Revised Household Income Requirements and Categorical Enrollment Programs for California Alternate Rates for Energy (CARE) Program and Family Electric Rate Assistance (FERA) Program

Dear Mr. Cherry:

Advice Letter 3019-G/3460-E is effective June 1, 2009.

Sincerely,

Julie A. Fitch, Director
Energy Division

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Vice President
Regulatory Relations

Pacific Gas and Electric Company
77 Beale St., Mail Code B10C
P.O. Box 770000
San Francisco, CA 94177

415.973.4977
Fax: 415.973.7226

May 14, 2009

Advice 3019-G/3460-E
(Pacific Gas and Electric Company ID U 39 M)

Public Utilities Commission of the State of California

Subject: **Revised Household Income Requirements and Categorical Enrollment Programs for California Alternate Rates for Energy (CARE) Program and Family Electric Rate Assistance (FERA) Program**

Pacific Gas and Electric Company (PG&E) hereby submits for filing revisions to its gas and electric tariffs. The affected tariff sheets are listed on the enclosed attachment 1.

Purpose

The purpose of this filing is to revise the household income requirements and categorical enrollment programs for PG&E's CARE/FERA Program.

CARE Program

This filing complies with Resolution (R.) E-3524, dated February 19, 1998, in which the Commission ordered the Energy Division Director to notify California utilities by letter each May 1st of annual revisions to CARE income levels effective June 1st. In accordance with the Energy Division's Notice to Investor Owned Utilities Providing Service Under CARE and LIEE (CARE Notice) dated April 28, 2009, PG&E hereby submits tariffs with revised income limitations for the CARE program, **effective June 1, 2009**.

In addition to income limitation revisions to gas and electric Rules 19.1—*California Alternate Rates for Energy for Individual Customers and Submetered Tenants of Master-Metered Customers*, 19.2--*California Alternate Rates for Energy for Nonprofit Group-Living Facilities*, and 19.3--*California Alternate Rates for Energy for Qualified Agricultural Employee Housing Facilities,* proposed in this filing, PG&E is also updating the income levels shown on the following gas and electric forms as listed on page 3 of this advice letter and in Attachment I.

The revised income levels are as follows:

No. of Persons in Household	Total Combined Annual Income
1-2	$30,500
3	$35,800
4	$43,200
5	$50,600
6	$58,000
Each Additional	$ 7,400

FERA Program

PG&E also submits this filing in accordance with a Notice to Energy Utilities Providing Service under the FERA Program (FERA Notice) dated May 1, 2009. The FERA program is referred to as the Tier 3 large household program in accordance with Decision (D.) 04-02-057. The FERA program is a rate assistance program whereby lower to middle income large household participants will be charged Tier 2 electricity rates for their Tier 3 usage if the household consists of three (3) or more people and the family has an income between 200% and 250% of the federal poverty level.[1] The income threshold increases with each additional family member over three (3).[2] The FERA program was designed to assist larger families whose income levels are just above the CARE program income limits and thus are not eligible for CARE benefits. FERA is applicable to domestic customers in individually metered single-family accommodations, or domestic submetered tenants residing in multifamily master-metered accommodations. Customers receiving service under Schedule E-CARE, or submetered tenants receiving benefit of Schedule E-CARE on their sub-metered bills, as well as all Direct Access Customers, are not eligible for FERA.

In compliance with the FERA Notice, PG&E is revising the Total Gross Annual Income Levels on page 2 of electric Rate Schedule E-FERA--*Family Electric Rate Assistance*. The income levels are as follows:

No. of Persons in Household	Total Gross Annual Income
1-2	Not Eligible
3	$35,801 to $44,800
4	$43,201 to $54,000
5	$50,601 to $63,200
6	$58,001 to $72,400
Each Additional	$ 7,400 to $9,200

[1] In D.05-10-044, dated October 27, 2005, the lower limits of the FERA program was raised to 200% + $1 of the Federal poverty guideline levels, which correspond to the higher limits of the CARE program.
[2] The exact annual income dollar amounts delimiting FERA eligibility, by family size, changes each year based on CPUC-approved updates reflecting new Federal Poverty Guidelines. The same process and basic figures adopted by the CPUC each year for use in the CARE program will also be used for FERA, with FERA targeting those between 200% and 250% of the Federal Poverty Guidelines.

PG&E also is revising the income levels in the standard forms as listed on page 3 of this advice letter and in Attachment I; and in some instances is filing a language translation or a large print version of the form for Commission approval.

Revised Forms

PG&E hereby submits the following combined forms with updated income levels and categorical enrollment programs allowing customers to apply for CARE OR FERA:

01-9077 CARE/FERA Residential Single Family Customers (Eng/Span)
62-0972 CARE/FERA Residential Single Family Customers (Eng/Chin)
62-0973 CARE/FERA Residential Single Family Customers (Eng/Viet)
62-0939 CARE/FERA Residential Single Family pre-printed app instruction (Eng/Span)
62-0919 CARE/FERA Residential Single Family pre-printed app (Eng/Span)
62-0940 CARE Residential Single Family Recertification Instruction (Eng/Span/Chin/Viet)
62-1509 CARE Residential Single Family Recertification (Eng/Span/Chin/Viet)
79-1072 FERA Residential Single Family Recertification Instruction (Eng/Span/Chin/Viet)
79-1073 FERA Residential Single Family Recertification (Eng/Span/Chin/Viet)
79-1051 Large Print CARE/FERA Residential Single Family Customers (English)
79-1052 Large Print CARE/FERA Residential Single Family Customers (Spanish)
79-1053 Large Print CARE/FERA Residential Single Family Customers (Chinese)
79-1054 Large Print CARE/FERA Residential Single Family Customers (Vietnamese)
01-9285 CARE/FERA Tenants of Sub-Metered Residential Facilities (Eng/Span)
62-0672 CARE/FERA Tenants of Sub-Metered Residential Facilities (Eng/Chin)
62-0673 CARE/FERA Tenants of Sub-Metered Residential Facilities (Eng/Viet)
79-1055 Large Print CARE/FERA Tenants of Sub-Metered Residential Facilities (English)
79-1056 Large Print CARE/FERA Tenants of Sub-Metered Residential Facilities (Spanish)
79-1057 Large Print CARE/FERA Tenants of Sub-Metered Residential Facilities (Chinese)
79-1058 Large Print CARE/FERA Tenants of Sub-Metered Residential Facilities (Vietnamese)
62-1477 CARE Income Guidelines (Eng/Span/Chin/Viet)
79-1059 Large Print CARE Income Guidelines (Eng/Span/Chin/Viet)
62-0156 CARE Non-Profit Group Living Facilities Application
62-1198 CARE Agricultural Employee Housing Facilities Application
61-0535 CARE Migrant Farm Worker Housing Centers (MFHC) Application
0609 Bill Insert

PG&E is updating all pertinent printed or posted materials to reflect the revised income levels. This filing will not affect any other rates or charges, cause the withdrawal of service, or conflict with any other rate schedule or rule.

Protests

Anyone wishing to protest this filing may do so by letter sent via U.S. mail, by facsimile or electronically, any of which must be received no later than **June 3, 2009** which is 20 days after the date of this filing. Protests should be mailed to:

CPUC Energy Division
Tariff Files, Room 4005
DMS Branch
505 Van Ness Avenue
San Francisco, California 94102

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

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

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

Effective Date

PG&E requests that this advice filing become effective on regular notice, **June 1, 2009** for this filing.

Notice

In accordance with General Order 96-B, Section IV, a copy of this advice letter is being sent electronically and via U.S. mail to parties shown on the attached list. Address changes to the General Order 96-B service list should be directed to Rose de la Torre at (415) 973-4716. For changes to any other service list, please contact the Commission's Process Office at (415) 703-2021 or at ProcessOffice@cpuc.ca.gov. Send all electronic approvals to PGETariffs@pge.com. Advice letter filings can also be accessed electronically at: http://www.pge.com/tariffs

Vice President, Regulatory Relations
Attachments

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 M)**

Utility type:	Contact Person: San Heng
☒ ELC ☒ GAS	Phone #: 415-973-2640
☐ PLC ☐ HEAT ☐ WATER	E-mail: s1hq@pge.com

EXPLANATION OF UTILITY TYPE	(Date Filed/ Received Stamp by CPUC)
ELC = Electric GAS = Gas ☐	
PLC = Pipeline HEAT = Heat WATER = Water	

Advice Letter (AL) #: 3019-G/3460-E **Tier:** [1]

Subject of AL: Revised Household Income Requirements and Categorical Enrollment Programs for California Alternate Rates for Energy (CARE) Program and Family electric Rate Assistance (FERA) Program

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

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

If AL filed in compliance with a Commission order, indicate relevant Decision/Resolution #: E-3524 and D.04-02-057

Summarize differences between the AL and the prior withdrawn or rejected AL:

Is AL requesting confidential treatment? If so, what information is the utility seeking confidential treatment for: No

Confidential information will be made available to those who have executed a nondisclosure agreement: N/A

Name(s) and contact information of the person(s) who will provide the nondisclosure agreement and access to the confidential information:

_____

Resolution Required? ☐ Yes ☒No

Requested effective date: June 1, 2009 No. of tariff sheets: 63

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: See attachment 1

Service affected and changes proposed:

Protests, dispositions, 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
Tariff Files, Room 4005
DMS Branch
505 Van Ness Ave., San Francisco, CA 94102
jnj@cpuc.ca.gov and mas@cpuc.ca.gov

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

Sample Bill Insert
Advice 3019-G/3460-E

glue here

Moisten and Seal. Humedezca y Selle.

CARE/FERA Program Application • Solicitud del Programa CARE/FERA

1 Customer Information • Información del Cliente

Name • Nombre

PG&E Account Number • Número de Cuenta de PG&E

Address • Domicilio | Apartment • Departamento | City • Ciudad | Zip Code • Código Postal

( )
Telephone • Teléfono

Number of Persons in Household: Adults
Número de Personas en el Hogar: Adultos + Children (under 18) Niños (menores de 18) =

2A Public Assistance Program Eligibility

CHECK all programs you participate in, then **GO TO** section 3.

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

If you do not participate in any of the above programs, GO TO section 2B.

2B Household Income Eligibility

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

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

Total Annual Household Income $,

Elegibilidad para los Programas de Asistencia Pública

MARQUE todos los programas que pertenece y **PASE** a la sección 3.

- ☐ Medicaid/Medi-Cal (menor de 65 años)
- ☐ Medicaid/Medi-Cal (65 años o más)
- ☐ SSI
- ☐ Estampillas de Alimentos/SNAP
- ☐ LIHEAP
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ TANF o Tribal TANF
- ☐ NSL FREE Lunch Program
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Sólo Tribus Indígenas)

Si no está inscrito en ninguno de los programas arriba indicados, PASE a la sección 2B.

Fuentes de Ingresos del Hogar

MARQUE todas las fuentes de ingreso de la familia. Se le inscribirá en el programa de CARE o en el programa de FERA dependiendo de cuantas personas vivan en el hogar y el monto de sus ingresos salariales.

- ☐ Pagos de Pensiones
- ☐ Pagos del Seguro Social
- ☐ SSP, SSDI
- ☐ Intereses y/o Dividendos de: Cuentas de Ahorros, Acciones o Bonos, o Cuentas de Jubilación
- ☐ Sueldos y/o Ganancias de su Propio Negocio
- ☐ Ingresos Provenientes de Rentas o Regalías
- ☐ Beneficios por Desempleo
- ☐ Compensación al Trabajador o Pagos por Incapacidad
- ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del Hogar
- ☐ Reclamaciones al Seguro o Legales
- ☐ Pagos por Pensión Alimenticia a Hijos o Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

Ingreso Total Anual del Hogar $,

3 Declaration (Please read and sign)

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company (PG&E) 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 PG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

Declaración (Por favor lea 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 si 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 inscribirme en sus programas de ayuda.

X

Customer Signature • Firma del Cliente ◯ Fill in circle if guardian or power of attorney Marque aquí si es tutor o tiene carta de poder Date • Fecha

For Internal Use Only

perf here

Tear along perforation, fold and mail to PG&E. Corte en la perforación, doble y envíe por correos a PG&E.

Program Guidelines

- The PG&E bill must be in your name.
- You must live at the address where the discount will be received.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- You may not share an energy meter(s) with another home.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
- PG&E will notify you when it is time for you to reapply, if you still qualify.

Number of Persons in Household Número de Personas en el Hogar	Annual Income* Ingreso Anual*	
	CARE	FERA
1-2	$30,500	N/A
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
For each additional person, add: Por cada persona adicional, agregue:	$7,400	$7,400 - $9,200

*Before taxes based on current income sources
*Antes de impuestos basado en fuentes de ingreso actual

Valid until May 31, 2010
Válido hasta el 31 de mayo, 2010

Requisitos del Programa

- La cuenta de PG&E debe estar a su nombre.
- Debe vivir en la dirección donde se recibirá el descuento.
- El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo(a).
- El solicitante no debe compartir el (los) medidor(es) de energía con otro hogar.
- Los ingresos anuales del hogar no deben exceder de los requisitos de ingresos descritos en esta solicitud.
- Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
- PG&E le informará cuando debe volver a re-inscribirse, si es que todavía califica para el programa.

Tear Off. Corte en la perforación

glue here

Save Money on Your PG&E Bill

California Alternate Rates for Energy (CARE) Program provides a monthly discount on energy bills for income qualified households.
CARE: 1-866-PGE-CARE | www.pge.com/care

Family Electric Rate Assistance (FERA) Program provides a monthly discount on electric bills for income qualified households of three or more persons.
FERA: 1-800-PGE-5000 | www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712
For speech/hearing-impaired, Monday–Friday 9 a.m.–11 p.m.

California Relay 1-800-735-2929
(If you cannot utilize the TDD line)

Ahorre Dinero en Su Cuenta de PG&E

El programa de California Alternate Rates for Energy (CARE) ofrece un descuento del en la cuenta mensual de energía a los hogares que califican.
CARE: 1-866-PGE-CARE | www.pge.com/care

El programa de Family Electric Rate Assistance (FERA) proporciona ahorros en la cuenta eléctrica de hogares grandes, de tres o más personas, de ingresos bajos y medianos.
FERA: 1-800-PGE-5000 | www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712
Para los sordomudos, de lunes a viernes 9 a.m. hasta las 11 p.m.

California Relay 1-800-735-2929
(Si no puede usar la línea TDD)

These offerings are funded by California utility customers and administered by PG&E under the auspices of the California Public Utilities Commission. "PG&E" refers to Pacific Gas and Electric Company, a subsidiary of PG&E Corporation. ©2009 Pacific Gas and Electric Company. All rights reserved.

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NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 27109 SAN FRANCISCO, CA

POSTAGE WILL BE PAID BY ADDRESSEE

CARE/FERA PROGRAM
PACIFIC GAS AND ELECTRIC COMPANY
PO BOX 7979
SAN FRANCISCO CA 94120-9445

Save Money On Your PG&E Bill

Applying is free, easy and confidential.

Ahorre Dinero En su Cuenta de PG&E

La Solicitud es Gratis, Fácil y Cofidencial.

CARE/FERA PROGRAM

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
27598-G	GAS RULE NO. 19.1 CALIF ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS Sheet 2	26993-G
27599-G	GAS RULE NO. 19.2 CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES Sheet 2	26994-G
27600-G	GAS RULE NO. 19.3 CALIF ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRI EMPLOYEE HOUSING FACILITIES Sheet 2	26995-G
27601-G	Gas Sample Form No. 01-9077 California Alternate Rates for Energy Program Application for Residential Single-Family Customers	26996-G
27602-G	Gas Sample Form No. 01-9285 California Alternate Rates for Energy Program Application for Tenants of Sub-Metered Facilities	26997-G
27603-G	Gas Sample Form No. 61-0535 CARE Program Application for OMS/Non-Profit Migrant Farm Worker Housing Centers	26998-G
27604-G	Gas Sample Form No. 62-0156 California Alternate Rates for Energy Program Application for Qualified Nonprofit Group-Living Facilities	26999-G
27605-G	Gas Sample Form No. 62-0672 California Alternate Rates for Energy Program Application for Tenants of Sub-Metered Facilities (English/Chinese)	27000-G
27606-G	Gas Sample Form No. 62-0673 California Alternate Rates for Energy Program Application for Tenants of Sub-Metered Facilities (English/Vietnamese)	27001-G
27607-G	Gas Sample Form No. 62-0919 California Alternate Rates for Energy Program Residential Single-Family Customers Pre-Printed Application	27002-G

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
27608-G	Gas Sample Form No. 62-0939 California Alternate Rates for Energy Program Residential Single-Family Customers Pre-Printed Application Instruction	27003-G
27609-G	Gas Sample Form No. 62-0940 California Alternate Rates for Energy Program Residential Single-Family Customers Recertification Instruction	27004-G
27610-G	Gas Sample Form No. 62-0972 California Alternate Rates for Energy Program Application for Residential Single-Family Customers (English/Chinese)	27005-G
27611-G	Gas Sample Form No. 62-0973 California Alternate Rates for Energy Program Application for Residential Single-Family Customers (English/Vietnamese)	27006-G
27612-G	Gas Sample Form No. 62-1198 California Alternate Rates for Energy Program Application for Qualified Agricultural Employee Housing Facilities	27007-G
27613-G	Gas Sample Form No. 62-1477 California Alternate Rates for Energy Program Income Guidelines	27008-G
27614-G	Gas Sample Form No. 62-1509 California Alternate Rates for Energy Program Residential Single-Family Customers Recertification	27009-G
27615-G	Gas Sample Form No. 79-1051 California Alternate Rates for Energy Program - Large Print Application for Residential Single Family Customers (English)	27010-G
27616-G	Gas Sample Form No. 79-1052 California Alternate Rates for Energy Program - Large Print Application for Residential Single Family Customers (Spanish)	27011-G
27617-G	Gas Sample Form No. 79-1053 California Alternate Rates for Energy Program - Large Print Application for Residential Single Family Customers (Chinese)	27012-G

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
27618-G	Gas Sample Form No. 79-1054 California Alternate Rates for Energy Program - Large Print Application for Residential Single Family Customers (Vietnamese)	27013-G
27619-G	Gas Sample Form No. 79-1055 California Alternate Rates for Energy Program - Large Print Application for Tenants of Sub-Metered Residential Facilities (Engli	27014-G
27620-G	Gas Sample Form No. 79-1056 California Alternate Rates for Energy Program - Large Print Application for Tenants of Sub-Metered Residential Facilities (Spani	27015-G
27621-G	Gas Sample Form No. 79-1057 California Alternate Rates for Energy Program - Large Print Application for Tenants of Sub-Metered Residential Facilities (Chine	27016-G
27622-G	Gas Sample Form No. 79-1058 California Alternate Rates for Energy Program - Large Print Application for Tenants of Sub-Metered Residential Facilities (Vietn	27017-G
27623-G	Gas Sample Form No. 79-1059 California Alternate Rates for Energy Program - Large Print Income Guidelines	27018-G
27624-G	GAS TABLE OF CONTENTS Sheet 1	27586-G
27625-G	GAS TABLE OF CONTENTS Sheet 6	27348-G
27626-G	GAS TABLE OF CONTENTS Sheet 9	27349-G

GAS RULE NO. 19.1 Sheet 2

CALIF ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS

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	$30,500
3	$35,800
4	$43,200
5	$50,600
6	$58,000
Each additional member, add:	$ 7,400

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)

GAS RULE NO. 19.2 Sheet 2

CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES

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	$30,500
3	$35,800
4	$43,200
5	$50,600
6	$58,000
Each additional member, add:	$ 7,400

(Continued)

GAS RULE NO. 19.3 Sheet 2
CALIF ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRI EMPLOYEE HOUSING FACILITIES

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	$30,500
3	$35,800
4	$43,200
5	$50,600
6	$58,000
Each additional member, add:	$ 7,400

(Continued)

Gas Sample Form No. 01-9077
California Alternate Rates for Energy Program Application for Residential Single-Family Customers

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Residential Single-Family Customers**

01-9077
Rev. 06/01/09

ABOUT THE CARE/FERA PROGRAM

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

PROGRAM GUIDELINES

- The PG&E bill must be in your name.
- You must live at the address where the discount will be received.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- You may not share energy meter(s) with another home.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
- PG&E will notify you when it is time for you to reapply, if you still qualify.
- Tenants of sub-metered mobile home parks, apartments and marinas must use the "CARE/FERA Program Application for Tenants of Sub-Metered Facilities". (See Landlord / Manager for form 01-9285)

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **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.
- **Bill Guaranty** – A deposit alternative enables customers to secure their account by having another qualifying PG&E customer sign on their behalf. 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.
- **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.
- **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.
- **ULTS** – Universal Lifeline Telephone Service provides discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local telephone service provider for more information.

Mail Completed Application to:

Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

Pacific Gas and Electric Company®

Solicitud del Programa CARE/FERA para Clientes Residenciales de Familias Individuales

01-9077
Rev. 06/01/09

INFORMACION SOBRE EL PROGRAMA DE DESCUENTO DE CARE/FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento en la cuenta mensual de energía a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** proporciona ahorros en la cuenta eléctrica de hogares grandes, de tres o más personas, de ingresos bajos y medianos.

REQUISITOS DEL PROGRAMA

- La cuenta de PG&E debe estar a su nombre.
- Debe vivir en la dirección donde se recibirá el descuento.
- El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo(a).
- El solicitante no debe compartir el(los) medidor(es) de energía con otro hogar.
- Los ingresos anuales del hogar no deben exceder de los requisitos de ingresos descritos en esta solicitud.
- Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
- PG&E le informará cuando debe volver a re-inscribirse, si es que todavía califica para el programa.
- Los inquilinos con medidores “Sub-Metered” que pertenecen a parques de casas móviles, apartamentos o muelles para botes, deben llenar otro formulario llamado “Solicitud del Programa CARE/FERA para Inquilinos de Instalaciones Residenciales Sub-Metered”. (Visite al propietario/administrador del Mobile Home Park para obtener el formulario 01-9285).

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRIA CALIFICAR

- **Plan de Pagos Balanceados** – Comuníquese con Pacific Gas and Electric Company para saber como puede uniformar sus pagos, de modo que pueda hacer un presupuesto para el pago de sus cuentas de electricidad y gas. Llame al 1-800-743-5000 para más información.
- **Depósito de Garantía para Abrir Una Cuenta en PG&E** – Una alternativa de depósito que permite a los clientes asegurar su cuenta al designar a otro cliente que reúne los requisitos de PG&E para que firme en su nombre. Llame al 1-800-743-5000 para más información.
- **Socios en la Energía –** Ofrece consejos y servicios gratuitos sobre ahorros de energía a los clientes que reúnan los requisitos. Llame al 1-800-989-9744 para más información.
- **LIHEAP** – Programa de Ayuda para el Pago de Energía para los Hogares de Bajos Ingresos (LIHEAP). Este es un programa que brinda ayuda o asistencia de emergencia con el pago de sus cuentas, y brinda servicios gratuitos para el ahorro de energía, a los clientes que reúnan los requisitos. Para más información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de tarifas más bajas, a los clientes que estén en condiciones médicas comprobadas. Llame al 1-800-743-5000 para más información.
- **REACH** – Póngase en contacto con el Salvation Army para recibir ayuda, por una sola vez, para el pago de sus cuentas de electricidad y gas. Llámelos al 1-800-933-9677.
- **ULTS** – La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio, a aquellos clientes que reúnan requisitos similares a los del Programa CARE. Llame a su compañía local de teléfonos para más información.

Envìe la aplicación completa a:
Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 para los sordomudos, de lunes a viernes 9:00 a.m. hasta las 11:00 p.m.

California Relay 1-800-735-2929 si no puede usar la línea TDD

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Residential Single-Family Customers**

01-9077
Rev. 06/01/09

1 CUSTOMER INFORMATION: *(please print clearly)*

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

										-	

Name _____ **Telephone Number** (____)_____

Home Address *(Do NOT use a P.O. Box)* **Apartment #** **City** **Zip Code**

Mailing Address *(If different from the above address)* **Apartment #** **City** **Zip Code**

Number of Persons in Household: Adults_____ **+ Children (under 18)**_____ **=** _____

2A PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then **GO TO** section 3.

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

If you do not participate in any of the above programs, **GO TO** section 2B

2B HOUSEHOLD INCOME ELIGIBILITY: (skip if you filled out section 2A)

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

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

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

* Before taxes based on current income sources

Valid until May 31, 2010

Total Annual Household Income: $,

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

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

For Internal Use Only

X _____

Signature O fill in circle if guardian or power of attorney ***Date***

Pacific Gas and Electric Company®

Solicitud del Programa CARE/FERA para Clientes Residenciales de Familias Individuales

01-9077
Rev. 06/01/09

1 INFORMACION DEL CLIENTE: *(por favor escriba a máquina o con letras de imprenta)*

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

										-	

Nombre *(Como aparece en la factura)* **Número telefónico** (____)

Dirección del Hogar *(No use P.O. Box)* **Apartamento #** **Ciudad** **Código Postal**

Dirección Postal, si tiene **Apartamento #** **Ciudad** **Código Postal**
(Llene sólo si su dirección postal es diferente a la que aparece arriba)

Número de Personas en el hogar: Adultos _____ + Niños (menores de 18) _____ = _____

2A ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PUBLICA:

MARQUE todos los programas que pertenece y **PASE** a la sección 3.

- ☐ Medicaid/Medi-Cal (menor de 65 años)
- ☐ Medicaid/Medi-Cal (65 años o más)
- ☐ SSI
- ☐ Estampillas de Alimentos/SNAP
- ☐ LIHEAP
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ TANF o Tribal TANF
- ☐ NSL FREE Lunch Program
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Sólo Tribus Indígenas)

Si no está inscrito en ninguno de los programas arriba indicados, **PASE** a la sección 2B

2B FUENTES DE INGRESOS DEL HOGAR:

MARQUE todas las fuentes de ingreso de la familia. Se le inscribirá en el programa de CARE o en el programa de FERA dependiendo de cuantas personas vivan en el hogar y el monto de sus ingresos salariales.

- ☐ Pagos de Pensiones
- ☐ Pagos del Seguro Social
- ☐ SSP, SSDI
- ☐ Intereses/Dividendos de: Cuentas de Ahorros, Acciones, Bonos, o Cuentas de Jubilación
- ☐ Sueldos y/o Ganancias de su Propio Negocio
- ☐ Ingresos Provenientes de Rentas o Regalías
- ☐ Beneficios por Desempleo
- ☐ Pagos por Incapacidad o Compensación al Trabajador
- ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- ☐ Pagos por Reclamaciones al Seguro o Legales
- ☐ Pagos por Pensión Alimenticia a Hijos/Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

Número de Personas en el Hogar	Ingreso Anual*	
	CARE	**FERA**
1-2	$30,500	No Aplica
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
Por cada persona adicional,agregue:	$7,400	$7,400 - $9,200

* Antes de los impuestos basado en las fuentes de su ingreso actual Válido hasta el 31 de Mayo, 2010

Ingreso Bruto Anual del Hogar: **$** ☐☐,☐☐☐

3 DECLARACION: *(Por favor lea 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 si 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 inscribirme en sus programas de ayuda.

X _____

Firma del Cliente ○ Marque aquí si es tutor o tiene carta de poder ***Fecha***

For Internal Use Only

Gas Sample Form No. 01-9285
California Alternate Rates for Energy Program Application for Tenants of Sub-Metered Facilities

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Tenants of Sub-Metered Residential Facilities**

01-9285
Rev. 06/01/09

ABOUT THE CARE/FERA PROGRAM

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

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

* Before taxes based on current income sources

Valid until May 31, 2010

PROGRAM GUIDELINES

- The energy bill from your landlord must be in your name.
- You must live at the address where the discount will be received.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- You may not share energy meter(s) with another home.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
- PG&E will notify you when it is time for you to reapply, if you still qualify.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **Energy Partners** - Free energy education and weatherization to income qualified customers. Call 1-800-989-9744 for more information.
- **LIHEAP** - Low Income Home Energy Assistance Program. Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline** - Provides services at the lowest rates to customers with documented needs. Call 1-800-PGE-5000 for more information.
- **ULTS** – Universal Lifeline Telephone Service provides discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local telephone service provider for more information.

Mail Completed Application to:

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CARE/FERA Program
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San Francisco, CA 94120-7979

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FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

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California Relay 1-800-735-2929 if you can not utilize the TDD line

Pacific Gas and Electric Company®

Solicitud del Programa CARE/FERA para **Inquilinos de Instalaciones Residenciales "Sub-Metered"**

01-9285
Rev. 06/01/09

INFORMACION SOBRE EL PROGRAMA DE DESCUENTO DE CARE/FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento en la cuenta mensual de energía a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** proporciona ahorros en la cuenta eléctrica de hogares grandes, de tres o más personas, de ingresos bajos y medianos.

Número de Personas en el Hogar	Ingreso Anual*	
	CARE	**FERA**
1-2	$30,500	No Aplica
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
Por cada persona adicional,agregue:	$7,400	$7,400 - $9,200

* Antes de los impuestos basado en las fuentes de su ingreso actual

Válido hasta el 31 de Mayo, 2010

REQUISITOS DEL PROGRAMA

- La cuenta de energía del administrador de su Mobile Home Park debe estar a su nombre.
- Debe vivir en la dirección donde se recibirá el descuento.
- El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo(a).
- El solicitante no debe compartir el(los) medidor(es) de energía con otro hogar.
- Los ingresos anuales del hogar no deben exceder de los requisitos de ingresos descritos en esta solicitud.
- Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
- PG&E le informará cuando debe volver a re-inscribirse, si es que todavía califica para el programa.

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRIA CALIFICAR

- **Socios en la Energía –** Ofrece consejos y servicios gratuitos sobre ahorros de energía a los clientes que reúnan los requisitos. Llame al 1-800-989-9744 para más información.
- **LIHEAP** – Programa de Ayuda para el Pago de Energía para los Hogares de Bajos Ingresos (LIHEAP). Este es un programa que brinda ayuda o asistencia de emergencia con el pago de sus cuentas, y brinda servicios gratuitos para el ahorro de energía, a los clientes que reúnan los requisitos. Para más información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de tarifas más bajas, a los clientes que estén en condiciones médicas comprobadas. Llame al 1-800-743-5000 para más información.
- **ULTS** – La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio, a aquellos clientes que reúnan requisitos similares a los del Programa CARE. Llame a su compañía local de teléfonos para más información.

Envìe la aplicación completa a:

Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 para los sordomudos, de lunes a viernes 9:00 a.m. hasta las 11:00 p.m.

California Relay 1-800-735-2929 si no puede usar la línea TDD

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Tenants of Sub-Metered Residential Facilities**

01-9285
Rev. 06/01/09

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

Mobile Home Park/Other Sub-Metered Facilities Name

Mobile Home Park/Other Sub-Metered Facilities Address **City** **Zip Code**

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

Manager or Landlord Name **( ) Telephone Number**

Manager or Landlord Mailing Address **City** **Zip Code**

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

2 TENANT INFORMATION: *(please print clearly)*

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

Home Address *(Do NOT use a P.O. Box)* **Unit #** **City** **Zip Code**

Mailing Address *(If different from the above address)* **Unit #** **City** **Zip Code**

Number of Persons in Household: Adults_____ **+ Children (under 18)**_____ **=** _____

3A PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

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

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

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

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

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

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

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

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

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

For Internal Use Only

X _____

Signature ○ fill in circle if guardian or power of attorney ***Date***

Pacific Gas and Electric Company®

Solicitud del Programa CARE/FERA para **Inquilinos de Instalaciones Residenciales "Sub-Metered"**

01-9285
Rev. 06/01/09

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

Nombre del Mobile Home Park/ o Nombre de otros locales con Sub-medidores

Dirección del Mobile Home Park/ ú otras Direcciones de locales con Sub-medidores **Ciudad** **Código Postal**

Número de Cuenta Electricidad ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

Nombre del Administrador o Propietario **Número telefónico** (_____)

Dirección del Administrador o Propietario **Ciudad** **Código Postal**

Situación del solicitante: ○ NUEVO ○ CANCELO EL PROGRAMA ○ RE-INSCRIPCION ○ SE MUDO A OTRO ESPACIO

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

Nombre *(Como aparece en la cuenta)* **Número telefónico** (_____)

Dirección del Hogar *(No use P.O. Box)* **Apartamento #** **Ciudad** **Código Postal**

Dirección Postal, si tiene **Apartamento #** **Ciudad** **Código Postal**
(Llene sólo si su dirección postal es diferente a la que aparece arriba)

Número de Personas en el hogar: Adultos _____ + Niños (menores de 18) _____ = _____

3A ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PUBLICA:

MARQUE todos los programas a que pertenece y **PASE** a la sección 4.

- ☐ Medicaid/Medi-Cal (menor de 65 años)
- ☐ Medicaid/Medi-Cal (65 años o más)
- ☐ SSI
- ☐ Estampillas de Alimentos/SNAP
- ☐ LIHEAP
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ TANF o Tribal TANF
- ☐ NSL FREE Lunch Program
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Sólo Tribus Indígenas)

Si no está inscrito en ninguno de los programas arriba indicados, **PASE** a la sección 3B

3B FUENTES DE INGRESOS DEL HOGAR:

MARQUE todas las fuentes de ingreso de la familia. Se le inscribirá en el programa de CARE o en el programa de FERA dependiendo de cuantas personas vivan en el hogar y el monto de sus ingresos salariales.

- ☐ Pagos de Pensiones
- ☐ Pagos del Seguro Social
- ☐ SSP, SSDI
- ☐ Intereses/Dividendos de: Cuentas de Ahorros, Acciones, Bonos, o Cuentas de Jubilación
- ☐ Sueldos y/o Ganancias de su Propio Negocio
- ☐ Ingresos Provenientes de Rentas o Regalías
- ☐ Beneficios por Desempleo
- ☐ Pagos por Incapacidad o Compensación al Trabajador
- ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- ☐ Pagos por Reclamaciones al Seguro o Legales
- ☐ Pagos por Pensión Alimenticia a Hijos/Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

Ingreso Bruto Anual del Hogar: **$** ☐☐,☐☐☐

4 DECLARACION: *(Por favor lea 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 si 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 inscribirme en sus programas de ayuda.

X _____

Firma del Cliente ○ Marque aquí si es tutor o tiene carta de poder ***Fecha***

For Internal Use Only

Gas Sample Form No. 61-0535
CARE Program Application for OMS/Non-Profit Migrant Farm Worker Housing Centers

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

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

61-0535
Rev. 06/01/09

INSTRUCTIONS

1. READ ALL information and instructions before you complete this application. If you have questions, call Pacific Gas and Electric Company's CARE Program toll-free at 1-866-743-2273 or the Hotline at 415-973-7288.

2. DETERMINE if the facility can comply with section 50710.1 (e) of the California Health and Safety Code, or is a non-profit farm worker housing center.

3. REVIEW the service agreements in this application to confirm that they are residential end use and included in your facility.

4. COMPLETE, SIGN and DATE the application.

5. MAIL TO: **Pacific Gas and Electric Company**
   CARE Program
   PO Box 7979
   San Francisco, CA 94120-7979

DISCOUNT

The CARE Program provides a monthly discount on energy bills for MFHC facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates are available only to qualified facilities. The facility will receive the discount after the utility receives and approves the application.

ELIGIBILITY CRITERIA FOR ORGANIZATIONS

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

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

Pacific Gas and Electric Company®

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

61-0535
Rev. 06/01/09

ELIGIBLE FACILITIES

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

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

MIGRANT FARM WORKER HOUSING CENTERS (MFHC) RESPONSIBILITIES

MFHC is required to:

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

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

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

- Update its application when notified by PG&E.

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

Pacific Gas and Electric Company®

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

61-0535
Rev. 06/01/09

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

Name on Utility Bill _____

Name of Facility _____
(if different than on bill)

Address _____ **City** _____ **Zip Code** _____

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

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

Phone (_____)_____

Fax (_____)_____

E-mail Address _____

Secondary Contact _____
(who to contact if utility needs more information

Phone (_____)_____

Fax (_____)_____

E-mail Address _____

2 FACILITY INFORMATION:

Please use a separate application for each TYPE of facility

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

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

3 RE-CERTIFICATION *(please print or type)*

If re-certifying the facility's eligibility for continued CARE discounts, please provide an explanation of how last year's discount savings was used by your organization to benefit your clients:

_____

_____

This year's discount will be used for:

_____

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

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

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

Authorized Representative's Name _____ **Date** _____

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

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

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

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

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

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

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

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

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

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

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

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

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

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

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

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

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

Gas Sample Form No. 62-0156
California Alternate Rates for Energy Program Application for Qualified Nonprofit Group-Living Facilities

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

CARE Program Application for **Qualified Non-Profit Group Living Facilities**

62-0156
Rev. 06/01/09

INSTRUCTIONS

1. READ ALL information and instructions before you complete this application. If you have questions, call Pacific Gas and Electric Company's CARE Program toll-free at 1-866-743-2273 or the Non-Profit hotline at 415-973-7288.
2. DETERMINE if the facility meets the definition of a qualified nonprofit group living facility. The facility MUST meet ALL criteria to qualify for a monthly discount from the CARE Program.
3. COMPLETE the entire application (please print or type). Complete a separate application for each type of qualified facility (including satellite facilities).
4. ATTACH all required documents. (Application is considered incomplete without documents.)
5. MAIL TO: **Pacific Gas and Electric Company**
   CARE Program
   PO Box 7979
   San Francisco, CA 94120-7979

DISCOUNT

The CARE Program provides a monthly discount on energy bills for facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates are available only to qualified facilities. The facility will receive the discount after the utility receives and approves the application.

ELIGIBILITY CRITERIA FOR ORGANIZATIONS

Each facility MUST meet ALL of the following criteria:

- Organization operating facility must be able to prove federal 501(c)(3) tax-exempt status.
- All Pacific Gas and Electric Company accounts must be in the name of the organization with IRS tax exemption.
- 70% of the energy supplied to each Pacific Gas and Electric Company account including common use areas must be used for residential purposes.
- 100% of the residents or clients occupying the facility at any given time must individually meet the current CARE income eligibility guidelines for a single-person household.
  Note: This excludes any employee operating or managing the facility who resides on the premise. Please see enclosed sheet for the current CARE income guidelines.
- Organizations are required to re-certify CARE eligibility by completing a new application, attaching all required documentation (updated as necessary) and a statement of how the discount was used in the previous year to directly benefit the residents.

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

ELIGIBLE FACILITIES

GROUP LIVING FACILITIES: Defined as transitional housing (such as drug rehabilitation or half-way houses), short- or long- term care facilities (such as hospice, nursing home, children's and seniors' homes), group homes for physically or mentally challenged persons, or other nonprofit group living facilities.

- Each facility must provide a special needs social service, such as meals or rehabilitation, in addition to lodging
- Also eligible are satellite facilities in the name of the licensed organization, where 70% of the energy supplied is for residential purposes, and where special-needs social services are provided. Applications for satellite facilities must be completed by the organization that holds the documentation showing the special-needs social services provided.
- **Supporting documentation required:**
  - ✓ Completed and signed application form (one form for each type of facility).
  - ✓ Provide current copy of federal 501(c)(3) tax exemption
  - ✓ Organizations must provide licensing of services by the appropriate agency such as the State Department of Social Services, Department of Drug and Alcohol Programs or Department of Health Services, or be able to show some other proof of services satisfactory to Pacific Gas and Electric Company.

HOMELESS SHELTERS, HOSPICES and WOMEN'S SHELTERS:

- Primary function of the facility must be to provide lodging
- Each facility must be open for operation with at least 6 beds for a minimum of 180 days and/or nights per year.
- Satellite facilities in the name of the licensed organization, where 70% of the energy supplied is for residential purposes, are also eligible. Applications for satellite facilities must be completed by the organization that holds the documentation required.
- **Supporting documentation required:**
  - ✓ Completed and signed application form (one form for each type of facility).
  - ✓ Provide current copy of federal 501(c)(3) tax exemption

FACILITIES NOT ELIGIBILE

- Non-Profit Facilities providing social services only.
- Group Living Facilities providing no other services than a place to live.
- Government-owned and/or –operated facilities.
- Government-subsidized facility providing lodging only.

ORGANIZATION'S RESPONSIBILITIES

The organization is required to:

- Provide proof of facility's eligibility (see Eligible Facilities) and submit required documentation with the application (see requirements on the application).
- Verify that all individuals residing in the facility meet the CARE income eligibility guidelines (see income guideline sheet) and make a certification to that effect, under the penalty of perjury, under the laws of the state of California.
- Maintain records of residents' income eligibility, which should come from federal tax return, payroll stubs or similar records acceptable to the utility. These records must be retained for three (3) years from the date of initial application and/or re-certification.
- Show how the previous year discount was used to directly benefit the residents at re-certification.
- Maintain accounting entries and supporting documentation of how the discount was used for the direct benefit of the residents. These records must be retained for three (3) years from the date of initial application and/or re-certification.
- Upon request from the utility, provide documentation of the residents' income eligibility and/or documentation of how the discount was used for the direct benefit of the residents.
- Provide all information requested by the utility. Failure to do so will result in denial or removal from the program. The applicant may be subject to rebilling for the period they were ineligible for the discount as determined by the utility.

Pacific Gas and Electric Company®

CARE Program Application for **Qualified Non-Profit Group Living Facilities**

62-0156
Rev. 06/01/09

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

Name on Utility Bill _____

Name of Facility _____
(if different than on bill)

Address _____ **City** _____ **Zip Code** _____

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

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

Phone (_____)_____

Fax (_____)_____

E-mail Address _____

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

Phone (_____)_____

Fax (_____)_____

E-mail Address _____

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

TYPE OF FACILITY
(please use a separate application for each TYPE of facility)

- ☐ Group Living Facility
- ☐ Homeless Shelter
- ☐ Hospice
- ☐ Women's Shelter

SERVICES PROVIDED (check all that apply)

- ☐ Lodging
- ☐ Counseling
- ☐ Meals
- ☐ Rehabilitation
- ☐ Training
- ☐ Other (Please Describe): _____

3 RE-CERTIFICATION *(please print or type)*

If re-certifying the facility's eligibility for continued CARE discounts, please provide an explanation of how last year's discount savings was used by your organization to benefit your clients:

_____

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

- Organization is Pacific Gas and Electric Company customer of record
- 100% of all residents of the facility and/or households meet CARE income guidelines.
- Documentation is available to substantiate the above.
- Each Pacific Gas and Electric Company account meets the 70% residential energy usage criteria.

By signing below, I certify under penalty of perjury that the information on this declaration is truthful and correct. Although this declaration is valid for one year, I will notify Pacific Gas and Electric Company of any changes that may affect eligibility for CARE. Pacific Gas and Electric Company reserves the right to request verification of records demonstrating eligibility at any time and may re-bill the Organization at the applicable rate if appropriate. I understand that the facility name and address may be shared with other energy utilities, if applicable.

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

Authorized Representative's Name _____ **Date** _____

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

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

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

Satellite Facility? ☐ **Yes** ☐ **No** **Number of days facility is occupied each year** _____

Common Use Area Account? ☐ **Yes** ☐ **No** **Total Number of residents** (excluding on-site manager) _____

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

Satellite Facility? ☐ **Yes** ☐ **No** **Number of days facility is occupied each year** _____

Common Use Area Account? ☐ **Yes** ☐ **No** **Total Number of residents** (excluding on-site manager) _____

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

Satellite Facility? ☐ **Yes** ☐ **No** **Number of days facility is occupied each year** _____

Common Use Area Account? ☐ **Yes** ☐ **No** **Total Number of residents** (excluding on-site manager) _____

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

Satellite Facility? ☐ **Yes** ☐ **No** **Number of days facility is occupied each year** _____

Common Use Area Account? ☐ **Yes** ☐ **No** **Total Number of residents** (excluding on-site manager) _____

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

Satellite Facility? ☐ **Yes** ☐ **No** **Number of days facility is occupied each year** _____

Common Use Area Account? ☐ **Yes** ☐ **No** **Total Number of residents** (excluding on-site manager) _____

Gas Sample Form No. 62-0672
California Alternate Rates for Energy Program Application for Tenants of Sub-Metered Facilities (English/Chinese)

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Tenants of Sub-Metered Residential Facilities**

62-0672
Rev. 06/01/09

ABOUT THE CARE/FERA PROGRAM

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

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

* Before taxes based on current income sources

Valid until May 31, 2010

PROGRAM GUIDELINES

- The energy bill from your landlord must be in your name.
- You must live at the address where the discount will be received.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- You may not share energy meter(s) with another home.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
- PG&E will notify you when it is time for you to reapply, if you still qualify.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **Energy Partners** - Free energy education and weatherization to income qualified customers. Call 1-800-989-9744 for more information.
- **LIHEAP** - Low Income Home Energy Assistance Program. Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline** - Provides services at the lowest rates to customers with documented needs. Call 1-800-PGE-5000 for more information.
- **ULTS** – Universal Lifeline Telephone Service provides discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local telephone service provider for more information.

Mail Completed Application to:

Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

Pacific Gas and Electric Company®

CARE/FERA 計劃申請表
分錶住宅設施住客

62-0672
Rev. 06/01/09

關於 CARE/FERA 計劃

- (CARE)計劃是為符合收入資格的家庭提供每月的能源帳單折扣。
- (FERA)是為有三人或更多成員並符合收入資格的家庭提供每月的電費帳單折扣。

家庭人數	年收入*	
	CARE	**FERA**
1-2	$30,500	不適用於此計劃
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
每增加一人，增加	$7,400	$7,400 - $9,200

* 根據當前稅前收入的來源　　有效期至 2010 年 5 月 31 日

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。
- 申請者必須居住在將收到折扣的住址。
- 除了配偶，申請人不可以在另一個人的報稅表中被稱為受贍養者。
- 申請者的居所不可與另一居所共同用一個碼錶。
- 申請者家庭不應該超過本申請表格中所描述收入的標準。
- 申請者家庭若不再符合 CARE/FERA 計劃的資格要求，必須知會太平洋煤電公司。
- PG&E 將會通知您重新申請 CARE/FERA 計劃, 到時如果您仍然合格。

您可能符合其他計劃和免費服務

- **能源伙伴 Energy Partners** - 為符合收入資格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。
- **LIHEAP** - 低收入家居能源輔助計劃，為符合收入資格的客戶提供付帳輔助、突發情況付帳輔助和家居防寒保暖 措施。詳情請電 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。詳情請電 1-800-743-5000。
- **生機一線電話服務 ULTS** - 提供電話折扣服務須符合 CARE 收入標準。欲知詳情，請聯絡您當地的熱線電話服 務公司。

申請表請寄至:
Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 有言語或聆聽障礙者, 星期一至五 9:00 a.m. - 11:00 p.m.

California Relay 1-800-735-2929 如果您未能轉接 TDD 專線

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Tenants of Sub-Metered Residential Facilities**

62-0672
Rev. 06/01/09

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

Mobile Home Park/Other Sub-Metered Facilities Name

Mobile Home Park/Other Sub-Metered Facilities Address **City** **Zip Code**

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

Manager or Landlord Name **( ) Telephone Number**

Manager or Landlord Mailing Address **City** **Zip Code**

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

2 TENANT INFORMATION: *(please print clearly)*

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

Home Address *(Do NOT use a P.O. Box)* **Unit #** **City** **Zip Code**

Mailing Address *(If different from the above address)* **Unit #** **City** **Zip Code**

Number of Persons in Household: Adults_____ + **Children (under 18)**_____ = _____

3A PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

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

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

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

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

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

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

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

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

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

X _____

Signature ○ fill in circle if guardian or power of attorney ***Date***

For Internal Use Only

Pacific Gas and Electric Company®

CARE/FERA 計劃申請表
分錶住宅設施住客

62-0672
Rev. 06/01/09

1 經理/分錶住宅設施資料: (請用正楷填寫)

活動房屋/其它分錶住宅設施名字

活動房屋/其它分錶住宅設施住址 **城市** **郵政區號**

帳戶號碼: 電力 ☐☐☐☐☐☐☐☐☐☐-☐ 煤氣 ☐☐☐☐☐☐☐☐☐☐-☐

經理或業主姓名 ( ) **電話號碼**

經理或業主郵寄住址 **城市** **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) ( ) **電話號碼**

家庭住址 (不要使用郵箱號碼) **單位** **城市** **郵政區號**

郵寄住址 (如果跟以上地址不同的話) **單位** **城市** **郵政區號**

家庭人數: 成人總數 _____ **+ 孩童總數(十八歲以下)** _____ = _____

3A 合資格的公共資助計劃:

請勾選全部您有所參與，然後請填寫第 4 部份。

- ☐ Medicaid/Medi-Cal (65 歲以下)
- ☐ Medicaid/Medi-Cal (65 歲和 65 歲以上)
- ☐ SSI
- ☐ 糧食券/SNAP
- ☐ 低收入家庭能源協助計劃
- ☐ 婦女,嬰兒和兒童營養輔助計劃
- ☐ 健康家庭低費兒童醫藥健保計劃類別 A 及 B
- ☐ 貧困家庭臨時現金資助計劃或 Tribal TANF
- ☐ NSL 免費午餐計劃
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

如果您沒有參與以上的計劃，請填寫第 3B 部份。

3B 合資格的家庭總收入: (請略過如果您已填寫 3A 部份)

請勾選您家庭收入的全部來源。您是否合資格申請 CARE 或 FERA 計劃, 將根據您的家庭總人數和總收入而定。

- ☐ 退休金
- ☐ 社會福利安全金
- ☐ SSP、SSDI
- ☐ 利息/或股息，來源于: 儲蓄戶口、股票或債券，或退休帳戶
- ☐ 工資和/或自僱者的總收入
- ☐ 租金或版權收入
- ☐ 失業福利
- ☐ 傷病補助金或勞工賠償
- ☐ 學校助學金、獎學金或其他生活開支補助
- ☐ 保險或法律訴訟所得款
- ☐ 給配偶或孩童的資助
- ☐ 現金和/或其他收入

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。

X _____

簽名 O 如果是監護人或代理人的話，請勾上記號 日期

For Internal Use Only

Gas Sample Form No. 62-0673
California Alternate Rates for Energy Program Application for Tenants of Sub-Metered Facilities (English/Vietnamese)

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Tenants of Sub-Metered Residential Facilities**

62-0673
Rev. 06/01/09

ABOUT THE CARE/FERA PROGRAM

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

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

* Before taxes based on current income sources

Valid until May 31, 2010

PROGRAM GUIDELINES

- The energy bill from your landlord must be in your name.
- You must live at the address where the discount will be received.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- You may not share energy meter(s) with another home.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
- PG&E will notify you when it is time for you to reapply, if you still qualify.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **Energy Partners** - Free energy education and weatherization to income qualified customers. Call 1-800-989-9744 for more information.
- **LIHEAP** - Low Income Home Energy Assistance Program. Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline** - Provides services at the lowest rates to customers with documented needs. Call 1-800-PGE-5000 for more information.
- **ULTS** – Universal Lifeline Telephone Service provides discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local telephone service provider for more information.

Mail Completed Application to:

Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

Pacific Gas and Electric Company®

Đơn Ghi Danh vào Chương Trình CARE/FERA cho
Người Mướn Nhà có Đồng Hồ Điện Ga Phụ

62-0673
Rev. 06/01/09

CHƯƠNG TRÌNH CARE/FERA

- **Chương trình CARE** giảm giá hàng tháng trên hóa đơn năng lượng cho những gia đình hội đủ tiêu chuẩn về lợi tức.
- **Chương trình FERA** giảm giá hàng tháng trên hóa đơn điện cho những gia đình hội đủ tiêu chuẩn về lợi tức có từ ba người trở lên.

Số Người trong Gia Đình	Lợi Tức Hàng Năm*	
	CARE	**FERA**
1-2	$30,500	Không đủ tiêu chuẩn
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
Mỗi người thêm sau đó	$7,400	$7,400 - $9,200

* Trước khi trừ thuế dựa theo các nguồn lợi tức hiện có

Có hiệu lực đến ngày 31 tháng Năm, 2010

NHỮNG CHỈ DẪN CỦA CHƯƠNG TRÌNH

- Hóa đơn năng lượng từ chủ nhà của quý vị phải có tên của quý vị.
- Quý vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá.
- Quý vị không được một người khác khai là người phụ thuộc trên mẫu thuế ngoại trừ người phối ngẫu.
- Quý vị không được dùng chung (các) đồng hồ đo năng lượng với một ngôi nhà khác.
- Lợi tức của gia đình quý vị phải đáp ứng với mức lợi tức qui định của chương trình được ghi trong đơn này.
- Quý vị phải thông báo cho PG&E nếu gia đình quý vị không còn hội đủ điều kiện để được nhận giảm giá CARE/FERA.
- PG&E sẽ báo cho quý vị biết khi nào quý vị cần phải nộp đơn lại, nếu quý vị vẫn còn hội đủ điều kiện.

NHỮNG CHƯƠNG TRÌNH VÀ DỊCH VỤ MIỄN PHÍ KHÁC MÀ QUÝ VỊ CÓ THỂ HỘI ĐỦ ĐIỀU KIỆN

- **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.
- **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, và 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-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 chương trình CARE. Xin liên lạc hãng điện thoại "local" của quý vị để biết thêm chi tiết.

Gởi đơn đã điền về: Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712
dành cho người khiếm thanh/khiếm thính, Thứ Hai - Thứ Sáu 9:00 giờ sáng – 11:00 giờ tối

California Relay 1-800-735-2929 nếu quý vị không thể sử dụng đường dây TDD

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Tenants of Sub-Metered Residential Facilities**

62-0673
Rev. 06/01/09

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

Mobile Home Park/Other Sub-Metered Facilities Name

Mobile Home Park/Other Sub-Metered Facilities Address **City** **Zip Code**

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

Manager or Landlord Name **( ) Telephone Number**

Manager or Landlord Mailing Address **City** **Zip Code**

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

2 TENANT INFORMATION: *(please print clearly)*

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

Home Address *(Do NOT use a P.O. Box)* **Unit #** **City** **Zip Code**

Mailing Address *(If different from the above address)* **Unit #** **City** **Zip Code**

Number of Persons in Household: Adults_____ **+ Children (under 18)**_____ **=** _____

3A PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

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

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

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

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

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

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

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

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

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

For Internal Use Only

X _____

Signature ○ fill in circle if guardian or power of attorney ***Date***

Pacific Gas and Electric Company®

Đơn Ghi Danh vào Chương Trình CARE/FERA cho
Người Mướn Nhà có Đồng Hồ Điện Ga Phụ

62-0673
Rev. 06/01/09

1 CHI TIẾT VỀ QUẢN LÝ / KHU NHÀ VỚI ĐỒNG HỒ PHỤ: (xin viết rõ ràng)

Tên của Khu Nhà Lưu Động/ Những Khu Nhà Khác với Đồng Hồ Phụ

Địa Chỉ của Khu Nhà Lưu Động/ Những Khu Nhà Khác với Đồng Hồ Phụ **Thành Phố** **Bưu Chánh**

Số Hồ Sơ PG&E: **Điện** ☐☐☐☐☐☐☐☐☐☐-☐ **Ga** ☐☐☐☐☐☐☐☐☐☐-☐

Tên của Quản Lý hay Chủ Nhà **Số Điện Thoại** (_____)_____

Địa Chỉ Liên Lạc Bằng Thư của Quản Lý hay Chủ Nhà **Thành Phố** **Bưu Chánh**

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

2 CHI TIẾT VỀ NGƯỜI MƯỚN NHÀ: (xin viết rõ ràng)

Tên (Viết Y như trên hóa đơn Điện Ga) **Số Điện Thoại** (_____)_____

Địa Chỉ Nhà (ĐỪNG dùng số hộp thư (P.O Box)) **Số Phòng** **Thành Phố** **Bưu Chánh**

Địa Chỉ Liên Lạc Bằng Thư (Nếu khác với địa chỉ ở trên) **Số Phòng** **Thành Phố** **Bưu Chánh**

Số Người Trong Gia Đình: Người Lớn _____+ Trẻ Em (dưới 18 tuổi)_____ = _____

3A HỘI ĐỦ ĐIỀU KIỆN VỀ CHƯƠNG TRÌNH TRỢ GIÚP CÔNG CỘNG:

ĐÁNH DẤU vào tất cả các chương trình quý vị đang tham gia, sau đó điền phần 3.

- ☐ Medicaid/Medi-Cal (dưới 65 tuổi)
- ☐ Medicaid/Medi-Cal (65 và qua 65 tuổi)
- ☐ SSI
- ☐ Tiền Phiếu Thực Phẩm/SNAP
- ☐ LIHEAP
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ TANF hay Tribal TANF
- ☐ NSL FREE Lunch Program
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

Nếu quý vị không tham gia bất cứ chương trình nào kể trên, xin điền phần 2B

3B HỘI ĐỦ ĐIỀU KIỆN VỀ LỢI TỨC GIA ĐÌNH: (không cần điền nếu đã điền phần 3a)

ĐÁNH DẤU vào tất cả các nguồn lợi tức của gia đình quý vị. Dựa vào số người trong gia đình và lợi tức, quý vị sẽ được ghi danh vào chương trình CARE hoặc FERA.

- ☐ Tiền Hưu Bổng
- ☐ Tiền Trợ Cấp An Sinh Xã Hội
- ☐ SSP, SSDI
- ☐ Tiền Lời/Cổ Tức từ: Trương Mục Tiết Kiệm, Chứng Khoán,Trái Phiếu, hay Trương Mục Hưu Trí
- ☐ Tiền Lương và/hay Lợi Tức từ Tư Doanh
- ☐ Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- ☐ Tiền Thất Nghiệp
- ☐ Tiền cho Người Có Khuyết Tật hay Tiền Bồi Thường Tai Nạn Lao Động
- ☐ Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày
- ☐ Tiền Bảo Hiểm Bồi Thường hay Tiền Bồi Thường Thua Kiện
- ☐ Tiền Cấp Dưỡng Vợ/Chồng hay Con Cái
- ☐ Tiền Mặt và/hay Lợi Tức Khác

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 đơn này là thật và chính xác. Tôi đồng ý cung cấp chứng minh lợi tức nếu được yêu cầu. Tôi đồng ý thông báo cho Pacific Gas and Electric Company 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 số tiền tôi đã được giảm. Tôi hiểu rằng Pacific Gas and Electric Company có thể chia xẻ thông tin của tôi với những cơ quan tiện ích khác hay đại diện của họ để ghi danh tôi vào những chương trình trợ giúp của họ.

For Internal Use Only

X _____

Chữ ký ○ Đánh dấu vào nếu là người giám hộ hay người được ủy quyền **Ngày**

Gas Sample Form No. 62-0919
California Alternate Rates for Energy Program Residential Single-Family Customers
Pre-Printed Application

Please Refer to Attached
Sample Form

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Residential Single-Family Customers**

62-0919
Rev. 06/01/09

1 CUSTOMER INFORMATION:

Telephone Number: (_____)_____

Number of Persons in Household:

☐☐ **Adults**

☐☐ **+ Children (under 18)**

☐☐ **= Total**

2A PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then **GO TO** section 3.

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

If you do not participate in any of the above programs, **GO TO** section 2B

2B HOUSEHOLD INCOME ELIGIBILITY: (skip if you filled out section 2A)

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

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

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

* Before taxes based on current income sources

Valid until May 31, 2010

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

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

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

X _____

Signature ○ fill in circle if guardian or power of attorney ***Date***

Pacific Gas and Electric Company®

Solicitud del Programa CARE/FERA para **Clientes Residenciales de Familias Individuales**

62-0919
Rev. 06/01/09

1 INFORMACION DEL CLIENTE: *(por favor escriba a máquina o con letras de imprenta)*

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

										-	

Nombre *(Como aparece en la factura)* **(____) Número telefónico**

Dirección del Hogar *(No use P.O. Box)* **Apartamento #** **Ciudad** **Código Postal**

Dirección Postal, si tiene **Apartamento #** **Ciudad** **Código Postal**
(Llene sólo si su dirección postal es diferente a la que aparece arriba)

Número de Personas en el hogar: Adultos _____ + Niños (menores de 18) _____ = _____

2A ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PUBLICA:

MARQUE todos los programas que pertenece y **PASE** a la sección 3.

- ☐ Medicaid/Medi-Cal (menor de 65 años)
- ☐ Medicaid/Medi-Cal (65 años o más)
- ☐ SSI
- ☐ Estampillas de Alimentos/SNAP
- ☐ LIHEAP
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ TANF o Tribal TANF
- ☐ NSL FREE Lunch Program
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Sólo Tribus Indígenas)

Si no está inscrito en ninguno de los programas arriba indicados, **PASE** a la sección 2B

2B FUENTES DE INGRESOS DEL HOGAR:

MARQUE todas las fuentes de ingreso de la familia. Se le inscribirá en el programa de CARE o en el programa de FERA dependiendo de cuantas personas vivan en el hogar y el monto de sus ingresos salariales.

- ☐ Pagos de Pensiones
- ☐ Pagos del Seguro Social
- ☐ SSP, SSDI
- ☐ Intereses/Dividendos de: Cuentas de Ahorros, Acciones, Bonos, o Cuentas de Jubilación
- ☐ Sueldos y/o Ganancias de su Propio Negocio
- ☐ Ingresos Provenientes de Rentas o Regalías
- ☐ Beneficios por Desempleo
- ☐ Pagos por Incapacidad o Compensación al Trabajador
- ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- ☐ Pagos por Reclamaciones al Seguro o Legales
- ☐ Pagos por Pensión Alimenticia a Hijos/Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

Número de Personas en el Hogar	Ingreso Anual*	
	CARE	**FERA**
1-2	$30,500	No Aplica
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
Por cada persona adicional,agregue:	$7,400	$7,400 - $9,200

* Antes de los impuestos basado en las fuentes de su ingreso actual

Válido hasta el 31 de Mayo, 2010

Ingreso Bruto Anual del Hogar: **$** _____,_____

3 DECLARACION: *(Por favor lea 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 si 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 inscribirme en sus programas de ayuda.

X_____

Firma del Cliente ○ Marque aquí si es tutor o tiene carta de poder ***Fecha***

Gas Sample Form No. 62-0939
California Alternate Rates for Energy Program Residential Single-Family Customers
Pre-Printed Application Instruction

Please Refer to Attached
Sample Form

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Residential Single-Family Customers**

62-0939
Rev. 06/01/09

ABOUT THE CARE/FERA PROGRAM

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

PROGRAM GUIDELINES

- The PG&E bill must be in your name.
- You must live at the address where the discount will be received.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- You may not share energy meter(s) with another home.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
- PG&E will notify you when it is time for you to reapply, if you still qualify.
- Tenants of sub-metered mobile home parks, apartments and marinas must use the "CARE/FERA Program Application for Tenants of Sub-Metered Facilities". (See Landlord / Manager for form 01-9285)

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **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.
- **Bill Guaranty** – A deposit alternative enables customers to secure their account by having another qualifying PG&E customer sign on their behalf. 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.
- **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.
- **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.
- **ULTS** – Universal Lifeline Telephone Service provides discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local telephone service provider for more information.

Mail Completed Application to:

Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

Pacific Gas and Electric Company®

Solicitud del Programa CARE/FERA para **Clientes Residenciales de Familias Individuales**

62-0939
Rev. 06/01/09

INFORMACION SOBRE EL PROGRAMA DE DESCUENTO DE CARE/FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento en la cuenta mensual de energía a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** proporciona ahorros en la cuenta eléctrica de hogares grandes, de tres o más personas, de ingresos bajos y medianos.

REQUISITOS DEL PROGRAMA

- La cuenta de PG&E debe estar a su nombre.
- Debe vivir en la dirección donde se recibirá el descuento.
- El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo(a).
- El solicitante no debe compartir el(los) medidor(es) de energía con otro hogar.
- Los ingresos anuales del hogar no deben exceder de los requisitos de ingresos descritos en esta solicitud.
- Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
- PG&E le informará cuando debe volver a re-inscribirse, si es que todavía califica para el programa.
- Los inquilinos con medidores “Sub-Metered” que pertenecen a parques de casas móviles, apartamentos o muelles para botes, deben llenar otro formulario llamado “Solicitud del Programa CARE/FERA para Inquilinos de Instalaciones Residenciales Sub-Metered”. (Visite al propietario/administrador del Mobile Home Park para obtener el formulario 01-9285).

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRIA CALIFICAR

- **Plan de Pagos Balanceados** – Comuníquese con Pacific Gas and Electric Company para saber como puede uniformar sus pagos, de modo que pueda hacer un presupuesto para el pago de sus cuentas de electricidad y gas. Llame al 1-800-743-5000 para más información.
- **Depósito de Garantía para Abrir Una Cuenta en PG&E** – Una alternativa de depósito que permite a los clientes asegurar su cuenta al designar a otro cliente que reúne los requisitos de PG&E para que firme en su nombre. Llame al 1-800-743-5000 para más información.
- **Socios en la Energía –** Ofrece consejos y servicios gratuitos sobre ahorros de energía a los clientes que reúnan los requisitos. Llame al 1-800-989-9744 para más información.
- **LIHEAP** – Programa de Ayuda para el Pago de Energía para los Hogares de Bajos Ingresos (LIHEAP). Este es un programa que brinda ayuda o asistencia de emergencia con el pago de sus cuentas, y brinda servicios gratuitos para el ahorro de energía, a los clientes que reúnan los requisitos. Para más información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de tarifas más bajas, a los clientes que estén en condiciones médicas comprobadas. Llame al 1-800-743-5000 para más información.
- **REACH** – Póngase en contacto con el Salvation Army para recibir ayuda, por una sola vez, para el pago de sus cuentas de electricidad y gas. Llámelos al 1-800-933-9677.
- **ULTS** – La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio, a aquellos clientes que reúnan requisitos similares a los del Programa CARE. Llame a su compañía local de teléfonos para más información.

Envìe la aplicación completa a:
Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 para los sordomudos, de lunes a viernes 9:00 a.m. hasta las 11:00 p.m.

California Relay 1-800-735-2929 si no puede usar la línea TDD

Gas Sample Form No. 62-0940
California Alternate Rates for Energy Program Residential Single-Family Customers
Recertification Instruction

Please Refer to Attached
Sample Form

Pacific Gas and Electric Company®

www.pge.com/care

CARE Program Re-Certification Instruction

Residential Single-Family Customers

CARE Program

Mail Completed Application to: P.O. Box 7979, San Francisco, CA 94120-7979 **62-0940**

For Questions Call: 1-866-PGE-CARE (743-2273) *Fax:* 415-973-6419 *Rev. 06/01/09*

CARE PROGRAM RE-CERTIFICATION INSTRUCTIONS

Dear Customer:

You have been receiving a monthly discount on your Pacific Gas and Electric Company bills as a result of your participation in the CARE (California Alternate Rates for Energy) Program.

To continue receiving your monthly discount you need to reapply for the CARE Program if you still qualify. It is free, easy and confidential.

Enclosed is a CARE Re-Certification application with the most recent CARE income guidelines. If your household income still meets the current guidelines for the program, please complete the form, and return it to PG&E in the postage paid envelope provided.

Thank you for the opportunity to continue serving you.

CARE Program

INCOME GUIDELINES • REQUISITOS DE INGRESOS					
Number of Persons in Household Número de Personas en el Hogar	1-2	3	4	5	6
Annual Income* Ingresos Anuales*	$30,500	$35,800	$43,200	$50,600	$58,000
Add **$7,400** for each additional person • Agregue **$7,400** anual por cada personal adicional en el hogar.					

* Before taxes based on current income sources
Valid until May 31, 2010

* Antes de los impuestos basado en las fuentes de su ingreso actual
Válido hasta el 31 de Mayo, 2010

INSTRUCCIONES PARA RE-INSCRIBIRSE EN EL PROGRAMA DE CARE

Estimado(a) cliente:

Usted ha estado recibiendo un descuento en su factura de Pacific Gas and Electric Company porque sus ingresos calificaron para el Programa de California Alternate Rates for Energy (CARE).

Si desea continuar recibiendo dicho descuento, usted debe de re-inscribirse a este programa si es que todavía califica para el mismo. La re-inscripción es gratis, fácil y confidencial.

Adjunto encontrará un formulario de Re-inscripción CARE, así como una tabla con los requisitos de ingresos más recientes del programa CARE. Si el ingreso total de su hogar (incluyendo los ingresos de todas las personas que trabajan en su hogar) aún se encuentra dentro de los límites especificados en el programa, por favor llene y firme el formulario y envìela a PG&E en el sobre con franqueo pre-pagado que hemos adjuntado en esta carta.

Le agradecemos que nos haya dado la oportunidad de continuar sirviéndole.

Programa CARE

Pacific Gas and Electric Company®

www.pge.com/care

CARE Program Re-Certification Instruction

Residential Single-Family Customers

CARE Program

Mail Completed Application to: P.O. Box 7979, San Francisco, CA 94120-7979 **62-0940**

For Questions Call: 1-866-PGE-CARE (743-2273) *Fax:* 415-973-6419 *Rev. 06/01/09*

MẪU CHỈ DẪN TÁI CHỨNG NHẬN CHO CHƯƠNG TRÌNH CARE

Thân gởi khách hàng:

Quý vị đang được nhận giá giảm hàng tháng trên hóa đơn PG&E vì đã tham gia vào chương trình CARE.

Để tiếp tục được giảm giá hàng tháng, quý vị cần phải nộp đơn xin lại chương trình CARE nếu quý vị vẫn còn hội đủ điều kiện. Việc nộp đơn hoàn toàn miễn phí, dễ dàng và kín đáo.

Kèm theo đây là Mẫu Tái Chứng Nhận cho Chương Trình CARE với bản chỉ dẫn mới nhất về lợi tức cho chương trình. Nếu lợi tức trong gia đình của quý vị vẫn không vượt qua bản chỉ dẫn lợi tức hiện hành cho chương trình, xin điền mẫu đơn, và gởi trả lại cho PG&E trong bao thư đã dán sẵn tem đính kèm.

Xin cám ơn quý vị.

Chương trình CARE

BẢN CHỈ DẪN VỀ LỢI TỨC • 收入標準					
Số Người Trong Gia Đình 家庭人數	1-2	3	4	5	6
Lợi Tức Hàng Năm* 年收入*	$30,500	$35,800	$43,200	$50,600	$58,000
Cộng **$7,400** cho mỗi người thêm sau đó • 每增加一人，增加 **$7,400**					

* Trước khi trừ thuế dựa theo các nguồn lợi tức hiện có
Có hiệu lực đến ngày 31 tháng Năm, 2010

*根據當前稅前收入的來源
有效期至 2010 年 5 月 31 日

CARE 計劃再驗證指示

親愛的客戶：

因為您參加(CARE)計劃，所以在您的太平洋煤電公司帳單上一直收到每月的折扣.

為了您能夠繼續收到每月的折扣，您需要重新申請 CARE 計劃如果您仍然合格。申請是免費，簡單和保密。

這是 CARE 計劃的再驗證表格以及最新的 CARE 收入標準。如果您的家庭收入還是符合此計劃的最新標準，請在表格上簽名，並放入預先付費的信封中，寄回給太平洋煤電公司。

感謝您讓我們有機會能夠繼續為您服務。

CARE 計劃

Gas Sample Form No. 62-0972
California Alternate Rates for Energy Program Application for Residential Single-Family Customers (English/Chinese)

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Residential Single-Family Customers**

62-0972
Rev. 06/01/09

ABOUT THE CARE/FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a monthly discount on energy bills for income qualified households.
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PROGRAM GUIDELINES

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- You may not share energy meter(s) with another home.
- Your household must meet the program income guidelines described in this application.
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- PG&E will notify you when it is time for you to reapply, if you still qualify.
- Tenants of sub-metered mobile home parks, apartments and marinas must use the "CARE/FERA Program Application for Tenants of Sub-Metered Facilities". (See Landlord / Manager for form 01-9285)

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **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.
- **Bill Guaranty** – A deposit alternative enables customers to secure their account by having another qualifying PG&E customer sign on their behalf. 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.
- **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.
- **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.
- **ULTS** – Universal Lifeline Telephone Service provides discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local telephone service provider for more information.

Mail Completed Application to:

Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

Pacific Gas and Electric Company®

CARE/FERA計劃申請表
單戶住宅家庭用戶

62-0972
Rev. 06/01/09

關於CARE/FERA 計劃

- (CARE)計劃是為符合收入資格的家庭提供每月的能源帳單折扣。
- (FERA)是為有三人或更多成員並符合收入資格的家庭提供每月的電費帳單折扣。

計劃規定

- 申請者必須是PG&E帳單上的註冊客戶。
- 申請者必須居住在將收到折扣的住址。
- 除了配偶，申請人不可以在另一個人的報稅表中被稱為受贍養者。
- 申請者的居所不可與另一居所共同用一個碼錶。
- 申請者家庭不應該超過本申請表格中所描述收入的標準。
- 申請者家庭若不再符合CARE/FERA計劃的資格要求，必須知會太平洋煤電公司。
- PG&E將會通知您重新申請CARE/FERA計劃, 到時如果您仍然合格。
- 使用分錶的流動住家、公寓和摩托艇碼頭之住客，必須使用「CARE/FERA計劃分錶設施住客申請表」。（請找業主/經理索取 62-0672 表格）

您可能符合其他計劃和免費服務

- **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。
- **帳單保證-**可由已有資格的PG&E客戶代需繳付押金的客戶開戶,可免押金。詳情請電1-800-743-5000
- **能源伙伴 Energy Partners** - 為符合收入資格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。
- **LIHEAP** - 低收入家居能源輔助計劃，為符合收入資格的客戶提供付帳輔助、突發情況付帳輔助和家居防寒保暖措施。詳情請電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。詳情請電1-800-743-5000。
- **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。
- **生機一線電話服務 ULTS** – 提供電話折扣服務須符合CARE收入標準。欲知詳情，請聯絡您當地的熱線電話服 務公司。

申請表請寄至:

Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 有言語或聆聽障礙者, 星期一至五 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 如果您未能轉接TDD專線

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Residential Single-Family Customers**

62-0972
Rev. 06/01/09

1 CUSTOMER INFORMATION: *(please print clearly)*

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

										-	

Name _____ **Telephone Number** (____)_____

Home Address *(Do NOT use a P.O. Box)* **Apartment #** **City** **Zip Code**

Mailing Address *(If different from the above address)* **Apartment #** **City** **Zip Code**

Number of Persons in Household: Adults_____ + **Children (under 18)**_____ = _____

2A PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then **GO TO** section 3.

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

If you do not participate in any of the above programs, **GO TO** section 2B

2B HOUSEHOLD INCOME ELIGIBILITY: (skip if you filled out section 2A)

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

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

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

* Before taxes based on current income sources

Valid until May 31, 2010

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

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

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

For Internal Use Only

X _____

Signature ○ fill in circle if guardian or power of attorney ***Date***

Pacific Gas and Electric Company®

CARE/FERA計劃申請表
單戶住宅家庭用戶

62-0972
Rev. 06/01/09

1 客戶資料：(請用正楷填寫)

帳戶號碼:
(帳號位於帳單的第一頁)

										-	

姓名 _____ **電話號碼** (____)_____

家庭住址 (不要使用郵箱號碼) **單位** **城市** **郵政區號**

郵寄住址 (如果跟以上地址不同的話) **單位** **城市** **郵政區號**

家庭人數: 成人總數 _____ **+ 孩童總數(十八歲以下)** _____ = _____

2A 合資格的公共資助計劃:

請勾選全部您有所參與，然後請填寫第3部份。

- ☐ Medicaid/Medi-Cal (65歲以下)
- ☐ Medicaid/Medi-Cal (65歲和65歲以上)
- ☐ SSI
- ☐ 糧食券/SNAP
- ☐ 低收入家庭能源協助計劃
- ☐ 婦女,嬰兒和兒童營養輔助計劃
- ☐ 健康家庭低費兒童醫藥健保計劃類別A 及 B
- ☐ 貧困家庭臨時現金資助計劃或Tribal TANF
- ☐ NSL免費午餐計劃
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

如果您沒有參與以上的計劃，請填寫第2B部份。

2B 合資格的家庭總收入: (請略過如果您已填寫2A部份)

請勾選您家庭收入的全部來源。您是否合資格申請CARE或FERA計劃, 將根據您的家庭總人數和總收入而定。

- ☐ 退休金
- ☐ 社會福利安全金
- ☐ SSP、SSDI
- ☐ 利息/或股息，來源于:
  儲蓄戶口、股票或債券，或退休帳戶
- ☐ 工資和/或自僱者的總收入
- ☐ 租金或版權收入
- ☐ 失業福利
- ☐ 傷病補助金或勞工賠償
- ☐ 學校助學金、獎學金或其他生活開支補助
- ☐ 保險或法律訴訟所得款
- ☐ 給配偶或孩童的資助
- ☐ 現金和/或其他收入

家庭人數	年收入*	
	CARE	**FERA**
1-2	$30,500	不適用於此計劃
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
每增加一人，增加	$7,400	$7,400 - $9,200

* 根據當前稅前收入的來源

有效期至2010年5月31日

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。

X _____

簽名 ○ 如果是監護人或代理人的話，請勾上記號 日期

For Internal Use Only

Gas Sample Form No. 62-0973
California Alternate Rates for Energy Program Application for Residential Single-Family Customers (English/Vietnamese)

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Residential Single-Family Customers**

62-0973
Rev. 06/01/09

ABOUT THE CARE/FERA PROGRAM

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

PROGRAM GUIDELINES

- The PG&E bill must be in your name.
- You must live at the address where the discount will be received.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- You may not share energy meter(s) with another home.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
- PG&E will notify you when it is time for you to reapply, if you still qualify.
- Tenants of sub-metered mobile home parks, apartments and marinas must use the "CARE/FERA Program Application for Tenants of Sub-Metered Facilities". (See Landlord / Manager for form 01-9285)

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **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.
- **Bill Guaranty** – A deposit alternative enables customers to secure their account by having another qualifying PG&E customer sign on their behalf. 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.
- **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.
- **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.
- **ULTS** – Universal Lifeline Telephone Service provides discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local telephone service provider for more information.

Mail Completed Application to:

Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

Pacific Gas and Electric Company®

Đơn Ghi Danh vào Chương Trình CARE/FERA cho
Khách Hàng Ở Nhà Riêng

62-0973
Rev. 06/01/09

CHƯƠNG TRÌNH CARE/FERA

- **Chương trình CARE** giảm giá hàng tháng trên hóa đơn năng lượng cho những gia đình hội đủ tiêu chuẩn về lợi tức.
- **Chương trình FERA** giảm giá hàng tháng trên hóa đơn điện cho những gia đình hội đủ tiêu chuẩn về lợi tức có từ ba người trở lên.

NHỮNG CHỈ DẪN CỦA CHƯƠNG TRÌNH

- Quý vị phải là người đứng tên trên hóa đơn PG&E.
- Quý vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá.
- Quý vị không được một người khác khai là người phụ thuộc trên mẫu thuế ngoại trừ người phối ngẫu.
- Quý vị không được dùng chung (các) đồng hồ đo năng lượng với một ngôi nhà khác.
- Lợi tức của gia đình quý vị phải đáp ứng với mức lợi tức qui định của chương trình được ghi trong đơn này.
- Quý vị phải thông báo cho PG&E nếu gia đình quý vị không còn hội đủ điều kiện để được nhận giảm giá CARE/FERA.
- PG&E sẽ báo cho quý vị biết khi nào quý vị cần phải nộp đơn lại, nếu quý vị vẫn còn hội đủ điều kiện.
- Những người sống trong khu nhà lưu động, chung cư và nhà nổi có đồng hồ phụ phải dùng mẫu “Đơn Ghi Danh vào Chương Trình CARE/FERA cho Người Mướn Nhà có Đồng Hồ Điện Ga Phụ”. (Xin hỏi chủ nhà/quản lý lấy mẫu 62-0673)

NHỮNG CHƯƠNG TRÌNH VÀ DỊCH VỤ MIỄN PHÍ KHÁC MÀ QUÝ VỊ CÓ THỂ HỘI ĐỦ ĐIỀU KIỆN

- **Balanced Payment Plan** – Xin liên lạc Pacific Gas and Electric Company để biết cách trả cùng một khoản tiền điện ga mỗi tháng hầu giúp quý vị định được chi phí năng lượng của mình. Xin gọi số 1-800-PGE-5000 để biết thêm chi tiết.
- **Bill Guaranty** – Chương Trình Bảo Đảm Hoá Đơn là một loại đặt cọc khác giúp khách hàng bảo đảm trương mục của mình bằng cách nhờ một khách hàng PG&E đủ tiêu chuẩn khác ký bảo đảm dùm. 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.
- **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, và 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-PGE-5000 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 ở số 1-800-933-9677 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 chương trình CARE. Xin liên lạc hãng điện thoại “local” của quý vị để biết thêm chi tiết.

Gởi đơn đã điền về:
Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 dành cho người khiếm thanh/khiếm thính, Thứ Hai - Thứ Sáu 9:00 giờ sáng – 11:00 giờ tối

California Relay 1-800-735-2929 nếu quý vị không thể sử dụng đường dây TDD

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Residential Single-Family Customers**

62-0973
Rev. 06/01/09

1 CUSTOMER INFORMATION: *(please print clearly)*

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

										-	

Name _____ **Telephone Number** (____)_____

Home Address *(Do NOT use a P.O. Box)* **Apartment #** **City** **Zip Code**

Mailing Address *(If different from the above address)* **Apartment #** **City** **Zip Code**

Number of Persons in Household: Adults_____ + **Children (under 18)**_____ = _____

2A PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then **GO TO** section 3.

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

If you do not participate in any of the above programs, **GO TO** section 2B

2B HOUSEHOLD INCOME ELIGIBILITY: (skip if you filled out section 2A)

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

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

Number of Persons in Household	Annual Income*	
	CARE	**FERA**
1-2	$30,500	Not Eligible
3	$35,800	$35,801 - $44,800
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5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
For each additional person, add:	$7,400	$7,400 - $9,200

* Before taxes based on current income sources

Valid until May 31, 2010

Total Annual Household Income: $,

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

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

For Internal Use Only

X _____

Signature ○ fill in circle if guardian or power of attorney ***Date***

Pacific Gas and Electric Company®

Đơn Ghi Danh vào Chương Trình CARE/FERA cho
Khách Hàng Ở Nhà Riêng

62-0973
Rev. 06/01/09

1 CHI TIẾT VỀ KHÁCH HÀNG: (xin viết rõ ràng)

Số Trương Mục
(Ở trang đầu tiên của hóa đơn PG&E)

										-	

Tên (Viết Y như trên hóa đơn Điện Ga) _____ **Số Điện Thoại** (____)_____

Địa Chỉ Nhà (ĐỪNG dùng số hộp thư (P.O Box)) **Số Phòng** **Thành Phố** **Bưu Chánh**

Địa Chỉ Liên Lạc Bằng Thư (Nếu khác với địa chỉ ở trên) **Số Phòng** **Thành Phố** **Bưu Chánh**

Số Người Trong Gia Đình: Người Lớn _____+ Trẻ Em (dưới 18 tuổi)_____ = _____

2A HỘI ĐỦ ĐIỀU KIỆN VỀ CHƯƠNG TRÌNH TRỢ GIÚP CÔNG CỘNG:

ĐÁNH DẤU vào tất cả các chương trình quý vị đang tham gia, sau đó điền phần 3.

- ☐ Medicaid/Medi-Cal (dưới 65 tuổi)
- ☐ Medicaid/Medi-Cal (65 và qua 65 tuổi)
- ☐ SSI
- ☐ Tiền Phiếu Thực Phẩm/SNAP
- ☐ LIHEAP
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ TANF hay Tribal TANF
- ☐ NSL FREE Lunch Program
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

Nếu quý vị không tham gia bất cứ chương trình nào kể trên, xin điền phần 2B

2B HỘI ĐỦ ĐIỀU KIỆN VỀ LỢI TỨC GIA ĐÌNH: (không cần điền nếu đã điền phần 2A)

ĐÁNH DẤU vào tất cả các nguồn lợi tức của gia đình quý vị. Dựa vào số người trong gia đình và lợi tức, quý vị sẽ được ghi danh vào chương trình CARE hoặc FERA.

- ☐ Tiền Hưu Bổng
- ☐ Tiền Trợ Cấp An Sinh Xã Hội
- ☐ SSP, SSDI
- ☐ Tiền Lời/Cổ Tức từ: Trương Mục Tiết Kiệm, Chứng Khoán,Trái Phiếu, hay Trương Mục Hưu Trí
- ☐ Tiền Lương và/hay Lợi Tức từ Tư Doanh
- ☐ Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- ☐ Tiền Thất Nghiệp
- ☐ Tiền cho Người Có Khuyết Tật hay Tiền Bồi Thường Tai Nạn Lao Động
- ☐ Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày
- ☐ Tiền Bảo Hiểm Bồi Thường hay Tiền Bồi Thường Thua Kiện
- ☐ Tiền Cấp Dưỡng Vợ/Chồng hay Con Cái
- ☐ Tiền Mặt và/hay Lợi Tức Khác

Số Người trong Gia Đình	Lợi Tức Hàng Năm*	
	CARE	**FERA**
1-2	$30,500	Không đủ tiêu chuẩn
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
Mỗi người thêm sau đó	$7,400	$7,400 - $9,200

* Trước khi trừ thuế dựa theo các nguồn lợi tức hiện có

Có hiệu lực đến ngày 31 tháng Năm, 2010

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 đơn này là thật và chính xác. Tôi đồng ý cung cấp chứng minh lợi tức nếu được yêu cầu. Tôi đồng ý thông báo cho Pacific Gas and Electric Company 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 số tiền tôi đã được giảm. Tôi hiểu rằng Pacific Gas and Electric Company có thể chia xẻ thông tin của tôi với những cơ quan tiện ích khác hay đại diện của họ để ghi danh tôi vào những chương trình trợ giúp của họ.

For Internal Use Only

X _____

Chữ ký O Đánh dấu vào nếu là người giám hộ hay người được ủy quyền **Ngày**

Gas Sample Form No. 62-1198
California Alternate Rates for Energy Program Application for Qualified Agricultural Employee Housing Facilities

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

CARE Program Application for **Qualified Agricultural Employee Housing Facilities**

62-1198
Rev. 06/01/09

INSTRUCTIONS

1. READ ALL information and instructions before you complete this application. If you have questions, call Pacific Gas and Electric Company's CARE Program toll-free at 1-866-743-2273 or the Hotline at 415-973-7288.
2. DETERMINE if the facility meets the definition of a qualified agricultural employee housing facility. The facility MUST meet ALL criteria to qualify for a monthly discount from the CARE Program.
3. COMPLETE the entire application (please print or type). Complete a separate application for each qualified facility.
4. ATTACH all required documents. (Application is considered incomplete without documents.)
5. MAIL TO: **Pacific Gas and Electric Company**
   CARE Program
   PO Box 7979
   San Francisco, CA 94120-7979

DISCOUNT

The CARE Program provides a monthly discount on energy bills for facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates are available only to qualified facilities. The facility will receive the discount after the utility receives and approves the application.

ELIGIBILITY CRITERIA FOR ORGANIZATIONS

Each facility MUST meet ALL of the following criteria:

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

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

Pacific Gas and Electric Company®

CARE Program Application for
Qualified Agricultural Employee Housing Facilities

62-1198
Rev. 06/01/09

ELIGIBLE FACILITIES

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

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

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

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

APPLICANT'S RESPONSIBILITIES

The applicant is required to:

- Provide proof of facility's eligibility (see Eligible Facilities) and submit required documentation with the application (see requirements on the application).
- Verify that all individuals residing in the facility meet the CARE income eligibility guidelines (see income guideline sheet) and make a certification to that effect, under the penalty of perjury, under the laws of the state of California.
- Maintain records of residents' income eligibility, which should come from federal tax return, payroll stubs or similar records acceptable to the utility. These records must be retained for three (3) years from the date of initial application and/or re-certification.
- Show how the previous year discount was used to directly benefit the residents at re-certification.
- Maintain accounting entries and supporting documentation of how the discount was used for the direct benefit of the residents. These records must be retained for three (3) years from the date of initial application and/or re-certification.
- Upon request from the utility, provide documentation of the residents' income eligibility and/or documentation of how the discount was used for the direct benefit of the residents.
- Provide all information requested by the utility. Failure to do so will result in denial or removal from the program. The applicant may be subject to rebilling for the period they were ineligible for the discount as determined by the utility.

Pacific Gas and Electric Company®

CARE Program Application for **Qualified Agricultural Employee Housing Facilities**

62-1198
Rev. 06/01/09

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

Name on Utility Bill _____

Name of Facility _____
(if different than on bill)

Address _____ **City** _____ **Zip Code** _____

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

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

Phone (_____)_____

Fax (_____)_____

E-mail Address _____

Secondary Contact _____
(who to contact if utility needs more information

Phone (_____)_____

Fax (_____)_____

E-mail Address _____

2 FACILITY INFORMATION:

Please use a separate application for each TYPE of facility

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

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

3 RE-CERTIFICATION *(please print or type)*

If re-certifying the facility's eligibility for continued CARE discounts, please provide an explanation of how last year's discount savings was used by your organization to benefit your clients:

_____

This year's discount will be used for:

_____

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

- Organization is Pacific Gas and Electric Company customer of record
- 100% of all residents of the facility and/or households meet CARE income guidelines.
- Documentation is available to substantiate the above.
- Each Pacific Gas and Electric Company account meets the appropriate residential energy usage criteria.

By signing below, I certify under penalty of perjury that the information on this declaration is truthful and correct. Although this declaration is valid for one year, I will notify Pacific Gas and Electric Company of any changes that may affect eligibility for CARE. Pacific Gas and Electric Company reserves the right to request verification of records demonstrating eligibility at any time and may re-bill the Organization at the applicable rate if appropriate. I understand that the facility name and address may be shared with other energy utilities, if applicable.

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

Authorized Representative's Name _____ **Date** _____

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

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

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

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

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

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

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

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

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

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

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

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

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

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

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

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

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

Gas Sample Form No. 62-1477
California Alternate Rates for Energy Program Income Guidelines

Please Refer to Attached
Sample Form

Pacific Gas and Electric Company®

CARE/FERA Program
Income Guidelines●Requisitos de Ingresos

62-1477
Rev. 06/01/09

INCOME GUIDELINES ● REQUISITOS DE INGRESOS

Number of Persons in Household Número de Personas en el Hogar	Annual Income* ● Ingreso Anual*	
	CARE	**FERA**
1-2	$30,500	Not Eligible ● No Aplica
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
For each additional person, add: Por cada persona adicional,agregue:	$7,400	$7,400 - $9,200

* Before taxes based on current income sources
Valid until May 31, 2010

* Antes de los impuestos basado en las fuentes de su ingreso actual
Válido hasta el 31 de Mayo, 2010

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/Dividends from: Savings, Stocks, Bonds, or Retirement Accounts
- Unemployment Benefits
- Rental or Royalty Income
- School Grants, Scholarships or other aid used for living expenses
- Profit from Self-Employment
- Disability Payments
- Workers Compensation
- Pensions
- Social Security, SSI, SSP, SSDI
- Insurance settlements
- Legal Settlements
- TANF (AFDC)
- Food stamps
- Child support
- Spousal support
- Cash and/or other income

Definición de Ingresos:

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

- Sueldos y/o Salarios, Jornales
- Intereses y/o Dividendos de: Cuentas de Ahorros, Acciones, Bonos, o Cuentas de Jubilación
- Beneficios 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
- Pagos por Incapacidad
- Pagos por Compensación al Trabajador
- Pagos de Pensiones
- Pagos del Seguro Social, SSI, SSP, SSDI
- Pagos de Reclamaciones del Seguro
- Pagos de Reclamaciones Legales
- Pagos de TANF (AFDC)
- Estampillas de Alimentos
- Pagos por Pensión Alimenticia a Hijos
- Pagos por Pensión Conyugal
- Pagos en Efectivo y/u Otros Ingresos

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712

For Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.
Para los sordomudos, de lunes a viernes 9:00 a.m. hasta las 11:00 p.m.

California Relay 1-800-735-2929

If you can not utilize the TDD line ● Si no puede usar la línea TDD

Pacific Gas and Electric Company®

CARE/FERA Program
收入標準 ● Định Mức Lợi Tức

62-1477
Rev. 06/01/09

收入標準 ● ĐỊNH MỨC LỢI TỨC

家庭人數 Số Người Trong Gia Đình	年收入* ● Lợi Tức Hàng Năm*	
	CARE	**FERA**
1-2	$30,500	Not Eligible ● No Aplica
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
每增加一人，增加: Mỗi người thêm sau đó:	$7,400	$7,400 - $9,200

*根據當前稅前收入的來源
有效期至 2010 年 5 月 31 日

* Trước khi trừ thuế dựa theo các nguồn lợi tức hiện có
Có hiệu lực đến ngày 31 tháng Năm, 2010

收入定義:

所有家庭成員的收入，無論來自任何途徑，繳稅或不繳稅，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
- 傷病補助金
- 勞工賠償
- 退休金
- 社會福利安全金、SSI、SSP、SSDI
- 保險訴訟所得款
- 法律訴訟所得款
- 貧困家庭臨時現金資助計劃 TANF (AFDC)
- 糧食券
- 給孩童的資助
- 給配偶的資助
- 現金和/或其他收入

Định Nghĩa Lợi Tức:

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 chỉ giới hạn vào:

- Tiền Lương
- Tiền Lời/Cổ Tức từ: Trương Mục Tiết Kiệm, Chứng Khoán, Trái Phiếu, hay Trương Mục Hưu Trí
- Tiền Thất Nghiệp
- Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày
- Lợi Tức từ Tư Doanh
- Tiền cho Người Có Khuyết Tật
- Tiền Bồi Thường Tai Nạn Lao Động
- Tiền Hưu Bổng
- Tiền Trợ Cấp An Sinh Xã Hội, SSI, SSP, SSDI
- 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

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712
有言語或聆聽障礙者, 星期一至五 9:00 a.m. - 11:00 p.m.
Dành cho người khiếm thanh/khiếm thính, Thứ Hai - Thứ Sáu 9:00 giờ sáng – 11:00 giờ tối

California Relay 1-800-735-2929
如果您未能轉接 TDD 專線 ● Nếu quý vị không thể sử dụng đường dây TDD

Gas Sample Form No. 62-1509
California Alternate Rates for Energy Program Residential Single-Family Customers
Recertification

Please Refer to Attached
Sample Form

Pacific Gas and Electric Company®

CARE Program Re-certification Application

Residential Single-Family Customers

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

62-1509

Rev. 06/01/09

1 CUSTOMER INFORMATION • INFORMACION DEL CLIENTE:

Telephone Number • Número telefónico

CHECK all sources of household income

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

MARQUE todas las fuentes de ingreso de la familia.

- ☐ Pagos de Pensiones
- ☐ Pagos del Seguro Social
- ☐ SSP, SSDI
- ☐ Intereses y/o Dividendos de: Cuentas de Ahorros, Acciones, Bonos, o Cuentas de Jubilación
- ☐ Sueldos y/o Ganancias de su Propio Negocio
- ☐ Ingresos provenientes de Rentas o Regalías
- ☐ Pagos por Desempleo
- ☐ Pagos por Incapacidad o Compensación al Trabajador
- ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- ☐ Pagos por Reclamaciones al Seguro o Legales
- ☐ Pagos por Pensión Alimenticia a Hijos/Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

2 DECLARATION: *(please read and sign below)*

I state it is true and correct that my household continues to qualify for CARE. 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.

DECLARACION: *(por favor lea y firme abajo)*

Certifico que mi hogar continúa calificando para el descuento de CARE. Estoy de acuerdo en proporcionar pruebas de mis ingresos, de ser necesario. Estoy de acuerdo en informar a Pacific Gas and Electric Company si mi situación financiera cambia y si ya no califico para recibir dicho descuento. Comprendo que, si recibo el descuento sin calificar, 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 inscribirme en sus programas de ayuda.

X _____ _____

Customer Signature / Firma del Cliente ○ Fill in circle if guardian or power of attorney Marque aquí si es tutor o tiene carta de poder **Date • Fecha**

☐ Check if you no longer qualify or do not want to participate in the CARE Program.
Ya no califico ó ya no quiero participar en el Programa CARE.

3 Return this form to Pacific Gas and Electric Company *(using the postage free envelope provided)*

Devuelva esta solicitud a Pacific Gas and Electric Company *(en el sobre con franqueo pre-pagado adjunto)*

Pacific Gas and Electric Company®

CARE Program Re-certification Application

Residential Single-Family Customers

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

62-1509

Rev. 06/01/09

1 CHI TIẾT VỀ KHÁCH HÀNG • 客戶資料:

Số Điện Thoại • 電話號碼

Đánh dấu vào tất cả các nguồn lợi tức của gia đình quý vị.

- ☐ Tiền Hưu Bổng
- ☐ Tiền Trợ Cấp An Sinh Xã Hội
- ☐ SSP, SSDI
- ☐ Tiền Lời/Cổ Tức từ: Trương Mục Tiết Kiệm, Chứng Khoán, Trái Phiếu, hay Trương Mục Hưu Trí
- ☐ Tiền Lương và/hay Lợi Tức từ Tư Doanh
- ☐ Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- ☐ Tiền Thất Nghiệp
- ☐ Tiền cho Người Có Khuyết Tật hay Tiền Bồi Thường Tai Nạn Lao Động
- ☐ Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày
- ☐ Tiền Bảo Hiểm Bồi Thường hay Tiền Bồi Thường Thưa Kiện
- ☐ Tiền Cấp Dưỡng Vợ/Chồng hay Con Cái
- ☐ Tiền Mặt và/hay Lợi Tức Khác

請勾選您家庭收入的全部來源。

- ☐ 退休金
- ☐ 社會福利安全金
- ☐ SSP、SSDI
- ☐ 利息/或股息，來源于: 儲蓄戶口、股票或債券，或退休帳戶
- ☐ 工資和/或自僱者的總收入
- ☐ 租金或版權收入
- ☐ 失業福利
- ☐ 傷病補助金或勞工賠償
- ☐ 學校助學金、獎學金或其他生活開支補助
- ☐ 保險或法律訴訟所得款
- ☐ 給配偶或孩童的資助
- ☐ 現金和/或其他收入

2 CAM ĐOAN: *(xin đọc kỹ và ký tên dưới đây)*

Tôi xin cam đoan rằng gia đình tôi vẫn tiếp tục hội đủ điều kiện cho chương trình CARE, điều này là thật và chính xác. Tôi đồng ý cung cấp chứng minh lợi tức nếu được yêu cầu. Tôi đồng ý thông báo cho Pacific Gas and Electric Company 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 số tiền tôi đã được giảm. Tôi hiểu rằng Pacific Gas and Electric Company có thể chia xẻ thông tin của tôi với những cơ quan tiện ích khác hay đại diện của họ để ghi danh tôi vào những chương trình trợ giúp của họ.

聲明: ***(請小心閱讀，然後在下面簽字)***

本人聲明，這是真實和正確的資料，本人的家庭收入繼續符合 CARE 計劃的資格。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。本人了解，如果我不符合折扣條件而獲得折扣，我會被要求退回獲得折扣的金額。本人了解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。

X _____ _____

Chữ ký của khách hàng
客戶簽名

O Đánh dấu vào nếu là người giám hộ hay người được ủy quyền
如果是監護人或代理人的話，請勾上記號

Ngày • 日期

☐ Xin đánh dấu vào ô trống nếu quý vị không còn hội đủ tiêu chuẩn hoặc không muốn tham gia vào chương trình CARE
請打勾號如果您不再符合資格或沒有意願參加CARE計劃

3 Gởi mẫu đơn này lại cho PG&E *(xin dùng bao thư có dán sẵn tem đính kèm)*

把這表格寄回太平洋煤電公司 *(請使用提供給您的免郵資信封)*

Gas Sample Form No. 79-1051
California Alternate Rates for Energy Program - Large Print Application for Residential Single Family Customers (English)

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

CARE/FERA Program Application for
Residential Single-Family Customers

79-1051
Rev. 06/01/09

ABOUT THE CARE/FERA PROGRAM

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

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

*Before taxes based on current income sources
Valid until May 31, 2010

PROGRAM GUIDELINES

- The PG&E bill must be in your name.
- You must live at the address where the discount will be received.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- You may not share energy meter(s) with another home.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
- PG&E will notify you when it is time for you to reapply, if you still qualify.
- Tenants of sub-metered mobile home parks, apartments and marinas must use the "CARE/FERA Program Application for Tenants of Sub-Metered Facilities". (See Landlord / Manager for form 01-9285)

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **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.
- **Bill Guaranty** – A deposit alternative enables customers to secure their account by having another qualifying PG&E customer sign on their behalf. 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.
- **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.
- **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.
- **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.

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712
for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

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Pacific Gas and Electric Company®

CARE/FERA Program Application for
Residential Single-Family Customers

79-1051
Rev. 06/01/09

1 CUSTOMER INFORMATION:

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

										-	

_____(_____)_____
Name **Telephone Number**

_____
Address **Apartment #**

_____
City **Zip Code**

Number of Persons in Household:

Adults _____+ Children (under 18) _____ = _____

2A PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then **GO TO** section 3.

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

If you do not participate in any of the above programs, **GO TO** section 2B

2B HOUSEHOLD INCOME ELIGIBILITY: *(skip if you filled out section 2A)*

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

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

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

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

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

X _____ _____

Signature ○ fill in circle if guardian or power of attorney **Date**

Mail Completed Application to:

Pacific Gas and Electric Company
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

Gas Sample Form No. 79-1052
California Alternate Rates for Energy Program - Large Print Application for Residential Single Family Customers (Spanish)

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

Solicitud del Programa CARE/FERA para **Clientes Residenciales de Familias Individuales**

79-1052
Rev. 06/01/09

INFORMACION SOBRE EL PROGRAMA DE DESCUENTO DE CARE/FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento en la cuenta mensual de energía a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** proporciona ahorros en la cuenta eléctrica de hogares grandes, de tres o más personas, de ingresos bajos y medianos.

Número de Personas en el Hogar	Ingreso Anual*	
	CARE	**FERA**
1-2	$30,500	No Aplica
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
Por cada persona adicional,agregue:	$7,400	$7,400 - $9,200

*Antes de los impuestos basado en las fuentes de su ingreso actual
Válido hasta el 31 de Mayo, 2010

REQUISITOS DEL PROGRAMA

- La cuenta de PG&E debe estar a su nombre.
- Debe vivir en la dirección donde se recibirá el descuento.
- El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo(a).
- El solicitante no debe compartir el(los) medidor(es) de energía con otro hogar.
- Los ingresos anuales del hogar no deben exceder de los requisitos de ingresos descritos en esta solicitud.
- Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
- PG&E le informará cuando debe volver a re-inscribirse, si es que todavía califica para el programa.
- Los inquilinos con medidores “Sub-Metered” que pertenecen a parques de casas móviles, apartamentos o muelles para botes, deben llenar otro formulario llamado “Solicitud del Programa CARE/FERA para Inquilinos de Instalaciones Residenciales Sub-Metered”. (Visite al propietario/ administrador del Mobile Home Park para obtener el formulario 01-9285).

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRIA CALIFICAR

- **Plan de Pagos Balanceados** – Comuníquese con Pacific Gas and Electric Company para saber como puede uniformar sus pagos, de modo que pueda hacer un presupuesto para el pago de sus cuentas de electricidad y gas. Llame al 1-800-743-5000 para más información.
- **Depósito de Garantía para Abrir Una Cuenta en PG&E** – Una alternativa de depósito que permite a los clientes asegurar su cuenta al designar a otro cliente que reúne los requisitos de PG&E para que firme en su nombre. Llame al 1-800-743-5000 para más información.
- **Socios en la Energía –** Ofrece consejos y servicios gratuitos sobre ahorros de energía a los clientes que reúnan los requisitos. Llame al 1-800-989-9744 para más información.
- **LIHEAP** – Programa de Ayuda para el Pago de Energía para los Hogares de Bajos Ingresos (LIHEAP). Este es un programa que brinda ayuda o asistencia de emergencia con el pago de sus cuentas, y brinda servicios gratuitos para el ahorro de energía, a los clientes que reúnan los requisitos. Para más información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de tarifas más bajas, a los clientes que estén en condiciones médicas comprobadas. Llame al 1-800-743-5000 para más información.
- **REACH** – Póngase en contacto con el Salvation Army para recibir ayuda, por una sola vez, para el pago de sus cuentas de electricidad y gas. Llámelos al 1-800-933-9677.
- **ULTS** – La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio, a aquellos clientes que reúnan requisitos similares a los del Programa CARE. Llame a su compañía local de teléfonos para más información.

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712
para los sordomudos, de lunes a viernes 9:00 a.m. hasta las 11:00 p.m.

California Relay 1-800-735-2929 si no puede usar la línea TDD

Pacific Gas and Electric Company®

Solicitud del Programa CARE/FERA para **Clientes Residenciales de Familias Individuales**

79-1052
Rev. 06/01/09

1 INFORMACION DEL CLIENTE:

Número de cuenta del cliente: | | | | | | | | | | | - | |

(Su número de cuenta aparece en la primera página de la factura de PG&E)

_____(_____)_____

Nombre **Número telefónico**

_____

Dirección del Hogar **Apartamento #**

_____

Ciudad **Código Postal**

Número de Personas en el Hogar:

Adultos _____ **+ Niños (menores de 18)** _____ **=** _____

2A ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PUBLICA:

MARQUE todos los programas que pertenece y **PASE** a la sección 3

- ☐ Medi-Cal (menor de 65 años)
- ☐ Medi-Cal (65 años o más)
- ☐ SSI
- ☐ Estampillas de Alimentos/SNAP
- ☐ LIHEAP
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ TANF o Tribal TANF
- ☐ NSL FREE Lunch Program
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Sólo Tribus Indígenas)

Si no está inscrito en ninguno de los programas arriba indicados, **PASE** a la sección 2B

2B FUENTES DE INGRESOS DEL HOGAR:

MARQUE todas las fuentes de ingreso de la familia. Se le inscribirá en el programa de CARE o en el programa de FERA dependiendo de cuantas personas vivan en el hogar y el monto de sus ingresos salariales.

- ☐ Pagos de Pensiones
- ☐ Pagos del Seguro Social
- ☐ SSP, SSDI
- ☐ Intereses/Dividendos de: Cuentas de Ahorros, Acciones, Bonos, o Cuentas de Jubilación
- ☐ Sueldos y/o Ganancias de su Propio Negocio
- ☐ Ingresos Provenientes de Rentas o Regalías
- ☐ Beneficios por Desempleo
- ☐ Pagos por Incapacidad o Compensación al Trabajador
- ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- ☐ Pagos por Reclamaciones al Seguro o Legales
- ☐ Pagos por Pensión Alimenticia a Hijos/Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

Ingreso Bruto Anual del Hogar: **$** ☐☐,☐☐☐

3 DECLARACION: *(Por favor lea 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 si 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 inscribirme en sus programas de ayuda.

X _____ _____

Firma del Cliente ***Fecha***

○ Marque aquí si es tutor o tiene carta de poder

Envìe la aplicación completa a: Pacific Gas and Electric Company
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

Gas Sample Form No. 79-1053
California Alternate Rates for Energy Program - Large Print Application for Residential Single Family Customers (Chinese)

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

CARE/FERA 計劃申請表

單戶住宅家庭用戶

79-1053
Rev. 06/01/09

關於 CARE/FERA 計劃

- (CARE)計劃是為符合收入資格的家庭提供每月的能源帳單折扣。
- (FERA)是為有三人或更多成員並符合收入資格的家庭提供每月的電費帳單折扣。

家庭人數	年收入 (根據當前稅前收入的來源)	
	CARE	**FERA**
1-2	$30,500	不適用於此計劃
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
每增加一人，增加	$7,400	$7,400 - $9,200

*根據當前稅前收入的來源　　有效期至 2010 年 5 月 31 日

計劃規定

- 申請者必須是 PG&E 帳單上的註冊客戶。
- 申請者必須居住在將收到折扣的住址。
- 除了配偶，申請人不可以在另一個人的報稅表中被稱為受贍養者。
- 申請者的居所不可與另一居所共同用一個碼錶。
- 申請者家庭不應該超過本申請表格中所描述收入的標準。
- 申請者家庭若不再符合 CARE/FERA 計劃的資格要求，必須知會太平洋煤電公司。
- PG&E 將會通知您重新申請 CARE/FERA 計劃, 到時如果您仍然合格。
- 使用分錶的流動住家、公寓和摩托艇碼頭之住客，必須使用「CARE/FERA 計劃分錶設施住客申請表」。（請找業主/ 經理索取 62-0672 表格）

您可能符合其他計劃和免費服務

- **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。

- **帳單保證**-可由已有資格的 PG&E 客戶代需繳付押金的客戶開戶,可免押金。詳情請電 1-800-743-5000

- **能源伙伴 Energy Partners** - 為符合收入資格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。

- **LIHEAP** - 低收入家居能源輔助計劃，為符合收入資格的客戶提供付帳輔助、突發情況付帳輔助和家居防寒保暖 措施。詳情請電 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。詳情請電 1-800-743-5000。

- **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。

- **生機一線電話服務 ULTS** – 提供電話折扣服務須符合 CARE 收入標準。欲知詳情，請聯絡您當地的熱線電話服 務公司。

CARE**:** ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA**:** ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712
有言語或聆聽障礙者, 星期一至五 9:00 a.m. - 11:00 p.m.

California Relay 1-800-735-2929 如果您未能轉接 TDD 專線

Pacific Gas and Electric Company®

CARE/FERA 計劃申請表

單戶住宅家庭用戶

79-1053
Rev. 06/01/09

1 客戶資料：

帳戶號碼:
(帳號位於帳單的第一頁)

										-	

_____(_____)_____

姓名 **電話號碼**

_____

家庭住址 **單位**

_____

城市 **郵政區號**

家庭人數: 成人總數 _____ **+ 孩童總數(十八歲以下)** _____ = _____

2A 合資格的公共資助計劃:

請勾選全部您有所參與，然後請填寫第 3 部份。

- ☐ Medicaid/Medi-Cal (65 歲以下)
- ☐ Medicaid/Medi-Cal (65 歲和 65 歲以上)
- ☐ SSI
- ☐ 糧食券/SNAP
- ☐ 低收入家庭能源協助計劃
- ☐ 婦女,嬰兒和兒童營養輔助計劃
- ☐ 健康家庭低費兒童醫藥健保計劃類別 A 及 B
- ☐ 貧困家庭臨時現金資助計劃或 Tribal TANF
- ☐ NSL 免費午餐計劃
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

如果您沒有參與以上的計劃，請填寫第 2B 部份。

2B 合資格的家庭總收入:（請略過如果您已填寫 2A 部份）

請勾選您家庭收入的全部來源。您是否合資格申請 CARE 或 FERA 計劃, 將根據您的家庭總人數和總收入而定。

- ☐ 退休金
- ☐ 社會福利安全金
- ☐ SSP、SSDI
- ☐ 利息/或股息，來源于: 儲蓄戶口、股票或債券，或退休帳戶
- ☐ 工資和/或自僱者的總收入
- ☐ 租金或版權收入
- ☐ 失業福利
- ☐ 傷病補助金或勞工賠償
- ☐ 學校助學金、獎學金或其他生活開支補助
- ☐ 保險或法律訴訟所得款
- ☐ 給配偶或孩童的資助
- ☐ 現金和/或其他收入

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。

X_____ _____

簽名 ○ 如果是監護人或代理人的話，請勾上記號 日期

申請表請寄至: Pacific Gas and Electric Company
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

Gas Sample Form No. 79-1054
California Alternate Rates for Energy Program - Large Print Application for Residential Single Family Customers (Vietnamese)

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

Đơn Ghi Danh Vào Chương Trình CARE/FERA cho
Khách Hàng Ở Nhà Riêng

79-1054
Rev. 06/01/09

CHƯƠNG TRÌNH CARE/FERA

- **Chương trình CARE** giảm giá hàng tháng trên hóa đơn năng lượng cho những gia đình hội đủ tiêu chuẩn về lợi tức.
- **Chương trình FERA** giảm giá hàng tháng trên hóa đơn điện cho những gia đình hội đủ tiêu chuẩn về lợi tức có từ ba người trở lên.

Số Người trong Gia Đình	Lợi Tức Hàng Năm*	
	CARE	**FERA**
1-2	$30,500	Không đủ tiêu chuẩn
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
Mỗi người thêm sau đó	$7,400	$7,400 - $9,200

*Trước khi trừ thuế dựa theo các nguồn lợi tức hiện có
Có hiệu lực đến ngày 31 tháng Năm, 2010

NHỮNG CHỈ DẪN CỦA CHƯƠNG TRÌNH

- Quý vị phải là người đứng tên trên hóa đơn PG&E.
- Quý vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá.
- Quý vị không được một người khác khai là người phụ thuộc trên mẫu thuế ngoại trừ người phối ngẫu.
- Quý vị không được dùng chung (các) đồng hồ đo năng lượng với một ngôi nhà khác.
- Lợi tức của gia đình quý vị phải đáp ứng với mức lợi tức qui định của chương trình được ghi trong đơn này.
- Quý vị phải thông báo cho PG&E nếu gia đình quý vị không còn hội đủ điều kiện để được nhận giảm giá CARE/FERA.
- PG&E sẽ báo cho quý vị biết khi nào quý vị cần phải nộp đơn lại, nếu quý vị vẫn còn hội đủ điều kiện.
- Những người sống trong khu nhà lưu động, chung cư và nhà nổi có đồng hồ phụ phải dùng mẫu “Đơn Ghi Danh vào Chương Trình CARE/FERA cho Người Mướn Nhà có Đồng Hồ Điện Ga Phụ”. (Xin hỏi chủ nhà/quản lý lấy mẫu 62-0673)

NHỮNG CHƯƠNG TRÌNH VÀ DỊCH VỤ MIỄN PHÍ KHÁC MÀ QUÝ VỊ CÓ THỂ HỘI ĐỦ ĐIỀU KIỆN

- **Balanced Payment Plan** – Xin liên lạc Pacific Gas and Electric Company để biết cách trả cùng một khoản tiền điện ga mỗi tháng hầu giúp quý vị định được chi phí năng lượng của mình. Xin gọi số 1-800-PGE-5000 để biết thêm chi tiết.
- **Bill Guaranty** – Chương Trình Bảo Đảm Hoá Đơn là một loại đặt cọc khác giúp khách hàng bảo đảm trương mục của mình bằng cách nhờ một khách hàng PG&E đủ tiêu chuẩn khác ký bảo đảm dùm. 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.
- **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, và 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-PGE-5000 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 ở số 1-800-933-9677 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 chương trình CARE. Xin liên lạc hãng điện thoại “local” của quý vị để biết thêm chi tiết.

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 dành cho người khiếm thanh/khiếm thính,
Thứ Hai - Thứ Sáu 9:00 giờ sáng – 11:00 giờ tối

California Relay 1-800-735-2929 nếu quý vị không thể sử dụng đường dây TDD

Pacific Gas and Electric Company®

Đơn Ghi Danh Vào Chương Trình CARE/FERA cho
Khách Hàng Ở Nhà Riêng

79-1054
Rev. 06/01/09

1 CHI TIẾT VỀ KHÁCH HÀNG: (xin viết rõ ràng)

										-	

Số Trương Mục
(Ở trang đầu tiên của hóa đơn PG&E)

_____(_____)_____
Tên **Số Điện Thoại**

_____
Địa Chỉ Nhà **Số Phòng**

_____
Thành Phố **Bưu Chánh**

Số Người Trong Gia Đình:

Người Lớn _____+ Trẻ Em (dưới 18 tuổi) _____ = _____

2A HỘI ĐỦ ĐIỀU KIỆN VỀ CHƯƠNG TRÌNH TRỢ GIÚP CÔNG CỘNG:

ĐÁNH DẤU vào tất cả các chương trình quý vị đang tham gia, sau đó điền phần 3**.**

- ☐ Medicaid/Medi-Cal (dưới 65 tuổi)
- ☐ Medicaid/Medi-Cal (65 và qua 65 tuổi)
- ☐ SSI
- ☐ Tiền Phiếu Thực Phẩm/SNAP
- ☐ LIHEAP
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ TANF hay Tribal TANF
- ☐ NSL FREE Lunch Program
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

Nếu quý vị không tham gia bất cứ chương trình nào kể trên, xin điền phần **2B**

2B HỘI ĐỦ ĐIỀU KIỆN VỀ LỢI TỨC GIA ĐÌNH:

ĐÁNH DẤU vào tất cả các nguồn lợi tức của gia đình quý vị. Dựa vào số người trong gia đình và lợi tức, quý vị sẽ được ghi danh vào chương trình CARE hoặc FERA**.**

- ☐ Tiền Hưu Bổng
- ☐ Tiền Trợ Cấp An Sinh Xã Hội
- ☐ SSP, SSDI
- ☐ Tiền Lời/Cổ Tức từ: Trương Mục Tiết Kiệm, Chứng Khoán,Trái Phiếu, hayTrương Mục Hưu Trí
- ☐ Tiền Lương và/hay Lợi Tức từ Tư Doanh
- ☐ Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- ☐ Tiền Thất Nghiệp
- ☐ Tiền cho Người Có Khuyết Tật hay Tiền Bồi Thường Tai Nạn Lao Động
- ☐ Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày
- ☐ Tiền Bảo Hiểm Bồi Thường hay Tiền Bồi Thường Thưa Kiện
- ☐ Tiền Cấp Dưỡng Vợ/Chồng hay Con Cái
- ☐ Tiền Mặt và/hay Lợi Tức Khác

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 đơn này là thật và chính xác. Tôi đồng ý cung cấp chứng minh lợi tức nếu được yêu cầu. Tôi đồng ý thông báo cho Pacific Gas and Electric Company 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 số tiền tôi đã được giảm. Tôi hiểu rằng Pacific Gas and Electric Company có thể chia xẻ thông tin của tôi với những cơ quan tiện ích khác hay đại diện của họ để ghi danh tôi vào những chương trình trợ giúp của họ.

X _____ _____

Chữ ký **Ngày**

○ Đánh dấu vào nếu là người giám hộ hay người được ủy quyền

Gởi đơn đã điền về: Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

Gas Sample Form No. 79-1055
California Alternate Rates for Energy Program - Large Print Application for Tenants of Sub-Metered Residential Facilities (Engli

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Tenants of Sub-Metered Residential Facilities**

79-1055
Rev. 06/01/09

ABOUT THE CARE/FERA PROGRAM

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

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

*Before taxes based on current income sources
Valid until May 31, 2010

PROGRAM GUIDELINES

- The energy bill from your landlord must be in your name.
- You must live at the address where the discount will be received.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- You may not share energy meter(s) with another home.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
- PG&E will notify you when it is time for you to reapply, if you still qualify.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **Energy Partners** - Free energy education and weatherization to income qualified customers. Call 1-800-989-9744 for more information.

- **LIHEAP** - Low Income Home Energy Assistance Program. Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.

- **Medical Baseline** - Provides services at the lowest rates to customers with documented needs. Call 1-800-PGE-5000 for more information.

- **ULTS** – Universal Lifeline Telephone Service provides discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local telephone service provider for more information.

Mail Completed Application to:

Pacific Gas and Electric Company
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712
for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

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Pacific Gas and Electric Company®

CARE / FERA Program Application for **Tenants of Sub-Metered Residential Facilities**

79-1055
Rev. 06/01/09

1 MANAGER / FACILITY INFORMATION:

Mobile Home Park/Other Sub-Metered Facilities Name

Mobile Home Park/Other Sub-Metered Facilities Address

City **Zip Code**

PG&E Account Number:

Electricity | | | | | | | | | | | - | |

Gas | | | | | | | | | | | - | |

Manager or Landlord Name **(_____)_____ Telephone Number**

Manager or Landlord Mailing Address

City **Zip Code**

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

2 TENANT INFORMATION: *(please print clearly)*

Name **(_____)_____ Telephone Number**

Address **Unit #**

City **Zip Code**

Number of Persons in Household:

Adults _____+ Children (under 18) _____ = _____

3A PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

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

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

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

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

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

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

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

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

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

X _____ _____

Signature ○ fill in circle if guardian or power of attorney **Date**

Gas Sample Form No. 79-1056
California Alternate Rates for Energy Program - Large Print Application for Tenants of Sub-Metered Residential Facilities (Spani

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

Solicitud del Programa CARE/FERA para **Inquilinos de Instalaciones Residenciales "Sub-Metered"**

79-1056
Rev. 06/01/09

INFORMACION SOBRE EL PROGRAMA DE DESCUENTO DE CARE/FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento en la cuenta mensual de energía a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** proporciona ahorros en la cuenta eléctrica de hogares grandes, de tres o más personas, de ingresos bajos y medianos.

Número de Personas en el Hogar	Ingreso Anual*	
	CARE	**FERA**
1-2	$30,500	No Aplica
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
Por cada persona adicional,agregue:	$7,400	$7,400 - $9,200

* Antes de los impuestos basado en las fuentes de su ingreso actual
Válido hasta el 31 de Mayo, 2010

REQUISITOS DEL PROGRAMA

- La cuenta de energía del administrador de su parque debe estar a su nombre.
- Debe vivir en la dirección donde se recibirá el descuento.
- El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo(a).
- El solicitante no debe compartir el(los) medidor(es) de energía con otro hogar.
- Los ingresos anuales del hogar no deben exceder de los requisitos de ingresos descritos en esta solicitud.
- Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
- PG&E le informará cuando debe volver a re-inscribirse, si es que todavía califica para el programa.

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **Socios en la Energía –** Ofrece consejos y servicios gratuitos sobre ahorros de energía a los clientes que reúnan los requisitos. Llame al 1-800-989-9744 para más información.
- **LIHEAP** – Programa de Ayuda para el Pago de Energía para los Hogares de Bajos Ingresos (LIHEAP). Este es un programa que brinda ayuda o asistencia de emergencia con el pago de sus cuentas, y brinda servicios gratuitos para el ahorro de energía, a los clientes que reúnan los requisitos. Para más información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de tarifas más bajas, a los clientes que estén en condiciones médicas comprobadas. Llame al 1-800-743-5000 para más información.
- **ULTS** – La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio, a aquellos clientes que reúnan requisitos similares a los del Programa CARE. Llame a su compañía local de teléfonos para más información.

Envìe la aplicación completa a: Pacific Gas and Electric Company
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712
para los sordomudos, de lunes a viernes 9:00 a.m. hasta las 11:00 p.m.

California Relay 1-800-735-2929 si no puede usar la línea TDD

Pacific Gas and Electric Company®

Solicitud del Programa CARE/FERA para **Inquilinos de Instalaciones Residenciales "Sub-Metered"**

79-1056
Rev. 06/01/09

1 INFORMACION DEL ADMINISTRADOR O PROPIETARIO:

Nombre del Mobile Home Park/ o Nombre de otros locales con Sub-medidores

Dirección del Mobile Home Park/ ú otras Direcciones de locales con Sub-medidores

Ciudad **Código Postal**

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

Gas | | | | | | | | | | | - | |

Nombre del Administrador o Propietario **(_____)_____ Número telefónico**

Dirección del Administrador o Propietario

Ciudad **Código Postal**

Situación del solicitante ○ **NUEVO** ○ **CANCELO EL PROGRAMA**
○ **RE-INSCRIPCION** ○ **SE MUDO A OTRO ESPACIO**

2 INFORMACION DEL INQUILINO:

(por favor escriba a máquina o con letras de imprenta)

Nombre **(_____)_____ Número telefónico**

Dirección del Hogar **Apartamento #**

Ciudad **Código Postal**

Número de Personas en el Hogar:

Adultos _____ + Niños (menores de 18) _____ = _____

3A ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PUBLICA

MARQUE todos los programas que pertenece y **PASE** a la sección 4

- ☐ Medi-Cal (menor de 65 años)
- ☐ Medi-Cal (65 años o más)
- ☐ SSI
- ☐ Estampillas de Alimentos/SNAP
- ☐ LIHEAP
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ TANF o Tribal TANF
- ☐ NSL FREE Lunch Program
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Sólo Tribus Indígenas)

Si no está inscrito en ninguno de los programas arriba indicados, **PASE** a la sección 3B

3B FUENTES DE INGRESOS DEL HOGAR

MARQUE todas las fuentes de ingreso de la familia. Se le inscribirá en el programa de CARE o en el programa de FERA dependiendo de cuantas personas vivan en el hogar y el monto de sus ingresos salariales.

- ☐ Pagos de Pensiones
- ☐ Pagos del Seguro Social
- ☐ SSP, SSDI
- ☐ Intereses/Dividendos de: Cuentas de Ahorros, Acciones, Bonos, o Cuentas de Jubilación
- ☐ Sueldos y/o Ganancias de su Propio Negocio
- ☐ Ingresos Provenientes de Rentas o Regalías
- ☐ Beneficios por Desempleo
- ☐ Pagos por Incapacidad o Compensación al Trabajador
- ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- ☐ Pagos por Reclamaciones al Seguro o Legales
- ☐ Pagos por Pensión Alimenticia a Hijos/Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

Ingreso Bruto Anual del Hogar: **$** ☐☐,☐☐☐

4 DECLARACION: *(Por favor lea 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 si 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 inscribirme en sus programas de ayuda.

X _____ _____

Firma del Cliente ***Fecha***

○ Marque aquí si es tutor o tiene carta de poder

Gas Sample Form No. 79-1057
California Alternate Rates for Energy Program - Large Print Application for Tenants of Sub-Metered Residential Facilities (Chine

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

CARE/FERA 計劃申請表

分錶住宅設施住客

79-1057
Rev. 06/01/09

關於 CARE/FERA 計劃

- (CARE)計劃是為符合收入資格的家庭提供每月的能源帳單折扣。
- (FERA)是為有三人或更多成員並符合收入資格的家庭提供每月的電費帳單折扣。

家庭人數	年收入*	
	CARE	**FERA**
1-2	$30,500	不適用於此計劃
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
每增加一人，增加	$7,400	$7,400 - $9,200

*根據當前稅前收入的來源　　有效期至 2010 年 5 月 31 日

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。
- 申請者必須居住在將收到折扣的住址。
- 除了配偶，申請人不可以在另一個人的報稅表中被稱為受贍養者。
- 申請者的居所不可與另一居所共同用一個碼錶。
- 申請者家庭不應該超過本申請表格中所描述收入的標準。
- 申請者家庭若不再符合 CARE/FERA 計劃的資格要求，必須知會太平洋煤電公司。
- PG&E 將會通知您重新申請 CARE/FERA 計劃, 到時如果您仍然合格。

您可能符合其他計劃和免費服務

- **能源伙伴 Energy Partners** - 為符合收入資格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。
- **LIHEAP** - 低收入家居能源輔助計劃，為符合收入資格的客戶提供付帳輔助、突發情況付帳輔助和家居防寒保暖 措施。詳情請電 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。詳情請電 1-800-743-5000。
- **生機一線電話服務 ULTS** - 提供電話折扣服務須符合 CARE 收入標準。欲知詳情，請聯絡您當地的熱線電話服 務公司。

申請表請寄至: Pacific Gas and Electric Company
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712
有言語或聆聽障礙者, 星期一至五 9:00 a.m. - 11:00 p.m.

California Relay 1-800-735-2929 如果您未能轉接 TDD 專線

Pacific Gas and Electric Company®

CARE/FERA 計劃申請表

分錶住宅設施住客

79-1057
Rev. 06/01/09

1 經理/分錶住宅設施資料: (請用正楷填寫)

_____

活動房屋/其它分錶住宅設施名字

_____

活動房屋/其它分錶住宅設施住址

_____

城市 **郵政區號**

帳戶號碼: 電力 | | | | | | | | | | | - | |

煤氣 | | | | | | | | | | | - | |

_____(_____)_____

經理或業主姓名 **電話號碼**

_____

經理或業主郵寄住址

_____

城市 **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 **電話號碼**

_____

家庭住址 **單位**

_____

城市 **郵政區號**

家庭人數: 成人總數 _____**+ 孩童總數(十八歲以下)** _____ = _____

3A 合資格的公共資助計劃:

請勾選全部您有所參與，然後請填寫第 4 部份。

- ☐ Medicaid/Medi-Cal (65 歲以下)
- ☐ Medicaid/Medi-Cal (65 歲和 65 歲以上)
- ☐ SSI
- ☐ 糧食券/SNAP
- ☐ 低收入家庭能源協助計劃
- ☐ 婦女,嬰兒和兒童營養輔助計劃
- ☐ 健康家庭低費兒童醫藥健保計劃類別 A 及 B
- ☐ 貧困家庭臨時現金資助計劃或 Tribal TANF
- ☐ NSL 免費午餐計劃
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

如果您沒有參與以上的計劃，請填寫第 3B 部份。

3B 合資格的家庭總收入: (請略過如果您已填寫 3A 部份)

請勾選您家庭收入的全部來源。您是否合資格申請 CARE 或 FERA 計劃, 將根據您的家庭總人數和總收入而定。

- ☐ 退休金
- ☐ 社會福利安全金
- ☐ SSP、SSDI
- ☐ 利息/或股息，來源于: 儲蓄戶口、股票或債券，或退休帳戶
- ☐ 工資和/或自僱者的總收入
- ☐ 租金或版權收入
- ☐ 失業福利
- ☐ 傷病補助金或勞工賠償
- ☐ 學校助學金、獎學金或其他生活開支補助
- ☐ 保險或法律訴訟所得款
- ☐ 給配偶或孩童的資助
- ☐ 現金和/或其他收入

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。

X _____ _____

簽名 ○ 如果是監護人或代理人的話，請勾上記號 日期

Gas Sample Form No. 79-1058
California Alternate Rates for Energy Program - Large Print Application for Tenants of Sub-Metered Residential Facilities (Vietn

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

Đơn Ghi Danh Vào Chương Trình CARE/FERA cho **Người Mướn Nhà có Đồng Hồ Điện Ga Phụ**

79-1058
Rev. 06/01/09

CHƯƠNG TRÌNH CARE/FERA

- **Chương trình CARE** giảm giá hàng tháng trên hóa đơn năng lượng cho những gia đình hội đủ tiêu chuẩn về lợi tức.
- **Chương trình FERA** giảm giá hàng tháng trên hóa đơn điện cho những gia đình hội đủ tiêu chuẩn về lợi tức có từ ba người trở lên.

Số Người trong Gia Đình	Lợi Tức Hàng Năm*	
	CARE	**FERA**
1-2	$30,500	Không đủ tiêu chuẩn
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
Mỗi người thêm sau đó	$7,400	$7,400 - $9,200

*Trước khi trừ thuế dựa theo các nguồn lợi tức hiện có
Có hiệu lực đến ngày 31 tháng Năm, 2010

NHỮNG CHỈ DẪN CỦA CHƯƠNG TRÌNH

- Hóa đơn tiền điện ga từ chủ nhà của quý vị phải có tên của quý vị.
- Quý vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá.
- Quý vị không được một người khác khai là người phụ thuộc trên mẫu thuế ngoại trừ người phối ngẫu.
- Quý vị không được dùng chung (các) đồng hồ đo năng lượng với một ngôi nhà khác.
- Lợi tức của gia đình quý vị phải đáp ứng với mức lợi tức qui định của chương trình được ghi trong đơn này.
- Quý vị phải thông báo cho PG&E nếu gia đình quý vị không còn hội đủ điều kiện để được nhận giảm giá CARE/FERA.
- PG&E sẽ báo cho quý vị biết khi nào quý vị cần phải nộp đơn lại, nếu quý vị vẫn còn hội đủ điều kiện.

NHỮNG CHƯƠNG TRÌNH VÀ DỊCH VỤ MIỄN PHÍ KHÁC MÀ QUÝ VỊ CÓ THỂ HỘI ĐỦ ĐIỀU KIỆN

- **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.
- **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, và 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-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 chương trình CARE. Xin liên lạc hãng điện thoại “local” của quý vị để biết thêm chi tiết.

Gởi đơn đã điền về: Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 dành cho người khiếm thanh/khiếm thính,
Thứ Hai - Thứ Sáu 9:00 giờ sáng – 11:00 giờ tối

California Relay 1-800-735-2929 nếu quý vị không thể sử dụng đường dây TDD

Pacific Gas and Electric Company®

Đơn Ghi Danh Vào Chương Trình CARE/FERA cho **Người Mướn Nhà có Đồng Hồ Điện Ga Phụ**

79-1058
Rev. 06/01/09

1 CHI TIẾT VỀ QUẢN LÝ / KHU NHÀ VỚI ĐỒNG HỒ PHỤ:

Tên của Khu Nhà Lưu Động/ Những Khu Nhà Khác với Đồng Hồ Phụ

Địa Chỉ Khu Nhà Lưu Động/ Những Khu Nhà Khác với Đồng Hồ Phụ

Thành Phố **Bưu Chánh**

Số Hồ Sơ PG&E:

Điện | | | | | | | | | | | - | |

Ga | | | | | | | | | | | - | |

Tên của Quản Lý hay Chủ Nhà **(_____)_____ Số Điện Thoại**

Địa Chỉ Liên Lạc Bằng Thư của Quản Lý hay Chủ Nhà

Thành Phố **Bưu Chánh**

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

2 CHI TIẾT VỀ NGƯỜI MƯỚN NHÀ: (xin viết rõ ràng)

Tên **(_____)_____ Số Điện Thoại**

Địa Chỉ Nhà **Số Phòng**

Thành Phố **Bưu Chánh**

Số Người Trong Gia Đình:

Người Lớn _____+ Trẻ Em (dưới 18 tuổi) _____ = _____

3A HỘI ĐỦ ĐIỀU KIỆN VỀ CHƯƠNG TRÌNH TRỢ GIÚP CÔNG CỘNG:

ĐÁNH DẤU vào tất cả các chương trình quý vị đang tham gia, sau đó điền phần 4.

- ☐ Medicaid/Medi-Cal (dưới 65 tuổi)
- ☐ Medicaid/Medi-Cal (65 và qua 65 tuổi)
- ☐ SSI
- ☐ Tiền Phiếu Thực Phẩm/SNAP
- ☐ LIHEAP
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ TANF hay Tribal TANF
- ☐ NSL FREE Lunch Program
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

Nếu quý vị không tham gia bất cứ chương trình nào kể trên, xin điền phần 3B.

3B HỘI ĐỦ ĐIỀU KIỆN VỀ LỢI TỨC GIA ĐÌNH:

ĐÁNH DẤU vào tất cả các nguồn lợi tức của gia đình quý vị. Dựa vào số người trong gia đình và lợi tức, quý vị sẽ được ghi danh vào chương trình CARE hoặc FERA.

- ☐ Tiền Hưu Bổng
- ☐ Tiền Trợ Cấp An Sinh Xã Hội
- ☐ SSP, SSDI
- ☐ Tiền Lời/Cổ Tức từ: Trương Mục Tiết Kiệm, Chứng Khoán,Trái Phiếu, hayTrương Mục Hưu Trí
- ☐ Tiền Lương và/hay Lợi Tức từ Tư Doanh
- ☐ Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- ☐ Tiền Thất Nghiệp
- ☐ Tiền cho Người Có Khuyết Tật hay Tiền Bồi Thường Tai Nạn Lao Động
- ☐ Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày
- ☐ Tiền Bảo Hiểm Bồi Thường hay Tiền Bồi Thường Thưa Kiện
- ☐ Tiền Cấp Dưỡng Vợ/Chồng hay Con Cái
- ☐ Tiền Mặt và/hay Lợi Tức Khác

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 đơn này là thật và chính xác. Tôi đồng ý cung cấp chứng minh lợi tức nếu được yêu cầu. Tôi đồng ý thông báo cho Pacific Gas and Electric Company 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 số tiền tôi đã được giảm. Tôi hiểu rằng Pacific Gas and Electric Company có thể chia xẻ thông tin của tôi với những cơ quan tiện ích khác hay đại diện của họ để ghi danh tôi vào những chương trình trợ giúp của họ.

X _____ _____

Chữ ký **Ngày**

○ Đánh dấu vào nếu là người giám hộ hay người được ủy quyền

Gas Sample Form No. 79-1059
California Alternate Rates for Energy Program - Large Print Income Guidelines

Please Refer to Attached
Sample Form

Pacific Gas and Electric Company®

CARE/FERA Program
Income Guidelines

79-1059
Rev. 06/01/09

INCOME GUIDELINES (Valid until May 31, 2010)

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

* Before taxes based on current income sources

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
- Interests/ Dividends from: Savings, Stocks, Bonds, or Retirement Accounts
- Unemployment Benefits
- Rental or Royalty Income
- School Grants, Scholarships or other aid used for living expenses
- Profit from Self-Employment
- Disability Payments
- Workers Compensation
- Pensions
- Social security, SSI, SSP, SSDI
- Insurance Settlements
- Legal Settlements
- TANF (AFDC)
- Food Stamps
- Child Support
- Spousal Support
- Cash and/or Other Income

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712
for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

Pacific Gas and Electric Company®

Programa CARE/FERA
Requisitos de Ingresos

79-1059
Rev. 06/01/09

REQUISITOS DE INGRESOS (Válido hasta el 31 de Mayo, 2010)

Número de Personas en el Hogar	Ingreso Anual*	
	CARE	**FERA**
1-2	$30,500	No Aplica
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
Por cada persona adicional, agregue:	$7,400	$7,400 - $9,200

* Antes de los impuestos basado en las fuentes de su ingreso actual

Definición de Ingresos:

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

- Sueldos y/o Salarios
- Intereses/Dividendos de: Cuentas de Ahorros, Acciones, Bonos, o Cuentas de Jubilación
- Beneficios 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
- Pagos por Incapacidad
- Pagos por Compensación al Trabajador
- Pagos de Pensiones
- Pagos del Seguro Social, SSI, SSP, SSDI
- Pagos de Reclamaciones del Seguro
- Pagos de Reclamaciones Legales
- Pagos de TANF (AFDC)
- Estampillas de Alimentos
- Pagos por Pensión Alimenticia a Hijos
- Pagos por Pensión Conyugal
- Pagos en Efectivo y/u Otros Ingresos

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712
para los sordomudos, de lunes a viernes 9:00 a.m. hasta las 11:00 p.m.

California Relay 1-800-735-2929 si no puede usar la línea TDD

Pacific Gas and Electric Company®

CARE/FERA 計劃

收入標準

79-1059
Rev. 06/01/09

收入標準 (有效期至 2010 年 5 月 31 日)

家庭人數	年收入*	
	CARE	**FERA**
1-2	$30,500	不適用於此計劃
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
每增加一人，增加	$7,400	$7,400 - $9,200

*根據當前稅前收入的來源

收入定義:

所有家庭成員的收入，來自任何途徑，繳稅或不繳稅，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
- 傷病補助金
- 勞工賠償
- 退休金
- 社會福利安全金、SSI、SSP、SSDI
- 保險訴訟所得的金錢
- 法律訴訟所得的金錢
- 貧困家庭臨時現金資助計劃 TANF (AFDC)
- 糧食券
- 給孩童款
- 給配偶款
- 現金和/或其他收入

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712

有言語或聆聽障礙者, 星期一至五 9:00 a.m. - 11:00 p.m.

California Relay 1-800-735-2929 如果您未能轉接 TDD 專線

Pacific Gas and Electric Company®

Chương Trình CARE/FERA
Định Mức Lợi Tức

79-1059
Rev. 06/01/09

ĐỊNH MỨC LỢI TỨC (Có hiệu lực đến ngày 31 tháng Năm, 2010)

Số Người trong Gia Đình	Lợi Tức Hàng Năm*	
	CARE	**FERA**
1-2	$30,500	Không đủ tiêu chuẩn
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
Mỗi người thêm sau đó	$7,400	$7,400 - $9,200

* Trước khi trừ thuế dựa theo các nguồn lợi tức hiện có

Định Nghĩa Lợi Tức:

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 chỉ giới hạn vào:

- Tiền Lương
- Tiền Lời/Cổ Tức từ: Trương Mục Tiết Kiệm, Chứng Khoán, Trái Phiếu, hay Trương Mục Hưu Trí
- Tiền Thất Nghiệp
- Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày
- Lợi Tức từ Tư Doanh
- Tiền cho Người Có Khuyết Tật
- Tiền Bồi Thường Tai Nạn Lao Động
- Tiền Hưu Bổng
- Tiền Trợ Cấp An Sinh Xã Hội, SSI, SSDI
- 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

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 dành cho người khiếm thanh/khiếm thính,
Thứ Hai - Thứ Sáu 9:00 giờ sáng – 11:00 giờ tối

California Relay 1-800-735-2929 nếu quý vị không thể sử dụng đường dây TDD

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ELECTRIC SCHEDULE E-FERA

Sheet 2

FAMILY ELECTRIC RATE ASSISTANCE

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 Eligible
3	$35,801 – $44,800
4	$43,201 – $54,000
5	$50,601 – $63,200
6	$58,001 – $72,400
Each Additional Person Add	$ 7,400 – $ 9,200

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. 62-0973 (English/Vietnamese), 01-9077 (English/Spanish), 62-0972 (English/Chinese).

Submetered tenants of master-metered PG&E Customers:

Submetered tenants of master-metered Customers will submit Application Form No. 62-0672 (English/Chinese), 01-9285 (English/Spanish), 62-0673 (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)

ELECTRIC RULE NO. 19.1 Sheet 2

CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS

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	$30,500
3	$35,800
4	$43,200
5	$50,600
6	$58,000
Each additional member, add:	$ 7,400

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)

ELECTRIC RULE NO. 19.2 Sheet 2

CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES

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	$30,500
3	$35,800
4	$43,200
5	$50,600
6	$58,000
Each additional member, add:	$ 7,400

(Continued)

ELECTRIC RULE NO. 19.3 Sheet 2

CALIFORNIA ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES

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	$30,500
3	$35,800
4	$43,200
5	$50,600
6	$58,000
Each additional member, add:	$ 7,400

(Continued)

Electric Sample Form No. 01-9077
California Alternate Rates for Energy Program Application for Residential Single-Family Customers

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Residential Single-Family Customers**

01-9077
Rev. 06/01/09

ABOUT THE CARE/FERA PROGRAM

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

PROGRAM GUIDELINES

- The PG&E bill must be in your name.
- You must live at the address where the discount will be received.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- You may not share energy meter(s) with another home.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
- PG&E will notify you when it is time for you to reapply, if you still qualify.
- Tenants of sub-metered mobile home parks, apartments and marinas must use the "CARE/FERA Program Application for Tenants of Sub-Metered Facilities". (See Landlord / Manager for form 01-9285)

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **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.
- **Bill Guaranty** – A deposit alternative enables customers to secure their account by having another qualifying PG&E customer sign on their behalf. 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.
- **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.
- **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.
- **ULTS** – Universal Lifeline Telephone Service provides discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local telephone service provider for more information.

Mail Completed Application to:

Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

Pacific Gas and Electric Company®

Solicitud del Programa CARE/FERA para Clientes Residenciales de Familias Individuales

01-9077
Rev. 06/01/09

INFORMACION SOBRE EL PROGRAMA DE DESCUENTO DE CARE/FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento en la cuenta mensual de energía a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** proporciona ahorros en la cuenta eléctrica de hogares grandes, de tres o más personas, de ingresos bajos y medianos.

REQUISITOS DEL PROGRAMA

- La cuenta de PG&E debe estar a su nombre.
- Debe vivir en la dirección donde se recibirá el descuento.
- El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo(a).
- El solicitante no debe compartir el(los) medidor(es) de energía con otro hogar.
- Los ingresos anuales del hogar no deben exceder de los requisitos de ingresos descritos en esta solicitud.
- Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
- PG&E le informará cuando debe volver a re-inscribirse, si es que todavía califica para el programa.
- Los inquilinos con medidores “Sub-Metered” que pertenecen a parques de casas móviles, apartamentos o muelles para botes, deben llenar otro formulario llamado “Solicitud del Programa CARE/FERA para Inquilinos de Instalaciones Residenciales Sub-Metered”. (Visite al propietario/administrador del Mobile Home Park para obtener el formulario 01-9285).

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRIA CALIFICAR

- **Plan de Pagos Balanceados** – Comuníquese con Pacific Gas and Electric Company para saber como puede uniformar sus pagos, de modo que pueda hacer un presupuesto para el pago de sus cuentas de electricidad y gas. Llame al 1-800-743-5000 para más información.
- **Depósito de Garantía para Abrir Una Cuenta en PG&E** – Una alternativa de depósito que permite a los clientes asegurar su cuenta al designar a otro cliente que reúne los requisitos de PG&E para que firme en su nombre. Llame al 1-800-743-5000 para más información.
- **Socios en la Energía –** Ofrece consejos y servicios gratuitos sobre ahorros de energía a los clientes que reúnan los requisitos. Llame al 1-800-989-9744 para más información.
- **LIHEAP** – Programa de Ayuda para el Pago de Energía para los Hogares de Bajos Ingresos (LIHEAP). Este es un programa que brinda ayuda o asistencia de emergencia con el pago de sus cuentas, y brinda servicios gratuitos para el ahorro de energía, a los clientes que reúnan los requisitos. Para más información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de tarifas más bajas, a los clientes que estén en condiciones médicas comprobadas. Llame al 1-800-743-5000 para más información.
- **REACH** – Póngase en contacto con el Salvation Army para recibir ayuda, por una sola vez, para el pago de sus cuentas de electricidad y gas. Llámelos al 1-800-933-9677.
- **ULTS** – La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio, a aquellos clientes que reúnan requisitos similares a los del Programa CARE. Llame a su compañía local de teléfonos para más información.

Envìe la aplicación completa a:
Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 para los sordomudos, de lunes a viernes 9:00 a.m. hasta las 11:00 p.m.

California Relay 1-800-735-2929 si no puede usar la línea TDD

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Residential Single-Family Customers**

01-9077
Rev. 06/01/09

1 CUSTOMER INFORMATION: *(please print clearly)*

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

										-	

Name _____ **Telephone Number** (____)_____

Home Address *(Do NOT use a P.O. Box)* **Apartment #** **City** **Zip Code**

Mailing Address *(If different from the above address)* **Apartment #** **City** **Zip Code**

Number of Persons in Household: Adults_____ **+ Children (under 18)**_____ **=** _____

2A PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then **GO TO** section 3.

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

If you do not participate in any of the above programs, **GO TO** section 2B

2B HOUSEHOLD INCOME ELIGIBILITY: (skip if you filled out section 2A)

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

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

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

* Before taxes based on current income sources

Valid until May 31, 2010

Total Annual Household Income: $,

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

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

For Internal Use Only

X _____

Signature O fill in circle if guardian or power of attorney ***Date***

Pacific Gas and Electric Company®

Solicitud del Programa CARE/FERA para Clientes Residenciales de Familias Individuales

01-9077
Rev. 06/01/09

1 INFORMACION DEL CLIENTE: *(por favor escriba a máquina o con letras de imprenta)*

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

										-	

Nombre *(Como aparece en la factura)* **Número telefónico** (____)

Dirección del Hogar *(No use P.O. Box)* **Apartamento #** **Ciudad** **Código Postal**

Dirección Postal, si tiene **Apartamento #** **Ciudad** **Código Postal**
(Llene sólo si su dirección postal es diferente a la que aparece arriba)

Número de Personas en el hogar: Adultos _____ + Niños (menores de 18) _____ = _____

2A ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PUBLICA:

MARQUE todos los programas que pertenece y **PASE** a la sección 3.

- ☐ Medicaid/Medi-Cal (menor de 65 años)
- ☐ Medicaid/Medi-Cal (65 años o más)
- ☐ SSI
- ☐ Estampillas de Alimentos/SNAP
- ☐ LIHEAP
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ TANF o Tribal TANF
- ☐ NSL FREE Lunch Program
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Sólo Tribus Indígenas)

Si no está inscrito en ninguno de los programas arriba indicados, **PASE** a la sección 2B

2B FUENTES DE INGRESOS DEL HOGAR:

MARQUE todas las fuentes de ingreso de la familia. Se le inscribirá en el programa de CARE o en el programa de FERA dependiendo de cuantas personas vivan en el hogar y el monto de sus ingresos salariales.

- ☐ Pagos de Pensiones
- ☐ Pagos del Seguro Social
- ☐ SSP, SSDI
- ☐ Intereses/Dividendos de: Cuentas de Ahorros, Acciones, Bonos, o Cuentas de Jubilación
- ☐ Sueldos y/o Ganancias de su Propio Negocio
- ☐ Ingresos Provenientes de Rentas o Regalías
- ☐ Beneficios por Desempleo
- ☐ Pagos por Incapacidad o Compensación al Trabajador
- ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- ☐ Pagos por Reclamaciones al Seguro o Legales
- ☐ Pagos por Pensión Alimenticia a Hijos/Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

Número de Personas en el Hogar	Ingreso Anual*	
	CARE	**FERA**
1-2	$30,500	No Aplica
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
Por cada persona adicional,agregue:	$7,400	$7,400 - $9,200

* Antes de los impuestos basado en las fuentes de su ingreso actual Válido hasta el 31 de Mayo, 2010

Ingreso Bruto Anual del Hogar: **$** ☐☐,☐☐☐

3 DECLARACION: *(Por favor lea 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 si 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 inscribirme en sus programas de ayuda.

X _____

Firma del Cliente ○ Marque aquí si es tutor o tiene carta de poder ***Fecha***

For Internal Use Only

Electric Sample Form No. 01-9285
California Alternate Rates for Energy Program Application for Tenants of Sub-Metered Facilities

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Tenants of Sub-Metered Residential Facilities**

01-9285
Rev. 06/01/09

ABOUT THE CARE/FERA PROGRAM

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

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

* Before taxes based on current income sources

Valid until May 31, 2010

PROGRAM GUIDELINES

- The energy bill from your landlord must be in your name.
- You must live at the address where the discount will be received.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- You may not share energy meter(s) with another home.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
- PG&E will notify you when it is time for you to reapply, if you still qualify.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **Energy Partners** - Free energy education and weatherization to income qualified customers. Call 1-800-989-9744 for more information.
- **LIHEAP** - Low Income Home Energy Assistance Program. Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline** - Provides services at the lowest rates to customers with documented needs. Call 1-800-PGE-5000 for more information.
- **ULTS** – Universal Lifeline Telephone Service provides discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local telephone service provider for more information.

Mail Completed Application to:

Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

Pacific Gas and Electric Company®

Solicitud del Programa CARE/FERA para **Inquilinos de Instalaciones Residenciales "Sub-Metered"**

01-9285
Rev. 06/01/09

INFORMACION SOBRE EL PROGRAMA DE DESCUENTO DE CARE/FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento en la cuenta mensual de energía a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** proporciona ahorros en la cuenta eléctrica de hogares grandes, de tres o más personas, de ingresos bajos y medianos.

Número de Personas en el Hogar	Ingreso Anual*	
	CARE	**FERA**
1-2	$30,500	No Aplica
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
Por cada persona adicional,agregue:	$7,400	$7,400 - $9,200

* Antes de los impuestos basado en las fuentes de su ingreso actual

Válido hasta el 31 de Mayo, 2010

REQUISITOS DEL PROGRAMA

- La cuenta de energía del administrador de su Mobile Home Park debe estar a su nombre.
- Debe vivir en la dirección donde se recibirá el descuento.
- El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo(a).
- El solicitante no debe compartir el(los) medidor(es) de energía con otro hogar.
- Los ingresos anuales del hogar no deben exceder de los requisitos de ingresos descritos en esta solicitud.
- Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
- PG&E le informará cuando debe volver a re-inscribirse, si es que todavía califica para el programa.

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRIA CALIFICAR

- **Socios en la Energía –** Ofrece consejos y servicios gratuitos sobre ahorros de energía a los clientes que reúnan los requisitos. Llame al 1-800-989-9744 para más información.
- **LIHEAP** – Programa de Ayuda para el Pago de Energía para los Hogares de Bajos Ingresos (LIHEAP). Este es un programa que brinda ayuda o asistencia de emergencia con el pago de sus cuentas, y brinda servicios gratuitos para el ahorro de energía, a los clientes que reúnan los requisitos. Para más información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de tarifas más bajas, a los clientes que estén en condiciones médicas comprobadas. Llame al 1-800-743-5000 para más información.
- **ULTS** – La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio, a aquellos clientes que reúnan requisitos similares a los del Programa CARE. Llame a su compañía local de teléfonos para más información.

Envìe la aplicación completa a:

Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 para los sordomudos, de lunes a viernes 9:00 a.m. hasta las 11:00 p.m.

California Relay 1-800-735-2929 si no puede usar la línea TDD

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Tenants of Sub-Metered Residential Facilities**

01-9285
Rev. 06/01/09

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

Mobile Home Park/Other Sub-Metered Facilities Name

Mobile Home Park/Other Sub-Metered Facilities Address **City** **Zip Code**

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

Manager or Landlord Name **( ) Telephone Number**

Manager or Landlord Mailing Address **City** **Zip Code**

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

2 TENANT INFORMATION: *(please print clearly)*

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

Home Address *(Do NOT use a P.O. Box)* **Unit #** **City** **Zip Code**

Mailing Address *(If different from the above address)* **Unit #** **City** **Zip Code**

Number of Persons in Household: Adults_____ **+ Children (under 18)**_____ **=** _____

3A PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

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

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

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

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

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

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

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

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

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

For Internal Use Only

X _____

Signature ○ fill in circle if guardian or power of attorney ***Date***

Pacific Gas and Electric Company®

Solicitud del Programa CARE/FERA para **Inquilinos de Instalaciones Residenciales "Sub-Metered"**

01-9285
Rev. 06/01/09

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

Nombre del Mobile Home Park/ o Nombre de otros locales con Sub-medidores

Dirección del Mobile Home Park/ ú otras Direcciones de locales con Sub-medidores **Ciudad** **Código Postal**

Número de Cuenta Electricidad ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

Nombre del Administrador o Propietario **Número telefónico** (_____)

Dirección del Administrador o Propietario **Ciudad** **Código Postal**

Situación del solicitante: ○ NUEVO ○ CANCELO EL PROGRAMA ○ RE-INSCRIPCION ○ SE MUDO A OTRO ESPACIO

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

Nombre *(Como aparece en la cuenta)* **Número telefónico** (_____)

Dirección del Hogar *(No use P.O. Box)* **Apartamento #** **Ciudad** **Código Postal**

Dirección Postal, si tiene **Apartamento #** **Ciudad** **Código Postal**
(Llene sólo si su dirección postal es diferente a la que aparece arriba)

Número de Personas en el hogar: Adultos _____ + Niños (menores de 18) _____ = _____

3A ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PUBLICA:

MARQUE todos los programas a que pertenece y **PASE** a la sección 4.

- ☐ Medicaid/Medi-Cal (menor de 65 años)
- ☐ Medicaid/Medi-Cal (65 años o más)
- ☐ SSI
- ☐ Estampillas de Alimentos/SNAP
- ☐ LIHEAP
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ TANF o Tribal TANF
- ☐ NSL FREE Lunch Program
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Sólo Tribus Indígenas)

Si no está inscrito en ninguno de los programas arriba indicados, **PASE** a la sección 3B

3B FUENTES DE INGRESOS DEL HOGAR:

MARQUE todas las fuentes de ingreso de la familia. Se le inscribirá en el programa de CARE o en el programa de FERA dependiendo de cuantas personas vivan en el hogar y el monto de sus ingresos salariales.

- ☐ Pagos de Pensiones
- ☐ Pagos del Seguro Social
- ☐ SSP, SSDI
- ☐ Intereses/Dividendos de: Cuentas de Ahorros, Acciones, Bonos, o Cuentas de Jubilación
- ☐ Sueldos y/o Ganancias de su Propio Negocio
- ☐ Ingresos Provenientes de Rentas o Regalías
- ☐ Beneficios por Desempleo
- ☐ Pagos por Incapacidad o Compensación al Trabajador
- ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- ☐ Pagos por Reclamaciones al Seguro o Legales
- ☐ Pagos por Pensión Alimenticia a Hijos/Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

Ingreso Bruto Anual del Hogar: **$** ☐☐,☐☐☐

4 DECLARACION: *(Por favor lea 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 si 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 inscribirme en sus programas de ayuda.

X _____

Firma del Cliente ○ Marque aquí si es tutor o tiene carta de poder ***Fecha***

For Internal Use Only

Electric Sample Form No. 61-0535
CARE Program Application for OMS/Non-Profit Migrant Farm Worker Housing Centers

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

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

61-0535
Rev. 06/01/09

INSTRUCTIONS

1. READ ALL information and instructions before you complete this application. If you have questions, call Pacific Gas and Electric Company's CARE Program toll-free at 1-866-743-2273 or the Hotline at 415-973-7288.

2. DETERMINE if the facility can comply with section 50710.1 (e) of the California Health and Safety Code, or is a non-profit farm worker housing center.

3. REVIEW the service agreements in this application to confirm that they are residential end use and included in your facility.

4. COMPLETE, SIGN and DATE the application.

5. MAIL TO: **Pacific Gas and Electric Company**
   CARE Program
   PO Box 7979
   San Francisco, CA 94120-7979

DISCOUNT

The CARE Program provides a monthly discount on energy bills for MFHC facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates are available only to qualified facilities. The facility will receive the discount after the utility receives and approves the application.

ELIGIBILITY CRITERIA FOR ORGANIZATIONS

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

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

Pacific Gas and Electric Company®

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

61-0535
Rev. 06/01/09

ELIGIBLE FACILITIES

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

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

MIGRANT FARM WORKER HOUSING CENTERS (MFHC) RESPONSIBILITIES

MFHC is required to:

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

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

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

- Update its application when notified by PG&E.

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

Pacific Gas and Electric Company®

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

61-0535
Rev. 06/01/09

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

Name on Utility Bill _____

Name of Facility _____
(if different than on bill)

Address _____ **City** _____ **Zip Code** _____

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

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

Phone (_____)_____

Fax (_____)_____

E-mail Address _____

Secondary Contact _____
(who to contact if utility needs more information

Phone (_____)_____

Fax (_____)_____

E-mail Address _____

2 FACILITY INFORMATION:

Please use a separate application for each TYPE of facility

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

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

3 RE-CERTIFICATION *(please print or type)*

If re-certifying the facility's eligibility for continued CARE discounts, please provide an explanation of how last year's discount savings was used by your organization to benefit your clients:

_____

_____

This year's discount will be used for:

_____

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

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

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

Authorized Representative's Name _____ **Date** _____

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

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

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

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

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

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

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

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

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

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

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

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

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

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

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

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

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

Electric Sample Form No. 62-0156
California Alternate Rates for Energy Program Application for Qualified Non-Profit Group Living Facilities

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

CARE Program Application for **Qualified Non-Profit Group Living Facilities**

62-0156
Rev. 06/01/09

INSTRUCTIONS

1. READ ALL information and instructions before you complete this application. If you have questions, call Pacific Gas and Electric Company's CARE Program toll-free at 1-866-743-2273 or the Non-Profit hotline at 415-973-7288.
2. DETERMINE if the facility meets the definition of a qualified nonprofit group living facility. The facility MUST meet ALL criteria to qualify for a monthly discount from the CARE Program.
3. COMPLETE the entire application (please print or type). Complete a separate application for each type of qualified facility (including satellite facilities).
4. ATTACH all required documents. (Application is considered incomplete without documents.)
5. MAIL TO: **Pacific Gas and Electric Company**
   CARE Program
   PO Box 7979
   San Francisco, CA 94120-7979

DISCOUNT

The CARE Program provides a monthly discount on energy bills for facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates are available only to qualified facilities. The facility will receive the discount after the utility receives and approves the application.

ELIGIBILITY CRITERIA FOR ORGANIZATIONS

Each facility MUST meet ALL of the following criteria:

- Organization operating facility must be able to prove federal 501(c)(3) tax-exempt status.
- All Pacific Gas and Electric Company accounts must be in the name of the organization with IRS tax exemption.
- 70% of the energy supplied to each Pacific Gas and Electric Company account including common use areas must be used for residential purposes.
- 100% of the residents or clients occupying the facility at any given time must individually meet the current CARE income eligibility guidelines for a single-person household.
  Note: This excludes any employee operating or managing the facility who resides on the premise. Please see enclosed sheet for the current CARE income guidelines.
- Organizations are required to re-certify CARE eligibility by completing a new application, attaching all required documentation (updated as necessary) and a statement of how the discount was used in the previous year to directly benefit the residents.

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

ELIGIBLE FACILITIES

GROUP LIVING FACILITIES: Defined as transitional housing (such as drug rehabilitation or half-way houses), short- or long- term care facilities (such as hospice, nursing home, children's and seniors' homes), group homes for physically or mentally challenged persons, or other nonprofit group living facilities.

- Each facility must provide a special needs social service, such as meals or rehabilitation, in addition to lodging
- Also eligible are satellite facilities in the name of the licensed organization, where 70% of the energy supplied is for residential purposes, and where special-needs social services are provided. Applications for satellite facilities must be completed by the organization that holds the documentation showing the special-needs social services provided.
- **Supporting documentation required:**
  - ✓ Completed and signed application form (one form for each type of facility).
  - ✓ Provide current copy of federal 501(c)(3) tax exemption
  - ✓ Organizations must provide licensing of services by the appropriate agency such as the State Department of Social Services, Department of Drug and Alcohol Programs or Department of Health Services, or be able to show some other proof of services satisfactory to Pacific Gas and Electric Company.

HOMELESS SHELTERS, HOSPICES and WOMEN'S SHELTERS:

- Primary function of the facility must be to provide lodging
- Each facility must be open for operation with at least 6 beds for a minimum of 180 days and/or nights per year.
- Satellite facilities in the name of the licensed organization, where 70% of the energy supplied is for residential purposes, are also eligible. Applications for satellite facilities must be completed by the organization that holds the documentation required.
- **Supporting documentation required:**
  - ✓ Completed and signed application form (one form for each type of facility).
  - ✓ Provide current copy of federal 501(c)(3) tax exemption

FACILITIES NOT ELIGIBILE

- Non-Profit Facilities providing social services only.
- Group Living Facilities providing no other services than a place to live.
- Government-owned and/or –operated facilities.
- Government-subsidized facility providing lodging only.

ORGANIZATION'S RESPONSIBILITIES

The organization is required to:

- Provide proof of facility's eligibility (see Eligible Facilities) and submit required documentation with the application (see requirements on the application).
- Verify that all individuals residing in the facility meet the CARE income eligibility guidelines (see income guideline sheet) and make a certification to that effect, under the penalty of perjury, under the laws of the state of California.
- Maintain records of residents' income eligibility, which should come from federal tax return, payroll stubs or similar records acceptable to the utility. These records must be retained for three (3) years from the date of initial application and/or re-certification.
- Show how the previous year discount was used to directly benefit the residents at re-certification.
- Maintain accounting entries and supporting documentation of how the discount was used for the direct benefit of the residents. These records must be retained for three (3) years from the date of initial application and/or re-certification.
- Upon request from the utility, provide documentation of the residents' income eligibility and/or documentation of how the discount was used for the direct benefit of the residents.
- Provide all information requested by the utility. Failure to do so will result in denial or removal from the program. The applicant may be subject to rebilling for the period they were ineligible for the discount as determined by the utility.

Pacific Gas and Electric Company®

CARE Program Application for **Qualified Non-Profit Group Living Facilities**

62-0156
Rev. 06/01/09

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

Name on Utility Bill _____

Name of Facility _____
(if different than on bill)

Address _____ **City** _____ **Zip Code** _____

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

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

Phone (_____)_____

Fax (_____)_____

E-mail Address _____

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

Phone (_____)_____

Fax (_____)_____

E-mail Address _____

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

TYPE OF FACILITY
(please use a separate application for each TYPE of facility)

- ☐ Group Living Facility
- ☐ Homeless Shelter
- ☐ Hospice
- ☐ Women's Shelter

SERVICES PROVIDED (check all that apply)

- ☐ Lodging
- ☐ Counseling
- ☐ Meals
- ☐ Rehabilitation
- ☐ Training
- ☐ Other (Please Describe): _____

3 RE-CERTIFICATION *(please print or type)*

If re-certifying the facility's eligibility for continued CARE discounts, please provide an explanation of how last year's discount savings was used by your organization to benefit your clients:

_____

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

- Organization is Pacific Gas and Electric Company customer of record
- 100% of all residents of the facility and/or households meet CARE income guidelines.
- Documentation is available to substantiate the above.
- Each Pacific Gas and Electric Company account meets the 70% residential energy usage criteria.

By signing below, I certify under penalty of perjury that the information on this declaration is truthful and correct. Although this declaration is valid for one year, I will notify Pacific Gas and Electric Company of any changes that may affect eligibility for CARE. Pacific Gas and Electric Company reserves the right to request verification of records demonstrating eligibility at any time and may re-bill the Organization at the applicable rate if appropriate. I understand that the facility name and address may be shared with other energy utilities, if applicable.

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

Authorized Representative's Name _____ **Date** _____

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

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

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

Satellite Facility? ☐ **Yes** ☐ **No** **Number of days facility is occupied each year** _____

Common Use Area Account? ☐ **Yes** ☐ **No** **Total Number of residents** (excluding on-site manager) _____

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

Satellite Facility? ☐ **Yes** ☐ **No** **Number of days facility is occupied each year** _____

Common Use Area Account? ☐ **Yes** ☐ **No** **Total Number of residents** (excluding on-site manager) _____

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

Satellite Facility? ☐ **Yes** ☐ **No** **Number of days facility is occupied each year** _____

Common Use Area Account? ☐ **Yes** ☐ **No** **Total Number of residents** (excluding on-site manager) _____

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

Satellite Facility? ☐ **Yes** ☐ **No** **Number of days facility is occupied each year** _____

Common Use Area Account? ☐ **Yes** ☐ **No** **Total Number of residents** (excluding on-site manager) _____

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

Satellite Facility? ☐ **Yes** ☐ **No** **Number of days facility is occupied each year** _____

Common Use Area Account? ☐ **Yes** ☐ **No** **Total Number of residents** (excluding on-site manager) _____

Electric Sample Form No. 62-0672
California Alternate Rates for Energy Program Application for Tenants of Sub-Metered Facilities (English/Chinese)

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Tenants of Sub-Metered Residential Facilities**

62-0672
Rev. 06/01/09

ABOUT THE CARE/FERA PROGRAM

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

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

* Before taxes based on current income sources

Valid until May 31, 2010

PROGRAM GUIDELINES

- The energy bill from your landlord must be in your name.
- You must live at the address where the discount will be received.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- You may not share energy meter(s) with another home.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
- PG&E will notify you when it is time for you to reapply, if you still qualify.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **Energy Partners** - Free energy education and weatherization to income qualified customers. Call 1-800-989-9744 for more information.
- **LIHEAP** - Low Income Home Energy Assistance Program. Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline** - Provides services at the lowest rates to customers with documented needs. Call 1-800-PGE-5000 for more information.
- **ULTS** – Universal Lifeline Telephone Service provides discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local telephone service provider for more information.

Mail Completed Application to:

Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

Pacific Gas and Electric Company®

CARE/FERA 計劃申請表
分錶住宅設施住客

62-0672
Rev. 06/01/09

關於 CARE/FERA 計劃

- (CARE)計劃是為符合收入資格的家庭提供每月的能源帳單折扣。
- (FERA)是為有三人或更多成員並符合收入資格的家庭提供每月的電費帳單折扣。

家庭人數	年收入*	
	CARE	**FERA**
1-2	$30,500	不適用於此計劃
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
每增加一人，增加	$7,400	$7,400 - $9,200

* 根據當前稅前收入的來源　　有效期至 2010 年 5 月 31 日

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。
- 申請者必須居住在將收到折扣的住址。
- 除了配偶，申請人不可以在另一個人的報稅表中被稱為受贍養者。
- 申請者的居所不可與另一居所共同用一個碼錶。
- 申請者家庭不應該超過本申請表格中所描述收入的標準。
- 申請者家庭若不再符合 CARE/FERA 計劃的資格要求，必須知會太平洋煤電公司。
- PG&E 將會通知您重新申請 CARE/FERA 計劃, 到時如果您仍然合格。

您可能符合其他計劃和免費服務

- **能源伙伴 Energy Partners** - 為符合收入資格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。
- **LIHEAP** - 低收入家居能源輔助計劃，為符合收入資格的客戶提供付帳輔助、突發情況付帳輔助和家居防寒保暖 措施。詳情請電 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。詳情請電 1-800-743-5000。
- **生機一線電話服務 ULTS** - 提供電話折扣服務須符合 CARE 收入標準。欲知詳情，請聯絡您當地的熱線電話服 務公司。

申請表請寄至:
Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 有言語或聆聽障礙者, 星期一至五 9:00 a.m. - 11:00 p.m.

California Relay 1-800-735-2929 如果您未能轉接 TDD 專線

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Tenants of Sub-Metered Residential Facilities**

62-0672
Rev. 06/01/09

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

Mobile Home Park/Other Sub-Metered Facilities Name

Mobile Home Park/Other Sub-Metered Facilities Address **City** **Zip Code**

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

Manager or Landlord Name **( ) Telephone Number**

Manager or Landlord Mailing Address **City** **Zip Code**

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

2 TENANT INFORMATION: *(please print clearly)*

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

Home Address *(Do NOT use a P.O. Box)* **Unit #** **City** **Zip Code**

Mailing Address *(If different from the above address)* **Unit #** **City** **Zip Code**

Number of Persons in Household: Adults_____ + **Children (under 18)**_____ = _____

3A PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

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

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

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

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

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

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

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

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

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

X _____

Signature ○ fill in circle if guardian or power of attorney ***Date***

For Internal Use Only

Pacific Gas and Electric Company®

CARE/FERA 計劃申請表
分錶住宅設施住客

62-0672
Rev. 06/01/09

1 經理/分錶住宅設施資料: (請用正楷填寫)

活動房屋/其它分錶住宅設施名字

活動房屋/其它分錶住宅設施住址 **城市** **郵政區號**

帳戶號碼: 電力 ☐☐☐☐☐☐☐☐☐☐-☐ 煤氣 ☐☐☐☐☐☐☐☐☐☐-☐

經理或業主姓名 ( ) **電話號碼**

經理或業主郵寄住址 **城市** **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) ( ) **電話號碼**

家庭住址 (不要使用郵箱號碼) **單位** **城市** **郵政區號**

郵寄住址 (如果跟以上地址不同的話) **單位** **城市** **郵政區號**

家庭人數: 成人總數 _____ **+ 孩童總數(十八歲以下)** _____ = _____

3A 合資格的公共資助計劃:

請勾選全部您有所參與，然後請填寫第 4 部份。

- ☐ Medicaid/Medi-Cal (65 歲以下)
- ☐ Medicaid/Medi-Cal (65 歲和 65 歲以上)
- ☐ SSI
- ☐ 糧食券/SNAP
- ☐ 低收入家庭能源協助計劃
- ☐ 婦女,嬰兒和兒童營養輔助計劃
- ☐ 健康家庭低費兒童醫藥健保計劃類別 A 及 B
- ☐ 貧困家庭臨時現金資助計劃或 Tribal TANF
- ☐ NSL 免費午餐計劃
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

如果您沒有參與以上的計劃，請填寫第 3B 部份。

3B 合資格的家庭總收入: (請略過如果您已填寫 3A 部份)

請勾選您家庭收入的全部來源。您是否合資格申請 CARE 或 FERA 計劃, 將根據您的家庭總人數和總收入而定。

- ☐ 退休金
- ☐ 社會福利安全金
- ☐ SSP、SSDI
- ☐ 利息/或股息，來源于: 儲蓄戶口、股票或債券，或退休帳戶
- ☐ 工資和/或自僱者的總收入
- ☐ 租金或版權收入
- ☐ 失業福利
- ☐ 傷病補助金或勞工賠償
- ☐ 學校助學金、獎學金或其他生活開支補助
- ☐ 保險或法律訴訟所得款
- ☐ 給配偶或孩童的資助
- ☐ 現金和/或其他收入

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。

X _____

簽名 O 如果是監護人或代理人的話，請勾上記號 日期

For Internal Use Only

Electric Sample Form No. 62-0673
California Alternate Rates for Energy Program Application for Tenants of Sub-Metered Facilities (English/Vietnamese)

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Tenants of Sub-Metered Residential Facilities**

62-0673
Rev. 06/01/09

ABOUT THE CARE/FERA PROGRAM

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

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

* Before taxes based on current income sources

Valid until May 31, 2010

PROGRAM GUIDELINES

- The energy bill from your landlord must be in your name.
- You must live at the address where the discount will be received.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- You may not share energy meter(s) with another home.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
- PG&E will notify you when it is time for you to reapply, if you still qualify.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **Energy Partners** - Free energy education and weatherization to income qualified customers. Call 1-800-989-9744 for more information.
- **LIHEAP** - Low Income Home Energy Assistance Program. Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline** - Provides services at the lowest rates to customers with documented needs. Call 1-800-PGE-5000 for more information.
- **ULTS** – Universal Lifeline Telephone Service provides discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local telephone service provider for more information.

Mail Completed Application to:

Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

Pacific Gas and Electric Company®

Đơn Ghi Danh vào Chương Trình CARE/FERA cho
Người Mướn Nhà có Đồng Hồ Điện Ga Phụ

62-0673
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CHƯƠNG TRÌNH CARE/FERA

- **Chương trình CARE** giảm giá hàng tháng trên hóa đơn năng lượng cho những gia đình hội đủ tiêu chuẩn về lợi tức.
- **Chương trình FERA** giảm giá hàng tháng trên hóa đơn điện cho những gia đình hội đủ tiêu chuẩn về lợi tức có từ ba người trở lên.

Số Người trong Gia Đình	Lợi Tức Hàng Năm*	
	CARE	**FERA**
1-2	$30,500	Không đủ tiêu chuẩn
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
Mỗi người thêm sau đó	$7,400	$7,400 - $9,200

* Trước khi trừ thuế dựa theo các nguồn lợi tức hiện có

Có hiệu lực đến ngày 31 tháng Năm, 2010

NHỮNG CHỈ DẪN CỦA CHƯƠNG TRÌNH

- Hóa đơn năng lượng từ chủ nhà của quý vị phải có tên của quý vị.
- Quý vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá.
- Quý vị không được một người khác khai là người phụ thuộc trên mẫu thuế ngoại trừ người phối ngẫu.
- Quý vị không được dùng chung (các) đồng hồ đo năng lượng với một ngôi nhà khác.
- Lợi tức của gia đình quý vị phải đáp ứng với mức lợi tức qui định của chương trình được ghi trong đơn này.
- Quý vị phải thông báo cho PG&E nếu gia đình quý vị không còn hội đủ điều kiện để được nhận giảm giá CARE/FERA.
- PG&E sẽ báo cho quý vị biết khi nào quý vị cần phải nộp đơn lại, nếu quý vị vẫn còn hội đủ điều kiện.

NHỮNG CHƯƠNG TRÌNH VÀ DỊCH VỤ MIỄN PHÍ KHÁC MÀ QUÝ VỊ CÓ THỂ HỘI ĐỦ ĐIỀU KIỆN

- **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.
- **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, và 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-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 chương trình CARE. Xin liên lạc hãng điện thoại "local" của quý vị để biết thêm chi tiết.

Gởi đơn đã điền về: Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712
dành cho người khiếm thanh/khiếm thính, Thứ Hai - Thứ Sáu 9:00 giờ sáng – 11:00 giờ tối

California Relay 1-800-735-2929 nếu quý vị không thể sử dụng đường dây TDD

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Tenants of Sub-Metered Residential Facilities**

62-0673
Rev. 06/01/09

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

Mobile Home Park/Other Sub-Metered Facilities Name

Mobile Home Park/Other Sub-Metered Facilities Address **City** **Zip Code**

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

Manager or Landlord Name **( ) Telephone Number**

Manager or Landlord Mailing Address **City** **Zip Code**

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

2 TENANT INFORMATION: *(please print clearly)*

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

Home Address *(Do NOT use a P.O. Box)* **Unit #** **City** **Zip Code**

Mailing Address *(If different from the above address)* **Unit #** **City** **Zip Code**

Number of Persons in Household: Adults_____ **+ Children (under 18)**_____ **=** _____

3A PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

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

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

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

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

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

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

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

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

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

For Internal Use Only

X _____

Signature ○ fill in circle if guardian or power of attorney ***Date***

Pacific Gas and Electric Company®

Đơn Ghi Danh vào Chương Trình CARE/FERA cho
Người Mướn Nhà có Đồng Hồ Điện Ga Phụ

62-0673
Rev. 06/01/09

1 CHI TIẾT VỀ QUẢN LÝ / KHU NHÀ VỚI ĐỒNG HỒ PHỤ: (xin viết rõ ràng)

Tên của Khu Nhà Lưu Động/ Những Khu Nhà Khác với Đồng Hồ Phụ

Địa Chỉ của Khu Nhà Lưu Động/ Những Khu Nhà Khác với Đồng Hồ Phụ **Thành Phố** **Bưu Chánh**

Số Hồ Sơ PG&E: **Điện** ☐☐☐☐☐☐☐☐☐☐-☐ **Ga** ☐☐☐☐☐☐☐☐☐☐-☐

Tên của Quản Lý hay Chủ Nhà **Số Điện Thoại** (_____)_____

Địa Chỉ Liên Lạc Bằng Thư của Quản Lý hay Chủ Nhà **Thành Phố** **Bưu Chánh**

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

2 CHI TIẾT VỀ NGƯỜI MƯỚN NHÀ: (xin viết rõ ràng)

Tên (Viết Y như trên hóa đơn Điện Ga) **Số Điện Thoại** (_____)_____

Địa Chỉ Nhà (ĐỪNG dùng số hộp thư (P.O Box)) **Số Phòng** **Thành Phố** **Bưu Chánh**

Địa Chỉ Liên Lạc Bằng Thư (Nếu khác với địa chỉ ở trên) **Số Phòng** **Thành Phố** **Bưu Chánh**

Số Người Trong Gia Đình: Người Lớn _____+ Trẻ Em (dưới 18 tuổi)_____ = _____

3A HỘI ĐỦ ĐIỀU KIỆN VỀ CHƯƠNG TRÌNH TRỢ GIÚP CÔNG CỘNG:

ĐÁNH DẤU vào tất cả các chương trình quý vị đang tham gia, sau đó điền phần 3.

- ☐ Medicaid/Medi-Cal (dưới 65 tuổi)
- ☐ Medicaid/Medi-Cal (65 và qua 65 tuổi)
- ☐ SSI
- ☐ Tiền Phiếu Thực Phẩm/SNAP
- ☐ LIHEAP
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ TANF hay Tribal TANF
- ☐ NSL FREE Lunch Program
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

Nếu quý vị không tham gia bất cứ chương trình nào kể trên, xin điền phần 2B

3B HỘI ĐỦ ĐIỀU KIỆN VỀ LỢI TỨC GIA ĐÌNH: (không cần điền nếu đã điền phần 3a)

ĐÁNH DẤU vào tất cả các nguồn lợi tức của gia đình quý vị. Dựa vào số người trong gia đình và lợi tức, quý vị sẽ được ghi danh vào chương trình CARE hoặc FERA.

- ☐ Tiền Hưu Bổng
- ☐ Tiền Trợ Cấp An Sinh Xã Hội
- ☐ SSP, SSDI
- ☐ Tiền Lời/Cổ Tức từ: Trương Mục Tiết Kiệm, Chứng Khoán,Trái Phiếu, hay Trương Mục Hưu Trí
- ☐ Tiền Lương và/hay Lợi Tức từ Tư Doanh
- ☐ Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- ☐ Tiền Thất Nghiệp
- ☐ Tiền cho Người Có Khuyết Tật hay Tiền Bồi Thường Tai Nạn Lao Động
- ☐ Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày
- ☐ Tiền Bảo Hiểm Bồi Thường hay Tiền Bồi Thường Thua Kiện
- ☐ Tiền Cấp Dưỡng Vợ/Chồng hay Con Cái
- ☐ Tiền Mặt và/hay Lợi Tức Khác

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 đơn này là thật và chính xác. Tôi đồng ý cung cấp chứng minh lợi tức nếu được yêu cầu. Tôi đồng ý thông báo cho Pacific Gas and Electric Company 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 số tiền tôi đã được giảm. Tôi hiểu rằng Pacific Gas and Electric Company có thể chia xẻ thông tin của tôi với những cơ quan tiện ích khác hay đại diện của họ để ghi danh tôi vào những chương trình trợ giúp của họ.

For Internal Use Only

X _____

Chữ ký ○ Đánh dấu vào nếu là người giám hộ hay người được ủy quyền **Ngày**

Electric Sample Form No. 62-0919
California Alternate Rates for Energy Program Residential Single-Family Customers
Pre-Printed Application

Please Refer to Attached
Sample Form

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Residential Single-Family Customers**

62-0919
Rev. 06/01/09

1 CUSTOMER INFORMATION:

Telephone Number: (_____)_____

Number of Persons in Household:

☐☐ **Adults**

☐☐ **+ Children (under 18)**

☐☐ **= Total**

2A PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then **GO TO** section 3.

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

If you do not participate in any of the above programs, **GO TO** section 2B

2B HOUSEHOLD INCOME ELIGIBILITY: (skip if you filled out section 2A)

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

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

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

* Before taxes based on current income sources

Valid until May 31, 2010

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

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

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

X _____

Signature ○ fill in circle if guardian or power of attorney ***Date***

Pacific Gas and Electric Company®

Solicitud del Programa CARE/FERA para **Clientes Residenciales de Familias Individuales**

62-0919
Rev. 06/01/09

1 INFORMACION DEL CLIENTE: *(por favor escriba a máquina o con letras de imprenta)*

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

										-	

Nombre *(Como aparece en la factura)* **(____) Número telefónico**

Dirección del Hogar *(No use P.O. Box)* **Apartamento #** **Ciudad** **Código Postal**

Dirección Postal, si tiene **Apartamento #** **Ciudad** **Código Postal**
(Llene sólo si su dirección postal es diferente a la que aparece arriba)

Número de Personas en el hogar: Adultos _____ + Niños (menores de 18) _____ = _____

2A ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PUBLICA:

MARQUE todos los programas que pertenece y **PASE** a la sección 3.

- ☐ Medicaid/Medi-Cal (menor de 65 años)
- ☐ Medicaid/Medi-Cal (65 años o más)
- ☐ SSI
- ☐ Estampillas de Alimentos/SNAP
- ☐ LIHEAP
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ TANF o Tribal TANF
- ☐ NSL FREE Lunch Program
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Sólo Tribus Indígenas)

Si no está inscrito en ninguno de los programas arriba indicados, **PASE** a la sección 2B

2B FUENTES DE INGRESOS DEL HOGAR:

MARQUE todas las fuentes de ingreso de la familia. Se le inscribirá en el programa de CARE o en el programa de FERA dependiendo de cuantas personas vivan en el hogar y el monto de sus ingresos salariales.

- ☐ Pagos de Pensiones
- ☐ Pagos del Seguro Social
- ☐ SSP, SSDI
- ☐ Intereses/Dividendos de: Cuentas de Ahorros, Acciones, Bonos, o Cuentas de Jubilación
- ☐ Sueldos y/o Ganancias de su Propio Negocio
- ☐ Ingresos Provenientes de Rentas o Regalías
- ☐ Beneficios por Desempleo
- ☐ Pagos por Incapacidad o Compensación al Trabajador
- ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- ☐ Pagos por Reclamaciones al Seguro o Legales
- ☐ Pagos por Pensión Alimenticia a Hijos/Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

Número de Personas en el Hogar	Ingreso Anual*	
	CARE	**FERA**
1-2	$30,500	No Aplica
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
Por cada persona adicional,agregue:	$7,400	$7,400 - $9,200

* Antes de los impuestos basado en las fuentes de su ingreso actual

Válido hasta el 31 de Mayo, 2010

Ingreso Bruto Anual del Hogar: **$** _____,_____

3 DECLARACION: *(Por favor lea 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 si 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 inscribirme en sus programas de ayuda.

X_____

Firma del Cliente ○ Marque aquí si es tutor o tiene carta de poder ***Fecha***

Electric Sample Form No. 62-0939
California Alternate Rates for Energy Program Residential Single-Family Customers
Pre-Printed Application Instruction

Please Refer to Attached
Sample Form

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Residential Single-Family Customers**

62-0939
Rev. 06/01/09

ABOUT THE CARE/FERA PROGRAM

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

PROGRAM GUIDELINES

- The PG&E bill must be in your name.
- You must live at the address where the discount will be received.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- You may not share energy meter(s) with another home.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
- PG&E will notify you when it is time for you to reapply, if you still qualify.
- Tenants of sub-metered mobile home parks, apartments and marinas must use the "CARE/FERA Program Application for Tenants of Sub-Metered Facilities". (See Landlord / Manager for form 01-9285)

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **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.
- **Bill Guaranty** – A deposit alternative enables customers to secure their account by having another qualifying PG&E customer sign on their behalf. 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.
- **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.
- **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.
- **ULTS** – Universal Lifeline Telephone Service provides discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local telephone service provider for more information.

Mail Completed Application to:

Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

Pacific Gas and Electric Company®

Solicitud del Programa CARE/FERA para **Clientes Residenciales de Familias Individuales**

62-0939
Rev. 06/01/09

INFORMACION SOBRE EL PROGRAMA DE DESCUENTO DE CARE/FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento en la cuenta mensual de energía a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** proporciona ahorros en la cuenta eléctrica de hogares grandes, de tres o más personas, de ingresos bajos y medianos.

REQUISITOS DEL PROGRAMA

- La cuenta de PG&E debe estar a su nombre.
- Debe vivir en la dirección donde se recibirá el descuento.
- El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo(a).
- El solicitante no debe compartir el(los) medidor(es) de energía con otro hogar.
- Los ingresos anuales del hogar no deben exceder de los requisitos de ingresos descritos en esta solicitud.
- Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
- PG&E le informará cuando debe volver a re-inscribirse, si es que todavía califica para el programa.
- Los inquilinos con medidores “Sub-Metered” que pertenecen a parques de casas móviles, apartamentos o muelles para botes, deben llenar otro formulario llamado “Solicitud del Programa CARE/FERA para Inquilinos de Instalaciones Residenciales Sub-Metered”. (Visite al propietario/administrador del Mobile Home Park para obtener el formulario 01-9285).

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRIA CALIFICAR

- **Plan de Pagos Balanceados** – Comuníquese con Pacific Gas and Electric Company para saber como puede uniformar sus pagos, de modo que pueda hacer un presupuesto para el pago de sus cuentas de electricidad y gas. Llame al 1-800-743-5000 para más información.
- **Depósito de Garantía para Abrir Una Cuenta en PG&E** – Una alternativa de depósito que permite a los clientes asegurar su cuenta al designar a otro cliente que reúne los requisitos de PG&E para que firme en su nombre. Llame al 1-800-743-5000 para más información.
- **Socios en la Energía –** Ofrece consejos y servicios gratuitos sobre ahorros de energía a los clientes que reúnan los requisitos. Llame al 1-800-989-9744 para más información.
- **LIHEAP** – Programa de Ayuda para el Pago de Energía para los Hogares de Bajos Ingresos (LIHEAP). Este es un programa que brinda ayuda o asistencia de emergencia con el pago de sus cuentas, y brinda servicios gratuitos para el ahorro de energía, a los clientes que reúnan los requisitos. Para más información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de tarifas más bajas, a los clientes que estén en condiciones médicas comprobadas. Llame al 1-800-743-5000 para más información.
- **REACH** – Póngase en contacto con el Salvation Army para recibir ayuda, por una sola vez, para el pago de sus cuentas de electricidad y gas. Llámelos al 1-800-933-9677.
- **ULTS** – La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio, a aquellos clientes que reúnan requisitos similares a los del Programa CARE. Llame a su compañía local de teléfonos para más información.

Envìe la aplicación completa a:
Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 para los sordomudos, de lunes a viernes 9:00 a.m. hasta las 11:00 p.m.

California Relay 1-800-735-2929 si no puede usar la línea TDD

Electric Sample Form No. 62-0940
California Alternate Rates for Energy Program Residential Single-Family Customers
Recertification Instruction

Please Refer to Attached
Sample Form

Pacific Gas and Electric Company®

www.pge.com/care

CARE Program Re-Certification Instruction

Residential Single-Family Customers

CARE Program

Mail Completed Application to: P.O. Box 7979, San Francisco, CA 94120-7979 **62-0940**

For Questions Call: 1-866-PGE-CARE (743-2273) *Fax:* 415-973-6419 *Rev. 06/01/09*

CARE PROGRAM RE-CERTIFICATION INSTRUCTIONS

Dear Customer:

You have been receiving a monthly discount on your Pacific Gas and Electric Company bills as a result of your participation in the CARE (California Alternate Rates for Energy) Program.

To continue receiving your monthly discount you need to reapply for the CARE Program if you still qualify. It is free, easy and confidential.

Enclosed is a CARE Re-Certification application with the most recent CARE income guidelines. If your household income still meets the current guidelines for the program, please complete the form, and return it to PG&E in the postage paid envelope provided.

Thank you for the opportunity to continue serving you.

CARE Program

INCOME GUIDELINES • REQUISITOS DE INGRESOS					
Number of Persons in Household Número de Personas en el Hogar	1-2	3	4	5	6
Annual Income* Ingresos Anuales*	$30,500	$35,800	$43,200	$50,600	$58,000
Add **$7,400** for each additional person • Agregue **$7,400** anual por cada personal adicional en el hogar.					

* Before taxes based on current income sources
Valid until May 31, 2010

* Antes de los impuestos basado en las fuentes de su ingreso actual
Válido hasta el 31 de Mayo, 2010

INSTRUCCIONES PARA RE-INSCRIBIRSE EN EL PROGRAMA DE CARE

Estimado(a) cliente:

Usted ha estado recibiendo un descuento en su factura de Pacific Gas and Electric Company porque sus ingresos calificaron para el Programa de California Alternate Rates for Energy (CARE).

Si desea continuar recibiendo dicho descuento, usted debe de re-inscribirse a este programa si es que todavía califica para el mismo. La re-inscripción es gratis, fácil y confidencial.

Adjunto encontrará un formulario de Re-inscripción CARE, así como una tabla con los requisitos de ingresos más recientes del programa CARE. Si el ingreso total de su hogar (incluyendo los ingresos de todas las personas que trabajan en su hogar) aún se encuentra dentro de los límites especificados en el programa, por favor llene y firme el formulario y envìela a PG&E en el sobre con franqueo pre-pagado que hemos adjuntado en esta carta.

Le agradecemos que nos haya dado la oportunidad de continuar sirviéndole.

Programa CARE

Pacific Gas and Electric Company®

www.pge.com/care

CARE Program Re-Certification Instruction

Residential Single-Family Customers

CARE Program

Mail Completed Application to: P.O. Box 7979, San Francisco, CA 94120-7979 **62-0940**

For Questions Call: 1-866-PGE-CARE (743-2273) *Fax:* 415-973-6419 *Rev. 06/01/09*

MẪU CHỈ DẪN TÁI CHỨNG NHẬN CHO CHƯƠNG TRÌNH CARE

Thân gởi khách hàng:

Quý vị đang được nhận giá giảm hàng tháng trên hóa đơn PG&E vì đã tham gia vào chương trình CARE.

Để tiếp tục được giảm giá hàng tháng, quý vị cần phải nộp đơn xin lại chương trình CARE nếu quý vị vẫn còn hội đủ điều kiện. Việc nộp đơn hoàn toàn miễn phí, dễ dàng và kín đáo.

Kèm theo đây là Mẫu Tái Chứng Nhận cho Chương Trình CARE với bản chỉ dẫn mới nhất về lợi tức cho chương trình. Nếu lợi tức trong gia đình của quý vị vẫn không vượt qua bản chỉ dẫn lợi tức hiện hành cho chương trình, xin điền mẫu đơn, và gởi trả lại cho PG&E trong bao thư đã dán sẵn tem đính kèm.

Xin cám ơn quý vị.

Chương trình CARE

BẢN CHỈ DẪN VỀ LỢI TỨC • 收入標準					
Số Người Trong Gia Đình 家庭人數	1-2	3	4	5	6
Lợi Tức Hàng Năm* 年收入*	$30,500	$35,800	$43,200	$50,600	$58,000
Cộng **$7,400** cho mỗi người thêm sau đó • 每增加一人，增加 **$7,400**					

* Trước khi trừ thuế dựa theo các nguồn lợi tức hiện có
Có hiệu lực đến ngày 31 tháng Năm, 2010

*根據當前稅前收入的來源
有效期至 2010 年 5 月 31 日

CARE 計劃再驗證指示

親愛的客戶：

因為您參加(CARE)計劃，所以在您的太平洋煤電公司帳單上一直收到每月的折扣.

為了您能夠繼續收到每月的折扣，您需要重新申請 CARE 計劃如果您仍然合格。申請是免費，簡單和保密。

這是 CARE 計劃的再驗證表格以及最新的 CARE 收入標準。如果您的家庭收入還是符合此計劃的最新標準，請在表格上簽名，並放入預先付費的信封中，寄回給太平洋煤電公司。

感謝您讓我們有機會能夠繼續為您服務。

CARE 計劃

Electric Sample Form No. 62-0972
California Alternate Rates for Energy Program Application for Residential Single-Family Customers (English/Chinese)

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Residential Single-Family Customers**

62-0972
Rev. 06/01/09

ABOUT THE CARE/FERA PROGRAM

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CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

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FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

Pacific Gas and Electric Company®

CARE/FERA計劃申請表
單戶住宅家庭用戶

62-0972
Rev. 06/01/09

關於CARE/FERA 計劃

- (CARE)計劃是為符合收入資格的家庭提供每月的能源帳單折扣。
- (FERA)是為有三人或更多成員並符合收入資格的家庭提供每月的電費帳單折扣。

計劃規定

- 申請者必須是PG&E帳單上的註冊客戶。
- 申請者必須居住在將收到折扣的住址。
- 除了配偶，申請人不可以在另一個人的報稅表中被稱為受贍養者。
- 申請者的居所不可與另一居所共同用一個碼錶。
- 申請者家庭不應該超過本申請表格中所描述收入的標準。
- 申請者家庭若不再符合CARE/FERA計劃的資格要求，必須知會太平洋煤電公司。
- PG&E將會通知您重新申請CARE/FERA計劃, 到時如果您仍然合格。
- 使用分錶的流動住家、公寓和摩托艇碼頭之住客，必須使用「CARE/FERA計劃分錶設施住客申請表」。（請找業主/經理索取 62-0672 表格）

您可能符合其他計劃和免費服務

- **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。
- **帳單保證-**可由已有資格的PG&E客戶代需繳付押金的客戶開戶,可免押金。詳情請電1-800-743-5000
- **能源伙伴 Energy Partners** - 為符合收入資格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。
- **LIHEAP** - 低收入家居能源輔助計劃，為符合收入資格的客戶提供付帳輔助、突發情況付帳輔助和家居防寒保暖措施。詳情請電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。詳情請電1-800-743-5000。
- **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。
- **生機一線電話服務 ULTS** – 提供電話折扣服務須符合CARE收入標準。欲知詳情，請聯絡您當地的熱線電話服 務公司。

申請表請寄至:

Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 有言語或聆聽障礙者, 星期一至五 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 如果您未能轉接TDD專線

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Residential Single-Family Customers**

62-0972
Rev. 06/01/09

1 CUSTOMER INFORMATION: *(please print clearly)*

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

										-	

Name _____ **Telephone Number** (____)_____

Home Address *(Do NOT use a P.O. Box)* **Apartment #** **City** **Zip Code**

Mailing Address *(If different from the above address)* **Apartment #** **City** **Zip Code**

Number of Persons in Household: Adults_____ + **Children (under 18)**_____ = _____

2A PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then **GO TO** section 3.

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

If you do not participate in any of the above programs, **GO TO** section 2B

2B HOUSEHOLD INCOME ELIGIBILITY: (skip if you filled out section 2A)

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

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

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

* Before taxes based on current income sources

Valid until May 31, 2010

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

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

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

For Internal Use Only

X _____

Signature ○ fill in circle if guardian or power of attorney ***Date***

Pacific Gas and Electric Company®

CARE/FERA計劃申請表
單戶住宅家庭用戶

62-0972
Rev. 06/01/09

1 客戶資料：(請用正楷填寫)

帳戶號碼:
(帳號位於帳單的第一頁)

										-	

姓名 _____ **電話號碼** (____)_____

家庭住址 (不要使用郵箱號碼) **單位** **城市** **郵政區號**

郵寄住址 (如果跟以上地址不同的話) **單位** **城市** **郵政區號**

家庭人數: 成人總數 _____ **+ 孩童總數(十八歲以下)** _____ = _____

2A 合資格的公共資助計劃:

請勾選全部您有所參與，然後請填寫第3部份。

- ☐ Medicaid/Medi-Cal (65歲以下)
- ☐ Medicaid/Medi-Cal (65歲和65歲以上)
- ☐ SSI
- ☐ 糧食券/SNAP
- ☐ 低收入家庭能源協助計劃
- ☐ 婦女,嬰兒和兒童營養輔助計劃
- ☐ 健康家庭低費兒童醫藥健保計劃類別A 及 B
- ☐ 貧困家庭臨時現金資助計劃或Tribal TANF
- ☐ NSL免費午餐計劃
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

如果您沒有參與以上的計劃，請填寫第2B部份。

2B 合資格的家庭總收入: (請略過如果您已填寫2A部份)

請勾選您家庭收入的全部來源。您是否合資格申請CARE或FERA計劃, 將根據您的家庭總人數和總收入而定。

- ☐ 退休金
- ☐ 社會福利安全金
- ☐ SSP、SSDI
- ☐ 利息/或股息，來源于:
  儲蓄戶口、股票或債券，或退休帳戶
- ☐ 工資和/或自僱者的總收入
- ☐ 租金或版權收入
- ☐ 失業福利
- ☐ 傷病補助金或勞工賠償
- ☐ 學校助學金、獎學金或其他生活開支補助
- ☐ 保險或法律訴訟所得款
- ☐ 給配偶或孩童的資助
- ☐ 現金和/或其他收入

家庭人數	年收入*	
	CARE	**FERA**
1-2	$30,500	不適用於此計劃
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
每增加一人，增加	$7,400	$7,400 - $9,200

* 根據當前稅前收入的來源

有效期至2010年5月31日

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。

X _____

簽名 ○ 如果是監護人或代理人的話，請勾上記號 日期

For Internal Use Only

Electric Sample Form No. 62-0973
California Alternate Rates for Energy Program Application for Residential Single-Family Customers (English/Vietnamese)

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Residential Single-Family Customers**

62-0973
Rev. 06/01/09

ABOUT THE CARE/FERA PROGRAM

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

PROGRAM GUIDELINES

- The PG&E bill must be in your name.
- You must live at the address where the discount will be received.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- You may not share energy meter(s) with another home.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
- PG&E will notify you when it is time for you to reapply, if you still qualify.
- Tenants of sub-metered mobile home parks, apartments and marinas must use the "CARE/FERA Program Application for Tenants of Sub-Metered Facilities". (See Landlord / Manager for form 01-9285)

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **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.
- **Bill Guaranty** – A deposit alternative enables customers to secure their account by having another qualifying PG&E customer sign on their behalf. 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.
- **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.
- **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.
- **ULTS** – Universal Lifeline Telephone Service provides discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local telephone service provider for more information.

Mail Completed Application to:

Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

Pacific Gas and Electric Company®

Đơn Ghi Danh vào Chương Trình CARE/FERA cho
Khách Hàng Ở Nhà Riêng

62-0973
Rev. 06/01/09

CHƯƠNG TRÌNH CARE/FERA

- **Chương trình CARE** giảm giá hàng tháng trên hóa đơn năng lượng cho những gia đình hội đủ tiêu chuẩn về lợi tức.
- **Chương trình FERA** giảm giá hàng tháng trên hóa đơn điện cho những gia đình hội đủ tiêu chuẩn về lợi tức có từ ba người trở lên.

NHỮNG CHỈ DẪN CỦA CHƯƠNG TRÌNH

- Quý vị phải là người đứng tên trên hóa đơn PG&E.
- Quý vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá.
- Quý vị không được một người khác khai là người phụ thuộc trên mẫu thuế ngoại trừ người phối ngẫu.
- Quý vị không được dùng chung (các) đồng hồ đo năng lượng với một ngôi nhà khác.
- Lợi tức của gia đình quý vị phải đáp ứng với mức lợi tức qui định của chương trình được ghi trong đơn này.
- Quý vị phải thông báo cho PG&E nếu gia đình quý vị không còn hội đủ điều kiện để được nhận giảm giá CARE/FERA.
- PG&E sẽ báo cho quý vị biết khi nào quý vị cần phải nộp đơn lại, nếu quý vị vẫn còn hội đủ điều kiện.
- Những người sống trong khu nhà lưu động, chung cư và nhà nổi có đồng hồ phụ phải dùng mẫu “Đơn Ghi Danh vào Chương Trình CARE/FERA cho Người Mướn Nhà có Đồng Hồ Điện Ga Phụ”. (Xin hỏi chủ nhà/quản lý lấy mẫu 62-0673)

NHỮNG CHƯƠNG TRÌNH VÀ DỊCH VỤ MIỄN PHÍ KHÁC MÀ QUÝ VỊ CÓ THỂ HỘI ĐỦ ĐIỀU KIỆN

- **Balanced Payment Plan** – Xin liên lạc Pacific Gas and Electric Company để biết cách trả cùng một khoản tiền điện ga mỗi tháng hầu giúp quý vị định được chi phí năng lượng của mình. Xin gọi số 1-800-PGE-5000 để biết thêm chi tiết.
- **Bill Guaranty** – Chương Trình Bảo Đảm Hoá Đơn là một loại đặt cọc khác giúp khách hàng bảo đảm trương mục của mình bằng cách nhờ một khách hàng PG&E đủ tiêu chuẩn khác ký bảo đảm dùm. 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.
- **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, và 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-PGE-5000 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 ở số 1-800-933-9677 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 chương trình CARE. Xin liên lạc hãng điện thoại “local” của quý vị để biết thêm chi tiết.

Gởi đơn đã điền về:
Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 dành cho người khiếm thanh/khiếm thính, Thứ Hai - Thứ Sáu 9:00 giờ sáng – 11:00 giờ tối

California Relay 1-800-735-2929 nếu quý vị không thể sử dụng đường dây TDD

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Residential Single-Family Customers**

62-0973
Rev. 06/01/09

1 CUSTOMER INFORMATION: *(please print clearly)*

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

										-	

Name _____ **Telephone Number** (____)_____

Home Address *(Do NOT use a P.O. Box)* **Apartment #** **City** **Zip Code**

Mailing Address *(If different from the above address)* **Apartment #** **City** **Zip Code**

Number of Persons in Household: Adults_____ + **Children (under 18)**_____ = _____

2A PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then **GO TO** section 3.

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

If you do not participate in any of the above programs, **GO TO** section 2B

2B HOUSEHOLD INCOME ELIGIBILITY: (skip if you filled out section 2A)

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

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

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

* Before taxes based on current income sources

Valid until May 31, 2010

Total Annual Household Income: $,

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

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

For Internal Use Only

X _____

Signature ○ fill in circle if guardian or power of attorney ***Date***

Pacific Gas and Electric Company®

Đơn Ghi Danh vào Chương Trình CARE/FERA cho
Khách Hàng Ở Nhà Riêng

62-0973
Rev. 06/01/09

1 CHI TIẾT VỀ KHÁCH HÀNG: (xin viết rõ ràng)

Số Trương Mục
(Ở trang đầu tiên của hóa đơn PG&E)

										-	

Tên (Viết Y như trên hóa đơn Điện Ga) _____ **Số Điện Thoại** (____)_____

Địa Chỉ Nhà (ĐỪNG dùng số hộp thư (P.O Box)) **Số Phòng** **Thành Phố** **Bưu Chánh**

Địa Chỉ Liên Lạc Bằng Thư (Nếu khác với địa chỉ ở trên) **Số Phòng** **Thành Phố** **Bưu Chánh**

Số Người Trong Gia Đình: Người Lớn _____+ Trẻ Em (dưới 18 tuổi)_____ = _____

2A HỘI ĐỦ ĐIỀU KIỆN VỀ CHƯƠNG TRÌNH TRỢ GIÚP CÔNG CỘNG:

ĐÁNH DẤU vào tất cả các chương trình quý vị đang tham gia, sau đó điền phần 3.

- ☐ Medicaid/Medi-Cal (dưới 65 tuổi)
- ☐ Medicaid/Medi-Cal (65 và qua 65 tuổi)
- ☐ SSI
- ☐ Tiền Phiếu Thực Phẩm/SNAP
- ☐ LIHEAP
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ TANF hay Tribal TANF
- ☐ NSL FREE Lunch Program
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

Nếu quý vị không tham gia bất cứ chương trình nào kể trên, xin điền phần 2B

2B HỘI ĐỦ ĐIỀU KIỆN VỀ LỢI TỨC GIA ĐÌNH: (không cần điền nếu đã điền phần 2A)

ĐÁNH DẤU vào tất cả các nguồn lợi tức của gia đình quý vị. Dựa vào số người trong gia đình và lợi tức, quý vị sẽ được ghi danh vào chương trình CARE hoặc FERA.

- ☐ Tiền Hưu Bổng
- ☐ Tiền Trợ Cấp An Sinh Xã Hội
- ☐ SSP, SSDI
- ☐ Tiền Lời/Cổ Tức từ: Trương Mục Tiết Kiệm, Chứng Khoán,Trái Phiếu, hay Trương Mục Hưu Trí
- ☐ Tiền Lương và/hay Lợi Tức từ Tư Doanh
- ☐ Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- ☐ Tiền Thất Nghiệp
- ☐ Tiền cho Người Có Khuyết Tật hay Tiền Bồi Thường Tai Nạn Lao Động
- ☐ Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày
- ☐ Tiền Bảo Hiểm Bồi Thường hay Tiền Bồi Thường Thua Kiện
- ☐ Tiền Cấp Dưỡng Vợ/Chồng hay Con Cái
- ☐ Tiền Mặt và/hay Lợi Tức Khác

Số Người trong Gia Đình	Lợi Tức Hàng Năm*	
	CARE	**FERA**
1-2	$30,500	Không đủ tiêu chuẩn
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
Mỗi người thêm sau đó	$7,400	$7,400 - $9,200

* Trước khi trừ thuế dựa theo các nguồn lợi tức hiện có

Có hiệu lực đến ngày 31 tháng Năm, 2010

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 đơn này là thật và chính xác. Tôi đồng ý cung cấp chứng minh lợi tức nếu được yêu cầu. Tôi đồng ý thông báo cho Pacific Gas and Electric Company 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 số tiền tôi đã được giảm. Tôi hiểu rằng Pacific Gas and Electric Company có thể chia xẻ thông tin của tôi với những cơ quan tiện ích khác hay đại diện của họ để ghi danh tôi vào những chương trình trợ giúp của họ.

For Internal Use Only

X _____

Chữ ký O Đánh dấu vào nếu là người giám hộ hay người được ủy quyền **Ngày**

Electric Sample Form No. 62-1198
California Alternate Rates for Energy Program Application for Qualified Agricultural Employee Housing Facilities

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

CARE Program Application for **Qualified Agricultural Employee Housing Facilities**

62-1198
Rev. 06/01/09

INSTRUCTIONS

1. READ ALL information and instructions before you complete this application. If you have questions, call Pacific Gas and Electric Company's CARE Program toll-free at 1-866-743-2273 or the Hotline at 415-973-7288.
2. DETERMINE if the facility meets the definition of a qualified agricultural employee housing facility. The facility MUST meet ALL criteria to qualify for a monthly discount from the CARE Program.
3. COMPLETE the entire application (please print or type). Complete a separate application for each qualified facility.
4. ATTACH all required documents. (Application is considered incomplete without documents.)
5. MAIL TO: **Pacific Gas and Electric Company**
   CARE Program
   PO Box 7979
   San Francisco, CA 94120-7979

DISCOUNT

The CARE Program provides a monthly discount on energy bills for facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates are available only to qualified facilities. The facility will receive the discount after the utility receives and approves the application.

ELIGIBILITY CRITERIA FOR ORGANIZATIONS

Each facility MUST meet ALL of the following criteria:

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

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

Pacific Gas and Electric Company®

CARE Program Application for
Qualified Agricultural Employee Housing Facilities

62-1198
Rev. 06/01/09

ELIGIBLE FACILITIES

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

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

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

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

APPLICANT'S RESPONSIBILITIES

The applicant is required to:

- Provide proof of facility's eligibility (see Eligible Facilities) and submit required documentation with the application (see requirements on the application).
- Verify that all individuals residing in the facility meet the CARE income eligibility guidelines (see income guideline sheet) and make a certification to that effect, under the penalty of perjury, under the laws of the state of California.
- Maintain records of residents' income eligibility, which should come from federal tax return, payroll stubs or similar records acceptable to the utility. These records must be retained for three (3) years from the date of initial application and/or re-certification.
- Show how the previous year discount was used to directly benefit the residents at re-certification.
- Maintain accounting entries and supporting documentation of how the discount was used for the direct benefit of the residents. These records must be retained for three (3) years from the date of initial application and/or re-certification.
- Upon request from the utility, provide documentation of the residents' income eligibility and/or documentation of how the discount was used for the direct benefit of the residents.
- Provide all information requested by the utility. Failure to do so will result in denial or removal from the program. The applicant may be subject to rebilling for the period they were ineligible for the discount as determined by the utility.

Pacific Gas and Electric Company®

CARE Program Application for **Qualified Agricultural Employee Housing Facilities**

62-1198
Rev. 06/01/09

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

Name on Utility Bill _____

Name of Facility _____
(if different than on bill)

Address _____ **City** _____ **Zip Code** _____

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

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

Phone (_____)_____

Fax (_____)_____

E-mail Address _____

Secondary Contact _____
(who to contact if utility needs more information

Phone (_____)_____

Fax (_____)_____

E-mail Address _____

2 FACILITY INFORMATION:

Please use a separate application for each TYPE of facility

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

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

3 RE-CERTIFICATION *(please print or type)*

If re-certifying the facility's eligibility for continued CARE discounts, please provide an explanation of how last year's discount savings was used by your organization to benefit your clients:

_____

This year's discount will be used for:

_____

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

- Organization is Pacific Gas and Electric Company customer of record
- 100% of all residents of the facility and/or households meet CARE income guidelines.
- Documentation is available to substantiate the above.
- Each Pacific Gas and Electric Company account meets the appropriate residential energy usage criteria.

By signing below, I certify under penalty of perjury that the information on this declaration is truthful and correct. Although this declaration is valid for one year, I will notify Pacific Gas and Electric Company of any changes that may affect eligibility for CARE. Pacific Gas and Electric Company reserves the right to request verification of records demonstrating eligibility at any time and may re-bill the Organization at the applicable rate if appropriate. I understand that the facility name and address may be shared with other energy utilities, if applicable.

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

Authorized Representative's Name _____ **Date** _____

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

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

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

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

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

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

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

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

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

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

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

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

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

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

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

Service ID # Electricity | | | | | | | | | | | - | | Gas | | | | | | | | | | | - | |

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

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

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

Electric Sample Form No. 62-1477
California Alternate Rates for Energy Program Income Guidelines

Please Refer to Attached
Sample Form

Pacific Gas and Electric Company®

CARE/FERA Program
Income Guidelines●Requisitos de Ingresos

62-1477
Rev. 06/01/09

INCOME GUIDELINES ● REQUISITOS DE INGRESOS

Number of Persons in Household Número de Personas en el Hogar	Annual Income* ● Ingreso Anual*	
	CARE	**FERA**
1-2	$30,500	Not Eligible ● No Aplica
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
For each additional person, add: Por cada persona adicional,agregue:	$7,400	$7,400 - $9,200

* Before taxes based on current income sources
Valid until May 31, 2010

* Antes de los impuestos basado en las fuentes de su ingreso actual
Válido hasta el 31 de Mayo, 2010

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/Dividends from: Savings, Stocks, Bonds, or Retirement Accounts
- Unemployment Benefits
- Rental or Royalty Income
- School Grants, Scholarships or other aid used for living expenses
- Profit from Self-Employment
- Disability Payments
- Workers Compensation
- Pensions
- Social Security, SSI, SSP, SSDI
- Insurance settlements
- Legal Settlements
- TANF (AFDC)
- Food stamps
- Child support
- Spousal support
- Cash and/or other income

Definición de Ingresos:

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

- Sueldos y/o Salarios, Jornales
- Intereses y/o Dividendos de: Cuentas de Ahorros, Acciones, Bonos, o Cuentas de Jubilación
- Beneficios 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
- Pagos por Incapacidad
- Pagos por Compensación al Trabajador
- Pagos de Pensiones
- Pagos del Seguro Social, SSI, SSP, SSDI
- Pagos de Reclamaciones del Seguro
- Pagos de Reclamaciones Legales
- Pagos de TANF (AFDC)
- Estampillas de Alimentos
- Pagos por Pensión Alimenticia a Hijos
- Pagos por Pensión Conyugal
- Pagos en Efectivo y/u Otros Ingresos

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712

For Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.
Para los sordomudos, de lunes a viernes 9:00 a.m. hasta las 11:00 p.m.

California Relay 1-800-735-2929

If you can not utilize the TDD line ● Si no puede usar la línea TDD

Pacific Gas and Electric Company®

CARE/FERA Program
收入標準 ● Định Mức Lợi Tức

62-1477
Rev. 06/01/09

收入標準 ● ĐỊNH MỨC LỢI TỨC

家庭人數 Số Người Trong Gia Đình	年收入* ● Lợi Tức Hàng Năm*	
	CARE	**FERA**
1-2	$30,500	Not Eligible ● No Aplica
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
每增加一人，增加: Mỗi người thêm sau đó:	$7,400	$7,400 - $9,200

*根據當前稅前收入的來源
有效期至 2010 年 5 月 31 日

* Trước khi trừ thuế dựa theo các nguồn lợi tức hiện có
Có hiệu lực đến ngày 31 tháng Năm, 2010

收入定義:

所有家庭成員的收入，無論來自任何途徑，繳稅或不繳稅，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
- 傷病補助金
- 勞工賠償
- 退休金
- 社會福利安全金、SSI、SSP、SSDI
- 保險訴訟所得款
- 法律訴訟所得款
- 貧困家庭臨時現金資助計劃 TANF (AFDC)
- 糧食券
- 給孩童的資助
- 給配偶的資助
- 現金和/或其他收入

Định Nghĩa Lợi Tức:

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 chỉ giới hạn vào:

- Tiền Lương
- Tiền Lời/Cổ Tức từ: Trương Mục Tiết Kiệm, Chứng Khoán, Trái Phiếu, hay Trương Mục Hưu Trí
- Tiền Thất Nghiệp
- Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày
- Lợi Tức từ Tư Doanh
- Tiền cho Người Có Khuyết Tật
- Tiền Bồi Thường Tai Nạn Lao Động
- Tiền Hưu Bổng
- Tiền Trợ Cấp An Sinh Xã Hội, SSI, SSP, SSDI
- 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

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712
有言語或聆聽障礙者, 星期一至五 9:00 a.m. - 11:00 p.m.
Dành cho người khiếm thanh/khiếm thính, Thứ Hai - Thứ Sáu 9:00 giờ sáng – 11:00 giờ tối

California Relay 1-800-735-2929
如果您未能轉接 TDD 專線 ● Nếu quý vị không thể sử dụng đường dây TDD

Electric Sample Form No. 62-1509
California Alternate Rates for Energy Program Residential Single-Family Customers
Recertification

Please Refer to Attached
Sample Form

Pacific Gas and Electric Company®

CARE Program Re-certification Application

Residential Single-Family Customers

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

62-1509

Rev. 06/01/09

1 CUSTOMER INFORMATION • INFORMACION DEL CLIENTE:

Telephone Number • Número telefónico

CHECK all sources of household income

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

MARQUE todas las fuentes de ingreso de la familia.

- ☐ Pagos de Pensiones
- ☐ Pagos del Seguro Social
- ☐ SSP, SSDI
- ☐ Intereses y/o Dividendos de: Cuentas de Ahorros, Acciones, Bonos, o Cuentas de Jubilación
- ☐ Sueldos y/o Ganancias de su Propio Negocio
- ☐ Ingresos provenientes de Rentas o Regalías
- ☐ Pagos por Desempleo
- ☐ Pagos por Incapacidad o Compensación al Trabajador
- ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- ☐ Pagos por Reclamaciones al Seguro o Legales
- ☐ Pagos por Pensión Alimenticia a Hijos/Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

2 DECLARATION: *(please read and sign below)*

I state it is true and correct that my household continues to qualify for CARE. 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.

DECLARACION: *(por favor lea y firme abajo)*

Certifico que mi hogar continúa calificando para el descuento de CARE. Estoy de acuerdo en proporcionar pruebas de mis ingresos, de ser necesario. Estoy de acuerdo en informar a Pacific Gas and Electric Company si mi situación financiera cambia y si ya no califico para recibir dicho descuento. Comprendo que, si recibo el descuento sin calificar, 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 inscribirme en sus programas de ayuda.

X _____ _____

Customer Signature / Firma del Cliente ○ Fill in circle if guardian or power of attorney Marque aquí si es tutor o tiene carta de poder **Date • Fecha**

☐ Check if you no longer qualify or do not want to participate in the CARE Program.
Ya no califico ó ya no quiero participar en el Programa CARE.

3 Return this form to Pacific Gas and Electric Company *(using the postage free envelope provided)*

Devuelva esta solicitud a Pacific Gas and Electric Company *(en el sobre con franqueo pre-pagado adjunto)*

Pacific Gas and Electric Company®

CARE Program Re-certification Application

Residential Single-Family Customers

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

62-1509

Rev. 06/01/09

1 CHI TIẾT VỀ KHÁCH HÀNG • 客戶資料:

Số Điện Thoại • 電話號碼

Đánh dấu vào tất cả các nguồn lợi tức của gia đình quý vị.

- ☐ Tiền Hưu Bổng
- ☐ Tiền Trợ Cấp An Sinh Xã Hội
- ☐ SSP, SSDI
- ☐ Tiền Lời/Cổ Tức từ: Trương Mục Tiết Kiệm, Chứng Khoán, Trái Phiếu, hay Trương Mục Hưu Trí
- ☐ Tiền Lương và/hay Lợi Tức từ Tư Doanh
- ☐ Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- ☐ Tiền Thất Nghiệp
- ☐ Tiền cho Người Có Khuyết Tật hay Tiền Bồi Thường Tai Nạn Lao Động
- ☐ Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày
- ☐ Tiền Bảo Hiểm Bồi Thường hay Tiền Bồi Thường Thưa Kiện
- ☐ Tiền Cấp Dưỡng Vợ/Chồng hay Con Cái
- ☐ Tiền Mặt và/hay Lợi Tức Khác

請勾選您家庭收入的全部來源。

- ☐ 退休金
- ☐ 社會福利安全金
- ☐ SSP、SSDI
- ☐ 利息/或股息，來源于: 儲蓄戶口、股票或債券，或退休帳戶
- ☐ 工資和/或自僱者的總收入
- ☐ 租金或版權收入
- ☐ 失業福利
- ☐ 傷病補助金或勞工賠償
- ☐ 學校助學金、獎學金或其他生活開支補助
- ☐ 保險或法律訴訟所得款
- ☐ 給配偶或孩童的資助
- ☐ 現金和/或其他收入

2 CAM ĐOAN: *(xin đọc kỹ và ký tên dưới đây)*

Tôi xin cam đoan rằng gia đình tôi vẫn tiếp tục hội đủ điều kiện cho chương trình CARE, điều này là thật và chính xác. Tôi đồng ý cung cấp chứng minh lợi tức nếu được yêu cầu. Tôi đồng ý thông báo cho Pacific Gas and Electric Company 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 số tiền tôi đã được giảm. Tôi hiểu rằng Pacific Gas and Electric Company có thể chia xẻ thông tin của tôi với những cơ quan tiện ích khác hay đại diện của họ để ghi danh tôi vào những chương trình trợ giúp của họ.

聲明: ***(請小心閱讀，然後在下面簽字)***

本人聲明，這是真實和正確的資料，本人的家庭收入繼續符合 CARE 計劃的資格。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。本人了解，如果我不符合折扣條件而獲得折扣，我會被要求退回獲得折扣的金額。本人了解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。

X _____ _____

Chữ ký của khách hàng
客戶簽名

O Đánh dấu vào nếu là người giám hộ hay người được ủy quyền
如果是監護人或代理人的話，請勾上記號

Ngày • 日期

☐ Xin đánh dấu vào ô trống nếu quý vị không còn hội đủ tiêu chuẩn hoặc không muốn tham gia vào chương trình CARE
請打勾號如果您不再符合資格或沒有意願參加CARE計劃

3 Gởi mẫu đơn này lại cho PG&E *(xin dùng bao thư có dán sẵn tem đính kèm)*

把這表格寄回太平洋煤電公司 *(請使用提供給您的免郵資信封)*

Electric Sample Form No. 79-1051
California Alternate Rates for Energy Program - Large Print Application for Residential Single Family Customers (English)

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

CARE/FERA Program Application for
Residential Single-Family Customers

79-1051
Rev. 06/01/09

ABOUT THE CARE/FERA PROGRAM

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

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

*Before taxes based on current income sources
Valid until May 31, 2010

PROGRAM GUIDELINES

- The PG&E bill must be in your name.
- You must live at the address where the discount will be received.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- You may not share energy meter(s) with another home.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
- PG&E will notify you when it is time for you to reapply, if you still qualify.
- Tenants of sub-metered mobile home parks, apartments and marinas must use the "CARE/FERA Program Application for Tenants of Sub-Metered Facilities". (See Landlord / Manager for form 01-9285)

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **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.
- **Bill Guaranty** – A deposit alternative enables customers to secure their account by having another qualifying PG&E customer sign on their behalf. 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.
- **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.
- **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.
- **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.

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712
for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

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Pacific Gas and Electric Company®

CARE/FERA Program Application for
Residential Single-Family Customers

79-1051
Rev. 06/01/09

1 CUSTOMER INFORMATION:

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

										-	

_____(_____)_____
Name **Telephone Number**

_____
Address **Apartment #**

_____
City **Zip Code**

Number of Persons in Household:

Adults _____+ Children (under 18) _____ = _____

2A PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then **GO TO** section 3.

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

If you do not participate in any of the above programs, **GO TO** section 2B

2B HOUSEHOLD INCOME ELIGIBILITY: *(skip if you filled out section 2A)*

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

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

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

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

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

X _____ _____

Signature ○ fill in circle if guardian or power of attorney **Date**

Mail Completed Application to:

Pacific Gas and Electric Company
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

Electric Sample Form No. 79-1052
California Alternate Rates for Energy Program - Large Print Application for Residential Single Family Customers (Spanish)

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

Solicitud del Programa CARE/FERA para **Clientes Residenciales de Familias Individuales**

79-1052
Rev. 06/01/09

INFORMACION SOBRE EL PROGRAMA DE DESCUENTO DE CARE/FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento en la cuenta mensual de energía a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** proporciona ahorros en la cuenta eléctrica de hogares grandes, de tres o más personas, de ingresos bajos y medianos.

Número de Personas en el Hogar	Ingreso Anual*	
	CARE	**FERA**
1-2	$30,500	No Aplica
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
Por cada persona adicional,agregue:	$7,400	$7,400 - $9,200

*Antes de los impuestos basado en las fuentes de su ingreso actual
Válido hasta el 31 de Mayo, 2010

REQUISITOS DEL PROGRAMA

- La cuenta de PG&E debe estar a su nombre.
- Debe vivir en la dirección donde se recibirá el descuento.
- El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo(a).
- El solicitante no debe compartir el(los) medidor(es) de energía con otro hogar.
- Los ingresos anuales del hogar no deben exceder de los requisitos de ingresos descritos en esta solicitud.
- Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
- PG&E le informará cuando debe volver a re-inscribirse, si es que todavía califica para el programa.
- Los inquilinos con medidores “Sub-Metered” que pertenecen a parques de casas móviles, apartamentos o muelles para botes, deben llenar otro formulario llamado “Solicitud del Programa CARE/FERA para Inquilinos de Instalaciones Residenciales Sub-Metered”. (Visite al propietario/ administrador del Mobile Home Park para obtener el formulario 01-9285).

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRIA CALIFICAR

- **Plan de Pagos Balanceados** – Comuníquese con Pacific Gas and Electric Company para saber como puede uniformar sus pagos, de modo que pueda hacer un presupuesto para el pago de sus cuentas de electricidad y gas. Llame al 1-800-743-5000 para más información.
- **Depósito de Garantía para Abrir Una Cuenta en PG&E** – Una alternativa de depósito que permite a los clientes asegurar su cuenta al designar a otro cliente que reúne los requisitos de PG&E para que firme en su nombre. Llame al 1-800-743-5000 para más información.
- **Socios en la Energía –** Ofrece consejos y servicios gratuitos sobre ahorros de energía a los clientes que reúnan los requisitos. Llame al 1-800-989-9744 para más información.
- **LIHEAP** – Programa de Ayuda para el Pago de Energía para los Hogares de Bajos Ingresos (LIHEAP). Este es un programa que brinda ayuda o asistencia de emergencia con el pago de sus cuentas, y brinda servicios gratuitos para el ahorro de energía, a los clientes que reúnan los requisitos. Para más información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de tarifas más bajas, a los clientes que estén en condiciones médicas comprobadas. Llame al 1-800-743-5000 para más información.
- **REACH** – Póngase en contacto con el Salvation Army para recibir ayuda, por una sola vez, para el pago de sus cuentas de electricidad y gas. Llámelos al 1-800-933-9677.
- **ULTS** – La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio, a aquellos clientes que reúnan requisitos similares a los del Programa CARE. Llame a su compañía local de teléfonos para más información.

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712
para los sordomudos, de lunes a viernes 9:00 a.m. hasta las 11:00 p.m.

California Relay 1-800-735-2929 si no puede usar la línea TDD

Pacific Gas and Electric Company®

Solicitud del Programa CARE/FERA para **Clientes Residenciales de Familias Individuales**

79-1052
Rev. 06/01/09

1 INFORMACION DEL CLIENTE:

Número de cuenta del cliente: | | | | | | | | | | | - | |

(Su número de cuenta aparece en la primera página de la factura de PG&E)

_____(_____)_____

Nombre **Número telefónico**

_____

Dirección del Hogar **Apartamento #**

_____

Ciudad **Código Postal**

Número de Personas en el Hogar:

Adultos _____ **+ Niños (menores de 18)** _____ **=** _____

2A ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PUBLICA:

MARQUE todos los programas que pertenece y **PASE** a la sección 3

- ☐ Medi-Cal (menor de 65 años)
- ☐ Medi-Cal (65 años o más)
- ☐ SSI
- ☐ Estampillas de Alimentos/SNAP
- ☐ LIHEAP
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ TANF o Tribal TANF
- ☐ NSL FREE Lunch Program
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Sólo Tribus Indígenas)

Si no está inscrito en ninguno de los programas arriba indicados, **PASE** a la sección 2B

2B FUENTES DE INGRESOS DEL HOGAR:

MARQUE todas las fuentes de ingreso de la familia. Se le inscribirá en el programa de CARE o en el programa de FERA dependiendo de cuantas personas vivan en el hogar y el monto de sus ingresos salariales.

- ☐ Pagos de Pensiones
- ☐ Pagos del Seguro Social
- ☐ SSP, SSDI
- ☐ Intereses/Dividendos de: Cuentas de Ahorros, Acciones, Bonos, o Cuentas de Jubilación
- ☐ Sueldos y/o Ganancias de su Propio Negocio
- ☐ Ingresos Provenientes de Rentas o Regalías
- ☐ Beneficios por Desempleo
- ☐ Pagos por Incapacidad o Compensación al Trabajador
- ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- ☐ Pagos por Reclamaciones al Seguro o Legales
- ☐ Pagos por Pensión Alimenticia a Hijos/Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

Ingreso Bruto Anual del Hogar: **$** ☐☐,☐☐☐

3 DECLARACION: *(Por favor lea 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 si 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 inscribirme en sus programas de ayuda.

X _____ _____

Firma del Cliente ***Fecha***

○ Marque aquí si es tutor o tiene carta de poder

Envìe la aplicación completa a: Pacific Gas and Electric Company
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

Electric Sample Form No. 79-1053
California Alternate Rates for Energy Program - Large Print Application for Residential Single Family Customers (Chinese)

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

CARE/FERA 計劃申請表

單戶住宅家庭用戶

79-1053
Rev. 06/01/09

關於 CARE/FERA 計劃

- (CARE)計劃是為符合收入資格的家庭提供每月的能源帳單折扣。
- (FERA)是為有三人或更多成員並符合收入資格的家庭提供每月的電費帳單折扣。

家庭人數	年收入 (根據當前稅前收入的來源)	
	CARE	**FERA**
1-2	$30,500	不適用於此計劃
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
每增加一人，增加	$7,400	$7,400 - $9,200

*根據當前稅前收入的來源　　有效期至 2010 年 5 月 31 日

計劃規定

- 申請者必須是 PG&E 帳單上的註冊客戶。
- 申請者必須居住在將收到折扣的住址。
- 除了配偶，申請人不可以在另一個人的報稅表中被稱為受贍養者。
- 申請者的居所不可與另一居所共同用一個碼錶。
- 申請者家庭不應該超過本申請表格中所描述收入的標準。
- 申請者家庭若不再符合 CARE/FERA 計劃的資格要求，必須知會太平洋煤電公司。
- PG&E 將會通知您重新申請 CARE/FERA 計劃, 到時如果您仍然合格。
- 使用分錶的流動住家、公寓和摩托艇碼頭之住客，必須使用「CARE/FERA 計劃分錶設施住客申請表」。（請找業主/ 經理索取 62-0672 表格）

您可能符合其他計劃和免費服務

- **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。

- **帳單保證**-可由已有資格的 PG&E 客戶代需繳付押金的客戶開戶,可免押金。詳情請電 1-800-743-5000

- **能源伙伴 Energy Partners** - 為符合收入資格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。

- **LIHEAP** - 低收入家居能源輔助計劃，為符合收入資格的客戶提供付帳輔助、突發情況付帳輔助和家居防寒保暖 措施。詳情請電 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。詳情請電 1-800-743-5000。

- **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。

- **生機一線電話服務 ULTS** – 提供電話折扣服務須符合 CARE 收入標準。欲知詳情，請聯絡您當地的熱線電話服 務公司。

CARE**:** ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA**:** ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712
有言語或聆聽障礙者, 星期一至五 9:00 a.m. - 11:00 p.m.

California Relay 1-800-735-2929 如果您未能轉接 TDD 專線

Pacific Gas and Electric Company®

CARE/FERA 計劃申請表

單戶住宅家庭用戶

79-1053
Rev. 06/01/09

1 客戶資料：

帳戶號碼:
(帳號位於帳單的第一頁)

										-	

_____(_____)_____

姓名 **電話號碼**

_____

家庭住址 **單位**

_____

城市 **郵政區號**

家庭人數: 成人總數 _____ **+ 孩童總數(十八歲以下)** _____ = _____

2A 合資格的公共資助計劃:

請勾選全部您有所參與，然後請填寫第 3 部份。

- ☐ Medicaid/Medi-Cal (65 歲以下)
- ☐ Medicaid/Medi-Cal (65 歲和 65 歲以上)
- ☐ SSI
- ☐ 糧食券/SNAP
- ☐ 低收入家庭能源協助計劃
- ☐ 婦女,嬰兒和兒童營養輔助計劃
- ☐ 健康家庭低費兒童醫藥健保計劃類別 A 及 B
- ☐ 貧困家庭臨時現金資助計劃或 Tribal TANF
- ☐ NSL 免費午餐計劃
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

如果您沒有參與以上的計劃，請填寫第 2B 部份。

2B 合資格的家庭總收入:（請略過如果您已填寫 2A 部份）

請勾選您家庭收入的全部來源。您是否合資格申請 CARE 或 FERA 計劃, 將根據您的家庭總人數和總收入而定。

- ☐ 退休金
- ☐ 社會福利安全金
- ☐ SSP、SSDI
- ☐ 利息/或股息，來源于: 儲蓄戶口、股票或債券，或退休帳戶
- ☐ 工資和/或自僱者的總收入
- ☐ 租金或版權收入
- ☐ 失業福利
- ☐ 傷病補助金或勞工賠償
- ☐ 學校助學金、獎學金或其他生活開支補助
- ☐ 保險或法律訴訟所得款
- ☐ 給配偶或孩童的資助
- ☐ 現金和/或其他收入

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。

X_____ _____

簽名 ○ 如果是監護人或代理人的話，請勾上記號 日期

申請表請寄至: Pacific Gas and Electric Company
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

Electric Sample Form No. 79-1054
California Alternate Rates for Energy Program - Large Print Application for Residential Single Family Customers (Vietnamese)

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

Đơn Ghi Danh Vào Chương Trình CARE/FERA cho
Khách Hàng Ở Nhà Riêng

79-1054
Rev. 06/01/09

CHƯƠNG TRÌNH CARE/FERA

- **Chương trình CARE** giảm giá hàng tháng trên hóa đơn năng lượng cho những gia đình hội đủ tiêu chuẩn về lợi tức.
- **Chương trình FERA** giảm giá hàng tháng trên hóa đơn điện cho những gia đình hội đủ tiêu chuẩn về lợi tức có từ ba người trở lên.

Số Người trong Gia Đình	Lợi Tức Hàng Năm*	
	CARE	**FERA**
1-2	$30,500	Không đủ tiêu chuẩn
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
Mỗi người thêm sau đó	$7,400	$7,400 - $9,200

*Trước khi trừ thuế dựa theo các nguồn lợi tức hiện có
Có hiệu lực đến ngày 31 tháng Năm, 2010

NHỮNG CHỈ DẪN CỦA CHƯƠNG TRÌNH

- Quý vị phải là người đứng tên trên hóa đơn PG&E.
- Quý vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá.
- Quý vị không được một người khác khai là người phụ thuộc trên mẫu thuế ngoại trừ người phối ngẫu.
- Quý vị không được dùng chung (các) đồng hồ đo năng lượng với một ngôi nhà khác.
- Lợi tức của gia đình quý vị phải đáp ứng với mức lợi tức qui định của chương trình được ghi trong đơn này.
- Quý vị phải thông báo cho PG&E nếu gia đình quý vị không còn hội đủ điều kiện để được nhận giảm giá CARE/FERA.
- PG&E sẽ báo cho quý vị biết khi nào quý vị cần phải nộp đơn lại, nếu quý vị vẫn còn hội đủ điều kiện.
- Những người sống trong khu nhà lưu động, chung cư và nhà nổi có đồng hồ phụ phải dùng mẫu “Đơn Ghi Danh vào Chương Trình CARE/FERA cho Người Mướn Nhà có Đồng Hồ Điện Ga Phụ”. (Xin hỏi chủ nhà/quản lý lấy mẫu 62-0673)

NHỮNG CHƯƠNG TRÌNH VÀ DỊCH VỤ MIỄN PHÍ KHÁC MÀ QUÝ VỊ CÓ THỂ HỘI ĐỦ ĐIỀU KIỆN

- **Balanced Payment Plan** – Xin liên lạc Pacific Gas and Electric Company để biết cách trả cùng một khoản tiền điện ga mỗi tháng hầu giúp quý vị định được chi phí năng lượng của mình. Xin gọi số 1-800-PGE-5000 để biết thêm chi tiết.
- **Bill Guaranty** – Chương Trình Bảo Đảm Hoá Đơn là một loại đặt cọc khác giúp khách hàng bảo đảm trương mục của mình bằng cách nhờ một khách hàng PG&E đủ tiêu chuẩn khác ký bảo đảm dùm. 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.
- **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, và 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-PGE-5000 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 ở số 1-800-933-9677 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 chương trình CARE. Xin liên lạc hãng điện thoại “local” của quý vị để biết thêm chi tiết.

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 dành cho người khiếm thanh/khiếm thính,
Thứ Hai - Thứ Sáu 9:00 giờ sáng – 11:00 giờ tối

California Relay 1-800-735-2929 nếu quý vị không thể sử dụng đường dây TDD

Pacific Gas and Electric Company®

Đơn Ghi Danh Vào Chương Trình CARE/FERA cho
Khách Hàng Ở Nhà Riêng

79-1054
Rev. 06/01/09

1 CHI TIẾT VỀ KHÁCH HÀNG: (xin viết rõ ràng)

										-	

Số Trương Mục
(Ở trang đầu tiên của hóa đơn PG&E)

_____(_____)_____
Tên **Số Điện Thoại**

_____
Địa Chỉ Nhà **Số Phòng**

_____
Thành Phố **Bưu Chánh**

Số Người Trong Gia Đình:

Người Lớn _____+ Trẻ Em (dưới 18 tuổi) _____ = _____

2A HỘI ĐỦ ĐIỀU KIỆN VỀ CHƯƠNG TRÌNH TRỢ GIÚP CÔNG CỘNG:

ĐÁNH DẤU vào tất cả các chương trình quý vị đang tham gia, sau đó điền phần 3**.**

- ☐ Medicaid/Medi-Cal (dưới 65 tuổi)
- ☐ Medicaid/Medi-Cal (65 và qua 65 tuổi)
- ☐ SSI
- ☐ Tiền Phiếu Thực Phẩm/SNAP
- ☐ LIHEAP
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ TANF hay Tribal TANF
- ☐ NSL FREE Lunch Program
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

Nếu quý vị không tham gia bất cứ chương trình nào kể trên, xin điền phần **2B**

2B HỘI ĐỦ ĐIỀU KIỆN VỀ LỢI TỨC GIA ĐÌNH:

ĐÁNH DẤU vào tất cả các nguồn lợi tức của gia đình quý vị. Dựa vào số người trong gia đình và lợi tức, quý vị sẽ được ghi danh vào chương trình CARE hoặc FERA**.**

- ☐ Tiền Hưu Bổng
- ☐ Tiền Trợ Cấp An Sinh Xã Hội
- ☐ SSP, SSDI
- ☐ Tiền Lời/Cổ Tức từ: Trương Mục Tiết Kiệm, Chứng Khoán,Trái Phiếu, hayTrương Mục Hưu Trí
- ☐ Tiền Lương và/hay Lợi Tức từ Tư Doanh
- ☐ Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- ☐ Tiền Thất Nghiệp
- ☐ Tiền cho Người Có Khuyết Tật hay Tiền Bồi Thường Tai Nạn Lao Động
- ☐ Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày
- ☐ Tiền Bảo Hiểm Bồi Thường hay Tiền Bồi Thường Thưa Kiện
- ☐ Tiền Cấp Dưỡng Vợ/Chồng hay Con Cái
- ☐ Tiền Mặt và/hay Lợi Tức Khác

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 đơn này là thật và chính xác. Tôi đồng ý cung cấp chứng minh lợi tức nếu được yêu cầu. Tôi đồng ý thông báo cho Pacific Gas and Electric Company 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 số tiền tôi đã được giảm. Tôi hiểu rằng Pacific Gas and Electric Company có thể chia xẻ thông tin của tôi với những cơ quan tiện ích khác hay đại diện của họ để ghi danh tôi vào những chương trình trợ giúp của họ.

X _____ _____

Chữ ký **Ngày**

○ Đánh dấu vào nếu là người giám hộ hay người được ủy quyền

Gởi đơn đã điền về: Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

Electric Sample Form No. 79-1055
California Alternate Rates for Energy Program - Large Print Application for Tenants of Sub-Metered Residential Facilities (Engli

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

CARE/FERA Program Application for **Tenants of Sub-Metered Residential Facilities**

79-1055
Rev. 06/01/09

ABOUT THE CARE/FERA PROGRAM

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

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

*Before taxes based on current income sources
Valid until May 31, 2010

PROGRAM GUIDELINES

- The energy bill from your landlord must be in your name.
- You must live at the address where the discount will be received.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- You may not share energy meter(s) with another home.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
- PG&E will notify you when it is time for you to reapply, if you still qualify.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **Energy Partners** - Free energy education and weatherization to income qualified customers. Call 1-800-989-9744 for more information.

- **LIHEAP** - Low Income Home Energy Assistance Program. Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.

- **Medical Baseline** - Provides services at the lowest rates to customers with documented needs. Call 1-800-PGE-5000 for more information.

- **ULTS** – Universal Lifeline Telephone Service provides discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local telephone service provider for more information.

Mail Completed Application to:

Pacific Gas and Electric Company
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712
for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

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Pacific Gas and Electric Company®

CARE / FERA Program Application for **Tenants of Sub-Metered Residential Facilities**

79-1055
Rev. 06/01/09

1 MANAGER / FACILITY INFORMATION:

Mobile Home Park/Other Sub-Metered Facilities Name

Mobile Home Park/Other Sub-Metered Facilities Address

City **Zip Code**

PG&E Account Number:

Electricity | | | | | | | | | | | - | |

Gas | | | | | | | | | | | - | |

Manager or Landlord Name **(_____)_____ Telephone Number**

Manager or Landlord Mailing Address

City **Zip Code**

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

2 TENANT INFORMATION: *(please print clearly)*

Name **(_____)_____ Telephone Number**

Address **Unit #**

City **Zip Code**

Number of Persons in Household:

Adults _____+ Children (under 18) _____ = _____

3A PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

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

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

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

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

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

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

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

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

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

X _____ _____

Signature ○ fill in circle if guardian or power of attorney **Date**

Electric Sample Form No. 79-1056
California Alternate Rates for Energy Program - Large Print Application for Tenants of Sub-Metered Residential Facilities (Spani

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

Solicitud del Programa CARE/FERA para **Inquilinos de Instalaciones Residenciales "Sub-Metered"**

79-1056
Rev. 06/01/09

INFORMACION SOBRE EL PROGRAMA DE DESCUENTO DE CARE/FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento en la cuenta mensual de energía a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** proporciona ahorros en la cuenta eléctrica de hogares grandes, de tres o más personas, de ingresos bajos y medianos.

Número de Personas en el Hogar	Ingreso Anual*	
	CARE	**FERA**
1-2	$30,500	No Aplica
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
Por cada persona adicional,agregue:	$7,400	$7,400 - $9,200

* Antes de los impuestos basado en las fuentes de su ingreso actual
Válido hasta el 31 de Mayo, 2010

REQUISITOS DEL PROGRAMA

- La cuenta de energía del administrador de su parque debe estar a su nombre.
- Debe vivir en la dirección donde se recibirá el descuento.
- El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo(a).
- El solicitante no debe compartir el(los) medidor(es) de energía con otro hogar.
- Los ingresos anuales del hogar no deben exceder de los requisitos de ingresos descritos en esta solicitud.
- Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
- PG&E le informará cuando debe volver a re-inscribirse, si es que todavía califica para el programa.

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **Socios en la Energía –** Ofrece consejos y servicios gratuitos sobre ahorros de energía a los clientes que reúnan los requisitos. Llame al 1-800-989-9744 para más información.
- **LIHEAP** – Programa de Ayuda para el Pago de Energía para los Hogares de Bajos Ingresos (LIHEAP). Este es un programa que brinda ayuda o asistencia de emergencia con el pago de sus cuentas, y brinda servicios gratuitos para el ahorro de energía, a los clientes que reúnan los requisitos. Para más información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de tarifas más bajas, a los clientes que estén en condiciones médicas comprobadas. Llame al 1-800-743-5000 para más información.
- **ULTS** – La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio, a aquellos clientes que reúnan requisitos similares a los del Programa CARE. Llame a su compañía local de teléfonos para más información.

Envìe la aplicación completa a: Pacific Gas and Electric Company
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712
para los sordomudos, de lunes a viernes 9:00 a.m. hasta las 11:00 p.m.

California Relay 1-800-735-2929 si no puede usar la línea TDD

Pacific Gas and Electric Company®

Solicitud del Programa CARE/FERA para **Inquilinos de Instalaciones Residenciales "Sub-Metered"**

79-1056
Rev. 06/01/09

1 INFORMACION DEL ADMINISTRADOR O PROPIETARIO:

Nombre del Mobile Home Park/ o Nombre de otros locales con Sub-medidores

Dirección del Mobile Home Park/ ú otras Direcciones de locales con Sub-medidores

Ciudad **Código Postal**

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

Gas | | | | | | | | | | | - | |

Nombre del Administrador o Propietario **(_____)_____ Número telefónico**

Dirección del Administrador o Propietario

Ciudad **Código Postal**

Situación del solicitante ○ **NUEVO** ○ **CANCELO EL PROGRAMA**
○ **RE-INSCRIPCION** ○ **SE MUDO A OTRO ESPACIO**

2 INFORMACION DEL INQUILINO:

(por favor escriba a máquina o con letras de imprenta)

Nombre **(_____)_____ Número telefónico**

Dirección del Hogar **Apartamento #**

Ciudad **Código Postal**

Número de Personas en el Hogar:

Adultos _____ + Niños (menores de 18) _____ = _____

3A ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PUBLICA

MARQUE todos los programas que pertenece y **PASE** a la sección 4

- ☐ Medi-Cal (menor de 65 años)
- ☐ Medi-Cal (65 años o más)
- ☐ SSI
- ☐ Estampillas de Alimentos/SNAP
- ☐ LIHEAP
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ TANF o Tribal TANF
- ☐ NSL FREE Lunch Program
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Sólo Tribus Indígenas)

Si no está inscrito en ninguno de los programas arriba indicados, **PASE** a la sección 3B

3B FUENTES DE INGRESOS DEL HOGAR

MARQUE todas las fuentes de ingreso de la familia. Se le inscribirá en el programa de CARE o en el programa de FERA dependiendo de cuantas personas vivan en el hogar y el monto de sus ingresos salariales.

- ☐ Pagos de Pensiones
- ☐ Pagos del Seguro Social
- ☐ SSP, SSDI
- ☐ Intereses/Dividendos de: Cuentas de Ahorros, Acciones, Bonos, o Cuentas de Jubilación
- ☐ Sueldos y/o Ganancias de su Propio Negocio
- ☐ Ingresos Provenientes de Rentas o Regalías
- ☐ Beneficios por Desempleo
- ☐ Pagos por Incapacidad o Compensación al Trabajador
- ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- ☐ Pagos por Reclamaciones al Seguro o Legales
- ☐ Pagos por Pensión Alimenticia a Hijos/Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

Ingreso Bruto Anual del Hogar: **$** ☐☐,☐☐☐

4 DECLARACION: *(Por favor lea 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 si 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 inscribirme en sus programas de ayuda.

X _____ _____

Firma del Cliente ***Fecha***

○ Marque aquí si es tutor o tiene carta de poder

Electric Sample Form No. 79-1057
California Alternate Rates for Energy Program - Large Print Applicationfor Tenants of Sub-Metered Residential Facilities (Chines

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

CARE/FERA 計劃申請表

分錶住宅設施住客

79-1057
Rev. 06/01/09

關於 CARE/FERA 計劃

- (CARE)計劃是為符合收入資格的家庭提供每月的能源帳單折扣。
- (FERA)是為有三人或更多成員並符合收入資格的家庭提供每月的電費帳單折扣。

家庭人數	年收入*	
	CARE	**FERA**
1-2	$30,500	不適用於此計劃
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
每增加一人，增加	$7,400	$7,400 - $9,200

*根據當前稅前收入的來源　　有效期至 2010 年 5 月 31 日

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。
- 申請者必須居住在將收到折扣的住址。
- 除了配偶，申請人不可以在另一個人的報稅表中被稱為受贍養者。
- 申請者的居所不可與另一居所共同用一個碼錶。
- 申請者家庭不應該超過本申請表格中所描述收入的標準。
- 申請者家庭若不再符合 CARE/FERA 計劃的資格要求，必須知會太平洋煤電公司。
- PG&E 將會通知您重新申請 CARE/FERA 計劃, 到時如果您仍然合格。

您可能符合其他計劃和免費服務

- **能源伙伴 Energy Partners** - 為符合收入資格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。
- **LIHEAP** - 低收入家居能源輔助計劃，為符合收入資格的客戶提供付帳輔助、突發情況付帳輔助和家居防寒保暖 措施。詳情請電 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。詳情請電 1-800-743-5000。
- **生機一線電話服務 ULTS** - 提供電話折扣服務須符合 CARE 收入標準。欲知詳情，請聯絡您當地的熱線電話服 務公司。

申請表請寄至: Pacific Gas and Electric Company
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712
有言語或聆聽障礙者, 星期一至五 9:00 a.m. - 11:00 p.m.

California Relay 1-800-735-2929 如果您未能轉接 TDD 專線

Pacific Gas and Electric Company®

CARE/FERA 計劃申請表

分錶住宅設施住客

79-1057
Rev. 06/01/09

1 經理/分錶住宅設施資料: (請用正楷填寫)

_____

活動房屋/其它分錶住宅設施名字

_____

活動房屋/其它分錶住宅設施住址

_____

城市 **郵政區號**

帳戶號碼: 電力 | | | | | | | | | | | - | |

煤氣 | | | | | | | | | | | - | |

_____(_____)_____

經理或業主姓名 **電話號碼**

_____

經理或業主郵寄住址

_____

城市 **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 **電話號碼**

_____

家庭住址 **單位**

_____

城市 **郵政區號**

家庭人數: 成人總數 _____**+ 孩童總數(十八歲以下)** _____ = _____

3A 合資格的公共資助計劃:

請勾選全部您有所參與，然後請填寫第 4 部份。

- ☐ Medicaid/Medi-Cal (65 歲以下)
- ☐ Medicaid/Medi-Cal (65 歲和 65 歲以上)
- ☐ SSI
- ☐ 糧食券/SNAP
- ☐ 低收入家庭能源協助計劃
- ☐ 婦女,嬰兒和兒童營養輔助計劃
- ☐ 健康家庭低費兒童醫藥健保計劃類別 A 及 B
- ☐ 貧困家庭臨時現金資助計劃或 Tribal TANF
- ☐ NSL 免費午餐計劃
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

如果您沒有參與以上的計劃，請填寫第 3B 部份。

3B 合資格的家庭總收入: (請略過如果您已填寫 3A 部份)

請勾選您家庭收入的全部來源。您是否合資格申請 CARE 或 FERA 計劃, 將根據您的家庭總人數和總收入而定。

- ☐ 退休金
- ☐ 社會福利安全金
- ☐ SSP、SSDI
- ☐ 利息/或股息，來源于: 儲蓄戶口、股票或債券，或退休帳戶
- ☐ 工資和/或自僱者的總收入
- ☐ 租金或版權收入
- ☐ 失業福利
- ☐ 傷病補助金或勞工賠償
- ☐ 學校助學金、獎學金或其他生活開支補助
- ☐ 保險或法律訴訟所得款
- ☐ 給配偶或孩童的資助
- ☐ 現金和/或其他收入

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。

X _____ _____

簽名 ○ 如果是監護人或代理人的話，請勾上記號 日期

Electric Sample Form No. 79-1058
California Alternate Rates for Energy Program - Large Print Application for Tenants of Sub-Metered Residential Facilities (Vietn

Please Refer to Attached Sample Form

Pacific Gas and Electric Company®

Đơn Ghi Danh Vào Chương Trình CARE/FERA cho **Người Mướn Nhà có Đồng Hồ Điện Ga Phụ**

79-1058
Rev. 06/01/09

CHƯƠNG TRÌNH CARE/FERA

- **Chương trình CARE** giảm giá hàng tháng trên hóa đơn năng lượng cho những gia đình hội đủ tiêu chuẩn về lợi tức.
- **Chương trình FERA** giảm giá hàng tháng trên hóa đơn điện cho những gia đình hội đủ tiêu chuẩn về lợi tức có từ ba người trở lên.

Số Người trong Gia Đình	Lợi Tức Hàng Năm*	
	CARE	**FERA**
1-2	$30,500	Không đủ tiêu chuẩn
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
Mỗi người thêm sau đó	$7,400	$7,400 - $9,200

*Trước khi trừ thuế dựa theo các nguồn lợi tức hiện có
Có hiệu lực đến ngày 31 tháng Năm, 2010

NHỮNG CHỈ DẪN CỦA CHƯƠNG TRÌNH

- Hóa đơn tiền điện ga từ chủ nhà của quý vị phải có tên của quý vị.
- Quý vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá.
- Quý vị không được một người khác khai là người phụ thuộc trên mẫu thuế ngoại trừ người phối ngẫu.
- Quý vị không được dùng chung (các) đồng hồ đo năng lượng với một ngôi nhà khác.
- Lợi tức của gia đình quý vị phải đáp ứng với mức lợi tức qui định của chương trình được ghi trong đơn này.
- Quý vị phải thông báo cho PG&E nếu gia đình quý vị không còn hội đủ điều kiện để được nhận giảm giá CARE/FERA.
- PG&E sẽ báo cho quý vị biết khi nào quý vị cần phải nộp đơn lại, nếu quý vị vẫn còn hội đủ điều kiện.

NHỮNG CHƯƠNG TRÌNH VÀ DỊCH VỤ MIỄN PHÍ KHÁC MÀ QUÝ VỊ CÓ THỂ HỘI ĐỦ ĐIỀU KIỆN

- **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.
- **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, và 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-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 chương trình CARE. Xin liên lạc hãng điện thoại “local” của quý vị để biết thêm chi tiết.

Gởi đơn đã điền về: Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 dành cho người khiếm thanh/khiếm thính,
Thứ Hai - Thứ Sáu 9:00 giờ sáng – 11:00 giờ tối

California Relay 1-800-735-2929 nếu quý vị không thể sử dụng đường dây TDD

Pacific Gas and Electric Company®

Đơn Ghi Danh Vào Chương Trình CARE/FERA cho **Người Mướn Nhà có Đồng Hồ Điện Ga Phụ**

79-1058
Rev. 06/01/09

1 CHI TIẾT VỀ QUẢN LÝ / KHU NHÀ VỚI ĐỒNG HỒ PHỤ:

Tên của Khu Nhà Lưu Động/ Những Khu Nhà Khác với Đồng Hồ Phụ

Địa Chỉ Khu Nhà Lưu Động/ Những Khu Nhà Khác với Đồng Hồ Phụ

Thành Phố **Bưu Chánh**

Số Hồ Sơ PG&E:

Điện | | | | | | | | | | | - | |

Ga | | | | | | | | | | | - | |

Tên của Quản Lý hay Chủ Nhà **(_____)_____ Số Điện Thoại**

Địa Chỉ Liên Lạc Bằng Thư của Quản Lý hay Chủ Nhà

Thành Phố **Bưu Chánh**

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

2 CHI TIẾT VỀ NGƯỜI MƯỚN NHÀ: (xin viết rõ ràng)

Tên **(_____)_____ Số Điện Thoại**

Địa Chỉ Nhà **Số Phòng**

Thành Phố **Bưu Chánh**

Số Người Trong Gia Đình:

Người Lớn _____+ Trẻ Em (dưới 18 tuổi) _____ = _____

3A HỘI ĐỦ ĐIỀU KIỆN VỀ CHƯƠNG TRÌNH TRỢ GIÚP CÔNG CỘNG:

ĐÁNH DẤU vào tất cả các chương trình quý vị đang tham gia, sau đó điền phần 4.

- ☐ Medicaid/Medi-Cal (dưới 65 tuổi)
- ☐ Medicaid/Medi-Cal (65 và qua 65 tuổi)
- ☐ SSI
- ☐ Tiền Phiếu Thực Phẩm/SNAP
- ☐ LIHEAP
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ TANF hay Tribal TANF
- ☐ NSL FREE Lunch Program
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

Nếu quý vị không tham gia bất cứ chương trình nào kể trên, xin điền phần 3B.

3B HỘI ĐỦ ĐIỀU KIỆN VỀ LỢI TỨC GIA ĐÌNH:

ĐÁNH DẤU vào tất cả các nguồn lợi tức của gia đình quý vị. Dựa vào số người trong gia đình và lợi tức, quý vị sẽ được ghi danh vào chương trình CARE hoặc FERA.

- ☐ Tiền Hưu Bổng
- ☐ Tiền Trợ Cấp An Sinh Xã Hội
- ☐ SSP, SSDI
- ☐ Tiền Lời/Cổ Tức từ: Trương Mục Tiết Kiệm, Chứng Khoán,Trái Phiếu, hayTrương Mục Hưu Trí
- ☐ Tiền Lương và/hay Lợi Tức từ Tư Doanh
- ☐ Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- ☐ Tiền Thất Nghiệp
- ☐ Tiền cho Người Có Khuyết Tật hay Tiền Bồi Thường Tai Nạn Lao Động
- ☐ Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày
- ☐ Tiền Bảo Hiểm Bồi Thường hay Tiền Bồi Thường Thưa Kiện
- ☐ Tiền Cấp Dưỡng Vợ/Chồng hay Con Cái
- ☐ Tiền Mặt và/hay Lợi Tức Khác

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 đơn này là thật và chính xác. Tôi đồng ý cung cấp chứng minh lợi tức nếu được yêu cầu. Tôi đồng ý thông báo cho Pacific Gas and Electric Company 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 số tiền tôi đã được giảm. Tôi hiểu rằng Pacific Gas and Electric Company có thể chia xẻ thông tin của tôi với những cơ quan tiện ích khác hay đại diện của họ để ghi danh tôi vào những chương trình trợ giúp của họ.

X _____ _____

Chữ ký **Ngày**

○ Đánh dấu vào nếu là người giám hộ hay người được ủy quyền

Electric Sample Form No. 79-1059
California Alternate Rates for Energy Program - Large Print Income Guidelines

Please Refer to Attached
Sample Form

Pacific Gas and Electric Company®

CARE/FERA Program
Income Guidelines

79-1059
Rev. 06/01/09

INCOME GUIDELINES (Valid until May 31, 2010)

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

* Before taxes based on current income sources

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
- Interests/ Dividends from: Savings, Stocks, Bonds, or Retirement Accounts
- Unemployment Benefits
- Rental or Royalty Income
- School Grants, Scholarships or other aid used for living expenses
- Profit from Self-Employment
- Disability Payments
- Workers Compensation
- Pensions
- Social security, SSI, SSP, SSDI
- Insurance Settlements
- Legal Settlements
- TANF (AFDC)
- Food Stamps
- Child Support
- Spousal Support
- Cash and/or Other Income

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712
for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

Pacific Gas and Electric Company®

Programa CARE/FERA
Requisitos de Ingresos

79-1059
Rev. 06/01/09

REQUISITOS DE INGRESOS (Válido hasta el 31 de Mayo, 2010)

Número de Personas en el Hogar	Ingreso Anual*	
	CARE	**FERA**
1-2	$30,500	No Aplica
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
Por cada persona adicional, agregue:	$7,400	$7,400 - $9,200

* Antes de los impuestos basado en las fuentes de su ingreso actual

Definición de Ingresos:

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

- Sueldos y/o Salarios
- Intereses/Dividendos de: Cuentas de Ahorros, Acciones, Bonos, o Cuentas de Jubilación
- Beneficios 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
- Pagos por Incapacidad
- Pagos por Compensación al Trabajador
- Pagos de Pensiones
- Pagos del Seguro Social, SSI, SSP, SSDI
- Pagos de Reclamaciones del Seguro
- Pagos de Reclamaciones Legales
- Pagos de TANF (AFDC)
- Estampillas de Alimentos
- Pagos por Pensión Alimenticia a Hijos
- Pagos por Pensión Conyugal
- Pagos en Efectivo y/u Otros Ingresos

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712
para los sordomudos, de lunes a viernes 9:00 a.m. hasta las 11:00 p.m.

California Relay 1-800-735-2929 si no puede usar la línea TDD

Pacific Gas and Electric Company®

CARE/FERA 計劃

收入標準

79-1059
Rev. 06/01/09

收入標準 (有效期至 2010 年 5 月 31 日)

家庭人數	年收入*	
	CARE	**FERA**
1-2	$30,500	不適用於此計劃
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
每增加一人，增加	$7,400	$7,400 - $9,200

*根據當前稅前收入的來源

收入定義:

所有家庭成員的收入，來自任何途徑，繳稅或不繳稅，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
- 傷病補助金
- 勞工賠償
- 退休金
- 社會福利安全金、SSI、SSP、SSDI
- 保險訴訟所得的金錢
- 法律訴訟所得的金錢
- 貧困家庭臨時現金資助計劃 TANF (AFDC)
- 糧食券
- 給孩童款
- 給配偶款
- 現金和/或其他收入

CARE: ☎ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712

有言語或聆聽障礙者, 星期一至五 9:00 a.m. - 11:00 p.m.

California Relay 1-800-735-2929 如果您未能轉接 TDD 專線

Pacific Gas and Electric Company®

Chương Trình CARE/FERA
Định Mức Lợi Tức

79-1059
Rev. 06/01/09

ĐỊNH MỨC LỢI TỨC (Có hiệu lực đến ngày 31 tháng Năm, 2010)

Số Người trong Gia Đình	Lợi Tức Hàng Năm*	
	CARE	**FERA**
1-2	$30,500	Không đủ tiêu chuẩn
3	$35,800	$35,801 - $44,800
4	$43,200	$43,201 - $54,000
5	$50,600	$50,601 - $63,200
6	$58,000	$58,001 - $72,400
Mỗi người thêm sau đó	$7,400	$7,400 - $9,200

* Trước khi trừ thuế dựa theo các nguồn lợi tức hiện có

Định Nghĩa Lợi Tức:

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 chỉ giới hạn vào:

- Tiền Lương
- Tiền Lời/Cổ Tức từ: Trương Mục Tiết Kiệm, Chứng Khoán, Trái Phiếu, hay Trương Mục Hưu Trí
- Tiền Thất Nghiệp
- Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày
- Lợi Tức từ Tư Doanh
- Tiền cho Người Có Khuyết Tật
- Tiền Bồi Thường Tai Nạn Lao Động
- Tiền Hưu Bổng
- Tiền Trợ Cấp An Sinh Xã Hội, SSI, SSDI
- 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

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 www.pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 dành cho người khiếm thanh/khiếm thính,
Thứ Hai - Thứ Sáu 9:00 giờ sáng – 11:00 giờ tối

California Relay 1-800-735-2929 nếu quý vị không thể sử dụng đường dây TDD

Electric Sample Form No. 79-1072
FERA Residential Single Family Recertification Instruction

Please Refer to Attached
Sample Form

Pacific Gas and Electric Company®

FERA Program Re-Certification Instruction
Residential Single-Family Customers

Mail Completed Application to: P.O. Box 7979, San Francisco, CA 94120-7979 **79-1072**

www.pge.com/fera *For Questions Call: 1-800-743-5000 Fax: 1-415-973-6419* *Rev. 06/01/09*

FERA PROGRAM RE-CERTIFICATION INSTRUCTIONS

Dear Customer:

You have been receiving a monthly discount on your Pacific Gas and Electric Company electric bills as a result of your participation in the FERA (Family Electric Rate Assistance) Program.

To continue receiving your monthly discount you need to reapply for the FERA Program if you still qualify. It is free, easy, and confidential.

Enclosed is a FERA Re-Certification application with the most recent FERA income guidelines. If your household income still meets the current guidelines for the program, please complete the form, and return it to PG&E in the postage paid envelope provided.

Thank you for the opportunity to continue serving you.

FERA Program

INCOME GUIDELINES • REQUISITOS DE INGRESOS	
Number of Persons in Household Número de Personas en el Hogar	Annual Income* Ingresos Anuales*
1-2	Not Eligible • No Aplica
3	$35,801 - $44,800
4	$43,201 - $54,000
5	$50,601 - $63,200
6	$58,001 - $72,400
Each additional person, add: Por cada persona adicional,agregue:	$7,400 - $9,200

* Before taxes based on current income sources
Valid until May 31, 2010

* Antes de los impuestos basado en las fuentes de su ingreso actual
Válido hasta el 31 de Mayo, 2010

INSTRUCCIONES PARA RE-INSCRIBIRSE EN EL PROGRAMA DE FERA

Estimado(a) cliente:

Usted ha estado recibiendo un descuento en su factura de Pacific Gas and Electric Company porque sus ingresos calificaron para el Programa de Family Electric Rate Assistance (FERA).

Si desea continuar recibiendo este descuento, debe de re-inscribirse a este programa si es que todavía califica para el mismo. La re-inscripción es grátis, fácil y confidencial.

Adjunto encontrará un formulario de Re-inscripción FERA, así como una tabla con los requisitos de ingresos más recientes del programa FERA. Si el ingreso total de su hogar (incluyendo los ingresos de todas las personas que trabajan en su hogar) aún se encuentra dentro de los límites especificados en el programa, por favor llene y firme el formulario y envìela a PG&E en el sobre con franqueo pre-pagado que hemos adjuntado en esta carta.

Le agradecemos que nos haya dado la oportunidad de continuar sirviéndole.

Programa FERA

FERA: **1-800-743-5000** Fax: 415-973-6419 www.pge.com/fera CAREandFERA@pge.com

TDD/TTY 1-800-652-4712
For Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.
Para los sordomudos, de lunes a viernes 9:00 a.m. hasta las 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line • si no puede usar la línea TDD

Pacific Gas and Electric Company®

FERA Program Re-Certification Instruction
Residential Single-Family Customers

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

79-1072

www.pge.com/fera

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

Rev. 06/01/09

MẪU CHỈ DẪN TÁI CHỨNG NHẬN CHO CHƯƠNG TRÌNH FERA

Thân gởi khách hàng:

Quý vị đang được nhận giảm giá hàng tháng trên hóa đơn điện với PG&E vì đã tham gia vào chương trình FERA.

Để tiếp tục được giảm giá hàng tháng, quý vị cần phải nộp đơn xin lại chương trình FERA nếu quý vị vẫn còn hội đủ điều kiện. Việc nộp đơn hoàn toàn miễn phí, dễ dàng và kín đáo.

Kèm theo đây là Mẫu Tái Chứng Nhận cho Chương Trình FERA với bản chỉ dẫn mới nhất về lợi tức cho chương trình. Nếu lợi tức trong gia đình của quý vị vẫn không vượt qua bản chỉ dẫn lợi tức hiện hành cho chương trình, xin điền mẫu đơn, và gởi trả lại cho PG&E trong bao thư đã dán sẵn tem đính kèm.

Xin cám ơn quý vị.

Chương trình FERA

BẢN CHỈ DẪN VỀ LỢI TỨC • 收入標準	
Số người trong gia đình 家庭人數	Lợi Tức Hàng Năm* 年收入*
1-2	Không đủ tiêu chuẩn • 不適用於此計劃
3	$35,801 - $44,800
4	$43,201 - $54,000
5	$50,601 - $63,200
6	$58,001 - $72,400
Mỗi người thêm sau đó 每增加一人，增加	$7,400 - $9,200

* Trước khi trừ thuế dựa theo các nguồn lợi tức hiện có
Có hiệu lực đến ngày 31 tháng Năm, 2010

*根據當前稅前收入的來源
有效期至 2010 年 5 月 31 日

FERA 計劃再驗證指示

親愛的客戶：

因為您參加 (FERA) 計劃，所以在您的太平洋煤電公司帳單上一直收到每月的電費帳單折扣。

為了您能夠繼續收到每月的折扣，您需要重新申請 FERA 計劃如果您仍然合格。申請是免費，簡單和保密。

這是 FERA 計劃的再驗證表格以及最新的 FERA 收入標準。如果您的家庭收入還是符合此計劃的最新標準，請在表格上簽名，並放入預先付費的信封中，寄回給太平洋煤電公司。

感謝您讓我們有機會能夠繼續為您服務。

FERA 計劃

FERA: **1-800-743-5000** Fax: 415-973-6419 www.pge.com/fera CAREandFERA@pge.com

TDD/TTY 1-800-652-4712
Dành cho người khiếm thanh/khiếm thính, Thứ Hai - Thứ Sáu 9:00 giờ sáng – 11:00 giờ tối
有言語或聆聽障礙者, 星期一至五 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 Nếu quý vị không thể sử dụng đường dây TDD • 如果您未能轉接 TDD 專線

Electric Sample Form No. 79-1073
FERA Residential Single Family Recertification Instruction

Please Refer to Attached
Sample Form

Pacific Gas and Electric Company®

FERA Program Re-Certification Application for Residential Single-Family Customers

Mail Completed Application to: P.O. Box 7979, San Francisco, CA 94120-7979 **79-1073**

www.pge.com/fera *For Questions Call:* 1-800-743-5000 *Fax:* 1-415-973-6419 *Rev. 06/01/09*

1 CUSTOMER INFORMATION • INFORMACION DEL CLIENTE:

Telephone Number • Número telefónico

2 DECLARATION: *(please read and sign below)*

I state it is true and correct that my household continues to qualify for FERA. 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.

DECLARACION: *(Por favor lea y firme abajo)*

Certifico que mi hogar continúa calificando para el descuento de FERA. Estoy de acuerdo en proporcionar pruebas de mis ingresos, de ser necesario. Estoy de acuerdo en informar a Pacific Gas and Electric Company si mi situación financiera cambia y si ya no califico para recibir dicho descuento. Comprendo que, si recibo el descuento sin calificar, se me podría pedir que devuelva el monto total del descuento recibido. Comprendo que Pacific Gas and Electric Company podría compartir ésta información con otras compañías de suministro de energía o sus agentes, para inscribirme en sus programas de ayuda.

X _____ _____

Customer Signature **Firma del Cliente**

○ Fill in circle if guardian or power of attorney
Marque aquí si es tutor o tiene carta de poder

Date • Fecha

☐ Check if you no longer qualify or do not want to participate in the FERA Program.
Ya no califico ó ya no quiero participar en el Programa FERA

3 Return this form to Pacific Gas and Electric Company *(using the postage free envelope provided)*

Devuelva esta solicitud a Pacific Gas and Electric Company *(en el sobre con franqueo pre-pagado adjunto)*

Pacific Gas and Electric Company®

FERA Program Re-Certification Application for Residential Single-Family Customers

www.pge.com/fera

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

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

79-1073

Rev. 06/01/09

1 CHI TIẾT VỀ KHÁCH HÀNG • 客戶資料:

Số Điện Thoại • 電話號碼

2 CAM ĐOAN: *(xin đọc kỹ và ký tên dưới đây)*

Tôi xin cam đoan rằng gia đình tôi vẫn tiếp tục hội đủ điều kiện cho chương trình FERA, điều này là thật và chính xác. Tôi đồng ý cung cấp chứng minh lợi tức nếu được yêu cầu. Tôi đồng ý thông báo cho Pacific Gas and Electric Company 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 số tiền tôi đã được giảm. Tôi hiểu rằng Pacific Gas and Electric Company có thể chia xẻ thông tin của tôi với những cơ quan tiện ích khác hay đại diện của họ để ghi danh tôi vào những chương trình trợ giúp của họ.

聲明: ***(請小心閱讀，然後在下面簽字)***

本人聲明，這是真實和正確的資料，本人的家庭收入繼續符合 FERA 計劃的資格。如有需要，我會提供收入證明。本人同意，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。本人了解，如果我不符合折扣條件而獲得折扣，我會被要求退回獲得折扣的金額。本人了解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。

X _____ _____

Chữ ký của khách hàng
客戶簽名

○ Đánh dấu vào nếu là người giám hộ hay người được ủy quyền
如果是監護人或代理人的話，請勾上記號

Ngày • 日期

☐ Xin đánh dấu vào ô trống nếu quý vị không còn hội đủ tiêu chuẩn hoặc không muốn tham gia vào chương trình FERA
請打勾號如果您不再符合資格或沒有意願參加FERA計劃

3 Gởi mẫu đơn này lại cho PG&E *(xin dùng bao thư có dán sẵn tem đính kèm)*

把這表格寄回太平洋煤電公司 *(請使用提供給您的免郵資信封)*

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PG&E Gas and Electric
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General Order 96-B, Section IV

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Arizona Public Service Company
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Dept of General Services
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McKenzie & Associates
Meek, Daniel W.
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Mirant
Modesto Irrigation District
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Santa Fe Jets
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Sequoia Union HS Dist
Sierra Pacific Power Company
Silicon Valley Power
Smurfit Stone Container Corp
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