STATE OF CALIFORNIA Edmund G. Brown Jr., *Governor*

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

May 31, 2012

Advice Letters 3299G/4042E

Brian K. Cherry
Vice President, Regulation and Rates
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 Declaration Statement For California Alternate Rates for Energy (CARE) Program and Family Electric Rate Assistance (FERA) Program

Dear Mr. Cherry:

Advice Letters 3299G/4042E are effective June 1, 2012.

Sincerely,

Edward Randolph

Edward F. Randolph, Director
Energy Division

Pacific Gas and Electric Company

Brian K. Cherry
Vice President
Regulation and Rates

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

Fax: 415.973.6520

May 14, 2012

Advice 3299-G/4042-E
(Pacific Gas and Electric Company ID U 39 M)

Public Utilities Commission of the State of California

Subject: **Revised Household Income Requirements and Declaration Statement 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 within the tariffs and the forms' declaration statement 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 no later than May 1st of each year of annual revisions to CARE income levels effective June 1st. In accordance with the Energy Division's Notice to Investor Owned and Small Multi-Jurisdictional Utilities Providing Service Under CARE, FERA and Energy Savings Assistance Program (ESAP) dated March 15th, 2012, PG&E hereby submits tariffs with revised income limitations for the CARE program, **effective June 1, 2012**.

The revised income levels are as follows:

No. of Persons in Household	Total Combined Annual Income
1	$22,340
2	$30,260
3	$38,180
4	$46,100
5	$54,020
6	$61,940
7	$69,860
8	$77,780
Each Additional	$ 7,920

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--C*alifornia 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 and declaration statement shown on the following gas and electric forms as listed on page 3-4 of this advice letter and in Attachment 1.

FERA Program

PG&E also submits this filing in accordance with the Energy Divisions' Notice to Investor Owned and Small Multi-Jurisdictional Utilities Providing Service Under CARE, FERA and ESAP dated March 15th, 2012. 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 and Community Choice Aggregation Service Customers, are not eligible for FERA.

In compliance with the 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	$38,181 to $47,725
4	$46,101 to $57,625
5	$54,021 to $67,525
6	$61,941 to $77,425
7	$69,861 to $87,325
8	$77,781 to $97,225
Each Additional	$ 7,920 to $9,900

[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.

In addition to the income revisions to rate Schedule E-FERA, PG&E is also revising the income levels and declaration statement in the standard forms as listed on page 3-4 of this advice letter and in Attachment 1.

Tariff Revisions

1. Gas and electric Rules 19.1 -- *California Alternate Rates for Energy for Individual Customers and Submetered Tenants of Master-Metered Customers*: Section B of gas and electric Rules 19.1 were revised to update the maximum annual household income levels.

2. Gas and electric Rules 19.2 -- *California Alternate Rates for Energy for Nonprofit Group-Living Facilities*: Section B.4 of gas and electric Rules 19.2 were revised to update the maximum annual household income.

3. Gas and electric Rules 19.3 -- *California Alternate Rates for Energy for Qualified Agricultural Employee Housing Facilities*: Section B.4 of gas and electric Rules 19.3 were revised to update the maximum annual household income levels.

4. Electric Rate Schedule E-FERA -- *Family Electric Rate Assistance*: Special Condition 2 was revised to update the total gross income.

5. Revised Forms: The following combined forms are being submitted with updated income levels and declaration statement 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)

5. Revised Forms (Cont'd):

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

PG&E is updating all pertinent printed or posted materials to reflect the revised income levels and declaration statement. 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 4, 2012** which is 21 days[3] 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: EDTariffUnit@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.

[3] The 20 day protest period concludes on a weekend. PG&E hereby moves this date to the following business day.

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, Regulation and Rates
Pacific Gas and Electric Company
77 Beale Street, Mail Code B10C
P.O. Box 770000
San Francisco, California 94177

Facsimile: (415) 973-6520
E-mail: PGETariffs@pge.com

Effective Date

Pursuant to Resolution E-3524, PG&E requests that this advice filing become effective on **June 1, 2012**, subject to Energy Division review.

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 and the parties on the service list for A.11-05-019**.** Address changes to the General Order 96-B service list and all electronic approvals should be directed to PGETariffs@pge.com. For changes to any other service list, please contact the Commission's Process Office at (415) 703-2021 or at Process_Office@cpuc.ca.gov. Advice letter filings can also be accessed electronically at: http://www.pge.com/tariffs.

Vice President, Regulation and Rates

Attachments

cc: Service List A.11-05-019

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: Kimberly Chang
☑ ELC ☑ GAS	Phone #: (415) 973-5472
☐ PLC ☐ HEAT ☐ WATER	E-mail: kwcc@pge.com

EXPLANATION OF UTILITY TYPE

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

(Date Filed/ Received Stamp by CPUC)

Advice Letter (AL) #: **3299-G/4042-E** **Tier: 1**

Subject of AL: **Revised Household Income Requirements and Declaration Statement for California Alternate Rates for Energy (CARE) Program and Family Electric Rate Assistance (FERA) Program**

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

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

If AL filed in compliance with a Commission order, indicate relevant Decision/Resolution #: Resolution E-3524

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

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

Is AL requesting confidential treatment? If so, what information is the utility seeking confidential treatment for:

Confidential information will be made available to those who have executed a nondisclosure agreement: ☐ Yes ☐ No

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, 2012** 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: Electric Rate Schedule E-FERA, Gas and Electric Rules 19.1, 19.2, and 19.3, Electric Sample Forms 79-1072, 79-1073, Gas and Electric Sample Forms 01-9077, 62-0972, 62-0973, 62-0939, 62-0919, 62-0940, 62-1509, 79-1051, 79-1052, 79-1053, 79-1054, 01-9285, 62-0675, 62-0673, 79-1055, 79-1056, 79-1057, 79-1058, 62-1477, 79-1059, 62-0156, 62-1198, 61-0535

Service affected and changes proposed: Revise household income requirements and declaration statements for CARE and FERA program

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

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
E-mail: EDTariffUnit@cpuc.ca.gov

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

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
29710-G	GAS RULE NO. 19.1 CALIF ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS Sheet 2	28967-G
29711-G	GAS RULE NO. 19.2 CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES Sheet 2	29067-G
29712-G	GAS RULE NO. 19.3 CALIF ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRI EMPLOYEE HOUSING FACILITIES Sheet 2	29068-G
29713-G	Gas Sample Form No. 01-9077 California Alternate Rates for Energy Program Application for Residential Single-Family Customers	28970-G
29714-G	Gas Sample Form No. 01-9285 California Alternate Rates for Energy Program Application for Tenants of Sub-Metered Facilities	28971-G
29715-G	Gas Sample Form No. 61-0535 CARE Program Application for OMS/Non-Profit Migrant Farm Worker Housing Centers	28972-G
29716-G	Gas Sample Form No. 62-0156 California Alternate Rates for Energy Program Application for Qualified Nonprofit Group-Living Facilities	28973-G
29717-G	Gas Sample Form No. 62-0672 California Alternate Rates for Energy Program Application for Tenants of Sub-Metered Facilities (English/Chinese)	28974-G
29718-G	Gas Sample Form No. 62-0673 California Alternate Rates for Energy Program Application for Tenants of Sub-Metered Facilities (English/Vietnamese)	28975-G

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
29719-G	Gas Sample Form No. 62-0919 California Alternate Rates for Energy Program Residential Single-Family Customers Pre-Printed Application	28976-G
29720-G	Gas Sample Form No. 62-0939 California Alternate Rates for Energy Program Residential Single-Family Customers Pre-Printed Application Instruction	28977-G
29721-G	Gas Sample Form No. 62-0940 California Alternate Rates for Energy Program Residential Single-Family Customers Recertification Instruction	28978-G
29722-G	Gas Sample Form No. 62-0972 California Alternate Rates for Energy Program Application for Residential Single-Family Customers (English/Chinese)	28979-G
29723-G	Gas Sample Form No. 62-0973 California Alternate Rates for Energy Program Application for Residential Single-Family Customers (English/Vietnamese)	28980-G
29724-G	Gas Sample Form No. 62-1198 California Alternate Rates for Energy Program Application for Qualified Agricultural Employee Housing Facilities	28981-G
29725-G	Gas Sample Form No. 62-1477 California Alternate Rates for Energy Program Income Guidelines	28982-G
29726-G	Gas Sample Form No. 62-1509 California Alternate Rates for Energy Program Residential Single-Family Customers Recertification	28983-G
29727-G	Gas Sample Form No. 79-1051 California Alternate Rates for Energy Program - Large Print Application for Residential Single Family Customers (English)	28984-G

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
29728-G	Gas Sample Form No. 79-1052 California Alternate Rates for Energy Program - Large Print Application for Residential Single Family Customers (Spanish)	28985-G
29729-G	Gas Sample Form No. 79-1053 California Alternate Rates for Energy Program - Large Print Application for Residential Single Family Customers (Chinese)	28986-G
29730-G	Gas Sample Form No. 79-1054 California Alternate Rates for Energy Program - Large Print Application for Residential Single Family Customers (Vietnamese)	28987-G
29731-G	Gas Sample Form No. 79-1055 California Alternate Rates for Energy Program - Large Print Application for Tenants of Sub-Metered Residential Facilities (English)	28988-G
29732-G	Gas Sample Form No. 79-1056 California Alternate Rates for Energy Program - Large Print Application for Tenants of Sub-Metered Residential Facilities (Spanish)	28989-G
29733-G	Gas Sample Form No. 79-1057 California Alternate Rates for Energy Program - Large Print Application for Tenants of Sub-Metered Residential Facilities (Chinese)	28990-G
29734-G	Gas Sample Form No. 79-1058 California Alternate Rates for Energy Program - Large Print Application for Tenants of Sub-Metered Residential Facilities (Vietnamese)	28991-G
29735-G	Gas Sample Form No. 79-1059 California Alternate Rates for Energy Program - Large Print Income Guidelines	28992-G
29736-G	GAS TABLE OF CONTENTS Sheet 1	29708-G

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
29737-G	GAS TABLE OF CONTENTS Sheet 6	29577-G
29738-G	GAS TABLE OF CONTENTS Sheet 9	29243-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	$22,340	(T)
2	$30,260	|
3	$38,180	|
4	$46,100	|
5	$54,020	|
6	$61,940	|
7	$69,860	|
8	$77,780	|
Each additional member, add:	$ 7,920	(T)

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 at a Facility may not exceed the following:

Number of Persons in Household	Maximum Annual Household Income	
1	$22,340	(T)
2	$30,260	|
3	$38,180	|
4	$46,100	|
5	$54,020	|
6	$61,940	|
7	$69,860	|
8	$77,780	|
Each additional member, add:	$ 7,920	(T)

(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 at a Facility may not exceed the following:

Number of Persons in Household	Maximum Annual Household Income	
1	$22,340	(T)
2	$30,260	|
3	$38,180	|
4	$46,100	|
5	$54,020	|
6	$61,940	|
7	$69,860	|
8	$77,780	|
Each additional member, add:	$ 7,920	(T)

(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. 06/01/12

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)
Provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA)
Provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

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

INCOME GUIDELINES
(valid until May 31, 2013)

Number of Persons in Household	Annual Income (before taxes based on current income sources)	
	CARE	**FERA**
1	$22,340	Not Eligible
2	$30,260	Not Eligible
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
For each additional person, add:	$7,920	$7,920 - $9,900

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **Balanced Payment Plan:** Monthly payments can be averaged out to allow you to budget your energy costs and eliminate big swings in your payments. Call 1-800-743-5000 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 1-800-743-5000 for more information.
- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **REACH:** One-time energy-assistance program sponsored by PG&E and administered by the Salvation Army. Call 1-800-933-9677 for more information.
- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

Energy Savings Assistance Program™

- **Third-Party Notification:** Allows you to name a friend or relative to receive duplicate copies of past-due payment notices. The designated person is not responsible for paying the bill, but can contact PG&E to help resolve the problem. Call 1-800-743-5000 for more information.
- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.
- **SmartMeter™** technology gives you more control than ever before over your energy use. With this information, you can better understand how energy use impacts your monthly bill and make better decisions to reduce your energy costs. Call 1-866-743-0263 for more information.

FOR MORE INFORMATION

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday – Friday, 9:00 a.m. – 11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

Pacific Gas and Electric Company®

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

01-9077
Rev. 06/01/12

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO DE CARE/FERA

California Alternate Rates for Energy (CARE)

Ofrece un descuento mensual en las cuentas de energía a los hogares que reúnan los requisitos de ingresos.

Family Electric Rate Assistance (FERA)

Ofrece un descuento mensual en las cuentas de electricidad a los hogares de tres o más personas que reúnan los requisitos de ingresos.

REQUISITOS DEL PROGRAMA

1. La cuenta de PG&E debe estar a su nombre.
2. Debe vivir en la dirección donde se recibirá el descuento.
3. El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo(a).
4. El solicitante no debe compartir el medidor de energía con otro hogar.
5. Deberá tener en cuenta todas las fuentes de ingresos que califican bajo la unidad familiar y cumplir con los requisitos de ingresos del programa que se describen en esta solicitud.
6. Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
7. Después de su inscripción, podría ser seleccionado para que se verifiquen sus ingresos y deberá presentar pruebas de que su hogar califica para permanecer en este programa.
8. Usted tiene obligación de renovar su elegibilidad cada dos años (cuatro años si tiene ingresos fijos).

REQUISITOS DE INGRESOS
(Válido hasta el 31 de mayo, 2013)

Número de Personas en el Hogar	Ingreso Anual (antes de impuestos basado en fuentes de ingreso actual)	
	CARE	**FERA**
1	$22,340	No Aplica
2	$30,260	No Aplica
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
Por cada persona adicional, agregue:	$7,920	$7,920 - $9,900

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **Plan de Pago Equilibrado:** Sus pagos mensuales se pueden promediar permitiéndole hacer un presupuesto basado en su consumo de energía, así eliminando una variación grande en sus pagos. Para más información, llame al 1-800-743-5000.
- **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 a nombre suyo. Para más información, llame al 1-800-743-5000.
- **Low Income Home Energy Assistance Program (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.
- **Medical Baseline:** Los clientes residenciales que dependan de equipos de soporte vital y/o que tengan necesidades especiales relacionadas con la calefacción o el aire acondicionado debido a ciertos padecimientos médicos podrían reunir los requisitos para obtener más energía a un precio más bajo (baseline). Para más información, llame al 1-800-743-5000.
- **REACH:** Es un programa que le ayuda al cliente a pagar su cuenta de energía por una sola vez y está patrocinado por PG&E y administrado por el Salvation Army. Para más información, llame al 1-800-933-9677.
- **Energy Savings Assistance Program:** Ofrece a los inquilinos y a los propietarios de viviendas que reúnan los requisitos de ingresos, soluciones sencillas y gratuitas para ayudarles a manejar su consumo de energía y ahorrar dinero en sus facturas mensuales. Para más información, llame al 1-800-989-9744.

Energy Savings Assistance Program™

- **Notificación a Terceras Personas:** Permite designar a un amigo o familiar para que reciba una copia de las notificaciones de cuentas vencidas y no pagadas. La persona designada no es responsable del pago de la cuenta, pero puede comunicarse con PG&E para ayudar a resolver el problema. Para más información, llame al 1-800-743-5000.
- **Universal Lifeline Telephone Service (ULTS):** La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio. Llame a su compañía local de teléfonos para más información.
- **SmartMeter™:** Su tecnologìa le da más control que nunca a su consumo de energía. Con esta información, podrá entender mejor cómo su consumo de electricidad afecta su factura mensual y le permitirá tomar mejores decisiones para reducir sus costos de energía. Para más información, llame al 1-866-743-0263.

PARA MAS INFORMACIÓN

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 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. 06/01/12

1 CUSTOMER INFORMATION: *(please print clearly)*

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

										-	

Name _____ **Telephone** (____)_____

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)**_____ **=** _____

Total Gross Annual Household Income:
(please account for all income from every household members) **$** ___,___.00

2A HOUSEHOLD INCOME ELIGIBILITY:

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

- ☐ 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

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK ALL programs you or someone in your household participate in.

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

3 DECLARATION: *(please read and sign)*

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me 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 municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

For Internal Use Only

X _____
Customer 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

Or fax completed application to: 415-973-6419

Pacific Gas and Electric Company®

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

01-9077
Rev. 06/01/12

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

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

										-	

Nombre *(Como aparece en la factura)* _____ **Teléfono** (_____)_____

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

Dirección Postal, si tiene **Departamento #** **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) _____ = _____

Total de ingresos anuales brutos de la unidad familiar:
(por favor, tenga en cuenta todos los ingresos de todos los miembros de la unidad familiar) **$** ___,___.00

2A ELEGIBILIDAD DE ACUERDO A LOS INGRESOS EN EL HOGAR:

MARQUE TODAS las fuentes de ingreso de la familia. Usted podría ser inscrito en el programa de CARE o en el programa de FERA dependiendo de cuántas 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
- ☐ 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/Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

2B ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PÚBLICA:

MARQUE TODOS los programas que usted o alguien en su hogar están recibiendo.

- ☐ Medicaid/Medi-Cal (menor de 65 años)
- ☐ Medicaid/Medi-Cal (65 años o más)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (Estampillas de Alimentos)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants and Children (WIC)
- ☐ Healthy Families A & B
- ☐ CalWORKs (TANF) o Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Sólo Tribus Indígenas)

3 DECLARACIÓN: *(por favor lea y firme abajo)*

Me comprometo a facilitar pruebas documentales de los ingresos de la unidad familiar en caso de que se me pida. También acepto informar a Pacific Gas and Electric Company si en algún momento mi unidad familiar dejase de reunir los requisitos para recibir el descuento. Comprendo que si recibo el descuento sin reunir los requisitos, se me puede exigir que devuelva el descuento que haya recibido. Soy consciente de que PG&E podrá compartir mis datos con agencias municipales, estatales o federales, con otras compañías de servicios públicos o con sus representantes, con objeto de facilitar la inscripción en sus respectivos programas de asistencia. Declaro que la información que he facilitado en esta solicitud es veraz y correcta, incurriendo en perjurio según la legislación del Estado de California si no lo fuera.

For Internal Use Only

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

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

O envíela por fax al teléfono: 415-973-6419

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. 06/01/12

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)
Provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA)
Provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

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

INCOME GUIDELINES
(valid until May 31, 2013)

Number of Persons in Household	Annual Income (before taxes based on current income sources)	
	CARE	**FERA**
1	$22,340	Not Eligible
2	$30,260	Not Eligible
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
For each additional person, add:	$7,920	$7,920 - $9,900

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

Energy Savings Assistance Program™

- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.

FOR MORE INFORMATION

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

Or fax completed application to: 415-973-6419

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday – Friday, 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

Pacific Gas and Electric Company®

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

01-9285
Rev. 06/01/12

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO DE CARE/FERA

California Alternate Rates for Energy (CARE)

Ofrece un descuento mensual en las cuentas de energía a los hogares que reúnan los requisitos de ingresos.

Family Electric Rate Assistance (FERA)

Ofrece un descuento mensual en las cuentas de electricidad a los hogares de tres o más personas que reúnan los requisitos de ingresos.

REQUISITOS DEL PROGRAMA

1. La cuenta de energía del administrador de su Mobile Home Park debe estar a su nombre.
2. Debe vivir en la dirección donde se recibirá el descuento.
3. El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo(a).
4. El solicitante no debe compartir el medidor de energía con otro hogar.
5. Deberá tener en cuenta todas las fuentes de ingresos que califican bajo la unidad familiar y cumplir con los requisitos de ingresos del programa que se describen en esta solicitud.
6. Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
7. Después de su inscripción, podría ser seleccionado para que se verifiquen sus ingresos y deberá presentar pruebas de que su hogar califica para permanecer en este programa.
8. Usted tiene obligación de renovar su elegibilidad cada dos años (cuatro años si tiene ingresos fijos).

REQUISITOS DE INGRESOS
(Válido hasta el 31 de mayo, 2013)

Número de Personas en el Hogar	Ingreso Anual (antes de impuestos basado en fuentes de ingreso actual)	
	CARE	**FERA**
1	$22,340	No Aplica
2	$30,260	No Aplica
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
Por cada persona adicional, agregue:	$7,920	$7,920 - $9,900

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **Low Income Home Energy Assistance Program (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.
- **Medical Baseline:** Los clientes residenciales que dependan de equipos de soporte vital y/o que tengan necesidades especiales relacionadas con la calefacción o el aire acondicionado debido a ciertos padecimientos médicos podrían reunir los requisitos para obtener más energía a un precio más bajo (baseline). Para más información, llame al 1-800-743-5000
- **Energy Savings Assistance Program:** Ofrece a los inquilinos y a los propietarios de viviendas que reúnan los requisitos de ingresos, soluciones sencillas y gratuitas para ayudarles a manejar su consumo de energía y ahorrar dinero en sus facturas mensuales. Para más información, llame al 1-800-989-9744.

Energy Savings Assistance Program™

- **Universal Lifeline Telephone Service (ULTS):** La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio. Llame a su compañía local de teléfonos para más información.

PARA MAS INFORMACIÓN

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

O envíela por fax al teléfono: 415-973-6419

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 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. 06/01/12

1A 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**

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

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

1B TENANT INFORMATION: *(please print clearly)*

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

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)**_____ **=** _____

Total Gross Annual Household Income:
(please account for all income from every household members) **$** | | | , | | | .00

2A HOUSEHOLD INCOME ELIGIBILITY:

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

- ☐ 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

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK ALL programs you or someone in your household participate in.

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

3 DECLARATION: *(please read and sign)*

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me 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 municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

For Internal Use Only

X _____
Customer 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. 06/01/12

1A INFORMACIÓN 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/ u otras Direcciones de locales con Sub-medidores **Ciudad** **Código Postal**

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

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

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

Situación del solicitante: ○ **NUEVO** ○ **CANCELÓ EL PROGRAMA** ○ **RE-INSCRIPCIÓN** ○ **SE MUDÓ A OTRO ESPACIO**

1B INFORMACIÓN DEL INQUILINO: *(por favor escriba a máquina o con letras de imprenta)*

Nombre *(Como aparece en la factura)* **Teléfono** (_____)_____

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

Dirección Postal, si tiene **Departamento #** **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) _____ = _____

Total de ingresos anuales brutos de la unidad familiar:
(por favor, tenga en cuenta <u>todos</u> los ingresos de todos los miembros de la unidad familiar) **$** ☐☐☐,☐☐☐.00

2A ELEGIBILIDAD DE ACUERDO A LOS INGRESOS EN EL HOGAR:

MARQUE TODAS las fuentes de ingreso de la familia. Usted podría ser inscrito en el programa de CARE o en el programa de FERA dependiendo de cuántas 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
- ☐ 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/Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

2B ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PÚBLICA:

MARQUE TODOS los programas que usted o alguien en su hogar están recibiendo.

- ☐ Medicaid/Medi-Cal (menor de 65 años)
- ☐ Medicaid/Medi-Cal (65 años o más)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (Estampillas de Alimentos)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants and Children (WIC)
- ☐ Healthy Families A & B
- ☐ CalWORKs (TANF) o Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Sólo Tribus Indígenas)

3 DECLARACIÓN: *(por favor lea y firme abajo)*

Me comprometo a facilitar pruebas documentales de los ingresos de la unidad familiar en caso de que se me pida. También acepto informar a Pacific Gas and Electric Company si en algún momento mi unidad familiar dejase de reunir los requisitos para recibir el descuento. Comprendo que si recibo el descuento sin reunir los requisitos, se me puede exigir que devuelva el descuento que haya recibido. Soy consciente de que PG&E podrá compartir mis datos con agencias municipales, estatales o federales, con otras compañías de servicios públicos o con sus representantes, con objeto de facilitar la inscripción en sus respectivos programas de asistencia. Declaro que la información que he facilitado en esta solicitud es veraz y correcta, incurriendo en perjurio según la legislación del Estado de California si no lo fuera.

For Internal Use Only

X _____

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

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. 06/01/12

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. 06/01/12

ELIGIBLE FACILITIES

- **MIGRANT FARM WORKER HOUSING CENTERS, operated by Office of Migrant Services (OMS)**, **Department of Housing and Community Development**, provides housing 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. 06/01/12

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

Name on Utility Bill _____

Name of Facility _____
(if different than the name on utility 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), provides housing 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. 06/01/12

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.
- Total gross income for all residents or clients occupying the facility at any given time must meet the current CARE income eligibility guidelines.
  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 total gross income for all residents residing at 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. 06/01/12

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

Name on Utility Bill _____
(must be in the name of the organization with IRS tax exemption)

Name of Facility _____
(if different than the name on utility 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 (PG&E) customer of record
- Total gross income for all residents residing at the facility and/or households meet CARE income guidelines.
- Documentation is available to substantiate the above.
- Each PG&E 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 two years, I will notify PG&E of any changes that may affect eligibility for CARE. PG&E 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. 06/01/12

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)
Provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA)
Provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

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

INCOME GUIDELINES
(valid until May 31, 2013)

Number of Persons in Household	Annual Income (before taxes based on current income sources)	
	CARE	**FERA**
1	$22,340	Not Eligible
2	$30,260	Not Eligible
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
For each additional person, add:	$7,920	$7,920 - $9,900

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

Energy Savings Assistance Program™

- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.

FOR MORE INFORMATION

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

Or fax completed application to: 415-973-6419

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday – Friday, 9:00 a.m. – 11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

Pacific Gas and Electric Company®

CARE/FERA計劃申請表
分錶住宅設施住客

62-0672
Rev. 06/01/12

關於CARE/FERA 計劃

California Alternate Rates for Energy (CARE)
為符合收入資格的家庭提供每月能源帳單折扣。

Family Electric Rate Assistance (FERA)
為有三人或更多成員且符合收入資格的家庭提供每月電費帳單折扣。

計劃規定

1. 您的業主給您的煤電帳單必須是以您的名字註冊。
2. 申請者必須居住在將收到折扣的住址。
3. 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。
4. 申請者的居所不可與另一居所共同用一個碼錶。
5. 您必須計算家庭所有合資格收入來源，並符合本申請表所列的計劃收入標準。
6. 申請者家庭若不再符合CARE/FERA計劃的資格要求，必須知會PG&E。
7. 登記參加後，您可能被選為我們查核收入的對象，到時您必須提供符合家庭收入資格的證明，才可繼續參加此計劃。
8. 您必須每兩年重新提出申請並且符合資格(固定收入者為每四年提出申請)。

收入標準
(有效期至2013年5月31日)

家庭人數	年收入 (根據目前收入來源的稅前收入)	
	CARE	**FERA**
1	$22,340	不適用於此計劃
2	$30,260	不適用於此計劃
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
每增加一人，加	$7,920	$7,920 - $9,900

您可能符合其它計劃和免費服務

- **Low Income Home Energy Assistance Program (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。
- **基本醫療底線:**如果住宅客戶有某些醫療狀況，需要依賴維生設備和/或有特別暖氣或冷氣需求等，都有可能收到更多最低(底線)的價格能源數量。詳情請電1-800-743-5000。
- **Energy Savings Assistance Program:** 為符合收入資格的租戶及屋主免費提供簡單的解決方案，協助他們管理能源用量並節省每月能源帳單費用。詳情請電1-800-989-9744。

Energy Savings Assistance Program™

- **生機一線電話服務ULTS:**提供電話折扣服務。欲知詳情，請 聯絡您當地的熱線電話服 務公司。

更多詳情

申請表請寄到:

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

或傳真填好的申請表到: 415-973-6419

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712有言語或聆聽障礙者, 星期一至星期五, 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. 06/01/12

1A 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**

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

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

1B TENANT INFORMATION: *(please print clearly)*

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

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)**_____ **=** _____

Total Gross Annual Household Income:
(please account for all income from every household members) **$** ☐☐☐,☐☐☐.00

2A HOUSEHOLD INCOME ELIGIBILITY:

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

- ☐ 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

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK ALL programs you or someone in your household participate in.

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

3 DECLARATION: *(please read and sign)*

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me 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 municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

For Internal Use Only

X _____
Customer Signature ○ Fill in circle if guardian or power of attorney **Date**

Pacific Gas and Electric Company®

CARE/FERA計劃申請表
分錶住宅設施住客

62-0672
Rev. 06/01/12

1A 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

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

1B 住客資料： (請用正楷填寫)

姓名　　(_____)_____ 電話

家庭住址 (不要使用郵箱號碼)　公寓　城市　郵政區號

郵寄住址 (如果跟以上地址不同的話)　公寓　城市　郵政區號

家庭人數: 成人_____+ 孩童(18歲以下) _____ = _____

家庭全年稅前總收入:
(請計算每位家庭成員的所有收入)　$ [ ][ ][ ], [ ][ ][ ].00

2A 合資格的家庭總收入:

請勾選您家庭收入的全部來源。根據您的家庭總人數和總收入，您將會被登記入CARE 或FERA 計劃。

- ☐ 退休金
- ☐ 安全保險補助金
- ☐ 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

2B 合資格的公共資助計劃:

勾選您或家中其他人所參與的所有計劃。

- ☐ Medicaid/Medi-Cal (65歲以下)
- ☐ Medicaid/Medi-Cal (65歲和65歲以上)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (糧食券)
- ☐ 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
- ☐ CalWORKs (TANF)或Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

3 聲明: (請閱讀，然後在下面簽字)

如果有需要，我同意提供家庭收入證明。我亦同意，如果我的家庭收入不再有資格享受折扣時，我會立即通知 Pacific Gas and Electric Company (PG&E)。我瞭解，如果在不具資格的情況下繼續享受此項折扣，我可能會被要求退還所收到的折扣。我瞭解PG&E可能會讓其它市政機構、州或聯邦機構，以及其它公用事業公司或其代理人使用本人資料，以便讓我參加他們的輔助計劃。依加州法律的偽證罪刑罰規定，我聲明我在申請表上提供的資料皆真實且正確。

For Internal Use Only

X _____
簽名　O 如果是監護人或代理人的話, 請圈上記號　日期

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. 06/01/12

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)
Provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA)
Provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

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

INCOME GUIDELINES
(valid until May 31, 2013)

Number of Persons in Household	Annual Income (before taxes based on current income sources)	
	CARE	**FERA**
1	$22,340	Not Eligible
2	$30,260	Not Eligible
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
For each additional person, add:	$7,920	$7,920 - $9,900

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

Energy Savings Assistance Program™

- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.

FOR MORE INFORMATION

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

Or fax completed application to: 415-973-6419

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday – Friday, 9:00 a.m. – 11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

Pacific Gas and Electric Company®

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

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CHƯƠNG TRÌNH CARE/FERA

California Alternate Rates for Energy (CARE)
Giảm hóa đơn năng lượng hàng tháng cho các gia đình hội đủ điều kiện về thu nhập.

Family Electric Rate Assistance (FERA)
Giảm hóa đơn tiền điện hàng tháng cho các gia đình hội đủ điều kiện về thu nhập có từ ba người trở lên.

CHỈ DẪN CỦA CHƯƠNG TRÌNH

1. Hóa đơn năng lượng từ chủ nhà của quý vị phải có tên của quý vị.
2. Quý vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá.
3. Quý vị không được một người khác khai là người phụ thuộc trên mẫu thuế ngoại trừ người phối ngẫu.
4. Quý vị không được dùng chung đồng hồ đo năng lượng với một ngôi nhà khác.
5. Quý vị phải tính tất cả các nguồn lợi tức hội đủ điều kiện của gia đình và đáp ứng với mức lợi tức quy định của chương trình được ghi trong đơn này.
6. 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.
7. Sau khi ghi danh, quý vị có thể được chọn xác minh về lợi tức và phải cung cấp bằng chứng hội đủ điều kiện về lợi tức gia đình để tiếp tục tham gia chương trình.
8. Quý vị cần phải tái xác nhận khả năng hội đủ điều kiện của mình mỗi hai năm (bốn năm nếu có lợi tức cố định).

ĐỊNH MỨC LỢI TỨC
(có hiệu lực đến ngày 31 tháng Năm, 2013)

Số Người Trong Gia Đình	Lợi Tức Hàng Năm (trước khi trừ thuế dựa theo các nguồn lợi tức hiện có)	
	CARE	**FERA**
1	$22,340	Không đủ tiêu chuẩn
2	$30,260	Không đủ tiêu chuẩn
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
Với mỗi người thêm vào, cộng thêm:	$7,920	$7,920 - $9,900

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

- **Low Income Home Energy Assistance Program (LIHEAP):** 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.
- **Trợ Cấp Y Tế Cơ Bản:** Khách hàng cư dân sống dựa vào thiết bị hỗ trợ sự sống và/hoặc có nhu cầu sưởi ấm hoặc làm lạnh đặc biệt do một số bệnh trạng nhất định có thể hội đủ điều kiện nhận thêm một phần năng lượng bổ sung với mức giá thấp nhất (cơ bản). Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **Energy Savings Assistance Program:** Cung cấp cho những người thuê nhà và chủ sở hữu nhà hội đủ điều kiện về lợi tức các giải pháp dễ dàng, miễn phí để giúp họ quản lý việc sử dụng năng lượng và tiết kiệm tiền trên hóa đơn năng lượng hàng tháng. Xin gọi số 1-800-989-9744 để biết thêm chi tiết.

Energy Savings Assistance Program™

- **Universal Lifeline Telephone Service (ULTS):** Giảm giá dịch vụ điện thoại. Xin liên lạc hãng điện thoại "local" của quý vị để biết thêm chi tiết.

ĐỂ BIẾT THÊM THÔNG TIN

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

Hoặc fax đơn đã điền đến: 415-973-6419

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 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**

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1A 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**

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

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

1B TENANT INFORMATION: *(please print clearly)*

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

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)**_____ **=** _____

Total Gross Annual Household Income:
(please account for all income from every household members) **$** | | | , | | | .00

2A HOUSEHOLD INCOME ELIGIBILITY:

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

- ☐ 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

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK ALL programs you or someone in your household participate in.

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

3 DECLARATION: *(please read and sign)*

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me 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 municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

X _____
Customer Signature ○ Fill in circle if guardian or power of attorney **Date**

For Internal Use Only

Pacific Gas and Electric Company®

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

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1A 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 **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**

1B CHI TIẾT VỀ NGƯỜI MƯỚN NHÀ: (xin viết rõ ràng)

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

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

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

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

Tổng Lợi Tức Gia Đình Hàng Năm:
(xin quý vị tính tất cả các nguồn lợi tức từ mọi người trong gia đình) **$** ☐☐☐,☐☐☐.00

2A 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 có thể 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 Thưa Kiện
- ☐ Tiền Cấp Dưỡng Vợ/Chồng hay Con Cái
- ☐ Tiền Mặt và/hay Lợi Tức Khác

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

ĐÁNH DẤU tất cả các chương trình mà quý vị hoặc ai đó trong nhà quý vị đang tham gia.

- ☐ Medicaid/Medi-Cal (dưới 65 tuổi)
- ☐ Medicaid/Medi-Cal (65 và qua 65 tuổi)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (Tiền Phiếu Thực Phẩm)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants and Children (WIC)
- ☐ Healthy Families A & B
- ☐ CalWORKs (TANF) hay Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

3 CAM ĐOAN: *(xin đọc và ký tên)*

Tôi đồng ý cung cấp chứng minh lợi tức gia đình nếu được yêu cầu. Tôi cũng đồng ý thông báo cho Pacific Gas and Electric Company (PG&E) biết nếu lợi tức gia đình của tôi không còn hội đủ điều kiện để được giảm giá. Tôi hiểu rằng nếu tôi nhận 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 PG&E có thể chia sẻ thông tin của tôi với các cơ quan thành phố, các cơ quan tiểu bang hoặc liên bang, các cơ quan tiện ích khác hoặc các đại diện của họ để ghi danh tôi vào các chương trình trợ giúp của họ. Tôi xin cam đoan theo hình phạt về tội khai man theo pháp luật của Tiểu Bang California rằng các thông tin mà tôi đã cung cấp trong đơn này là đúng sự thật và chính xác.

For Internal Use Only

X _____
Chữ Ký Khách Hàng ○ Tô đậm vòng nếu là người giám hộ hay người đại diện pháp lý **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. 06/01/12

1 CUSTOMER INFORMATION:

Telephone: (_____)_____

Number of Persons in Household:

Adults_____ + **Children (under 18)** _____ **=** _____

Total Gross Annual Household Income:
(please account for all income from every household members)

$ ☐☐☐,☐☐☐.00

2A HOUSEHOLD INCOME ELIGIBILITY:

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

- ☐ 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

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK ALL programs you or someone in your household participate in.

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

3 DECLARATION: *(please read and sign)*

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me 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 municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

For Internal Use Only

X _____
Customer 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

Or fax completed application to: 415-973-6419

Pacific Gas and Electric Company®

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

62-0919
Rev. 06/01/12

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

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

										-	

_____(_____)_____

Nombre *(Como aparece en la factura)* **Teléfono**

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

Dirección Postal, si tiene **Departamento #** **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) _____ = _____

Total de ingresos anuales brutos de la unidad familiar:
(por favor, tenga en cuenta <u>todos</u> los ingresos de todos los miembros de la unidad familiar) **$** ☐☐☐,☐☐☐.00

2A ELEGIBILIDAD DE ACUERDO A LOS INGRESOS EN EL HOGAR:

MARQUE TODAS las fuentes de ingreso de la familia. Usted podría ser inscrito en el programa de CARE o en el programa de FERA dependiendo de cuántas 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
- ☐ 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/Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

2B ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PÚBLICA:

MARQUE TODOS los programas que usted o alguien en su hogar están recibiendo.

- ☐ Medicaid/Medi-Cal (menor de 65 años)
- ☐ Medicaid/Medi-Cal (65 años o más)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (Estampillas de Alimentos)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants and Children (WIC)
- ☐ Healthy Families A & B
- ☐ CalWORKs (TANF) o Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Sólo Tribus Indígenas)

3 DECLARACIÓN: *(por favor lea y firme abajo)*

Me comprometo a facilitar pruebas documentales de los ingresos de la unidad familiar en caso de que se me pida. También acepto informar a Pacific Gas and Electric Company si en algún momento mi unidad familiar dejase de reunir los requisitos para recibir el descuento. Comprendo que si recibo el descuento sin reunir los requisitos, se me puede exigir que devuelva el descuento que haya recibido. Soy consciente de que PG&E podrá compartir mis datos con agencias municipales, estatales o federales, con otras compañías de servicios públicos o con sus representantes, con objeto de facilitar la inscripción en sus respectivos programas de asistencia. Declaro que la información que he facilitado en esta solicitud es veraz y correcta, incurriendo en perjurio según la legislación del Estado de California si no lo fuera.

X _____

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

For Internal Use Only

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

O envíela por fax al teléfono: 415-973-6419

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. 06/01/12

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)
Provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA)
Provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

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

INCOME GUIDELINES
(valid until May 31, 2013)

Number of Persons in Household	Annual Income (before taxes based on current income sources)	
	CARE	**FERA**
1	$22,340	Not Eligible
2	$30,260	Not Eligible
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
For each additional person, add:	$7,920	$7,920 - $9,900

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **Balanced Payment Plan:** Monthly payments can be averaged out to allow you to budget your energy costs and eliminate big swings in your payments. Call 1-800-743-5000 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 1-800-743-5000 for more information.
- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **REACH:** One-time energy-assistance program sponsored by PG&E and administered by the Salvation Army. Call 1-800-933-9677 for more information.
- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

Energy Savings Assistance Program™

- **Third-Party Notification:** Allows you to name a friend or relative to receive duplicate copies of past-due payment notices. The designated person is not responsible for paying the bill, but can contact PG&E to help resolve the problem. Call 1-800-743-5000 for more information.
- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.
- **SmartMeter™** technology gives you more control than ever before over your energy use. With this information, you can better understand how energy use impacts your monthly bill and make better decisions to reduce your energy costs. Call 1-866-743-0263 for more information.

FOR MORE INFORMATION

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday–Friday, 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

Pacific Gas and Electric Company®

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

62-0939
Rev. 06/01/12

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO DE CARE/FERA

California Alternate Rates for Energy (CARE)

Ofrece un descuento mensual en las cuentas de energía a los hogares que reúnan los requisitos de ingresos.

Family Electric Rate Assistance (FERA)

Ofrece un descuento mensual en las cuentas de electricidad a los hogares de tres o más personas que reúnan los requisitos de ingresos.

REQUISITOS DEL PROGRAMA

1. La cuenta de PG&E debe estar a su nombre.
2. Debe vivir en la dirección donde se recibirá el descuento.
3. El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo(a).
4. El solicitante no debe compartir el medidor de energía con otro hogar.
5. Deberá tener en cuenta todas las fuentes de ingresos que califican bajo la unidad familiar y cumplir con los requisitos de ingresos del programa que se describen en esta solicitud.
6. Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
7. Después de su inscripción, podría ser seleccionado para que se verifiquen sus ingresos y deberá presentar pruebas de que su hogar califica para permanecer en este programa.
8. Usted tiene obligación de renovar su elegibilidad cada dos años (cuatro años si tiene ingresos fijos).

REQUISITOS DE INGRESOS
(Válido hasta el 31 de mayo, 2013)

Número de Personas en el Hogar	Ingreso Anual (antes de impuestos basado en fuentes de ingreso actual)	
	CARE	**FERA**
1	$22,340	No Aplica
2	$30,260	No Aplica
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
Por cada persona adicional, agregue:	$7,920	$7,920 - $9,900

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **Plan de Pago Equilibrado**: Sus pagos mensuales se pueden promediar permitiéndole hacer un presupuesto basado en su consumo de energía, así eliminando una variación grande en sus pagos. Para más información, llame al 1-800-743-5000.
- **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 a nombre suyo. Para más información, llame al 1-800-743-5000.
- **Low Income Home Energy Assistance Program (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.
- **Medical Baseline**: Los clientes residenciales que dependan de equipos de soporte vital y/o que tengan necesidades especiales relacionadas con la calefacción o el aire acondicionado debido a ciertos padecimientos médicos podrían reunir los requisitos para obtener más energía a un precio más bajo (baseline). Para más información, llame al 1-800-743-5000.
- **REACH:** Es un programa que le ayuda al cliente a pagar su cuenta de energía por una sola vez y está patrocinado por PG&E y administrado por el Salvation Army. Para más información, llame al 1-800-933-9677.
- **Energy Savings Assistance Program**: Ofrece a los inquilinos y a los propietarios de viviendas que reúnan los requisitos de ingresos, soluciones sencillas y gratuitas para ayudarles a manejar su consumo de energía y ahorrar dinero en sus facturas mensuales. Para más información, llame al 1-800-989-9744.

Energy Savings Assistance Program™

- **Notificación a Terceras Personas** – Permite designar a un amigo o familiar para que reciba una copia de las notificaciones de cuentas vencidas y no pagadas. La persona designada no es responsable del pago de la cuenta, pero puede comunicarse con PG&E para ayudar a resolver el problema. Para más información, llame al 1-800-743-5000.
- **Universal Lifeline Telephone Service (ULTS):** La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio. Llame a su compañía local de teléfonos para más información.
- **SmartMeter™:** Su tecnología le da más control que nunca a su consumo de energía. Con esta información, podrá entender mejor cómo su consumo de electricidad afecta su factura mensual y le permitirá tomar mejores decisiones para reducir sus costos de energía. Para más información, llame al 1-866-743-0263.

PARA MAS INFORMACIÓN

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera
Email: CAREandFERA@pge.com
TDD/TTY: 1-800-652-4712 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®

CARE Program Re-Certification Instructions
Residential Single-Family Customers

62-0940
Rev. 06/01/12

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 California Alternate Rates for Energy (CARE) 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

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 envíela 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

INCOME GUIDELINES • REQUISITOS DE INGRESOS

(valid until May 31, 2013 • válido hasta el 31 de mayo, 2013)

Number of Persons in Household Número de Personas en el Hogar	1	2	3	4	5	6	7	8
Annual Income (based on current income sources before taxes) Ingreso Anual (antes de impuestos basado en fuentes de ingreso actual)	$22,340	$30,260	$38,180	$46,100	$54,020	$61,940	$69,860	$77,780
For each additional person, add: **$7,920** • Por cada persona adicional, agregue: **$7,920**								

FOR MORE INFORMATION • PARA MAS INFORMACIÓN

Mail completed application to • Envíe la aplicación completa a:
Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

Or fax completed application to • O envíela por fax al teléfono: 415-973-6419

CARE: 1-866-743-2273 http://www.pge.com/care **Email:** 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 cannot utilize the TDD line • si no puede usar la línea TDD

Pacific Gas and Electric Company®

CARE Program Re-Certification Instructions
Residential Single-Family Customers

62-0940
Rev. 06/01/12

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 California Alternate Rates for Energy (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

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PG&E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，請把填好的申請表，放入預先付費的信封中，寄回給PG&E。

感謝您讓我們有機會能夠繼續為您服務。

CARE計劃

BẢN CHỈ DẪN VỀ LỢI TỨC ● 收入標準
(có hiệu lực đến ngày 31 tháng Năm, 2013 • 有效期至2013年5月31日)

Số Người Trong Gia Đình 家庭人數	1	2	3	4	5	6	7	8
Lợi Tức Hàng Năm (trước khi trừ thuế dựa theo các nguồn lợi tức hiện có) 年收入 (根據目前收入來源的稅前收入)	$22,340	$30,260	$38,180	$46,100	$54,020	$61,940	$69,860	$77,780
Với mỗi người thêm vào, cộng thêm: **$7,920** ● 每增加一人，加 **$7,920**								

ĐỂ BIẾT THÊM THÔNG TIN ● 更多詳情

Gởi đơn đã điền đến • 申請表請寄到:
Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

Hoặc fax đơn đã điền đến • 或傳真填好的申請表到: 415-973-6419

CARE: 1-866-743-2273 http://www.pge.com/care **Email:** 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, 星期一至星期五, 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

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. 06/01/12

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)
Provides a monthly discount on energy bills for income-qualified households.

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PROGRAM GUIDELINES

1. The PG&E bill must be in your name.
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4. You may not share an energy meter with another home.
5. You must account for all sources of qualifying household income and meet the program income guidelines described in this application.
6. You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
7. Following enrollment, you may be selected for income verification and must provide proof of qualifying household income in order to remain on the program.
8. You are required to recertify your eligibility every two years (four years if fixed income).

INCOME GUIDELINES
(valid until May 31, 2013)

Number of Persons in Household	Annual Income (before taxes based on current income sources)	
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3	$38,180	$38,181 - $47,725
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For each additional person, add:	$7,920	$7,920 - $9,900

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **Balanced Payment Plan:** Monthly payments can be averaged out to allow you to budget your energy costs and eliminate big swings in your payments. Call 1-800-743-5000 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 1-800-743-5000 for more information.
- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
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- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

Energy Savings Assistance Program™

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FOR MORE INFORMATION

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday – Friday, 9:00 a.m. – 11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

Pacific Gas and Electric Company®

CARE/FERA計劃申請表
單戶住宅家庭用戶

62-0972
Rev. 06/01/12

關於CARE/FERA 計劃

California Alternate Rates for Energy (CARE)
為符合收入資格的家庭提供每月能源帳單折扣。

Family Electric Rate Assistance (FERA)
為有三人或更多成員且符合收入資格的家庭提供每月電費帳單折扣。

計劃規定

1. 申請者必須是PG&E帳單上的註冊客戶。
2. 申請者必須居住在將收到折扣的住址。
3. 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。
4. 申請者的居所不可與另一居所共同用一個碼錶。
5. 您必須計算家庭所有合資格收入來源，並符合本申請表所列的計劃收入標準。
6. 申請者家庭若不再符合CARE/FERA計劃的資格要求，必須知會PG&E。
7. 登記參加後，您可能被選為我們查核收入的對象，到時您必須提供符合家庭收入資格的證明，才可繼續參加此計 劃。
8. 您必須每兩年重新提出申請並且符合資格(固定收入者為每四年提出申請)。

收入標準
(有效期至2013年5月31日)

家庭人數	年收入 (根據目前收入來源的稅前收入)	
	CARE	**FERA**
1	$22,340	不適用於此計劃
2	$30,260	不適用於此計劃
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
每增加一人，加	$7,920	$7,920 - $9,900

您可能符合其它計劃和免費服務

- **平衡付款計劃:**每月平均分攤付款，讓您可妥善安排能源費用預算，避免支付帳單時出現太大變動。詳情請電1-800-743-5000。
- **帳單保證:**這可以用來代替押金，客戶可找另一位PG&E的合格客戶代表簽字為他們帳戶作擔保。詳情請電1-800-743-5000。
- **Low Income Home Energy Assistance Program (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。
- **基本醫療底線:**如果住宅客戶有某些醫療狀況，需要依賴維生設備和/或有特別暖氣或冷氣需求等，都有可能收到更多最低(底線)的價格能源數量。詳情請電1-800-743-5000。
- **REACH:** 計劃提供一次性的能源協助，由PG&E提供贊助、Salvation Army 負責實施。詳情請電1-800-933-9677。
- **Energy Savings Assistance Program:** 為符合收入資格的租戶及屋主免費提供簡單的解決方案，協助他們管理能源用量並節省每月能源帳單費用。詳情請電1-800-989-9744。

Energy Savings Assistance Program™

- **第三者通知:**第三者通知可讓您列出一位朋友或親屬的姓名，讓他們能收到您過期未繳的付款通知副本。您指定的人不需要負責支付帳單，但可聯絡PG&E協助解決問題。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。欲知詳情，請聯絡您當地的熱線電話服務公司。
- **SmartMeter™**
技術讓您比以往更有效控制能源用量。有了這項資訊，您將更清楚地了解您的用電與每月賬單之間的關係，進而做出更好的決定來減少能源開銷。詳情請電1-866-743-0263。

更多詳情

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712有言語或聆聽障礙者, 星期一至星期五, 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. 06/01/12

1 CUSTOMER INFORMATION: *(please print clearly)*

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

										-	

Name _____ **Telephone** (____)_____

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)**_____ **=** _____

Total Gross Annual Household Income:
(please account for all income from every household members) **$** | | | , | | | .00

2A HOUSEHOLD INCOME ELIGIBILITY:

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

- ☐ 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

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK ALL programs you or someone in your household participate in.

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

3 DECLARATION: *(please read and sign)*

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me 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 municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

For Internal Use Only

X _____
Customer 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

Or fax completed application to: 415-973-6419

Pacific Gas and Electric Company®

CARE/FERA計劃申請表
單戶住宅家庭用戶

62-0972
Rev. 06/01/12

1 客戶資料：(請用正楷填寫)

PG&E帳號:
(帳號位於帳單的第一頁)

										-	

姓名 _____ (____) _____ 電話

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

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

家庭人數: 成人_____+ 孩童(18歲以下) _____ = _____

家庭全年稅前總收入:
(請計算每位家庭成員的所有收入) $ ___,___.00

2A 合資格的家庭總收入:

請勾選您家庭收入的全部來源。根據您的家庭總人數和總收入，您將會被登記入CARE 或FERA 計劃。

- ☐ 退休金
- ☐ 安全保險補助金
- ☐ 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

2B 合資格的公共資助計劃:

勾選您或家中其他人所參與的所有計劃。

- ☐ Medicaid/Medi-Cal (65歲以下)
- ☐ Medicaid/Medi-Cal (65歲和65歲以上)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (糧食券)
- ☐ 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
- ☐ CalWORKs (TANF)或Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

3 聲明:(請閱讀，然後在下面簽字)

如果有需要，我同意提供家庭收入證明。我亦同意，如果我的家庭收入不再有資格享受折扣時，我會立即通知 Pacific Gas and Electric Company (PG&E)。我瞭解，如果在不具資格的情況下繼續享受此項折扣，我可能會被要求退還所收到的折扣。我瞭解PG&E可能會讓其它市政機構、州或聯邦機構，以及其它公用事業公司或其代理人使用本人資料，以便讓我參加他們的輔助計劃。依加州法律的偽證罪刑罰規定，我聲明我在申請表上提供的資料皆真實且正確。

For Internal Use Only

X _____

簽名 ○ 如果是監護人或代理人的話, 請圈上記號 日期

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

或傳真填好的申請表到: 415-973-6419

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. 06/01/12

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)
Provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA)
Provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

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

INCOME GUIDELINES
(valid until May 31, 2013)

Number of Persons in Household	Annual Income (before taxes based on current income sources)	
	CARE	**FERA**
1	$22,340	Not Eligible
2	$30,260	Not Eligible
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
For each additional person, add:	$7,920	$7,920 - $9,900

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **Balanced Payment Plan:** Monthly payments can be averaged out to allow you to budget your energy costs and eliminate big swings in your payments. Call 1-800-743-5000 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 1-800-743-5000 for more information.
- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **REACH:** One-time energy-assistance program sponsored by PG&E and administered by the Salvation Army. Call 1-800-933-9677 for more information.
- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

Energy Savings Assistance Program™

- **Third-Party Notification:** Allows you to name a friend or relative to receive duplicate copies of past-due payment notices. The designated person is not responsible for paying the bill, but can contact PG&E to help resolve the problem. Call 1-800-743-5000 for more information.
- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.
- **SmartMeter™** technology gives you more control than ever before over your energy use. With this information, you can better understand how energy use impacts your monthly bill and make better decisions to reduce your energy costs. Call 1-866-743-0263 for more information.

FOR MORE INFORMATION

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday – Friday, 9:00 a.m. – 11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

Pacific Gas and Electric Company®

Đơn Ghi Danh vào Chương Trình CARE/FERA cho

Khách Hàng Ở Nhà Riêng

62-0973
Rev. 06/01/12

CHƯƠNG TRÌNH CARE/FERA

California Alternate Rates for Energy (CARE)
Giảm hóa đơn năng lượng hàng tháng cho các gia đình hội đủ điều kiện về thu nhập.

Family Electric Rate Assistance (FERA)
Giảm hóa đơn tiền điện hàng tháng cho các gia đình hội đủ điều kiện về thu nhập có từ ba người trở lên.

CHỈ DẪN CỦA CHƯƠNG TRÌNH

1. Quý vị phải là người đứng tên trên hóa đơn PG&E.
2. Quý vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá.
3. Quý vị không được một người khác khai là người phụ thuộc trên mẫu thuế ngoại trừ người phối ngẫu.
4. Quý vị không được dùng chung đồng hồ đo năng lượng với một ngôi nhà khác.
5. Quý vị phải tính tất cả các nguồn lợi tức hội đủ điều kiện của gia đình và đáp ứng với mức lợi tức quy định của chương trình được ghi trong đơn này.
6. 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.
7. Sau khi ghi danh, quý vị có thể được chọn xác minh về lợi tức và phải cung cấp bằng chứng hội đủ điều kiện về lợi tức gia đình để tiếp tục tham gia chương trình.
8. Quý vị cần phải tái xác nhận khả năng hội đủ điều kiện của mình mỗi hai năm (bốn năm nếu có lợi tức cố định).

ĐỊNH MỨC LỢI TỨC
(có hiệu lực đến ngày 31 tháng Năm, 2013)

Số Người Trong Gia Đình	Lợi Tức Hàng Năm (trước khi trừ thuế dựa theo các nguồn lợi tức hiện có)	
	CARE	**FERA**
1	$22,340	Không đủ tiêu chuẩn
2	$30,260	Không đủ tiêu chuẩn
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
Với mỗi người thêm vào, cộng thêm:	$7,920	$7,920 - $9,900

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

- **Chương Trình Thanh Toán Quân Bình:** Các khoản thanh toán hàng tháng có thể được tính đều ra nhằm giúp quý vị quân bình chi phí năng lượng của mình và loại bỏ những thay đổi lớn trong khoản thanh toán của mình. Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **Bảo Đảm Hóa Đơn:** Một loại đặt cọc khác giúp khách hàng bảo đảm trương mục của mình bằng cách nhờ một khách hàng PG&E hội đủ điều kiện khác ký bảo đảm dùm cho họ. Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **Low Income Home Energy Assistance Program (LIHEAP):** 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.
- **Trợ Cấp Y Tế Cơ Bản:** Khách hàng cư dân sống dựa vào thiết bị hỗ trợ sự sống và/hoặc có nhu cầu sưởi ấm hoặc làm lạnh đặc biệt do một số bệnh trạng nhất định có thể hội đủ điều kiện nhận thêm một phần năng lượng bổ sung với mức giá thấp nhất (cơ bản). Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **REACH:** Chương trình hỗ trợ năng lượng một lần được PG&E tài trợ và do Salvation Army điều hành. Xin gọi 1-800-933-9677 để biết thêm chi tiết.
- **Energy Savings Assistance Program:** Cung cấp cho những người thuê nhà và chủ sở hữu nhà hội đủ điều kiện về lợi tức các giải pháp dễ dàng, miễn phí để giúp họ quản lý việc sử dụng năng lượng và tiết kiệm tiền trên hóa đơn năng lượng hàng tháng. Xin gọi số 1-800-989-9744 để biết thêm chi tiết.

Energy Savings Assistance Program™

- **Thông Báo Cho Đệ Tam Nhân:** Cho phép quý vị ghi danh một người bạn hoặc người thân để nhận bản sao của các thông tin thanh toán quá hạn. Người được chỉ định không phải chịu trách nhiệm thanh toán hóa đơn, nhưng có thể liên lạc với PG&E để giúp giải quyết vấn đề. Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **Universal Lifeline Telephone Service (ULTS):** Giảm giá dịch vụ điện thoại. Xin liên lạc hãng điện thoại "local" của quý vị để biết thêm chi tiết.
- **Công Nghệ SmartMeter™** Cho phép quý vị quản lý việc sử dụng năng lượng của quý vị tốt hơn bao giờ hết. Với thông tin này, quý vị có thể hiểu rõ hơn về việc sử dụng năng lượng có tác động như thế nào tới hóa đơn hàng tháng của quý vị và đưa ra các quyết định tốt hơn để giảm chi phí năng lượng của quý vị. Xin gọi số 1-866-743-0263 để biết thêm chi tiết.

ĐỂ BIẾT THÊM THÔNG TIN

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera
Email: CAREandFERA@pge.com
TDD/TTY: 1-800-652-4712 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. 06/01/12

1 CUSTOMER INFORMATION: *(please print clearly)*

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

										-	

Name _____ **Telephone** (_____)_____

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)**_____ **=** _____

Total Gross Annual Household Income:
(please account for all income from every household members) **$** | | | , | | | .00

2A HOUSEHOLD INCOME ELIGIBILITY:

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

- ☐ 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

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK ALL programs you or someone in your household participate in.

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

3 DECLARATION: *(please read and sign)*

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me 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 municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

For Internal Use Only

X _____
Customer 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

Or fax completed application to: 415-973-6419

Pacific Gas and Electric Company®

Đơn Ghi Danh vào Chương Trình CARE/FERA cho

Khách Hàng Ở Nhà Riêng

62-0973
Rev. 06/01/12

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

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

										-	

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

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

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

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

Tổng Lợi Tức Gia Đình Hàng Năm:
(xin quý vị tính tất cả các nguồn lợi tức từ mọi người trong gia đình) **$** ☐☐☐,☐☐☐.00

2A 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 có thể 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 Thưa Kiện
- ☐ Tiền Cấp Dưỡng Vợ/Chồng hay Con Cái
- ☐ Tiền Mặt và/hay Lợi Tức Khác

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

ĐÁNH DẤU tất cả các chương trình mà quý vị hoặc ai đó trong nhà quý vị đang tham gia.

- ☐ Medicaid/Medi-Cal (dưới 65 tuổi)
- ☐ Medicaid/Medi-Cal (65 và qua 65 tuổi)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (Tiền Phiếu Thực Phẩm)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants and Children (WIC)
- ☐ Healthy Families A & B
- ☐ CalWORKs (TANF) hay Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

3 CAM ĐOAN: *(xin đọc và ký tên)*

Tôi đồng ý cung cấp chứng minh lợi tức gia đình nếu được yêu cầu. Tôi cũng đồng ý thông báo cho Pacific Gas and Electric Company (PG&E) biết nếu lợi tức gia đình của tôi không còn hội đủ điều kiện để được giảm giá. Tôi hiểu rằng nếu tôi nhận 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 PG&E có thể chia sẻ thông tin của tôi với các cơ quan thành phố, các cơ quan tiểu bang hoặc liên bang, các cơ quan tiện ích khác hoặc các đại diện của họ để ghi danh tôi vào các chương trình trợ giúp của họ. Tôi xin cam đoan theo hình phạt về tội khai man theo pháp luật của Tiểu Bang California rằng các thông tin mà tôi đã cung cấp trong đơn này là đúng sự thật và chính xác.

For Internal Use Only

X _____

Chữ Ký Khách Hàng O Tô đậm vòng nếu là người giám hộ hay người đại diện pháp lý **Ngày**

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

Hoặc fax đơn đã điền đến: 415-973-6419

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. 06/01/12

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 total gross income for all residents residing at the facility 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. 06/01/12

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 total gross income for all residents residing at 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. 06/01/12

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

Name on Utility Bill _____

Name of Facility _____
(if different than the name on utility bill)

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

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

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

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

Phone (_____)_____

Phone (_____)_____

Fax (_____)_____

Fax (_____)_____

E-mail Address _____

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 (PG&E) customer of record
- Total gross income for all residents residing at the facility and/or households meet CARE income guidelines.
- Documentation is available to substantiate the above.
- Each PG&E 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 two years, I will notify PG&E of any changes that may affect eligibility for CARE. PG&E 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. 06/01/12

INCOME GUIDELINES ● REQUISITOS DE INGRESOS

Number of Persons in Household Número de Personas en el Hogar	Annual Income* ● Ingreso Anual*	
	CARE	**FERA**
1	$22,340	Not Eligible ● No Aplica
2	$30,260	Not Eligible ● No Aplica
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
For each additional person, add: Por cada persona adicional, agregue:	$7,920	$7,920 - $9,900

* Before taxes based on current income sources
Valid until May 31, 2013

* Antes de impuestos basado en fuentes de ingreso actual
Válido hasta el 31 de mayo, 2013

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 Payments
- Pensions
- Social Security, SSI, SSP, SSDI
- Insurance settlements
- Legal Settlements
- CalWORKs (TANF)
- CalFresh/SNAP (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, ya sea 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
- CalWORKs (TANF)
- CalFresh/SNAP (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

E-mail: 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. 06/01/12

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	$22,340	不適用於此計劃 ● Không Đủ Tiêu Chuẩn
2	$30,260	不適用於此計劃 ● Không Đủ Tiêu Chuẩn
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
每增加一人，加: Với mỗi người thêm vào, cộng thêm:	$7,920	$7,920 - $9,900

*根據目前收入來源的稅前收入
有效期至 2013 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, 2013

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
- 安全保險補助金、SSI、SSP、SSDI
- 保險訴訟所得款
- 法律訴訟所得款
- CalWORKs (TANF)
- CalFresh/SNAP (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
- CalWORKs (TANF)
- CalFresh/SNAP (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

E-mail: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712

有言語或聆聽障礙者, 星期一至星期五, 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

62-1509
Rev. 06/01/12

1 CUSTOMER INFORMATION ● INFORMACIÓN DEL CLIENTE:

Telephone ● Teléfono: (_____)_____

Number of Persons in Household
Número de Personas en el Hogar

☐☐ **Adults ● Adultos**

☐☐ **+ Children (under 18) ● Niños (menores de 18)**

☐☐ **= Total ● Total**

Total Gross Annual Household Income
(please account for all income from every household members)

Total de ingresos anuales brutos de la unidad familiar
(por favor, tenga en cuenta todos los ingresos de todos los miembros de la unidad familiar)

$ ☐☐☐,☐☐☐.00

2A HOUSEHOLD INCOME ELIGIBILITY:

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

- ☐ 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

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK ALL programs you or someone in your household participate in.

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

ELEGIBILIDAD DE ACUERDO A LOS INGRESOS EN EL HOGAR:

MARQUE TODAS las fuentes de ingreso de la familia. Usted podría ser inscrito en el programa de CARE o en el programa de FERA dependiendo de cuántas 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
- ☐ 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/Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PÚBLICA:

MARQUE TODOS los programas que usted o alguien en su hogar están recibiendo.

- ☐ Medicaid/Medi-Cal (menor de 65 años)
- ☐ Medicaid/Medi-Cal (65 años o más)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (Estampillas de Alimentos)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants and Children (WIC)
- ☐ Healthy Families A & B
- ☐ CalWORKs (TANF) o Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Sólo Tribus Indígenas)

3 DECLARATION: (please read and sign)

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me 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 municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

DECLARACIÓN: (por favor lea y firme abajo)

Me comprometo a facilitar pruebas documentales de los ingresos de la unidad familiar en caso de que se me pida. También acepto informar a Pacific Gas and Electric Company si en algún momento mi unidad familiar dejase de reunir los requisitos para recibir el descuento. Comprendo que si recibo el descuento sin reunir los requisitos, se me puede exigir que devuelva el descuento que haya recibido. Soy consciente de que PG&E podrá compartir mis datos con agencias municipales, estatales o federales, con otras compañías de servicios públicos o con sus representantes, con objeto de facilitar la inscripción en sus respectivos programas de asistencia. Declaro que la información que he facilitado en esta solicitud es veraz y correcta, incurriendo en perjurio según la legislación del Estado de California si no lo fuera.

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 o ya no quiero participar en el Programa CARE.

Pacific Gas and Electric Company®

CARE Program Re-Certification Application
Residential Single-Family Customers

62-1509
Rev. 06/01/12

1 CHI TIẾT VỀ KHÁCH HÀNG ● 客戶資料:

Số Trương Mục PG&E ● PG&E帳號:
(Ở trang đầu tiên của hóa đơn PG&E ●帳號位於帳單的第一頁)

										-	

Tên Họ ● 姓名 _____ **Điện Thoại** ● 電話 _____(_____)_____

Địa Chỉ Nhà ● 家庭住址 _____ **Số Chung Cư** ● 公寓 _____ **Thành Phố**●城市 _____ **Bưu Chánh** ●郵政區號 _____

Số Người Trong Gia Đình ● 家庭人數: **Người Lớn** ● 成人 _____**+ Trẻ Em (dưới 18 tuổi)** ●孩童(18歲以下) _____ = _____

Tổng Lợi Tức Gia Đình Hàng Năm ● 全家年收入總計:
(xin quý vị tính tất cả các nguồn lợi tức từ mọi người trong gia đình) ● (請計算每位家庭成員的所有收入) $ ___,___.00

2A 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 có thể 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 Thưa Kiện
- ☐ Tiền Cấp Dưỡng Vợ/Chồng hay Con Cái
- ☐ Tiền Mặt và/hay Lợi Tức Khác

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

ĐÁNH DẤU tất cả các chương trình mà quý vị hoặc ai đó trong nhà quý vị đang tham gia.

- ☐ Medicaid/Medi-Cal (dưới 65 tuổi)
- ☐ Medicaid/Medi-Cal (65 và qua 65 tuổi)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (Tiền Phiếu Thực Phẩm)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants and Children (WIC)
- ☐ Healthy Families A & B
- ☐ CalWORKs (TANF) hay Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

合資格的家庭總收入:

請勾選您家庭收入的全部來源。根據您的家庭總人數和總收入，您將會被登記入CARE 或FERA 計劃。

- ☐ 退休金
- ☐ 安全保險補助金
- ☐ 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

合資格的公共資助計劃:

勾選您或家中其他人所參與的所有計劃。

- ☐ Medicaid/Medi-Cal (65歲以下)
- ☐ Medicaid/Medi-Cal (65歲和65歲以上)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (糧食券)
- ☐ 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
- ☐ CalWORKs (TANF)或Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

3 CAM ĐOAN: (xin đọc và ký tên)

Tôi đồng ý cung cấp chứng minh lợi tức gia đình nếu được yêu cầu. Tôi cũng đồng ý thông báo cho Gas and Electric Company (PG&E) biết nếu lợi tức gia đình của tôi không còn hội đủ điều kiện để được giảm giá. Tôi hiểu rằng nếu tôi nhận 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 PG&E có thể chia sẻ thông tin của tôi với các cơ quan thành phố, các cơ quan tiểu bang hoặc liên bang, các cơ quan tiện ích khác hoặc các đại diện của họ để ghi danh tôi vào các chương trình trợ giúp của họ. Tôi xin cam đoan theo hình phạt về tội khai man theo pháp luật của Tiểu Bang California rằng các thông tin mà tôi đã cung cấp trong đơn này là đúng sự thật và chính xác.

聲明: (請閱讀，然後在下面簽字)

如果有需要，本人同意提供家庭收入證明。本人亦同意，如果我的家庭收入不再有資格享受折扣時，本人會立即通知Pacific Gas and Electric Company (PG&E)。本人瞭解，如果在不具資格的情況下繼續享受此項折扣，本人可能會被要求退還所收到的折扣。本人瞭解PG&E可能會讓其它市政機構、州或聯邦機構，以及其它公用事業公司或其代理人使用本人資料，以便讓本人參加他們的輔助計劃。依加州法律的偽證罪刑罰規定，本人聲明我在申請表上提供的資料皆真實且正確。

X _____

Chữ Ký Khách Hàng ● 客戶簽名 ○ Tô đậm vòng nếu là người giám hộ hay người đại diện pháp lý 如果是監護人或代理人的話, 請圈上記號 **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

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. 06/01/12

ABOUT THE CARE/FERA PROGRAM

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

PROGRAM GUIDELINES

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

INCOME GUIDELINES (valid until May 31, 2013)		
Number of Persons in Household	Annual Income (before taxes based on current income sources)	
	CARE	**FERA**
1	$22,340	Not Eligible
2	$30,260	Not Eligible
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
For each additional person, add:	$7,920	$7,920 - $9,900

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **Balanced Payment Plan:** Monthly payments can be averaged out to allow you to budget your energy costs and eliminate big swings in your payments. Call 1-800-743-5000 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 1-800-743-5000 for more information.
- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

Energy Savings
Assistance Program™

- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **REACH:** One-time energy-assistance program sponsored by PG&E and administered by the Salvation Army. Call 1-800-933-9677 for more information.
- **SmartMeter™** technology gives you more control than ever before over your energy use. With this information, you can better understand how energy use impacts your monthly bill and make better decisions to reduce your energy costs. Call 1-866-743-0263 for more information.
- **Third-Party Notification:** Allows you to name a friend or relative to receive duplicate copies of past-due payment notices. The designated person is not responsible for paying the bill, but can contact PG&E to help resolve the problem. Call 1-800-743-5000 for more information.
- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.

FOR MORE INFORMATION

CARE: 1-866-743-2273 http://www.pge.com/care
FERA: 1-800-743-5000 http://www.pge.com/fera
Email: CAREandFERA@pge.com
TDD/TTY: 1-800-652-4712
For speech/hearing-impaired, Monday – Friday, 9:00 a.m. – 11:00 p.m.
California Relay: 1-800-735-2929 if you cannot utilize the TDD line

Pacific Gas and Electric Company®

CARE/FERA Program Application for
Residential Single-Family Customers

79-1051
Rev. 06/01/12

1 CUSTOMER INFORMATION:

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

										-	

Name _____ **Telephone** (_____)_____

Address _____ **Apartment #** _____

City _____ **Zip Code** _____

Number of Persons in Household:

Adults _____+ Children (under 18) _____ = _____

Total Gross Annual Household Income: **$** ___,___.00
(please account for all income from every household members)

2A HOUSEHOLD INCOME ELIGIBILITY:

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

- ☐ Pensions
- ☐ Social Security
- ☐ SSP, SSDI
- ☐ Interest/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

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK ALL programs you or someone in your household participate in.

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

3 DECLARATION: *(please read and sign)*

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me 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 municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

For Internal Use Only

X _____

Customer Signature **Date**

○ Fill in circle if guardian or power of attorney

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

Or fax completed application to: 415-973-6419

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. 06/01/12

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO DE CARE/FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento mensual en las cuentas de energía a los hogares que reúnan los requisitos de ingresos.
- El programa de **Family Electric Rate Assistance (FERA)** ofrece un descuento mensual en las cuentas de electricidad a los hogares de tres o más personas que reúnan los requisitos de ingresos.

REQUISITOS DEL PROGRAMA

1. La cuenta de PG&E debe estar a su nombre.
2. Debe vivir en la dirección donde se recibirá el descuento.
3. El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo(a).
4. El solicitante no debe compartir el medidor de energía con otro hogar.
5. Deberá tener en cuenta todas las fuentes de ingresos que califican bajo la unidad familiar y cumplir con los requisitos de ingresos del programa que se describen en esta solicitud.
6. Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
7. Después de su inscripción, podría ser seleccionado para que se verifiquen sus ingresos y deberá presentar pruebas de que su hogar califica para permanecer en este programa.
8. Usted tiene obligación de renovar su elegibilidad cada dos años (cuatro años si tiene ingresos fijos).

REQUISITOS DE INGRESOS (válido hasta el 31 de mayo, 2013)		
Número de Personas en el Hogar	Ingreso Anual (antes de impuestos basado en fuentes de ingreso actual)	
	CARE	**FERA**
1	$22,340	No Aplica
2	$30,260	No Aplica
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
Por cada persona adicional, agregue:	$7,920	$7,920 - $9,900

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRIA CALIFICAR

- **Plan de Pago Equilibrado:** Sus pagos mensuales se pueden promediar permitiéndole hacer un presupuesto basado en su consumo de energía, así eliminando una variación grande en sus pagos. Para más información, llame al 1-800-743-5000.
- **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 a nombre suyo. Para más información, llame al 1-800-743-5000.
- **Energy Savings Assistance Program:** Ofrece a los inquilinos y a los propietarios de viviendas que reúnan los requisitos de ingresos, soluciones sencillas y gratuitas para ayudarles a manejar su consumo de energía y ahorrar dinero en sus facturas mensuales. Para más información, llame al 1-800-989-9744.

Energy Savings
Assistance Program™

- **Low Income Home Energy Assistance Program (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.
- **Medical Baseline:** Los clientes residenciales que dependan de equipos de soporte vital y/o que tengan necesidades especiales relacionadas con la calefacción o el aire acondicionado debido a ciertos padecimientos médicos podrían reunir los requisitos para obtener más energía a un precio más bajo (baseline). Para más información, llame al 1-800-743-5000.
- **REACH:** Es un programa que le ayuda al cliente a pagar su cuenta de energía por una sola vez y está patrocinado por PG&E y administrado por el Salvation Army. Para más información, llame al 1-800-933-9677.
- **SmartMeter™:** Su tecnologìa le da más control que nunca a su consumo de energía. Con esta información, podrá entender mejor cómo su consumo de electricidad afecta su factura mensual y le permitirá tomar mejores decisiones para reducir sus costos de energía. Para más información, llame al 1-866-743-0263.
- **Notificación a Terceras Personas:** Permite designar a un amigo o familiar para que reciba una copia de las notificaciones de cuentas vencidas y no pagadas. La persona designada no es responsable del pago de la cuenta, pero puede comunicarse con PG&E para ayudar a resolver el problema. Para más información, llame al 1-800-743-5000.
- **Universal Lifeline Telephone Service (ULTS):** La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio. Llame a su compañía local de teléfonos para más información.

PARA MAS INFORMACIÓN

CARE: 1-866-743-2273 http://www.pge.com/care
FERA: 1-800-743-5000 http://www.pge.com/fera
Email: CAREandFERA@pge.com
TDD/TTY: 1-800-652-4712
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. 06/01/12

1 INFORMACIÓN DEL CLIENTE:

Número de Cuenta de PG&E: | | | | | | | | | | | - | |

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

_____(_____)_____

Nombre **Teléfono**

_____

Domicilio **Departamento #**

_____

Ciudad **Código Postal**

Número de Personas en el Hogar:

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

Total de ingresos anuales brutos de la unidad familiar: **$** | | | , | | | .00

(por favor, tenga en cuenta <u>todos</u> los ingresos de todos los miembros de la unidad familiar)

2A ELEGIBILIDAD DE ACUERDO A LOS INGRESOS EN EL HOGAR:

MARQUE TODAS las fuentes de ingreso de la familia. Usted podría ser inscrito en el programa de CARE o en el programa de FERA dependiendo de cuántas 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
- ☐ 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/Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

2B ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PÚBLICA:

MARQUE TODOS los programas que usted o alguien en su hogar están recibiendo

- ☐ Medi-Cal (menor de 65 años)
- ☐ Medi-Cal (65 años o más)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (Estampillas de Alimentos)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants and Children (WIC)
- ☐ Healthy Families A & B
- ☐ CalWORKs (TANF) o Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Sólo Tribus Indígenas)

3 DECLARACIÓN: *(por favor lea y firme abajo)*

Me comprometo a facilitar pruebas documentales de los ingresos de la unidad familiar en caso de que se me pida. También acepto informar a Pacific Gas and Electric Company si en algún momento mi unidad familiar dejase de reunir los requisitos para recibir el descuento. Comprendo que si recibo el descuento sin reunir los requisitos, se me puede exigir que devuelva el descuento que haya recibido. Soy consciente de que PG&E podrá compartir mis datos con agencias municipales, estatales o federales, con otras compañías de servicios públicos o con sus representantes, con objeto de facilitar la inscripción en sus respectivos programas de asistencia. Declaro que la información que he facilitado en esta solicitud es veraz y correcta, incurriendo en perjurio según la legislación del Estado de California si no lo fuera.

For Internal Use Only

X _____

Firma del Cliente **Fecha**

○ Marque aquí si es tutor o tiene carta de poder

Envíe la aplicación completa a:

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

O envíela por fax al teléfono: 415-973-6419

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. 06/01/12

關於 CARE/FERA 計劃

- **California Alternate Rates for Energy (CARE)** 為符合收入資格的家庭提供每月能源帳單折扣。
- **Family Electric Rate Assistance (FERA)** 為有三人或更多成員且符合收入資格的家庭提供每月電費帳單折扣。

計劃規定

1. 申請者必須是 PG&E 帳單上的註冊客戶。
2. 申請者必須居住在將收到折扣的住址。
3. 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。
4. 申請者的居所不可與另一居所共同用一個碼錶。
5. 您必須計算家庭所有合資格收入來源，並符合本申請表所列的計劃收入標準。
6. 申請者家庭若不再符合 CARE/FERA 計劃的資格要求，必須知會 PG&E。
7. 登記參加後，您可能被選為我們查核收入的對象，到時您必須提供符合家庭收入資格的證明，才可繼續參加此計劃。
8. 您必須每兩年重新提出申請並且符合資格(固定收入者為每四年提出申請)。

收入標準
(有效期至 2013 年 5 月 31 日)

家庭人數	年收入 (根據目前收入來源的稅前收入)	
	CARE	**FERA**
1	$22,340	不適用於此計劃
2	$30,260	不適用於此計劃
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
每增加一人，加	$7,920	$7,920 - $9,900

您可能符合其它計劃和免費服務

- **平衡付款計劃:**每月平均分攤付款，讓您可妥善安排能源費用預算，避免支付帳單時出現太大變動。詳情請電 1-800-743-5000。
- **帳單保證:**這可以用來代替押金，客戶可找另一位 PG&E 的合格客戶代表簽字為他們帳戶作擔保。詳情請電 1-800-743-5000。
- **Energy Savings Assistance Program:** 為符合收入資格的 租戶及屋主免費提供簡單的解決方案，協助他們管理能源用量並節省每月能源帳單費用。詳情請電 1-800-989-9744。

Energy Savings
Assistance Program™

- **Low Income Home Energy Assistance Program (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。
- **基本醫療底線:**如果住宅客戶有某些醫療狀況，需要依賴維生設備和/或有特別暖氣或冷氣需求等，都有可能收到更多最低(底線)的價格能源數量。詳情請電 1-800-743-5000。
- **REACH:** 計劃提供一次性的能源協助，由 PG&E 提供 贊助、Salvation Army 負責實施。詳情請電 1-800-933-9677。
- **SmartMeter™** 技術讓您比以往更有效控制能源用量。有了這項資訊，您將更清楚地了解您的用電與每月賬單之間的關係，進而做出更好的決定來減少能源開銷。詳情請電 1-866-743-0263。
- **第三者通知:**第三者通知可讓您列出一位朋友或親屬的姓名，讓他們能收到您過期未繳的付款通知副本。您指定的人不需要負責支付帳單，但可聯絡 PG&E 協助解決問題。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。欲知詳情，請聯絡您當地的熱線電話服務公司。

更多詳情

CARE: 1-866-743-2273 http://www.pge.com/care
FERA: 1-800-743-5000 http://www.pge.com/fera
Email: CAREandFERA@pge.com
TDD/TTY: 1-800-652-4712
有言語或聆聽障礙者, 星期一至星期五, 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
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1 客戶資料：

PG&E 帳號:
(帳號位於帳單的第一頁)

										-	

_____(_____)_____
姓名 **電話**

_____
家庭住址 **公寓**

_____
城市 **郵政區號**

家庭人數: 成人 _____ **+ 孩童(18 歲以下)** _____ **=** _____

家庭全年稅前總收入:
(請計算每位家庭成員的<u>所有</u>收入) **$** | | | | , | | | .00

2A 合資格的家庭總收入:

請勾選您家庭收入的全部來源。根據您的家庭總人數和總收入，您將會被登記入 CARE 或 FERA 計劃。

- ☐ 退休金
- ☐ 安全保險補助金
- ☐ 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

2B **合資格的公共資助計劃:**

勾選您或家中其他人所參與的所有計劃。

- ☐ Medicaid/Medi-Cal (65 歲以下)
- ☐ Medicaid/Medi-Cal (65 歲和 65 歲以上)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (糧食券)
- ☐ 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
- ☐ CalWORKs (TANF)或 Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

3 **聲明:** (請閱讀，然後在下面簽字)

如果有需要，我同意提供家庭收入證明。我亦同意，如果我的家庭收入不再有資格享受折扣時，我會立即通知 Pacific Gas and Electric Company (PG&E)。我瞭解，如果在不具資格的情況下繼續享受此項折扣，我可能會被要求退還所收到的折扣。我瞭解 PG&E 可能會讓其它市政機構、州或聯邦機構，以及其它公用事業公司或其代理人使用本人資料，以便讓我參加他們的輔助計劃。依加州法律的偽證罪刑罰規定，我聲明我在申請表上提供的資料皆真實且正確。

For Internal Use Only

X_____

簽名 **日期**

○如果是監護人或代理人的話, 請圈上記號

申請表請寄到:

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

或傳真填好的申請表到: 415-973-6419

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
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CHƯƠNG TRÌNH CARE/FERA

- **Chương trình California Alternate Rates for Energy (CARE)** giảm hóa đơn năng lượng hàng tháng cho các gia đình hội đủ điều kiện về thu nhập.
- **Chương trình Family Electric Rate Assistance (FERA)** giảm hóa đơn tiền điện hàng tháng cho các gia đình hội đủ điều kiện về thu nhập có từ ba người trở lên.

CHỈ DẪN CỦA CHƯƠNG TRÌNH

1. Quý vị phải là người đứng tên trên hóa đơn PG&E.
2. Quý vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá.
3. Quý vị không được một người khác khai là người phụ thuộc trên mẫu thuế ngoại trừ người phối ngẫu.
4. Quý vị không được dùng chung đồng hồ đo năng lượng với một ngôi nhà khác.
5. Quý vị phải tính tất cả các nguồn lợi tức hội đủ điều kiện của gia đình và đáp ứng với mức lợi tức quy định của chương trình được ghi trong đơn này.
6. 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.
7. Sau khi ghi danh, quý vị có thể được chọn xác minh về lợi tức và phải cung cấp bằng chứng hội đủ điều kiện về lợi tức gia đình để tiếp tục tham gia chương trình.
8. Quý vị cần phải tái xác nhận khả năng hội đủ điều kiện của mình mỗi hai năm (bốn năm nếu có lợi tức cố định).

ĐỊNH MỨC LỢI TỨC (có hiệu lực đến ngày 31 tháng Năm, 2013)		
Số Người Trong Gia Đình	Lợi Tức Hàng Năm (trước khi trừ thuế dựa theo các nguồn lợi tức hiện có)	
	CARE	**FERA**
1	$22,340	Không đủ tiêu chuẩn
2	$30,260	Không đủ tiêu chuẩn
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
Với mỗi người thêm vào, cộng thêm:	$7,920	$7,920 - $9,900

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

- **Chương Trình Thanh Toán Quân Bình:** Các khoản thanh toán hàng tháng có thể được tính đều ra nhằm giúp quý vị quân bình chi phí năng lượng của mình và loại bỏ những thay đổi lớn trong khoản thanh toán của mình. Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **Bảo Đảm Hóa Đơn:** Một loại đặt cọc khác giúp khách hàng bảo đảm trương mục của mình bằng cách nhờ một khách hàng PG&E hội đủ điều kiện khác ký bảo đảm dùm cho họ. Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **Energy Savings Assistance Program**: Cung cấp cho những người thuê nhà và chủ sở hữu nhà hội đủ điều kiện về lợi tức các giải pháp dễ dàng, miễn phí để giúp họ quản lý việc sử dụng năng lượng và tiết kiệm tiền trên hóa đơn năng lượng hàng tháng. Xin gọi số 1-800-989-9744 để biết thêm chi tiết.

Energy Savings
Assistance Program™

- **Low Income Home Energy Assistance Program (LIHEAP):** 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.
- **Trợ Cấp Y Tế Cơ Bản**: Khách hàng cư dân sống dựa vào thiết bị hỗ trợ sự sống và/hoặc có nhu cầu sưởi ấm hoặc làm lạnh đặc biệt do một số bệnh trạng nhất định có thể hội đủ điều kiện nhận thêm một phần năng lượng bổ sung với mức giá thấp nhất (cơ bản). Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **REACH:** Chương trình hỗ trợ năng lượng một lần được PG&E tài trợ và do Salvation Army điều hành. Xin gọi 1-800-933-9677 để biết thêm chi tiết.
- **Công Nghệ SmartMeter™** Cho phép quý vị quản lý việc sử dụng năng lượng của quý vị tốt hơn bao giờ hết. Với thông tin này, quý vị có thể hiểu rõ hơn về việc sử dụng năng lượng có tác động như thế nào tới hóa đơn hàng tháng của quý vị và đưa ra các quyết định tốt hơn để giảm chi phí năng lượng của quý vị. Xin gọi số 1-866-743-0263 để biết thêm chi tiết.
- **Thông Báo Cho Đệ Tam Nhân:** Cho phép quý vị ghi danh một người bạn hoặc người thân để nhận bản sao của các thông tin thanh toán quá hạn. Người được chỉ định không phải chịu trách nhiệm thanh toán hóa đơn, nhưng có thể liên lạc với PG&E để giúp giải quyết vấn đề. Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **Universal Lifeline Telephone Service (ULTS):** Giảm giá dịch vụ điện thoại. Xin liên lạc hãng điện thoại "local" của quý vị để biết thêm chi tiết.

ĐỂ BIẾT THÊM THÔNG TIN

CARE: 1-866-743-2273 http://www.pge.com/care
FERA: 1-800-743-5000 http://www.pge.com/fera
E-mail: 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
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1 CHI TIẾT VỀ KHÁCH HÀNG: (xin viết rõ ràng)

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

_____(_____)_____

Tên Họ **Điện Thoại**

_____

Địa Chỉ **Số Chung Cư**

_____

Thành Phố **Bưu Chánh**

Số Người Trong Gia Đình:

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

Tổng Lợi Tức Gia Đình Hàng Năm: **$** | | | , | | | .00
(xin quý vị tính tất cả các nguồn lợi tức từ mọi người trong gia đình)

2A 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 có thể 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

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

ĐÁNH DẤU tất cả các chương trình mà quý vị hoặc ai đó trong nhà quý vị đang tham gia.

- ☐ Medicaid/Medi-Cal (dưới 65 tuổi)
- ☐ Medicaid/Medi-Cal (65 và qua 65 tuổi)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (Tiền Phiếu Thực Phẩm)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants and Children (WIC)
- ☐ Healthy Families A & B
- ☐ CalWORKs (TANF) hay Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

3 CAM ĐOAN: *(xin đọc và ký tên)*

Tôi đồng ý cung cấp chứng minh lợi tức gia đình nếu được yêu cầu. Tôi cũng đồng ý thông báo cho Pacific Gas and Electric Company (PG&E) biết nếu lợi tức gia đình của tôi không còn hội đủ điều kiện để được giảm giá. Tôi hiểu rằng nếu tôi nhận 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 PG&E có thể chia sẻ thông tin của tôi với các cơ quan thành phố, các cơ quan tiểu bang hoặc liên bang, các cơ quan tiện ích khác hoặc các đại diện của họ để ghi danh tôi vào các chương trình trợ giúp của họ. Tôi xin cam đoan theo hình phạt về tội khai man theo pháp luật của Tiểu Bang California rằng các thông tin mà tôi đã cung cấp trong đơn này là đúng sự thật và chính xác.

For Internal Use Only

X _____

Chữ Ký Khách Hàng **Ngày**

○ Tô đậm vòng nếu là người giám hộ hay người đại diện pháp lý

Gởi đơn đã điền đến:

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

Hoặc fax đơn đã điền đến: 415-973-6419

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

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. 06/01/12

ABOUT THE CARE/FERA PROGRAM

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

PROGRAM GUIDELINES

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

INCOME GUIDELINES (valid until May 31, 2013)		
Number of Persons in Household	Annual Income (before taxes based on current income sources)	
	CARE	**FERA**
1	$22,340	Not Eligible
2	$30,260	Not Eligible
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
For each additional person, add:	$7,920	$7,920 - $9,900

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

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

Energy Savings Assistance Program™

- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.

FOR MORE INFORMATION

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

Or fax completed application to: 415-973-6419

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

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

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712

For speech/hearing-impaired, Monday – Friday, 9:00 a.m. – 11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

Pacific Gas and Electric Company®

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

79-1055
Rev. 06/01/12

1A 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**

Manager or Landlord Mailing Address

City **Zip Code**

Applicant Status ○ **ADD NEW** ○ **DROP**

○ **RE-CERTIFY** ○ **MOVE TO DIFFERENT SPACE**

1B TENANT INFORMATION: *(please print clearly)*

Name **(_____) Telephone**

Address **Unit #**

City **Zip Code**

Number of Persons in Household:

Adults _____+ Children (under 18) _____ = _____

Total Gross Annual Household Income: **$** | | | , | | | .00

(please account for all income from every household members)

2A HOUSEHOLD INCOME ELIGIBILITY:

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

- ☐ Pensions
- ☐ Social Security
- ☐ SSP, SSDI
- ☐ Interest/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

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK ALL programs you or someone in your household participate in.

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

3 DECLARATION: *(please read and sign)*

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me 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 municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

For Internal Use Only

X _____

Customer Signature **Date**

○ Fill in circle if guardian or power of attorney

Gas Sample Form No. 79-1056
California Alternate Rates for Energy Program - Large Print Application
for Tenants of Sub-Metered Residential Facilities (Spanish)

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. 06/01/12

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO DE CARE/FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento mensual en las cuentas de energía a los hogares que reúnan los requisitos de ingresos.
- El programa de **Family Electric Rate Assistance (FERA)** ofrece un descuento mensual en las cuentas de electricidad a los hogares de tres o más personas que reúnan los requisitos de ingresos.

REQUISITOS DEL PROGRAMA

1. La cuenta de energía del administrador de su parque debe estar a su nombre.
2. Debe vivir en la dirección donde se recibirá el descuento.
3. El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo(a).
4. El solicitante no debe compartir el medidor de energía con otro hogar.
5. Deberá tener en cuenta todas las fuentes de ingresos que califican bajo la unidad familiar y cumplir con los requisitos de ingresos del programa que se describen en esta solicitud.
6. Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
7. Después de su inscripción, podría ser seleccionado para que se verifiquen sus ingresos y deberá presentar pruebas de que su hogar califica para permanecer en este programa.
8. Usted tiene obligación de renovar su elegibilidad cada dos años (cuatro años si tiene ingresos fijos).

REQUISITOS DE INGRESOS (válido hasta el 31 de mayo, 2013)		
Número de Personas en el Hogar	Ingreso Anual (antes de impuestos basado en fuentes de ingreso actual)	
	CARE	**FERA**
1	$22,340	No Aplica
2	$30,260	No Aplica
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
Por cada persona adicional, agregue:	$7,920	$7,920 - $9,900

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **Energy Savings Assistance Program:** Ofrece a los inquilinos y a los propietarios de viviendas que reúnan los requisitos de ingresos, soluciones sencillas y gratuitas para ayudarles a manejar su consumo de energía y ahorrar dinero en sus facturas mensuales. Para más información, llame al 1-800-989-9744.

Energy Savings
Assistance Program™

- **Low Income Home Energy Assistance Program (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.
- **Medical Baseline:** Los clientes residenciales que dependan de equipos de soporte vital y/o que tengan necesidades especiales relacionadas con la calefacción o el aire acondicionado debido a ciertos padecimientos médicos podrían reunir los requisitos para obtener más energía a un precio más bajo (baseline). Para más información, llame al 1-800-743-5000.
- **Universal Lifeline Telephone Service (ULTS):** La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio. Llame a su compañía local de teléfonos para más información.

PARA MAS INFORMACIÓN

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

O envíela por fax al teléfono: 415-973-6419

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

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

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712

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. 06/01/12

1A INFORMACIÓN 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 **Teléfono**

Dirección del Administrador o Propietario

Ciudad **Código Postal**

Situación del solicitante ○ **NUEVO** ○ **CANCELÓ EL PROGRAMA** ○ **RE-INSCRIPCIÓN** ○ **SE MUDÓ A OTRO ESPACIO**

1B INFORMACIÓN DEL INQUILINO:

(por favor escriba a máquina o con letras de imprenta)

Nombre **Teléfono**

Domicilio **Departamento #**

Ciudad **Código Postal**

Número de Personas en el Hogar:

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

Total de ingresos anuales brutos de la unidad familiar: **$** | | | , | | | .00

(por favor, tenga en cuenta <u>todos</u> los ingresos de todos los miembros de la unidad familiar)

2A ELEGIBILIDAD DE ACUERDO A LOS INGRESOS EN EL HOGAR:

MARQUE TODAS las fuentes de ingreso de la familia. Usted podría ser inscrito en el programa de CARE o en el programa de FERA dependiendo de cuántas 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
- ☐ 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/Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

2B ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PÚBLICA:

MARQUE TODOS los programas que usted o alguien en su hogar están recibiendo.

- ☐ Medi-Cal (menor de 65 años)
- ☐ Medi-Cal (65 años o más)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (Estampillas de Alimentos)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants and Children (WIC)
- ☐ Healthy Families A & B
- ☐ CalWORKs (TANF) o Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Sólo Tribus Indígenas)

3 DECLARACIÓN: *(por favor lea y firme abajo)*

Me comprometo a facilitar pruebas documentales de los ingresos de la unidad familiar en caso de que se me pida. También acepto informar a Pacific Gas and Electric Company si en algún momento mi unidad familiar dejase de reunir los requisitos para recibir el descuento. Comprendo que si recibo el descuento sin reunir los requisitos, se me puede exigir que devuelva el descuento que haya recibido. Soy consciente de que PG&E podrá compartir mis datos con agencias municipales, estatales o federales, con otras compañías de servicios públicos o con sus representantes, con objeto de facilitar la inscripción en sus respectivos programas de asistencia. Declaro que la información que he facilitado en esta solicitud es veraz y correcta, incurriendo en perjurio según la legislación del Estado de California si no lo fuera.

For Internal Use Only

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 (Chinese)

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. 06/01/12

關於 CARE/FERA 計劃

- **California Alternate Rates for Energy (CARE)** 為符合收入資格的家庭提供每月能源帳單折扣。
- **Family Electric Rate Assistance (FERA)** 為有三人或更多成員且符合收入資格的家庭提供每月電費帳單折扣。

計劃規定

1. 您的業主給您的煤電帳單必須是以您的名字註冊。
2. 申請者必須居住在將收到折扣的住址。
3. 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。
4. 申請者的居所不可與另一居所共同用一個碼錶。
5. 您必須計算家庭所有合資格收入來源，並符合本申請表所列的計劃收入標準。
6. 申請者家庭若不再符合 CARE/FERA 計劃的資格要求，必須知會 PG&E。
7. 登記參加後，您可能被選為我們查核收入的對象，到時您必須提供符合家庭收入資格的證明，才可繼續參加此計劃。
8. 您必須每兩年重新提出申請並且符合資格(固定收入者為每四年提出申請)。

收入標準 (有效期至 2013 年 5 月 31 日)		
家庭人數	年收入 (根據目前收入來源的稅前收入)	
	CARE	**FERA**
1	$22,340	不適用於此計劃
2	$30,260	不適用於此計劃
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
每增加一人，加	$7,920	$7,920 - $9,900

您可能符合其它計劃和免費服務

- **Energy Savings Assistance Program:** 為符合收入資格的 租戶及屋主免費提供簡單的解決方案，協助他們管理能源用量並節省每月能源帳單費用。詳情請電 1-800-989-9744。

Energy Savings
Assistance Program™

- **Low Income Home Energy Assistance Program (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。
- **基本醫療底線:**如果住宅客戶有某些醫療狀況，需要依賴維生設備和/或有特別暖氣或冷氣需求等，都有可能收到更多最低(底線)的價格能源數量。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。欲知詳情，請 聯絡您當地的熱線電話服務公司。

更多詳情

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

或傳真填好的申請表到: 415-973-6419

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

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

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712

有言語或聆聽障礙者, 星期一至星期五, 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. 06/01/12

1A **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**

_____

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**

1B **住客資料：** (請用正楷填寫)

_____ **(_____)** _____

姓名 **電話**

_____

家庭住址 **公寓**

_____

城市 **郵政區號**

家庭人數: 成人 _____ + **孩童**(18 **歲以下**) _____ = _____

家庭全年稅前總收入:
(請計算每位家庭成員的<u>所有</u>收入) **$** | | | , | | | .00

2A 合資格的家庭總收入:

請勾選您家庭收入的全部來源。根據您的家庭總人數和總收入，您將會被登記入 CARE 或 FERA 計劃。

- ☐ 退休金
- ☐ 安全保險補助金
- ☐ 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

2B 合資格的公共資助計劃:

勾選您或家中其他人所參與的所有計劃。

- ☐ Medicaid/Medi-Cal (65 歲以下)
- ☐ Medicaid/Medi-Cal (65 歲和 65 歲以上)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (糧食券)
- ☐ 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
- ☐ CalWORKs (TANF)或 Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

3 聲明: (請閱讀，然後在下面簽字)

如果有需要，我同意提供家庭收入證明。我亦同意，如果我的家庭收入不再有資格享受折扣時，我會立即通知 Pacific Gas and Electric Company (PG&E)。我瞭解，如果在不具資格的情況下繼續享受此項折扣，我可能會被要求退還所收到的折扣。我瞭解 PG&E 可能會讓其它市政機構、州或聯邦機構，以及其它公用事業公司或其代理人使用本人資料，以便讓我參加他們的輔助計劃。依加州法律的偽證罪刑罰規定，我聲明我在申請表上提供的資料皆真實且正確。

For Internal Use Only

X _____

簽名 **日期**

○如果是監護人或代理人的話, 請圈上記號

Gas Sample Form No. 79-1058
California Alternate Rates for Energy Program - Large Print Application
for Tenants of Sub-Metered Residential Facilities (Vietnamese)

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. 06/01/12

CHƯƠNG TRÌNH CARE/FERA

- **Chương trình California Alternate Rates for Energy (CARE)** giảm hóa đơn năng lượng hàng tháng cho các gia đình hội đủ điều kiện về thu nhập.
- **Chương trình Family Electric Rate Assistance (FERA)** giảm hóa đơn tiền điện hàng tháng cho các gia đình hội đủ điều kiện về thu nhập có từ ba người trở lên.

CHỈ DẪN CỦA CHƯƠNG TRÌNH

1. Hóa đơn năng lượng từ chủ nhà của quý vị phải có tên của quý vị.
2. Quý vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá.
3. Quý vị không được một người khác khai là người phụ thuộc trên mẫu thuế ngoại trừ người phối ngẫu.
4. Quý vị không được dùng chung đồng hồ đo năng lượng với một ngôi nhà khác.
5. Quý vị phải tính tất cả các nguồn lợi tức hội đủ điều kiện của gia đình và đáp ứng với mức lợi tức quy định của chương trình được ghi trong đơn này.
6. 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.
7. Sau khi ghi danh, quý vị có thể được chọn xác minh về lợi tức và phải cung cấp bằng chứng hội đủ điều kiện về lợi tức gia đình để tiếp tục tham gia chương trình.
8. Quý vị cần phải tái xác nhận khả năng hội đủ điều kiện của mình mỗi hai năm (bốn năm nếu có lợi tức cố định).

ĐỊNH MỨC LỢI TỨC (có hiệu lực đến ngày 31 tháng Năm, 2013)		
Số Người Trong Gia Đình	Lợi Tức Hàng Năm (trước khi trừ thuế dựa theo các nguồn lợi tức hiện có)	
	CARE	**FERA**
1	$22,340	Không đủ tiêu chuẩn
2	$30,260	Không đủ tiêu chuẩn
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
Với mỗi người thêm vào, cộng thêm:	$7,920	$7,920 - $9,900

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

- **Energy Savings Assistance Program:** Cung cấp cho những người thuê nhà và chủ sở hữu nhà hội đủ điều kiện về lợi tức các giải pháp dễ dàng, miễn phí để giúp họ quản lý việc sử dụng năng lượng và tiết kiệm tiền trên hóa đơn năng lượng hàng tháng. Xin gọi số 1-800-989-9744 để biết thêm chi tiết.

Energy Savings
Assistance Program™

- **Low Income Home Energy Assistance Program (LIHEAP):** 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.
- **Trợ Cấp Y Tế Cơ Bản:** Khách hàng cư dân sống dựa vào thiết bị hỗ trợ sự sống và/hoặc có nhu cầu sưởi ấm hoặc làm lạnh đặc biệt do một số bệnh trạng nhất định có thể hội đủ điều kiện nhận thêm một phần năng lượng bổ sung với mức giá thấp nhất (cơ bản). Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **Universal Lifeline Telephone Service (ULTS):** Giảm giá dịch vụ điện thoại. Xin liên lạc hãng điện thoại "local" của quý vị để biết thêm chi tiết.

ĐỂ BIẾT THÊM THÔNG TIN

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

Hoặc fax đơn đã điền đến: 415-973-6419

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

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

E-mail: 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. 06/01/12

1A 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 **(_____)_____ 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**

1B CHI TIẾT VỀ NGƯỜI MƯỚN NHÀ: (xin viết rõ ràng)

Tên Họ **(_____)_____ Điện Thoại**

Địa Chỉ **Số Chung Cư**

Thành Phố **Bưu Chánh**

Số Người Trong Gia Đình:

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

Tổng Lợi Tức Gia Đình Hàng Năm: **$** | | | , | | | .00

(xin quý vị tính tất cả các nguồn lợi tức từ mọi người trong gia đình)

2A 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 có thể 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

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

ĐÁNH DẤU tất cả các chương trình mà quý vị hoặc ai đó trong nhà quý vị đang tham gia.

- ☐ Medicaid/Medi-Cal (dưới 65 tuổi)
- ☐ Medicaid/Medi-Cal (65 và qua 65 tuổi)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (Tiền Phiếu Thực Phẩm)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants and Children (WIC)
- ☐ Healthy Families A & B
- ☐ CalWORKs (TANF) hay Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

3 CAM ĐOAN: *(xin đọc và ký tên)*

Tôi đồng ý cung cấp chứng minh lợi tức gia đình nếu được yêu cầu. Tôi cũng đồng ý thông báo cho Pacific Gas and Electric Company (PG&E) biết nếu lợi tức gia đình của tôi không còn hội đủ điều kiện để được giảm giá. Tôi hiểu rằng nếu tôi nhận 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 PG&E có thể chia sẻ thông tin của tôi với các cơ quan thành phố, các cơ quan tiểu bang hoặc liên bang, các cơ quan tiện ích khác hoặc các đại diện của họ để ghi danh tôi vào các chương trình trợ giúp của họ. Tôi xin cam đoan theo hình phạt về tội khai man theo pháp luật của Tiểu Bang California rằng các thông tin mà tôi đã cung cấp trong đơn này là đúng sự thật và chính xác.

X _____

Chữ Ký Khách Hàng **Ngày**

For Internal Use Only

○ Tô đậm vòng nếu là người giám hộ hay người đại diện pháp lý

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. 06/01/12

INCOME GUIDELINES (Valid until May 31, 2013)

Number of Persons in Household	Annual Income*	
	CARE	**FERA**
1	$22,340	Not Eligible
2	$30,260	Not Eligible
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
For each additional person, add:	$7,920	$7,920 - $9,900

* 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 Payments
- Pensions
- Social security, SSI, SSP, SSDI
- Insurance Settlements
- Legal Settlements
- CalWORKs (TANF)
- CalFresh/SNAP (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
E-mail: 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. 06/01/12

REQUISITOS DE INGRESOS (Válido hasta el 31 de mayo, 2013)

Número de Personas en el Hogar	Ingreso Anual*	
	CARE	**FERA**
1	$22,340	No Aplica
2	$30,260	No Aplica
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
Por cada persona adicional, agregue:	$7,920	$7,920 - $9,900

* Antes de impuestos basado en fuentes de 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, ya sea 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
- CalWORKs (TANF)
- CalFresh/SNAP (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
E-mail: 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. 06/01/12

收入標準（有效期至 2013 年 5 月 31 日）

家庭人數	年收入*	
	CARE	**FERA**
1	$22,340	不適用於此計劃
2	$30,260	不適用於此計劃
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
每增加一人，加	$7,920	$7,920 - $9,900

*根據目前收入來源的稅前收入

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
- 安全保險補助金、SSI、SSP、SSDI
- 保險訴訟所得的金錢
- 法律訴訟所得的金錢
- CalWORKs (TANF)
- CalFresh/SNAP (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
E-mail: CAREandFERA@pge.com
TDD/TTY: 1-800-652-4712
有言語或聆聽障礙者, 星期一至星期五, 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 **79-1059**

Định Mức Lợi Tức Rev. 06/01/12

ĐỊNH MỨC LỢI TỨC (Có hiệu lực đến ngày 31 tháng Năm, 2013)

Số Người trong Gia Đình	Lợi Tức Hàng Năm*	
	CARE	**FERA**
1	$22,340	Không đủ tiêu chuẩn
2	$30,260	Không đủ tiêu chuẩn
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
Với mỗi người thêm vào, cộng thêm:	$7,920	$7,920 - $9,900

* 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
- CalWORKs (TANF)
- CalFresh/SNAP (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
E-mail: 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	
		(T)
1-2	Not Eligible	I
3	$38,181 – $47,725	I
4	$46,101 – $57,625	I
5	$54,021 – $67,525	I
6	$61,941 – $77,425	I
7	$69,861 – $87,325	I
8	$77,781 – $97,225	I
Each Additional Person Add	$ 7,920 – $ 9,900	(T)

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	$22,340	(T)
2	$30,260	|
3	$38,180	|
4	$46,100	|
5	$54,020	|
6	$61,940	|
7	$69,860	|
8	$77,780	|
Each additional member, add:	$ 7,920	(T)

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 at a Facility may not exceed the following:

Number of Persons in Household	Maximum Annual Household Income	
1	$22,340	I
2	$30,260	I
3	$38,180	I
4	$46,100	I
5	$54,020	I
6	$61,940	I
7	$69,860	I
8	$77,780	I
Each additional member, add:	$ 7,920	(T)

(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 at a Facility may not exceed the following:

Number of Persons in Household	Maximum Annual Household Income	
1	$22,340	(T)
2	$30,260	|
3	$38,180	|
4	$46,100	|
5	$54,020	|
6	$61,940	|
7	$69,860	|
8	$77,780	|
Each additional member, add:	$ 7,920	(T)

(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. 06/01/12

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)
Provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA)
Provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

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

INCOME GUIDELINES
(valid until May 31, 2013)

Number of Persons in Household	Annual Income (before taxes based on current income sources)	
	CARE	**FERA**
1	$22,340	Not Eligible
2	$30,260	Not Eligible
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
For each additional person, add:	$7,920	$7,920 - $9,900

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **Balanced Payment Plan:** Monthly payments can be averaged out to allow you to budget your energy costs and eliminate big swings in your payments. Call 1-800-743-5000 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 1-800-743-5000 for more information.
- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **REACH:** One-time energy-assistance program sponsored by PG&E and administered by the Salvation Army. Call 1-800-933-9677 for more information.
- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

Energy Savings Assistance Program™

- **Third-Party Notification:** Allows you to name a friend or relative to receive duplicate copies of past-due payment notices. The designated person is not responsible for paying the bill, but can contact PG&E to help resolve the problem. Call 1-800-743-5000 for more information.
- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.
- **SmartMeter™** technology gives you more control than ever before over your energy use. With this information, you can better understand how energy use impacts your monthly bill and make better decisions to reduce your energy costs. Call 1-866-743-0263 for more information.

FOR MORE INFORMATION

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday – Friday, 9:00 a.m. – 11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

Pacific Gas and Electric Company®

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

01-9077
Rev. 06/01/12

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO DE CARE/FERA

California Alternate Rates for Energy (CARE)

Ofrece un descuento mensual en las cuentas de energía a los hogares que reúnan los requisitos de ingresos.

Family Electric Rate Assistance (FERA)

Ofrece un descuento mensual en las cuentas de electricidad a los hogares de tres o más personas que reúnan los requisitos de ingresos.

REQUISITOS DEL PROGRAMA

1. La cuenta de PG&E debe estar a su nombre.
2. Debe vivir en la dirección donde se recibirá el descuento.
3. El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo(a).
4. El solicitante no debe compartir el medidor de energía con otro hogar.
5. Deberá tener en cuenta todas las fuentes de ingresos que califican bajo la unidad familiar y cumplir con los requisitos de ingresos del programa que se describen en esta solicitud.
6. Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
7. Después de su inscripción, podría ser seleccionado para que se verifiquen sus ingresos y deberá presentar pruebas de que su hogar califica para permanecer en este programa.
8. Usted tiene obligación de renovar su elegibilidad cada dos años (cuatro años si tiene ingresos fijos).

REQUISITOS DE INGRESOS
(Válido hasta el 31 de mayo, 2013)

Número de Personas en el Hogar	Ingreso Anual (antes de impuestos basado en fuentes de ingreso actual)	
	CARE	**FERA**
1	$22,340	No Aplica
2	$30,260	No Aplica
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
Por cada persona adicional, agregue:	$7,920	$7,920 - $9,900

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **Plan de Pago Equilibrado:** Sus pagos mensuales se pueden promediar permitiéndole hacer un presupuesto basado en su consumo de energía, así eliminando una variación grande en sus pagos. Para más información, llame al 1-800-743-5000.
- **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 a nombre suyo. Para más información, llame al 1-800-743-5000.
- **Low Income Home Energy Assistance Program (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.
- **Medical Baseline:** Los clientes residenciales que dependan de equipos de soporte vital y/o que tengan necesidades especiales relacionadas con la calefacción o el aire acondicionado debido a ciertos padecimientos médicos podrían reunir los requisitos para obtener más energía a un precio más bajo (baseline). Para más información, llame al 1-800-743-5000.
- **REACH:** Es un programa que le ayuda al cliente a pagar su cuenta de energía por una sola vez y está patrocinado por PG&E y administrado por el Salvation Army. Para más información, llame al 1-800-933-9677.
- **Energy Savings Assistance Program:** Ofrece a los inquilinos y a los propietarios de viviendas que reúnan los requisitos de ingresos, soluciones sencillas y gratuitas para ayudarles a manejar su consumo de energía y ahorrar dinero en sus facturas mensuales. Para más información, llame al 1-800-989-9744.

Energy Savings Assistance Program™

- **Notificación a Terceras Personas:** Permite designar a un amigo o familiar para que reciba una copia de las notificaciones de cuentas vencidas y no pagadas. La persona designada no es responsable del pago de la cuenta, pero puede comunicarse con PG&E para ayudar a resolver el problema. Para más información, llame al 1-800-743-5000.
- **Universal Lifeline Telephone Service (ULTS):** La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio. Llame a su compañía local de teléfonos para más información.
- **SmartMeter™:** Su tecnologìa le da más control que nunca a su consumo de energía. Con esta información, podrá entender mejor cómo su consumo de electricidad afecta su factura mensual y le permitirá tomar mejores decisiones para reducir sus costos de energía. Para más información, llame al 1-866-743-0263.

PARA MAS INFORMACIÓN

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 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. 06/01/12

1 CUSTOMER INFORMATION: *(please print clearly)*

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

										-	

Name _____ **Telephone** (____)_____

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)**_____ **=** _____

Total Gross Annual Household Income:
(please account for all income from every household members) **$** ___,___.00

2A HOUSEHOLD INCOME ELIGIBILITY:

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

- ☐ 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

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK ALL programs you or someone in your household participate in.

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

3 DECLARATION: *(please read and sign)*

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me 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 municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

For Internal Use Only

X _____
Customer 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

Or fax completed application to: 415-973-6419

Pacific Gas and Electric Company®

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

01-9077
Rev. 06/01/12

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

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

										-	

_____(_____)_____
Nombre *(Como aparece en la factura)* **Teléfono**

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

_____
Dirección Postal, si tiene **Departamento #** **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) _____ = _____

Total de ingresos anuales brutos de la unidad familiar:
(por favor, tenga en cuenta <u>todos</u> los ingresos de todos los miembros de la unidad familiar) **$** | | | , | | | .00

2A ELEGIBILIDAD DE ACUERDO A LOS INGRESOS EN EL HOGAR:

MARQUE TODAS las fuentes de ingreso de la familia. Usted podría ser inscrito en el programa de CARE o en el programa de FERA dependiendo de cuántas 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
- ☐ 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/Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

2B ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PÚBLICA:

MARQUE TODOS los programas que usted o alguien en su hogar están recibiendo.

- ☐ Medicaid/Medi-Cal (menor de 65 años)
- ☐ Medicaid/Medi-Cal (65 años o más)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (Estampillas de Alimentos)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants and Children (WIC)
- ☐ Healthy Families A & B
- ☐ CalWORKs (TANF) o Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Sólo Tribus Indígenas)

3 DECLARACIÓN: *(por favor lea y firme abajo)*

Me comprometo a facilitar pruebas documentales de los ingresos de la unidad familiar en caso de que se me pida. También acepto informar a Pacific Gas and Electric Company si en algún momento mi unidad familiar dejase de reunir los requisitos para recibir el descuento. Comprendo que si recibo el descuento sin reunir los requisitos, se me puede exigir que devuelva el descuento que haya recibido. Soy consciente de que PG&E podrá compartir mis datos con agencias municipales, estatales o federales, con otras compañías de servicios públicos o con sus representantes, con objeto de facilitar la inscripción en sus respectivos programas de asistencia. Declaro que la información que he facilitado en esta solicitud es veraz y correcta, incurriendo en perjurio según la legislación del Estado de California si no lo fuera.

For Internal Use Only

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

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

O envíela por fax al teléfono: 415-973-6419

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. 06/01/12

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)
Provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA)
Provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

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

INCOME GUIDELINES
(valid until May 31, 2013)

Number of Persons in Household	Annual Income (before taxes based on current income sources)	
	CARE	**FERA**
1	$22,340	Not Eligible
2	$30,260	Not Eligible
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
For each additional person, add:	$7,920	$7,920 - $9,900

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

Energy Savings Assistance Program™

- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.

FOR MORE INFORMATION

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

Or fax completed application to: 415-973-6419

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday – Friday, 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

Pacific Gas and Electric Company®

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

01-9285
Rev. 06/01/12

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO DE CARE/FERA

California Alternate Rates for Energy (CARE)

Ofrece un descuento mensual en las cuentas de energía a los hogares que reúnan los requisitos de ingresos.

Family Electric Rate Assistance (FERA)

Ofrece un descuento mensual en las cuentas de electricidad a los hogares de tres o más personas que reúnan los requisitos de ingresos.

REQUISITOS DEL PROGRAMA

1. La cuenta de energía del administrador de su Mobile Home Park debe estar a su nombre.
2. Debe vivir en la dirección donde se recibirá el descuento.
3. El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo(a).
4. El solicitante no debe compartir el medidor de energía con otro hogar.
5. Deberá tener en cuenta todas las fuentes de ingresos que califican bajo la unidad familiar y cumplir con los requisitos de ingresos del programa que se describen en esta solicitud.
6. Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
7. Después de su inscripción, podría ser seleccionado para que se verifiquen sus ingresos y deberá presentar pruebas de que su hogar califica para permanecer en este programa.
8. Usted tiene obligación de renovar su elegibilidad cada dos años (cuatro años si tiene ingresos fijos).

REQUISITOS DE INGRESOS
(Válido hasta el 31 de mayo, 2013)

Número de Personas en el Hogar	Ingreso Anual (antes de impuestos basado en fuentes de ingreso actual)	
	CARE	**FERA**
1	$22,340	No Aplica
2	$30,260	No Aplica
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
Por cada persona adicional, agregue:	$7,920	$7,920 - $9,900

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **Low Income Home Energy Assistance Program (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.
- **Medical Baseline:** Los clientes residenciales que dependan de equipos de soporte vital y/o que tengan necesidades especiales relacionadas con la calefacción o el aire acondicionado debido a ciertos padecimientos médicos podrían reunir los requisitos para obtener más energía a un precio más bajo (baseline). Para más información, llame al 1-800-743-5000
- **Energy Savings Assistance Program:** Ofrece a los inquilinos y a los propietarios de viviendas que reúnan los requisitos de ingresos, soluciones sencillas y gratuitas para ayudarles a manejar su consumo de energía y ahorrar dinero en sus facturas mensuales. Para más información, llame al 1-800-989-9744.

Energy Savings Assistance Program™

- **Universal Lifeline Telephone Service (ULTS):** La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio. Llame a su compañía local de teléfonos para más información.

PARA MAS INFORMACIÓN

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

O envíela por fax al teléfono: 415-973-6419

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 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. 06/01/12

1A 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** (_____)_____

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

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

1B TENANT INFORMATION: *(please print clearly)*

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

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)**_____ **=** _____

Total Gross Annual Household Income:
(please account for all income from every household members) **$** ☐☐☐,☐☐☐.00

2A HOUSEHOLD INCOME ELIGIBILITY:

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

- ☐ 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

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK ALL programs you or someone in your household participate in.

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

3 DECLARATION: *(please read and sign)*

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me 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 municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

For Internal Use Only

X _____
Customer 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. 06/01/12

1A INFORMACIÓN 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/ u otras Direcciones de locales con Sub-medidores **Ciudad** **Código Postal**

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

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

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

Situación del solicitante: ○ **NUEVO** ○ **CANCELÓ EL PROGRAMA** ○ **RE-INSCRIPCIÓN** ○ **SE MUDÓ A OTRO ESPACIO**

1B INFORMACIÓN DEL INQUILINO: *(por favor escriba a máquina o con letras de imprenta)*

Nombre *(Como aparece en la factura)* **Teléfono** (_____)_____

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

Dirección Postal, si tiene **Departamento #** **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) _____ = _____

Total de ingresos anuales brutos de la unidad familiar:
(por favor, tenga en cuenta <u>todos</u> los ingresos de todos los miembros de la unidad familiar) **$** ☐☐☐,☐☐☐.00

2A ELEGIBILIDAD DE ACUERDO A LOS INGRESOS EN EL HOGAR:

MARQUE TODAS las fuentes de ingreso de la familia. Usted podría ser inscrito en el programa de CARE o en el programa de FERA dependiendo de cuántas 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
- ☐ 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/Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

2B ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PÚBLICA:

MARQUE TODOS los programas que usted o alguien en su hogar están recibiendo.

- ☐ Medicaid/Medi-Cal (menor de 65 años)
- ☐ Medicaid/Medi-Cal (65 años o más)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (Estampillas de Alimentos)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants and Children (WIC)
- ☐ Healthy Families A & B
- ☐ CalWORKs (TANF) o Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Sólo Tribus Indígenas)

3 DECLARACIÓN: *(por favor lea y firme abajo)*

Me comprometo a facilitar pruebas documentales de los ingresos de la unidad familiar en caso de que se me pida. También acepto informar a Pacific Gas and Electric Company si en algún momento mi unidad familiar dejase de reunir los requisitos para recibir el descuento. Comprendo que si recibo el descuento sin reunir los requisitos, se me puede exigir que devuelva el descuento que haya recibido. Soy consciente de que PG&E podrá compartir mis datos con agencias municipales, estatales o federales, con otras compañías de servicios públicos o con sus representantes, con objeto de facilitar la inscripción en sus respectivos programas de asistencia. Declaro que la información que he facilitado en esta solicitud es veraz y correcta, incurriendo en perjurio según la legislación del Estado de California si no lo fuera.

For Internal Use Only

X _____

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

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. 06/01/12

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. 06/01/12

ELIGIBLE FACILITIES

- **MIGRANT FARM WORKER HOUSING CENTERS, operated by Office of Migrant Services (OMS)**, **Department of Housing and Community Development**, provides housing 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. 06/01/12

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

Name on Utility Bill _____

Name of Facility _____
(if different than the name on utility 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), provides housing 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. 06/01/12

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.
- Total gross income for all residents or clients occupying the facility at any given time must meet the current CARE income eligibility guidelines.
  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 total gross income for all residents residing at 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. 06/01/12

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

Name on Utility Bill _____
(must be in the name of the organization with IRS tax exemption)

Name of Facility _____
(if different than the name on utility 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 (PG&E) customer of record
- Total gross income for all residents residing at the facility and/or households meet CARE income guidelines.
- Documentation is available to substantiate the above.
- Each PG&E 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 two years, I will notify PG&E of any changes that may affect eligibility for CARE. PG&E 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. 06/01/12

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)
Provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA)
Provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

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

INCOME GUIDELINES
(valid until May 31, 2013)

Number of Persons in Household	Annual Income (before taxes based on current income sources)	
	CARE	**FERA**
1	$22,340	Not Eligible
2	$30,260	Not Eligible
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
For each additional person, add:	$7,920	$7,920 - $9,900

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

Energy Savings Assistance Program™

- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.

FOR MORE INFORMATION

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

Or fax completed application to: 415-973-6419

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday – Friday, 9:00 a.m. – 11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

Pacific Gas and Electric Company®

CARE/FERA計劃申請表
分錶住宅設施住客

62-0672
Rev. 06/01/12

關於CARE/FERA 計劃

California Alternate Rates for Energy (CARE)
為符合收入資格的家庭提供每月能源帳單折扣。

Family Electric Rate Assistance (FERA)
為有三人或更多成員且符合收入資格的家庭提供每月電費帳單折扣。

計劃規定

1. 您的業主給您的煤電帳單必須是以您的名字註冊。
2. 申請者必須居住在將收到折扣的住址。
3. 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。
4. 申請者的居所不可與另一居所共同用一個碼錶。
5. 您必須計算家庭所有合資格收入來源，並符合本申請表所列的計劃收入標準。
6. 申請者家庭若不再符合CARE/FERA計劃的資格要求，必須知會PG&E。
7. 登記參加後，您可能被選為我們查核收入的對象，到時您必須提供符合家庭收入資格的證明，才可繼續參加此計劃。
8. 您必須每兩年重新提出申請並且符合資格(固定收入者為每四年提出申請)。

收入標準
(有效期至2013年5月31日)

家庭人數	年收入 (根據目前收入來源的稅前收入)	
	CARE	**FERA**
1	$22,340	不適用於此計劃
2	$30,260	不適用於此計劃
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
每增加一人，加	$7,920	$7,920 - $9,900

您可能符合其它計劃和免費服務

- **Low Income Home Energy Assistance Program (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。
- **基本醫療底線:**如果住宅客戶有某些醫療狀況，需要依賴維生設備和/或有特別暖氣或冷氣需求等，都有可能收到更多最低(底線)的價格能源數量。詳情請電1-800-743-5000。
- **Energy Savings Assistance Program:** 為符合收入資格的租戶及屋主免費提供簡單的解決方案，協助他們管理能源用量並節省每月能源帳單費用。詳情請電1-800-989-9744。

Energy Savings Assistance Program™

- **生機一線電話服務ULTS:**提供電話折扣服務。欲知詳情，請 聯絡您當地的熱線電話服 務公司。

更多詳情

申請表請寄到:

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

或傳真填好的申請表到: 415-973-6419

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712有言語或聆聽障礙者, 星期一至星期五, 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. 06/01/12

1A 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**

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

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

1B TENANT INFORMATION: *(please print clearly)*

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

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)**_____ **=** _____

Total Gross Annual Household Income:
(please account for all income from every household members) **$** ☐☐☐,☐☐☐.00

2A HOUSEHOLD INCOME ELIGIBILITY:

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

- ☐ 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

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK ALL programs you or someone in your household participate in.

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

3 DECLARATION: *(please read and sign)*

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me 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 municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

For Internal Use Only

X _____
Customer Signature ○ Fill in circle if guardian or power of attorney **Date**

Pacific Gas and Electric Company®

CARE/FERA計劃申請表
分錶住宅設施住客

62-0672
Rev. 06/01/12

1A 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

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

1B 住客資料： (請用正楷填寫)

姓名　　(_____)_____ 電話

家庭住址 (不要使用郵箱號碼)　公寓　城市　郵政區號

郵寄住址 (如果跟以上地址不同的話)　公寓　城市　郵政區號

家庭人數: 成人_____+ 孩童(18歲以下) _____ = _____

家庭全年稅前總收入:
(請計算每位家庭成員的所有收入)　$ [ ][ ][ ], [ ][ ][ ].00

2A 合資格的家庭總收入:

請勾選您家庭收入的全部來源。根據您的家庭總人數和總收入，您將會被登記入CARE 或FERA 計劃。

- ☐ 退休金
- ☐ 安全保險補助金
- ☐ 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

2B 合資格的公共資助計劃:

勾選您或家中其他人所參與的所有計劃。

- ☐ Medicaid/Medi-Cal (65歲以下)
- ☐ Medicaid/Medi-Cal (65歲和65歲以上)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (糧食券)
- ☐ 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
- ☐ CalWORKs (TANF)或Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

3 聲明: (請閱讀，然後在下面簽字)

如果有需要，我同意提供家庭收入證明。我亦同意，如果我的家庭收入不再有資格享受折扣時，我會立即通知 Pacific Gas and Electric Company (PG&E)。我瞭解，如果在不具資格的情況下繼續享受此項折扣，我可能會被要求退還所收到的折扣。我瞭解PG&E可能會讓其它市政機構、州或聯邦機構，以及其它公用事業公司或其代理人使用本人資料，以便讓我參加他們的輔助計劃。依加州法律的偽證罪刑罰規定，我聲明我在申請表上提供的資料皆真實且正確。

For Internal Use Only

X _____
簽名　O 如果是監護人或代理人的話, 請圈上記號　日期

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. 06/01/12

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California Alternate Rates for Energy (CARE)
Provides a monthly discount on energy bills for income-qualified households.

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INCOME GUIDELINES
(valid until May 31, 2013)

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3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
For each additional person, add:	$7,920	$7,920 - $9,900

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

Energy Savings Assistance Program™

- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.

FOR MORE INFORMATION

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

Or fax completed application to: 415-973-6419

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday – Friday, 9:00 a.m. – 11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

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. 06/01/12

CHƯƠNG TRÌNH CARE/FERA

California Alternate Rates for Energy (CARE)
Giảm hóa đơn năng lượng hàng tháng cho các gia đình hội đủ điều kiện về thu nhập.

Family Electric Rate Assistance (FERA)
Giảm hóa đơn tiền điện hàng tháng cho các gia đình hội đủ điều kiện về thu nhập có từ ba người trở lên.

CHỈ DẪN CỦA CHƯƠNG TRÌNH

1. Hóa đơn năng lượng từ chủ nhà của quý vị phải có tên của quý vị.
2. Quý vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá.
3. Quý vị không được một người khác khai là người phụ thuộc trên mẫu thuế ngoại trừ người phối ngẫu.
4. Quý vị không được dùng chung đồng hồ đo năng lượng với một ngôi nhà khác.
5. Quý vị phải tính tất cả các nguồn lợi tức hội đủ điều kiện của gia đình và đáp ứng với mức lợi tức quy định của chương trình được ghi trong đơn này.
6. 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.
7. Sau khi ghi danh, quý vị có thể được chọn xác minh về lợi tức và phải cung cấp bằng chứng hội đủ điều kiện về lợi tức gia đình để tiếp tục tham gia chương trình.
8. Quý vị cần phải tái xác nhận khả năng hội đủ điều kiện của mình mỗi hai năm (bốn năm nếu có lợi tức cố định).

ĐỊNH MỨC LỢI TỨC
(có hiệu lực đến ngày 31 tháng Năm, 2013)

Số Người Trong Gia Đình	Lợi Tức Hàng Năm (trước khi trừ thuế dựa theo các nguồn lợi tức hiện có)	
	CARE	**FERA**
1	$22,340	Không đủ tiêu chuẩn
2	$30,260	Không đủ tiêu chuẩn
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
Với mỗi người thêm vào, cộng thêm:	$7,920	$7,920 - $9,900

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

- **Low Income Home Energy Assistance Program (LIHEAP):** 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.
- **Trợ Cấp Y Tế Cơ Bản:** Khách hàng cư dân sống dựa vào thiết bị hỗ trợ sự sống và/hoặc có nhu cầu sưởi ấm hoặc làm lạnh đặc biệt do một số bệnh trạng nhất định có thể hội đủ điều kiện nhận thêm một phần năng lượng bổ sung với mức giá thấp nhất (cơ bản). Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **Energy Savings Assistance Program:** Cung cấp cho những người thuê nhà và chủ sở hữu nhà hội đủ điều kiện về lợi tức các giải pháp dễ dàng, miễn phí để giúp họ quản lý việc sử dụng năng lượng và tiết kiệm tiền trên hóa đơn năng lượng hàng tháng. Xin gọi số 1-800-989-9744 để biết thêm chi tiết.

Energy Savings Assistance Program™

- **Universal Lifeline Telephone Service (ULTS):** Giảm giá dịch vụ điện thoại. Xin liên lạc hãng điện thoại "local" của quý vị để biết thêm chi tiết.

ĐỂ BIẾT THÊM THÔNG TIN

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

Hoặc fax đơn đã điền đến: 415-973-6419

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 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. 06/01/12

1A 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**

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

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

1B TENANT INFORMATION: *(please print clearly)*

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

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)**_____ **=** _____

Total Gross Annual Household Income:
(please account for all income from every household members) **$** | | | , | | | .00

2A HOUSEHOLD INCOME ELIGIBILITY:

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

- ☐ 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

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK ALL programs you or someone in your household participate in.

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

3 DECLARATION: *(please read and sign)*

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me 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 municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

X _____
Customer Signature ○ Fill in circle if guardian or power of attorney **Date**

For Internal Use Only

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. 06/01/12

1A 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 **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**

1B CHI TIẾT VỀ NGƯỜI MƯỚN NHÀ: (xin viết rõ ràng)

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

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

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

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

Tổng Lợi Tức Gia Đình Hàng Năm:
(xin quý vị tính tất cả các nguồn lợi tức từ mọi người trong gia đình) **$** ☐☐☐,☐☐☐.00

2A 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 có thể 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 Thưa Kiện
- ☐ Tiền Cấp Dưỡng Vợ/Chồng hay Con Cái
- ☐ Tiền Mặt và/hay Lợi Tức Khác

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

ĐÁNH DẤU tất cả các chương trình mà quý vị hoặc ai đó trong nhà quý vị đang tham gia.

- ☐ Medicaid/Medi-Cal (dưới 65 tuổi)
- ☐ Medicaid/Medi-Cal (65 và qua 65 tuổi)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (Tiền Phiếu Thực Phẩm)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants and Children (WIC)
- ☐ Healthy Families A & B
- ☐ CalWORKs (TANF) hay Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

3 CAM ĐOAN: *(xin đọc và ký tên)*

Tôi đồng ý cung cấp chứng minh lợi tức gia đình nếu được yêu cầu. Tôi cũng đồng ý thông báo cho Pacific Gas and Electric Company (PG&E) biết nếu lợi tức gia đình của tôi không còn hội đủ điều kiện để được giảm giá. Tôi hiểu rằng nếu tôi nhận 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 PG&E có thể chia sẻ thông tin của tôi với các cơ quan thành phố, các cơ quan tiểu bang hoặc liên bang, các cơ quan tiện ích khác hoặc các đại diện của họ để ghi danh tôi vào các chương trình trợ giúp của họ. Tôi xin cam đoan theo hình phạt về tội khai man theo pháp luật của Tiểu Bang California rằng các thông tin mà tôi đã cung cấp trong đơn này là đúng sự thật và chính xác.

For Internal Use Only

X _____
Chữ Ký Khách Hàng ○ Tô đậm vòng nếu là người giám hộ hay người đại diện pháp lý **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. 06/01/12

1 CUSTOMER INFORMATION:

Telephone: (_____)_____

Number of Persons in Household:

Adults_____ + **Children (under 18)** _____ **=** _____

Total Gross Annual Household Income:
(please account for all income from every household members)

$ ☐☐☐,☐☐☐.00

2A HOUSEHOLD INCOME ELIGIBILITY:

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

- ☐ 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

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK ALL programs you or someone in your household participate in.

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

3 DECLARATION: *(please read and sign)*

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me 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 municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

For Internal Use Only

X _____
Customer 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

Or fax completed application to: 415-973-6419

Pacific Gas and Electric Company®

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

62-0919
Rev. 06/01/12

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

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

										-	

_____(_____)_____

Nombre *(Como aparece en la factura)* **Teléfono**

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

Dirección Postal, si tiene **Departamento #** **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) _____ = _____

Total de ingresos anuales brutos de la unidad familiar:
(por favor, tenga en cuenta <u>todos</u> los ingresos de todos los miembros de la unidad familiar) **$** ☐☐☐,☐☐☐.00

2A ELEGIBILIDAD DE ACUERDO A LOS INGRESOS EN EL HOGAR:

MARQUE TODAS las fuentes de ingreso de la familia. Usted podría ser inscrito en el programa de CARE o en el programa de FERA dependiendo de cuántas 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
- ☐ 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/Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

2B ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PÚBLICA:

MARQUE TODOS los programas que usted o alguien en su hogar están recibiendo.

- ☐ Medicaid/Medi-Cal (menor de 65 años)
- ☐ Medicaid/Medi-Cal (65 años o más)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (Estampillas de Alimentos)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants and Children (WIC)
- ☐ Healthy Families A & B
- ☐ CalWORKs (TANF) o Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Sólo Tribus Indígenas)

3 DECLARACIÓN: *(por favor lea y firme abajo)*

Me comprometo a facilitar pruebas documentales de los ingresos de la unidad familiar en caso de que se me pida. También acepto informar a Pacific Gas and Electric Company si en algún momento mi unidad familiar dejase de reunir los requisitos para recibir el descuento. Comprendo que si recibo el descuento sin reunir los requisitos, se me puede exigir que devuelva el descuento que haya recibido. Soy consciente de que PG&E podrá compartir mis datos con agencias municipales, estatales o federales, con otras compañías de servicios públicos o con sus representantes, con objeto de facilitar la inscripción en sus respectivos programas de asistencia. Declaro que la información que he facilitado en esta solicitud es veraz y correcta, incurriendo en perjurio según la legislación del Estado de California si no lo fuera.

X _____

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

For Internal Use Only

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

O envíela por fax al teléfono: 415-973-6419

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. 06/01/12

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)
Provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA)
Provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

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

INCOME GUIDELINES
(valid until May 31, 2013)

Number of Persons in Household	Annual Income (before taxes based on current income sources)	
	CARE	**FERA**
1	$22,340	Not Eligible
2	$30,260	Not Eligible
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
For each additional person, add:	$7,920	$7,920 - $9,900

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **Balanced Payment Plan:** Monthly payments can be averaged out to allow you to budget your energy costs and eliminate big swings in your payments. Call 1-800-743-5000 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 1-800-743-5000 for more information.
- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **REACH:** One-time energy-assistance program sponsored by PG&E and administered by the Salvation Army. Call 1-800-933-9677 for more information.
- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

Energy Savings Assistance Program™

- **Third-Party Notification:** Allows you to name a friend or relative to receive duplicate copies of past-due payment notices. The designated person is not responsible for paying the bill, but can contact PG&E to help resolve the problem. Call 1-800-743-5000 for more information.
- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.
- **SmartMeter™** technology gives you more control than ever before over your energy use. With this information, you can better understand how energy use impacts your monthly bill and make better decisions to reduce your energy costs. Call 1-866-743-0263 for more information.

FOR MORE INFORMATION

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday–Friday, 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

Pacific Gas and Electric Company®

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

62-0939
Rev. 06/01/12

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO DE CARE/FERA

California Alternate Rates for Energy (CARE)

Ofrece un descuento mensual en las cuentas de energía a los hogares que reúnan los requisitos de ingresos.

Family Electric Rate Assistance (FERA)

Ofrece un descuento mensual en las cuentas de electricidad a los hogares de tres o más personas que reúnan los requisitos de ingresos.

REQUISITOS DEL PROGRAMA

1. La cuenta de PG&E debe estar a su nombre.
2. Debe vivir en la dirección donde se recibirá el descuento.
3. El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo(a).
4. El solicitante no debe compartir el medidor de energía con otro hogar.
5. Deberá tener en cuenta todas las fuentes de ingresos que califican bajo la unidad familiar y cumplir con los requisitos de ingresos del programa que se describen en esta solicitud.
6. Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
7. Después de su inscripción, podría ser seleccionado para que se verifiquen sus ingresos y deberá presentar pruebas de que su hogar califica para permanecer en este programa.
8. Usted tiene obligación de renovar su elegibilidad cada dos años (cuatro años si tiene ingresos fijos).

REQUISITOS DE INGRESOS
(Válido hasta el 31 de mayo, 2013)

Número de Personas en el Hogar	Ingreso Anual (antes de impuestos basado en fuentes de ingreso actual)	
	CARE	**FERA**
1	$22,340	No Aplica
2	$30,260	No Aplica
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
Por cada persona adicional, agregue:	$7,920	$7,920 - $9,900

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **Plan de Pago Equilibrado**: Sus pagos mensuales se pueden promediar permitiéndole hacer un presupuesto basado en su consumo de energía, así eliminando una variación grande en sus pagos. Para más información, llame al 1-800-743-5000.
- **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 a nombre suyo. Para más información, llame al 1-800-743-5000.
- **Low Income Home Energy Assistance Program (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.
- **Medical Baseline**: Los clientes residenciales que dependan de equipos de soporte vital y/o que tengan necesidades especiales relacionadas con la calefacción o el aire acondicionado debido a ciertos padecimientos médicos podrían reunir los requisitos para obtener más energía a un precio más bajo (baseline). Para más información, llame al 1-800-743-5000.
- **REACH:** Es un programa que le ayuda al cliente a pagar su cuenta de energía por una sola vez y está patrocinado por PG&E y administrado por el Salvation Army. Para más información, llame al 1-800-933-9677.
- **Energy Savings Assistance Program**: Ofrece a los inquilinos y a los propietarios de viviendas que reúnan los requisitos de ingresos, soluciones sencillas y gratuitas para ayudarles a manejar su consumo de energía y ahorrar dinero en sus facturas mensuales. Para más información, llame al 1-800-989-9744.

Energy Savings Assistance Program™

- **Notificación a Terceras Personas** – Permite designar a un amigo o familiar para que reciba una copia de las notificaciones de cuentas vencidas y no pagadas. La persona designada no es responsable del pago de la cuenta, pero puede comunicarse con PG&E para ayudar a resolver el problema. Para más información, llame al 1-800-743-5000.
- **Universal Lifeline Telephone Service (ULTS):** La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio. Llame a su compañía local de teléfonos para más información.
- **SmartMeter™:** Su tecnología le da más control que nunca a su consumo de energía. Con esta información, podrá entender mejor cómo su consumo de electricidad afecta su factura mensual y le permitirá tomar mejores decisiones para reducir sus costos de energía. Para más información, llame al 1-866-743-0263.

PARA MAS INFORMACIÓN

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera
Email: CAREandFERA@pge.com
TDD/TTY: 1-800-652-4712 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®

CARE Program Re-Certification Instructions
Residential Single-Family Customers

62-0940
Rev. 06/01/12

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 California Alternate Rates for Energy (CARE) 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

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 envíela 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

INCOME GUIDELINES • REQUISITOS DE INGRESOS

(valid until May 31, 2013 • válido hasta el 31 de mayo, 2013)

Number of Persons in Household Número de Personas en el Hogar	1	2	3	4	5	6	7	8
Annual Income (based on current income sources before taxes) Ingreso Anual (antes de impuestos basado en fuentes de ingreso actual)	$22,340	$30,260	$38,180	$46,100	$54,020	$61,940	$69,860	$77,780
For each additional person, add: **$7,920** • Por cada persona adicional, agregue: **$7,920**								

FOR MORE INFORMATION • PARA MAS INFORMACIÓN

Mail completed application to • Envíe la aplicación completa a:
Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

Or fax completed application to • O envíela por fax al teléfono: 415-973-6419

CARE: 1-866-743-2273 http://www.pge.com/care **Email:** 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 cannot utilize the TDD line • si no puede usar la línea TDD

Pacific Gas and Electric Company®

CARE Program Re-Certification Instructions
Residential Single-Family Customers

62-0940
Rev. 06/01/12

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 California Alternate Rates for Energy (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

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PG&E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，請把填好的申請表，放入預先付費的信封中，寄回給PG&E。

感謝您讓我們有機會能夠繼續為您服務。

CARE計劃

BẢN CHỈ DẪN VỀ LỢI TỨC ● 收入標準
(có hiệu lực đến ngày 31 tháng Năm, 2013 • 有效期至2013年5月31日)

Số Người Trong Gia Đình 家庭人數	1	2	3	4	5	6	7	8
Lợi Tức Hàng Năm (trước khi trừ thuế dựa theo các nguồn lợi tức hiện có) 年收入 (根據目前收入來源的稅前收入)	$22,340	$30,260	$38,180	$46,100	$54,020	$61,940	$69,860	$77,780
Với mỗi người thêm vào, cộng thêm: **$7,920** ● 每增加一人，加 **$7,920**								

ĐỂ BIẾT THÊM THÔNG TIN ● 更多詳情

Gởi đơn đã điền đến • 申請表請寄到:
Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

Hoặc fax đơn đã điền đến • 或傳真填好的申請表到: 415-973-6419

CARE: 1-866-743-2273 http://www.pge.com/care **Email:** 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, 星期一至星期五, 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. 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. 06/01/12

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)
Provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA)
Provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

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

INCOME GUIDELINES
(valid until May 31, 2013)

Number of Persons in Household	Annual Income (before taxes based on current income sources)	
	CARE	**FERA**
1	$22,340	Not Eligible
2	$30,260	Not Eligible
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
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6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
For each additional person, add:	$7,920	$7,920 - $9,900

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **Balanced Payment Plan:** Monthly payments can be averaged out to allow you to budget your energy costs and eliminate big swings in your payments. Call 1-800-743-5000 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 1-800-743-5000 for more information.
- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **REACH:** One-time energy-assistance program sponsored by PG&E and administered by the Salvation Army. Call 1-800-933-9677 for more information.
- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

Energy Savings Assistance Program™

- **Third-Party Notification:** Allows you to name a friend or relative to receive duplicate copies of past-due payment notices. The designated person is not responsible for paying the bill, but can contact PG&E to help resolve the problem. Call 1-800-743-5000 for more information.
- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.
- **SmartMeter™** technology gives you more control than ever before over your energy use. With this information, you can better understand how energy use impacts your monthly bill and make better decisions to reduce your energy costs. Call 1-866-743-0263 for more information.

FOR MORE INFORMATION

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday – Friday, 9:00 a.m. – 11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

Pacific Gas and Electric Company®

CARE/FERA計劃申請表
單戶住宅家庭用戶

62-0972
Rev. 06/01/12

關於CARE/FERA 計劃

California Alternate Rates for Energy (CARE)
為符合收入資格的家庭提供每月能源帳單折扣。

Family Electric Rate Assistance (FERA)
為有三人或更多成員且符合收入資格的家庭提供每月電費帳單折扣。

計劃規定

1. 申請者必須是PG&E帳單上的註冊客戶。
2. 申請者必須居住在將收到折扣的住址。
3. 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。
4. 申請者的居所不可與另一居所共同用一個碼錶。
5. 您必須計算家庭所有合資格收入來源，並符合本申請表所列的計劃收入標準。
6. 申請者家庭若不再符合CARE/FERA計劃的資格要求，必須知會PG&E。
7. 登記參加後，您可能被選為我們查核收入的對象，到時您必須提供符合家庭收入資格的證明，才可繼續參加此計 劃。
8. 您必須每兩年重新提出申請並且符合資格(固定收入者為每四年提出申請)。

收入標準
(有效期至2013年5月31日)

家庭人數	年收入 (根據目前收入來源的稅前收入)	
	CARE	**FERA**
1	$22,340	不適用於此計劃
2	$30,260	不適用於此計劃
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
每增加一人，加	$7,920	$7,920 - $9,900

您可能符合其它計劃和免費服務

- **平衡付款計劃:**每月平均分攤付款，讓您可妥善安排能源費用預算，避免支付帳單時出現太大變動。詳情請電1-800-743-5000。
- **帳單保證:**這可以用來代替押金，客戶可找另一位PG&E的合格客戶代表簽字為他們帳戶作擔保。詳情請電1-800-743-5000。
- **Low Income Home Energy Assistance Program (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。
- **基本醫療底線:**如果住宅客戶有某些醫療狀況，需要依賴維生設備和/或有特別暖氣或冷氣需求等，都有可能收到更多最低(底線)的價格能源數量。詳情請電1-800-743-5000。
- **REACH:** 計劃提供一次性的能源協助，由PG&E提供贊助、Salvation Army 負責實施。詳情請電1-800-933-9677。
- **Energy Savings Assistance Program:** 為符合收入資格的租戶及屋主免費提供簡單的解決方案，協助他們管理能源用量並節省每月能源帳單費用。詳情請電1-800-989-9744。

Energy Savings Assistance Program™

- **第三者通知:**第三者通知可讓您列出一位朋友或親屬的姓名，讓他們能收到您過期未繳的付款通知副本。您指定的人不需要負責支付帳單，但可聯絡PG&E協助解決問題。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。欲知詳情，請聯絡您當地的熱線電話服務公司。
- **SmartMeter™**
技術讓您比以往更有效控制能源用量。有了這項資訊，您將更清楚地了解您的用電與每月賬單之間的關係，進而做出更好的決定來減少能源開銷。詳情請電1-866-743-0263。

更多詳情

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712有言語或聆聽障礙者, 星期一至星期五, 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. 06/01/12

1 CUSTOMER INFORMATION: *(please print clearly)*

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

										-	

Name _____ **Telephone** (____)_____

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)**_____ **=** _____

Total Gross Annual Household Income:
(please account for all income from every household members) **$** | | | , | | | .00

2A HOUSEHOLD INCOME ELIGIBILITY:

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

- ☐ 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

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK ALL programs you or someone in your household participate in.

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

3 DECLARATION: *(please read and sign)*

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me 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 municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

For Internal Use Only

X _____
Customer 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

Or fax completed application to: 415-973-6419

Pacific Gas and Electric Company®

CARE/FERA計劃申請表
單戶住宅家庭用戶

62-0972
Rev. 06/01/12

1 客戶資料：(請用正楷填寫)

PG&E帳號:
(帳號位於帳單的第一頁)

										-	

姓名 _____ (____) _____ 電話

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

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

家庭人數: 成人_____+ 孩童(18歲以下) _____ = _____

家庭全年稅前總收入:
(請計算每位家庭成員的所有收入) $ ___,___.00

2A 合資格的家庭總收入:

請勾選您家庭收入的全部來源。根據您的家庭總人數和總收入，您將會被登記入CARE 或FERA 計劃。

- ☐ 退休金
- ☐ 安全保險補助金
- ☐ 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

2B 合資格的公共資助計劃:

勾選您或家中其他人所參與的所有計劃。

- ☐ Medicaid/Medi-Cal (65歲以下)
- ☐ Medicaid/Medi-Cal (65歲和65歲以上)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (糧食券)
- ☐ 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
- ☐ CalWORKs (TANF)或Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

3 聲明:(請閱讀，然後在下面簽字)

如果有需要，我同意提供家庭收入證明。我亦同意，如果我的家庭收入不再有資格享受折扣時，我會立即通知 Pacific Gas and Electric Company (PG&E)。我瞭解，如果在不具資格的情況下繼續享受此項折扣，我可能會被要求退還所收到的折扣。我瞭解PG&E可能會讓其它市政機構、州或聯邦機構，以及其它公用事業公司或其代理人使用本人資料，以便讓我參加他們的輔助計劃。依加州法律的偽證罪刑罰規定，我聲明我在申請表上提供的資料皆真實且正確。

For Internal Use Only

X _____

簽名 ○ 如果是監護人或代理人的話, 請圈上記號 日期

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

或傳真填好的申請表到: 415-973-6419

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. 06/01/12

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)
Provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA)
Provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

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

INCOME GUIDELINES
(valid until May 31, 2013)

Number of Persons in Household	Annual Income (before taxes based on current income sources)	
	CARE	**FERA**
1	$22,340	Not Eligible
2	$30,260	Not Eligible
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
For each additional person, add:	$7,920	$7,920 - $9,900

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **Balanced Payment Plan:** Monthly payments can be averaged out to allow you to budget your energy costs and eliminate big swings in your payments. Call 1-800-743-5000 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 1-800-743-5000 for more information.
- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **REACH:** One-time energy-assistance program sponsored by PG&E and administered by the Salvation Army. Call 1-800-933-9677 for more information.
- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

Energy Savings Assistance Program™

- **Third-Party Notification:** Allows you to name a friend or relative to receive duplicate copies of past-due payment notices. The designated person is not responsible for paying the bill, but can contact PG&E to help resolve the problem. Call 1-800-743-5000 for more information.
- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.
- **SmartMeter™** technology gives you more control than ever before over your energy use. With this information, you can better understand how energy use impacts your monthly bill and make better decisions to reduce your energy costs. Call 1-866-743-0263 for more information.

FOR MORE INFORMATION

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday – Friday, 9:00 a.m. – 11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

Pacific Gas and Electric Company®

Đơn Ghi Danh vào Chương Trình CARE/FERA cho

Khách Hàng Ở Nhà Riêng

62-0973
Rev. 06/01/12

CHƯƠNG TRÌNH CARE/FERA

California Alternate Rates for Energy (CARE)
Giảm hóa đơn năng lượng hàng tháng cho các gia đình hội đủ điều kiện về thu nhập.

Family Electric Rate Assistance (FERA)
Giảm hóa đơn tiền điện hàng tháng cho các gia đình hội đủ điều kiện về thu nhập có từ ba người trở lên.

CHỈ DẪN CỦA CHƯƠNG TRÌNH

1. Quý vị phải là người đứng tên trên hóa đơn PG&E.
2. Quý vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá.
3. Quý vị không được một người khác khai là người phụ thuộc trên mẫu thuế ngoại trừ người phối ngẫu.
4. Quý vị không được dùng chung đồng hồ đo năng lượng với một ngôi nhà khác.
5. Quý vị phải tính tất cả các nguồn lợi tức hội đủ điều kiện của gia đình và đáp ứng với mức lợi tức quy định của chương trình được ghi trong đơn này.
6. 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.
7. Sau khi ghi danh, quý vị có thể được chọn xác minh về lợi tức và phải cung cấp bằng chứng hội đủ điều kiện về lợi tức gia đình để tiếp tục tham gia chương trình.
8. Quý vị cần phải tái xác nhận khả năng hội đủ điều kiện của mình mỗi hai năm (bốn năm nếu có lợi tức cố định).

ĐỊNH MỨC LỢI TỨC
(có hiệu lực đến ngày 31 tháng Năm, 2013)

Số Người Trong Gia Đình	Lợi Tức Hàng Năm (trước khi trừ thuế dựa theo các nguồn lợi tức hiện có)	
	CARE	**FERA**
1	$22,340	Không đủ tiêu chuẩn
2	$30,260	Không đủ tiêu chuẩn
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
Với mỗi người thêm vào, cộng thêm:	$7,920	$7,920 - $9,900

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

- **Chương Trình Thanh Toán Quân Bình:** Các khoản thanh toán hàng tháng có thể được tính đều ra nhằm giúp quý vị quân bình chi phí năng lượng của mình và loại bỏ những thay đổi lớn trong khoản thanh toán của mình. Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **Bảo Đảm Hóa Đơn:** Một loại đặt cọc khác giúp khách hàng bảo đảm trương mục của mình bằng cách nhờ một khách hàng PG&E hội đủ điều kiện khác ký bảo đảm dùm cho họ. Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **Low Income Home Energy Assistance Program (LIHEAP):** 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.
- **Trợ Cấp Y Tế Cơ Bản:** Khách hàng cư dân sống dựa vào thiết bị hỗ trợ sự sống và/hoặc có nhu cầu sưởi ấm hoặc làm lạnh đặc biệt do một số bệnh trạng nhất định có thể hội đủ điều kiện nhận thêm một phần năng lượng bổ sung với mức giá thấp nhất (cơ bản). Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **REACH:** Chương trình hỗ trợ năng lượng một lần được PG&E tài trợ và do Salvation Army điều hành. Xin gọi 1-800-933-9677 để biết thêm chi tiết.
- **Energy Savings Assistance Program:** Cung cấp cho những người thuê nhà và chủ sở hữu nhà hội đủ điều kiện về lợi tức các giải pháp dễ dàng, miễn phí để giúp họ quản lý việc sử dụng năng lượng và tiết kiệm tiền trên hóa đơn năng lượng hàng tháng. Xin gọi số 1-800-989-9744 để biết thêm chi tiết.

Energy Savings Assistance Program™

- **Thông Báo Cho Đệ Tam Nhân:** Cho phép quý vị ghi danh một người bạn hoặc người thân để nhận bản sao của các thông tin thanh toán quá hạn. Người được chỉ định không phải chịu trách nhiệm thanh toán hóa đơn, nhưng có thể liên lạc với PG&E để giúp giải quyết vấn đề. Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **Universal Lifeline Telephone Service (ULTS):** Giảm giá dịch vụ điện thoại. Xin liên lạc hãng điện thoại "local" của quý vị để biết thêm chi tiết.
- **Công Nghệ SmartMeter™** Cho phép quý vị quản lý việc sử dụng năng lượng của quý vị tốt hơn bao giờ hết. Với thông tin này, quý vị có thể hiểu rõ hơn về việc sử dụng năng lượng có tác động như thế nào tới hóa đơn hàng tháng của quý vị và đưa ra các quyết định tốt hơn để giảm chi phí năng lượng của quý vị. Xin gọi số 1-866-743-0263 để biết thêm chi tiết.

ĐỂ BIẾT THÊM THÔNG TIN

CARE: 1-866-743-2273 http://www.pge.com/care | **FERA:** 1-800-743-5000 http://www.pge.com/fera
Email: CAREandFERA@pge.com
TDD/TTY: 1-800-652-4712 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. 06/01/12

1 CUSTOMER INFORMATION: *(please print clearly)*

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

										-	

Name _____ **Telephone** (_____)_____

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)**_____ **=** _____

Total Gross Annual Household Income:
(please account for all income from every household members) **$** | | | , | | | .00

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- ☐ 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
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- ☐ Healthy Families A & B
- ☐ CalWORKs (TANF) or Tribal TANF
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- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

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For Internal Use Only

X _____
Customer 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

Or fax completed application to: 415-973-6419

Pacific Gas and Electric Company®

Đơn Ghi Danh vào Chương Trình CARE/FERA cho

Khách Hàng Ở Nhà Riêng

62-0973
Rev. 06/01/12

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

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

										-	

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

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

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

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

Tổng Lợi Tức Gia Đình Hàng Năm:
(xin quý vị tính tất cả các nguồn lợi tức từ mọi người trong gia đình) **$** ☐☐☐,☐☐☐.00

2A 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 có thể 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 Thưa Kiện
- ☐ Tiền Cấp Dưỡng Vợ/Chồng hay Con Cái
- ☐ Tiền Mặt và/hay Lợi Tức Khác

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

ĐÁNH DẤU tất cả các chương trình mà quý vị hoặc ai đó trong nhà quý vị đang tham gia.

- ☐ Medicaid/Medi-Cal (dưới 65 tuổi)
- ☐ Medicaid/Medi-Cal (65 và qua 65 tuổi)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (Tiền Phiếu Thực Phẩm)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants and Children (WIC)
- ☐ Healthy Families A & B
- ☐ CalWORKs (TANF) hay Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

3 CAM ĐOAN: *(xin đọc và ký tên)*

Tôi đồng ý cung cấp chứng minh lợi tức gia đình nếu được yêu cầu. Tôi cũng đồng ý thông báo cho Pacific Gas and Electric Company (PG&E) biết nếu lợi tức gia đình của tôi không còn hội đủ điều kiện để được giảm giá. Tôi hiểu rằng nếu tôi nhận 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 PG&E có thể chia sẻ thông tin của tôi với các cơ quan thành phố, các cơ quan tiểu bang hoặc liên bang, các cơ quan tiện ích khác hoặc các đại diện của họ để ghi danh tôi vào các chương trình trợ giúp của họ. Tôi xin cam đoan theo hình phạt về tội khai man theo pháp luật của Tiểu Bang California rằng các thông tin mà tôi đã cung cấp trong đơn này là đúng sự thật và chính xác.

For Internal Use Only

X _____

Chữ Ký Khách Hàng O Tô đậm vòng nếu là người giám hộ hay người đại diện pháp lý **Ngày**

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

Hoặc fax đơn đã điền đến: 415-973-6419

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. 06/01/12

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 total gross income for all residents residing at the facility 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. 06/01/12

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 total gross income for all residents residing at 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. 06/01/12

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

Name on Utility Bill _____

Name of Facility _____
(if different than the name on utility bill)

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

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

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

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

Phone (_____)_____

Phone (_____)_____

Fax (_____)_____

Fax (_____)_____

E-mail Address _____

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 (PG&E) customer of record
- Total gross income for all residents residing at the facility and/or households meet CARE income guidelines.
- Documentation is available to substantiate the above.
- Each PG&E 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 two years, I will notify PG&E of any changes that may affect eligibility for CARE. PG&E 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. 06/01/12

INCOME GUIDELINES ● REQUISITOS DE INGRESOS

Number of Persons in Household Número de Personas en el Hogar	Annual Income* ● Ingreso Anual*	
	CARE	**FERA**
1	$22,340	Not Eligible ● No Aplica
2	$30,260	Not Eligible ● No Aplica
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
For each additional person, add: Por cada persona adicional, agregue:	$7,920	$7,920 - $9,900

* Before taxes based on current income sources
Valid until May 31, 2013

* Antes de impuestos basado en fuentes de ingreso actual
Válido hasta el 31 de mayo, 2013

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 Payments
- Pensions
- Social Security, SSI, SSP, SSDI
- Insurance settlements
- Legal Settlements
- CalWORKs (TANF)
- CalFresh/SNAP (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, ya sea 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
- CalWORKs (TANF)
- CalFresh/SNAP (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

E-mail: 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. 06/01/12

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	$22,340	不適用於此計劃 ● Không Đủ Tiêu Chuẩn
2	$30,260	不適用於此計劃 ● Không Đủ Tiêu Chuẩn
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
每增加一人，加: Với mỗi người thêm vào, cộng thêm:	$7,920	$7,920 - $9,900

*根據目前收入來源的稅前收入
有效期至 2013 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, 2013

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
- 安全保險補助金、SSI、SSP、SSDI
- 保險訴訟所得款
- 法律訴訟所得款
- CalWORKs (TANF)
- CalFresh/SNAP (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
- CalWORKs (TANF)
- CalFresh/SNAP (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

E-mail: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712

有言語或聆聽障礙者, 星期一至星期五, 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

62-1509
Rev. 06/01/12

1 CUSTOMER INFORMATION ● INFORMACIÓN DEL CLIENTE:

Telephone ● Teléfono: (_____)_____

Number of Persons in Household
Número de Personas en el Hogar

☐☐ **Adults ● Adultos**

☐☐ **+ Children (under 18) ● Niños (menores de 18)**

☐☐ **= Total ● Total**

Total Gross Annual Household Income
(please account for all income from every household members)

Total de ingresos anuales brutos de la unidad familiar
(por favor, tenga en cuenta todos los ingresos de todos los miembros de la unidad familiar)

$ ☐☐☐,☐☐☐.00

2A HOUSEHOLD INCOME ELIGIBILITY:

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

- ☐ 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

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK ALL programs you or someone in your household participate in.

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

ELEGIBILIDAD DE ACUERDO A LOS INGRESOS EN EL HOGAR:

MARQUE TODAS las fuentes de ingreso de la familia. Usted podría ser inscrito en el programa de CARE o en el programa de FERA dependiendo de cuántas 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
- ☐ 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/Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PÚBLICA:

MARQUE TODOS los programas que usted o alguien en su hogar están recibiendo.

- ☐ Medicaid/Medi-Cal (menor de 65 años)
- ☐ Medicaid/Medi-Cal (65 años o más)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (Estampillas de Alimentos)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants and Children (WIC)
- ☐ Healthy Families A & B
- ☐ CalWORKs (TANF) o Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Sólo Tribus Indígenas)

3 DECLARATION: (please read and sign)

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me 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 municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

DECLARACIÓN: (por favor lea y firme abajo)

Me comprometo a facilitar pruebas documentales de los ingresos de la unidad familiar en caso de que se me pida. También acepto informar a Pacific Gas and Electric Company si en algún momento mi unidad familiar dejase de reunir los requisitos para recibir el descuento. Comprendo que si recibo el descuento sin reunir los requisitos, se me puede exigir que devuelva el descuento que haya recibido. Soy consciente de que PG&E podrá compartir mis datos con agencias municipales, estatales o federales, con otras compañías de servicios públicos o con sus representantes, con objeto de facilitar la inscripción en sus respectivos programas de asistencia. Declaro que la información que he facilitado en esta solicitud es veraz y correcta, incurriendo en perjurio según la legislación del Estado de California si no lo fuera.

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 o ya no quiero participar en el Programa CARE.

Pacific Gas and Electric Company®

CARE Program Re-Certification Application
Residential Single-Family Customers

62-1509
Rev. 06/01/12

1 CHI TIẾT VỀ KHÁCH HÀNG ● 客戶資料:

Số Trương Mục PG&E ● PG&E帳號:
(Ở trang đầu tiên của hóa đơn PG&E ●帳號位於帳單的第一頁)

										-	

Tên Họ ● 姓名 _____ **Điện Thoại** ● 電話 _____(_____)_____

Địa Chỉ Nhà ● 家庭住址 _____ **Số Chung Cư** ● 公寓 _____ **Thành Phố**●城市 _____ **Bưu Chánh** ●郵政區號 _____

Số Người Trong Gia Đình ● 家庭人數: **Người Lớn** ● 成人 _____**+ Trẻ Em (dưới 18 tuổi)** ●孩童(18歲以下) _____ = _____

Tổng Lợi Tức Gia Đình Hàng Năm ● 全家年收入總計:
(xin quý vị tính tất cả các nguồn lợi tức từ mọi người trong gia đình) ● (請計算每位家庭成員的所有收入) $ ___,___.00

2A 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 có thể 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 Thưa Kiện
- ☐ Tiền Cấp Dưỡng Vợ/Chồng hay Con Cái
- ☐ Tiền Mặt và/hay Lợi Tức Khác

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

ĐÁNH DẤU tất cả các chương trình mà quý vị hoặc ai đó trong nhà quý vị đang tham gia.

- ☐ Medicaid/Medi-Cal (dưới 65 tuổi)
- ☐ Medicaid/Medi-Cal (65 và qua 65 tuổi)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (Tiền Phiếu Thực Phẩm)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants and Children (WIC)
- ☐ Healthy Families A & B
- ☐ CalWORKs (TANF) hay Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

合資格的家庭總收入:

請勾選您家庭收入的全部來源。根據您的家庭總人數和總收入，您將會被登記入CARE 或FERA 計劃。

- ☐ 退休金
- ☐ 安全保險補助金
- ☐ 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

合資格的公共資助計劃:

勾選您或家中其他人所參與的所有計劃。

- ☐ Medicaid/Medi-Cal (65歲以下)
- ☐ Medicaid/Medi-Cal (65歲和65歲以上)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (糧食券)
- ☐ 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
- ☐ CalWORKs (TANF)或Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

3 CAM ĐOAN: (xin đọc và ký tên)

Tôi đồng ý cung cấp chứng minh lợi tức gia đình nếu được yêu cầu. Tôi cũng đồng ý thông báo cho Gas and Electric Company (PG&E) biết nếu lợi tức gia đình của tôi không còn hội đủ điều kiện để được giảm giá. Tôi hiểu rằng nếu tôi nhận 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 PG&E có thể chia sẻ thông tin của tôi với các cơ quan thành phố, các cơ quan tiểu bang hoặc liên bang, các cơ quan tiện ích khác hoặc các đại diện của họ để ghi danh tôi vào các chương trình trợ giúp của họ. Tôi xin cam đoan theo hình phạt về tội khai man theo pháp luật của Tiểu Bang California rằng các thông tin mà tôi đã cung cấp trong đơn này là đúng sự thật và chính xác.

聲明: (請閱讀，然後在下面簽字)

如果有需要，本人同意提供家庭收入證明。本人亦同意，如果我的家庭收入不再有資格享受折扣時，本人會立即通知Pacific Gas and Electric Company (PG&E)。本人瞭解，如果在不具資格的情況下繼續享受此項折扣，本人可能會被要求退還所收到的折扣。本人瞭解PG&E可能會讓其它市政機構、州或聯邦機構，以及其它公用事業公司或其代理人使用本人資料，以便讓本人參加他們的輔助計劃。依加州法律的偽證罪刑罰規定，本人聲明我在申請表上提供的資料皆真實且正確。

X _____

Chữ Ký Khách Hàng ● 客戶簽名 ○ Tô đậm vòng nếu là người giám hộ hay người đại diện pháp lý 如果是監護人或代理人的話, 請圈上記號 **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

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. 06/01/12

ABOUT THE CARE/FERA PROGRAM

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

PROGRAM GUIDELINES

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

INCOME GUIDELINES (valid until May 31, 2013)		
Number of Persons in Household	Annual Income (before taxes based on current income sources)	
	CARE	**FERA**
1	$22,340	Not Eligible
2	$30,260	Not Eligible
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
For each additional person, add:	$7,920	$7,920 - $9,900

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **Balanced Payment Plan:** Monthly payments can be averaged out to allow you to budget your energy costs and eliminate big swings in your payments. Call 1-800-743-5000 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 1-800-743-5000 for more information.
- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

Energy Savings
Assistance Program™

- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **REACH:** One-time energy-assistance program sponsored by PG&E and administered by the Salvation Army. Call 1-800-933-9677 for more information.
- **SmartMeter™** technology gives you more control than ever before over your energy use. With this information, you can better understand how energy use impacts your monthly bill and make better decisions to reduce your energy costs. Call 1-866-743-0263 for more information.
- **Third-Party Notification:** Allows you to name a friend or relative to receive duplicate copies of past-due payment notices. The designated person is not responsible for paying the bill, but can contact PG&E to help resolve the problem. Call 1-800-743-5000 for more information.
- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.

FOR MORE INFORMATION

CARE: 1-866-743-2273 http://www.pge.com/care
FERA: 1-800-743-5000 http://www.pge.com/fera
Email: CAREandFERA@pge.com
TDD/TTY: 1-800-652-4712
For speech/hearing-impaired, Monday – Friday, 9:00 a.m. – 11:00 p.m.
California Relay: 1-800-735-2929 if you cannot utilize the TDD line

Pacific Gas and Electric Company®

CARE/FERA Program Application for
Residential Single-Family Customers

79-1051
Rev. 06/01/12

1 CUSTOMER INFORMATION:

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

										-	

Name _____ **Telephone** (_____)_____

Address _____ **Apartment #** _____

City _____ **Zip Code** _____

Number of Persons in Household:

Adults _____+ Children (under 18) _____ = _____

Total Gross Annual Household Income: **$** ___,___.00
(please account for all income from every household members)

2A HOUSEHOLD INCOME ELIGIBILITY:

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

- ☐ Pensions
- ☐ Social Security
- ☐ SSP, SSDI
- ☐ Interest/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

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK ALL programs you or someone in your household participate in.

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

3 DECLARATION: *(please read and sign)*

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me 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 municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

For Internal Use Only

X _____

Customer Signature **Date**

○ Fill in circle if guardian or power of attorney

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

Or fax completed application to: 415-973-6419

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. 06/01/12

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO DE CARE/FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento mensual en las cuentas de energía a los hogares que reúnan los requisitos de ingresos.
- El programa de **Family Electric Rate Assistance (FERA)** ofrece un descuento mensual en las cuentas de electricidad a los hogares de tres o más personas que reúnan los requisitos de ingresos.

REQUISITOS DEL PROGRAMA

1. La cuenta de PG&E debe estar a su nombre.
2. Debe vivir en la dirección donde se recibirá el descuento.
3. El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo(a).
4. El solicitante no debe compartir el medidor de energía con otro hogar.
5. Deberá tener en cuenta todas las fuentes de ingresos que califican bajo la unidad familiar y cumplir con los requisitos de ingresos del programa que se describen en esta solicitud.
6. Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
7. Después de su inscripción, podría ser seleccionado para que se verifiquen sus ingresos y deberá presentar pruebas de que su hogar califica para permanecer en este programa.
8. Usted tiene obligación de renovar su elegibilidad cada dos años (cuatro años si tiene ingresos fijos).

REQUISITOS DE INGRESOS (válido hasta el 31 de mayo, 2013)		
Número de Personas en el Hogar	Ingreso Anual (antes de impuestos basado en fuentes de ingreso actual)	
	CARE	**FERA**
1	$22,340	No Aplica
2	$30,260	No Aplica
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
Por cada persona adicional, agregue:	$7,920	$7,920 - $9,900

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRIA CALIFICAR

- **Plan de Pago Equilibrado:** Sus pagos mensuales se pueden promediar permitiéndole hacer un presupuesto basado en su consumo de energía, así eliminando una variación grande en sus pagos. Para más información, llame al 1-800-743-5000.
- **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 a nombre suyo. Para más información, llame al 1-800-743-5000.
- **Energy Savings Assistance Program:** Ofrece a los inquilinos y a los propietarios de viviendas que reúnan los requisitos de ingresos, soluciones sencillas y gratuitas para ayudarles a manejar su consumo de energía y ahorrar dinero en sus facturas mensuales. Para más información, llame al 1-800-989-9744.

Energy Savings
Assistance Program™

- **Low Income Home Energy Assistance Program (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.
- **Medical Baseline:** Los clientes residenciales que dependan de equipos de soporte vital y/o que tengan necesidades especiales relacionadas con la calefacción o el aire acondicionado debido a ciertos padecimientos médicos podrían reunir los requisitos para obtener más energía a un precio más bajo (baseline). Para más información, llame al 1-800-743-5000.
- **REACH:** Es un programa que le ayuda al cliente a pagar su cuenta de energía por una sola vez y está patrocinado por PG&E y administrado por el Salvation Army. Para más información, llame al 1-800-933-9677.
- **SmartMeter™:** Su tecnologìa le da más control que nunca a su consumo de energía. Con esta información, podrá entender mejor cómo su consumo de electricidad afecta su factura mensual y le permitirá tomar mejores decisiones para reducir sus costos de energía. Para más información, llame al 1-866-743-0263.
- **Notificación a Terceras Personas:** Permite designar a un amigo o familiar para que reciba una copia de las notificaciones de cuentas vencidas y no pagadas. La persona designada no es responsable del pago de la cuenta, pero puede comunicarse con PG&E para ayudar a resolver el problema. Para más información, llame al 1-800-743-5000.
- **Universal Lifeline Telephone Service (ULTS):** La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio. Llame a su compañía local de teléfonos para más información.

PARA MAS INFORMACIÓN

CARE: 1-866-743-2273 http://www.pge.com/care
FERA: 1-800-743-5000 http://www.pge.com/fera
Email: CAREandFERA@pge.com
TDD/TTY: 1-800-652-4712
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. 06/01/12

1 INFORMACIÓN DEL CLIENTE:

Número de Cuenta de PG&E: | | | | | | | | | | | - | |

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

_____(_____)_____

Nombre **Teléfono**

_____

Domicilio **Departamento #**

_____

Ciudad **Código Postal**

Número de Personas en el Hogar:

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

Total de ingresos anuales brutos de la unidad familiar: **$** | | | , | | | .00

(por favor, tenga en cuenta <u>todos</u> los ingresos de todos los miembros de la unidad familiar)

2A ELEGIBILIDAD DE ACUERDO A LOS INGRESOS EN EL HOGAR:

MARQUE TODAS las fuentes de ingreso de la familia. Usted podría ser inscrito en el programa de CARE o en el programa de FERA dependiendo de cuántas 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
- ☐ 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/Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

2B ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PÚBLICA:

MARQUE TODOS los programas que usted o alguien en su hogar están recibiendo

- ☐ Medi-Cal (menor de 65 años)
- ☐ Medi-Cal (65 años o más)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (Estampillas de Alimentos)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants and Children (WIC)
- ☐ Healthy Families A & B
- ☐ CalWORKs (TANF) o Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Sólo Tribus Indígenas)

3 DECLARACIÓN: *(por favor lea y firme abajo)*

Me comprometo a facilitar pruebas documentales de los ingresos de la unidad familiar en caso de que se me pida. También acepto informar a Pacific Gas and Electric Company si en algún momento mi unidad familiar dejase de reunir los requisitos para recibir el descuento. Comprendo que si recibo el descuento sin reunir los requisitos, se me puede exigir que devuelva el descuento que haya recibido. Soy consciente de que PG&E podrá compartir mis datos con agencias municipales, estatales o federales, con otras compañías de servicios públicos o con sus representantes, con objeto de facilitar la inscripción en sus respectivos programas de asistencia. Declaro que la información que he facilitado en esta solicitud es veraz y correcta, incurriendo en perjurio según la legislación del Estado de California si no lo fuera.

For Internal Use Only

X _____

Firma del Cliente **Fecha**

○ Marque aquí si es tutor o tiene carta de poder

Envíe la aplicación completa a:

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

O envíela por fax al teléfono: 415-973-6419

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. 06/01/12

關於 CARE/FERA 計劃

- **California Alternate Rates for Energy (CARE)** 為符合收入資格的家庭提供每月能源帳單折扣。
- **Family Electric Rate Assistance (FERA)** 為有三人或更多成員且符合收入資格的家庭提供每月電費帳單折扣。

計劃規定

1. 申請者必須是 PG&E 帳單上的註冊客戶。
2. 申請者必須居住在將收到折扣的住址。
3. 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。
4. 申請者的居所不可與另一居所共同用一個碼錶。
5. 您必須計算家庭所有合資格收入來源，並符合本申請表所列的計劃收入標準。
6. 申請者家庭若不再符合 CARE/FERA 計劃的資格要求，必須知會 PG&E。
7. 登記參加後，您可能被選為我們查核收入的對象，到時您必須提供符合家庭收入資格的證明，才可繼續參加此計劃。
8. 您必須每兩年重新提出申請並且符合資格(固定收入者為每四年提出申請)。

收入標準
(有效期至 2013 年 5 月 31 日)

家庭人數	年收入 (根據目前收入來源的稅前收入)	
	CARE	**FERA**
1	$22,340	不適用於此計劃
2	$30,260	不適用於此計劃
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
每增加一人，加	$7,920	$7,920 - $9,900

您可能符合其它計劃和免費服務

- **平衡付款計劃:**每月平均分攤付款，讓您可妥善安排能源費用預算，避免支付帳單時出現太大變動。詳情請電 1-800-743-5000。
- **帳單保證:**這可以用來代替押金，客戶可找另一位 PG&E 的合格客戶代表簽字為他們帳戶作擔保。詳情請電 1-800-743-5000。
- **Energy Savings Assistance Program:** 為符合收入資格的 租戶及屋主免費提供簡單的解決方案，協助他們管理能源用量並節省每月能源帳單費用。詳情請電 1-800-989-9744。

Energy Savings
Assistance Program™

- **Low Income Home Energy Assistance Program (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。
- **基本醫療底線:**如果住宅客戶有某些醫療狀況，需要依賴維生設備和/或有特別暖氣或冷氣需求等，都有可能收到更多最低(底線)的價格能源數量。詳情請電 1-800-743-5000。
- **REACH:** 計劃提供一次性的能源協助，由 PG&E 提供 贊助、Salvation Army 負責實施。詳情請電 1-800-933-9677。
- **SmartMeter™** 技術讓您比以往更有效控制能源用量。有了這項資訊，您將更清楚地了解您的用電與每月賬單之間的關係，進而做出更好的決定來減少能源開銷。詳情請電 1-866-743-0263。
- **第三者通知:**第三者通知可讓您列出一位朋友或親屬的姓名，讓他們能收到您過期未繳的付款通知副本。您指定的人不需要負責支付帳單，但可聯絡 PG&E 協助解決問題。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。欲知詳情，請聯絡您當地的熱線電話服務公司。

更多詳情

CARE: 1-866-743-2273 http://www.pge.com/care
FERA: 1-800-743-5000 http://www.pge.com/fera
Email: CAREandFERA@pge.com
TDD/TTY: 1-800-652-4712
有言語或聆聽障礙者, 星期一至星期五, 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. 06/01/12

1 客戶資料：

PG&E 帳號:
(帳號位於帳單的第一頁)

										-	

_____(_____)_____
姓名 **電話**

_____
家庭住址 **公寓**

_____
城市 **郵政區號**

家庭人數: 成人 _____ **+ 孩童(18 歲以下)** _____ **=** _____

家庭全年稅前總收入:
(請計算每位家庭成員的<u>所有</u>收入) **$** | | | | , | | | .00

2A 合資格的家庭總收入:

請勾選您家庭收入的全部來源。根據您的家庭總人數和總收入，您將會被登記入 CARE 或 FERA 計劃。

- ☐ 退休金
- ☐ 安全保險補助金
- ☐ 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

2B **合資格的公共資助計劃:**

勾選您或家中其他人所參與的所有計劃。

- ☐ Medicaid/Medi-Cal (65 歲以下)
- ☐ Medicaid/Medi-Cal (65 歲和 65 歲以上)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (糧食券)
- ☐ 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
- ☐ CalWORKs (TANF)或 Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

3 **聲明:** (請閱讀，然後在下面簽字)

如果有需要，我同意提供家庭收入證明。我亦同意，如果我的家庭收入不再有資格享受折扣時，我會立即通知 Pacific Gas and Electric Company (PG&E)。我瞭解，如果在不具資格的情況下繼續享受此項折扣，我可能會被要求退還所收到的折扣。我瞭解 PG&E 可能會讓其它市政機構、州或聯邦機構，以及其它公用事業公司或其代理人使用本人資料，以便讓我參加他們的輔助計劃。依加州法律的偽證罪刑罰規定，我聲明我在申請表上提供的資料皆真實且正確。

For Internal Use Only

X_____

簽名 **日期**

○如果是監護人或代理人的話, 請圈上記號

申請表請寄到:

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

或傳真填好的申請表到: 415-973-6419

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. 06/01/12

CHƯƠNG TRÌNH CARE/FERA

- **Chương trình California Alternate Rates for Energy (CARE)** giảm hóa đơn năng lượng hàng tháng cho các gia đình hội đủ điều kiện về thu nhập.
- **Chương trình Family Electric Rate Assistance (FERA)** giảm hóa đơn tiền điện hàng tháng cho các gia đình hội đủ điều kiện về thu nhập có từ ba người trở lên.

CHỈ DẪN CỦA CHƯƠNG TRÌNH

1. Quý vị phải là người đứng tên trên hóa đơn PG&E.
2. Quý vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá.
3. Quý vị không được một người khác khai là người phụ thuộc trên mẫu thuế ngoại trừ người phối ngẫu.
4. Quý vị không được dùng chung đồng hồ đo năng lượng với một ngôi nhà khác.
5. Quý vị phải tính tất cả các nguồn lợi tức hội đủ điều kiện của gia đình và đáp ứng với mức lợi tức quy định của chương trình được ghi trong đơn này.
6. 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.
7. Sau khi ghi danh, quý vị có thể được chọn xác minh về lợi tức và phải cung cấp bằng chứng hội đủ điều kiện về lợi tức gia đình để tiếp tục tham gia chương trình.
8. Quý vị cần phải tái xác nhận khả năng hội đủ điều kiện của mình mỗi hai năm (bốn năm nếu có lợi tức cố định).

ĐỊNH MỨC LỢI TỨC (có hiệu lực đến ngày 31 tháng Năm, 2013)		
Số Người Trong Gia Đình	Lợi Tức Hàng Năm (trước khi trừ thuế dựa theo các nguồn lợi tức hiện có)	
	CARE	**FERA**
1	$22,340	Không đủ tiêu chuẩn
2	$30,260	Không đủ tiêu chuẩn
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
Với mỗi người thêm vào, cộng thêm:	$7,920	$7,920 - $9,900

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

- **Chương Trình Thanh Toán Quân Bình:** Các khoản thanh toán hàng tháng có thể được tính đều ra nhằm giúp quý vị quân bình chi phí năng lượng của mình và loại bỏ những thay đổi lớn trong khoản thanh toán của mình. Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **Bảo Đảm Hóa Đơn:** Một loại đặt cọc khác giúp khách hàng bảo đảm trương mục của mình bằng cách nhờ một khách hàng PG&E hội đủ điều kiện khác ký bảo đảm dùm cho họ. Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **Energy Savings Assistance Program**: Cung cấp cho những người thuê nhà và chủ sở hữu nhà hội đủ điều kiện về lợi tức các giải pháp dễ dàng, miễn phí để giúp họ quản lý việc sử dụng năng lượng và tiết kiệm tiền trên hóa đơn năng lượng hàng tháng. Xin gọi số 1-800-989-9744 để biết thêm chi tiết.

Energy Savings
Assistance Program™

- **Low Income Home Energy Assistance Program (LIHEAP):** 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.
- **Trợ Cấp Y Tế Cơ Bản**: Khách hàng cư dân sống dựa vào thiết bị hỗ trợ sự sống và/hoặc có nhu cầu sưởi ấm hoặc làm lạnh đặc biệt do một số bệnh trạng nhất định có thể hội đủ điều kiện nhận thêm một phần năng lượng bổ sung với mức giá thấp nhất (cơ bản). Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **REACH:** Chương trình hỗ trợ năng lượng một lần được PG&E tài trợ và do Salvation Army điều hành. Xin gọi 1-800-933-9677 để biết thêm chi tiết.
- **Công Nghệ SmartMeter™** Cho phép quý vị quản lý việc sử dụng năng lượng của quý vị tốt hơn bao giờ hết. Với thông tin này, quý vị có thể hiểu rõ hơn về việc sử dụng năng lượng có tác động như thế nào tới hóa đơn hàng tháng của quý vị và đưa ra các quyết định tốt hơn để giảm chi phí năng lượng của quý vị. Xin gọi số 1-866-743-0263 để biết thêm chi tiết.
- **Thông Báo Cho Đệ Tam Nhân:** Cho phép quý vị ghi danh một người bạn hoặc người thân để nhận bản sao của các thông tin thanh toán quá hạn. Người được chỉ định không phải chịu trách nhiệm thanh toán hóa đơn, nhưng có thể liên lạc với PG&E để giúp giải quyết vấn đề. Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **Universal Lifeline Telephone Service (ULTS):** Giảm giá dịch vụ điện thoại. Xin liên lạc hãng điện thoại "local" của quý vị để biết thêm chi tiết.

ĐỂ BIẾT THÊM THÔNG TIN

CARE: 1-866-743-2273 http://www.pge.com/care
FERA: 1-800-743-5000 http://www.pge.com/fera
E-mail: 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. 06/01/12

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

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

_____(_____)_____

Tên Họ **Điện Thoại**

_____

Địa Chỉ **Số Chung Cư**

_____

Thành Phố **Bưu Chánh**

Số Người Trong Gia Đình:

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

Tổng Lợi Tức Gia Đình Hàng Năm: **$** | | | , | | | .00
(xin quý vị tính tất cả các nguồn lợi tức từ mọi người trong gia đình)

2A 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 có thể 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

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

ĐÁNH DẤU tất cả các chương trình mà quý vị hoặc ai đó trong nhà quý vị đang tham gia.

- ☐ Medicaid/Medi-Cal (dưới 65 tuổi)
- ☐ Medicaid/Medi-Cal (65 và qua 65 tuổi)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (Tiền Phiếu Thực Phẩm)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants and Children (WIC)
- ☐ Healthy Families A & B
- ☐ CalWORKs (TANF) hay Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

3 CAM ĐOAN: *(xin đọc và ký tên)*

Tôi đồng ý cung cấp chứng minh lợi tức gia đình nếu được yêu cầu. Tôi cũng đồng ý thông báo cho Pacific Gas and Electric Company (PG&E) biết nếu lợi tức gia đình của tôi không còn hội đủ điều kiện để được giảm giá. Tôi hiểu rằng nếu tôi nhận 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 PG&E có thể chia sẻ thông tin của tôi với các cơ quan thành phố, các cơ quan tiểu bang hoặc liên bang, các cơ quan tiện ích khác hoặc các đại diện của họ để ghi danh tôi vào các chương trình trợ giúp của họ. Tôi xin cam đoan theo hình phạt về tội khai man theo pháp luật của Tiểu Bang California rằng các thông tin mà tôi đã cung cấp trong đơn này là đúng sự thật và chính xác.

For Internal Use Only

X _____

Chữ Ký Khách Hàng **Ngày**

○ Tô đậm vòng nếu là người giám hộ hay người đại diện pháp lý

Gởi đơn đã điền đến:

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

Hoặc fax đơn đã điền đến: 415-973-6419

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

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. 06/01/12

ABOUT THE CARE/FERA PROGRAM

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

PROGRAM GUIDELINES

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

INCOME GUIDELINES (valid until May 31, 2013)		
Number of Persons in Household	Annual Income (before taxes based on current income sources)	
	CARE	**FERA**
1	$22,340	Not Eligible
2	$30,260	Not Eligible
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
For each additional person, add:	$7,920	$7,920 - $9,900

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

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

Energy Savings Assistance Program™

- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.

FOR MORE INFORMATION

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

Or fax completed application to: 415-973-6419

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

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

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712

For speech/hearing-impaired, Monday – Friday, 9:00 a.m. – 11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

Pacific Gas and Electric Company®

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

79-1055
Rev. 06/01/12

1A 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**

Manager or Landlord Mailing Address

City **Zip Code**

Applicant Status ○ **ADD NEW** ○ **DROP**

○ **RE-CERTIFY** ○ **MOVE TO DIFFERENT SPACE**

1B TENANT INFORMATION: *(please print clearly)*

Name **(_____) Telephone**

Address **Unit #**

City **Zip Code**

Number of Persons in Household:

Adults _____+ Children (under 18) _____ = _____

Total Gross Annual Household Income: **$** | | | , | | | .00

(please account for all income from every household members)

2A HOUSEHOLD INCOME ELIGIBILITY:

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

- ☐ Pensions
- ☐ Social Security
- ☐ SSP, SSDI
- ☐ Interest/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

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK ALL programs you or someone in your household participate in.

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

3 DECLARATION: *(please read and sign)*

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me 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 municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

For Internal Use Only

X _____

Customer Signature **Date**

○ Fill in circle if guardian or power of attorney

Electric Sample Form No. 79-1056
California Alternate Rates for Energy Program - Large Print Application
for Tenants of Sub-Metered Residential Facilities (Spanish)

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. 06/01/12

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO DE CARE/FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento mensual en las cuentas de energía a los hogares que reúnan los requisitos de ingresos.
- El programa de **Family Electric Rate Assistance (FERA)** ofrece un descuento mensual en las cuentas de electricidad a los hogares de tres o más personas que reúnan los requisitos de ingresos.

REQUISITOS DEL PROGRAMA

1. La cuenta de energía del administrador de su parque debe estar a su nombre.
2. Debe vivir en la dirección donde se recibirá el descuento.
3. El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo(a).
4. El solicitante no debe compartir el medidor de energía con otro hogar.
5. Deberá tener en cuenta todas las fuentes de ingresos que califican bajo la unidad familiar y cumplir con los requisitos de ingresos del programa que se describen en esta solicitud.
6. Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
7. Después de su inscripción, podría ser seleccionado para que se verifiquen sus ingresos y deberá presentar pruebas de que su hogar califica para permanecer en este programa.
8. Usted tiene obligación de renovar su elegibilidad cada dos años (cuatro años si tiene ingresos fijos).

REQUISITOS DE INGRESOS (válido hasta el 31 de mayo, 2013)		
Número de Personas en el Hogar	Ingreso Anual (antes de impuestos basado en fuentes de ingreso actual)	
	CARE	**FERA**
1	$22,340	No Aplica
2	$30,260	No Aplica
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
Por cada persona adicional, agregue:	$7,920	$7,920 - $9,900

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **Energy Savings Assistance Program:** Ofrece a los inquilinos y a los propietarios de viviendas que reúnan los requisitos de ingresos, soluciones sencillas y gratuitas para ayudarles a manejar su consumo de energía y ahorrar dinero en sus facturas mensuales. Para más información, llame al 1-800-989-9744.

Energy Savings
Assistance Program™

- **Low Income Home Energy Assistance Program (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.
- **Medical Baseline:** Los clientes residenciales que dependan de equipos de soporte vital y/o que tengan necesidades especiales relacionadas con la calefacción o el aire acondicionado debido a ciertos padecimientos médicos podrían reunir los requisitos para obtener más energía a un precio más bajo (baseline). Para más información, llame al 1-800-743-5000.
- **Universal Lifeline Telephone Service (ULTS):** La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio. Llame a su compañía local de teléfonos para más información.

PARA MAS INFORMACIÓN

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

O envíela por fax al teléfono: 415-973-6419

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

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

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712

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. 06/01/12

1A INFORMACIÓN 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 **Teléfono**

Dirección del Administrador o Propietario

Ciudad **Código Postal**

Situación del solicitante ○ **NUEVO** ○ **CANCELÓ EL PROGRAMA** ○ **RE-INSCRIPCIÓN** ○ **SE MUDÓ A OTRO ESPACIO**

1B INFORMACIÓN DEL INQUILINO:

(por favor escriba a máquina o con letras de imprenta)

Nombre **Teléfono**

Domicilio **Departamento #**

Ciudad **Código Postal**

Número de Personas en el Hogar:

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

Total de ingresos anuales brutos de la unidad familiar: **$** | | | , | | | .00

(por favor, tenga en cuenta todos los ingresos de todos los miembros de la unidad familiar)

2A ELEGIBILIDAD DE ACUERDO A LOS INGRESOS EN EL HOGAR:

MARQUE TODAS las fuentes de ingreso de la familia. Usted podría ser inscrito en el programa de CARE o en el programa de FERA dependiendo de cuántas 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
- ☐ 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/Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

2B ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PÚBLICA:

MARQUE TODOS los programas que usted o alguien en su hogar están recibiendo.

- ☐ Medi-Cal (menor de 65 años)
- ☐ Medi-Cal (65 años o más)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (Estampillas de Alimentos)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants and Children (WIC)
- ☐ Healthy Families A & B
- ☐ CalWORKs (TANF) o Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Sólo Tribus Indígenas)

3 DECLARACIÓN: *(por favor lea y firme abajo)*

Me comprometo a facilitar pruebas documentales de los ingresos de la unidad familiar en caso de que se me pida. También acepto informar a Pacific Gas and Electric Company si en algún momento mi unidad familiar dejase de reunir los requisitos para recibir el descuento. Comprendo que si recibo el descuento sin reunir los requisitos, se me puede exigir que devuelva el descuento que haya recibido. Soy consciente de que PG&E podrá compartir mis datos con agencias municipales, estatales o federales, con otras compañías de servicios públicos o con sus representantes, con objeto de facilitar la inscripción en sus respectivos programas de asistencia. Declaro que la información que he facilitado en esta solicitud es veraz y correcta, incurriendo en perjurio según la legislación del Estado de California si no lo fuera.

For Internal Use Only

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 Application
for Tenants of Sub-Metered Residential Facilities (Chinese)

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. 06/01/12

關於 CARE/FERA 計劃

- **California Alternate Rates for Energy (CARE)** 為符合收入資格的家庭提供每月能源帳單折扣。
- **Family Electric Rate Assistance (FERA)** 為有三人或更多成員且符合收入資格的家庭提供每月電費帳單折扣。

計劃規定

1. 您的業主給您的煤電帳單必須是以您的名字註冊。
2. 申請者必須居住在將收到折扣的住址。
3. 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。
4. 申請者的居所不可與另一居所共同用一個碼錶。
5. 您必須計算家庭所有合資格收入來源，並符合本申請表所列的計劃收入標準。
6. 申請者家庭若不再符合 CARE/FERA 計劃的資格要求，必須知會 PG&E。
7. 登記參加後，您可能被選為我們查核收入的對象，到時您必須提供符合家庭收入資格的證明，才可繼續參加此計劃。
8. 您必須每兩年重新提出申請並且符合資格(固定收入者為每四年提出申請)。

收入標準 (有效期至 2013 年 5 月 31 日)		
家庭人數	年收入 (根據目前收入來源的稅前收入)	
	CARE	**FERA**
1	$22,340	不適用於此計劃
2	$30,260	不適用於此計劃
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
每增加一人，加	$7,920	$7,920 - $9,900

您可能符合其它計劃和免費服務

- **Energy Savings Assistance Program:** 為符合收入資格的 租戶及屋主免費提供簡單的解決方案，協助他們管理能源用量並節省每月能源帳單費用。詳情請電 1-800-989-9744。

Energy Savings
Assistance Program™

- **Low Income Home Energy Assistance Program (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。
- **基本醫療底線:**如果住宅客戶有某些醫療狀況，需要依賴維生設備和/或有特別暖氣或冷氣需求等，都有可能收到更多最低(底線)的價格能源數量。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。欲知詳情，請 聯絡您當地的熱線電話服務公司。

更多詳情

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

或傳真填好的申請表到: 415-973-6419

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

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

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712

有言語或聆聽障礙者, 星期一至星期五, 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. 06/01/12

1A **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**

_____

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**

1B **住客資料：** (請用正楷填寫)

_____ **(_____)** _____

姓名 **電話**

_____

家庭住址 **公寓**

_____

城市 **郵政區號**

家庭人數: 成人 _____ + **孩童**(18 **歲以下**) _____ = _____

家庭全年稅前總收入:
(請計算每位家庭成員的<u>所有</u>收入) **$** | | | , | | | .00

2A 合資格的家庭總收入:

請勾選您家庭收入的全部來源。根據您的家庭總人數和總收入，您將會被登記入 CARE 或 FERA 計劃。

- ☐ 退休金
- ☐ 安全保險補助金
- ☐ 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

2B 合資格的公共資助計劃:

勾選您或家中其他人所參與的所有計劃。

- ☐ Medicaid/Medi-Cal (65 歲以下)
- ☐ Medicaid/Medi-Cal (65 歲和 65 歲以上)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (糧食券)
- ☐ 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
- ☐ CalWORKs (TANF)或 Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

3 聲明: (請閱讀，然後在下面簽字)

如果有需要，我同意提供家庭收入證明。我亦同意，如果我的家庭收入不再有資格享受折扣時，我會立即通知 Pacific Gas and Electric Company (PG&E)。我瞭解，如果在不具資格的情況下繼續享受此項折扣，我可能會被要求退還所收到的折扣。我瞭解 PG&E 可能會讓其它市政機構、州或聯邦機構，以及其它公用事業公司或其代理人使用本人資料，以便讓我參加他們的輔助計劃。依加州法律的偽證罪刑罰規定，我聲明我在申請表上提供的資料皆真實且正確。

For Internal Use Only

X _____

簽名 **日期**

○如果是監護人或代理人的話, 請圈上記號

Electric Sample Form No. 79-1058
California Alternate Rates for Energy Program - Large Print Application
for Tenants of Sub-Metered Residential Facilities (Vietnamese)

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. 06/01/12

CHƯƠNG TRÌNH CARE/FERA

- **Chương trình California Alternate Rates for Energy (CARE)** giảm hóa đơn năng lượng hàng tháng cho các gia đình hội đủ điều kiện về thu nhập.
- **Chương trình Family Electric Rate Assistance (FERA)** giảm hóa đơn tiền điện hàng tháng cho các gia đình hội đủ điều kiện về thu nhập có từ ba người trở lên.

CHỈ DẪN CỦA CHƯƠNG TRÌNH

1. Hóa đơn năng lượng từ chủ nhà của quý vị phải có tên của quý vị.
2. Quý vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá.
3. Quý vị không được một người khác khai là người phụ thuộc trên mẫu thuế ngoại trừ người phối ngẫu.
4. Quý vị không được dùng chung đồng hồ đo năng lượng với một ngôi nhà khác.
5. Quý vị phải tính tất cả các nguồn lợi tức hội đủ điều kiện của gia đình và đáp ứng với mức lợi tức quy định của chương trình được ghi trong đơn này.
6. 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.
7. Sau khi ghi danh, quý vị có thể được chọn xác minh về lợi tức và phải cung cấp bằng chứng hội đủ điều kiện về lợi tức gia đình để tiếp tục tham gia chương trình.
8. Quý vị cần phải tái xác nhận khả năng hội đủ điều kiện của mình mỗi hai năm (bốn năm nếu có lợi tức cố định).

ĐỊNH MỨC LỢI TỨC (có hiệu lực đến ngày 31 tháng Năm, 2013)		
Số Người Trong Gia Đình	Lợi Tức Hàng Năm (trước khi trừ thuế dựa theo các nguồn lợi tức hiện có)	
	CARE	**FERA**
1	$22,340	Không đủ tiêu chuẩn
2	$30,260	Không đủ tiêu chuẩn
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
Với mỗi người thêm vào, cộng thêm:	$7,920	$7,920 - $9,900

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

- **Energy Savings Assistance Program:** Cung cấp cho những người thuê nhà và chủ sở hữu nhà hội đủ điều kiện về lợi tức các giải pháp dễ dàng, miễn phí để giúp họ quản lý việc sử dụng năng lượng và tiết kiệm tiền trên hóa đơn năng lượng hàng tháng. Xin gọi số 1-800-989-9744 để biết thêm chi tiết.

Energy Savings
Assistance Program™

- **Low Income Home Energy Assistance Program (LIHEAP):** 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.
- **Trợ Cấp Y Tế Cơ Bản:** Khách hàng cư dân sống dựa vào thiết bị hỗ trợ sự sống và/hoặc có nhu cầu sưởi ấm hoặc làm lạnh đặc biệt do một số bệnh trạng nhất định có thể hội đủ điều kiện nhận thêm một phần năng lượng bổ sung với mức giá thấp nhất (cơ bản). Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **Universal Lifeline Telephone Service (ULTS):** Giảm giá dịch vụ điện thoại. Xin liên lạc hãng điện thoại "local" của quý vị để biết thêm chi tiết.

ĐỂ BIẾT THÊM THÔNG TIN

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

Hoặc fax đơn đã điền đến: 415-973-6419

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

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

E-mail: 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. 06/01/12

1A 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 **(_____)_____ 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**

1B CHI TIẾT VỀ NGƯỜI MƯỚN NHÀ: (xin viết rõ ràng)

Tên Họ **(_____)_____ Điện Thoại**

Địa Chỉ **Số Chung Cư**

Thành Phố **Bưu Chánh**

Số Người Trong Gia Đình:

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

Tổng Lợi Tức Gia Đình Hàng Năm: **$** | | | , | | | .00

(xin quý vị tính tất cả các nguồn lợi tức từ mọi người trong gia đình)

2A 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 có thể 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

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

ĐÁNH DẤU tất cả các chương trình mà quý vị hoặc ai đó trong nhà quý vị đang tham gia.

- ☐ Medicaid/Medi-Cal (dưới 65 tuổi)
- ☐ Medicaid/Medi-Cal (65 và qua 65 tuổi)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (Tiền Phiếu Thực Phẩm)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants and Children (WIC)
- ☐ Healthy Families A & B
- ☐ CalWORKs (TANF) hay Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

3 CAM ĐOAN: *(xin đọc và ký tên)*

Tôi đồng ý cung cấp chứng minh lợi tức gia đình nếu được yêu cầu. Tôi cũng đồng ý thông báo cho Pacific Gas and Electric Company (PG&E) biết nếu lợi tức gia đình của tôi không còn hội đủ điều kiện để được giảm giá. Tôi hiểu rằng nếu tôi nhận 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 PG&E có thể chia sẻ thông tin của tôi với các cơ quan thành phố, các cơ quan tiểu bang hoặc liên bang, các cơ quan tiện ích khác hoặc các đại diện của họ để ghi danh tôi vào các chương trình trợ giúp của họ. Tôi xin cam đoan theo hình phạt về tội khai man theo pháp luật của Tiểu Bang California rằng các thông tin mà tôi đã cung cấp trong đơn này là đúng sự thật và chính xác.

X _____

Chữ Ký Khách Hàng **Ngày**

For Internal Use Only

○ Tô đậm vòng nếu là người giám hộ hay người đại diện pháp lý

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. 06/01/12

INCOME GUIDELINES (Valid until May 31, 2013)

Number of Persons in Household	Annual Income*	
	CARE	**FERA**
1	$22,340	Not Eligible
2	$30,260	Not Eligible
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
For each additional person, add:	$7,920	$7,920 - $9,900

* 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 Payments
- Pensions
- Social security, SSI, SSP, SSDI
- Insurance Settlements
- Legal Settlements
- CalWORKs (TANF)
- CalFresh/SNAP (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
E-mail: 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. 06/01/12

REQUISITOS DE INGRESOS (Válido hasta el 31 de mayo, 2013)

Número de Personas en el Hogar	Ingreso Anual*	
	CARE	**FERA**
1	$22,340	No Aplica
2	$30,260	No Aplica
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
Por cada persona adicional, agregue:	$7,920	$7,920 - $9,900

* Antes de impuestos basado en fuentes de 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, ya sea 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
- CalWORKs (TANF)
- CalFresh/SNAP (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
E-mail: 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. 06/01/12

收入標準（有效期至 2013 年 5 月 31 日）

家庭人數	年收入*	
	CARE	**FERA**
1	$22,340	不適用於此計劃
2	$30,260	不適用於此計劃
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
每增加一人，加	$7,920	$7,920 - $9,900

*根據目前收入來源的稅前收入

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
- 安全保險補助金、SSI、SSP、SSDI
- 保險訴訟所得的金錢
- 法律訴訟所得的金錢
- CalWORKs (TANF)
- CalFresh/SNAP (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
E-mail: CAREandFERA@pge.com
TDD/TTY: 1-800-652-4712
有言語或聆聽障礙者, 星期一至星期五, 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 **79-1059**

Định Mức Lợi Tức Rev. 06/01/12

ĐỊNH MỨC LỢI TỨC (Có hiệu lực đến ngày 31 tháng Năm, 2013)

Số Người trong Gia Đình	Lợi Tức Hàng Năm*	
	CARE	**FERA**
1	$22,340	Không đủ tiêu chuẩn
2	$30,260	Không đủ tiêu chuẩn
3	$38,180	$38,181 - $47,725
4	$46,100	$46,101 - $57,625
5	$54,020	$54,021 - $67,525
6	$61,940	$61,941 - $77,425
7	$69,860	$69,861 - $87,325
8	$77,780	$77,781 - $97,225
Với mỗi người thêm vào, cộng thêm:	$7,920	$7,920 - $9,900

* 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
- CalWORKs (TANF)
- CalFresh/SNAP (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
E-mail: 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 Instructions
Residential Single-Family Customers

79-1072
Rev. 06/01/12

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 Family Electric Rate Assistance (FERA) 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

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 gratis, 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 envíela 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

INCOME GUIDELINES ● REQUISITOS DE INGRESOS

(valid until May 31, 2013 ● válido hasta el 31 de mayo, 2013)

Number of Persons in Household Número de Personas en el Hogar	Annual Income (before taxes based on current income sources) Ingreso Anual (antes de impuestos basado en fuentes de ingreso actual)
1-2	Not Eligible ● No Aplica
3	$38,181 - $47,725
4	$46,101 - $57,625
5	$54,021 - $67,525
6	$61,941 - $77,425
7	$69,861 - $87,325
8	$77,781 - $97,225
For each additional person, add: Por cada persona adicional, agregue:	$7,920 - $9,900

FOR MORE INFORMATION ● PARA MAS INFORMACIÓN

Mail completed application to • Envíe la aplicación completa a:
Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

Or fax completed application to • O envíela por fax al teléfono: 415-973-6419

FERA: 1-800-743-5000 http://www.pge.com/fera **Email:** CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712
For speech/hearing-impaired, Monday – Friday, 9:00 a.m. – 11:00 p.m.
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 cannot utilize the TDD line ● si no puede usar la línea TDD

Pacific Gas and Electric Company®

FERA Program Re-Certification Instructions
Residential Single-Family Customers

79-1072
Rev. 06/01/12

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 Family Electric Rate Assistance (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

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 PG&E 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，請把填好的申請表，放入預先付費的信封中，寄回給 PG&E。

感謝您讓我們有機會能夠繼續為您服務。

FERA 計劃

BẢN CHỈ DẪN VỀ LỢI TỨC ● 收入標準

(có hiệu lực đến ngày 31 tháng Năm, 2013 ● 有效期至 2013 年 5 月 31 日)

Số người trong gia đình 家庭人數	Lợi Tức Hàng Năm (trước khi trừ thuế dựa theo các nguồn lợi tức hiện có) 年收入 (根據目前收入來源的稅前收入)
1-2	Không đủ tiêu chuẩn ● 不適用於此計劃
3	$38,181 - $47,725
4	$46,101 - $57,625
5	$54,021 - $67,525
6	$61,941 - $77,425
7	$69,861 - $87,325
8	$77,781 - $97,225
Với mỗi người thêm vào, cộng thêm: 每增加一人，加	$7,920 - $9,900

ĐỂ BIẾT THÊM THÔNG TIN ● 更多詳情

Gởi đơn đã điền đến • 申請表請寄到:
Pacific Gas and Electric Company
CARE/FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

Hoặc fax đơn đã điền đến • 或傳真填好的申請表到: 415-973-6419

FERA: 1-800-743-5000 http://www.pge.com/fera **Email:** 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, 星期一至星期五, 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
Residential Single-Family Customers

79-1073
Rev. 06/01/12

1 CUSTOMER INFORMATION • INFORMACIÓN DEL CLIENTE:

Telephone • Teléfono: (_____)_____

Number of Persons in Household
Número de Personas en el Hogar

☐☐ **Adults • Adultos**

☐☐ **+ Children (under 18) • Niños (menores de 18)**

☐☐ **= Total • Total**

Total Gross Annual Household Income
(please account for all income from every household members)

Total de ingresos anuales brutos de la unidad familiar
(por favor, tenga en cuenta todos los ingresos de todos los miembros de la unidad familiar)

$ ☐☐☐,☐☐☐.00

2A HOUSEHOLD INCOME ELIGIBILITY:

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

- ☐ 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

ELEGIBILIDAD DE ACUERDO A LOS INGRESOS EN EL HOGAR:

MARQUE TODAS las fuentes de ingreso de la familia. Usted podría ser inscrito en el programa de CARE o en el programa de FERA dependiendo de cuántas 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
- ☐ 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/Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK ALL programs you or someone in your household participate in.

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

ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PÚBLICA:

MARQUE TODOS los programas que usted o alguien en su hogar están recibiendo.

- ☐ Medicaid/Medi-Cal (menor de 65 años)
- ☐ Medicaid/Medi-Cal (65 años o más)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (Estampillas de Alimentos)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants and Children (WIC)
- ☐ Healthy Families A & B
- ☐ CalWORKs (TANF) o Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Sólo Tribus Indígenas)

3 DECLARATION: (please read and sign)

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me 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 municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

DECLARACIÓN: (por favor lea y firme abajo)

Me comprometo a facilitar pruebas documentales de los ingresos de la unidad familiar en caso de que se me pida. También acepto informar a Pacific Gas and Electric Company si en algún momento mi unidad familiar dejase de reunir los requisitos para recibir el descuento. Comprendo que si recibo el descuento sin reunir los requisitos, se me puede exigir que devuelva el descuento que haya recibido. Soy consciente de que PG&E podrá compartir mis datos con agencias municipales, estatales o federales, con otras compañías de servicios públicos o con sus representantes, con objeto de facilitar la inscripción en sus respectivos programas de asistencia. Declaro que la información que he facilitado en esta solicitud es veraz y correcta, incurriendo en perjurio según la legislación del Estado de California si no lo fuera.

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 o ya no quiero participar en el Programa FERA.

Pacific Gas and Electric Company®

FERA Program Re-Certification Application
Residential Single-Family Customers

79-1073
Rev. 06/01/12

1 CHI TIẾT VỀ KHÁCH HÀNG • 客戶資料:

Số Trương Mục PG&E • PG&E帳號:
(Ở trang đầu tiên của hóa đơn PG&E •帳號位於帳單的第一頁)

										-	

Tên Họ • 姓名 _____ **Điện Thoại • 電話** (____)_____

Địa Chỉ Nhà • 家庭住址 _____ **Số Chung Cư • 公寓** _____ **Thành Phố•城市** _____ **Bưu Chánh •郵政區號** _____

Số Người Trong Gia Đình • 家庭人數: Người Lớn • 成人 _____ **+ Trẻ Em (dưới 18 tuổi) •孩童(18歲以下)** _____ **=** _____

Tổng Lợi Tức Gia Đình Hàng Năm •家庭全年稅前總收入:
(xin quý vị tính tất cả các nguồn lợi tức từ mọi người trong gia đình) • (請計算每位家庭成員的所有收入)

$ | | | , | | | .00

2A 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 có thể 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 Thưa Kiện
- ☐ Tiền Cấp Dưỡng Vợ/Chồng hay Con Cái
- ☐ Tiền Mặt và/hay Lợi Tức Khác

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

ĐÁNH DẤU tất cả các chương trình mà quý vị hoặc ai đó trong nhà quý vị đang tham gia.

- ☐ Medicaid/Medi-Cal (dưới 65 tuổi)
- ☐ Medicaid/Medi-Cal (65 và qua 65 tuổi)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (Tiền Phiếu Thực Phẩm)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants and Children (WIC)
- ☐ Healthy Families A & B
- ☐ CalWORKs (TANF) hay Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

合資格的家庭總收入:

請勾選您家庭收入的全部來源。根據您的家庭總人數和總收入，您將會被登記入CARE 或FERA 計劃。

- ☐ 退休金
- ☐ 安全保險補助金
- ☐ 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

合資格的公共資助計劃:

勾選您或家中其他人所參與的所有計劃。

- ☐ Medicaid/Medi-Cal (65歲以下)
- ☐ Medicaid/Medi-Cal (65歲和65歲以上)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (糧食券)
- ☐ 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
- ☐ CalWORKs (TANF)或Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

3 CAM ĐOAN: (xin đọc và ký tên)

Tôi đồng ý cung cấp chứng minh lợi tức gia đình nếu được yêu cầu. Tôi cũng đồng ý thông báo cho Gas and Electric Company (PG&E) biết nếu lợi tức gia đình của tôi không còn hội đủ điều kiện để được giảm giá. Tôi hiểu rằng nếu tôi nhận 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 PG&E có thể chia sẻ thông tin của tôi với các cơ quan thành phố, các cơ quan tiểu bang hoặc liên bang, các cơ quan tiện ích khác hoặc các đại diện của họ để ghi danh tôi vào các chương trình trợ giúp của họ. Tôi xin cam đoan theo hình phạt về tội khai man theo pháp luật của Tiểu Bang California rằng các thông tin mà tôi đã cung cấp trong đơn này là đúng sự thật và chính xác.

聲明: (請閱讀，然後在下面簽字)

如果有需要，我同意提供家庭收入證明。我亦同意，如果我的家庭收入不再有資格享受折扣時，我會立即通知Pacific Gas and Electric Company (PG&E)。我瞭解，如果在不具資格的情況下繼續享受此項折扣，我可能會被要求退還所收到的折扣。我瞭解PG&E可能會讓其它市政機構、州或聯邦機構，以及其它公用事業公司或其代理人使用本人資料，以便讓我參加他們的輔助計劃。依加州法律的偽證罪刑罰規定，我聲明我在申請表上提供的資料皆真實且正確。

X _____

Chữ Ký Khách Hàng • 客戶簽名 — ○ Tô đậm vòng nếu là người giám hộ hay người đại diện pháp lý 如果是監護人或代理人的話, 請圈上記號 — **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

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SAMPLE FORMS

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PG&E Gas and Electric
Advice Filing List
General Order 96-B, Section IV

AT&T
Alcantar & Kahl LLP
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Casner, Steve
Center for Biological Diversity
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Lawrence Berkeley National Lab
Los Angeles Dept of Water & Power
Luce, Forward, Hamilton & Scripps LLP
MAC Lighting Consulting
MBMC, Inc.
MRW & Associates
Manatt Phelps Phillips
Marin Energy Authority
McKenzie & Associates
Merced Irrigation District
Modesto Irrigation District
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NLine Energy, Inc.
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Norris & Wong Associates
North America Power Partners
North Coast SolarResources
Occidental Energy Marketing, Inc.
OnGrid Solar
Praxair
R. W. Beck & Associates
RCS, Inc.
Recurrent Energy
SCD Energy Solutions
SCE
SMUD
SPURR
San Francisco Public Utilities Commission
Seattle City Light
Sempra Utilities
Sierra Pacific Power Company
Silicon Valley Power
Silo Energy LLC
Southern California Edison Company
Spark Energy, L.P.
Sun Light & Power
Sunrun Inc.
Sunshine Design
Sutherland, Asbill & Brennan
Tabors Caramanis & Associates
Tecogen, Inc.
Tiger Natural Gas, Inc.
TransCanada
Turlock Irrigation District
United Cogen
Utility Cost Management
Utility Specialists
Verizon
Wellhead Electric Company
Western Manufactured Housing Communities Association (WMA)
eMeter Corporation