STATE OF CALIFORNIA

ARNOLD SCHWARZENEGGER, *Governor*

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE

SAN FRANCISCO, CA 94102-3298

Tel. No. (415) 703-1691

June 10, 2005

Advice Letter 2546-G|2510-E

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

Subject: Revised Household Income Requirements for CARE Program

Dear Ms de la Torre:

Advice Letter 2546-G|2510-E is effective June 1, 2004. A copy of the advice letter is sent herewith for your records.

Sincerely,

Sean H. Gallagher
Director
Energy Division

Pacific Gas and Electric Company

Karen A. Tomcala
Vice President
Regulatory Relations

77 Beale Street, Room 1065
San Francisco, CA 94105

Mailing Address
Mail Code B10A
P.O. Box 770000
San Francisco, CA 94177

415.972.5209
Internal: 222.5209
Fax: 415.972.5625
Internet: KAT5@pge.com

May 20, 2004

Advice 2546-G/2510-E
(Pacific Gas and Electric Company ID U39M)

Public Utilities Commission of the State of California

Subject: **Revised Household Income Requirements for CARE 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 I.

Purpose

The purpose of this filing is to increase the household income requirements for PG&E's gas and electric California Alternate Rates for Energy (CARE) Program. This filing complies with Resolution (R.) E-3524, dated February 19, 1998, in which the Commission ordered the Energy Division Director to notify California utilities by letter each May 1st of annual revisions to CARE income levels effective June 1st. In accordance with the Energy Division's Notice to All Energy Utilities Providing Service Under CARE and LIEE (Notice) dated April 22, 2004, PG&E hereby submits tariffs with revised income limitations for the CARE program, **effective June 1, 2004**.

In addition to income limitation revisions to gas and electric Rules 19.1--*California Alternate Rates for Energy for Individual Customers and Submetered Tenants of Master-Metered Customers*, 19.2--*California Alternate Rates for Energy for Nonprofit Group-Living Facilities*, and 19.3--*California Alternate Rates for Energy for Qualified Agricultural Employee Housing Facilities,* proposed in this filing, PG&E is also updating the income levels shown on gas and electric Form No. 01-*9077—CARE Program Application for Residential Single-Family Customers, Form No. 01-9285—CARE Program Application for Tenants of Sub-Metered Facilities, and Form No. 62-1477—CARE Program Income Guidelines, and Form No. 03-006-Postage-Paid Application. Finally, the Family Electric Rate Assistance (FERA) Program was also added to the forms. The FERA Program provides a tier 3 electric rate reduction for large households of 3 or more persons with low to middle income.*

Spanish, Chinese, and Vietnamese translations of these forms are available. They are posted on PG&E's website at:

http://www.pge.com/res/financial_assistance/care/tenant/

The revised income levels are as follows:

[illegible]	[illegible]
1 or 2	$23,400
3	$27,500
4	$33,100
5	$38,700
6	$44,300
Each Additional	$5,600

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

Protests

Anyone wishing to protest this filing may do so by sending a letter by **June 9, 2004**, which is 20 days from the date of this filing. The protest must state the grounds upon which it is based, including such items as financial and service impact, and should be submitted expeditiously. Protests should be mailed to:

IMC Branch Chief – Energy Division
California Public Utilities Commission
505 Van Ness Avenue, 4th Floor
San Francisco, California 94102

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

Protests also should be sent by e-mail and facsimile to Mr. Jerry Royer, Energy Division, as shown above, and by U.S. mail to Mr. Royer at the above address.

The protest should be sent via both e-mail and facsimile to PG&E on the same date it is mailed or delivered to the Commission at the address shown below.

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

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

Effective Date

In accordance with R. E-3524 and the Commission's letter dated April 22, 2004, PG&E requests that this advice filing become effective **June 1, 2004**.

Notice

In accordance with General Order 96-A, Section III, Paragraph G, a copy of this advice letter is being sent electronically and via U.S. mail to parties shown on the attached list. Address changes should be directed to Sharon Tatai at (415) 973-2788. Advice letter filings can also be accessed electronically at:

http://www.pge.com/tariffs

Karen A. Tomalia

Vice President - Regulatory Relations

Attachments

REVISED *

ATTACHMENT I
ADVICE 2546-G

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal P.U.C. Sheet No.
22426-G	Rule 19.1 -- California Alternate Rates for Energy for Individual Customers and Submetered Tenants of Master-Metered Customers	21637-G
22427-G	Rule 19.2 -- California Alternate Rates for Energy for Nonprofit Group-Living Facilities	21638-G
22428-G	Rule 19.3 -- California Alternate Rates for Energy for Qualified Agricultural Employee Housing Facilities	21639-G
22429-G	Form No. 01-9077 -- California Alternate Rates for Energy Program Application for Residential Single-Family Customers	21640-G
22430-G	Form No. 01-9285 -- California Alternate Rates for Energy Program Application for Tenants of Sub-Metered Facilities	21641-G
22431-G	Form No. 62-1477 -- California Alternate Rates for Energy Income Guidelines	21642-G
22432-G	Form No. 03-006 -- Postage-Paid Application	21736-G
22433-G	Table of Contents -- Rules (Cont'd)	22162-G
22434-G	Table of Contents -- Sample Forms (Cont'd)	21643-G
22435-G	Table of Contents	22422-G

ADVICE 2510-E

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal P.U.C. Sheet No.
21620-E	Rule 19.1 -- California Alternate Rates for Energy for Individual Customers and Submetered Tenants of Master-Metered Customers	20371-E
21621-E	Rule 19.2 -- California Alternate Rates for Energy for Nonprofit Group-Living Facilities	20372-E
21622-E	Rule 19.3 -- California Alternate Rates for Energy for Qualified Agricultural Employee Housing Facilities	20373-E
21623-E	Form No. 01-9077 -- California Alternate Rates for Energy Program Application for Residential Single-Family Customers	20374-E
21624-E	Form No. 01-9285 -- California Alternate Rates for Energy Program Application for Tenants of Sub-Metered Facilities	20375-E
21625-E	Form No. 62-1477 -- California Alternate Rates for Energy Income Guidelines	20376-E
21626-E	Form No. 03-006 -- Postage-Paid Application	20613-E
21627-E	Table of Contents -- Rules (Cont'd)	21157-E
21628-E	Table of Contents -- Sample Forms	20472-E
21629-E	Table of Contents	21478-E

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

B. ELIGIBILITY (Cont'd.)

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

Number of Persons in Household	Maximum Annual Household Income
1-2	$23,400 (I)
3	$27,500 |
4	$33,100 |
5	$38,700 |
6	$44,300 |
Each additional member, add:	$ 5,600 (I)

C. CERTIFICATION

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

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

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

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

3. Self-certification:

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

(Continued)

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

B. ELIGIBILITY (Cont'd.)

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

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

Number of Persons in Household	Maximum Annual Household Income
1-2	$23,400 (I)
3	$27,500 |
4	$33,100 |
5	$38,700 |
6	$44,300 |
Each additional member, add:	$ 5,600 (I)

(Continued)

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

B. ELIGIBILITY (Cont'd.)

2. PRIVATE-OWNED EMPLOYEE HOUSING FACILITIES

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

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

3. AGRICULTURAL EMPLOYEE HOUSING FACILITIES

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

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

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

Number of Persons in Household	Maximum Annual Household Income
1-2	$23,400 (I)
3	$27,500 |
4	$33,100 |
5	$38,700 |
6	$44,300 |
Each additional member, add:	$ 5,600 (I)

(Continued)

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
APPLICATION FOR RESIDENTIAL SINGLE-FAMILY CUSTOMERS
FORM NO. 01-9077 (REV 6/04) (T)
(ATTACHED)

Pacific Gas and Electric Company®

www.pge.com/care

CARE Program Application for
Residential Single-Family Customers

CARE Program

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

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

01-9077

Rev. 06/01/04

ABOUT THE CARE DISCOUNT PROGRAM

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

CARE PROGRAM RULES

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

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **FERA** – Family Electric Rate Assistance Program. Provides a Tier 3 electric rate reduction for large households of 3 or more persons with low to middle income. Call 1-800-PGE-5000 for more information.
- **LIHEAP** - Low Income Home Energy Assistance Program. Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **REACH** – Contact the Salvation Army for one-time assistance in paying your bills. Call the Salvation Army at 1-800-933-9677 for more information.
- **Payment Arrangements** - Pacific Gas and Electric Company can work out a payment schedule for you if you need more time paying your bill. Call 1-800-PGE-5000 for more information.
- **Medical Baseline** - Provides services at the lowest rates to customers with documented needs. Call 1-800-PGE-5000 for more information.
- **Energy Partners** - Free energy education and weatherization to income-qualified customers. Call 1-800-989-9744 for more information.
- **Balanced Payment Plan** – Contact Pacific Gas and Electric Company Customer Services to see how your monthly payments can be evened out to allow you to budget your energy costs. Call 1-800-PGE-5000 for more information.
- **ULTS** – Universal Lifeline Telephone Service provides discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local telephone service provider for more information.

1-866-743-2273

Assistance with the CARE Program in English

Giúp xin chương trình CARE bằng tiếng Việt

CARE 華語協助專線

Asistencia con el programa CARE en español

Pacific Gas and Electric Company®

www.pge.com/care

CARE Program Application for
Residential Single-Family Customers

CARE Program

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

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

01-9077

Rev. 06/01/04

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

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

Name _____
As it appears on your energy bill

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

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

Daytime Telephone Number
Please Include Area Code

Number of people living in your household

Adults + Children = **Total**

2 MAXIMUM HOUSEHOLD INCOME: *(effective June 1, 2004 to May 31, 2005)*

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

Number of Persons in Household	*1 or 2*	*3*	*4*	*5*	*6*	*Add **$5,600** for each additional household member*
Total Combined Annual Income	***$23,400***	***$27,500***	***$33,100***	***$38,700***	***$44,300***	

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

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

Total Annual Household Income: $ ___,___

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

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

X _____ _____

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

Pacific Gas and Electric Company®

www.pge.com/care

Solicitudes del Programa CARE para
Clientes Residenciales de Familias Individuales

CARE Program

Regrese la solicitud completada: P.O. Box 7979, San Francisco, CA 94120-7979

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

01-9077

Rev. 06/01/04

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO CARE

El programa CARE brinda un descuento del 20% en la cuenta de los servicios públicos de los hogares que reúnan los requisitos. (Si usted es un cliente del plan "Tiempo de Uso" y reúne los requisitos, su descuento sera igual al cargo mensual de su medidor.) El descuento y los criterios de elegibilidad fueron establecidos por la Comisión de Servicios Públicios de California. Si usted califica, sus ahorros aparecerán después de su siguiente ciclo de cuenta de Pacific Gas and Electric Company una vez que su aplicación completada ha sido recibida y verificada por Pacific Gas and Electric Company. Pacific Gas and Electric Company se pondrá en contacto con usted por el correo al menos cada dos años para verificar su necesidad continuada del programa.

REGLAS DEL PROGRAMA CARE

- La cuenta de Pacific Gas and Electric Company debe estar a su nombre.
- El solicitante de CARE debe vivir en la dirección donde se recibirá el descuento por mas de la mitad del año (no para segundos hogares).
- El solicitante no puede calificar para el descuento CARE si comparte el/los medidor/es de energía con otra casa.
- El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su marido.
- El hogar del solicitante debe cumplir con la definición de bajos ingresos del programa tal como se describa en este paquete de solicitud.
- El solicitante deberá notificar a Pacific Gas and Electric Company si su hogar ya no reúne los requisitos del descuento del programa CARE.
- Los inquilinos "sub-medidos" de parques de casas móviles, apartmentos y muelles de botes, deberán llenar la solicitud "Aplicación del programa CARE para Inquilinos de Instalaciones Residenciales "Sub-medidas". (Vea al Propietario/ Administrador para obtener el formulario 01-9285)

OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **FERA -** Programa Familia de Ayuda de Precio Eléctrico. Proporciona una Hilera 3 reducción de precio eléctrico para casas grandes de 3 o más personas de bajos a medios ingresos. Llame al 1-800-PGE-5000 para más información.

- **LIHEAP** – Programa de Ayuda para el Pago de la Energía del Hogar de Bajos Ingresos (LIHEAP), Brinda asistencia con el pago de sus cuentas, asistencia de emergencia en sus cuentas y servicios de protección contra las inclemencias del tiempo. Llame al Departmento de Servicios y Desarrollo para la Comunidad (CSD) al 1-866-675-6623 para más información.

- **REACH** – Comuníquese con el Ejército de Salvación para recibir ayuda en una sola occasion en el pago de sus cuentas de energía. Llame al Salvation Army al 1-800-933-9677 para más información.

- **Facilidades de Pago** - Pacific Gas and Electric Company puede elaborar un programa de pagos si necesita más tiempo para pagar su cuenta. Llame al 1-800-PGE-5000 para más información.

- **Medical Baseline** – Brinda servicios a las tarifas más bajas a los clientes que comprueben necesitar dichos servicios. Llame al 1-800-PGE-5000 para más información.

- **Socios en la Energía** – Servicios gratuitos de orientación sobre energía y de protección contra las inclemencias del tiempo para los clientes que reúnan los requisitos de ingresos. Llame al 1-800-989-9744 para más información.

- **Plan de Pagos Uniformes** – Comuníquese con Pacific Gas and Electric Company para ver cómo puede uniformizar sus pagos de modo que puede hacer un presupuesto de sus costos de energía. Llame al 1-800-PGE-5000 para más información.

- **ULTS** – La Línea Universal de Servicio Telefónico (ULTS) le brinda acceso telefónico a precios de descuento a aquellos clientes que reúnan requisitos similares al Programa CARE. Llame a su compañía local de teléfono para más información.

1-866-743-2273

Assistance with the CARE Program in English

Giúp xin chương trình CARE bằng tiếng Việt

CARE 華語協助專線

Asistencia con el programa CARE en español

Pacific Gas and Electric Company®

www.pge.com/care

Solicitudes del Programa CARE para
Clientes Residenciales de Familias Individuales

CARE Program

Regrese la solicitud completada: P.O. Box 7979, San Francisco, CA 94120-7979

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

01-9077

Rev. 06/01/04

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

Número de cuenta del cliente:
(Su numero de cuenta esta localisado en la primera pagina de su bil de PG&E)

Nombre _____
Como aparece en su cuenta de energía

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

Dirección postal _____ **Ciudad** _____ **CA Código postal** _____
Si es differente a la que aparece arriba

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

Número de personas que viven en el hogar ☐☐ + ☐☐ = ☐☐

Adultos Niños **Total**

2 INGRESO MÁXIMO DEL HOGAR: *(efectivo Junio 1, 2004 hasta Mayo 31 del 2005)*

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

Tamaño del Hogar	*1 o 2*	*3*	*4*	*5*	*6*	*Añada **$5,600** por cada miembro adicional del hogar*
Anual	***$23,400***	***$27,500***	***$33,100***	***$38,700***	***$44,300***	

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

- O Sueldos y/o Salarios
  Intereses y/o Dividendos de:
  - O Cuentas de Ahorros,
  - O Acciones o Bonos, o
  - O Cuentas de Jubilación
- O Beneficios de Desempleo
- O Ingresos provenientes de Rentas o Regalías
- O Donaciones Escolares, Becas u Otro Tipo de Ayuda para Gastos de Subsistencia
- O Utilidades por Empleo Independiente (Formulario del IRS, Schedule C, Línea 29)
- O Pagos por Incapacidad
- O Compensación al Trabajador
- O Seguro Social, SSI, SSP
- O Pensiones
- O Conciliaciones del Seguro
- O Conciliaciones Legales
- O TANF (AFDC)
- O Estampillas de Alimentos
- O Pensión Alimenticia a Hijos
- O Ingresos en Efectivo y/o de Otro Tipo
- O Pensión Alimenticia a Cónyuge

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

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

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

X _____ _____

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

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
APPLICATION FOR TENANTS OF SUB-METERED FACILITIES
FORM NO. 01-9285 (REV 6/04) (T)
(ATTACHED)

Pacific Gas and Electric Company®

www.pge.com/care

CARE Program Application for

Tenants of Sub-Metered Residential Facilities

CARE Program

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

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

01-9285

Rev. 06/01/04

ABOUT THE CARE DISCOUNT PROGRAM

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

CARE PROGRAM RULES

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

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **FERA –** Family Electric Rate Assistance Program. Provides a Tier 3 electric rate reduction for large households of 3 or more persons with low to middle income. Call 1-800-PGE-5000 for more information.
- **LIHEAP** - Low Income Home Energy Assistance Program. Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline** - Provides services at the lowest rates to customers with documented needs. Call 1-800-PGE-5000 for more information.
- **Energy Partners** - Free energy education and weatherization to income-qualified customers. Call 1-800-989-9744 for more information.
- **ULTS** – Universal Lifeline Telephone Service provides discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local telephone service provider for more information.

1-866-743-2273

Assistance with the CARE Program in English

Giúp xin chương trình CARE bằng tiếng Việt

CARE 華語協助專線

Asistencia con el programa CARE en español

Pacific Gas and Electric Company®

www.pge.com/care

CARE Program Application for
Tenants of Sub-Metered Residential Facilities

CARE Program

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

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

01-9285

Rev. 06/01/04

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

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

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

Name on PG&E Bill _____

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

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

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

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

Name _____
As it appears on your energy bill

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

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

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

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

MAXIMUM HOUSEHOLD INCOME: (effective June 1, 2004 to May 31, 2005)

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

Number of Persons in Household	*1 or 2*	*3*	*4*	*5*	*6*	*Add **$5,600** for each additional household member*
Total Combined Annual Income	***$23,400***	***$27,500***	***$33,100***	***$38,700***	***$44,300***	

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

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

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

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

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

X _____ _____

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

Pacific Gas and Electric Company®

www.pge.com/care

Solicitudes del Programa CARE para

Inquilinos de Instalaciones Residenciales "Sub-medidas"

CARE Program

Regrese la solicitud completada: P.O. Box 7979, San Francisco, CA 94120-7979

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

01-9285

Rev. 06/01/04

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO CARE

El programa CARE brinda un descuento del 20% en la cuenta de los servicios públicos de los hogares que reúnan los requisitos. El descuento y los criterios de elegibilidad fueron establecidos por la Comisión de Servicios Públicos de California. Si usted cumple con los requisitos, Pacific Gas and Electric Company notificará a su administrador o propetario de su eligibilidad después de que su solicitud llena haya sido recibida y verificada. Pacific Gas and Electric Company se comunicará con usted por correo al menos cada año, para verificar que usted necesite seguir participando en este programa.

REGLAS DEL PROGRAMA CARE

- La cuenta de Pacific Gas and Electric Company debe estar a su nombre.
- El solicitante de CARE debe vivir en la dirección donde se recibirá el descuento por mas de la mitad del año (no para segundos hogares).
- El solicitante no puede calificar para el descuento CARE si comparte el/los medidor/es de energía con otra casa.
- El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su marido.
- El hogar del solicitante debe cumplir con la definición de bajos ingresos del programa tal como se describa en este paquete de solicitud.
- El solicitante deberá notificar a Pacific Gas and Electric Company si su hogar ya no reune los requisitos del descuento del programa CARE.

OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **FERA -** Programa Familia de Ayuda de Precio Eléctrico. Proporciona una Hilera 3 reducción de precio eléctrico para casas grandes de 3 o más personas de bajos a medios ingresos. Llame al 1-800-PGE-5000 para más información.
- **LIHEAP** – Programa de Ayuda para el Pago de la Energía del Hogar de Bajos Ingresos (LIHEAP), Brinda asistencia con el pago de sus cuentas, asistencia de emergencia en sus cuentas y servicios de protección contra las inclemencias del tiempo. Para más información, llame al Departmento de Servicios y Desarrollo para la Comunidad (CSD) al 1-866-675-6623.
- **Medical Baseline** – Brinda servicios a las tarifas más bajas a los clientes que comprueben necesitar dichos servicios. Llame al 1-800-PGE-5000 para más información.
- **Socios en la Energía** – Servicios gratuitos de orientación sobre energía y de protección contra las inclemencias del tiempo para los clientes que reúnan los requisitos de ingresos. Llame al 1-800-989-9744 para más información.
- **ULTS** – La Línea Universal de Servicio Telefónico (ULTS) le brinda acceso telefónico a precios de descuento a aquellos clientes que reúnan requisitos similares al Programa CARE. Llame a su compañía local de teléfono para más información.

1-866-743-2273

Assistance with the CARE Program in English

Giúp xin chương trình CARE bằng tiếng Việt

CARE 華語協助專線

Asistencia con el programa CARE en español

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

CARE Program

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01-9285

Rev. 06/01/04

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

Nombre del Administrador o Propietario _____ **Teléfono** ☐☐☐ ■ ☐☐☐ ■ ☐☐☐☐

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

Nombre que aparece en la cuenta de energía _____

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

Dirección a la que se da el servicio _____ **Ciudad** _____ **CA Código postal** _____

Situación del solicitante ○ **NUEVO** ○ **ABANDONÓ EL PROGRAMA** ○ **SE RECERTIFICÓ** ○ **SE MUDÓ A OTRO ESPACIO**

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

Nombre _____
Como aparece en su cuenta de energía

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

Dirección postal _____ **Ciudad** _____ **CA Código postal** _____
Si es diferente a la que aparece arriba

Número telefónico durante el día ☐☐☐ ■ ☐☐☐ ■ ☐☐☐☐
Por favor incluya el código deArea

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

INGRESO MÁXIMO DEL HOGAR: *(efectivo Junio 1, 2004 hasta Mayo 31 del 2005)*

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

Tamaño del Hogar	*1 o 2*	*3*	*4*	*5*	*6*	*Añada **$5,600** por cada miembro adicional del hogar*
Anual	***$23,400***	***$27,500***	***$33,100***	***$38,700***	***$44,300***	

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

- ○ Sueldos y/o Salarios
  Intereses y/o Dividendos de:
  - ○ Cuentas de Ahorros,
  - ○ Acciones o Bonos, o
  - ○ Cuentas de Jubilación
- ○ Beneficios de Desempleo
- ○ Ingresos provenientes de Rentas o Regalías
- ○ Donaciones Escolares, Becas u Otro Tipo de Ayuda para Gastos de Subsistencia
- ○ Utilidades por Empleo Independiente (Formulario del IRS, Schedule C, Línea 29)
- ○ Pagos por Incapacidad
- ○ Compensación al Trabajador
- ○ Seguro Social, SSI, SSP
- ○ Pensiones
- ○ Conciliaciones del Seguro
- ○ Conciliaciones Legales
- ○ TANF (AFDC)
- ○ Estampillas de Alimentos
- ○ Pensión Alimenticia a Hijos
- ○ Ingresos en Efectivo y/o de Otro Tipo
- ○ Pensión Alimenticia a Cónyuge

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

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

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

X _____ _____

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

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
INCOME GUIDELINES
FORM NO. 62-1477 (REV 6/04) (T)
(ATTACHED)

Pacific Gas and Electric Company®

www.pge.com/care

CARE Program Applications
Income Guidelines

CARE Program

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

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

62-1477

Rev. 06/01/04

CALIFORNIA ALTERNATE RATES FOR ENERGY

INCOME GUIDELINES (effective June 1, 2004 to May 31, 2005)

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

Size of Household	Yearly
1 or 2	$23,400
3	$27,500
4	$33,100
5	$38,700
6	$44,300

add **$5,600** for each additional household member

Definition of Income:

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

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

TARIFAS ALTERNAS DE ENERGÍA DE CALIFORNIA

PAUTAS DE INGRESOS (Es vigor desde Junio 1, 2004 hasta Mayo 31 del 2005)

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

Tamaño del Hogar	Anual
1 or 2	$23,400
3	$27,500
4	$33,100
5	$38,700
6	$44,300

añada **$5,600** por cada miembro adicional del hogar

Definición de ingresos:

Todos los ingresos, de todas las personas que viven en su hogar, derivadas de todas las fuentes, tanto gravables como no gravables, incluyendo, pero no limitándose a:

- Sueldos y/o Salarios
- Intereses y/o Dividendos de:
  - Cuentas de Ahorros,
  - Acciones o Bonos, o
  - Cuentas de Jubilación
- Beneficios de Desempleo
- Ingresos provenientes de Rentas o Regalías
- Donaciones Escolares, Becas u Otro Tipo de Ayuda para Gastos de Subsistencia
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- Compensación al Trabajador
- Seguro Social, SSI, SSP
- Pensiones
- Conciliaciones del Seguro
- Conciliaciones Legales
- TANF (AFDC)
- Estampillas de Alimentos
- Pensión Alimenticia a Hijos
- Ingresos en Efectivo y/o de Otro Tipo
- Pensión Alimenticia a Cónyuge

1-866-743-2273

Assistance with the CARE Program in English

Giúp xin chương trình CARE bằng tiếng Việt

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62-1477

Rev. 06/01/04

加州能源替代費率

收入標準(有效期由 2004 年 6 月 1 日至 2005 年 5 月 31 日)

您家庭的總收入不可超過 CARE 計劃的收入標準

家庭人數	每年收入
1 或 2	$23,400
3	$27,500
4	$33,100
5	$38,700
6	$44,300

每增加一人，增加 $5,600

收入定義:

居住在您家中所有人、來自所有途徑，無論是要繳稅或不需繳稅全部收入，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、獎學金或其他生活開支補助
- 自僱者的總收入（IRS 表格 C 第 29 行）
- 傷病補助金
- 勞工賠償
- 安全保險補助金、SSI、SSP
- 退休金
- 保險訴訟所得的金錢
- 法律訴訟所得的金錢
- 對需協助的家庭之臨時補助 TANF (AFDC)
- 食物券
- 給孩童的資助
- 現金和 / 或其他收入
- 給配偶的資助

CHƯƠNG TRÌNH GIÁ BIỂU NĂNG LƯỢNG KHÁC CỦA CALIFORNIA

ĐỊNH MỨC LỢI TỨC (Có hiệu lực từ ngày 1 tháng Sáu, 2004 tới ngày 31 tháng Năm, 2005)

Tổng Số Lợi Tức Toàn Gia Đình của quý vị không được vượt quá Định Mức Lợi Tức CARE dưới đây:

Số Người trong Gia Đình	Hàng Năm
1 hay 2	$23,400
3	$27,500
4	$33,100
5	$38,700
6	$44,300

Cộng $5,600 cho mỗi người thêm sau đó

Định Nghĩa Lợi Tức:

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

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

1-866-743-2273

Assistance with the CARE Program in English

Giúp xin chương trình CARE bằng tiếng Việt

CARE 華語協助專線

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
POSTAGE-PAID APPLICATION
FORM NO. 03-006 (6/04) (T)
(ATTACHED)

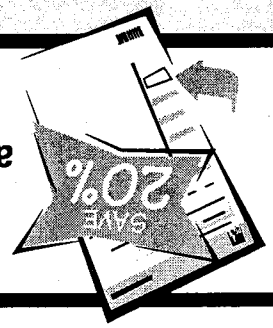
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

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

POSTAGE WILL BE PAID BY ADDRESSEE

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



Thousands of households could be receiving a CARE program discount every month. Is your household one?

Pacific Gas and Electric Company®

Miles de hogares podrían estar recibiendo el descuento del programa CARE, cada mes. ¿Es su hogar uno de ellos?

每個月有上千個家庭符合參與"CARE節省優惠計劃"資格。您是否其中一個？

Hàng ngàn gia đình có thể đang hưởng chương trình giảm giá CARE hàng tháng. Gia đình quí vị có trong số này không?

SAVE 20% on your PG&E bill every month! Fill out this application today and you can begin saving on your next gas and electric bill.

Pacific Gas and Electric Company®

¡Ahorre un 20% en su cuenta de PG&E **cada** mes! ¡Llene esta solicitud **hoy** mismo y podrá empezar a ahorrar en su próxima cuenta de gas y electricidad!

每個月節省20%的太洋煤電公司帳單！請即日填妥申請表格，下一個月帳單即可享受優惠！

Tiết kiệm 20% mỗi tháng trên hóa đơn PG&E của quí vị. Điền đơn ngay hôm nay và quí vị có thể bắt đầu tiết kiệm trên hóa đơn điện và ga kế tiếp.

Application for Discount

1 Review Qualifications

Rules for Participation

- The PG&E bill must be in your name.
- You must notify PG&E if you no longer qualify.
- You may not be claimed as a dependent on another person's income tax return.
- Your total annual household income should not exceed the income guidelines below.
- You may be asked to verify your income.

Maximum Household Income

Adults + Children Living in Household	Total Combined Annual Income
1 or 2	$23,400
3	$27,500
4	$33,100
5	$38,700
6	$44,300

Add $5,600 for each additional person. Valid until June 1, 2005.

2 Total Your Household Income

You must count all sources of your household income, including:

- Wages or Salaries
- Interest or Dividends from:
  - Savings Accounts
  - Stocks or Bonds
  - Retirement Accounts
- Unemployment Benefits
- Rental or Royalty Income
- Disability Payments
- Workers Compensation
- Social Security, SSI, SSP
- Pensions
- Insurance Settlements
- Legal Settlements
- TANF (AFDC)
- Food Stamps
- Child Support
- Cash and/or Other Income
- Spousal Support
- Scholarships, Grants, or Other Aid Used for Living Expenses
- Profit from Self-Employment (IRS Form 1040, Schedule C, line 29)

Mẫu đơn xin giảm gia

1 Xem lại các tiêu chuẩn

Điều lệ để tham gia

- Quí vị phải đứng tên trên hóa đơn PG&E.
- Quí vị phải thông báo cho PG&E nếu không còn hội đủ điều kiện.
- Quí vị không bị ai khai là người phụ thuộc (dependent) trên giấy khai thuế của họ.
- Tổng số lợi tức hàng năm trong cả gia đình quí vị không được vượt quá những mức trong bảng lợi tức bên dưới.
- Quí vị có thể được yêu cầu chứng minh lợi tức của mình.

Lợi tức tối đa của cả gia đình

Số người lớn + trẻ em trong gia đình	Tổng số lợi tức hàng năm
1 hoặc 2	$23,400
3	$27,500
4	$33,100
5	$38,700
6	$44,300

Cộng $5,600 vào lợi tức hàng năm cho mỗi người thêm sau đó. Có giá trị cho đến ngày 01 tháng 6, 2005.

TEAR OFF
(Xé dọc theo lằn này)

2 Cộng tổng số các nguồn lợi tức trong cả gia đình

Quí vị phải tính tất cả các nguồn lợi tức trong gia đình của mình, gồm cả:

- Tiền lương
- Tiền lời từ:
  - Trương mục tiết kiệm
  - Cổ phần hoặc công khố phiếu
  - Trương mục hưu trí
- Tiền thất nghiệp
- Lợi tức từ việc cho thuê hoặc bản quyền
- Tiền tàn phế
- Tiền bồi hoàn tai nạn lao động
- Tiền An Sinh Xã Hội, SSI, SSP
- Tiền hưu bổng
- Tiền bảo hiểm bồi thường
- Tiền bồi thường thưa kiện
- TANF (AFDC)
- Phiếu mua thực phẩm
- Tiền cấp dưỡng con cái
- Tiền mặt và/hoặc lợi tức khác
- Tiền cấp dưỡng vợ/chồng
- Học bổng, tài trợ, hoặc các chương trình trợ giúp đời sống gia đình khác
- Lợi nhuận do tự làm chủ (Mẫu IRS 1040, Schedule C, dòng 29)

Application for Discount (Mẫu đơn xin giảm giá)

3 Complete the application. For questions, call 1-866-PGE-CARE (1-866-743-2273)
(Điền mẫu đơn. Có gì cần hỏi, xin gọi số miễn phí 1-866-743-2273)

Please print clearly *(Viết rõ ràng bằng chữ in)*

Your Name *(Tên)*

Your Address *(Địa chỉ)* **Unit** *(Căn)*

City *(Thành phố)* **Zip Code** *(Số bưu chính)*

Home Telephone *(Số điện thoại nhà)* **Work Telephone** *(Số điện thoại sở)*

PG&E Account Number *(Số trương mục PG&E)* **Total Annual Household Income** *(Tổng số lợi tức hàng năm trong gia đình)*

Number of Persons in Household *(Số người trong gia đình)* **Adults** *(Người lớn)* + **Children** *(Trẻ em)* = **Total** *(Tổng số)*

4 Sign Your Application Below *(Ký tên dưới đây)*

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

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

Customer Signature *(Chữ ký của khách hàng)* **Date** *(Ngày)*

No Tape *(Không dùng băng keo)* **Please Moisten and Seal** *(Xin thấm ướt và dán kín)* *(Không bấm đinh kẹp)* No Staples

6.04

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

B. ELIGIBILITY (Cont'd.)

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

Number of Persons in Household	Maximum Annual Household Income
1-2	$23,400 (I)
3	$27,500 |
4	$33,100 |
5	$38,700 |
6	$44,300 |
Each additional member, add:	$ 5,600 (I)

C. CERTIFICATION

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

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

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

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

3. Self-certification:

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

(Continued)

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

B. ELIGIBILITY (Cont'd.)

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

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

Number of Persons in Household	Maximum Annual Household Income
1-2	$23,400 (I)
3	$27,500 |
4	$33,100 |
5	$38,700 |
6	$44,300 |
Each additional member, add:	$ 5,600 (I)

(Continued)

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

B. ELIGIBILITY (Cont'd.)

2. PRIVATELY-OWNED EMPLOYEE HOUSING FACILITIES

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

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

3. AGRICULTURAL EMPLOYEE HOUSING FACILITIES

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

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

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

Number of Persons in Household	Maximum Annual Household Income
1-2	$23,400 (I)
3	$27,500 |
4	$33,100 |
5	$38,700 |
6	$44,300 |
Each additional member, add:	$ 5,600 (I)

(Continued)

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
APPLICATION FOR RESIDENTIAL SINGLE-FAMILY CUSTOMERS
FORM NO. 01-9077 (REV 6/04) (T)
(ATTACHED)

Pacific Gas and Electric Company®

www.pge.com/care

CARE Program Application for
Residential Single-Family Customers

CARE Program

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

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

01-9077

Rev. 06/01/04

ABOUT THE CARE DISCOUNT PROGRAM

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

CARE PROGRAM RULES

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

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **FERA –** Family Electric Rate Assistance Program. Provides a Tier 3 electric rate reduction for large households of 3 or more persons with low to middle income. Call 1-800-PGE-5000 for more information.
- **LIHEAP** - Low Income Home Energy Assistance Program. Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **REACH** – Contact the Salvation Army for one-time assistance in paying your bills. Call the Salvation Army at 1-800-933-9677 for more information.
- **Payment Arrangements** - Pacific Gas and Electric Company can work out a payment schedule for you if you need more time paying your bill. Call 1-800-PGE-5000 for more information.
- **Medical Baseline** - Provides services at the lowest rates to customers with documented needs. Call 1-800-PGE-5000 for more information.
- **Energy Partners** - Free energy education and weatherization to income-qualified customers. Call 1-800-989-9744 for more information.
- **Balanced Payment Plan** – Contact Pacific Gas and Electric Company Customer Services to see how your monthly payments can be evened out to allow you to budget your energy costs. Call 1-800-PGE-5000 for more information.
- **ULTS** – Universal Lifeline Telephone Service provides discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local telephone service provider for more information.

1-866-743-2273

Assistance with the CARE Program in English

Giúp xin chương trình CARE bằng tiếng Việt

CARE 華語協助專線

Asistencia con el programa CARE en español

Pacific Gas and Electric Company®

www.pge.com/care

CARE Program Application for
Residential Single-Family Customers

CARE Program

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

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

01-9077

Rev. 06/01/04

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

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

Name _____
As it appears on your energy bill

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

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

Daytime Telephone Number
Please Include Area Code

Number of people living in your household ☐☐ + ☐☐ = ☐☐

Adults Children **Total**

2 MAXIMUM HOUSEHOLD INCOME: *(effective June 1, 2004 to May 31, 2005)*

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

Number of Persons in Household	*1 or 2*	*3*	*4*	*5*	*6*	*Add **$5,600** for each additional household member*
Total Combined Annual Income	***$23,400***	***$27,500***	***$33,100***	***$38,700***	***$44,300***	

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

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

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

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

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

X _____ _____

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

Pacific Gas and Electric Company®

www.pge.com/care

Solicitudes del Programa CARE para

Clientes Residenciales de Familias Individuales

CARE Program

Regrese la solicitud completada: P.O. Box 7979, San Francisco, CA 94120-7979

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

01-9077

Rev. 06/01/04

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO CARE

El programa CARE brinda un descuento del 20% en la cuenta de los servicios públicos de los hogares que reúnan los requisitos. (Si usted es un cliente del plan "Tiempo de Uso" y reúne los requisitos, su descuento sera igual al cargo mensual de su medidor.) El descuento y los criterios de elegibilidad fueron establecidos por la Comisión de Servicios Públicios de California. Si usted califica, sus ahorros aparecerán después de su siguiente ciclo de cuenta de Pacific Gas and Electric Company una vez que su aplicación completada ha sido recibida y verificada por Pacific Gas and Electric Company. Pacific Gas and Electric Company se pondrá en contacto con usted por el correo al menos cada dos años para verificar su necesidad continuada del programa.

REGLAS DEL PROGRAMA CARE

- La cuenta de Pacific Gas and Electric Company debe estar a su nombre.
- El solicitante de CARE debe vivir en la dirección donde se recibirá el descuento por mas de la mitad del año (no para segundos hogares).
- El solicitante no puede calificar para el descuento CARE si comparte el/los medidor/es de energía con otra casa.
- El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su marido.
- El hogar del solicitante debe cumplir con la definición de bajos ingresos del programa tal como se describa en este paquete de solicitud.
- El solicitante deberá notificar a Pacific Gas and Electric Company si su hogar ya no reúne los requisitos del descuento del programa CARE.
- Los inquilinos "sub-medidos" de parques de casas móviles, apartmentos y muelles de botes, deberán llenar la solicitud "Aplicación del programa CARE para Inquilinos de Instalaciones Residenciales "Sub-medidas". (Vea al Propietario/ Administrador para obtener el formulario 01-9285)

OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **FERA -** Programa Familia de Ayuda de Precio Eléctrico. Proporciona una Hilera 3 reducción de precio eléctrico para casas grandes de 3 o más personas de bajos a medios ingresos. Llame al 1-800-PGE-5000 para más información.

- **LIHEAP** – Programa de Ayuda para el Pago de la Energía del Hogar de Bajos Ingresos (LIHEAP), Brinda asistencia con el pago de sus cuentas, asistencia de emergencia en sus cuentas y servicios de protección contra las inclemencias del tiempo. Llame al Departmento de Servicios y Desarrollo para la Comunidad (CSD) al 1-866-675-6623 para más información.

- **REACH** – Comuníquese con el Ejército de Salvación para recibir ayuda en una sola occasion en el pago de sus cuentas de energía. Llame al Salvation Army al 1-800-933-9677 para más información.

- **Facilidades de Pago** - Pacific Gas and Electric Company puede elaborar un programa de pagos si necesita más tiempo para pagar su cuenta. Llame al 1-800-PGE-5000 para más información.

- **Medical Baseline** – Brinda servicios a las tarifas más bajas a los clientes que comprueben necesitar dichos servicios. Llame al 1-800-PGE-5000 para más información.

- **Socios en la Energía** – Servicios gratuitos de orientación sobre energía y de protección contra las inclemencias del tiempo para los clientes que reúnan los requisitos de ingresos. Llame al 1-800-989-9744 para más información.

- **Plan de Pagos Uniformes** – Comuníquese con Pacific Gas and Electric Company para ver cómo puede uniformizar sus pagos de modo que puede hacer un presupuesto de sus costos de energía. Llame al 1-800-PGE-5000 para más información.

- **ULTS** – La Línea Universal de Servicio Telefónico (ULTS) le brinda acceso telefónico a precios de descuento a aquellos clientes que reúnan requisitos similares al Programa CARE. Llame a su compañía local de teléfono para más información.

1-866-743-2273

Assistance with the CARE Program in English

Giúp xin chương trình CARE bằng tiếng Việt

CARE 華語協助專線

Asistencia con el programa CARE en español

Pacific Gas and Electric Company®

www.pge.com/care

Solicitudes del Programa CARE para
Clientes Residenciales de Familias Individuales

CARE Program

Regrese la solicitud completada: P.O. Box 7979, San Francisco, CA 94120-7979

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

01-9077

Rev. 06/01/04

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

Número de cuenta del cliente:
(Su numero de cuenta esta localisado en la primera pagina de su bil de PG&E)

Nombre _____
Como aparece en su cuenta de energía

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

Dirección postal _____ **Ciudad** _____ **CA Código postal** _____
Si es differente a la que aparece arriba

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

Número de personas que viven en el hogar

Adultos + Niños = **Total**

2 INGRESO MÁXIMO DEL HOGAR: *(efectivo Junio 1, 2004 hasta Mayo 31 del 2005)*

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

Tamaño del Hogar	*1 o 2*	*3*	*4*	*5*	*6*	*Añada **$5,600** por cada miembro adicional del hogar*
Anual	***$23,400***	***$27,500***	***$33,100***	***$38,700***	***$44,300***	

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

- O Sueldos y/o Salarios
- Intereses y/o Dividendos de:
  - O Cuentas de Ahorros,
  - O Acciones o Bonos, o
  - O Cuentas de Jubilación
- O Beneficios de Desempleo
- O Ingresos provenientes de Rentas o Regalias
- O Donaciones Escolares, Becas u Otro Tipo de Ayuda para Gastos de Subsistencia
- O Utilidades por Empleo Independiente (Formulario del IRS, Schedule C, Línea 29)
- O Pagos por Incapacidad
- O Compensación al Trabajador
- O Seguro Social, SSI, SSP
- O Pensiones
- O Conciliaciones del Seguro
- O Conciliaciones Legales
- O TANF (AFDC)
- O Estampillas de Alimentos
- O Pensión Alimenticia a Hijos
- O Ingresos en Efectivo y/o de Otro Tipo
- O Pensión Alimenticia a Cónyuge

Ingresos Totales Anuales del Hogar: $ ___,___

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

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

X _____ _____

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

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
APPLICATION FOR TENANTS OF SUB-METERED FACILITIES
FORM NO. 01-9285 (REV 6/04) (T)
(ATTACHED)

Pacific Gas and Electric Company®

www.pge.com/care

CARE Program Application for

Tenants of Sub-Metered Residential Facilities

CARE Program

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

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

01-9285

Rev. 06/01/04

ABOUT THE CARE DISCOUNT PROGRAM

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

CARE PROGRAM RULES

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

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **FERA** – Family Electric Rate Assistance Program. Provides a Tier 3 electric rate reduction for large households of 3 or more persons with low to middle income. Call 1-800-PGE-5000 for more information.
- **LIHEAP** - Low Income Home Energy Assistance Program. Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline** - Provides services at the lowest rates to customers with documented needs. Call 1-800-PGE-5000 for more information.
- **Energy Partners** - Free energy education and weatherization to income-qualified customers. Call 1-800-989-9744 for more information.
- **ULTS** – Universal Lifeline Telephone Service provides discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local telephone service provider for more information.

1-866-743-2273

Assistance with the CARE Program in English

Giúp xin chương trình CARE bằng tiếng Việt

CARE 華語協助專線

Asistencia con el programa CARE en español

Pacific Gas and Electric Company®

www.pge.com/care

CARE Program Application for

Tenants of Sub-Metered Residential Facilities

CARE Program

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

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

01-9285

Rev. 06/01/04

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

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

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

Name on PG&E Bill _____

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

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

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

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

Name _____
As it appears on your energy bill

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

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

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

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

MAXIMUM HOUSEHOLD INCOME: (effective June 1, 2004 to May 31, 2005)

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

Number of Persons in Household	*1 or 2*	*3*	*4*	*5*	*6*	*Add **$5,600** for each additional household member*
Total Combined Annual Income	***$23,400***	***$27,500***	***$33,100***	***$38,700***	***$44,300***	

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

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

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

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

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

X _____ _____

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

Pacific Gas and Electric Company®

www.pge.com/care

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

CARE Program

Regrese la solicitud completada: P.O. Box 7979, San Francisco, CA 94120-7979

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

01-9285

Rev. 06/01/04

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO CARE

El programa CARE brinda un descuento del 20% en la cuenta de los servicios públicos de los hogares que reúnan los requisitos. El descuento y los criterios de elegibilidad fueron establecidos por la Comisión de Servicios Públicios de California. Si usted cumple con los requisitos, Pacific Gas and Electric Company notificará a su administrador o propetario de su eligibilidad después de que su solicitud llena haya sido recibida y verificada. Pacific Gas and Electric Company se comunicará con usted por correo al menos cada año, para verificar que usted necesite seguir participando en este programa.

REGLAS DEL PROGRAMA CARE

- La cuenta de Pacific Gas and Electric Company debe estar a su nombre.
- El solicitante de CARE debe vivir en la dirección donde se recibirá el descuento por mas de la mitad del año (no para segundos hogares).
- El solicitante no puede calificar para el descuento CARE si comparte el/los medidor/es de energía con otra casa.
- El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su marido.
- El hogar del solicitante debe cumplir con la definición de bajos ingresos del programa tal como se describa en este paquete de solicitud.
- El solicitante deberá notificar a Pacific Gas and Electric Company si su hogar ya no reune los requisitos del descuento del programa CARE.

OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **FERA -** Programa Familia de Ayuda de Precio Eléctrico. Proporciona una Hilera 3 reducción de precio eléctrico para casas grandes de 3 o más personas de bajos a medios ingresos. Llame al 1-800-PGE-5000 para más información.
- **LIHEAP** – Programa de Ayuda para el Pago de la Energía del Hogar de Bajos Ingresos (LIHEAP), Brinda asistencia con el pago de sus cuentas, asistencia de emergencia en sus cuentas y servicios de protección contra las inclemencias del tiempo. Para más información, llame al Departmento de Servicios y Desarrollo para la Comunidad (CSD) al 1-866-675-6623.
- **Medical Baseline** – Brinda servicios a las tarifas más bajas a los clientes que comprueben necesitar dichos servicios. Llame al 1-800-PGE-5000 para más información.
- **Socios en la Energía** – Servicios gratuitos de orientación sobre energía y de protección contra las inclemencias del tiempo para los clientes que reúnan los requisitos de ingresos. Llame al 1-800-989-9744 para más información.
- **ULTS** – La Línea Universal de Servicio Telefónico (ULTS) le brinda acceso telefónico a precios de descuento a aquellos clientes que reúnan requisitos similares al Programa CARE. Llame a su compañía local de teléfono para más información.

1-866-743-2273

Assistance with the CARE Program in English

Giúp xin chương trình CARE bằng tiếng Việt

CARE 華語協助專線

Asistencia con el programa CARE en español

Pacific Gas and Electric Company®

www.pge.com/care

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

CARE Program

Regrese la solicitud completada: P.O. Box 7979, San Francisco, CA 94120-7979

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

01-9285

Rev. 06/01/04

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

Nombre del Administrador o Propietario _____ **Teléfono** ☐☐☐ ■ ☐☐☐ ■ ☐☐☐☐

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

Nombre que aparece en la cuenta de energía _____

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

Dirección a la que se da el servicio _____ **Ciudad** _____ **CA Código postal** _____

Situación del solicitante ○ **NUEVO** ○ **ABANDONÓ EL PROGRAMA** ○ **SE RECERTIFICÓ** ○ **SE MUDÓ A OTRO ESPACIO**

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

Nombre _____
Como aparece en su cuenta de energía

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

Dirección postal _____ **Ciudad** _____ **CA Código postal** _____
Si es diferente a la que aparece arriba

Número telefónico durante el día ☐☐☐ ■ ☐☐☐ ■ ☐☐☐☐
Por favor incluya el código deArea

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

INGRESO MÁXIMO DEL HOGAR: *(efectivo Junio 1, 2004 hasta Mayo 31 del 2005)*

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

Tamaño del Hogar	*1 o 2*	*3*	*4*	*5*	*6*	*Añada **$5,600** por cada miembro adicional del hogar*
Anual	***$23,400***	***$27,500***	***$33,100***	***$38,700***	***$44,300***	

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

- ○ Sueldos y/o Salarios
  Intereses y/o Dividendos de:
  - ○ Cuentas de Ahorros,
  - ○ Acciones o Bonos, o
  - ○ Cuentas de Jubilación
- ○ Beneficios de Desempleo
- ○ Ingresos provenientes de Rentas o Regalias
- ○ Donaciones Escolares, Becas u Otro Tipo de Ayuda para Gastos de Subsistencia
- ○ Utilidades por Empleo Independiente (Formulario del IRS, Schedule C, Línea 29)
- ○ Pagos por Incapacidad
- ○ Compensación al Trabajador
- ○ Seguro Social, SSI, SSP
- ○ Pensiones
- ○ Conciliaciones del Seguro
- ○ Conciliaciones Legales
- ○ TANF (AFDC)
- ○ Estampillas de Alimentos
- ○ Pensión Alimenticia a Hijos
- ○ Ingresos en Efectivo y/o de Otro Tipo
- ○ Pensión Alimenticia a Cónyuge

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

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

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

X _____ _____

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

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
INCOME GUIDELINES
FORM NO. 62-1477 (REV 6/04) (T)
(ATTACHED)

Pacific Gas and Electric Company®

www.pge.com/care

CARE Program Applications
Income Guidelines

CARE Program

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

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

62-1477

Rev. 06/01/04

CALIFORNIA ALTERNATE RATES FOR ENERGY

INCOME GUIDELINES (effective June 1, 2004 to May 31, 2005)

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

Size of Household	Yearly
1 or 2	$23,400
3	$27,500
4	$33,100
5	$38,700
6	$44,300

add **$5,600** for each additional household member

Definition of Income:

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

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

TARIFAS ALTERNAS DE ENERGÍA DE CALIFORNIA

PAUTAS DE INGRESOS (Es vigor desde Junio 1, 2004 hasta Mayo 31 del 2005)

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

Tamaño del Hogar	Anual
1 or 2	$23,400
3	$27,500
4	$33,100
5	$38,700
6	$44,300

añada **$5,600** por cada miembro adicional del hogar

Definición de ingresos:

Todos los ingresos, de todas las personas que viven en su hogar, derivadas de todas las fuentes, tanto gravables como no gravables, incluyendo, pero no limitándose a:

- Sueldos y/o Salarios
- Intereses y/o Dividendos de:
  - Cuentas de Ahorros,
  - Acciones o Bonos, o
  - Cuentas de Jubilación
- Beneficios de Desempleo
- Ingresos provenientes de Rentas o Regalías
- Donaciones Escolares, Becas u Otro Tipo de Ayuda para Gastos de Subsistencia
- Utilidades por Empleo Independiente (Formulario del IRS, Schedule C, Línea 29)
- Pagos por Incapacidad
- Compensación al Trabajador
- Seguro Social, SSI, SSP
- Pensiones
- Conciliaciones del Seguro
- Conciliaciones Legales
- TANF (AFDC)
- Estampillas de Alimentos
- Pensión Alimenticia a Hijos
- Ingresos en Efectivo y/o de Otro Tipo
- Pensión Alimenticia a Cónyuge

1-866-743-2273

Assistance with the CARE Program in English

Giúp xin chương trình CARE bằng tiếng Việt

CARE 華語協助專線

Asistencia con el programa CARE en español

Pacific Gas and Electric Company®

www.pge.com/care

CARE Program Applications
Income Guidelines

CARE Program

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

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

62-1477

Rev. 06/01/04

加州能源替代費率

收入標準(有效期由 2004 年 6 月 1 日至 2005 年 5 月 31 日)

您家庭的總收入不可超過 CARE 計劃的收入標準

家庭人數	每年收入
1 或 2	$23,400
3	$27,500
4	$33,100
5	$38,700
6	$44,300

每增加一人，增加 $5,600

收入定義:

居住在您家中所有人、來自所有途徑，無論是要繳稅或不需繳稅全部收入，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、獎學金或其他生活開支補助
- 自僱者的總收入（IRS 表格 C 第 29 行）
- 傷病補助金
- 勞工賠償
- 安全保險補助金、SSI、SSP
- 退休金
- 保險訴訟所得的金錢
- 法律訴訟所得的金錢
- 對需協助的家庭之臨時補助 TANF (AFDC)
- 食物券
- 給孩童的資助
- 現金和 / 或其他收入
- 給配偶的資助

CHƯƠNG TRÌNH GIÁ BIỂU NĂNG LƯỢNG KHÁC CỦA CALIFORNIA

ĐỊNH MỨC LỢI TỨC (Có hiệu lực từ ngày 1 tháng Sáu, 2004 tới ngày 31 tháng Năm, 2005)

Tổng Số Lợi Tức Toàn Gia Đình của quý vị không được vượt quá Định Mức Lợi Tức CARE dưới đây:

Số Người trong Gia Đình	Hàng Năm
1 hay 2	$23,400
3	$27,500
4	$33,100
5	$38,700
6	$44,300

Cộng $5,600 cho mỗi người thêm sau đó

Định Nghĩa Lợi Tức:

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

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

1-866-743-2273

Assistance with the CARE Program in English

Giúp xin chương trình CARE bằng tiếng Việt

CARE 華語協助專線

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
POSTAGE-PAID APPLICATION
FORM NO. 03-006 (6/04) (T)
(ATTACHED)

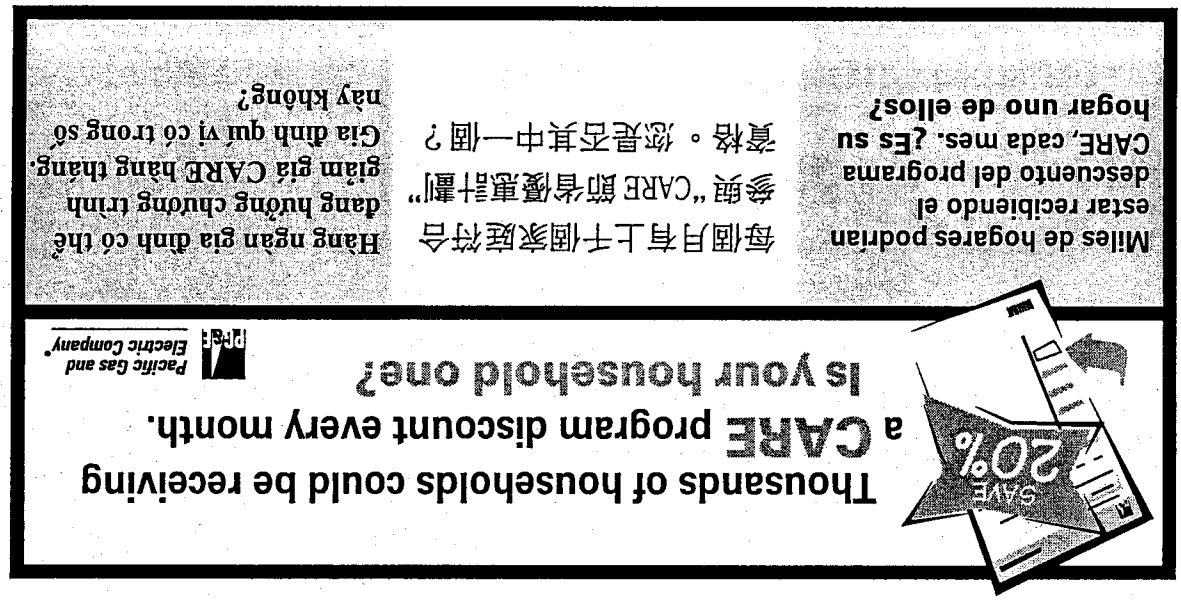
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

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

POSTAGE WILL BE PAID BY ADDRESSEE

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



Application for Discount

1 Review Qualifications

Rules for Participation

- The PG&E bill must be in your name.
- You must notify PG&E if you no longer qualify.
- You may not be claimed as a dependent on another person's income tax return.
- Your total annual household income should not exceed the income guidelines below.
- You may be asked to verify your income.

Maximum Household Income

Adults + Children Living in Household	Total Combined Annual Income
1 or 2	$23,400
3	$27,500
4	$33,100
5	$38,700
6	$44,300

Add $5,600 for each additional person. Valid until June 1, 2005.

2 Total Your Household Income

You must count all sources of your household income, including:

- Wages or Salaries
- Interest or Dividends from:
  - Savings Accounts
  - Stocks or Bonds
  - Retirement Accounts
- Unemployment Benefits
- Rental or Royalty Income
- Disability Payments
- Workers Compensation
- Social Security, SSI, SSP
- Pensions
- Insurance Settlements
- Legal Settlements
- TANF (AFDC)
- Food Stamps
- Child Support
- Cash and/or Other Income
- Spousal Support
- Scholarships, Grants, or Other Aid Used for Living Expenses
- Profit from Self-Employment (IRS Form 1040, Schedule C, line 29)

Mẫu đơn xin giảm gia

1 Xem lại các tiêu chuẩn

Điều lệ để tham gia

- Quí vị phải đứng tên trên hóa đơn PG&E.
- Quí vị phải thông báo cho PG&E nếu không còn hội đủ điều kiện.
- Quí vị không bị ai khai là người phụ thuộc (dependent) trên giấy khai thuế của họ.
- Tổng số lợi tức hàng năm trong cả gia đình quí vị không được vượt quá những mức trong bảng lợi tức bên dưới.
- Quí vị có thể được yêu cầu chứng minh lợi tức của mình.

Lợi tức tối đa của cả gia đình

Số người lớn + trẻ em trong gia đình	Tổng số lợi tức hàng năm
1 hoặc 2	$23,400
3	$27,500
4	$33,100
5	$38,700
6	$44,300

Cộng $5,600 vào lợi tức hàng năm cho mỗi người thêm sau đó. Có giá trị cho đến ngày 01 tháng 6, 2005.

TEAR OFF
(Xé dọc theo lằn này)

2 Cộng tổng số các nguồn lợi tức trong cả gia đình

Quí vị phải tính tất cả các nguồn lợi tức trong gia đình của mình, gồm cả:

- Tiền lương
- Tiền lời từ:
  - Trương mục tiết kiệm
  - Cổ phần hoặc công khố phiếu
  - Trương mục hưu trí
- Tiền thất nghiệp
- Lợi tức từ việc cho thuê hoặc bản quyền
- Tiền tàn phế
- Tiền bồi hoàn tai nạn lao động
- Tiền An Sinh Xã Hội, SSI, SSP
- Tiền hưu bổng
- Tiền bảo hiểm bồi thường
- Tiền bồi thường thưa kiện
- TANF (AFDC)
- Phiếu mua thực phẩm
- Tiền cấp dưỡng con cái
- Tiền mặt và/hoặc lợi tức khác
- Tiền cấp dưỡng vợ/chồng
- Học bổng, tài trợ, hoặc các chương trình trợ giúp đời sống gia đình khác
- Lợi nhuận do tự làm chủ (Mẫu IRS 1040, Schedule C, dòng 29)

Application for Discount (Mẫu đơn xin giảm giá)

3 Complete the application. For questions, call 1-866-PGE-CARE (1-866-743-2273)
(Điền mẫu đơn. Có gì cần hỏi, xin gọi số miễn phí 1-866-743-2273)

Please print clearly *(Viết rõ ràng bằng chữ in)*

Your Name *(Tên)*

Your Address *(Địa chỉ)* **Unit** *(Căn)*

City *(Thành phố)* **Zip Code** *(Số bưu chính)*

Home Telephone *(Số điện thoại nhà)* **Work Telephone** *(Số điện thoại sở)*

PG&E Account Number *(Số trương mục PG&E)* **Total Annual Household Income** *(Tổng số lợi tức hàng năm trong gia đình)*

Number of Persons in Household *(Số người trong gia đình)* **Adults** *(Người lớn)* + **Children** *(Trẻ em)* = **Total** *(Tổng số)*

4 Sign Your Application Below *(Ký tên dưới đây)*

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

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

Customer Signature *(Chữ ký của khách hàng)* **Date** *(Ngày)*

No Tape *(Không dùng băng keo)* **Please Moisten and Seal** *(Xin thấm ướt và dán kín)* *(Không bấm dính kẹp)* No Staples

6.04

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