



**Pacific Gas and
Electric Company®**

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Director
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October 11, 2005

Advice 2664-G-A/2720-E-A

Pacific Gas and Electric Company ID U39 M

Subject: Supplement -- Implementation of PG&E's "2005-2006 Winter Customer Care and Relief Program"

Public Utilities Commission of the State of California

Pacific Gas and Electric Company (PG&E) is filing this supplemental Advice Letter with tariff sheets that supersede those filed in Advice 2664-G/2720-E, seeking to implement PG&E's "2005-2007 Winter Customer Care and Relief Program." The affected tariff sheets are listed on the enclosed Attachment I.

Purpose

On October 7, 2005, PG&E filed 2664-G/2720-E to make modifications to PG&E's gas and electric Rule 19.1--*California Alternate Rate for Energy for Individual Customers and Submetered Tenants of Master-Metered Customers*, Rule 19.2--*California Alternate Rate for Energy for Nonprofit Group-Living Facilities*, and Rule 19.3--*California Alternate Rates for Energy for Qualified Agricultural Employee Housing Facilities*, to expand the applicability of PG&E's California Alternate Rates for Energy (CARE) program to include qualifying elderly and disabled households with maximum incomes up to 200 percent of the Federal Poverty Guideline (FPG). Advice 2664-G/2720-E also proposed a change to gas and electric Rule 9--*Rendering and Payment of Bills*, to expand the eligibility of the Balanced Payment Plan (BPP) to all qualified residential and small commercial customers.

This supplemental filing modifies Form Nos. 01-9077, 01-9285, and 62-1477 to reflect the expansion of the applicability of PG&E's CARE program to include qualifying elderly and disabled households with maximum incomes up to 200 percent of the FPG.

This supplemental filing also adds to the proposals presented in 2664-G/2720-E, by including changes to gas and electric Rules 19.1 and 19.2 to provide for a moratorium during the 2005-2006 Winter to suspend the requirement to disqualify applicants for failure to meet CARE recertification requirements. PG&E proposes this moratorium for the six-month winter season beginning immediately upon Commission approval and extending through **April 30, 2006**. The proposed tariff

changes give PG&E the flexibility to extend or reinstate the moratorium should circumstances warrant doing so.

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

Gas and Electric Rule 19.1:

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

Gas and Electric Rule 19.2:

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

Background

On September 13, 2005, the Commission issued a *Notice of October 6, 2005 Full Panel Hearing (FPH) in Los Angeles* ("Notice"), which directed the energy utilities under their jurisdiction to prepare a presentation for the Commission's FPH on October 6, 2005, and to provide proposals for reducing bill impacts for low income customers during the coming winter months. The Notice also directed the utilities to file their respective proposals in advance of the FPH. PG&E filed its proposal on September 30, 2005, outlining the company's "2005-2006 Winter Customer Care and Relief Program." Although most of the measures PG&E will put in place will not require affirmative approval from the Commission, the tariff changes requested in this filing will be necessary to implement some parts of the winter proposal.

On October 7, 2005, PG&E filed Advice 2664-G/2720-E. Also on October 7, 2005, ALJ Weissman issued an electronic communication to all parties on the R.04-01-006 service list setting forth an "Expedited Schedule for Winter 2005-2006 Program Changes." Pursuant to ALJ Weissman's Expedited Schedule, PG&E submits the instant supplemental advice letter for consideration of the additional proposal described above.

October 11, 2005

Protests

Pursuant to ALJ Weissman's "R.04-01-006 Low Income Proceeding Expedited Schedule for Winter 2005-2006 Program Changes" issued on October 7, 2005, 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 **October 17, 2005**. Replies to protests or comments must be received no later than **October 19, 2005**. Protests should be mailed to:

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

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

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

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

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

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

Effective Date

PG&E requests that this advice filing be acted upon the Commission's regularly scheduled October 27, 2005 meeting and that the requests made herein become effective on **November 1, 2005**, which is less than regular notice.

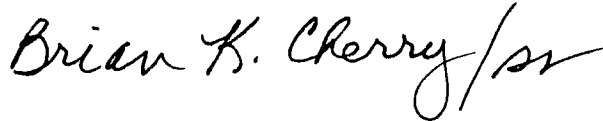
Notice

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

October 11, 2005

attached list. A copy is also being sent electronically to parties on the service list for R.04-01-006. Address changes should be directed to Rose de la Torre at (415) 973-4716. Advice letter filings can also be accessed electronically at:

<http://www.pge.com/tariffs>

Handwritten signature of Brian K. Cherry in cursive script, followed by a forward slash and the letters 'ss'.

Director, Regulatory Relations

Attachments

cc: President Michael Peevey
Commissioner Geoffrey Brown
Commissioner Dian Grueneich
Commissioner Susan Kennedy
Commissioner John Bohn
Service List: R.04-01-006

CALIFORNIA PUBLIC UTILITIES COMMISSION

ADVICE LETTER FILING SUMMARY ENERGY UTILITY

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

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

Utility type:

☒ ELC ☒ GAS

☐ PLC ☐ HEAT ☐ WATER

Contact Person: Bernard Lam

Phone #: (415) 973-4878

E-mail: bxlc@pge.com

EXPLANATION OF UTILITY TYPE

ELC = Electric

GAS = Gas

PLC = Pipeline

HEAT = Heat

WATER = Water

(Date Filed/ Received Stamp by CPUC)

Advice Letter (AL) #: 2664-G-A/2720-E-A

Subject of AL: Supplement -- Implementation of PG&E's "2005-2006 Winter Care and Relief Program"

Keywords (choose from CPUC listing): CARE, Billings

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

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

N/A

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 AL¹: _____

Resolution Required? ☒ Yes ☐ No

Requested effective date: 11/1/2005

No. of tariff sheets: 24

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

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

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

Tariff schedules affected: CARE Forms 01-9077, 01-9285, and 62-1477, Gas and Electric Rules 9, 19.1, 19.2, 19.3

Service affected and changes proposed¹: Expansion of CARE, moratorium on CARE requirement, and change to Balanced Payment Plan for high bills this winter

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

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

CPUC, Energy Division

Attention: Tariff Unit

505 Van Ness Ave.,

San Francisco, CA 94102

jjr@cpuc.ca.gov and jnj@cpuc.ca.gov

Pacific Gas and Electric Company

Attn: Brian K. Cherry

Director, Regulatory Relations

77 Beale Street, Mail Code B10C

P.O. Box 770000

San Francisco, CA 94177

E-mail: PGETariffs@pge.com

¹ Discuss in AL if more space is needed.

ATTACHMENT I
ADVICE 2664-G-A

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
23464-G	Rules -- Rule 09 -- Rendering and Payment of Bills	21932-G
23465-G	Rules -- Rule 19.1 -- California Alternate Rates for Energy for Individual Customers and Submetered Tenants of Master-Metered Customers	23142-G
23466-G	Rules -- Rule 19.1 -- California Alternate Rates for Energy for Individual Customers and Submetered Tenants of Master-Metered Customers	23441-G
23467-G	Rules -- Rule 19.2 -- California Alternate Rates for Energy for Nonprofit Group-Living Facilities	23143-G
23468-G	Rules -- Rule 19.2 -- California Alternate Rates for Energy for Nonprofit Group-Living Facilities	23442-G
23469-G	Rules -- Rule 19.3 -- California Alternate Rates for Energy for Qualified Agricultural Employee Housing Facilities	23445-G
23470-G	Sample Forms -- 01-9077 -- Application for Residential Single-Family Customers	23145-G
23471-G	Sample Forms -- 01-9285 -- Application for Tenants of Sub-Metered Facilities	23146-G
23472-G	Sample Forms -- 62-1477 -- Income Guidelines	23147-G
23473-G	Table of Contents -- Sample Forms --	23212-G
23474-G	Table of Contents -- Rules --	23447-G
23475-G	Table of Contents -- Rate Schedules --	23448-G

ATTACHMENT I
ADVICE 2720-E-A

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
23948-E	Rules -- Rule 09 -- Rendering and Payment of Bills	20970-E

ATTACHMENT I
ADVICE 2720-E-A

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
23949-E	Rules -- Rule 19.1 -- California Alternate Rates for Energy for Individual Customers and Submetered Tenants of Master-Metered Customers	21620-E
23950-E	Rules -- Rule 19.1 -- California Alternate Rates for Energy for Individual Customers and Submetered Tenants of Master-Metered Customers	23933-E
23951-E	Rules -- Rule 19.2 -- California Alternate Rates for Energy for Nonprofit Group-Living Facilities	21621-E
23952-E	Rules -- Rule 19.2 -- California Alternate Rates for Energy for Nonprofit Group-Living Facilities	23934-E
23953-E	Rules -- Rule 19.3 -- California Alternate Rates for Energy for Qualified Agricultural Employee Housing Facilities	23937-E
23954-E	Sample Forms -- 01-9077 -- Application for Residential Single-Family Customers	23425-E
23955-E	Sample Forms -- 01-9285 -- Application for Tenants of Sub-metered Facilities	23426-E
23956-E	Sample Forms -- 62-1477 -- Income Guidelines	23427-E
23957-E	Table of Contents -- Sample Forms --	23631-E
23958-E	Table of Contents -- Rules, Maps, Contracts and Deviations --	23939-E
23959-E	Table of Contents -- Rate Schedules --	23940-E



RULE 9—RENDERING AND PAYMENT OF BILLS
(Continued)

F. CLOSING BILL PAYABLE ON PRESENTATION

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

G. BALANCED PAYMENT PLAN

Qualified residential and small commercial customers who are billed by PG&E and wish to minimize variations in monthly bills, may elect to participate in the Balanced Payment Plan (BPP). This plan is detailed as follows:

1. A Customer can join the plan in any month of the year. The plan will remain in effect until it is terminated by PG&E or the customer. (T)
(T)
2. Participation is subject to approval by PG&E.
3. Meters will be read and billed at regular intervals.
4. Customers will be expected to pay the BPP amount shown due.
5. The BPP amount will be one-twelfth of the annual bill as estimated by PG&E, based on the customer's historical billings for the most recent year at the time of the calculation, or, if that is not available, the usage pattern of either the premises or comparable customers similarly situated. (T)
|
(T)
6. BPP amounts will be reviewed at least three times a year and adjusted no more than three times in a year if required to reduce the likelihood of a large imbalance between actual charges and BPP charges. Customers will be notified on their bill of any change in the BPP amount. (T)
|
(T)
7. Participants are subject to removal from the plan if a bill containing a prior unpaid BPP amount becomes delinquent as defined in Rule 11.

(Continued)



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

B. ELIGIBILITY (Cont'd.)

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

<u>Number of Persons in Household</u>	<u>Maximum Annual Household Income</u>
1-2	\$24,200
3	\$28,400
4	\$34,200
5	\$40,000
6	\$45,800
Each additional member, add:	\$ 5,800

Total gross household income for Seniors, 60 years of age and older, and Disabled applicants may not exceed the following.

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

(N)

(N)

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.

(L)

(Continued)



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

(Continued)

C. CERTIFICATION (Cont'd.)

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.

(L)

(L)

D. RECERTIFICATION REQUIREMENTS

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

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

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

(T)

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

(Continued)



RULE 19.2—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:

<u>Number of Persons in Household</u>	<u>Maximum Annual Household Income</u>
1-2	\$24,200
3	\$28,400
4	\$34,200
5	\$40,000
6	\$45,800
Each additional member, add:	\$ 5,800

Total gross household income for Seniors, 60 years of age and older, and Disabled applicants may not exceed the following.

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

(N)

(N)

(Continued)



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

D. RECERTIFICATION REQUIREMENTS

1. Facilities wishing to recertify must complete Form No. 62-0156 and provide the information listed in Section C.
2. Recertification shall include a quantification by the Nonprofit Group-Living Facility of the annual CARE discount and an identification of how these discount funds were spent for the benefit of qualifying residents.

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

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

E. MISAPPLICATION OF CARE

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



**RULE 19.3-CALIFORNIA ALTERNATE RATES FOR ENERGY
FOR QUALIFIED AGRICULTURAL HOUSING FACILITIES**

(Continued)

Total gross household income for Seniors, 60 years of age and older, and Disabled applicants may not exceed the following.

(N)

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

(N)

C. CERTIFICATION

1. All facilities applying for certification must complete and provide to PG&E an Application (Form No. 62-1198) (Form No. 61-0535) for PG&E's CARE Program for Qualified Agricultural Employee Housing Facilities.
2. Each Application for PG&E's CARE Program for Qualified Agricultural Employee Housing Facilities must be accompanied by the following documentation:
 - a. A copy of the documentation from the appropriate agency shown in Section B.1.
 - b. Documentation that all residents of the Facility meet the CARE eligibility criteria shown in Section B.3. Proof of income eligibility should come from income tax returns, paycheck stubs, or similar records.
 - c. Certification, under penalty of perjury, explaining how the discount from the CARE rate will be used to directly benefit the occupants of the Facility.
3. Certification of Facilities is valid for one year, except as provided in Section E.

It is the responsibility of the Facility to notify PG&E if it is no longer eligible for the CARE Program.

(Continued)



Pacific Gas and Electric Company
San Francisco, California

Cancelling

Revised
Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

23470-G
21345-G

PACIFIC GAS AND ELECTRIC COMPANY
CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
APPLICATION FOR RESIDENTIAL SINGLE-FAMILY CUSTOMERS
FORM NO. 01-9077 (REV 10/05)
(ATTACHED)

(T)

Advice Letter No. 2664-G-A
Decision No.

101291

Issued by
Karen A. Tomcala
Vice President
Regulatory Relations

Date Filed October 11, 2005
Effective _____
Resolution No. _____



**Pacific Gas and
Electric Company®**

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



www.pge.com/care

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

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

01-9077

Rev. 10/10/05

ABOUT THE CARE DISCOUNT PROGRAM

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

CARE PROGRAM RULES

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

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **FERA** – Family Electric Rate Assistance Program. Provides a Tier 3 (131-200 percent of baseline) electric rate reduction for large households of 3 or more persons with low to middle income. Customer may be enrolled in either the FERA Program or the CARE Program, but not both. Call 1-800-PGE-5000 for more information.
- **LIHEAP** - Low Income Home Energy Assistance Program. Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **REACH** – Contact the Salvation Army for one-time assistance in paying your bills. Call the Salvation Army at 1-800-933-9677 for more information.
- **Payment Arrangements** - Pacific Gas and Electric Company can work out a payment schedule for you if you need more time paying your bill. Call 1-800-PGE-5000 for more information.
- **Medical Baseline** - Provides services at the lowest rates to customers with documented needs. Call 1-800-PGE-5000 for more information.
- **Energy Partners** - Free energy education and weatherization to income-qualified customers. Call 1-800-989-9744 for more information.
- **Balanced Payment Plan** – Contact Pacific Gas and Electric Company Customer Services to see how your monthly payments can be evened out to allow you to budget your energy costs. Call 1-800-PGE-5000 for more information.
- **ULTS** – Universal Lifeline Telephone Service provides discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local telephone service provider for more information.

1-866-743-2273

Assistance with the CARE Program in English

Giúp xin chương trình CARE bằng tiếng Việt

CARE 華語協助專線

Ayuda con el programa CARE en español

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)

[illegible]

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

[illegible]

Household with Seniors (60+) and/or Disabled ☐ YES ☐ NO

Number of people living in your household

Adults	+	Children	=	Total		

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

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

MAXIMUM HOUSEHOLD INCOME:

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

<i>Number of Persons in Household</i>	<i>1 or 2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>For each additional household member</i>
<i>Total Combined Annual Income</i>	\$24,200	\$28,400	\$34,200	\$40,000	\$45,800	<i>add \$5,800</i>
<i>Seniors (60+) and/or Disabled</i>	\$27,700	\$32,500	\$39,200	\$45,900	\$52,600	<i>add \$6,700</i>

Total Annual Household Income: \$,

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

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

X

Pacific Gas and Electric Company Customer Signature

☐ fill in circle if guardian or power of attorney

Date



**Pacific Gas and
Electric Company®**

**Solicitudes del Programa CARE para
Clientes Residenciales de Familias Individuales**



www.pge.com/care

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

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

01-9077

Rev. 10/10/05

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO CARE

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

REGLAS DEL PROGRAMA CARE

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

OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE USTED PODRÍA CALIFICAR

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

1-866-743-2273

Assistance with the CARE Program in English

Giúp xin chương trình CARE bằng tiếng Việt

CARE 華語協助專線

Ayuda con el programa CARE en español

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

Número de cuenta del cliente:

[illegible]

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

Nombre

Tal y como aparece en la factura

Dirección del Hogar _____ Ciudad _____ CA Código Postal _____

No use P.O. Box

Dirección Postal, si tiene _____ Ciudad _____ CA Código Postal _____

Llene solo si su dirección postal es diferente a la que aparece arriba

Número telefónico durante el día

[illegible]

Por favor incluya el código de área

Hogares con Personas Mayores (60+) y/o con personas personas discapacitadas ☐ SI ☐ NO

Número de Personas que viven en su hogar

--	--

 $+$

--	--

 $=$

--	--

Adultos

Niños

Total

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

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

INGRESOS MÁXIMOS DEL HOGAR:

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

Número de Personas en el Hogar	1 o 2	3	4	5	6	Por cada personal adicional en el hogar
Ingresos Anuales	\$24,200	\$28,400	\$34,200	\$40,000	\$45,800	agregue \$5,800
Personas Mayores (60+) y/o discapacitados	\$27,700	\$32,500	\$39,200	\$45,900	\$52,600	agregue \$6,700

Ingresos Totales Anuales del Hogar:

\$					
----	--	--	--	--	--

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

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

X

Firma del Cliente de Pacific Gas and Electric Company

☐ Marque aqui si es tutor o tiene carta de poder

Fecha



Pacific Gas and Electric Company
San Francisco, California

Cancelling

Revised
Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

23471-G
23146-G

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
APPLICATION FOR TENANTS OF SUB-METERED FACILITIES
FORM NO. 01-9285 (REV 10/05)
(ATTACHED)

(T)

Advice Letter No. 2664-G-A
Decision No.

101292

Issued by
Karen A. Tomcala
Vice President
Regulatory Relations

Date Filed October 11, 2005
Effective _____
Resolution No. _____



**Pacific Gas and
Electric Company®**

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



www.pge.com/care

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

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

01-9285

Rev. 10/10/05

ABOUT THE CARE DISCOUNT PROGRAM

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

CARE PROGRAM RULES

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

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **FERA** – Family Electric Rate Assistance Program. Provides a Tier 3 (131-200 percent of baseline) electric rate reduction for large households of 3 or more persons with low to middle income. Customer may be enrolled in either the FERA Program or the CARE Program, but not both. Call 1-800-PGE-5000 for more information.
- **LIHEAP** - Low Income Home Energy Assistance Program. Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline** - Provides services at the lowest rates to customers with documented needs. Call 1-800-PGE-5000 for more information.
- **Energy Partners** - Free energy education and weatherization to income-qualified customers. Call 1-800-989-9744 for more information.
- **ULTS** – Universal Lifeline Telephone Service provides discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local telephone service provider for more information.

1-866-743-2273

Assistance with the CARE Program in English

Giúp xin chương trình CARE bằng tiếng Việt

CARE 華語協助專線

Ayuda con el programa CARE en español



**Pacific Gas and
Electric Company®**

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



CARE Program

www.pge.com/care

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

01-9285

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

Rev. 10/10/05

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

Manager or Landlord Name _____ Contact Phone _____

Mailing Address _____ City _____ CA Zip Code _____

Name on PG&E Bill _____

PG&E Account Number: Electricity _____ Gas _____

Service Address _____ City _____ CA Zip Code _____

Applicant Status ☐ ADD NEW ☐ DROP ☐ RE-CERTIFY ☐ 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 _____ Number of People Living in Household _____ + _____ = _____
Please include Area Code

Household with Seniors (60+) and/or Disabled ☐ YES ☐ NO Adults Children Total

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
- ☐ Spousal support
- ☐ Cash and/or other income

MAXIMUM HOUSEHOLD INCOME:

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	For each additional household member
Total Combined Annual Income	\$24,200	\$28,400	\$34,200	\$40,000	\$45,800	add \$5,800
Seniors (60+) and/or Disabled	\$27,700	\$32,500	\$39,200	\$45,900	\$52,600	add \$6,700

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®**

Solicitudes del Programa CARE para

Inquilinos de Instalaciones Residenciales "Sub-medidas"



CARE Program

www.pge.com/care

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

01-9285

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

Rev. 10/10/05

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO CARE

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

REGLAS DEL PROGRAMA CARE

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

OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **FERA** – Programa de Ayuda Familiar para los Cargos Eléctricos. Este programa proporciona una reducción del precio eléctrico en la "Hilera 3" (131-200 por ciento de la tarifa base), para casas grandes con más de 3 personas de bajos a medianos ingresos. Nuestros clientes se pueden inscribir en el programa CARE o en el programa FERA, pero no en ambos. Llame al 1-800-PGE-5000 para más información.
- **LIHEAP** – Programa de Ayuda para el Pago de la Energía en los Hogares de Bajos Ingresos (LIHEAP). Este es un programa que brinda asistencia con el pago de sus cuentas, asistencia de emergencia para el pago de sus cuentas, y servicio de protección en contra de las inclemencias del tiempo. Para más información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.
- **Medical Baseline** – Brinda servicios, por medio del pago de las tarifas más bajas, a los clientes que tengan necesidades comprobadas. Llame al 1-800-PGE-5000 para más información.
- **Socios en la Energía** – Ofrece servicios gratuitos de orientación sobre la energía y sobre protección en contra de las inclemencias del tiempo a los clientes que llenen los requisitos. Llame al 1-800-989-9744 para más información.
- **ULTS** – La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a precios de descuento, a aquellos clientes que reúnan requisitos similares a los del Programa CARE. Llame a su compañía local de teléfonos para 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

Ayuda con el programa CARE en español



Pacific Gas and Electric Company®

Solicitudes del Programa CARE para

Inquilinos de Instalaciones Residenciales "Sub-medidas"



CARE Program

01-9285

www.pge.com/care

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

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

Rev. 10/10/05

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

Nombre del Administrador o Propietario _____ Teléfono _____

Dirección postal _____ Ciudad _____ CA Código Postal _____

Nombre que aparece en la cuenta de energía _____

Número de Cuenta Electricidad _____ Gas _____

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

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

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

Nombre _____

Tal y como aparece en la factura

Dirección del hogar _____ Ciudad _____ CA Código postal _____

No use P.O. Box

Dirección Postal, si tiene _____ Ciudad _____ CA Código postal _____

Llene solo si su dirección postal es diferente a la que aparece arriba

Número telefónico durante el día _____ Número de personas que viven en el hogar _____ + _____ = _____

Por favor incluya el código de área

Adultos Niños Total

Hogares con Personas Mayores (60+) y/o con personas discapacitadas ☐ SI ☐ NO

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

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

INGRESOS MÁXIMOS DEL HOGAR:

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

Número de Personas en el Hogar	1 o 2	3	4	5	6	Por cada persona adicional en el hogar
Ingresos Anuales	\$24,200	\$28,400	\$34,200	\$40,000	\$45,800	agregue \$5,800
Personas Mayores (60+) y/o discapacitados	\$27,700	\$32,500	\$39,200	\$45,900	\$52,600	agregue \$6,700

Ingresos Totales Anuales del Hogar: \$ _____

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

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

X

Firma del Cliente de Pacific Gas and Electric Company

☐ Marque aquí si es tutor o tiene carta poder

Fecha _____



Pacific Gas and Electric Company
San Francisco, California

Cancelling

Revised
Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

23472-G
23147-G

PACIFIC GAS AND ELECTRIC COMPANY
CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
INCOME GUIDELINES
FORM NO. 62-1477 (REV 10/05)
(ATTACHED)

(T)

Advice Letter No. 2664-G-A
Decision No.

101293

Issued by
Karen A. Tomcala
Vice President
Regulatory Relations

Date Filed October 11, 2005
Effective _____
Resolution No. _____



**Pacific Gas and
Electric Company®**

**CARE Program
Income Guidelines**



CARE Program

www.pge.com/care

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

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

62-1477*

Rev. 10/10/05

CALIFORNIA ALTERNATE RATES FOR ENERGY

INCOME GUIDELINES

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

Size of Household	Yearly	Seniors (60+) and/or Disabled
1 or 2	\$24,200	\$27,700
3	\$28,400	\$32,500
4	\$34,200	\$39,200
5	\$40,000	\$45,900
6	\$45,800	\$52,600
For each additional household member	add \$5,800	add \$6,700

Definition of Income:

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

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

TARIFAS ALTERNAS DE ENERGÍA DE CALIFORNIA

PAUTAS DE INGRESOS

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

Número de Personas en el Hogar	Anual	Personas Mayores (60+) y/o discapacitados
1 or 2	\$24,200	\$27,700
3	\$28,400	\$32,500
4	\$34,200	\$39,200
5	\$40,000	\$45,900
6	\$45,800	\$52,600
Por cada personal adicional en el hogar	agregue \$5,800	agregue \$6,700

Definición de Ingresos:

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

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

1-866-743-2273

Assistance with the CARE Program in English

Giúp xin chương trình CARE bằng tiếng Việt

CARE 華語協助專線

Ayuda con el programa CARE en español



**Pacific Gas and
Electric Company®**

**CARE Program
Income Guidelines**



CARE Program

www.pge.com/care

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

62-1477*

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

Rev. 10/10/05

加州能源替代費率

收入標準

您家庭的總收入不可超過 CARE 計劃的收入標準

家庭人數	全年總收入	六十歲以上的老人 和/或殘障人士
1 或 2	\$24,200	\$27,700
3	\$28,400	\$32,500
4	\$34,200	\$39,200
5	\$40,000	\$45,900
6	\$45,800	\$52,600
每增加一人	增加 \$5,800	增加 \$6,700

收入定義:

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

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

CHƯƠNG TRÌNH GIÁ BIỂU NĂNG LƯỢNG KHÁC CỦA CALIFORNIA

ĐỊNH MỨC LỢI TỨC

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	Người Già (60+) và/hoặc Người Tàn Tật
1 hay 2	\$24,200	\$27,700
3	\$28,400	\$32,500
4	\$34,200	\$39,200
5	\$40,000	\$45,900
6	\$45,800	\$52,600
Mỗi người thêm sau đó	cộng \$5,800	cộng \$6,700

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 Lãi từ:
 - Các Trúợng Mục Tiết Kiệm,
 - Các Chứng Khoán hay Trái Phiếu, hay
 - Trúợng Mục Hư Trú
- Tiền Thất Nghiệp
- Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- Tiền Học Bổng hay các thứ Tiền Trúợp Giúp cho Đờì Sống hằng ngày
- Lợi Tức từ việc Làm Ăn Riêng (IRS mẫu Schedule C, Dòòng 29)
- Tiền cho Người Có Khuyết Tật
- Tiền Bồi Thúợng Tai Nạn Lao Động
- Tiền An Sinh Xã Hội (SSI, SSP)
- Tiền Hư Bổng
- Tiền Bảo Hiểm Bồi Thúợng
- Tiền Bồi Thúợng Thừa Kế
- TANF (AFDC) (trú cấp gia đình nghèo có con nhỏ)
- Tiền Phiếu Thực Phẩm
- Tiền Cấp Dúợng Con Cái
- Tiền Cấp Dúợng Vú/Chòòng
- Tiền Mặt và/hoặc Lợi Tức Khác

1-866-743-2273

Assistance with the CARE Program in English

Giúp xin chương trình CARE bằng tiếng Việt

CARE 華語協助專線

Ayuda con el programa CARE en español



Pacific Gas and Electric Company
San Francisco, California

Cancelling

Revised
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Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

23473-G
23212-G

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Advice Letter No. 2664-G-A
Decision No.

Issued by
Karen A. Tomcala
Vice President
Regulatory Relations

Date Filed October 11, 2005
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Pacific Gas and Electric Company
San Francisco, California

Cancelling

Revised
Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

23475-G
23448-G

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Karen A. Tomcala
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RULE 9—RENDERING AND PAYMENT OF BILLS

(Continued)

F. CLOSING BILL PAYABLE ON PRESENTATION

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

G. BALANCED PAYMENT PLAN

Qualified residential and small commercial customers who are billed by PG&E and wish to minimize variations in monthly bills, may elect to participate in the Balanced Payment Plan (BPP). This plan is detailed as follows:

1. A Customer can join the plan in any month of the year. The plan will remain in effect until it is terminated by PG&E or the customer. (T)
(T)
2. Participation is subject to approval by PG&E.
3. Meters will be read and billed at regular intervals.
4. Customers will be expected to pay the BPP amount shown due.
5. The BPP amount will be one-twelfth of the annual bill as estimated by PG&E, based on the customer's historical billings for the most recent year at the time of the calculation, or, if that is not available, the usage pattern of either the premises comparable customers similarly situated. (T)
|
(T)
6. BPP amounts will be reviewed at least three times a year and adjusted no more than three times in a year if required to reduce the likelihood of a large imbalance between actual charges and BPP charges. Customers will be notified on their bill of any change in the BPP amount. (T)
|
|
(T)
7. Participants are subject to removal from the plan if a bill containing a prior unpaid BPP amount becomes delinquent as defined in Rule 11.

(Continued)



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

(Continued)

B. ELIGIBILITY (Cont'd.)

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

<u>Number of Persons in Household</u>	<u>Maximum Annual Household Income</u>
1-2	\$23,400
3	\$27,500
4	\$33,100
5	\$38,700
6	\$44,300
Each additional member, add:	\$ 5,600

Total gross household income for Seniors, 60 years of age and older, and Disabled applicants may not exceed the following.

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

(N)

(N)

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.

(L)

(Continued)



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

(Continued)

C. CERTIFICATION (Cont'd.)

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.

(L)

(L)

D. RECERTIFICATION REQUIREMENTS

1. Certification of individually-metered PG&E Customers is valid for a period of two years, except as provided in Section F.
2. Certification of submetered tenants of master-metered customers is valid for one year, except as provided in Section F.

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

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

(T)

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

(Continued)



**RULE 19.2—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:

<u>Number of Persons in Household</u>	<u>Maximum Annual Household Income</u>
1-2	\$23,400
3	\$27,500
4	\$33,100
5	\$38,700
6	\$44,300
Each additional member, add:	\$ 5,600

Total gross household income for Seniors, 60 years of age and older, and Disabled applicants may not exceed the following.

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

(N)

(N)

(Continued)



**RULE 19.2--CALIFORNIA ALTERNATE RATES FOR ENERGY
FOR NONPROFIT GROUP-LIVING FACILITIES**

(Continued)

D. RECERTIFICATION REQUIREMENTS

1. Facilities wishing to recertify must complete Form No. 62-0156 and provide the information listed in Section C.
2. Recertification shall include a quantification by the Nonprofit Group-Living Facility of the annual CARE discount and an identification of how these discount funds were spent for the benefit of qualifying residents.

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

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

(T)

E. MISAPPLICATION OF CARE

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



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

Total gross household income for Seniors, 60 years of age and older, and Disabled applicants may not exceed the following.

(N)

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

(N)

C. CERTIFICATION

1. All facilities applying for certification must complete and provide to PG&E an Application (Form No. 62-1198) (Form No. 61-0535) for PG&E's CARE Program for Qualified Agricultural Employee Housing Facilities.
2. Each Application for PG&E's CARE Program for Qualified Agricultural Employee Housing Facilities must be accompanied by the following documentation:
 - a. A copy of the documentation from the appropriate agency shown in Section B.1.
 - b. Documentation that all residents of the Facility meet the CARE eligibility criteria shown in Section B.3. Proof of income eligibility should come from income tax returns, paycheck stubs, or similar records.
 - c. Certification, under penalty of perjury, explaining how the discount from the CARE rate will be used to directly benefit the occupants of the Facility.
3. Certification of Facilities is valid for one year, except as provided in Section E.

It is the responsibility of the Facility to notify PG&E if it is no longer eligible for the CARE Program.

(Continued)



Pacific Gas and Electric Company
San Francisco, California

Cancelling

Revised
Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

23954-E
23425-E

PACIFIC GAS AND ELECTRIC COMPANY

**CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
APPLICATION FOR RESIDENTIAL SINGLE-FAMILY CUSTOMERS
FORM NO. 01-9077 (REV 10/05)
(ATTACHED)**

(T)

Advice Letter No. 2720-E-A
Decision No.

101303

Issued by
Karen A. Tomcala
Vice President
Regulatory Relations

Date Filed October 11, 2005
Effective _____
Resolution No. _____



**Pacific Gas and
Electric Company®**

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



CARE Program

01-9077

Rev. 10/10/05

www.pge.com/care

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

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

ABOUT THE CARE DISCOUNT PROGRAM

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

CARE PROGRAM RULES

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

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **FERA** – Family Electric Rate Assistance Program. Provides a Tier 3 (131-200 percent of baseline) electric rate reduction for large households of 3 or more persons with low to middle income. Customer may be enrolled in either the FERA Program or the CARE Program, but not both. Call 1-800-PGE-5000 for more information.
- **LIHEAP** - Low Income Home Energy Assistance Program. Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **REACH** – Contact the Salvation Army for one-time assistance in paying your bills. Call the Salvation Army at 1-800-933-9677 for more information.
- **Payment Arrangements** - Pacific Gas and Electric Company can work out a payment schedule for you if you need more time paying your bill. Call 1-800-PGE-5000 for more information.
- **Medical Baseline** - Provides services at the lowest rates to customers with documented needs. Call 1-800-PGE-5000 for more information.
- **Energy Partners** - Free energy education and weatherization to income-qualified customers. Call 1-800-989-9744 for more information.
- **Balanced Payment Plan** – Contact Pacific Gas and Electric Company Customer Services to see how your monthly payments can be evened out to allow you to budget your energy costs. Call 1-800-PGE-5000 for more information.
- **ULTS** – Universal Lifeline Telephone Service provides discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local telephone service provider for more information.

1-866-743-2273

Assistance with the CARE Program in English

Giúp xin chương trình CARE bằng tiếng Việt

CARE 華語協助專線

Ayuda con el programa CARE en español

www.pge.com/care

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

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

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)

[illegible]

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

Mailing Address _____
If different from the above address

Daytime Telephone Number

Please Include Area Code

[illegible]**Household with Seniors (60+) and/or Disabled**☐ YES☐ NO

Number of people living in your household

--	--

 $+$

--	--

 $=$

--	--

Adults

Children

Total

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

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

MAXIMUM HOUSEHOLD INCOME:

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

<i>Number of Persons in Household</i>	<i>1 or 2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>For each additional household member</i>
<i>Total Combined Annual Income</i>	\$24,200	\$28,400	\$34,200	\$40,000	\$45,800	<i>add \$5,800</i>
<i>Seniors (60+) and/or Disabled</i>	\$27,700	\$32,500	\$39,200	\$45,900	\$52,600	<i>add \$6,700</i>

Total Annual Household Income:

\$

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

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

X

Pacific Gas and Electric Company Customer Signature

☐ fill in circle if guardian or power of attorney

Date _____



**Pacific Gas and
Electric Company®**

Solicitudes del Programa CARE para

Clientes Residenciales de Familias Individuales



CARE Program

www.pge.com/care

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

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

01-9077

Rev. 10/10/05

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO CARE

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

REGLAS DEL PROGRAMA CARE

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

OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE USTED PODRÍA CALIFICAR

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

Ayuda con el programa CARE en español

www.pge.com/care

Devuelva la solicitud llena a: -7 P.O. Box 7979, San Francisco, CA 94120-7979

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

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

Número de cuenta del cliente:

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

[illegible]

Nombre

Tal y como aparece en la factura

Dirección del Hogar _____ Ciudad _____ CA Código Postal _____

No use P.O. Box

Dirección Postal, si tiene _____ Ciudad _____ CA Código Postal _____

Llene solo si su dirección postal es diferente a la que aparece arriba

Número telefónico durante el día

Por favor incluya el código de área

[illegible]

Hogares con Personas Mayores (60+) y/o con personas personas discapacitadas ☐ SI ☐ NO

Número de Personas que viven en su hogar

--	--

 $+$

--	--

 $=$

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Adultos

Niños

Total

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

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

INGRESOS MÁXIMOS DEL HOGAR:

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

Número de Personas en el Hogar	1 o 2	3	4	5	6	Por cada personal adicional en el hogar
Ingresos Anuales	\$24,200	\$28,400	\$34,200	\$40,000	\$45,800	agregue \$5,800
Personas Mayores (60+) y/o discapacitados	\$27,700	\$32,500	\$39,200	\$45,900	\$52,600	agregue \$6,700

Ingresos Totales Anuales del Hogar:

\$

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

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

X

Firma del Cliente de Pacific Gas and Electric Company

☐ Marque aqui si es tutor o tiene carta de poder

Fecha



Pacific Gas and Electric Company
San Francisco, California

Cancelling

Revised
Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

23955-E
23426-E

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
APPLICATION FOR TENANTS OF SUB-METERED FACILITIES
FORM NO. 01-9285 (REV 10/05)
(ATTACHED)

(T)

Advice Letter No. 2720-E-A
Decision No.

101304

Issued by
Karen A. Tomcala
Vice President
Regulatory Relations

Date Filed October 11, 2005
Effective _____
Resolution No. _____



**Pacific Gas and
Electric Company®**

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



CARE Program

www.pge.com/care

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

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

01-9285

Rev. 10/10/05

ABOUT THE CARE DISCOUNT PROGRAM

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

CARE PROGRAM RULES

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

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **FERA** – Family Electric Rate Assistance Program. Provides a Tier 3 (131-200 percent of baseline) electric rate reduction for large households of 3 or more persons with low to middle income. Customer may be enrolled in either the FERA Program or the CARE Program, but not both. Call 1-800-PGE-5000 for more information.
- **LIHEAP** - Low Income Home Energy Assistance Program. Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline** - Provides services at the lowest rates to customers with documented needs. Call 1-800-PGE-5000 for more information.
- **Energy Partners** - Free energy education and weatherization to income-qualified customers. Call 1-800-989-9744 for more information.
- **ULTS** – Universal Lifeline Telephone Service provides discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local telephone service provider for more information.

1-866-743-2273

Assistance with the CARE Program in English

Giúp xin chương trình CARE bằng tiếng Việt

CARE 華語協助專線

Ayuda con el programa CARE en español



Pacific Gas and Electric Company®

CARE Program Application for

Tenants of Sub-Metered Residential Facilities



CARE Program

www.pge.com/care

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

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

01-9285

Rev. 10/10/05

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

Manager or Landlord Name _____ Contact Phone _____

Mailing Address _____ City _____ CA Zip Code _____

Name on PG&E Bill _____

PG&E Account Number: Electricity _____ Gas _____

Service Address _____ City _____ CA Zip Code _____

Applicant Status ☐ ADD NEW ☐ DROP ☐ RE-CERTIFY ☐ 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 _____ Number of People Living in Household _____ + _____ = _____

Household with Seniors (60+) and/or Disabled ☐ YES ☐ NO Adults Children Total

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

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

MAXIMUM HOUSEHOLD INCOME:

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	For each additional household member
Total Combined Annual Income	\$24,200	\$28,400	\$34,200	\$40,000	\$45,800	add \$5,800
Seniors (60+) and/or Disabled	\$27,700	\$32,500	\$39,200	\$45,900	\$52,600	add \$6,700

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®**

Solicitudes del Programa CARE para

Inquilinos de Instalaciones Residenciales "Sub-medidas"



CARE Program

01-9285

Rev. 10/10/05

www.pge.com/care

Devuelva la solicitud llena a: 7P.O. Box 7979, San Francisco, CA 94120-7979

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

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO CARE

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

REGLAS DEL PROGRAMA CARE

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

OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **FERA** – Programa de Ayuda Familiar para los Cargos Eléctricos. Este programa proporciona una reducción del precio eléctrico en la "Hilera 3" (131-200 por ciento de la tarifa base), para casas grandes con mas de 3 personas de bajos a medianos ingresos. Nuestros clientes se pueden inscribir en el programa CARE o en el programa FERA, pero no en ambos. Llame al 1-800-PGE-5000 para mas información.
- **LIHEAP** – Programa de Ayuda para el Pago de la Energía en los Hogares de Bajos Ingresos (LIHEAP). Este es un programa que brinda asistencia con el pago de sus cuentas, asistencia de emergencia para el pago de sus cuentas, y servicio de protección en contra de las inclemencias del tiempo. Para mas información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.
- **Medical Baseline** – Brinda servicios, por medio del pago de las tarifas mas bajas, a los clientes que tengan necesidades comprobadas. Llame al 1-800-PGE-5000 para mas información.
- **Socios en la Energía** – Ofrece servicios gratuitos de orientación sobre la energía y sobre protección en contra de las inclemencias del tiempo a los clientes que llenen los requisitos. Llame al 1-800-989-9744 para mas información.
- **ULTS** – La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a precios de descuento, a aquellos clientes que reúnan requisitos similares a los del Programa CARE. Llame a su compañía local de teléfonos para mas información.

1-866-743-2273

Assistance with the CARE Program in English

Giúp xin chương trình CARE bằng tiếng Việt

CARE 華語協助專線

Ayuda con el programa CARE en español



**Pacific Gas and
Electric Company®**

Solicitudes del Programa CARE para

Inquilinos de Instalaciones Residenciales "Sub-medidas"



CARE Program

www.pge.com/care

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

01-9285

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

Rev. 10/10/05

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

Nombre del Administrador o Propietario _____ Teléfono _____

Dirección postal _____ Ciudad _____ CA Código Postal _____

Nombre que aparece en la cuenta de energía _____

Número de Cuenta Electricidad _____ Gas _____

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

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

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

Nombre _____

Tal y como aparece en la factura

Dirección del hogar _____ Ciudad _____ CA Código postal _____

No use P.O. Box

Dirección Postal, si tiene _____ Ciudad _____ CA Código postal _____

Llene solo si su dirección postal es diferente a la que aparece arriba

Número telefónico durante el día _____ Número de personas que viven en el hogar _____ + _____ = _____
Adultos Niños Total

Por favor incluya el código de área

Hogares con Personas Mayores (60+) y/o con personas personas discapacitadas ☐ SI ☐ NO

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

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

INGRESOS MÁXIMOS DEL HOGAR:

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

Número de Personas en el Hogar	1 o 2	3	4	5	6	Por cada personal adicional en el hogar
Ingresos Anuales	\$24,200	\$28,400	\$34,200	\$40,000	\$45,800	agregue \$5,800
Personas Mayores (60+) y/o discapacitados	\$27,700	\$32,500	\$39,200	\$45,900	\$52,600	agregue \$6,700

Ingresos Totales Anuales del Hogar: \$ _____

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

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

X

Firma del Cliente de Pacific Gas and Electric Company

☐ Marque aquí si es tutor o tiene carta poder

Fecha



Pacific Gas and Electric Company
San Francisco, California

Cancelling

Revised
Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

23956-E
23427-E

PACIFIC GAS AND ELECTRIC COMPANY
CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
INCOME GUIDELINES
FORM NO. 62-1477 (REV 10/05)
(ATTACHED)

(T)

Advice Letter No. 2720-E-A
Decision No.

101305

Issued by
Karen A. Tomcala
Vice President
Regulatory Relations

Date Filed October 11, 2005
Effective _____
Resolution No. _____



**Pacific Gas and
Electric Company®**

**CARE Program
Income Guidelines**



CARE Program

www.pge.com/care

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

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

62-1477*

Rev. 10/10/05

CALIFORNIA ALTERNATE RATES FOR ENERGY

INCOME GUIDELINES

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

Size of Household	Yearly	Seniors (60+) and/or Disabled
1 or 2	\$24,200	\$27,700
3	\$28,400	\$32,500
4	\$34,200	\$39,200
5	\$40,000	\$45,900
6	\$45,800	\$52,600
For each additional household member	add \$5,800	add \$6,700

Definition of Income:

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

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

TARIFAS ALTERNAS DE ENERGÍA DE CALIFORNIA

PAUTAS DE INGRESOS

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

Número de Personas en el Hogar	Anual	Personas Mayores (60+) y/o discapacitados
1 or 2	\$24,200	\$27,700
3	\$28,400	\$32,500
4	\$34,200	\$39,200
5	\$40,000	\$45,900
6	\$45,800	\$52,600
Por cada personal adicional en el hogar	agregue \$5,800	agregue \$6,700

Definición de Ingresos:

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

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

1-866-743-2273

Assistance with the CARE Program in English

Giúp xin chương trình CARE bằng tiếng Việt

CARE 華語協助專線

Ayuda con el programa CARE en español



**Pacific Gas and
Electric Company®**

CARE Program

Income Guidelines



CARE Program

www.pge.com/care

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

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

62-1477*

Rev. 10/10/05

加州能源替代費率

收入標準

您家庭的總收入不可超過 CARE 計劃的收入標準

家庭人數	全年總收入	六十歲以上的老人 和/或殘障人士
1 或 2	\$24,200	\$27,700
3	\$28,400	\$32,500
4	\$34,200	\$39,200
5	\$40,000	\$45,900
6	\$45,800	\$52,600
每增加一人	增加 \$5,800	增加 \$6,700

收入定義:

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

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

CHƯƠNG TRÌNH GIÁ BIỂU NĂNG LƯỢNG KHÁC CỦA CALIFORNIA

ĐỊNH MỨC LỢI TỨC

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	Người Già (60+) và/hoặc Người Tàn Tật
1 hay 2	\$24,200	\$27,700
3	\$28,400	\$32,500
4	\$34,200	\$39,200
5	\$40,000	\$45,900
6	\$45,800	\$52,600
Mỗi người thêm sau đó	cộng \$5,800	cộng \$6,700

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 Lãi từ:
 - Các Trạng Mục Tiết Kiệm,
 - Các Chứng Khoán hay Trái Phiếu, hay
 - Trạng Mục Hưu Trí
- Tiền Thất Nghiệp
- Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- Tiền Học Bổng hay các thủ 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 Thừa Kế
- TANF (AFDC) (trợ cấp gia đình nghèo có con nhỏ)
- Tiền Phiếu Thực Phẩm
- Tiền Cấp Dưỡng Con Cái
- Tiền Cấp Dưỡng Vợ/Chồng
- Tiền Mật và/hoặc Lợi Tức Khác

1-866-743-2273

Assistance with the CARE Program in English

Giúp xin chương trình CARE bằng tiếng Việt

CARE 華語協助專線

Ayuda con el programa CARE en español



Pacific Gas and Electric Company
San Francisco, California

Cancelling

Revised
Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

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Advice Letter No. 2720-E-A
Decision No.

Issued by
Karen A. Tomcala
Vice President
Regulatory Relations

Date Filed October 11, 2005
Effective _____
Resolution No. _____

101306



Pacific Gas and Electric Company
San Francisco, California

Cancelling

Revised
Revised

Cal. P.U.C. Sheet No.
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Regulatory Relations

Date Filed October 11, 2005
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**PG&E Gas and Electric Advice
Filing List
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Agnews Developmental Center	Douglass & Liddell	Palo Alto Muni Utilities
Ahmed, Ali	Downey, Brand, Seymour & Rohwer	PG&E National Energy Group
Alcantar & Elsesser	Duke Energy	Pinnacle CNG Company
Anderson Donovan & Poole P.C.	Duke Energy North America	PITCO
Applied Power Technologies	Duncan, Virgil E.	Plurimi, Inc.
APS Energy Services Co Inc	Dutcher, John	PPL EnergyPlus, LLC
Arter & Hadden LLP	Dynegy Inc.	Praxair, Inc.
Avista Corp	Ellison Schneider	Price, Roy
Barkovich & Yap, Inc.	Energy Law Group LLP	Product Development Dept
BART	Energy Management Services, LLC	R. M. Hairston & Company
Bartle Wells Associates	Enron Energy Services	R. W. Beck & Associates
Blue Ridge Gas	Exelon Energy Ohio, Inc	Recon Research
Bohannon Development Co	Exeter Associates	Regional Cogeneration Service
BP Energy Company	Foster Farms	RMC Lonestar
Braun & Associates	Foster, Wheeler, Martinez	Sacramento Municipal Utility District
C & H Sugar Co.	Franciscan Mobilehome	SCD Energy Solutions
CA Bldg Industry Association	Future Resources Associates, Inc	Seattle City Light
CA Cotton Ginners & Growers Assoc.	G. A. Krause & Assoc	Sempra
CA League of Food Processors	Gas Transmission Northwest Corporation	Sempra Energy
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Calpine	Hogan Manufacturing, Inc	Southern California Edison
Calpine Corp	House, Lon	SPURR
Calpine Gilroy Cogen	Imperial Irrigation District	St. Paul Assoc
Cambridge Energy Research Assoc	Integrated Utility Consulting Group	Stanford University
Cameron McKenna	International Power Technology	Sutherland, Asbill & Brennan
Cardinal Cogen	Interstate Gas Services, Inc.	Tabors Caramanis & Associates
Cellnet Data Systems	J. R. Wood, Inc	Tansev and Associates
Chevron Texaco	JTM, Inc	Tecogen, Inc
Chevron USA Production Co.	Kaiser Cement Corp	TFS Energy
Childress, David A.	Korea Elec Power Corp	Transcanada
City of Glendale	Luce, Forward, Hamilton & Scripps	Turlock Irrigation District
City of Healdsburg	Manatt, Phelps & Phillips	U S Borax, Inc
City of Palo Alto	Marcus, David	United Cogen Inc.
City of Redding	Masonite Corporation	URM Groups
CLECA Law Office	Matthew V. Brady & Associates	Utility Cost Management LLC
Commerce Energy	Maynor, Donald H.	Utility Resource Network
Constellation New Energy	McKenzie & Assoc	Wellhead Electric Company
Cooperative Community Energy	McKenzie & Associates	Western Hub Properties, LLC
CPUC	Meek, Daniel W.	White & Case
Cross Border Inc	Mirant California, LLC	WMA
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CSC Energy Services	Morrison & Foerster	
Davis, Wright Tremaine LLP	Morse Richard Weisenmiller & Assoc.	
Davis, Wright, Tremaine, LLP	Navigant Consulting	
Defense Fuel Support Center	New United Motor Mfg, Inc	
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