STATE OF CALIFORNIA

ARNOLD SCHWARZENEGGER, *Governor*

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

May 31, 2007

Advice Letter 2834-G/3052-E

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

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

Dear Ms. de la Torre:

Advice Letter 2834-G/3052-E is effective June 1, 2007. A copy of the advice letter is returned herewith for your records.

Sincerely,

Sean H. Gallagher, Director
Energy Division

REGULATORY RELATIONS
M Brown Tariffs Section
R Dela Torre D Poster
B Lam M Hughes
JUN 4 2007
Return to Records File
cc to

Pacific Gas and Electric Company

Brian K. Cherry
Vice President
Regulatory Relations

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

415.973.4977
Fax: 415.973.7226

May 14, 2007

Advice 2834-G/3052-E
(Pacific Gas and Electric Company ID U39M)

Public Utilities Commission of the State of California

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

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

Purpose

The purpose of this filing is to revise the household income requirements for PG&E's gas and electric CARE program and to revise the income limits for PG&E's FERA program. Additionally, PG&E is requesting to merge the CARE and FERA application forms in compliance with Assembly Bill (AB) 2576.

CARE Program

This filing complies with Resolution (R.) E-3524, dated February 19, 1998, in which the Commission ordered the Energy Division Director to notify California utilities by letter each May 1st of annual revisions to CARE income levels effective June 1st. In accordance with the Energy Division's Notice to Investor Owned Utilities Providing Service Under CARE and LIEE (CARE Notice) dated May 1, 2007, PG&E hereby submits tariffs with revised income limitations for the CARE program, **effective June 1, 2007**.

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

instances is filing a language translation or a large print version of the form for Commission approval.

The revised income levels are as follows:

No. of Persons in Household	Total Combined Annual Income
1-2	$29,300
3	$34,400
4	$41,500
5	$48,600
6	$55,700
Each additional person	$7,100

FERA Program

PG&E also submits this filing in accordance with a Notice to Energy Utilities Providing Service under the FERA Program (FERA Notice) dated May 1, 2007. The FERA program is referred to as the Tier 3 large household program in accordance with Decision (D.) 04-02-057. The FERA program is a rate assistance program whereby lower to middle income large household participants will be charged Tier 2 electricity rates for their Tier 3 usage if the household consists of three (3) or more people and the family has an income between 200% and 250% of the federal poverty threshold.[1] The income threshold increases with each additional family member over three (3).[2] The FERA program was designed to assist larger families whose income levels are just above the CARE program income limits and thus are not eligible for CARE benefits. FERA is applicable to domestic customers in individually metered single-family accommodations, or domestic submetered tenants residing in multifamily master-metered accommodations. Customers receiving service under Schedule E-CARE, or sub-metered tenants receiving benefit of Schedule E-CARE on their sub-metered bills, as well as all Direct Access Customers, are not eligible for FERA.

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

No. of Persons in Household	Total Gross Annual Income

[1] In D.05-10-044, dated October 27, 2005, the lower limits of the FERA program was raised to 200% + $1 of the Federal poverty guideline levels, which correspond to the higher limits of the CARE program.

[2] The exact annual income dollar amounts delimiting FERA eligibility, by family size, changes each year based on CPUC-approved updates reflecting new Federal Poverty Guidelines. The same process and basic figures adopted by the CPUC each year for use in the CARE program will also be used for FERA, with FERA targeting those between 200% and 250% of the Federal Poverty Guidelines.

1-2	Not Eligible
3	$34,401 to $43,000
4	$41,501 to $51,800
5	$48,601 to $60,600
6	$55,701 to $69,400
Each additional person	$7,100 to $8,800

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

Merge CARE/FERA Application Forms in Compliance with Assembly Bill AB 2576

Previously, PG&E has maintained separate application forms for its CARE and FERA programs. On September 29, 2006, the Governor of California signed into law AB 2576. Included in the Assembly Bill were instructions for utilities to "utilize a single application form, to enable an applicant to alternatively apply for any assistance program for which the applicant may be eligible."

PG&E hereby submits the new combined forms with updated income levels allowing customers to apply for CARE or FERA on the same application. PG&E submits the combined forms under the existing form numbers for the CARE program, thus replacing them with the combined forms (as illustrated in the table below as well as Attachment I). Subsequently, the FERA forms, and corresponding form numbers, are eliminated. Please note that there are multiple form numbers to accommodate non-English and large print forms. Additionally, PG&E is also submitting several forms that remain CARE-only and two forms that remain FERA-only:

01-9077 CARE/FERA Residential Single Family Customers (Eng/Span)
62-9072 CARE/FERA Residential Single Family Customers (Eng/Chin)
62-0973 CARE/FERA Residential Single Family Customers (Eng/Viet)
62-0939 CARE/FERA Residential Single Family pre-printed app instruction (Eng/Span)
62-0919 CARE/FERA Residential Single Family pre-printed app (Eng/Span)
62-0940 CARE Residential Single Family Recertification Instruction (Eng/Span/Chin/Viet)
62-1509 CARE Residential Single Family Recertification (Eng/Span/Chin/Viet)
79-1072 FERA Residential Single Family Recertification Instruction (Eng/Span/Chin/Viet)
79-1073 FERA Residential Single Family Recertification (Eng/Span/Chin/Viet)
79-1051 Large Print CARE/FERA Residential Single Family Customers (English)
79-1052 Large Print CARE/FERA Residential Single Family Customers (Spanish)
79-1053 Large Print CARE/FERA Residential Single Family Customers (Chinese)
79-1054 Large Print CARE/FERA Residential Single Family Customers (Vietnamese)
01-9285 CARE/FERA Tenants of Sub-Metered Residential Facilities (Eng/Span)
62-0672 CARE/FERA Tenants of Sub-Metered Residential Facilities (Eng/Chin)

62-0673 CARE/FERA Tenants of Sub-Metered Residential Facilities (Eng/Viet)
79-1055 Large Print CARE/FERA Tenants of Sub-Metered Residential Facilities (English)
79-1056 Large Print CARE/FERA Tenants of Sub-Metered Residential Facilities (Spanish)
79-1057 Large Print CARE/FERA Tenants of Sub-Metered Residential Facilities (Chinese)
79-1058 Large Print CARE/FERA Tenants of Sub-Metered Residential Facilities (Vietnamese)
62-1477 CARE/FERA Income Guidelines (Eng/Span/Chin/Viet)
79-1059 Large Print CARE/FERA Income Guidelines (Eng/Span/Chin/Viet)
62-0156 CARE Non-Profit Group Living Facilities Application
62-1198 CARE Agricultural Employee Housing Facilities Application
61-0535 CARE Migrant Farm Worker Housing Centers (MFHC) Application

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

Protests

Anyone wishing to protest this filing may do so by letter sent via U.S. mail, by facsimile or electronically, any of which must be received no later than 21[3] days after the date of this filing, which is **June 4, 2007**. 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: mas@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
Vice President, Regulatory Relations
77 Beale Street, Mail Code B10C
P.O. Box 770000
San Francisco, California 94177

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

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

Effective Date

As set forth in the notices, PG&E requests an effective date of **June 1, 2007** for this filing.

Notice

In accordance with General Order 96-A, Section III, Paragraph G, a copy of this advice letter is being sent electronically and via U.S. mail to parties shown on the attached list. Address changes to the General Order 96-A service list 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

Vice President, Regulatory Relations

Attachments

CALIFORNIA PUBLIC UTILITIES COMMISSION

ADVICE LETTER FILING SUMMARY
ENERGY UTILITY

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

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

Utility type:	Contact Person: David Poster
☑ ELC ☑ GAS	Phone #: (415) 973-1082
☐ PLC ☐ HEAT ☐ WATER	E-mail: dxpu@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) #: **2834-G/3052-E**

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

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

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

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

E-3524, D.04-02-057

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

Summarize differences between the AL and the prior withdrawn or rejected AL[1]: _____

Resolution Required? ☐ Yes ☑ No

Requested effective date: **June 1, 2007** No. of tariff sheets: 62

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

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

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

Tariff schedules affected: See Attachment I

Service affected and changes proposed[1]: Change Income Guidelines

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

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

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

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

[1] Discuss in AL if more space is needed.

Advice 2834-G/3052-E
Sample Bill Insert

flap

What is CARE and FERA?

California Alternate Rates for Energy (CARE) Program provides a 20% discount on your monthly gas and electric bill for qualifying households. Call **1.866.PGE.CARE** or visit **pge.com/care**

Family Electric Rate Assistance (FERA) Program provides savings on your electric bill for large households of three or more persons with low-to middle-income. Call **1.800.PGE.5000** or visit **pge.com/fera**

TDD/TTY: **1.800.652.4712** For Speech/Hearing-Impaired
California Relay: **1.800.735.2929**

¿Que es CARE y FERA?

El programa de California Alternate Rates for Energy (CARE) ofrece un descuento del 20% en la cuenta mensual de gas y electricidad a los hogares que califican. Llame al **1.866.PGE.CARE** o visite **pge.com/care**

El programa de Family Electric Rate Assistance (FERA) está diseñado para hogares grandes, de tres o más personas, de ingresos bajos y medianos. Llame al **1.800.PGE.5000** o visite **pge.com/fera**

TDD/TTY: **1.800.652.4712** Para los sordomudos
California Relay: **1.800.735.2929**

"PG&E" refers to Pacific Gas and Electric Company, a subsidiary of PG&E Corporation.
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back cover

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

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

cover

Save money on your PG&E bill!

Applying is Free, Easy and Confidential

Check inside for the new
CARE and FERA Program income guidelines

¡Ahorre dinero en el pago de su factura de PG&E!

La Solicitud es Gratis, Fácil y Confidencial

Busque dentro de esta solicitud
las nuevas pautas del Programa CARE y FERA

PG&E

perf here

glue here

TEAR OFF

Program Guidelines

- The PG&E bill must be in your name
- You must live at the address where the discount will be received
- You may not be claimed as a dependent on another person's income tax return other than your spouse
- You may not qualify for a CARE/FERA discount if you share energy meter(s) with another home
- Your total annual household income should not exceed the income guidelines described in this application

INCOME GUIDELINES • PAUTAS DE INGRESOS

Number of Persons in Household / Número de Personas en el Hogar	Total Combined Annual Income* / Ingresos Anuales Combinados*	
	CARE	FERA
1–2	$29,300	Not Eligible
3	$34,400	$34,401–$43,000
4	$41,500	$41,501–$51,800
5	$48,600	$48,601–$60,600
6	$55,700	$55,701–$69,400
For Each Additional Person Add / Cada Persona Adicional	$7,100	$7,100–$8,800

Valid until May 31, 2008 / Válido hasta el 31 de mayo, 2008 *Before taxes/Antes de impuestos

Pautas del Programa

- La cuenta de PG&E debe estar a su nombre
- Usted debe vivir en la dirección donde se recibirá el descuento
- El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo/sa
- Puede que no califique para el programa CARE/FERA si comparte los medidores de energía con otro hogar
- Los ingresos anuales del hogar no deben exceder las pautas de ingresos descritas en esta solicitud

CORTE EN LA PERFORACIÓN

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

1 Customer Information • Información del Cliente

Name • Nombre

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

Address • Domicilio Unit • Apartamento City • Ciudad Zip Code • Código Postal

( )
Telephone • Teléfono

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

2A Public Assistance Program Eligibility

CHECK all programs you participate in, then **SKIP** to Section 3

- ☐ Medi-Cal (under age 65)
- ☐ Medi-Cal (age 65 and over)
- ☐ Food Stamps
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

If you do not participate in any programs listed above, SKIP to Section 2B

Elegibilidad para los Programas de Asistencia Pública

MARQUE todos los programas a que pertenece y **LLENE** la Sección 3

- ☐ Medi-Cal (menor de 65 años)
- ☐ Medi-Cal (65 años o más)
- ☐ Estampillas de Alimentos
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

Si no está inscrito en ninguno de los programas arriba indicados, LLENE la Sección 2B

2B Household Income Eligibility

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

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

Total Annual Household Income: $

Hoja de Trabajo Sobre los Ingresos del Hogar

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

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

Ingreso Total Anual del Hogar: $

3 Declaration: (please read and sign below)

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

Declaración: (Por favor lea y firme abajo)

Declaro que la información proporcionada en esta solicitud es correcta y verdadera. Estoy de acuerdo en proveer pruebas de mis ingresos, de ser necesario. Estoy de acuerdo en informar a Pacific Gas and Electric Company si mi situación financiera cambia y 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
Customer Signature • Firma del Cliente

◯ Fill in circle if guardian or power of attorney • Marque aquí si es tutor o tiene carta de poder

Date • Fecha

Please Moisten and Seal (Humedezca el borde y cierre)

No Tape (No use cinta adhesiva) No Staples (No use grapas)

ue here

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
24906-G	Rule 19.1--California Alternate Rates for Energy for Individual Customers and Submetered Tenants of Master-Metered Customers	23967-G
24907-G	Rule 19.2--California Alternate Rates for Energy for Nonprofit Group-Living Facilities	23968-G
24908-G	Rule 19.3--California Alternate Rates for Energy for Qualified Agricultural Employee Housing Facilities	23969-G
24909-G	Sample Form 01-9077--Application for Residential Single-Family Customers	23970-G
24910-G	Sample Form 01-9285--Application for Tenants of Sub-Metered Facilities	23977-G
24911-G	Sample Form 62-0156--Application for Qualified Nonprofit Group-LivingFacilities	20602-G
24912-G	Sample Form 62-1198--Application for Qualified Agricultural Employee Housing Facilities	20603-G
24913-G	Sample Form 61-0535--Application for Migrant Farm Worker Housing Centers	23211-G
24914-G	Sample Form 62-1477--Income Guidelines	23990-G
24915-G	Sample Form 62-0972--Application for Residential Single-Family Customers (Eng/Chinese)	23971-G
24916-G	Sample Form 62-0973--Application for Residential Single-Family Customers (Eng/Vietnamese)	23972-G
24917-G	Sample Form 62-0939--CARE Residential Single Family Pre-printed Application Instruction	23973-G
24918-G	Sample Form 62-0919--CARE Residential Single Family Pre-printed Application	23974-G
24919-G	Sample Form 62-0940--CARE Residential Single Family Recertification Instruction	23975-G
24920-G	Sample Form 62-1509--CARE Residential Single Family Recertification	23976-G
24921-G	Sample Form 62-0672--Application for Tenants of Sub-Metered Facilities (Eng/Chinese)	23978-G

ATTACHMENT 1
Advice 2834-G

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
24922-G	Sample Form 62-0673--Application for Tenants of Sub-Metered Facilities (Eng/Vietnamese)	23979-G
24923-G	Sample Form 79-1051--Large Print - Application for Residential Single Family Customers (Eng)	23980-G
24924-G	Sample Form 79-1052--Large Print - Application for Residential Single Family Customers (Spanish)	23981-G
24925-G	Sample Form 79-1053--Large Print - Application for Residential Single Family Customers (Chinese)	23982-G
24926-G	Sample Form 79-1054--Large Print - Application for Residential Single Family Customers (Vietnamese)	23983-G
24927-G	Sample Form 79-1055--Large Print - Application for Tenants of Sub-Metered Facilities (Eng)	23984-G
24928-G	Sample Form 79-1056--Large Print - Application for Tenants of Sub-Metered Facilities (Spanish)	23985-G
24929-G	Sample Form 79-1057--Large Print - Application for Tenants of Sub-Metered Facilities (Chinese)	23986-G
24930-G	Sample Form 79-1058--Large Print - Application for Tenants of Sub-Metered Facilities (Vietnamese)	23987-G
24931-G	Sample Form 79-1059--Large Print - CARE Income Guidelines	23988-G
24932-G	Table of Contents -- Rules	24610-G
24933-G	Table of Contents -- Sample Forms	24369-G
24934-G	Table of Contents -- Title Page	24808-G

ATTACHMENT 1
Advice 3052-E

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
26339-E	Schedule E-FERA--Family Electric Rate Assistance	24996-E
26340-E	Rule 19.1--California Alternate Rates for Energy for Individual Customers and Submetered Tenants of Master-Metered Customers	24969-E

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
26341-E	Rule 19.2--California Alternate Rates for Energy for Nonprofit Group-Living Facilities	24970-E
26342-E	Rule 19.3--California Alternate Rates for Energy for Qualified Agricultural Employee Housing Facilities	24971-E
26343-E	Sample Form 01-9077--Application for Residential Single-Family Customers	24972-E
26344-E	Sample Form 01-9285--Application for Tenants of Sub-metered Facilities	24979-E
26345-E	Sample Form 62-0156--Application for Qualified Nonprofit Group-Living Facilities	18338-E
26346-E	Sample Form 62-1198--Application for Qualified Agricultural Employee Housing Facilities	18339-E
26347-E	Sample Form 62-1477--Income Guidelines	24992-E
26348-E	Sample Form 61-0535--Application for Migrant Farm Worker Housing Centers	23630-E
26349-E	Sample Form 62-0972--Application for Residential Single-Family Customers (Chinese)	24973-E
26350-E	Sample Form 62-0973--Application for Residential Single-Family Customers (Vietnamese)	24974-E
26351-E	Sample Form 62-0939--CARE Residential Single-Family Pre-printed Instruction	24975-E
26352-E	Sample Form 62-0919--CARE Residential Single-Family Pre-printed Application	24976-E
26353-E	Sample Form 62-0940--CARE Residential Single-Family Recertification Instruction	24977-E
26354-E	Sample Form 62-1509--CARE Residential Single-Family Recertification	24978-E
26355-E	Sample Form 62-0672--Application for Tenants of Sub-metered Facilities (Chinese)	24980-E
26356-E	Sample Form 62-0673--Application for Tenants of Sub-metered Facilities (Vietnamese)	24981-E
26357-E	Sample Form 79-1051--Large Print - Application for Residential Single-Family Customers (English)	24982-E

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
26358-E	Sample Form 79-1052--Large Print - Application for Residential Single-Family Customers (Spanish)	24983-E
26359-E	Sample Form 79-1053--Large Print - Application for Residential Single-Family Customers (Chinese)	24984-E
26360-E	Sample Form 79-1054--Large Print - Application for Residential Single-Family Customers (Vietnamese)	24985-E
26361-E	Sample Form 79-1055--Large Print - Application for Tenants of Sub-Metered Facilities (English)	24986-E
26362-E	Sample Form 79-1056--Large Print - Application for Tenants of Sub-Metered Facilities (Spanish)	24987-E
26363-E	Sample Form 79-1057--Large Print - Application for Tenants of Sub-Metered Facilities (Chinese)	24988-E
26364-E	Sample Form 79-1058--Large Print - Application for Tenants of Sub-Metered Facilities (Vietnamese)	24989-E
26365-E	Sample Form 79-1059--Large Print - CARE Income Guidelines	24990-E
26366-E	Sample Form 79-1072--FERA Residential Single Family Recertification Instruction	New
26367-E	Sample Form 79-1073--FERA Residential Single Family Recertification	New
26368-E	Table of Contents -- Rate Schedules	26198-E
26369-E	Table of Contents -- Rules	26239-E
26370-E	Table of Contents -- Sample Forms	25586-E
26371-E	Table of Contents -- Sample Forms	New
26372-E	Table of Contents -- Title Page	26224-E
Delete	Sample Form 79-1066--Large Print - Application for Tenants of Sub-Metered Facilities (Chinese)	25009-E
Delete	Sample Form 62-1423--Application for Tenants of Sub-Metered Facilities (English/Vietnamese)	25002-E
Delete	Sample Form 62-0524--FERA Residential Single Family Pre-printed Application Instruction	25012-E

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
Delete	Sample Form 61-0523--FERA Residential Single Family Pre-printed Application	25011-E
Delete	Sample Form 79-1067--Large Print - Application for Tenants of Sub-Metered Facilities (Vietnamese)	25010-E
Delete	Sample Form 79-1065--Large Print - Application for Tenants of Sub-Metered Facilities (Spanish)	25008-E
Delete	Sample Form 79-1064--Large Print - Application for Tenants of Sub-Metered Facilities (English)	25007-E
Delete	Sample Form 79-1063--Large Print - Application for Residential Single-Family Customers (Vietnamese)	25006-E
Delete	Sample Form 62-1415--Application for Residential Single-Family Customers (English/Vietnamese)	24997-E
Delete	Sample Form 62-1418--Application for Residential Single-Family Customers (English/Spanish)	24998-E
Delete	Sample Form 62-1419--Application for Residential Single-Family Customers (English/Chinese)	24999-E
Delete	Sample Form 62-1422--Application for Tenants of Sub-Metered Facilities (English/Spanish)	25001-E
Delete	Sample Form 79-1062--Large Print - Application for Residential Single-Family Customers (Chinese)	25005-E
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Delete	Sample Form 79-1060--Large Print - Application for Residential Single-Family Customers (English)	25003-E
Delete	Sample Form 62-1420--Application for Tenants of Sub-Metered Facilities (English/Chinese)	25000-E

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

B. ELIGIBILITY (Cont'd.)

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

Number of Persons in Household	Maximum Annual Household Income
1-2	$29,300 (I)
3	$34,400 |
4	$41,500 |
5	$48,600 |
6	$55,700 |
Each additional member, add:	$ 7,100 (I)

C. CERTIFICATION

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

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

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

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

3. Self-certification:

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

(Continued)

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

B. ELIGIBILITY (Cont'd.)

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

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

Number of Persons in Household	Maximum Annual Household Income
1-2	$29,300 (I)
3	$34,400 |
4	$41,500 |
5	$48,600 |
6	$55,700 |
Each additional member, add:	$ 7,100 (I)

(Continued)

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

B. ELIGIBILITY (Cont'd.)

2. PRIVATE-OWNED EMPLOYEE HOUSING FACILITIES

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

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

3. AGRICULTURAL EMPLOYEE HOUSING FACILITIES

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

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

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

Number of Persons in Household	Maximum Annual Household Income
1-2	$29,300 (I)
3	$34,400 |
4	$41,500 |
5	$48,600 |
6	$55,700 |
Each additional member, add:	$ 7,100 (I)

(Continued)

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
APPLICATION FOR RESIDENTIAL SINGLE-FAMILY CUSTOMERS
FORM NO. 01-9077 (REV 05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

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

01-9077
Rev. 06/01/07

ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly gas and electric bill for qualifying households.
- **Family Electric Rate Assistance (FERA)** Program provides savings on your electric bill for large households of three or more persons with low-to middle-income.

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.
- You may not qualify for a CARE / FERA 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 total annual household income should not exceed the income guidelines described in this application.
- You must notify Pacific Gas and Electric Company if your household no longer qualifies for the CARE / FERA discount.
- Tenants of sub-metered mobile home parks, apartments and marinas must use the "CARE/FERA Program Application for Tenants of Sub-Metered Facilities". (See Landlord / Manager for form 01-9285)

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **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.
- **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.

Mail Completed Application to:

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

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

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

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

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

Pacific Gas and Electric Company®

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

01-9077
Rev. 06/01/07

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO DE CARE / FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento del 20% en la cuenta mensual de gas y electricidad a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** está diseñado para hogares grandes, de tres o más personas, de ingresos bajos y medianos.

REGLAS DEL PROGRAMA

- La cuenta de Pacific Gas and Electric Company debe estar a su nombre.
- Debe vivir en la direccion donde se recibirá el descuento por lo menos la mitad del año.
- Puede que no califique para el programa CARE / FERA si comparte los medidores de energía con otro hogar.
- El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo/sa.
- Los ingresos anuales del hogar no deben exceder las pautas de ingresos descritas 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 / FERA
- Los inquilinos con medidores "sub-medidos" que pertenecen a parques de casas móviles, apartamentos o muelles de botes, deben llenar otro formulario llamado "Solicitud del Programa CARE / FERA 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

- **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.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de las tarifas más bajas, a los clientes que tengan necesidades médicas 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 como puede uniformar 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.

Devuelva la solicitud llena a:

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

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

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

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

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

Pacific Gas and Electric Company®

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

01-9077
Rev. 06/01/07

1 CUSTOMER INFORMATION: *(please print clearly)*

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

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

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

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

Number of people living in your household: Adults_____ + **Children (under 18)**_____ = _____

2a PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then SKIP to section 3.

- ☐ Medi-Cal (under age 65)
- ☐ Medi-Cal (age 65 and over)
- ☐ Food Stamps
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

If you do not participate in any of the programs listed above, SKIP to section 2b

2b HOUSEHOLD INCOME ELIGIBILITY: (skip if you filled out section 2a)

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

- ☐ Pensions
- ☐ Social Security
- ☐ SSI, SSP, SSDI

Interest and/or Dividends from:
- ☐ Savings Accounts,
- ☐ Stocks or Bonds, or
- ☐ Retirement Accounts

- ☐ Wages or Salaries
- ☐ Unemployment Benefits
- ☐ Workers compensation
- ☐ Disability payments
- ☐ Rental or Royalty Income
- ☐ Profit from self-employment (IRS form Schedule C, Line 29)
- ☐ School Grants, Scholarships or other aid used for living expenses
- ☐ Insurance Settlements
- ☐ Legal Settlements
- ☐ Child support
- ☐ Spousal support
- ☐ Cash and/or other income

MAXIMUM HOUSEHOLD INCOME: *(effective June 1, 2007 to May 31, 2008)*

Number of Persons in Household	Total Combined Annual Income (before taxes)	
	CARE	**FERA**
1-2	$29,300	Not Eligible
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
For Each Additional Person add	$7,100	$7,100 - $8,800

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

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

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

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

Pacific Gas and Electric Company®

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

01-9077
Rev. 06/01/07

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

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

Nombre _____ **Número telefónico**: (____)_____
Tal y como aparece en la factura

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

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

Número de Personas que viven en su hogar: Adultos _____ **+ Niños (menores de 18)** _____ **=** _____

2a ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PUBLICA:

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

- ☐ Medi-Cal (menor de 65 años)
- ☐ Medi-Cal (65 años o más)
- ☐ Estampillas de Alimentos
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

Si no está inscrito en ninguno de los programas arriba indicados, LLENE la sección 2b

2b HOJA DE TRABAJO SOBRE LOS INGRESOS DEL HOGAR:

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

- ☐ Pagos de Pensiones
- ☐ Pagos del Seguro Social
- ☐ SSI, SSP, SSDI

Intereses y/o Dividendos de:
- ☐ Cuentas de Ahorros,
- ☐ Acciones y Bonos, o
- ☐ Cuentas de Jubilación

- ☐ Sueldos y/o Salarios
- ☐ Pagos por Desempleo
- ☐ Compensación al Trabajador
- ☐ Pagos por Incapacidad
- ☐ Ingresos provenientes de Rentas o Regalías
- ☐ Ganancias de su Propio Negocio (Formulario de IRS, Schedule C, Línea 29)

- ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- ☐ Reclamaciones del Seguro
- ☐ Reclamaciones Legales
- ☐ Pagos por Pensión Alimenticia a Hijos
- ☐ Pagos por Pensión Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

INGRESOS MÁXIMOS DEL HOGAR: *(efectivo Junio 1, 2007 hasta Mayo 31, 2008)*

Número de Personas en el Hogar	Ingresos Anuales Combinados (Antes de impuestos)	
	CARE	**FERA**
1-2	$29,300	No Aplica
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Cada Persona Adicional	$7,100	$7,100 - $8,800

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

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

Declaro que la información proporcionada en esta solicitud es correcta y verdadera. Estoy de acuerdo en proveer pruebas de mis ingresos, de ser necesario. Estoy de acuerdo en informar a Pacific Gas and Electric Company si mi situación financiera cambia y 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 ○ Marque aquí si es tutor o tiene carta de poder ***Fecha***

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
APPLICATION FOR TENANTS OF SUB-METERED FACILITIES
FORM NO. 01-9285 (REV 05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

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

01-9285
Rev. 06/01/07

ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly gas and electric bill for qualifying households.
- **Family Electric Rate Assistance (FERA)** Program provides savings on your electric bill for large households of three or more persons with low-to middle-income.

MAXIMUM HOUSEHOLD INCOME: *(effective June 1, 2007 to May 31, 2008)*

Number of Persons in Household	Total Combined Annual Income (before taxes)	
	CARE	**FERA**
1-2	$29,300	Not Eligible
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
For Each Additional Person add	$7,100	$7,100 - $8,800

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.
- You may not qualify for a CARE / FERA 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 total annual household income should not exceed the income guidelines described in this application.
- You must notify Pacific Gas and Electric Company if your household no longer qualifies for the CARE / FERA discount.

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **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.

Mail Completed Application to:

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

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

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

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

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

Pacific Gas and Electric Company®

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

01-9285
Rev. 06/01/07

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO DE CARE / FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento del 20% en la cuenta mensual de gas y electricidad a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** está diseñado para hogares grandes, de tres o más personas, de ingresos bajos y medianos.

INGRESOS MÁXIMOS DEL HOGAR: *(efectivo Junio 1, 2007 hasta Mayo 31, 2008)*

Número de Personas en el Hogar	Ingresos Anuales Combinados (antes de impuestos)	
	CARE	**FERA**
1-2	$29,300	No Aplica
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Cada Persona Adicional	$7,100	$7,100 - $8,800

REGLAS DEL PROGRAMA

- La cuenta de Pacific Gas and Electric Company debe estar a su nombre.
- Debe vivir en la direccion donde se recibirá el descuento por lo menos la mitad del año.
- Puede que no califique para el programa CARE / FERA si comparte los medidores de energía con otro hogar.
- El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo/sa.
- Los ingresos anuales del hogar no deben exceder las pautas de ingresos descritas 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 / FERA

OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **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.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de las tarifas más bajas, a los clientes que tengan necesidades médicas 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.

Devuelva la solicitud llena a:

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

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

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

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

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

Pacific Gas and Electric Company®

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

01-9285
Rev. 06/01/07

1 MANAGER OR LANDLORD INFORMATION: *(please print clearly)*

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

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

Name on PG&E Bill _____

PG&E Account Number: Electricity [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] - Gas [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] -

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

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

2 TENANT INFORMATION: *(please print clearly)*

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

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

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

Number of people living in your household: Adults_____ + **Children (under 18)**_____ = _____

3a PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then SKIP to section 4.

- ☐ Medi-Cal (under age 65)
- ☐ Medi-Cal (age 65 and over)
- ☐ Food Stamps
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

If you do not participate in any of the programs listed above, SKIP to section 3b

3b HOUSEHOLD INCOME ELIGIBILITY: *(skip if you filled out section 3a)*

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

- ☐ Pensions
- ☐ Social Security
- ☐ SSI, SSP, SSDI

Interest and/or Dividends from:
- ☐ Savings Accounts,
- ☐ Stocks or Bonds, or
- ☐ Retirement Accounts

- ☐ Wages or Salaries
- ☐ Unemployment Benefits
- ☐ Workers compensation
- ☐ Disability payments
- ☐ Rental or Royalty Income
- ☐ Profit from self-employment (IRS form Schedule C, Line 29)

- ☐ School Grants, Scholarships or other aid used for living expenses
- ☐ Insurance Settlements
- ☐ Legal Settlements
- ☐ Child support
- ☐ Spousal support
- ☐ Cash and/or other income

Total Annual Household Income: $ [ ][ ], [ ][ ][ ]

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

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

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

Pacific Gas and Electric Company®

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

01-9285
Rev. 06/01/07

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

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

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

Nombre que aparece en la cuenta de energía _____

Número de Cuenta Electricidad [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] - Gas [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] -

Dirección donde se da el servicio _____ **Ciudad** _____**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 _____ **Número telefónico: (_____)**_____
Tal y como aparece en la factura

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

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

Número de Personas que viven en su hogar: Adultos _____ **+ Niños (menores de 18)** _____ **=** _____

3a ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PUBLICA:

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

- ☐ Medi-Cal (menor de 65 años)
- ☐ Medi-Cal (65 años o más)
- ☐ Estampillas de Alimentos
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

Si no está inscrito en ninguno de los programas arriba indicados, LLENE la sección 3b

3b HOJA DE TRABAJO SOBRE LOS INGRESOS DEL HOGAR:

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

- ☐ Pagos de Pensiones
- ☐ Pagos del Seguro Social
- ☐ SSI, SSP, SSDI

Intereses y/o Dividendos de:
- ☐ Cuentas de Ahorros,
- ☐ Acciones y Bonos, o
- ☐ Cuentas de Jubilación

- ☐ Sueldos y/o Salarios, Jornales
- ☐ Pagos por Desempleo
- ☐ Pagos por Compensación al Trabajador
- ☐ Pagos por Incapacidad
- ☐ Ingresos provenientes de Rentas o Regalías
- ☐ Ganancias de su Propio Negocio (Formulario de IRS, Schedule C, Línea 29)

- ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- ☐ Pagos de Reclamaciones del Seguro
- ☐ Pagos de Reclamaciones Legales
- ☐ Pagos por Pensión Alimenticia a Hijos
- ☐ Pagos por Pensión Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

Ingreso Total Anual del Hogar: **$** [ ][ ], [ ][ ][ ]

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

Declaro que la información proporcionada en esta solicitud es correcta y verdadera. Estoy de acuerdo en proveer pruebas de mis ingresos, de ser necesario. Estoy de acuerdo en informar a Pacific Gas and Electric Company si mi situación financiera cambia y 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 ○ Marque aquí si es tutor o tiene carta poder ***Fecha***

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
APPLICATION FOR QUALIFIED NONPROFIT GROUP-LIVING FACILITIES
FORM NO. 62-0156 (REV 5/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

CARE Program Application for

Qualified Non-Profit Group Living Facilities

CARE Program

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

62-0156

pge.com/care

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

Rev. 06/01/07

INSTRUCTIONS

1. READ ALL information and instructions before you complete this application. If you have questions, call Pacific Gas and Electric Company's CARE Program toll-free at 1-866-743-2273 or the Non-Profit hotline at 415-973-7288.
2. DETERMINE if the facility meets the definition of a qualified nonprofit group living facility. The facility MUST meet ALL criteria to qualify for the 20% discount from the CARE Program.
3. COMPLETE the entire application (please print or type). Complete a separate application for each type of qualified facility (including satellite facilities).
4. ATTACH all required documents. (Application is considered incomplete without documents.)
5. MAIL TO: **Pacific Gas and Electric Company**
   CARE Program
   PO Box 7979
   San Francisco, CA 94120-7979

DISCOUNT

The CARE Program provides a 20% discount on the utility bill for facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates are available only to qualified facilities. The facility will receive the discount after the utility receives and approves the application.

ELIGIBILITY CRITERIA FOR ORGANIZATIONS

Each facility MUST meet ALL of the following criteria:

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

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

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

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

ELIGIBLE FACILITIES

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

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

HOMELESS SHELTERS, HOSPICES and WOMEN'S SHELTERS:

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

FACILITIES NOT ELIGIBILE

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

ORGANIZATION'S RESPONSIBILITIES

The organization is required to:

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

Pacific Gas and Electric Company®

CARE Program Application for

Qualified Non-Profit Group Living Facilities

CARE Program

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

62-0156

pge.com/care

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

Rev. 06/01/07

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

Name on Utility Bill _____

Name of Facility _____
(if different than on bill)

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

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

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

Phone (_____)_____

Fax (_____)_____

E-mail Address _____

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

Phone (_____)_____

Fax (_____)_____

E-mail Address _____

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

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

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

SERVICES PROVIDED (check all that apply)

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

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

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

_____

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

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

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

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

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

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

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

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

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

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

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

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

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

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

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

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

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

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

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

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

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

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

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

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

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

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

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

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
APPLICATION FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES
FORM NO. 62-1198 (REV 5/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

pge.com/care

CARE Program Application for

Qualified Agricultural Employee Housing Facilities

CARE Program

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

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

62-1198

Rev. 06/01/07

INSTRUCTIONS

1. READ ALL information and instructions before you complete this application. If you have questions, call Pacific Gas and Electric Company's CARE Program toll-free at 1-866-743-2273 or the Hotline at 415-973-7288.
2. DETERMINE if the facility meets the definition of a qualified agricultural employee housing facility. The facility MUST meet ALL criteria to qualify for the 20% discount from the CARE Program.
3. COMPLETE the entire application (please print or type). Complete a separate application for each qualified facility.
4. ATTACH all required documents. (Application is considered incomplete without documents.)
5. MAIL TO:

   Pacific Gas and Electric Company
   CARE Program
   PO Box 7979
   San Francisco, CA 94120-7979

DISCOUNT

The CARE Program provides a 20% discount on the utility bill for facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates are available only to qualified facilities. The facility will receive the discount after the utility receives and approves the application.

ELIGIBILITY CRITERIA FOR ORGANIZATIONS

Each facility MUST meet ALL of the following criteria:

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

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

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

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

ELIGIBLE FACILITIES

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

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

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

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

APPLICANT'S RESPONSIBILITIES

The applicant is required to:

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

Pacific Gas and Electric Company®

pge.com/care

CARE Program Application for

Qualified Agricultural Employee Housing Facilities

CARE Program

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

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

62-1198

Rev. 06/01/07

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

Name on Utility Bill _____

Name of Facility _____
(if different than on bill)

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

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

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

Phone (_____)_____

Fax (_____)_____

E-mail Address _____

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

Phone (_____)_____

Fax (_____)_____

E-mail Address _____

2 FACILITY INFORMATION:

Please use a separate application for each TYPE of facility

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

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

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

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

_____

This year's discount will be used for:

_____

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

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

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

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

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

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

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

PG&E Account Number: _____-_____

Service ID # Electricity _____-_____ Gas _____-_____

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

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

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

PG&E Account Number: _____-_____

Service ID # Electricity _____-_____ Gas _____-_____

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

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

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

PG&E Account Number: _____-_____

Service ID # Electricity _____-_____ Gas _____-_____

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

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

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

PG&E Account Number: _____-_____

Service ID # Electricity _____-_____ Gas _____-_____

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

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

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

PG&E Account Number: _____-_____

Service ID # Electricity _____-_____ Gas _____-_____

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

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

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

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
APPLICATION FOR OFFICE OF MIGRANT SERVICES/NON-PROFIT
MIGRANT FARM WORKER HOUSING CENTERS
FORM NO. 61-0535 (REV 05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

pge.com/care

CARE Program Application for OMS/Non-profit

Migrant Farm Worker Housing Centers (MFHC)

Authorized by CPUC Decision 05-04-052

CARE Program

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

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

61-0535

Rev 06/01/07

INSTRUCTIONS

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

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

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

4. COMPLETE, SIGN and DATE the application.

5. MAIL TO:

   Pacific Gas and Electric Company
   CARE Program
   PO Box 7979
   San Francisco, CA 94120-7979

DISCOUNT

The CARE Program provides a 20% discount on the utility bill for MFHC facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates are available only to qualified facilities. The facility will receive the discount after the utility receives and approves the application.

ELIGIBILITY CRITERIA FOR ORGANIZATIONS

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

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

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

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

ELIGIBLE FACILITIES

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

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

MIGRANT FARM WORKER HOUSING CENTERS (MFHC) RESPONSIBILITIES

MFHC is required to:

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

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

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

- Update its application annually when notified by PG&E.

Pacific Gas and Electric Company®

pge.com/care

CARE Program Application for OMS/Non-profit

Migrant Farm Worker Housing Centers (MFHC)

Authorized by CPUC Decision 05-04-052

CARE Program

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

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

61-0535

Rev 06/01/07

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

Name on Utility Bill _____

Name of Facility _____
(if different than on bill)

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

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

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

Phone (_____)_____

Fax (_____)_____

E-mail Address _____

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

Phone (_____)_____

Fax (_____)_____

E-mail Address _____

2 FACILITY INFORMATION:

Please use a separate application for each TYPE of facility

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

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

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

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

_____

_____

This year's discount will be used for:

_____

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

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

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

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

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

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

PG&E Account Number: _____-_____

Service ID # Electricity _____-_____ Gas _____-_____

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

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

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

PG&E Account Number: _____-_____

Service ID # Electricity _____-_____ Gas _____-_____

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

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

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

PG&E Account Number: _____-_____

Service ID # Electricity _____-_____ Gas _____-_____

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

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

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

PG&E Account Number: _____-_____

Service ID # Electricity _____-_____ Gas _____-_____

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

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

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

PG&E Account Number: _____-_____

Service ID # Electricity _____-_____ Gas _____-_____

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

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

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

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
INCOME GUIDELINES
FORM NO. 62-1477 (REV 05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

CARE / FERA Program
Income Guidelines / Pautas de Ingresos

62-1477
Rev. 06/01/07

INCOME GUIDELINES (effective June 1, 2007 to May 31, 2008)

Size of Household	Total Combined Annual Income*	
	CARE	FERA
1 or 2	$29,300	Not Eligible
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Each Additional	$7,100	$7,100 - $8,800

*Before taxes

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, SSDI
- Pensions
- Insurance settlements
- Legal Settlements
- TANF (AFDC)
- Food stamps
- Child support
- Spousal support
- Cash and/or other income

PAUTAS DE INGRESOS (efectivo Junio 1, 2007 hasta Mayo 31, 2008)

Número de Personas en el Hogar	Ingresos Anuales Combinados*	
	CARE	FERA
1 or 2	$29,300	No Aplica
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Cada Persona Adicional	$7,100	$7,100 - $8,800

* Antes de impuestos

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, SSDI
- 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

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

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

TDD/TTY 1-800-652-4712

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

California Relay 1-800-735-2929

if you can not utilize the TDD line / si no puede usar la línea TDD

Pacific Gas and Electric Company®

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

62-1477
Rev. 06/01/07

收入標準(有效期由 2007 年 6 月 1 日至 2008 年 5 月 31 日)

家庭人數	家庭最高年收入總額	
	CARE	FERA
1 或 2	$29,300	不適用於此計劃
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
每增加一人，增加	$7,100	$7,100 - $8,800

*稅前

收入定義:

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

- 工資
- 利息/或股息，來源于:
  - 儲蓄戶口、
  - 股票或債券，或
  - 退休帳戶
- 失業福利
- 租金或版權收入
- 學校助學金、獎學金或其他生活津貼補助
- 自僱者的總收入（IRS 表格 C 第 29 行）
- 傷病補助金
- 勞工賠償
- 社會福利、SSI、SSP、SSDI
- 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

ĐỊNH MỨC LỢI TỨC (Có hiệu lực từ ngày 1 tháng Sáu, 2007 tới ngày 31 tháng Năm, 2008)

Số Người trong Gia Đình	Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm*	
	CARE	FERA
1 hay 2	$29,300	Không đủ tiêu chuẩn
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Mỗi người thêm sau đó	$7,100	$7,100 - $8,800

*Trước khi trừ thuế

Định Nghĩa Lợi Tức:

Tất cả mọi lợi tức, của mọi người trong nhà, có từ bất cứ nguồn nào, dù phải đóng thuế hay không đóng thuế, bao gồm nhưng không chỉ giới hạn vào:

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

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

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

TDD/TTY 1-800-652-4712

有言語或聆聽障礙者, 星期一至五 9am - 11pm

Đường dây cho những người bị câm/điếc, Thứ Hai - Thứ Sáu 9 giờ sáng – 11 giờ tối

California Relay 1-800-735-2929

如果您未能轉接 TDD 專線 / Nếu quí vị không thể sử dụng đường dây TDD

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
APPLICATION FOR RESIDENTIAL SINGLE-FAMILY CUSTOMERS (ENG/CHIN)
FORM NO. 62-0972 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

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

62-0972
Rev. 06/01/07

ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly gas and electric bill for qualifying households.
- **Family Electric Rate Assistance (FERA)** Program provides savings on your electric bill for large households of three or more persons with low-to middle-income.

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.
- You may not qualify for a CARE / FERA 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 total annual household income should not exceed the income guidelines described in this application.
- You must notify Pacific Gas and Electric Company if your household no longer qualifies for the CARE / FERA discount.
- Tenants of sub-metered mobile home parks, apartments and marinas must use the "CARE/FERA Program Application for Tenants of Sub-Metered Facilities". (See Landlord / Manager for form 01-9285)

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **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.
- **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.

Mail Completed Application to:

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

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

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

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

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

Pacific Gas and Electric Company®

CARE / FERA 計劃申請表
單戶住宅家庭用戶

62-0972
Rev. 06/01/07

CARE / FERA 折扣計劃

- CARE 計劃為合格住宅家庭提供百分之二十的煤電帳單折扣
- 家庭電費費率優惠計劃(FERA)為合格的三人以上低至中等收入住宅家庭提供電費帳單折扣。

計劃規定

- 申請CARE/FERA計劃者必須是太平洋煤電公司帳單的註冊客戶。
- 申請CARE/FERA計劃者必須每年居住在將收到折扣的地方半年以上(而非第二居所)。
- 申請者的居所不可與另一居所共同用一個碼錶，否則將不能符合CARE/FERA計劃折扣的資格要求。
- 除了配偶，申請人不可以在另一個人的報稅表中被稱為受贍養者 (dependent)。
- 申請者家庭不應該超過本申請表格中所描述低收入之定義。
- 申請者家庭若不再符合CARE/FERA計劃的資格要求，必須知會太平洋煤電公司。
- 使用分錶的流動住家、柏文公寓和摩托艇碼頭之住客，必須使用「CARE/FERA計劃分錶設施住客申請表」。（請找經理 / 業主索取 62-0672 表格）

其他有助您支付能源帳單的計劃和服務項目

- **LIHEAP** - 低收入家居能源輔助計劃，為收入符合資格要求的客戶提供付帳輔助、特發情況付帳輔助和家居防寒保暖措施。欲知詳情，請撥 1-866-675-6623 跟加州社區服務及發展部（CSD）聯絡。
- **REACH** –請聯絡救世軍，他們能幫助您支付一次煤電費用。詳情請電1-800-933-9677。
- **醫療底線 Medical Baseline** - 經醫生證明為有需要的客戶提供最低費率的服務。詳情請電1-800-743-5000。
- **能源伙伴 Energy Partners** - 為收入符合資格要求的客戶提供免費能源教育和家居防寒保暖措施。詳情請電1-800-989-9744。
- **均衡付帳計劃 Balanced Payment Plan** –請聯絡太平洋煤電公司，以了解如何把每月付費平均攤付，讓您能計劃您的能源開支預算。詳情請電1-800-743-5000。
- **生機一線電話服務 ULTS** –為符合 CARE 計劃折扣的客戶提供折扣電話服務。欲知詳情，請聯絡您當地的熱線電話服務公司。

申請表請寄至:

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

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

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

TDD/TTY 1-800-652-4712 有言語或聆聽障礙者, 星期一至五 9am - 11pm

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

Pacific Gas and Electric Company®

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

62-0972
Rev. 06/01/07

1 CUSTOMER INFORMATION: *(please print clearly)*

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

☐☐☐☐☐☐☐☐☐☐ - ☐

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

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

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

Number of people living in your household: Adults_____ + **Children (under 18)**_____ = _____

2a PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then SKIP to section 3.

- ☐ Medi-Cal (under age 65)
- ☐ Medi-Cal (age 65 and over)
- ☐ Food Stamps
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

If you do not participate in any of the programs listed above, SKIP to section 2b

2b HOUSEHOLD INCOME ELIGIBILITY: (skip if you filled out section 2a)

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

- ☐ Pensions
- ☐ Social Security
- ☐ SSI, SSP, SSDI

Interest and/or Dividends from:
- ☐ Savings Accounts,
- ☐ Stocks or Bonds, or
- ☐ Retirement Accounts

- ☐ Wages or Salaries
- ☐ Unemployment Benefits
- ☐ Workers compensation
- ☐ Disability payments
- ☐ Rental or Royalty Income
- ☐ Profit from self-employment (IRS form Schedule C, Line 29)
- ☐ School Grants, Scholarships or other aid used for living expenses
- ☐ Insurance Settlements
- ☐ Legal Settlements
- ☐ Child support
- ☐ Spousal support
- ☐ Cash and/or other income

MAXIMUM HOUSEHOLD INCOME: *(effective June 1, 2007 to May 31, 2008)*

Number of Persons in Household	Total Combined Annual Income (before taxes)	
	CARE	**FERA**
1-2	$29,300	Not Eligible
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
For Each Additional Person add	$7,100	$7,100 - $8,800

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

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

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

X _____ _____

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

Pacific Gas and Electric Company®

CARE / FERA 計劃申請表
單戶住宅家庭用戶

62-0972
Rev. 06/01/07

1 客戶資料：(請用正楷填寫)

帳戶號碼: ☐☐☐☐☐☐☐☐☐☐ - ☐
(號碼位於帳單的第一頁)

姓名 _____ **電話號碼** (_____)_____
請填寫您在能源帳單上的名字

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

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

在上述住址家庭人數: 成人總數 _____ **+ 孩童總數(十八歲以下)**_____ = _____

2a 合資格的公共資助計劃:

請勾選全部您有所參與，然後請填寫第3部份。

- ☐ 醫療保險 (65歲以下)
- ☐ 醫療保險 (65歲以上)
- ☐ 食物卷
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

如果您沒有參與以上的計劃，請填寫第2b部份。

2b 合資格的家庭總收入: (請略過如果您已填寫2a部份)

請勾選全部您的家庭全年總收入。您將會被登記CARE或FERA計劃隨著您的家庭總人數和總收入。

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

家庭最高收入標準: (有效期由2007年6月1日至2008年5月31日)

家庭人數	家庭最高年收入總額 (稅前)	
	CARE	FERA
1-2	$29,300	不適用於此計劃
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
每增加一人，增加	$7,100	$7,100 - $8,800

家庭全年總收入 $ ☐☐,☐☐☐

3 聲明: (請小心閱讀，然後在下面簽字)

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

X _____ _____

簽名 ○ 如果是監護人或代理人的話，請勾上記號 日期

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
APPLICATION FOR RESIDENTIAL SINGLE-FAMILY CUSTOMERS (ENG/VIET)
FORM NO. 62-0973 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

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

62-0973
Rev. 06/01/07

ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly gas and electric bill for qualifying households.
- **Family Electric Rate Assistance (FERA)** Program provides savings on your electric bill for large households of three or more persons with low-to middle-income.

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.
- You may not qualify for a CARE / FERA 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 total annual household income should not exceed the income guidelines described in this application.
- You must notify Pacific Gas and Electric Company if your household no longer qualifies for the CARE / FERA discount.
- Tenants of sub-metered mobile home parks, apartments and marinas must use the "CARE/FERA Program Application for Tenants of Sub-Metered Facilities". (See Landlord / Manager for form 01-9285)

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **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.
- **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.

Mail Completed Application to:

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

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

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

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

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

Pacific Gas and Electric Company®

Đơn Xin Hưởng Chương Trình CARE / FERA cho **Khách Hàng Ở Nhà Riêng**

62-0973
Rev. 06/01/07

CHƯƠNG TRÌNH CARE / FERA

- **Chương trình CARE** giảm 20% hàng tháng trên hóa đơn điện ga cho những gia đình hội đủ điều kiện.
- **Chương trình FERA** giúp tiết kiệm tiền trên hóa đơn điện cho những gia đình có từ ba người trở lên với mức lợi tức thấp-trung bình.

NHỮNG ĐIỀU KIỆN CỦA CHƯƠNG TRÌNH

- Quí vị phải là người đứng tên trên hóa đơn với Pacific Gas and Electric Company.
- Quí vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá hơn nửa năm.
- Quí vị có thể không đủ điều kiện được giảm giá qua chương trình CARE/FERA nếu xài chung đồng hồ năng lượng với nhà khác.
- Quí vị không bị ai khác khai là phụ thuộc vào họ để trừ thuế ngoài người phối ngẫu.
- Lợi tức của gia đình quí vị không được vượt quá mức lợi tức qui định trong đơn này.
- Quí vị phải thông báo với PG&E khi gia đình quí vị không còn hội đủ điều kiện để được nhận giảm giá CARE/FERA.
- Những người sống trong khu nhà lưu động, chung cư và nhà nổi có đồng hồ phụ phải dùng mẫu "Đơn Xin Hưởng Chương Trình CARE / FERA cho Người Mướn Nhà có Đồng Hồ Điện Ga Phụ". (Xin hỏi chủ nhà/quản lý lấy mẫu 62-0673)

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

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

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

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

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

TDD/TTY 1-800-652-4712 đường dây cho những người bị câm/điếc, Thứ Hai - Thứ Sáu 9 giờ sáng – 11 giờ tối

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

Pacific Gas and Electric Company®

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

62-0973
Rev. 06/01/07

1 CUSTOMER INFORMATION: *(please print clearly)*

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

										-	

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

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

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

Number of people living in your household: Adults_____ + **Children (under 18)**_____ = _____

2a PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then SKIP to section 3.

- ☐ Medi-Cal (under age 65)
- ☐ Medi-Cal (age 65 and over)
- ☐ Food Stamps
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

If you do not participate in any of the programs listed above, SKIP to section 2b

2b HOUSEHOLD INCOME ELIGIBILITY: (skip if you filled out section 2a)

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

- ☐ Pensions
- ☐ Social Security
- ☐ SSI, SSP, SSDI

Interest and/or Dividends from:
- ☐ Savings Accounts,
- ☐ Stocks or Bonds, or
- ☐ Retirement Accounts

- ☐ Wages or Salaries
- ☐ Unemployment Benefits
- ☐ Workers compensation
- ☐ Disability payments
- ☐ Rental or Royalty Income
- ☐ Profit from self-employment (IRS form Schedule C, Line 29)
- ☐ School Grants, Scholarships or other aid used for living expenses
- ☐ Insurance Settlements
- ☐ Legal Settlements
- ☐ Child support
- ☐ Spousal support
- ☐ Cash and/or other income

MAXIMUM HOUSEHOLD INCOME: *(effective June 1, 2007 to May 31, 2008)*

Number of Persons in Household	Total Combined Annual Income (before taxes)	
	CARE	**FERA**
1-2	$29,300	Not Eligible
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
For Each Additional Person add	$7,100	$7,100 - $8,800

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

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

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

X _____ _____

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

Pacific Gas and Electric Company®

Đơn Xin Hưởng Chương Trình CARE / FERA cho **Khách Hàng Ở Nhà Riêng**

62-0973
Rev. 06/01/07

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

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

										-	

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

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

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

Số Người Sống Trong Nhà: Người Lớn _____+ Trẻ Em (dưới 18 tuổi)_____ = _____

2a CÁC CHƯƠNG TRÌNH TRỢ GIÚP CÔNG CỘNG:

Đánh dấu vào tất cả các chương trình mà gia đình quí vị đang tham gia, sau đó điền phần 3.

- ☐ Medi-Cal (dưới 65 tuổi)
- ☐ Medi-Cal (65 và qua 65 tuổi)
- ☐ Tiền Phiếu Thực Phẩm
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

Nếu quí vị không tham gia bất cứ những chương trình kể trên, xin điền phần 2b

2b LỢI TỨC GIA ĐÌNH: (không cần điền nếu đã điền phần 2a)

Đánh dấu vào tất cả các nguồn lợi tức của gia đình quí vị. Dựa vào số người trong gia đình và lợi tức mà quí vị sẽ được ghi danh vào chương trình CARE hoặc FERA.

- ☐ Tiền Hưu Bổng
- ☐ Tiền Trợ Cấp An Sinh Xã Hội
- ☐ SSI, SSP, SSDI

Tiền Lời từ:
- ☐ Trương Mục Tiết Kiệm
- ☐ Chứng Khoán,Trái Phiếu, hay
- ☐ Trương Mục Hưu Trí

- ☐ Tiền Lương
- ☐ Tiền Thất Nghiệp
- ☐ Tiền Bồi Thường Tai Nạn Lao Động
- ☐ Tiền cho Người Có Khuyết Tật
- ☐ Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- ☐ Lợi Tức từ việc Làm Ăn Riêng (IRS mẫu Schedule C, Dòng 29)

- ☐ Tiền Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống hàng ngày
- ☐ Tiền Bảo Hiểm Bồi Thường
- ☐ Tiền Bồi Thường Thưa Kiện
- ☐ Tiền Cấp Dưỡng Con Cái
- ☐ Tiền Cấp Dưỡng Vợ/Chồng
- ☐ Tiền Mặt và/hay Lợi Tức Khác

LỢI TỨC TỐI ĐA CHO MỖI GIA ĐÌNH: (Có hiệu lực từ ngày 1 tháng Sáu, 2007 tới ngày 31 tháng Năm, 2008)

Số Người trong Gia Đình	Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm (trước khi trừ thuế)	
	CARE	**FERA**
1-2	$29,300	Không đủ tiêu chuẩn
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Mỗi người thêm sau đó	$7,100	$7,100 - $8,800

Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm **$** ☐☐,☐☐☐

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

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

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

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
RESIDENTIAL SINGLE-FAMILY CUSTOMERS
PRE-PRINTED APPLICATION INSTRUCTION
FORM NO. 62-0939 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

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

62-0939
Rev. 06/01/07

ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly gas and electric bill for qualifying households.
- **Family Electric Rate Assistance (FERA)** Program provides savings on your electric bill for large households of three or more persons with low-to middle-income.

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.
- You may not qualify for a CARE / FERA 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 total annual household income should not exceed the income guidelines described in this application.
- You must notify Pacific Gas and Electric Company if your household no longer qualifies for the CARE / FERA discount.
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- **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.
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- **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.

Mail Completed Application to:

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

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

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

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

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

Pacific Gas and Electric Company®

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

62-0939
Rev. 06/01/07

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO DE CARE / FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento del 20% en la cuenta mensual de gas y electricidad a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** está diseñado para hogares grandes, de tres o más personas, de ingresos bajos y medianos.

REGLAS DEL PROGRAMA

- La cuenta de Pacific Gas and Electric Company debe estar a su nombre.
- Debe vivir en la direccion donde se recibirá el descuento por lo menos la mitad del año.
- Puede que no califique para el programa CARE / FERA si comparte los medidores de energía con otro hogar.
- El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo/sa.
- Los ingresos anuales del hogar no deben exceder las pautas de ingresos descritas 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 / FERA.
- Los inquilinos con medidores "sub-medidos" que pertenecen a parques de casas móviles, apartamentos o muelles de botes, deben llenar otro formulario llamado "Solicitud del Programa CARE / FERA 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

- **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.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de las tarifas más bajas, a los clientes que tengan necesidades médicas 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 como puede uniformar 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.

Devuelva la solicitud llena a:

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

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

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

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

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

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
RESIDENTIAL SINGLE-FAMILY CUSTOMERS
PRE-PRINTED APPLICATION
FORM NO. 62-0919 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

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

62-0919
Rev. 06/01/07

1 CUSTOMER INFORMATION:

Telephone Number: (_____)_____

Number of People Living in Household:

☐☐ **Adults**

☐☐ **+ Children (under 18)**

☐☐ **= Total**

2a PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then SKIP to section 3.

- ☐ Medi-Cal (under age 65)
- ☐ Medi-Cal (age 65 and over)
- ☐ Food Stamps
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

If you do not participate in any of the programs listed above, SKIP to section 2b

2b HOUSEHOLD INCOME ELIGIBILITY: (skip if you filled out section 2a)

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

- ☐ Pensions
- ☐ Social Security
- ☐ SSI, SSP, SSDI

Interest and/or Dividends from:

- ☐ Savings Accounts,
- ☐ Stocks or Bonds, or
- ☐ Retirement Accounts

- ☐ Wages or Salaries
- ☐ Unemployment Benefits
- ☐ Workers compensation
- ☐ Disability payments
- ☐ Rental or Royalty Income
- ☐ Profit from self-employment (IRS form Schedule C, Line 29)
- ☐ School Grants, Scholarships or other aid used for living expenses
- ☐ Insurance Settlements
- ☐ Legal Settlements
- ☐ Child support
- ☐ Spousal support
- ☐ Cash and/or other income

MAXIMUM HOUSEHOLD INCOME: *(effective June 1, 2007 to May 31, 2008)*

Number of Persons in Household	Total Combined Annual Income (before taxes)	
	CARE	**FERA**
1-2	$29,300	Not Eligible
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
For Each Additional Person add	$7,100	$7,100 - $8,800

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

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

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

X _____ _____

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

Pacific Gas and Electric Company®

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

62-0919
Rev. 06/01/07

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

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

Nombre _____ **Número telefónico**: (____)_____
Tal y como aparece en la factura

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

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

Número de Personas que viven en su hogar: Adultos _____ **+ Niños (menores de 18)** _____ **=** _____

2a ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PUBLICA:

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

- ☐ Medi-Cal (menor de 65 años)
- ☐ Medi-Cal (65 años o más)
- ☐ Estampillas de Alimentos
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

Si no está inscrito en ninguno de los programas arriba indicados, LLENE la sección 2b

2b HOJA DE TRABAJO SOBRE LOS INGRESOS DEL HOGAR:

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

- ☐ Pagos de Pensiones
- ☐ Pagos del Seguro Social
- ☐ SSI, SSP, SSDI

Intereses y/o Dividendos de:
- ☐ Cuentas de Ahorros,
- ☐ Acciones y Bonos, o
- ☐ Cuentas de Jubilación

- ☐ Sueldos y/o Salarios
- ☐ Pagos por Desempleo
- ☐ Compensación al Trabajador
- ☐ Pagos por Incapacidad
- ☐ Ingresos provenientes de Rentas o Regalías
- ☐ Ganancias de su Propio Negocio (Formulario de IRS, Schedule C, Línea 29)

- ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- ☐ Reclamaciones del Seguro
- ☐ Reclamaciones Legales
- ☐ Pagos por Pensión Alimenticia a Hijos
- ☐ Pagos por Pensión Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

INGRESOS MÁXIMOS DEL HOGAR: *(efectivo Junio 1, 2007 hasta Mayo 31, 2008)*

Número de Personas en el Hogar	Ingresos Anuales Combinados (Antes de impuestos)	
	CARE	**FERA**
1-2	$29,300	No Aplica
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Cada Persona Adicional	$7,100	$7,100 - $8,800

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

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

Declaro que la información proporcionada en esta solicitud es correcta y verdadera. Estoy de acuerdo en proveer pruebas de mis ingresos, de ser necesario. Estoy de acuerdo en informar a Pacific Gas and Electric Company si mi situación financiera cambia y 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 ○ Marque aquí si es tutor o tiene carta de poder ***Fecha***

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
RESIDENTIAL SINGLE-FAMILY CUSTOMERS RECERTIFICATION INSTRUCTION
FORM NO. 62-0940 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

pge.com/care

CARE Program Re-Certification Instruction

Residential Single-Family Customers

CARE Program

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

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

62-0940

Rev. 06/01/07

CARE PROGRAM RE-CERTIFICATION INSTRUCTIONS

Dear Customer:

You have been receiving a 20% discount on your Pacific Gas and Electric Company bill as a result of your participation in the California Alternate Rates for Energy (CARE) Program.

To continue receiving your 20% discount you need to reapply for the CARE Program if you still qualify. It is free, easy and confidential.

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

Thank you for the opportunity to continue serving you.

CARE Program

INCOME GUIDELINES ***(Effective June 1, 2007 to May 31, 2008)***
PAUTAS DE INGRESOS ***(Efectivo Junio 1, 2007 hasta Mayo 31, 2008)***

Your household's gross annual income may not exceed these CARE Income Guidelines:
Los ingresos anuales brutos de su hogar no deben exceder las Pautas de Ingresos de CARE especificadas a continuación:

Size of Household / Número de personas en el hogar	1 or 2	3	4	5	6
Yearly *(before taxes)* / Ingresos Anuales *(antes de impuestos)*	**$29,300**	**$34,400**	**$41,500**	**$48,600**	**$55,700**

Add **$7,100** for each additional person / Agregue **$7,100** anual por cada personal adicional en el hogar.

INSTRUCCIONES PARA REINSCRIBIRSE EN EL PROGRAMA DE CARE

Estimado(a) cliente:

Usted ha estado recibiendo un descuento del 20% en su factura de Pacific Gas and Electric Company a consecuencia de su participación en el Programa de California Alternate Rates for Energy (CARE).

Si desea continuar recibiendo este 20% de descuento, debe volver a inscribirse en este programa si es que todavía califica para el mismo. La solicitud es grátis, fácil y confidencial.

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

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

El Programa de CARE

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

TDD/TTY 1-800-652-4712
For Speech/Hearing-Impaired, Monday – Friday 9am - 11pm
Para los sordomudos, de lunes a viernes, 9 a.m. hasta las 11 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line / si no puede usar la línea TDD

Pacific Gas and Electric Company®

pge.com/care

CARE Program Re-Certification Instruction

Residential Single-Family Customers

CARE Program

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

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

62-0940

Rev. 06/01/07

MẪU CHỈ DẪN TÁI CHỨNG NHẬN CHO CHƯƠNG TRÌNH CARE

Thân gởi khách hàng:

Quí vị đang được nhận giá giảm 20% trên hóa đơn PG&E vì đã tham gia vào chương trình CARE.

Để tiếp tục được giảm giá 20%, quí vị cần phải nộp đơn xin lại chương trình CARE nếu quí vị vẫn còn hội đủ điều kiện. Việc nộp đơn hoàn toàn miễn phí, dễ dàng và kín đáo.

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

Xin cám ơn quí vị.

Chương trình CARE

收入準則 (有效期由 2007 年 6 月 1 日至 2008 年 5 月 31 日) **BẢN CHỈ DẪN VỀ LỢI TỨC** (Có hiệu lực từ ngày 1 tháng Sáu, 2007 tới ngày 31 tháng Năm, 2008)					
您家庭的總收入不可超過 CARE 計劃的收入標準: Tổng số lợi tức nguyên năm của gia đình quí vị không được vượt qua các Định Mức Lợi Tức CARE dưới đây:					
家庭人數 / Số người trong gia đình	*1* 或/ hay *2*	*3*	*4*	*5*	*6*
家庭全年總收入(稅前) / Tổng lợi tức hàng năm (trước khi trừ thuế)	**$29,300**	**$34,400**	**$41,500**	**$48,600**	**$55,700**
每增加一人，增加 **$7,100** / Cộng **$7,100** cho mỗi người thêm sau đó					

CARE 計劃再驗證指示

親愛的客戶：

因為參加 CARE 計劃，所以在您的太平洋煤電公司帳單上一直有 20%的折扣。

除此之外，為了要能夠繼續得到 20%的折扣，您需要重新申請 CARE 計劃。申請是免費，而且簡單和保密。

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

感謝您讓我們有機會能夠繼續為您服務。

CARE 計劃

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

TDD/TTY 1-800-652-4712

有言語或聆聽障礙者, 星期一至五 9am – 11pm

Đường dây cho những người bị câm/điếc, Thứ Hai - Thứ Sáu 9 giờ sáng – 11 giờ tối

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

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
RESIDENTIAL SINGLE-FAMILY CUSTOMERS RECERTIFICATION
FORM NO. 62-1509 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

pge.com/care

CARE Program Re-certification Application

Residential Single-Family Customers

CARE Program

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

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

62-1509

Rev. 06/01/07

1 CUSTOMER INFORMATION / INFORMACIÓN DEL CLIENTE:

Telephone Number / Número telefónico

CHECK all sources of household income

- ☐ Pensions
- ☐ Social Security
- ☐ SSI, SSP, SSDI

Interest and/or Dividends from:

- ☐ Savings Accounts,
- ☐ Stocks or Bonds, or
- ☐ Retirement Accounts

- ☐ Wages or Salaries
- ☐ Unemployment Benefits
- ☐ Workers compensation
- ☐ Disability payments
- ☐ Rental or Royalty Income
- ☐ Profit from self-employment (IRS form Schedule C, Line 29)
- ☐ School Grants, Scholarships or other aid used for living expenses
- ☐ Insurance Settlements
- ☐ Legal Settlements
- ☐ Child support
- ☐ Spousal support
- ☐ Cash and/or other income

MARQUE todas las fuentes de ingreso de la familia.

- ☐ Pagos de Pensiones
- ☐ Pagos del Seguro Social
- ☐ SSI, SSP, SSDI

Intereses y/o Dividendos de:

- ☐ Cuentas de Ahorros,
- ☐ Acciones y Bonos, o
- ☐ Cuentas de Jubilación

- ☐ Sueldos y/o Salarios
- ☐ Pagos por Desempleo
- ☐ Compensación al Trabajador
- ☐ Pagos por Incapacidad
- ☐ Ingresos provenientes de Rentas o Regalías
- ☐ Ganancias de su Propio Negocio (Formulario de IRS, Schedule C, Línea 29)
- ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- ☐ Reclamaciones del Seguro
- ☐ Reclamaciones Legales
- ☐ Pagos por Pensión Alimenticia a Hijos
- ☐ Pagos por Pensión Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

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

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

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

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

X _____ _____

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

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

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

Pacific Gas and Electric Company®

pge.com/care

CARE Program Re-certification Application

Residential Single-Family Customers

CARE Program

Mail Completed Application to: P.O. Box 7979, San Francisco, CA 94120-7979
For Questions Call: 1-866-PGE-CARE (743-2273) Fax: 415-973-6419

62-1509
Rev. 06/01/07

1 CHI TIẾT VỀ KHÁCH HÀNG / 客戶資料:

Số Điện Thoại /電話號碼

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

- ☐ Tiền Hưu Bổng
- ☐ Tiền Trợ Cấp An Sinh Xã Hội
- ☐ SSI, SSP, SSDI

Tiền Lời từ:

- ☐ Trương Mục Tiết Kiệm
- ☐ Chứng Khoán,Trái Phiếu, hay
- ☐ Trương Mục Hưu Trí

- ☐ Tiền Lương
- ☐ Tiền Thất Nghiệp
- ☐ Tiền Bồi Thường Tai Nạn Lao Động
- ☐ Tiền cho Người Có Khuyết Tật
- ☐ Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- ☐ Lợi Tức từ việc Làm Ăn Riêng (IRS mẫu Schedule C, Dòng 29)
- ☐ Tiền Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống hàng ngày
- ☐ Tiền Bảo Hiểm Bồi Thường
- ☐ Tiền Bồi Thường Thưa Kiện
- ☐ Tiền Cấp Dưỡng Con Cái
- ☐ Tiền Cấp Dưỡng Vợ/Chồng
- ☐ Tiền Mặt và/hay Lợi Tức Khác

請勾選全部您的家庭全年總收入。

- ☐ 退休金
- ☐ 安全保險補助金
- ☐ SSI、SSP、SSDI

利息/或股息，來源于:

- ☐ 儲蓄戶口、
- ☐ 股票或債券，或
- ☐ 退休帳戶

- ☐ 工資
- ☐ 失業福利
- ☐ 勞工賠償
- ☐ 傷病補助金
- ☐ 租金或版權收入
- ☐ 自僱者的總收入（IRS 表格 C 第 29 行）
- ☐ 學校助學金、獎學金或其他生活開支補助
- ☐ 保險訴訟所得的金錢
- ☐ 法律訴訟所得的金錢
- ☐ 給孩童的資助
- ☐ 給配偶的資助
- ☐ 現金和 / 或其他收入

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

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

聲明: ***(請小心閱讀，然後在下面簽字)***

本人聲明，這是真實和正確的資料，本人的家庭收入繼續符合 CARE 計劃的資格。本人同意，在得到要求時，會提供收入證明。本人同意，如果我不再符合獲得折扣的條件，我將告知太平洋煤電公司。本人了解，如果我不符合折扣條件而獲得折扣，我會被要求退回獲得折扣的金額。本人了解太平洋煤電公司可以提供我的申請資料給其他能源公用事業公司及其代表，以加入它們的輔助項目。

X _____ _____

Chữ ký của khách hàng
客戶簽名

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

Ngày /日期

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

把這表格寄回太平洋煤電公司 *(請使用提供給您的免郵資信封)*

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
APPLICATION FOR TENANTS OF SUB-METERED FACILITIES (ENG/CHIN)
FORM NO. 62-0672 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

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

62-0672
Rev. 06/01/07

ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly gas and electric bill for qualifying households.
- **Family Electric Rate Assistance (FERA)** Program provides savings on your electric bill for large households of three or more persons with low-to middle-income.

MAXIMUM HOUSEHOLD INCOME: *(effective June 1, 2007 to May 31, 2008)*

Number of Persons in Household	Total Combined Annual Income (before taxes)	
	CARE	**FERA**
1-2	$29,300	Not Eligible
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
For Each Additional Person add	$7,100	$7,100 - $8,800

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.
- You may not qualify for a CARE / FERA 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 total annual household income should not exceed the income guidelines described in this application.
- You must notify Pacific Gas and Electric Company if your household no longer qualifies for the CARE / FERA discount.

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **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.

Mail Completed Application to:

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

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

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

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

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

Pacific Gas and Electric Company®

CARE / FERA 計劃申請表
分錶住宅設施住客

62-0672
Rev. 06/01/07

CARE / FERA 折扣計劃

- CARE 計劃為合格住宅家庭提供百分之二十的煤電帳單折扣
- 家庭電費費率優惠計劃(FERA)為合格的三人以上低至中等收入住宅家庭提供電費帳單折扣。

家庭最高收入標準: (有效期由 2007 年 6 月 1 日至 2008 年 5 月 31 日)

家庭人數	家庭最高年收入總額 (稅前)	
	CARE	**FERA**
1-2	$29,300	不適用於此計劃
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
每增加一人，增加	$7,100	$7,100 - $8,800

計劃規定

- 您的業主給您的煤電帳單必須是以您的名字註冊。
- 申請 CARE/FERA 計劃者必須每年居住在將收到折扣的地方半年以上(而非第二居所)。
- 申請者的居所不可與另一居所共同用一個碼錶，否則將不能符合 CARE/FERA 計劃折扣的資格要求。
- 除了配偶，申請人不可以在另一個人的報稅表中被稱為受贍養者 (dependent)。
- 申請者家庭不應該超過本申請表格中所描述低收入之定義。
- 申請者家庭若不再符合 CARE/FERA 計劃的資格要求，必須知會太平洋煤電公司。

其他有助您支付能源帳單的計劃和服務項目

- LIHEAP - 低收入家居能源輔助計劃，為收入符合資格要求的客戶提供付帳輔助、特發情況付帳輔助和家居防寒保暖措施。欲知更多詳情，請撥 1-866-675-6623 跟加州社區服務及發展部（CSD）聯絡。
- **醫療底線 Medical Baseline** - 經醫生證明為有需要的客戶提供最低費率的服務。欲知詳情，請聯絡太平洋煤電公司。詳情請電 1-800-743-5000。
- **能源伙伴 Energy Partners** - 為收入符合資格要求的客戶提供免費能源教育和家居防寒保暖措施。欲知詳情，請聯絡太平洋煤電公司。詳情請電 1-800-989-9744。
- **生機一線電話服務 ULTS** –為符合 CARE 計劃折扣的客戶提供折扣電話服務。欲知詳情，請聯絡您當地的電話服務公司。

申請表請寄至:

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

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

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

TDD/TTY 1-800-652-4712 有言語或聆聽障礙者, 星期一至五 9am - 11pm

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

Pacific Gas and Electric Company®

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

62-0672
Rev. 06/01/07

1 MANAGER OR LANDLORD INFORMATION: *(please print clearly)*

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

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

Name on PG&E Bill _____

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

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

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

2 TENANT INFORMATION: *(please print clearly)*

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

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

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

Number of people living in your household: Adults_____ + **Children (under 18)**_____ = _____

3a PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then SKIP to section 4.

- ☐ Medi-Cal (under age 65)
- ☐ Medi-Cal (age 65 and over)
- ☐ Food Stamps
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

If you do not participate in any of the programs listed above, SKIP to section 3b

3b HOUSEHOLD INCOME ELIGIBILITY: *(skip if you filled out section 3a)*

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

- ☐ Pensions
- ☐ Social Security
- ☐ SSI, SSP, SSDI

Interest and/or Dividends from:
- ☐ Savings Accounts,
- ☐ Stocks or Bonds, or
- ☐ Retirement Accounts

- ☐ Wages or Salaries
- ☐ Unemployment Benefits
- ☐ Workers compensation
- ☐ Disability payments
- ☐ Rental or Royalty Income
- ☐ Profit from self-employment (IRS form Schedule C, Line 29)

- ☐ School Grants, Scholarships or other aid used for living expenses
- ☐ Insurance Settlements
- ☐ Legal Settlements
- ☐ Child support
- ☐ Spousal support
- ☐ Cash and/or other income

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

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

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

X _____ _____

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

Pacific Gas and Electric Company®

CARE / FERA 計劃申請表
分錢住宅設施住客

62-0672
Rev. 06/01/07

1 經理或業主資料: (請用正楷填寫)

經理或業主姓名 _____ 電話號碼 (_____)_____

郵寄住址 _____ 城市_____ 郵政區號 _____

能源帳單上的名字_____

帳戶號碼: 電力 [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] - 煤氣 [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] -

服務住址 _____ 城市_____ 郵政區號 _____

申請人狀況 ○ 新加入 ○ 退出 ○ 重新確認 ○ 搬到不同地點

2 住客資料：(請用正楷填寫)

姓名 _____ 電話號碼 (_____)_____
請填寫您在能源帳單上的名字

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

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

在上述住址家庭人數: 成人總數 _____+ 孩童總數(十八歲以下)_____ = _____

3a 合資格的公共資助計劃:

請勾選全部您有所參與，然後請填寫第 4 部份。

- ☐ 醫療保險 (65 歲以下)
- ☐ 醫療保險 (65 歲以上)
- ☐ 食物卷
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

如果您沒有參與以上的計劃，請填寫第 3b 部份。

3b 合資格的家庭總收入: (請略過如果您已填寫 3a 部份)

請勾選全部您的家庭全年總收入。您將會被登記 CARE 或 FERA 計劃隨著您的家庭總人數和總收入。

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

家庭全年總收入 $ [ ][ ], [ ][ ][ ]

4 聲明: (請小心閱讀，然後在下面簽字)

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

X _____ _____

簽名 ○ 如果是監護人或代理人的話，請勾上記號 **日期**

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
APPLICATION FOR TENANTS OF SUB-METERED FACILITIES (ENG/VIET)
FORM NO. 62-0673 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

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

62-0673
Rev. 06/01/07

ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly gas and electric bill for qualifying households.
- **Family Electric Rate Assistance (FERA)** Program provides savings on your electric bill for large households of three or more persons with low-to middle-income.

MAXIMUM HOUSEHOLD INCOME: *(effective June 1, 2007 to May 31, 2008)*

Number of Persons in Household	Total Combined Annual Income (before taxes)	
	CARE	**FERA**
1-2	$29,300	Not Eligible
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
For Each Additional Person add	$7,100	$7,100 - $8,800

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.
- You may not qualify for a CARE / FERA 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 total annual household income should not exceed the income guidelines described in this application.
- You must notify Pacific Gas and Electric Company if your household no longer qualifies for the CARE / FERA discount.

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **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.

Mail Completed Application to:

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

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

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

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

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

Pacific Gas and Electric Company®

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

62-0673
Rev. 06/01/07

CHƯƠNG TRÌNH CARE / FERA

- **Chương trình CARE** giảm 20% hàng tháng trên hóa đơn điện ga cho những gia đình hội đủ điều kiện.
- **Chương trình FERA** giúp tiết kiệm tiền trên hóa đơn điện cho những gia đình có từ ba người trở lên với mức lợi tức thấp-trung bình.

LỢI TỨC TỐI ĐA CHO MỖI GIA ĐÌNH: (Có hiệu lực từ ngày 1 tháng Sáu, 2007 tới ngày 31 tháng Năm, 2008)

Số Người trong Gia Đình	Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm (trước khi trừ thuế)	
	CARE	**FERA**
1-2	$29,300	Không đủ tiêu chuẩn
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Mỗi người thêm sau đó	$7,100	$7,100 - $8,800

NHỮNG ĐIỀU KIỆN CỦA CHƯƠNG TRÌNH

- Hóa đơn tiền điện ga từ chủ nhà của quí vị phải có tên của quí vị.
- Quí vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá hơn nửa năm.
- Quí vị có thể không đủ điều kiện được giảm giá qua chương trình CARE/FERA nếu xài chung đồng hồ năng lượng với nhà khác.
- Quí vị không bị ai khác khai là phụ thuộc vào họ để trừ thuế ngoài người phối ngẫu.
- Lợi tức của gia đình quí vị không được vượt quá mức lợi tức qui định trong đơn này.
- Quí vị phải thông báo với PG&E khi gia đình quí vị không còn hội đủ điều kiện để được nhận giảm giá CARE/FERA.

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

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

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

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

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

TDD/TTY 1-800-652-4712 đường dây cho những người bị câm/điếc, Thứ Hai - Thứ Sáu 9 giờ sáng – 11 giờ tối

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

Pacific Gas and Electric Company®

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

62-0673
Rev. 06/01/07

1 MANAGER OR LANDLORD INFORMATION: *(please print clearly)*

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

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

Name on PG&E Bill _____

PG&E Account Number: Electricity [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] - [ ] Gas [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] - [ ]

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

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

2 TENANT INFORMATION: *(please print clearly)*

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

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

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

Number of people living in your household: Adults_____ + **Children (under 18)**_____ = _____

3a PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then SKIP to section 4.

- ☐ Medi-Cal (under age 65)
- ☐ Medi-Cal (age 65 and over)
- ☐ Food Stamps
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

If you do not participate in any of the programs listed above, SKIP to section 3b

3b HOUSEHOLD INCOME ELIGIBILITY: *(skip if you filled out section 3a)*

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

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

Total Annual Household Income: $ [ ][ ], [ ][ ][ ]

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

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

X _____ _____

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

Pacific Gas and Electric Company®

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

62-0673
Rev. 06/01/07

1 CHI TIẾT VỀ QUẢN LÝ HAY CHỦ NHÀ: (xin viết rõ ràng)

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

Địa Chỉ Liên Lạc Bằng Thư_____ **Thành Phố**_____**Zip Code** _____

Tên Trên Hóa Đơn Điện Ga_____

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

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

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

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

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

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

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

Số Người Sống Trong Nhà: Người Lớn _____**+ Trẻ Em (dưới 18 tuổi)**_____ **=** _____

3a CÁC CHƯƠNG TRÌNH TRỢ GIÚP CÔNG CỘNG:

Đánh dấu vào tất cả các chương trình mà gia đình quí vị đang tham gia, sau đó điền phần 4.

- ☐ Medi-Cal (dưới 65 tuổi)
- ☐ Medi-Cal (65 và qua 65 tuổi)
- ☐ Tiền Phiếu Thực Phẩm
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

Nếu quí vị không tham gia bất cứ những chương trình kể trên, xin điền phần 3b.

3b LỢI TỨC GIA ĐÌNH: (không cần điền nếu đã điền phần 3a)

Đánh dấu vào tất cả các nguồn lợi tức của gia đình quí vị. Dựa vào số người trong gia đình và lợi tức mà quí vị sẽ được ghi danh vào chương trình CARE hoặc FERA.

- ☐ Tiền Hưu Bổng
- ☐ Tiền Trợ Cấp An Sinh Xã Hội
- ☐ SSI, SSP, SSDI

Tiền Lời từ:
- ☐ Trương Mục Tiết Kiệm
- ☐ Chứng Khoán,Trái Phiếu, hay
- ☐ Trương Mục Hưu Trí

- ☐ Tiền Lương
- ☐ Tiền Thất Nghiệp
- ☐ Tiền Bồi Thường Tai Nạn Lao Động
- ☐ Tiền cho Người Có Khuyết Tật
- ☐ Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- ☐ Lợi Tức từ việc Làm Ăn Riêng (IRS mẫu Schedule C, Dòng 29)

- ☐ Tiền Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống hàng ngày
- ☐ Tiền Bảo Hiểm Bồi Thường
- ☐ Tiền Bồi Thường Thưa Kiện
- ☐ Tiền Cấp Dưỡng Con Cái
- ☐ Tiền Cấp Dưỡng Vợ/Chồng
- ☐ Tiền Mặt và/hay Lợi Tức Khác

Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm **$** ☐☐,☐☐☐

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

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

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

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
LARGE PRINT - APPLICATION
RESIDENTIAL SINGLE FAMILY CUSTOMERS (ENGLISH)
FORM NO. 79-1051 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

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

79-1051
Rev. 06/01/07

ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly gas and electric bill of qualifying households.
- **Family Electric Rate Assistance (FERA)** Program provides savings on your electric bill for large households of three or more persons with low-to middle-income.

MAXIMUM HOUSEHOLD INCOME: *(effective June 1, 2007 to May 31, 2008)*

Number of Persons in Household	Total Combined Annual Income (before taxes)	
	CARE	**FERA**
1-2	$29,300	Not Eligible
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
For Each Additional Person add	$7,100	$7,100 - $8,800

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.
- You may not qualify for a CARE / FERA 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 total annual household income should not exceed the income guidelines described in this application.
- You must notify Pacific Gas and Electric Company if your household no longer qualifies for the CARE / FERA discount.
- Tenants of sub-metered mobile home parks, apartments and marinas must use the "CARE / FERA Program Application for Tenants of Sub-Metered Facilities". (See Landlord / Manager for form 01-9285)

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **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.
- **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.

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

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

TDD/TTY 1-800-652-4712
for Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

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

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Pacific Gas and Electric Company®

CARE / FERA Program Application for
Residential Single-Family Customers

79-1051
Rev. 06/01/07

1 CUSTOMER INFORMATION:

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

										-	

Name _____

Address_____

City_____ **Zip Code** _____

Telephone Number: (____)_____

Number of people living in your household:

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

2a PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then SKIP to section 3.

- ☐ Medi-Cal (under age 65)
- ☐ Medi-Cal (age 65 and over)
- ☐ Food Stamps
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

If you do not participate in any of the programs listed above, SKIP to section 2b

2b HOUSEHOLD INCOME ELIGIBILITY: *(skip if you filled out section 2a)*

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

- ☐ Pensions
- ☐ Social Security
- ☐ SSI, SSP, SSDI

Interest and/or Dividends from:

- ☐ Savings Accounts,
- ☐ Stocks or Bonds, or
- ☐ Retirement Accounts

- ☐ Wages or Salaries
- ☐ Unemployment Benefits
- ☐ Workers compensation
- ☐ Disability payments
- ☐ Rental or Royalty Income
- ☐ Profit from self-employment (IRS form Schedule C, Line 29)
- ☐ School Grants, Scholarships or other aid used for living expenses
- ☐ Insurance Settlements
- ☐ Legal Settlements
- ☐ Child support
- ☐ Spousal support
- ☐ Cash and/or other income

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

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

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

X _____ _____

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

Mail Completed Application to:

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

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
LARGE PRINT - APPLICATION
RESIDENTIAL SINGLE FAMILY CUSTOMERS (SPANISH)
FORM NO. 79-1052 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

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

79-1052
Rev. 06/01/07

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO DE CARE/FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento del 20% en la cuenta mensual de gas y electricidad a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** está diseñado para hogares grandes, de tres o más personas, de ingresos bajos y medianos.

INGRESOS MÁXIMOS DEL HOGAR: *(efectivo Junio 1, 2007 hasta Mayo 31, 2008)*

Número de Personas en el Hogar	Ingresos Anuales Combinados*	
	CARE	**FERA**
1-2	$29,300	No Aplica
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Cada Persona Adicional	$7,100	$7,100 - $8,800

*Antes de impuestos

REGLAS DEL PROGRAMA

- La cuenta de Pacific Gas and Electric Company debe estar a su nombre.
- Debe vivir en la direccion donde se recibirá el descuento por lo menos la mitad del año.
- Puede que no califique para el programa CARE / FERA si comparte los medidores de energía con otro hogar.
- El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo/sa.
- Los ingresos anuales del hogar no deben exceder las pautas de ingresos descritas 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 / FERA.
- Los inquilinos con medidores “sub-medidos” que pertenecen a parques de casas móviles, apartamentos o muelles de botes, deben llenar otro formulario llamado “Solicitud del Programa CARE / FERA 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

- **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.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de las tarifas más bajas, a los clientes que tengan necesidades médicas 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 como puede uniformar 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.

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

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

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

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

Pacific Gas and Electric Company®

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

79-1052
Rev. 06/01/07

1 INFORMACIÓN DEL CLIENTE:

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

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

Nombre _____

Dirección del Hogar _____

Ciudad _____ **Código Postal** _____

Número telefónico: (____)_____

Número de Personas que viven en su hogar:

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

2a ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PUBLICA:

<u>MARQUE</u> todos los programas a que pertenece y <u>LLENE</u> la sección 3

- ☐ Medi-Cal (menor de 65 años)
- ☐ Medi-Cal (65 años o más)
- ☐ Estampillas de Alimentos
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

Si no está inscrito en ninguno de los programas arriba indicados, <u>LLENE</u> la sección 2b

2b HOJA DE TRABAJO SOBRE LOS INGRESOS DEL HOGAR:

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

- ☐ Pagos de Pensiones
- ☐ Pagos del Seguro Social
- ☐ SSI, SSP, SSDI

Intereses y/o Dividendos de:

- ☐ Cuentas de Ahorros,
- ☐ Acciones y Bonos, o
- ☐ Cuentas de Jubilación

- ☐ Sueldos y/o Salarios
- ☐ Pagos por Desempleo
- ☐ Compensación al Trabajador
- ☐ Pagos por Incapacidad
- ☐ Ingresos provenientes de Rentas o Regalías
- ☐ Ganancias de su Propio Negocio (Formulario de IRS, Schedule C, Línea 29)
- ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- ☐ Reclamaciones del Seguro
- ☐ Reclamaciones Legales
- ☐ Pagos por Pensión Alimenticia a Hijos
- ☐ Pagos por Pensión Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

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

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

Declaro que la información proporcionada en esta solicitud es correcta y verdadera. Estoy de acuerdo en proveer pruebas de mis ingresos, de ser necesario. Estoy de acuerdo en informar a Pacific Gas and Electric Company si mi situación financiera cambia y 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 ***Fecha***

○ Marque aquí si es tutor o tiene carta de poder

Devuelva la solicitud llena a: Pacific Gas and Electric Company
CARE /FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
LARGE PRINT - APPLICATION
RESIDENTIAL SINGLE FAMILY CUSTOMERS (CHINESE)
FORM NO. 79-1053 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

CARE / FERA 計劃申請表
單戶住宅家庭用戶

79-1053
Rev. 06/01/07

CARE / FERA 折扣計劃

- CARE 計劃為合格住宅家庭提供百分之二十的煤電帳單折扣
- 家庭電費費率優惠計劃(FERA)為合格的三人以上低至中等收入住宅家庭提供電費帳單折扣。

家庭最高收入標準: (有效期由 2007 年 6 月 1 日至 2008 年 5 月 31 日)

家庭人數	家庭最高年收入總額 (稅前)	
	CARE	**FERA**
1-2	$29,300	不適用於此計劃
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
每增加一人，增加	$7,100	$7,100 - $8,800

計劃規定

- 申請 CARE/FERA 計劃者必須是太平洋煤電公司帳單的註冊客戶。
- 申請 CARE/FERA 計劃者必須每年居住在將收到折扣的地方半年以上(而非第二居所)。
- 申請者的居所不可與另一居所共同用一個碼錶，否則將不能符合 CARE/FERA 計劃折扣的資格要求。
- 除了配偶，申請人不可以在另一個人的報稅表中被稱為受贍養者 (dependent)。
- 申請者家庭不應該超過本申請表格中所描述低收入之定義。
- 申請者家庭若不再符合 CARE/FERA 計劃的資格要求，必須知會太平洋煤電公司。
- 使用分錶的流動住家、柏文公寓和摩托艇碼頭之住客，必須使用「CARE/FERA 計劃分錶設施住客申請表」。（請找經理/ 業主索取 62-0672 表格）

其他有助您支付能源帳單的計劃和服務項目

- **LIHEAP** - 低收入家居能源輔助計劃，為收入符合資格要求的客戶提供付帳輔助、特發情況付帳輔助和家居防寒保暖 措施。欲知詳情，請撥 1-866-675-6623 跟加州社區服務及發展部（CSD）聯絡。
- **REACH** –請聯絡救世軍，他們能幫助您支付一次煤電費用。詳情請電 1-800-933-9677。
- **醫療底線 Medical Baseline** - 經醫生證明為有需要的客戶提供最低費率的服務。詳情請電 1-800-743-5000。
- **能源伙伴 Energy Partners** - 為收入符合資格要求的客戶提供免費能源教育和家居防寒保暖措施。詳情請電 1-800-989-9744。
- **均衡付帳計劃 Balanced Payment Plan** –請聯絡太平洋煤電公司，以了解如何把每月付費平均攤付，讓您能計劃您的能源開支預算。詳情請電 1-800-743-5000。
- **生機一線電話服務 ULTS** –為符合 CARE 計劃折扣的客戶提供折扣電話服務。欲知詳情，請聯絡您當地的熱線電話服 務公司。

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

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

TDD/TTY 1-800-652-4712 有言語或聆聽障礙者, 星期一至五 9am - 11pm

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

Pacific Gas and Electric Company®

CARE / FERA 計劃申請表
單戶住宅家庭用戶

79-1053
Rev. 06/01/07

1 客戶資料：

帳戶號碼: | | | | | | | | | | - |
(號碼位於帳單的第一頁)

姓名 _____

家庭住址 _____

城市 _____ 郵政區號 _____

電話號碼: (____)_____

在上述住址家庭人數:

成人總數 _____ **+ 孩童總數(十八歲以下)** _____ = _____

2a 合資格的公共資助計劃:

請勾選全部您有所參與，然後請填寫第 3 部份。

- ☐ 醫療保險 (65 歲以下)
- ☐ 醫療保險 (65 歲以上)
- ☐ 食物卷
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

如果您沒有參與以上的計劃，請填寫第 2b 部份。

2b **合資格的家庭總收入:**（請略過如果您已填寫 2a 部份）

請勾選全部您的家庭全年總收入。您將會被登記 CARE 或 FERA 計劃隨著您的家庭總人數和總收入。

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

家庭全年總收入 **$** ☐☐,☐☐☐

3 **聲明:**（請小心閱讀，然後在下面簽字）

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

X _____ _____

簽名　　○ 如果是監護人或代理人的話，請勾上記號　　日期

申請表請寄至:

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

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
LARGE PRINT - APPLICATION
RESIDENTIAL SINGLE FAMILY CUSTOMERS (VIETNAMESE)
FORM NO. 79-1054 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

Đơn Xin Hưởng Chương Trình CARE / FERA cho **Khách Hàng Ở Nhà Riêng**

79-1054
Rev. 06/01/07

CHƯƠNG TRÌNH CARE / FERA

- **Chương trình CARE** giảm 20% hàng tháng trên hóa đơn điện ga cho những gia đình hội đủ điều kiện.
- **Chương trình FERA** giúp tiết kiệm tiền trên hóa đơn điện cho những gia đình có từ ba người trở lên với mức lợi tức thấp-trung bình.

LỢI TỨC TỐI ĐA CHO MỖI GIA ĐÌNH: (Có hiệu lực từ ngày 1 tháng Sáu, 2007 tới ngày 31 tháng Năm, 2008)

Số Người trong Gia Đình	Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm*	
	CARE	**FERA**
1-2	$29,300	Không đủ tiêu chuẩn
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Mỗi người thêm sau đó	$7,100	$7,100 - $8,800

*trước khi trừ thuế

NHỮNG ĐIỀU KIỆN CỦA CHƯƠNG TRÌNH

- Quí vị phải là người đứng tên trên hóa đơn với Pacific Gas and Electric Company.
- Quí vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá hơn nửa năm.
- Quí vị có thể không đủ điều kiện được giảm giá qua chương trình CARE/FERA nếu xài chung đồng hồ năng lượng với nhà khác.
- Quí vị không bị ai khác khai là phụ thuộc vào họ để trừ thuế ngoài người phối ngẫu.
- Lợi tức của gia đình quí vị không được vượt quá mức lợi tức qui định trong đơn này.
- Quí vị phải thông báo với PG&E khi gia đình quí vị không còn hội đủ điều kiện để được nhận giảm giá CARE/FERA.
- Những người sống trong khu nhà lưu động, chung cư và nhà nổi có đồng hồ phụ phải dùng mẫu "Đơn Xin Hưởng Chương Trình CARE / FERA cho Người Mướn Nhà có Đồng Hồ Điện Ga Phụ". (Xin hỏi chủ nhà/quản lý lấy mẫu 62-0673)

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

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

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

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

TDD/TTY 1-800-652-4712
đường dây cho những người bị câm/điếc, Thứ Hai - Thứ Sáu 9h sáng - 11h tối

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

Pacific Gas and Electric Company®

Đơn Xin Hưởng Chương Trình CARE / FERA
cho **Khách Hàng Ở Nhà Riêng**

79-1054
Rev. 06/01/07

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

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

										-	

Tên _____

Địa Chỉ Nhà _____

Thành Phố _____ **Zip Code** _____

Số Điện Thoại (____)_____

Số Người Sống Trong Nhà:

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

2a CÁC CHƯƠNG TRÌNH TRỢ GIÚP CÔNG CỘNG:

<u>Đánh dấu</u> vào tất cả các chương trình mà gia đình quí vị đang tham gia, sau đó điền phần 3.

- ☐ Medi-Cal (dưới 65 tuổi)
- ☐ Medi-Cal (65 và qua 65 tuổi)
- ☐ Tiền Phiếu Thực Phẩm
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

Nếu quí vị không tham gia bất cứ những chương trình kể trên, xin điền phần 2b.

2b LỢI TỨC GIA ĐÌNH: (không cần điền nếu đã điền phần 2a)

<u>Đánh dấu</u> vào tất cả các nguồn lợi tức của gia đình quí vị. Dựa vào số người trong gia đình và lợi tức mà quí vị sẽ được ghi danh vào chương trình CARE hoặc FERA.

- ☐ Tiền Hưu Bổng
- ☐ Tiền Trợ Cấp An Sinh Xã Hội
- ☐ SSI, SSP, SSDI

Tiền Lời từ:

- ☐ Trương Mục Tiết Kiệm
- ☐ Chứng Khoán,Trái Phiếu, hay
- ☐ Trương Mục Hưu Trí

- ☐ Tiền Lương
- ☐ Tiền Thất Nghiệp
- ☐ Tiền Bồi Thường Tai Nạn Lao Động
- ☐ Tiền cho Người Có Khuyết Tật
- ☐ Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- ☐ Lợi Tức từ việc Làm Ăn Riêng (IRS mẫu Schedule C, Dòng 29)
- ☐ Tiền Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống hàng ngày
- ☐ Tiền Bảo Hiểm Bồi Thường
- ☐ Tiền Bồi Thường Thưa Kiện
- ☐ Tiền Cấp Dưỡng Con Cái
- ☐ Tiền Cấp Dưỡng Vợ/Chồng
- ☐ Tiền Mặt và/hay Lợi Tức Khác

Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm **$** ☐☐, ☐☐☐

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

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

X _____ _____

Chữ ký **Ngày**

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

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

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
LARGE PRINT - APPLICATION
TENANTS OF SUB-METERED RESIDENTIAL FACILITIES (ENGLISH)
FORM NO. 79-1055 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

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

79-1055
Rev. 06/01/07

ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly gas and electric bill of qualifying households.
- **Family Electric Rate Assistance (FERA)** Program provides savings on your electric bill for large households of three or more persons with low-to middle-income.

MAXIMUM HOUSEHOLD INCOME: *(effective June 1, 2007 to May 31, 2008)*

Number of Persons in Household	Total Combined Annual Income (before taxes)	
	CARE	**FERA**
1-2	$29,300	Not Eligible
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
For Each Additional Person add	$7,100	$7,100 - $8,800

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.
- You may not qualify for a CARE / FERA 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 total annual household income should not exceed the income guidelines described in this application.
- You must notify Pacific Gas and Electric Company if your household no longer qualifies for the CARE / FERA discount.

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **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.

Mail Completed Application to:

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

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

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

TDD/TTY 1-800-652-4712
for Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

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

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Pacific Gas and Electric Company®

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

79-1055
Rev. 06/01/07

1 MANAGER OR LANDLORD INFORMATION:

Manager or Landlord Name_____

Mailing Address _____

City_____ **Zip Code** _____

Telephone Number: (_____)_____

Name on PG&E Bill_____

PG&E Account Number:

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

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

Service Address_____

City_____ **Zip Code** _____

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

2 TENANT INFORMATION: *(please print clearly)*

Name _____

Address _____

City _____ **Zip Code** _____

Telephone Number: (____)_____

Number of people living in your household:

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

3a PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then SKIP to section 4.

- ☐ Medi-Cal (under age 65)
- ☐ Medi-Cal (age 65 and over)
- ☐ Food Stamps
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

If you do not participate in any of the programs listed above, SKIP to section 3b

3b HOUSEHOLD INCOME ELIGIBILITY: *(skip if you filled out section 3a)*

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

- ☐ Pensions
- ☐ Social Security
- ☐ SSI, SSP, SSDI

Interest and/or Dividends from:

- ☐ Savings Accounts,
- ☐ Stocks or Bonds, or
- ☐ Retirement Accounts

- ☐ Wages or Salaries
- ☐ Unemployment Benefits
- ☐ Workers compensation
- ☐ Disability payments
- ☐ Rental or Royalty Income
- ☐ Profit from self-employment (IRS form Schedule C, Line 29)
- ☐ School Grants, Scholarships or other aid used for living expenses
- ☐ Insurance Settlements
- ☐ Legal Settlements
- ☐ Child support
- ☐ Spousal support
- ☐ Cash and/or other income

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

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

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

X _____ _____

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

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
LARGE PRINT - APPLICATION
TENANTS OF SUB-METERED RESIDENTIAL FACILITIES (SPANISH)
FORM NO. 79-1056 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

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

79-1056
Rev. 06/01/07

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO DE CARE/FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento del 20% en la cuenta mensual de gas y electricidad a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** está diseñado para hogares grandes, de tres o más personas, de ingresos bajos y medianos.

INGRESOS MÁXIMOS DEL HOGAR: *(efectivo Junio 1, 2007 hasta Mayo 31, 2008)*

Número de Personas en el Hogar	Ingresos Anuales Combinados*	
	CARE	**FERA**
1-2	$29,300	No Aplica
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Cada Persona Adicional	$7,100	$7,100 - $8,800

*Antes de impuestos

REGLAS DEL PROGRAMA

- La cuenta de Pacific Gas and Electric Company debe estar a su nombre.
- Debe vivir en la direccion donde se recibirá el descuento por lo menos la mitad del año.
- Puede que no califique para el programa CARE / FERA si comparte los medidores de energía con otro hogar.
- El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo/sa.
- Los ingresos anuales del hogar no deben exceder las pautas de ingresos descritas 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 / FERA.

OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **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.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de las tarifas más bajas, a los clientes que tengan necesidades médicas 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.

Devuelva la solicitud llena a: Pacific Gas and Electric Company
CARE / FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

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

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

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

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

Pacific Gas and Electric Company®

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

79-1056
Rev. 06/01/07

1 INFORMACIÓN DEL ADMINISTRADOR O PROPIETARIO:

Nombre del Administrador o Propietario _____

Dirección postal _____

Ciudad _____ **Código Postal** _____

Número telefónico: (____)_____

Nombre que aparece en la cuenta de energía _____

Número de Cuenta

Electricidad | | | | | | | | | | | - |

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

Dirección donde se da el servicio _____

Ciudad _____ **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 _____

Dirección del Hogar _____

Ciudad _____ **Código Postal** _____

Número telefónico: (____)_____

Número de Personas que viven en su hogar:

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

3a ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PUBLICA:

MARQUE todos los programas a que pertenece y LLENE la sección 4

- ☐ Medi-Cal (menor de 65 años)
- ☐ Medi-Cal (65 años o más)
- ☐ Estampillas de Alimentos
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

Si no está inscrito en ninguno de los programas arriba indicados, LLENE la sección 2b

3b HOJA DE TRABAJO SOBRE LOS INGRESOS DEL HOGAR:

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

- ☐ Pagos de Pensiones
- ☐ Pagos del Seguro Social
- ☐ SSI, SSP, SSDI

Intereses y/o Dividendos de:

- ☐ Cuentas de Ahorros,
- ☐ Acciones y Bonos, o
- ☐ Cuentas de Jubilación

- ☐ Sueldos y/o Salarios
- ☐ Pagos por Desempleo
- ☐ Compensación al Trabajador
- ☐ Pagos por Incapacidad
- ☐ Ingresos provenientes de Rentas o Regalías
- ☐ Ganancias de su Propio Negocio (Formulario de IRS, Schedule C, Línea 29)
- ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- ☐ Reclamaciones del Seguro
- ☐ Reclamaciones Legales
- ☐ Pagos por Pensión Alimenticia a Hijos
- ☐ Pagos por Pensión Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

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

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

Declaro que la información proporcionada en esta solicitud es correcta y verdadera. Estoy de acuerdo en proveer pruebas de mis ingresos, de ser necesario. Estoy de acuerdo en informar a Pacific Gas and Electric Company si mi situación financiera cambia y 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 ***Fecha***

○ Marque aquí si es tutor o tiene carta de poder

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
LARGE PRINT - APPLICATION
TENANTS OF SUB-METERED RESIDENTIAL FACILITIES (CHINESE)
FORM NO. 79-1057 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

CARE / FERA 計劃申請表
分錶住宅設施住客

79-1057
Rev. 06/01/07

CARE / FERA 折扣計劃

- CARE 計劃為合格住宅家庭提供百分之二十的煤電帳單折扣
- 家庭電費費率優惠計劃(FERA)為合格的三人以上低至中等收入住宅家庭提供電費帳單折扣。

家庭最高收入標準: (有效期由 2007 年 6 月 1 日至 2008 年 5 月 31 日)

家庭人數	家庭最高年收入總額 (稅前)	
	CARE	**FERA**
1-2	$29,300	不適用於此計劃
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
每增加一人，增加	$7,100	$7,100 - $8,800

計劃規定

- 您的業主給您的煤電帳單必須是以您的名字註冊。
- 申請 CARE/FERA 計劃者必須每年居住在將收到折扣的地方半年以上(而非第二居所)。
- 申請者的居所不可與另一居所共同用一個碼錶，否則將不能符合 CARE/FERA 計劃折扣的資格要求。
- 除了配偶，申請人不可以在另一個人的報稅表中被稱為受贍養者(dependent)。
- 申請者家庭不應該超過本申請表格中所描述低收入之定義。
- 申請者家庭若不再符合 CARE/FERA 計劃的資格要求，必須知會太平洋煤電公司。

其他有助您支付能源帳單的計劃和服務項目

- **LIHEAP** - 低收入家居能源輔助計劃，為收入符合資格要求的客戶提供付帳輔助、特發情況付帳輔助和家居防寒保暖措施。欲知更多詳情，請撥 1-866-675-6623 跟加州社區服務及發展部（CSD）聯絡。
- **醫療底線 Medical Baseline** - 經醫生證明為有需要的客戶提供最低費率的服務。欲知詳情，請聯絡太平洋煤電公司。詳情請電 1-800-743-5000。
- **能源伙伴 Energy Partners** - 為收入符合資格要求的客戶提供免費能源教育和家居防寒保暖措施。欲知詳情，請聯絡太平洋煤電公司。詳情請電 1-800-989-9744。
- **生機一線電話服務 ULTS** –為符合 CARE 計劃折扣的客戶提供折扣電話服務。欲知詳情，請聯絡您當地的電話服務公司。

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

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

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

TDD/TTY 1-800-652-4712 有言語或聆聽障礙者, 星期一至五 9am - 11pm

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

Pacific Gas and Electric Company®

CARE / FERA 計劃申請表

分錄住宅設施住客

79-1057
Rev. 06/01/07

1 經理或業主資料: (請用正楷填寫)

經理或業主姓名_____

郵寄住址_____

城市_____郵政區號 _____

電話號碼: (_____)_____

能源帳單上的名字_____

帳戶號碼:

電力 | | | | | | | | | | | - |

煤氣 | | | | | | | | | | | - |

服務住址_____

城市_____郵政區號 _____

申請人狀況 ○ 新加入 ○ 退出 ○ 重新確認 ○ 搬到不同地點

2 住客資料：(請用正楷填寫)

姓名 _____

家庭住址 _____

城市 _____郵政區號 _____

電話號碼: (_____)_____

在上述住址家庭人數:

成人總數 _____+ 孩童總數(十八歲以下) _____ = _____

3a 合資格的公共資助計劃:

請勾選全部您有所參與，然後請填寫第 4 部份。

- ☐ 醫療保險 (65 歲以下)
- ☐ 醫療保險 (65 歲以上)
- ☐ 食物卷
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

如果您沒有參與以上的計劃，請填寫第 3b 部份。

3b 合資格的家庭總收入: (請略過如果您已填寫 3a 部份)

請勾選全部您的家庭全年總收入。您將會被登記 CARE 或 FERA 計劃隨著您的家庭總人數和總收入。

- ☐ 退休金
- ☐ 安全保險補助金
- ☐ SSI、SSP、SSDI

利息/或股息，來源于:

- ☐ 儲蓄戶口、
- ☐ 股票或債券，或
- ☐ 退休帳戶

- ☐ 工資
- ☐ 失業福利
- ☐ 勞工賠償
- ☐ 傷病補助金
- ☐ 租金或版權收入
- ☐ 自僱者的總收入（IRS 表格 C 第 29 行）
- ☐ 學校助學金、獎學金或其他生活開支補助
- ☐ 保險訴訟所得的金錢
- ☐ 法律訴訟所得的金錢
- ☐ 給孩童的資助
- ☐ 給配偶的資助
- ☐ 現金和 / 或其他收入

家庭全年總收入 **$** ☐☐, ☐☐☐

4 聲明: (請小心閱讀，然後在下面簽字)

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

X _____ _____

簽名　　○ 如果是監護人或代理人的話，請勾上記號　　日期

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
LARGE PRINT - APPLICATION
TENANTS OF SUB-METERED RESIDENTIAL FACILITIES (VIETNAMESE)
FORM NO. 79-1058 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

Đơn Xin Hưởng Chương Trình CARE / FERA cho **Người Mướn Nhà có Đồng Hồ Điện Ga Phụ**

79-1058
Rev. 06/01/07

CHƯƠNG TRÌNH CARE / FERA

- **Chương trình CARE** giảm 20% hàng tháng trên hóa đơn điện ga cho những gia đình hội đủ điều kiện.
- **Chương trình FERA** giúp tiết kiệm tiền trên hóa đơn điện cho những gia đình có từ ba người trở lên với mức lợi tức thấp-trung bình.

LỢI TỨC TỐI ĐA CHO MỖI GIA ĐÌNH: (Có hiệu lực từ ngày 1 tháng Sáu, 2007 tới ngày 31 tháng Năm, 2008)

Số Người trong Gia Đình	Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm*	
	CARE	**FERA**
1-2	$29,300	Không đủ tiêu chuẩn
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Mỗi người thêm sau đó	$7,100	$7,100 - $8,800

*trước khi trừ thuế

NHỮNG ĐIỀU KIỆN CỦA CHƯƠNG TRÌNH

- Hóa đơn tiền điện ga từ chủ nhà của quí vị phải có tên của quí vị.
- Quí vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá hơn nửa năm.
- Quí vị có thể không đủ điều kiện được giảm giá qua chương trình CARE/FERA nếu xài chung đồng hồ năng lượng với nhà khác.
- Quí vị không bị ai khác khai là phụ thuộc vào họ để trừ thuế ngoài người phối ngẫu.
- Lợi tức của gia đình quí vị không được vượt quá mức lợi tức qui định trong đơn này.
- Quí vị phải thông báo với PG&E khi gia đình quí vị không còn hội đủ điều kiện để được nhận giảm giá CARE/FERA.

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

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

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

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

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

TDD/TTY 1-800-652-4712
đường dây cho những người bị câm/điếc, Thứ Hai - Thứ Sáu 9h sáng - 11h tối

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

Pacific Gas and Electric Company®

Đơn Xin Hưởng Chương Trình CARE / FERA cho **Người Mướn Nhà có Đồng Hồ Điện Ga Phụ**

79-1058
Rev. 06/01/07

1 CHI TIẾT VỀ QUẢN LÝ HAY CHỦ NHÀ:

Tên của Quản Lý hay Chủ Nhà _____

Địa Chỉ Liên Lạc Bằng Thư _____

Thành Phố _____ **Zip Code** _____

Số Điện Thoại (_____) _____

Tên Trên Hóa Đơn Điện Ga _____

Số Hồ Sơ PG&E:

Điện | | | | | | | | | | | - |

Ga | | | | | | | | | | | - |

Địa Chỉ Nơi Nhận Dịch Vụ _____

Thành Phố _____ **Zip Code** _____

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

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

Tên _____

Địa Chỉ Nhà _____

Thành Phố _____ **Zip Code** _____

Số Điện Thoại (____) _____

Số Người Sống Trong Nhà:

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

3a CÁC CHƯƠNG TRÌNH TRỢ GIÚP CÔNG CỘNG:

Đánh dấu vào tất cả các chương trình mà gia đình quí vị đang tham gia, sau đó điền phần 4.

- ☐ Medi-Cal (dưới 65 tuổi)
- ☐ Medi-Cal (65 và qua 65 tuổi)
- ☐ Tiền Phiếu Thực Phẩm
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

Nếu quí vị không tham gia bất cứ những chương trình kể trên, xin điền phần 3b.

3b LỢI TỨC GIA ĐÌNH: (không cần điền nếu đã điền phần 3a)

Đánh dấu vào tất cả các nguồn lợi tức của gia đình quí vị. Dựa vào số người trong gia đình và lợi tức mà quí vị sẽ được ghi danh vào chương trình CARE hoặc FERA.

- ☐ Tiền Hưu Bổng
- ☐ Tiền Trợ Cấp An Sinh Xã Hội
- ☐ SSI, SSP, SSDI

Tiền Lời từ:

- ☐ Trương Mục Tiết Kiệm
- ☐ Chứng Khoán,Trái Phiếu, hay
- ☐ Trương Mục Hưu Trí

- ☐ Tiền Lương
- ☐ Tiền Thất Nghiệp
- ☐ Tiền Bồi Thường Tai Nạn Lao Động
- ☐ Tiền cho Người Có Khuyết Tật
- ☐ Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- ☐ Lợi Tức từ việc Làm Ăn Riêng (IRS mẫu Schedule C, Dòng 29)
- ☐ Tiền Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống hàng ngày
- ☐ Tiền Bảo Hiểm Bồi Thường
- ☐ Tiền Bồi Thường Thưa Kiện
- ☐ Tiền Cấp Dưỡng Con Cái
- ☐ Tiền Cấp Dưỡng Vợ/Chồng
- ☐ Tiền Mặt và/hay Lợi Tức Khác

Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm **$** ☐☐, ☐☐☐

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

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

X _____ _____

Chữ ký **Ngày**

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

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
LARGE PRINT - INCOME GUIDELINES
FORM NO. 79-1059 (05/07) (T)
(ATTACHED)

INCOME GUIDELINES (effective June 1, 2007 to May 31, 2008)

Number of Persons in Household	Total Combined Annual Income (before taxes)	
	CARE	**FERA**
1-2	$29,300	Not Eligible
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
For Each Additional Person add	$7,100	$7,100 - $8,800

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, SSDI
- Pensions
- Insurance settlements
- Legal Settlements
- TANF (AFDC)
- Food stamps
- Child support
- Spousal support
- Cash and/or other income

PAUTAS DE INGRESOS (efectivo Junio 1, 2007 hasta Mayo 31, 2008)

Número de Personas en el Hogar	Ingresos Anuales Combinados (antes de impuestos)	
	CARE	**FERA**
1-2	$29,300	No Aplica
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Cada Persona Adicional	$7,100	$7,100 - $8,800

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, SSDI
- 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

收入標準（有效期由 2007 年 6 月 1 日至 2008 年 5 月 31 日）

家庭人數	家庭最高年收入總額（稅前）	
	CARE	**FERA**
1-2	$29,300	不適用於此計劃
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
每增加一人，增加	$7,100	$7,100 - $8,800

收入定義:

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

- 工資
  利息/或股息，來源于:
  - 儲蓄戶口、
  - 股票或債券，或
  - 退休帳戶
- 失業福利
- 租金或版權收入
- 學校助學金、獎學金或其他生活津貼補助
- 自僱者的總收入（IRS 表格 C 第 29 行）
- 傷病補助金
- 勞工賠償
- 社會福利、SSI、SSP、SSDI
- 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

ĐỊNH MỨC LỢI TỨC (Có hiệu lực từ ngày 1 tháng Sáu, 2007 tới ngày 31 tháng Năm, 2008)

Số Người trong Gia Đình	Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm (trước khi trừ thuế)	
	CARE	**FERA**
1-2	$29,300	Không đủ tiêu chuẩn
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Mỗi người thêm sau đó	$7,100	$7,100 - $8,800

Định Nghĩa Lợi Tức:

Tất cả mọi lợi tức, của mọi người trong nhà, có từ bất cứ nguồn nào, dù phải đóng thuế hay không đóng thuế, bao gồm nhưng không chỉ giới hạn vào:

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

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

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

TDD/TTY 1-800-652-4712
đường dây cho những người bị câm/điếc, Thứ Hai - Thứ Sáu 9 am – 11 pm

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

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

SPECIAL CONDITIONS: (Cont'd.)

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

No. Of Persons In Household	Total Gross Annual Income	
1-2	Not Eligible	
3	$34,401 – $43,000	(I)
4	$41,501 – $51,800	|
5	$48,601 – $60,600	|
6	$55,701 – $69,400	|
Each Additional Person Add	$ 7,100 – $ 8,800	(I)

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

3. CERTIFICATION:

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

All applicants for certification must fill out and provide to PG&E Application Form No. 62-0973 (English/Vietnamese), 01-9077 (English/Spanish), (T)
62-0972 (English/Chinese). (T)

Submetered tenants of master-metered PG&E Customers:

Submetered tenants of master-metered Customers will submit Application Form No. 62-0672 (English/Chinese), 01-9285 (English/Spanish), (T)
62-0673 (English/Vietnamese) to PG&E, including their tenant's apartment/unit (T)
number and PG&E account number. PG&E will notify the master-metered Customer of the tenant's certification. The master-metered Customer, not PG&E, is responsible for extending E-FERA discounts to tenants certified to receive them.

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

(Continued)

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

B. ELIGIBILITY (Cont'd.)

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

Number of Persons in Household	Maximum Annual Household Income
1-2	$29,300 (I)
3	$34,400 |
4	$41,500 |
5	$48,600 |
6	$55,700 |
Each additional member, add:	$ 7,100 (I)

C. CERTIFICATION

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

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

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

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

3. Self-certification:

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

(Continued)

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

B. ELIGIBILITY (Cont'd.)

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

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

Number of Persons in Household	Maximum Annual Household Income
1-2	$29,300 (I)
3	$34,400 |
4	$41,500 |
5	$48,600 |
6	$55,700 |
Each additional member, add:	$ 7,100 (I)

(Continued)

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

B. ELIGIBILITY (Cont'd.)

2. PRIVATELY-OWNED EMPLOYEE HOUSING FACILITIES

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

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

3. AGRICULTURAL EMPLOYEE HOUSING FACILITIES

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

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

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

Number of Persons in Household	Maximum Annual Household Income
1-2	$29,300 (I)
3	$34,400 |
4	$41,500 |
5	$48,600 |
6	$55,700 |
Each additional member, add:	$ 7,100 (I)

(Continued)

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
APPLICATION FOR RESIDENTIAL SINGLE-FAMILY CUSTOMERS
FORM NO. 01-9077 (REV 05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

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

01-9077
Rev. 06/01/07

ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly gas and electric bill for qualifying households.
- **Family Electric Rate Assistance (FERA)** Program provides savings on your electric bill for large households of three or more persons with low-to middle-income.

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.
- You may not qualify for a CARE / FERA 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 total annual household income should not exceed the income guidelines described in this application.
- You must notify Pacific Gas and Electric Company if your household no longer qualifies for the CARE / FERA discount.
- Tenants of sub-metered mobile home parks, apartments and marinas must use the "CARE/FERA Program Application for Tenants of Sub-Metered Facilities". (See Landlord / Manager for form 01-9285)

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **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.
- **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.

Mail Completed Application to:

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

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

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

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

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

Pacific Gas and Electric Company®

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

01-9077
Rev. 06/01/07

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO DE CARE / FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento del 20% en la cuenta mensual de gas y electricidad a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** está diseñado para hogares grandes, de tres o más personas, de ingresos bajos y medianos.

REGLAS DEL PROGRAMA

- La cuenta de Pacific Gas and Electric Company debe estar a su nombre.
- Debe vivir en la direccion donde se recibirá el descuento por lo menos la mitad del año.
- Puede que no califique para el programa CARE / FERA si comparte los medidores de energía con otro hogar.
- El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo/sa.
- Los ingresos anuales del hogar no deben exceder las pautas de ingresos descritas 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 / FERA
- Los inquilinos con medidores "sub-medidos" que pertenecen a parques de casas móviles, apartamentos o muelles de botes, deben llenar otro formulario llamado "Solicitud del Programa CARE / FERA 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

- **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.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de las tarifas más bajas, a los clientes que tengan necesidades médicas 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 como puede uniformar 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.

Devuelva la solicitud llena a:

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

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

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

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

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

Pacific Gas and Electric Company®

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

01-9077
Rev. 06/01/07

1 CUSTOMER INFORMATION: *(please print clearly)*

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

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

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

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

Number of people living in your household: Adults_____ + **Children (under 18)**_____ = _____

2a PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then SKIP to section 3.

- ☐ Medi-Cal (under age 65)
- ☐ Medi-Cal (age 65 and over)
- ☐ Food Stamps
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

If you do not participate in any of the programs listed above, SKIP to section 2b

2b HOUSEHOLD INCOME ELIGIBILITY: (skip if you filled out section 2a)

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

- ☐ Pensions
- ☐ Social Security
- ☐ SSI, SSP, SSDI

Interest and/or Dividends from:
- ☐ Savings Accounts,
- ☐ Stocks or Bonds, or
- ☐ Retirement Accounts

- ☐ Wages or Salaries
- ☐ Unemployment Benefits
- ☐ Workers compensation
- ☐ Disability payments
- ☐ Rental or Royalty Income
- ☐ Profit from self-employment (IRS form Schedule C, Line 29)
- ☐ School Grants, Scholarships or other aid used for living expenses
- ☐ Insurance Settlements
- ☐ Legal Settlements
- ☐ Child support
- ☐ Spousal support
- ☐ Cash and/or other income

MAXIMUM HOUSEHOLD INCOME: *(effective June 1, 2007 to May 31, 2008)*

Number of Persons in Household	Total Combined Annual Income (before taxes)	
	CARE	**FERA**
1-2	$29,300	Not Eligible
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
For Each Additional Person add	$7,100	$7,100 - $8,800

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

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

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

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

Pacific Gas and Electric Company®

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

01-9077
Rev. 06/01/07

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

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

Nombre _____ **Número telefónico**: (____)_____
Tal y como aparece en la factura

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

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

Número de Personas que viven en su hogar: Adultos _____ **+ Niños (menores de 18)** _____ **=** _____

2a ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PUBLICA:

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

- ☐ Medi-Cal (menor de 65 años)
- ☐ Medi-Cal (65 años o más)
- ☐ Estampillas de Alimentos
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

Si no está inscrito en ninguno de los programas arriba indicados, LLENE la sección 2b

2b HOJA DE TRABAJO SOBRE LOS INGRESOS DEL HOGAR:

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

- ☐ Pagos de Pensiones
- ☐ Pagos del Seguro Social
- ☐ SSI, SSP, SSDI

Intereses y/o Dividendos de:
- ☐ Cuentas de Ahorros,
- ☐ Acciones y Bonos, o
- ☐ Cuentas de Jubilación

- ☐ Sueldos y/o Salarios
- ☐ Pagos por Desempleo
- ☐ Compensación al Trabajador
- ☐ Pagos por Incapacidad
- ☐ Ingresos provenientes de Rentas o Regalías
- ☐ Ganancias de su Propio Negocio (Formulario de IRS, Schedule C, Línea 29)

- ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- ☐ Reclamaciones del Seguro
- ☐ Reclamaciones Legales
- ☐ Pagos por Pensión Alimenticia a Hijos
- ☐ Pagos por Pensión Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

INGRESOS MÁXIMOS DEL HOGAR: *(efectivo Junio 1, 2007 hasta Mayo 31, 2008)*

Número de Personas en el Hogar	Ingresos Anuales Combinados (Antes de impuestos)	
	CARE	**FERA**
1-2	$29,300	No Aplica
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Cada Persona Adicional	$7,100	$7,100 - $8,800

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

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

Declaro que la información proporcionada en esta solicitud es correcta y verdadera. Estoy de acuerdo en proveer pruebas de mis ingresos, de ser necesario. Estoy de acuerdo en informar a Pacific Gas and Electric Company si mi situación financiera cambia y 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 ○ Marque aquí si es tutor o tiene carta de poder ***Fecha***

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
APPLICATION FOR TENANTS OF SUB-METERED FACILITIES
FORM NO. 01-9285 (REV 05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

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

01-9285
Rev. 06/01/07

ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly gas and electric bill for qualifying households.
- **Family Electric Rate Assistance (FERA)** Program provides savings on your electric bill for large households of three or more persons with low-to middle-income.

MAXIMUM HOUSEHOLD INCOME: *(effective June 1, 2007 to May 31, 2008)*

Number of Persons in Household	Total Combined Annual Income (before taxes)	
	CARE	**FERA**
1-2	$29,300	Not Eligible
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
For Each Additional Person add	$7,100	$7,100 - $8,800

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.
- You may not qualify for a CARE / FERA 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 total annual household income should not exceed the income guidelines described in this application.
- You must notify Pacific Gas and Electric Company if your household no longer qualifies for the CARE / FERA discount.

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **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.

Mail Completed Application to:

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

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

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

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

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

Pacific Gas and Electric Company®

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

01-9285
Rev. 06/01/07

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO DE CARE / FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento del 20% en la cuenta mensual de gas y electricidad a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** está diseñado para hogares grandes, de tres o más personas, de ingresos bajos y medianos.

INGRESOS MÁXIMOS DEL HOGAR: *(efectivo Junio 1, 2007 hasta Mayo 31, 2008)*

Número de Personas en el Hogar	Ingresos Anuales Combinados (antes de impuestos)	
	CARE	**FERA**
1-2	$29,300	No Aplica
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Cada Persona Adicional	$7,100	$7,100 - $8,800

REGLAS DEL PROGRAMA

- La cuenta de Pacific Gas and Electric Company debe estar a su nombre.
- Debe vivir en la direccion donde se recibirá el descuento por lo menos la mitad del año.
- Puede que no califique para el programa CARE / FERA si comparte los medidores de energía con otro hogar.
- El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo/sa.
- Los ingresos anuales del hogar no deben exceder las pautas de ingresos descritas 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 / FERA

OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **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.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de las tarifas más bajas, a los clientes que tengan necesidades médicas 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.

Devuelva la solicitud llena a:

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

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

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

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

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

Pacific Gas and Electric Company®

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

01-9285
Rev. 06/01/07

1 MANAGER OR LANDLORD INFORMATION: *(please print clearly)*

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

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

Name on PG&E Bill _____

PG&E Account Number: Electricity [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] - Gas [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] -

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

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

2 TENANT INFORMATION: *(please print clearly)*

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

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

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

Number of people living in your household: Adults_____ + **Children (under 18)**_____ = _____

3a PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then SKIP to section 4.

- ☐ Medi-Cal (under age 65)
- ☐ Medi-Cal (age 65 and over)
- ☐ Food Stamps
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

If you do not participate in any of the programs listed above, SKIP to section 3b

3b HOUSEHOLD INCOME ELIGIBILITY: *(skip if you filled out section 3a)*

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

- ☐ Pensions
- ☐ Social Security
- ☐ SSI, SSP, SSDI

Interest and/or Dividends from:
- ☐ Savings Accounts,
- ☐ Stocks or Bonds, or
- ☐ Retirement Accounts

- ☐ Wages or Salaries
- ☐ Unemployment Benefits
- ☐ Workers compensation
- ☐ Disability payments
- ☐ Rental or Royalty Income
- ☐ Profit from self-employment (IRS form Schedule C, Line 29)

- ☐ School Grants, Scholarships or other aid used for living expenses
- ☐ Insurance Settlements
- ☐ Legal Settlements
- ☐ Child support
- ☐ Spousal support
- ☐ Cash and/or other income

Total Annual Household Income: $ [ ][ ], [ ][ ][ ]

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

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

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

Pacific Gas and Electric Company®

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

01-9285
Rev. 06/01/07

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

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

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

Nombre que aparece en la cuenta de energía _____

Número de Cuenta Electricidad [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] - Gas [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] -

Dirección donde se da el servicio _____ **Ciudad** _____**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 _____ **Número telefónico: (_____)**_____
Tal y como aparece en la factura

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

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

Número de Personas que viven en su hogar: Adultos _____ **+ Niños (menores de 18)** _____ **=** _____

3a ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PUBLICA:

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

- ☐ Medi-Cal (menor de 65 años)
- ☐ Medi-Cal (65 años o más)
- ☐ Estampillas de Alimentos
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

Si no está inscrito en ninguno de los programas arriba indicados, LLENE la sección 3b

3b HOJA DE TRABAJO SOBRE LOS INGRESOS DEL HOGAR:

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

- ☐ Pagos de Pensiones
- ☐ Pagos del Seguro Social
- ☐ SSI, SSP, SSDI

Intereses y/o Dividendos de:
- ☐ Cuentas de Ahorros,
- ☐ Acciones y Bonos, o
- ☐ Cuentas de Jubilación

- ☐ Sueldos y/o Salarios, Jornales
- ☐ Pagos por Desempleo
- ☐ Pagos por Compensación al Trabajador
- ☐ Pagos por Incapacidad
- ☐ Ingresos provenientes de Rentas o Regalías
- ☐ Ganancias de su Propio Negocio (Formulario de IRS, Schedule C, Línea 29)

- ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- ☐ Pagos de Reclamaciones del Seguro
- ☐ Pagos de Reclamaciones Legales
- ☐ Pagos por Pensión Alimenticia a Hijos
- ☐ Pagos por Pensión Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

Ingreso Total Anual del Hogar: **$** [ ][ ], [ ][ ][ ]

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

Declaro que la información proporcionada en esta solicitud es correcta y verdadera. Estoy de acuerdo en proveer pruebas de mis ingresos, de ser necesario. Estoy de acuerdo en informar a Pacific Gas and Electric Company si mi situación financiera cambia y 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 ○ Marque aquí si es tutor o tiene carta poder ***Fecha***

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
APPLICATION FOR QUALIFIED NON-PROFIT GROUP LIVING FACILITIES
FORM NO. 62-0156 (REV 5/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

CARE Program Application for

Qualified Non-Profit Group Living Facilities

CARE Program

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

62-0156

pge.com/care

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

Rev. 06/01/07

INSTRUCTIONS

1. READ ALL information and instructions before you complete this application. If you have questions, call Pacific Gas and Electric Company's CARE Program toll-free at 1-866-743-2273 or the Non-Profit hotline at 415-973-7288.
2. DETERMINE if the facility meets the definition of a qualified nonprofit group living facility. The facility MUST meet ALL criteria to qualify for the 20% discount from the CARE Program.
3. COMPLETE the entire application (please print or type). Complete a separate application for each type of qualified facility (including satellite facilities).
4. ATTACH all required documents. (Application is considered incomplete without documents.)
5. MAIL TO: **Pacific Gas and Electric Company**
   CARE Program
   PO Box 7979
   San Francisco, CA 94120-7979

DISCOUNT

The CARE Program provides a 20% discount on the utility bill for facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates are available only to qualified facilities. The facility will receive the discount after the utility receives and approves the application.

ELIGIBILITY CRITERIA FOR ORGANIZATIONS

Each facility MUST meet ALL of the following criteria:

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

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

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

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

ELIGIBLE FACILITIES

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

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

HOMELESS SHELTERS, HOSPICES and WOMEN'S SHELTERS:

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

FACILITIES NOT ELIGIBILE

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

ORGANIZATION'S RESPONSIBILITIES

The organization is required to:

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

Pacific Gas and Electric Company®

CARE Program Application for

Qualified Non-Profit Group Living Facilities

CARE Program

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

62-0156

pge.com/care

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

Rev. 06/01/07

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

Name on Utility Bill _____

Name of Facility _____
(if different than on bill)

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

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

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

Phone (_____)_____

Fax (_____)_____

E-mail Address _____

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

Phone (_____)_____

Fax (_____)_____

E-mail Address _____

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

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

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

SERVICES PROVIDED (check all that apply)

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

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

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

_____

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

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

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

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

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

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

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

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

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

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

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

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

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

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

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

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

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

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

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

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

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

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

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

PG&E Account Number: ☐☐☐☐☐☐☐☐☐☐-☐

Service ID # Electricity ☐☐☐☐☐☐☐☐☐☐-☐ Gas ☐☐☐☐☐☐☐☐☐☐-☐

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

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

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

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
APPLICATION FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES
FORM NO. 62-1198 (REV 5/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

pge.com/care

CARE Program Application for

Qualified Agricultural Employee Housing Facilities

CARE Program

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

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

62-1198

Rev. 06/01/07

INSTRUCTIONS

1. READ ALL information and instructions before you complete this application. If you have questions, call Pacific Gas and Electric Company's CARE Program toll-free at 1-866-743-2273 or the Hotline at 415-973-7288.
2. DETERMINE if the facility meets the definition of a qualified agricultural employee housing facility. The facility MUST meet ALL criteria to qualify for the 20% discount from the CARE Program.
3. COMPLETE the entire application (please print or type). Complete a separate application for each qualified facility.
4. ATTACH all required documents. (Application is considered incomplete without documents.)
5. MAIL TO:

   Pacific Gas and Electric Company
   CARE Program
   PO Box 7979
   San Francisco, CA 94120-7979

DISCOUNT

The CARE Program provides a 20% discount on the utility bill for facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates are available only to qualified facilities. The facility will receive the discount after the utility receives and approves the application.

ELIGIBILITY CRITERIA FOR ORGANIZATIONS

Each facility MUST meet ALL of the following criteria:

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

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

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

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

ELIGIBLE FACILITIES

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

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

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

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

APPLICANT'S RESPONSIBILITIES

The applicant is required to:

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

Pacific Gas and Electric Company®

pge.com/care

CARE Program Application for

Qualified Agricultural Employee Housing Facilities

CARE Program

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

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

62-1198

Rev. 06/01/07

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

Name on Utility Bill _____

Name of Facility _____
(if different than on bill)

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

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

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

Phone (_____)_____

Fax (_____)_____

E-mail Address _____

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

Phone (_____)_____

Fax (_____)_____

E-mail Address _____

2 FACILITY INFORMATION:

Please use a separate application for each TYPE of facility

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

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

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

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

_____

This year's discount will be used for:

_____

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

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

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

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

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

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

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

PG&E Account Number: _____-_____

Service ID # Electricity _____-_____ Gas _____-_____

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

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

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

PG&E Account Number: _____-_____

Service ID # Electricity _____-_____ Gas _____-_____

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

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

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

PG&E Account Number: _____-_____

Service ID # Electricity _____-_____ Gas _____-_____

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

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

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

PG&E Account Number: _____-_____

Service ID # Electricity _____-_____ Gas _____-_____

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

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

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

PG&E Account Number: _____-_____

Service ID # Electricity _____-_____ Gas _____-_____

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

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

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

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
INCOME GUIDELINES
FORM NO. 62-1477 (REV 05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

CARE / FERA Program
Income Guidelines / Pautas de Ingresos

62-1477
Rev. 06/01/07

INCOME GUIDELINES (effective June 1, 2007 to May 31, 2008)

Size of Household	Total Combined Annual Income*	
	CARE	FERA
1 or 2	$29,300	Not Eligible
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Each Additional	$7,100	$7,100 - $8,800

*Before taxes

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, SSDI
- Pensions
- Insurance settlements
- Legal Settlements
- TANF (AFDC)
- Food stamps
- Child support
- Spousal support
- Cash and/or other income

PAUTAS DE INGRESOS (efectivo Junio 1, 2007 hasta Mayo 31, 2008)

Número de Personas en el Hogar	Ingresos Anuales Combinados*	
	CARE	FERA
1 or 2	$29,300	No Aplica
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Cada Persona Adicional	$7,100	$7,100 - $8,800

* Antes de impuestos

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, SSDI
- 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

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

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

TDD/TTY 1-800-652-4712

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

California Relay 1-800-735-2929

if you can not utilize the TDD line / si no puede usar la línea TDD

Pacific Gas and Electric Company®

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

62-1477
Rev. 06/01/07

收入標準(有效期由 2007 年 6 月 1 日至 2008 年 5 月 31 日)

家庭人數	家庭最高年收入總額	
	CARE	FERA
1 或 2	$29,300	不適用於此計劃
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
每增加一人，增加	$7,100	$7,100 - $8,800

*稅前

收入定義:

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

- 工資
- 利息/或股息，來源于:
  - 儲蓄戶口、
  - 股票或債券，或
  - 退休帳戶
- 失業福利
- 租金或版權收入
- 學校助學金、獎學金或其他生活津貼補助
- 自僱者的總收入（IRS 表格 C 第 29 行）
- 傷病補助金
- 勞工賠償
- 社會福利、SSI、SSP、SSDI
- 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

ĐỊNH MỨC LỢI TỨC (Có hiệu lực từ ngày 1 tháng Sáu, 2007 tới ngày 31 tháng Năm, 2008)

Số Người trong Gia Đình	Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm*	
	CARE	FERA
1 hay 2	$29,300	Không đủ tiêu chuẩn
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Mỗi người thêm sau đó	$7,100	$7,100 - $8,800

*Trước khi trừ thuế

Định Nghĩa Lợi Tức:

Tất cả mọi lợi tức, của mọi người trong nhà, có từ bất cứ nguồn nào, dù phải đóng thuế hay không đóng thuế, bao gồm nhưng không chỉ giới hạn vào:

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

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

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

TDD/TTY 1-800-652-4712

有言語或聆聽障礙者, 星期一至五 9am - 11pm

Đường dây cho những người bị câm/điếc, Thứ Hai - Thứ Sáu 9 giờ sáng – 11 giờ tối

California Relay 1-800-735-2929

如果您未能轉接 TDD 專線 / Nếu quí vị không thể sử dụng đường dây TDD

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
APPLICATION FOR OFFICE OF MIGRANT SERVICES/NON-PROFIT
MIGRANT FARM WORKER HOUSING CENTERS
FORM NO. 61-0535 (REV 05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

pge.com/care

CARE Program Application for OMS/Non-profit

Migrant Farm Worker Housing Centers (MFHC)

Authorized by CPUC Decision 05-04-052

CARE Program

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

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

61-0535

Rev 06/01/07

INSTRUCTIONS

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

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

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

4. COMPLETE, SIGN and DATE the application.

5. MAIL TO:

   Pacific Gas and Electric Company
   CARE Program
   PO Box 7979
   San Francisco, CA 94120-7979

DISCOUNT

The CARE Program provides a 20% discount on the utility bill for MFHC facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates are available only to qualified facilities. The facility will receive the discount after the utility receives and approves the application.

ELIGIBILITY CRITERIA FOR ORGANIZATIONS

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

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

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

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

ELIGIBLE FACILITIES

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

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

MIGRANT FARM WORKER HOUSING CENTERS (MFHC) RESPONSIBILITIES

MFHC is required to:

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

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

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

- Update its application annually when notified by PG&E.

Pacific Gas and Electric Company®

pge.com/care

CARE Program Application for OMS/Non-profit

Migrant Farm Worker Housing Centers (MFHC)

Authorized by CPUC Decision 05-04-052

CARE Program

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

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

61-0535

Rev 06/01/07

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

Name on Utility Bill _____

Name of Facility _____
(if different than on bill)

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

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

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

Phone (_____)_____

Fax (_____)_____

E-mail Address _____

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

Phone (_____)_____

Fax (_____)_____

E-mail Address _____

2 FACILITY INFORMATION:

Please use a separate application for each TYPE of facility

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

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

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

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

_____

_____

This year's discount will be used for:

_____

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

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

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

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

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

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

PG&E Account Number: _____-_____

Service ID # Electricity _____-_____ Gas _____-_____

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

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

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

PG&E Account Number: _____-_____

Service ID # Electricity _____-_____ Gas _____-_____

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

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

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

PG&E Account Number: _____-_____

Service ID # Electricity _____-_____ Gas _____-_____

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

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

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

PG&E Account Number: _____-_____

Service ID # Electricity _____-_____ Gas _____-_____

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

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

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

PG&E Account Number: _____-_____

Service ID # Electricity _____-_____ Gas _____-_____

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

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

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

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
APPLICATION FOR RESIDENTIAL SINGLE-FAMILY CUSTOMERS (ENG/CHIN)
FORM NO. 62-0972 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

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

62-0972
Rev. 06/01/07

ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly gas and electric bill for qualifying households.
- **Family Electric Rate Assistance (FERA)** Program provides savings on your electric bill for large households of three or more persons with low-to middle-income.

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.
- You may not qualify for a CARE / FERA 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 total annual household income should not exceed the income guidelines described in this application.
- You must notify Pacific Gas and Electric Company if your household no longer qualifies for the CARE / FERA discount.
- Tenants of sub-metered mobile home parks, apartments and marinas must use the "CARE/FERA Program Application for Tenants of Sub-Metered Facilities". (See Landlord / Manager for form 01-9285)

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **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.
- **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.

Mail Completed Application to:

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

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

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

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

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

Pacific Gas and Electric Company®

CARE / FERA 計劃申請表
單戶住宅家庭用戶

62-0972
Rev. 06/01/07

CARE / FERA 折扣計劃

- CARE 計劃為合格住宅家庭提供百分之二十的煤電帳單折扣
- 家庭電費費率優惠計劃(FERA)為合格的三人以上低至中等收入住宅家庭提供電費帳單折扣。

計劃規定

- 申請CARE/FERA計劃者必須是太平洋煤電公司帳單的註冊客戶。
- 申請CARE/FERA計劃者必須每年居住在將收到折扣的地方半年以上(而非第二居所)。
- 申請者的居所不可與另一居所共同用一個碼錶，否則將不能符合CARE/FERA計劃折扣的資格要求。
- 除了配偶，申請人不可以在另一個人的報稅表中被稱為受贍養者 (dependent)。
- 申請者家庭不應該超過本申請表格中所描述低收入之定義。
- 申請者家庭若不再符合CARE/FERA計劃的資格要求，必須知會太平洋煤電公司。
- 使用分錶的流動住家、柏文公寓和摩托艇碼頭之住客，必須使用「CARE/FERA計劃分錶設施住客申請表」。（請找經理 / 業主索取 62-0672 表格）

其他有助您支付能源帳單的計劃和服務項目

- **LIHEAP** - 低收入家居能源輔助計劃，為收入符合資格要求的客戶提供付帳輔助、特發情況付帳輔助和家居防寒保暖措施。欲知詳情，請撥 1-866-675-6623 跟加州社區服務及發展部（CSD）聯絡。
- **REACH** –請聯絡救世軍，他們能幫助您支付一次煤電費用。詳情請電1-800-933-9677。
- **醫療底線 Medical Baseline** - 經醫生證明為有需要的客戶提供最低費率的服務。詳情請電1-800-743-5000。
- **能源伙伴 Energy Partners** - 為收入符合資格要求的客戶提供免費能源教育和家居防寒保暖措施。詳情請電1-800-989-9744。
- **均衡付帳計劃 Balanced Payment Plan** –請聯絡太平洋煤電公司，以了解如何把每月付費平均攤付，讓您能計劃您的能源開支預算。詳情請電1-800-743-5000。
- **生機一線電話服務 ULTS** –為符合 CARE 計劃折扣的客戶提供折扣電話服務。欲知詳情，請聯絡您當地的熱線電話服務公司。

申請表請寄至:

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

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

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

TDD/TTY 1-800-652-4712 有言語或聆聽障礙者, 星期一至五 9am - 11pm

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

Pacific Gas and Electric Company®

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

62-0972
Rev. 06/01/07

1 CUSTOMER INFORMATION: *(please print clearly)*

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

☐☐☐☐☐☐☐☐☐☐ - ☐

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

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

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

Number of people living in your household: Adults_____ + **Children (under 18)**_____ = _____

2a PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then SKIP to section 3.

- ☐ Medi-Cal (under age 65)
- ☐ Medi-Cal (age 65 and over)
- ☐ Food Stamps
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

If you do not participate in any of the programs listed above, SKIP to section 2b

2b HOUSEHOLD INCOME ELIGIBILITY: (skip if you filled out section 2a)

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

- ☐ Pensions
- ☐ Social Security
- ☐ SSI, SSP, SSDI

Interest and/or Dividends from:
- ☐ Savings Accounts,
- ☐ Stocks or Bonds, or
- ☐ Retirement Accounts

- ☐ Wages or Salaries
- ☐ Unemployment Benefits
- ☐ Workers compensation
- ☐ Disability payments
- ☐ Rental or Royalty Income
- ☐ Profit from self-employment (IRS form Schedule C, Line 29)
- ☐ School Grants, Scholarships or other aid used for living expenses
- ☐ Insurance Settlements
- ☐ Legal Settlements
- ☐ Child support
- ☐ Spousal support
- ☐ Cash and/or other income

MAXIMUM HOUSEHOLD INCOME: *(effective June 1, 2007 to May 31, 2008)*

Number of Persons in Household	Total Combined Annual Income (before taxes)	
	CARE	**FERA**
1-2	$29,300	Not Eligible
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
For Each Additional Person add	$7,100	$7,100 - $8,800

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

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

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

X _____ _____

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

Pacific Gas and Electric Company®

CARE / FERA 計劃申請表
單戶住宅家庭用戶

62-0972
Rev. 06/01/07

1 客戶資料：(請用正楷填寫)

帳戶號碼: ☐☐☐☐☐☐☐☐☐☐ - ☐
(號碼位於帳單的第一頁)

姓名 _____ **電話號碼** (_____)_____
請填寫您在能源帳單上的名字

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

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

在上述住址家庭人數: 成人總數 _____ **+ 孩童總數(十八歲以下)**_____ = _____

2a 合資格的公共資助計劃:

請勾選全部您有所參與，然後請填寫第3部份。

- ☐ 醫療保險 (65歲以下)
- ☐ 醫療保險 (65歲以上)
- ☐ 食物卷
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

如果您沒有參與以上的計劃，請填寫第2b部份。

2b 合資格的家庭總收入: (請略過如果您已填寫2a部份)

請勾選全部您的家庭全年總收入。您將會被登記CARE或FERA計劃隨著您的家庭總人數和總收入。

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

家庭最高收入標準: (有效期由2007年6月1日至2008年5月31日)

家庭人數	家庭最高年收入總額 (稅前)	
	CARE	FERA
1-2	$29,300	不適用於此計劃
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
每增加一人，增加	$7,100	$7,100 - $8,800

家庭全年總收入 $ ☐☐,☐☐☐

3 聲明: (請小心閱讀，然後在下面簽字)

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

X _____ _____

簽名 ○ 如果是監護人或代理人的話，請勾上記號 日期

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
APPLICATION FOR RESIDENTIAL SINGLE-FAMILY CUSTOMERS (ENG/VIET)
FORM NO. 62-0973 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

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

62-0973
Rev. 06/01/07

ABOUT THE CARE / FERA PROGRAM

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PROGRAM RULES

- The Pacific Gas and Electric Company bill must be in your name.
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- **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.
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Mail Completed Application to:

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CARE / FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

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

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

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

Pacific Gas and Electric Company®

Đơn Xin Hưởng Chương Trình CARE / FERA cho **Khách Hàng Ở Nhà Riêng**

62-0973
Rev. 06/01/07

CHƯƠNG TRÌNH CARE / FERA

- **Chương trình CARE** giảm 20% hàng tháng trên hóa đơn điện ga cho những gia đình hội đủ điều kiện.
- **Chương trình FERA** giúp tiết kiệm tiền trên hóa đơn điện cho những gia đình có từ ba người trở lên với mức lợi tức thấp-trung bình.

NHỮNG ĐIỀU KIỆN CỦA CHƯƠNG TRÌNH

- Quí vị phải là người đứng tên trên hóa đơn với Pacific Gas and Electric Company.
- Quí vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá hơn nửa năm.
- Quí vị có thể không đủ điều kiện được giảm giá qua chương trình CARE/FERA nếu xài chung đồng hồ năng lượng với nhà khác.
- Quí vị không bị ai khác khai là phụ thuộc vào họ để trừ thuế ngoài người phối ngẫu.
- Lợi tức của gia đình quí vị không được vượt quá mức lợi tức qui định trong đơn này.
- Quí vị phải thông báo với PG&E khi gia đình quí vị không còn hội đủ điều kiện để được nhận giảm giá CARE/FERA.
- Những người sống trong khu nhà lưu động, chung cư và nhà nổi có đồng hồ phụ phải dùng mẫu "Đơn Xin Hưởng Chương Trình CARE / FERA cho Người Mướn Nhà có Đồng Hồ Điện Ga Phụ". (Xin hỏi chủ nhà/quản lý lấy mẫu 62-0673)

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

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

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

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

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

TDD/TTY 1-800-652-4712 đường dây cho những người bị câm/điếc, Thứ Hai - Thứ Sáu 9 giờ sáng – 11 giờ tối

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

Pacific Gas and Electric Company®

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

62-0973
Rev. 06/01/07

1 CUSTOMER INFORMATION: *(please print clearly)*

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

										-	

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

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

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

Number of people living in your household: Adults_____ + **Children (under 18)**_____ = _____

2a PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then SKIP to section 3.

- ☐ Medi-Cal (under age 65)
- ☐ Medi-Cal (age 65 and over)
- ☐ Food Stamps
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

If you do not participate in any of the programs listed above, SKIP to section 2b

2b HOUSEHOLD INCOME ELIGIBILITY: (skip if you filled out section 2a)

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

- ☐ Pensions
- ☐ Social Security
- ☐ SSI, SSP, SSDI

Interest and/or Dividends from:
- ☐ Savings Accounts,
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- ☐ Wages or Salaries
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- ☐ Insurance Settlements
- ☐ Legal Settlements
- ☐ Child support
- ☐ Spousal support
- ☐ Cash and/or other income

MAXIMUM HOUSEHOLD INCOME: *(effective June 1, 2007 to May 31, 2008)*

Number of Persons in Household	Total Combined Annual Income (before taxes)	
	CARE	**FERA**
1-2	$29,300	Not Eligible
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
For Each Additional Person add	$7,100	$7,100 - $8,800

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

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

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

X _____ _____

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

Pacific Gas and Electric Company®

Đơn Xin Hưởng Chương Trình CARE / FERA cho **Khách Hàng Ở Nhà Riêng**

62-0973
Rev. 06/01/07

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

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

										-	

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

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

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

Số Người Sống Trong Nhà: Người Lớn _____+ Trẻ Em (dưới 18 tuổi)_____ = _____

2a CÁC CHƯƠNG TRÌNH TRỢ GIÚP CÔNG CỘNG:

Đánh dấu vào tất cả các chương trình mà gia đình quí vị đang tham gia, sau đó điền phần 3.

- ☐ Medi-Cal (dưới 65 tuổi)
- ☐ Medi-Cal (65 và qua 65 tuổi)
- ☐ Tiền Phiếu Thực Phẩm
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

Nếu quí vị không tham gia bất cứ những chương trình kể trên, xin điền phần 2b

2b LỢI TỨC GIA ĐÌNH: (không cần điền nếu đã điền phần 2a)

Đánh dấu vào tất cả các nguồn lợi tức của gia đình quí vị. Dựa vào số người trong gia đình và lợi tức mà quí vị sẽ được ghi danh vào chương trình CARE hoặc FERA.

- ☐ Tiền Hưu Bổng
- ☐ Tiền Trợ Cấp An Sinh Xã Hội
- ☐ SSI, SSP, SSDI

Tiền Lời từ:
- ☐ Trương Mục Tiết Kiệm
- ☐ Chứng Khoán,Trái Phiếu, hay
- ☐ Trương Mục Hưu Trí

- ☐ Tiền Lương
- ☐ Tiền Thất Nghiệp
- ☐ Tiền Bồi Thường Tai Nạn Lao Động
- ☐ Tiền cho Người Có Khuyết Tật
- ☐ Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- ☐ Lợi Tức từ việc Làm Ăn Riêng (IRS mẫu Schedule C, Dòng 29)

- ☐ Tiền Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống hàng ngày
- ☐ Tiền Bảo Hiểm Bồi Thường
- ☐ Tiền Bồi Thường Thưa Kiện
- ☐ Tiền Cấp Dưỡng Con Cái
- ☐ Tiền Cấp Dưỡng Vợ/Chồng
- ☐ Tiền Mặt và/hay Lợi Tức Khác

LỢI TỨC TỐI ĐA CHO MỖI GIA ĐÌNH: (Có hiệu lực từ ngày 1 tháng Sáu, 2007 tới ngày 31 tháng Năm, 2008)

Số Người trong Gia Đình	Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm (trước khi trừ thuế)	
	CARE	**FERA**
1-2	$29,300	Không đủ tiêu chuẩn
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Mỗi người thêm sau đó	$7,100	$7,100 - $8,800

Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm **$** ☐☐,☐☐☐

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

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

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

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
RESIDENTIAL SINGLE-FAMILY CUSTOMERS
PRE-PRINTED APPLICATION INSTRUCTION
FORM NO. 62-0939 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

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

62-0939
Rev. 06/01/07

ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly gas and electric bill for qualifying households.
- **Family Electric Rate Assistance (FERA)** Program provides savings on your electric bill for large households of three or more persons with low-to middle-income.

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.
- You may not qualify for a CARE / FERA 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 total annual household income should not exceed the income guidelines described in this application.
- You must notify Pacific Gas and Electric Company if your household no longer qualifies for the CARE / FERA discount.
- Tenants of sub-metered mobile home parks, apartments and marinas must use the "CARE/FERA Program Application for Tenants of Sub-Metered Facilities". (See Landlord / Manager for form 01-9285)

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **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.
- **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.

Mail Completed Application to:

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

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

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

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

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

Pacific Gas and Electric Company®

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

62-0939
Rev. 06/01/07

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO DE CARE / FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento del 20% en la cuenta mensual de gas y electricidad a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** está diseñado para hogares grandes, de tres o más personas, de ingresos bajos y medianos.

REGLAS DEL PROGRAMA

- La cuenta de Pacific Gas and Electric Company debe estar a su nombre.
- Debe vivir en la direccion donde se recibirá el descuento por lo menos la mitad del año.
- Puede que no califique para el programa CARE / FERA si comparte los medidores de energía con otro hogar.
- El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo/sa.
- Los ingresos anuales del hogar no deben exceder las pautas de ingresos descritas 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 / FERA.
- Los inquilinos con medidores "sub-medidos" que pertenecen a parques de casas móviles, apartamentos o muelles de botes, deben llenar otro formulario llamado "Solicitud del Programa CARE / FERA 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

- **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.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de las tarifas más bajas, a los clientes que tengan necesidades médicas 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 como puede uniformar 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.

Devuelva la solicitud llena a:

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

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

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

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

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

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
RESIDENTIAL SINGLE-FAMILY CUSTOMERS
PRE-PRINTED APPLICATION
FORM NO. 62-0919 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

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

62-0919
Rev. 06/01/07

1 CUSTOMER INFORMATION:

Telephone Number: (_____)_____

Number of People Living in Household:

☐☐ **Adults**

☐☐ **+ Children (under 18)**

☐☐ **= Total**

2a PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then SKIP to section 3.

- ☐ Medi-Cal (under age 65)
- ☐ Medi-Cal (age 65 and over)
- ☐ Food Stamps
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

If you do not participate in any of the programs listed above, SKIP to section 2b

2b HOUSEHOLD INCOME ELIGIBILITY: (skip if you filled out section 2a)

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

- ☐ Pensions
- ☐ Social Security
- ☐ SSI, SSP, SSDI

Interest and/or Dividends from:

- ☐ Savings Accounts,
- ☐ Stocks or Bonds, or
- ☐ Retirement Accounts

- ☐ Wages or Salaries
- ☐ Unemployment Benefits
- ☐ Workers compensation
- ☐ Disability payments
- ☐ Rental or Royalty Income
- ☐ Profit from self-employment (IRS form Schedule C, Line 29)
- ☐ School Grants, Scholarships or other aid used for living expenses
- ☐ Insurance Settlements
- ☐ Legal Settlements
- ☐ Child support
- ☐ Spousal support
- ☐ Cash and/or other income

MAXIMUM HOUSEHOLD INCOME: *(effective June 1, 2007 to May 31, 2008)*

Number of Persons in Household	Total Combined Annual Income (before taxes)	
	CARE	**FERA**
1-2	$29,300	Not Eligible
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
For Each Additional Person add	$7,100	$7,100 - $8,800

Total Annual Household Income: **$** ☐☐,☐☐☐

3 DECLARATION: *(please read and sign below)*

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

X _____ _____

Signature O fill in circle if guardian or power of attorney ***Date***

Pacific Gas and Electric Company®

Solicitud del Programa CARE / FERA para Clientes Residenciales de Familias Individuales

62-0919
Rev. 06/01/07

1 INFORMACIÓN DEL CLIENTE: *(por favor escriba a máquina o con letras de molde)*

Número de cuenta del cliente: ☐☐☐☐☐☐☐☐☐☐ - ☐
(Su número de cuenta aparece en la primera página de la factura de PG&E)

Nombre _____ **Número telefónico**: (____)_____
Tal y como aparece en la factura

Dirección del Hogar _____ **Ciudad** _____ **Código Postal** _____
No use P.O. Box

Dirección Postal, si tiene _____ **Ciudad** _____ **Código Postal** _____
Llene solo si su dirección postal es diferente a la que aparece arriba

Número de Personas que viven en su hogar: Adultos _____ **+ Niños (menores de 18)** _____ **=** _____

2a ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PUBLICA:

MARQUE todos los programas a que pertenece y LLENE la sección 3.

- ☐ Medi-Cal (menor de 65 años)
- ☐ Medi-Cal (65 años o más)
- ☐ Estampillas de Alimentos
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

Si no está inscrito en ninguno de los programas arriba indicados, LLENE la sección 2b

2b HOJA DE TRABAJO SOBRE LOS INGRESOS DEL HOGAR:

MARQUE todas las fuentes de ingreso de la familia. Se le enrolará en el programa de CARE o en el programa de FERA dependiendo de cuantas personas viven en el hogar y el monto de sus ingresos.

- ☐ Pagos de Pensiones
- ☐ Pagos del Seguro Social
- ☐ SSI, SSP, SSDI

Intereses y/o Dividendos de:
- ☐ Cuentas de Ahorros,
- ☐ Acciones y Bonos, o
- ☐ Cuentas de Jubilación

- ☐ Sueldos y/o Salarios
- ☐ Pagos por Desempleo
- ☐ Compensación al Trabajador
- ☐ Pagos por Incapacidad
- ☐ Ingresos provenientes de Rentas o Regalías
- ☐ Ganancias de su Propio Negocio (Formulario de IRS, Schedule C, Línea 29)

- ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- ☐ Reclamaciones del Seguro
- ☐ Reclamaciones Legales
- ☐ Pagos por Pensión Alimenticia a Hijos
- ☐ Pagos por Pensión Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

INGRESOS MÁXIMOS DEL HOGAR: *(efectivo Junio 1, 2007 hasta Mayo 31, 2008)*

Número de Personas en el Hogar	Ingresos Anuales Combinados (Antes de impuestos)	
	CARE	**FERA**
1-2	$29,300	No Aplica
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Cada Persona Adicional	$7,100	$7,100 - $8,800

Ingreso Total Anual del Hogar: **$** ☐☐, ☐☐☐

3 DECLARACIÓN: *(Por favor lea y firme abajo)*

Declaro que la información proporcionada en esta solicitud es correcta y verdadera. Estoy de acuerdo en proveer pruebas de mis ingresos, de ser necesario. Estoy de acuerdo en informar a Pacific Gas and Electric Company si mi situación financiera cambia y 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 ○ Marque aquí si es tutor o tiene carta de poder ***Fecha***

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
RESIDENTIAL SINGLE-FAMILY CUSTOMERS RECERTIFICATION INSTRUCTION
FORM NO. 62-0940 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

pge.com/care

CARE Program Re-Certification Instruction

Residential Single-Family Customers

CARE Program

Mail Completed Application to: P.O. Box 7979, San Francisco, CA 94120-7979

For Questions Call: 1-866-PGE-CARE (743-2273) *Fax:* 415-973-6419

62-0940

Rev. 06/01/07

CARE PROGRAM RE-CERTIFICATION INSTRUCTIONS

Dear Customer:

You have been receiving a 20% discount on your Pacific Gas and Electric Company bill as a result of your participation in the California Alternate Rates for Energy (CARE) Program.

To continue receiving your 20% discount you need to reapply for the CARE Program if you still qualify. It is free, easy and confidential.

Enclosed is a CARE Re-Certification application with the most recent CARE income guidelines. If your household income still meets the current guidelines for the program, please complete the form, and return it to PG&E in the postage paid envelope provided.

Thank you for the opportunity to continue serving you.

CARE Program

INCOME GUIDELINES ***(Effective June 1, 2007 to May 31, 2008)***
PAUTAS DE INGRESOS ***(Efectivo Junio 1, 2007 hasta Mayo 31, 2008)***

Your household's gross annual income may not exceed these CARE Income Guidelines:
Los ingresos anuales brutos de su hogar no deben exceder las Pautas de Ingresos de CARE especificadas a continuación:

Size of Household / Número de personas en el hogar	1 or 2	3	4	5	6
Yearly *(before taxes)* / Ingresos Anuales *(antes de impuestos)*	**$29,300**	**$34,400**	**$41,500**	**$48,600**	**$55,700**

Add **$7,100** for each additional person / Agregue **$7,100** anual por cada personal adicional en el hogar.

INSTRUCCIONES PARA REINSCRIBIRSE EN EL PROGRAMA DE CARE

Estimado(a) cliente:

Usted ha estado recibiendo un descuento del 20% en su factura de Pacific Gas and Electric Company a consecuencia de su participación en el Programa de California Alternate Rates for Energy (CARE).

Si desea continuar recibiendo este 20% de descuento, debe volver a inscribirse en este programa si es que todavía califica para el mismo. La solicitud es grátis, fácil y confidencial.

Adjunto encontrará un formulario de reinscripción, así como una tabla con las pautas de ingresos más recientes del programa CARE. Si el ingreso total de su hogar (incluyendo los ingresos de todas las personas que trabajan en su hogar) aún se encuentra dentro de los límites especificados en el programa, por favor firme la solicitud y devuélvala a PG&E en el sobre con franqueo pre-pagado que hemos incluído en esta carta.

Le agradecemos que nos haya dado la oportunidad de continuar sirviéndole.

El Programa de CARE

CARE: **1-866-743-2273** Fax: 415-973-6419 pge.com/care

TDD/TTY 1-800-652-4712
For Speech/Hearing-Impaired, Monday – Friday 9am - 11pm
Para los sordomudos, de lunes a viernes, 9 a.m. hasta las 11 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line / si no puede usar la línea TDD

Pacific Gas and Electric Company®

pge.com/care

CARE Program Re-Certification Instruction

Residential Single-Family Customers

CARE Program

Mail Completed Application to: P.O. Box 7979, San Francisco, CA 94120-7979

For Questions Call: 1-866-PGE-CARE (743-2273) *Fax:* 415-973-6419

62-0940

Rev. 06/01/07

MẪU CHỈ DẪN TÁI CHỨNG NHẬN CHO CHƯƠNG TRÌNH CARE

Thân gởi khách hàng:

Quí vị đang được nhận giá giảm 20% trên hóa đơn PG&E vì đã tham gia vào chương trình CARE.

Để tiếp tục được giảm giá 20%, quí vị cần phải nộp đơn xin lại chương trình CARE nếu quí vị vẫn còn hội đủ điều kiện. Việc nộp đơn hoàn toàn miễn phí, dễ dàng và kín đáo.

Kèm theo đây là Mẫu Tái Chứng Nhận cho Chương Trình CARE với bản chỉ dẫn mới nhất về lợi tức cho chương trình. Nếu lợi tức trong gia đình của quí vị vẫn không vượt qua bản chỉ dẫn lợi tức hiện hành cho chương trình, xin điền mẫu đơn, và gởi trả lại cho PG&E trong bao thư đã dán sẵn tem đính kèm.

Xin cám ơn quí vị.

Chương trình CARE

收入準則 (有效期由 2007 年 6 月 1 日至 2008 年 5 月 31 日) **BẢN CHỈ DẪN VỀ LỢI TỨC** (Có hiệu lực từ ngày 1 tháng Sáu, 2007 tới ngày 31 tháng Năm, 2008)					
您家庭的總收入不可超過 CARE 計劃的收入標準: Tổng số lợi tức nguyên năm của gia đình quí vị không được vượt qua các Định Mức Lợi Tức CARE dưới đây:					
家庭人數 / Số người trong gia đình	*1* 或/ hay *2*	*3*	*4*	*5*	*6*
家庭全年總收入(稅前) / Tổng lợi tức hàng năm (trước khi trừ thuế)	**$29,300**	**$34,400**	**$41,500**	**$48,600**	**$55,700**
每增加一人，增加 **$7,100** / Cộng **$7,100** cho mỗi người thêm sau đó					

CARE 計劃再驗證指示

親愛的客戶：

因為參加 CARE 計劃，所以在您的太平洋煤電公司帳單上一直有 20%的折扣。

除此之外，為了要能夠繼續得到 20%的折扣，您需要重新申請 CARE 計劃。申請是免費，而且簡單和保密。

這是 CARE 計劃的再驗證表格以及最新的 CARE 收入準則。如果您的家庭收入還是符合此計劃的最新準則，請在表格上簽名，並放入預先付費的信封中，寄回給太平洋煤電公司。

感謝您讓我們有機會能夠繼續為您服務。

CARE 計劃

CARE: **1-866-743-2273** Fax: 415-973-6419 pge.com/care

TDD/TTY 1-800-652-4712

有言語或聆聽障礙者, 星期一至五 9am – 11pm

Đường dây cho những người bị câm/điếc, Thứ Hai - Thứ Sáu 9 giờ sáng – 11 giờ tối

California Relay 1-800-735-2929 如果您未能轉接 TDD 專線 / Nếu quí vị không thể sử dụng đường dây TDD

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM
RESIDENTIAL SINGLE-FAMILY CUSTOMERS RECERTIFICATION
FORM NO. 62-1509 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

pge.com/care

CARE Program Re-certification Application

Residential Single-Family Customers

CARE Program

Mail Completed Application to: P.O. Box 7979, San Francisco, CA 94120-7979

For Questions Call: 1-866-PGE-CARE (743-2273) *Fax:* 415-973-6419

62-1509

Rev. 06/01/07

1 CUSTOMER INFORMATION / INFORMACIÓN DEL CLIENTE:

Telephone Number / Número telefónico

CHECK all sources of household income

- ☐ Pensions
- ☐ Social Security
- ☐ SSI, SSP, SSDI

Interest and/or Dividends from:

- ☐ Savings Accounts,
- ☐ Stocks or Bonds, or
- ☐ Retirement Accounts

- ☐ Wages or Salaries
- ☐ Unemployment Benefits
- ☐ Workers compensation
- ☐ Disability payments
- ☐ Rental or Royalty Income
- ☐ Profit from self-employment (IRS form Schedule C, Line 29)
- ☐ School Grants, Scholarships or other aid used for living expenses
- ☐ Insurance Settlements
- ☐ Legal Settlements
- ☐ Child support
- ☐ Spousal support
- ☐ Cash and/or other income

MARQUE todas las fuentes de ingreso de la familia.

- ☐ Pagos de Pensiones
- ☐ Pagos del Seguro Social
- ☐ SSI, SSP, SSDI

Intereses y/o Dividendos de:

- ☐ Cuentas de Ahorros,
- ☐ Acciones y Bonos, o
- ☐ Cuentas de Jubilación

- ☐ Sueldos y/o Salarios
- ☐ Pagos por Desempleo
- ☐ Compensación al Trabajador
- ☐ Pagos por Incapacidad
- ☐ Ingresos provenientes de Rentas o Regalías
- ☐ Ganancias de su Propio Negocio (Formulario de IRS, Schedule C, Línea 29)
- ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- ☐ Reclamaciones del Seguro
- ☐ Reclamaciones Legales
- ☐ Pagos por Pensión Alimenticia a Hijos
- ☐ Pagos por Pensión Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

2 DECLARATION: *(please read and sign below)*

I state it is true and correct that my household continues to qualify for CARE. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

DECLARACIÓN: *(por favor lea y firme abajo)*

Certifico que mi hogar continúa calificando para el descuento de CARE. Estoy de acuerdo en proporcionar pruebas de mis ingresos, de ser necesario. Estoy de acuerdo en informar a Pacific Gas and Electric Company si mi situación financiera cambia y ya no califico para recibir dicho descuento. Comprendo que, si recibo el descuento sin calificar, se me podría pedir que devuelva el monto total del descuento recibido. Comprendo que Pacific Gas and Electric Company podría compartir esta información con otras compañías de suministro de energía o sus agentes, para suscribirme en sus programas de ayuda.

X _____ _____

Customer Signature / Firma del Cliente ○ Fill in circle if guardian or power of attorney / Marque aquí si es tutor o tiene carta de poder **Date / Fecha**

3 Return this form to Pacific Gas and Electric Company *(using the postage free envelope provided)*

Devuelva esta solicitud a Pacific Gas and Electric Company *(en el sobre con franqueo pre-pagado adjunto)*

Pacific Gas and Electric Company®

pge.com/care

CARE Program Re-certification Application

Residential Single-Family Customers

CARE Program

Mail Completed Application to: P.O. Box 7979, San Francisco, CA 94120-7979
For Questions Call: 1-866-PGE-CARE (743-2273) Fax: 415-973-6419

62-1509
Rev. 06/01/07

1 CHI TIẾT VỀ KHÁCH HÀNG / 客戶資料:

Số Điện Thoại /電話號碼

Đánh dấu vào tất cả các nguồn lợi tức của gia đình quí vị.

- ☐ Tiền Hưu Bổng
- ☐ Tiền Trợ Cấp An Sinh Xã Hội
- ☐ SSI, SSP, SSDI

Tiền Lời từ:

- ☐ Trương Mục Tiết Kiệm
- ☐ Chứng Khoán,Trái Phiếu, hay
- ☐ Trương Mục Hưu Trí

- ☐ Tiền Lương
- ☐ Tiền Thất Nghiệp
- ☐ Tiền Bồi Thường Tai Nạn Lao Động
- ☐ Tiền cho Người Có Khuyết Tật
- ☐ Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- ☐ Lợi Tức từ việc Làm Ăn Riêng (IRS mẫu Schedule C, Dòng 29)
- ☐ Tiền Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống hàng ngày
- ☐ Tiền Bảo Hiểm Bồi Thường
- ☐ Tiền Bồi Thường Thưa Kiện
- ☐ Tiền Cấp Dưỡng Con Cái
- ☐ Tiền Cấp Dưỡng Vợ/Chồng
- ☐ Tiền Mặt và/hay Lợi Tức Khác

請勾選全部您的家庭全年總收入。

- ☐ 退休金
- ☐ 安全保險補助金
- ☐ SSI、SSP、SSDI

利息/或股息，來源于:

- ☐ 儲蓄戶口、
- ☐ 股票或債券，或
- ☐ 退休帳戶

- ☐ 工資
- ☐ 失業福利
- ☐ 勞工賠償
- ☐ 傷病補助金
- ☐ 租金或版權收入
- ☐ 自僱者的總收入（IRS 表格 C 第 29 行）
- ☐ 學校助學金、獎學金或其他生活開支補助
- ☐ 保險訴訟所得的金錢
- ☐ 法律訴訟所得的金錢
- ☐ 給孩童的資助
- ☐ 給配偶的資助
- ☐ 現金和 / 或其他收入

2 CAM ĐOAN: *(xin đọc kỹ và ký tên dưới đây)*

Tôi xin cam đoan rằng gia đình tôi vẫn tiếp tục hội đủ điều kiện cho chương trình CARE, điều này là thật và đúng. Tôi đồng ý cung cấp chứng minh lợi tức nếu được yêu cầu. Tôi đồng ý thông báo cho Pacific Gas and Electric Company biết nếu tôi không còn hội đủ điều kiện để được giảm giá. Tôi hiểu rằng nếu tôi nhận sự giảm giá mà không đủ điều kiện thì tôi có thể bị yêu cầu phải hoàn lại số tiền tôi đã được giảm. Tôi hiểu rằng Pacific Gas and Electric Company có thể cho những cơ quan tiện ích khác hay nhân viên của họ những chi tiết về tôi để ghi danh tôi vào những chương trình trợ giúp của họ.

聲明: ***(請小心閱讀，然後在下面簽字)***

本人聲明，這是真實和正確的資料，本人的家庭收入繼續符合 CARE 計劃的資格。本人同意，在得到要求時，會提供收入證明。本人同意，如果我不再符合獲得折扣的條件，我將告知太平洋煤電公司。本人了解，如果我不符合折扣條件而獲得折扣，我會被要求退回獲得折扣的金額。本人了解太平洋煤電公司可以提供我的申請資料給其他能源公用事業公司及其代表，以加入它們的輔助項目。

X _____ _____

Chữ ký của khách hàng
客戶簽名

O Đánh dấu vào nếu là người giám hộ hay người được ủy quyền
如果是監護人或代理人的話，請勾上記號

Ngày /日期

3 Gởi mẫu đơn này lại cho PG&E *(xin dùng bao thư có dán sẵn tem đính kèm)*

把這表格寄回太平洋煤電公司 *(請使用提供給您的免郵資信封)*

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
APPLICATION FOR TENANTS OF SUB-METERED FACILITIES (ENG/CHIN)
FORM NO. 62-0672 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

CARE / FERA Program Application for Tenants of Sub-Metered Residential Facilities

62-0672
Rev. 06/01/07

ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly gas and electric bill for qualifying households.
- **Family Electric Rate Assistance (FERA)** Program provides savings on your electric bill for large households of three or more persons with low-to middle-income.

MAXIMUM HOUSEHOLD INCOME: *(effective June 1, 2007 to May 31, 2008)*

Number of Persons in Household	Total Combined Annual Income (before taxes)	
	CARE	**FERA**
1-2	$29,300	Not Eligible
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
For Each Additional Person add	$7,100	$7,100 - $8,800

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.
- You may not qualify for a CARE / FERA 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 total annual household income should not exceed the income guidelines described in this application.
- You must notify Pacific Gas and Electric Company if your household no longer qualifies for the CARE / FERA discount.

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **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.

Mail Completed Application to:

Pacific Gas and Electric Company
CARE / FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 pge.com/fera

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

California Relay 1-800-735-2929 if you can not utilize the TDD line

Pacific Gas and Electric Company®

CARE / FERA 計劃申請表
分錶住宅設施住客

62-0672
Rev. 06/01/07

CARE / FERA 折扣計劃

- CARE 計劃為合格住宅家庭提供百分之二十的煤電帳單折扣
- 家庭電費費率優惠計劃(FERA)為合格的三人以上低至中等收入住宅家庭提供電費帳單折扣。

家庭最高收入標準: (有效期由 2007 年 6 月 1 日至 2008 年 5 月 31 日)

家庭人數	家庭最高年收入總額 (稅前)	
	CARE	**FERA**
1-2	$29,300	不適用於此計劃
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
每增加一人，增加	$7,100	$7,100 - $8,800

計劃規定

- 您的業主給您的煤電帳單必須是以您的名字註冊。
- 申請 CARE/FERA 計劃者必須每年居住在將收到折扣的地方半年以上(而非第二居所)。
- 申請者的居所不可與另一居所共同用一個碼錶，否則將不能符合 CARE/FERA 計劃折扣的資格要求。
- 除了配偶，申請人不可以在另一個人的報稅表中被稱為受贍養者 (dependent)。
- 申請者家庭不應該超過本申請表格中所描述低收入之定義。
- 申請者家庭若不再符合 CARE/FERA 計劃的資格要求，必須知會太平洋煤電公司。

其他有助您支付能源帳單的計劃和服務項目

- LIHEAP - 低收入家居能源輔助計劃，為收入符合資格要求的客戶提供付帳輔助、特發情況付帳輔助和家居防寒保暖措施。欲知更多詳情，請撥 1-866-675-6623 跟加州社區服務及發展部（CSD）聯絡。
- **醫療底線 Medical Baseline** - 經醫生證明為有需要的客戶提供最低費率的服務。欲知詳情，請聯絡太平洋煤電公司。詳情請電 1-800-743-5000。
- **能源伙伴 Energy Partners** - 為收入符合資格要求的客戶提供免費能源教育和家居防寒保暖措施。欲知詳情，請聯絡太平洋煤電公司。詳情請電 1-800-989-9744。
- **生機一線電話服務 ULTS** –為符合 CARE 計劃折扣的客戶提供折扣電話服務。欲知詳情，請聯絡您當地的電話服務公司。

申請表請寄至:

Pacific Gas and Electric Company
CARE / FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 pge.com/fera

TDD/TTY 1-800-652-4712 有言語或聆聽障礙者, 星期一至五 9am - 11pm

California Relay 1-800-735-2929 如果您未能轉接 TDD 專線

Pacific Gas and Electric Company®

CARE / FERA Program Application for Tenants of Sub-Metered Residential Facilities

62-0672
Rev. 06/01/07

1 MANAGER OR LANDLORD INFORMATION: *(please print clearly)*

Manager or Landlord Name _____ **Telephone Number: (_____)**_____

Mailing Address _____ **City** _____**Zip Code** _____

Name on PG&E Bill _____

PG&E Account Number: Electricity ☐☐☐☐☐☐☐☐☐☐ - Gas ☐☐☐☐☐☐☐☐☐☐ -

Service Address _____ **City** _____**Zip Code** _____

Applicant Status ○ **ADD NEW** ○ **DROP** ○ **RE-CERTIFY** ○ **MOVE TO DIFFERENT SPACE**

2 TENANT INFORMATION: *(please print clearly)*

Name _____ **Telephone Number: (_____)**_____
As it appears on your energy bill

Home Address _____ **City** _____ **Zip Code** _____
Do NOT use a P.O. Box

Mailing Address _____ **City** _____**Zip Code** _____
If different from the above address

Number of people living in your household: Adults_____ + **Children (under 18)**_____ = _____

3a PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then SKIP to section 4.

- ☐ Medi-Cal (under age 65)
- ☐ Medi-Cal (age 65 and over)
- ☐ Food Stamps
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

If you do not participate in any of the programs listed above, SKIP to section 3b

3b HOUSEHOLD INCOME ELIGIBILITY: *(skip if you filled out section 3a)*

CHECK all sources of household income. You will be enrolled in either the CARE or FERA Program depending on your household size and income.

- ☐ Pensions
- ☐ Social Security
- ☐ SSI, SSP, SSDI

Interest and/or Dividends from:
- ☐ Savings Accounts,
- ☐ Stocks or Bonds, or
- ☐ Retirement Accounts

- ☐ Wages or Salaries
- ☐ Unemployment Benefits
- ☐ Workers compensation
- ☐ Disability payments
- ☐ Rental or Royalty Income
- ☐ Profit from self-employment (IRS form Schedule C, Line 29)

- ☐ School Grants, Scholarships or other aid used for living expenses
- ☐ Insurance Settlements
- ☐ Legal Settlements
- ☐ Child support
- ☐ Spousal support
- ☐ Cash and/or other income

Total Annual Household Income: $ ☐☐,☐☐☐

4 DECLARATION: *(please read and sign below)*

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

X _____ _____

Signature ○ fill in circle if guardian or power of attorney ***Date***

Pacific Gas and Electric Company®

CARE / FERA 計劃申請表
分錢住宅設施住客

62-0672
Rev. 06/01/07

1 經理或業主資料: (請用正楷填寫)

經理或業主姓名 _____ 電話號碼 (_____)_____

郵寄住址 _____ 城市_____ 郵政區號 _____

能源帳單上的名字_____

帳戶號碼: 電力 [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] - 煤氣 [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] -

服務住址 _____ 城市_____ 郵政區號 _____

申請人狀況 ○ 新加入 ○ 退出 ○ 重新確認 ○ 搬到不同地點

2 住客資料：(請用正楷填寫)

姓名 _____ 電話號碼 (_____)_____
請填寫您在能源帳單上的名字

家庭住址 _____ 城市_____ 郵政區號 _____
不要使用郵箱號碼

郵寄住址 _____ 城市_____ 郵政區號 _____
如果跟以上地址不同的話

在上述住址家庭人數: 成人總數 _____+ 孩童總數(十八歲以下)_____ = _____

3a 合資格的公共資助計劃:

請勾選全部您有所參與，然後請填寫第 4 部份。

- ☐ 醫療保險 (65 歲以下)
- ☐ 醫療保險 (65 歲以上)
- ☐ 食物卷
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

如果您沒有參與以上的計劃，請填寫第 3b 部份。

3b 合資格的家庭總收入: (請略過如果您已填寫 3a 部份)

請勾選全部您的家庭全年總收入。您將會被登記 CARE 或 FERA 計劃隨著您的家庭總人數和總收入。

- ☐ 退休金
- ☐ 安全保險補助金
- ☐ SSI、SSP、SSDI
- 利息/或股息，來源于:
  - ☐ 儲蓄戶口、
  - ☐ 股票或債券，或
  - ☐ 退休帳戶
- ☐ 工資
- ☐ 失業福利
- ☐ 勞工賠償
- ☐ 傷病補助金
- ☐ 租金或版權收入
- ☐ 自僱者的總收入（IRS 表格 C 第 29 行）
- ☐ 學校助學金、獎學金或其他生活開支補助
- ☐ 保險訴訟所得的金錢
- ☐ 法律訴訟所得的金錢
- ☐ 給孩童的資助
- ☐ 給配偶的資助
- ☐ 現金和 / 或其他收入

家庭全年總收入 $ [ ][ ], [ ][ ][ ]

4 聲明: (請小心閱讀，然後在下面簽字)

我聲明我在此申請表中提供的資料是真實和準確的。如有需要，我會提供收入證明。如果我不再符合獲得折扣的條件，我將告知太平洋煤電公司。如果我不符合折扣條件而獲得折扣，我會被要求退回獲得的折扣。我明白太平洋煤電公司可以提供我的申請資料給其他能源公用事業公司及其代表，以加入它們的輔助項目。

X _____ _____

簽名 ○ 如果是監護人或代理人的話，請勾上記號 **日期**

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
APPLICATION FOR TENANTS OF SUB-METERED FACILITIES (ENG/VIET)
FORM NO. 62-0673 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

CARE / FERA Program Application for **Tenants of Sub-Metered Residential Facilities**

62-0673
Rev. 06/01/07

ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly gas and electric bill for qualifying households.
- **Family Electric Rate Assistance (FERA)** Program provides savings on your electric bill for large households of three or more persons with low-to middle-income.

MAXIMUM HOUSEHOLD INCOME: *(effective June 1, 2007 to May 31, 2008)*

Number of Persons in Household	Total Combined Annual Income (before taxes)	
	CARE	**FERA**
1-2	$29,300	Not Eligible
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
For Each Additional Person add	$7,100	$7,100 - $8,800

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.
- You may not qualify for a CARE / FERA 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 total annual household income should not exceed the income guidelines described in this application.
- You must notify Pacific Gas and Electric Company if your household no longer qualifies for the CARE / FERA discount.

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **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.

Mail Completed Application to:

Pacific Gas and Electric Company
CARE / FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 pge.com/fera

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

California Relay 1-800-735-2929 if you can not utilize the TDD line

Pacific Gas and Electric Company®

Đơn Xin Hưởng Chương Trình CARE / FERA cho Người Mướn Nhà có Đồng Hồ Điện Ga Phụ

62-0673
Rev. 06/01/07

CHƯƠNG TRÌNH CARE / FERA

- **Chương trình CARE** giảm 20% hàng tháng trên hóa đơn điện ga cho những gia đình hội đủ điều kiện.
- **Chương trình FERA** giúp tiết kiệm tiền trên hóa đơn điện cho những gia đình có từ ba người trở lên với mức lợi tức thấp-trung bình.

LỢI TỨC TỐI ĐA CHO MỖI GIA ĐÌNH: (Có hiệu lực từ ngày 1 tháng Sáu, 2007 tới ngày 31 tháng Năm, 2008)

Số Người trong Gia Đình	Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm (trước khi trừ thuế)	
	CARE	**FERA**
1-2	$29,300	Không đủ tiêu chuẩn
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Mỗi người thêm sau đó	$7,100	$7,100 - $8,800

NHỮNG ĐIỀU KIỆN CỦA CHƯƠNG TRÌNH

- Hóa đơn tiền điện ga từ chủ nhà của quí vị phải có tên của quí vị.
- Quí vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá hơn nửa năm.
- Quí vị có thể không đủ điều kiện được giảm giá qua chương trình CARE/FERA nếu xài chung đồng hồ năng lượng với nhà khác.
- Quí vị không bị ai khác khai là phụ thuộc vào họ để trừ thuế ngoài người phối ngẫu.
- Lợi tức của gia đình quí vị không được vượt quá mức lợi tức qui định trong đơn này.
- Quí vị phải thông báo với PG&E khi gia đình quí vị không còn hội đủ điều kiện để được nhận giảm giá CARE/FERA.

NHỮNG CHƯƠNG TRÌNH VÀ NHỮNG DỊCH VỤ KHÁC MÀ QUÍ VỊ CÓ THỂ NỘP ĐƠN

- **LIHEAP** – Chương Trình Trợ Giúp Năng Lượng cho Gia Cư có Lợi Tức Thấp. Trợ giúp trả hóa đơn, trợ giúp trả hóa đơn khẩn cấp, và cung ứng những dịch vụ chống thời tiết khắc nghiệt. Xin gọi Sở Dịch Vụ và Phát Triển Cộng Đồng (CSD) ở số 1-866-675-6623 để biết thêm chi tiết.
- **Medical Baseline** – Cung cấp dịch vụ với giá thấp nhất cho những khách hàng với những nhu cầu có giấy tờ chứng nhận. Xin gọi số 1-800-PGE-5000 để biết thêm chi tiết.
- **Energy Partners** - Dịch vụ hướng dẫn về năng lượng và phòng chống thời tiết miễn phí cho khách hàng hội đủ điều kiện về lợi tức. Xin gọi số 1-800-989-9744 để biết thêm chi tiết.
- **ULTS** - Dịch vụ điện thoại Universal Lifeline giảm giá điện thoại cho những khách hàng hội đủ cùng những điều kiện lợi tức như chương trình CARE. Xin liên lạc hãng điện thoại "local" của quí vị để biết thêm chi tiết.

Gởi đơn đã điền về: Pacific Gas and Electric Company
CARE / FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 pge.com/fera

TDD/TTY 1-800-652-4712 đường dây cho những người bị câm/điếc, Thứ Hai - Thứ Sáu 9 giờ sáng – 11 giờ tối

California Relay 1-800-735-2929 nếu quí vị không thể sử dụng đường dây TDD

Pacific Gas and Electric Company®

CARE / FERA Program Application for Tenants of Sub-Metered Residential Facilities

62-0673
Rev. 06/01/07

1 MANAGER OR LANDLORD INFORMATION: *(please print clearly)*

Manager or Landlord Name _____ **Telephone Number: (_____)**_____

Mailing Address _____ **City** _____**Zip Code** _____

Name on PG&E Bill _____

PG&E Account Number: Electricity [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] - [ ] Gas [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] - [ ]

Service Address _____ **City** _____**Zip Code** _____

Applicant Status ○ **ADD NEW** ○ **DROP** ○ **RE-CERTIFY** ○ **MOVE TO DIFFERENT SPACE**

2 TENANT INFORMATION: *(please print clearly)*

Name _____ **Telephone Number: (_____)**_____
As it appears on your energy bill

Home Address _____ **City** _____ **Zip Code** _____
Do NOT use a P.O. Box

Mailing Address _____ **City** _____**Zip Code** _____
If different from the above address

Number of people living in your household: Adults_____ + **Children (under 18)**_____ = _____

3a PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then SKIP to section 4.

- ☐ Medi-Cal (under age 65)
- ☐ Medi-Cal (age 65 and over)
- ☐ Food Stamps
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

If you do not participate in any of the programs listed above, SKIP to section 3b

3b HOUSEHOLD INCOME ELIGIBILITY: *(skip if you filled out section 3a)*

CHECK all sources of household income. You will be enrolled in either the CARE or FERA Program depending on your household size and income.

- ☐ Pensions
- ☐ Social Security
- ☐ SSI, SSP, SSDI
- Interest and/or Dividends from:
  - ☐ Savings Accounts,
  - ☐ Stocks or Bonds, or
  - ☐ Retirement Accounts
- ☐ Wages or Salaries
- ☐ Unemployment Benefits
- ☐ Workers compensation
- ☐ Disability payments
- ☐ Rental or Royalty Income
- ☐ Profit from self-employment (IRS form Schedule C, Line 29)
- ☐ School Grants, Scholarships or other aid used for living expenses
- ☐ Insurance Settlements
- ☐ Legal Settlements
- ☐ Child support
- ☐ Spousal support
- ☐ Cash and/or other income

Total Annual Household Income: $ [ ][ ], [ ][ ][ ]

4 DECLARATION: *(please read and sign below)*

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

X _____ _____

Signature ○ fill in circle if guardian or power of attorney ***Date***

Pacific Gas and Electric Company®

Đơn Xin Hưởng Chương Trình CARE / FERA cho Người Mướn Nhà có Đồng Hồ Điện Ga Phụ

62-0673
Rev. 06/01/07

1 CHI TIẾT VỀ QUẢN LÝ HAY CHỦ NHÀ: (xin viết rõ ràng)

Tên của Quản Lý hay Chủ Nhà_____ **Số Điện Thoại (_____)**_____

Địa Chỉ Liên Lạc Bằng Thư_____ **Thành Phố**_____**Zip Code** _____

Tên Trên Hóa Đơn Điện Ga_____

Số Hồ Sơ PG&E: **Điện** ☐☐☐☐☐☐☐☐☐☐ - **Ga** ☐☐☐☐☐☐☐☐☐☐ -

Địa Chỉ Nơi Nhận Dịch Vụ _____ **Thành Phố** _____**Zip Code** _____

Tình Trạng Người Nộp Đơn ○ **CỘNG THÊM MỚI** ○ **BỎ** ○ **TÁI XÁC NHẬN** ○ **DỜI SANG CHỖ KHÁC**

2 CHI TIẾT VỀ NGƯỜI MƯỚN NHÀ: (xin viết rõ ràng)

Tên _____ **Số Điện Thoại (_____)**_____
Viết Y như trên hóa đơn Điện Ga

Địa Chỉ Nhà _____ **Thành Phố** _____ **Zip Code** _____
ĐỪNG dùng số hộp thư (P.O Box)

Địa Chỉ Liên Lạc Bằng Thư _____**Thành Phố** _____**Zip Code** _____
Nếu khác với địa chỉ ở trên

Số Người Sống Trong Nhà: Người Lớn _____**+ Trẻ Em (dưới 18 tuổi)**_____ **=** _____

3a CÁC CHƯƠNG TRÌNH TRỢ GIÚP CÔNG CỘNG:

Đánh dấu vào tất cả các chương trình mà gia đình quí vị đang tham gia, sau đó điền phần 4.

- ☐ Medi-Cal (dưới 65 tuổi)
- ☐ Medi-Cal (65 và qua 65 tuổi)
- ☐ Tiền Phiếu Thực Phẩm
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

Nếu quí vị không tham gia bất cứ những chương trình kể trên, xin điền phần 3b.

3b LỢI TỨC GIA ĐÌNH: (không cần điền nếu đã điền phần 3a)

Đánh dấu vào tất cả các nguồn lợi tức của gia đình quí vị. Dựa vào số người trong gia đình và lợi tức mà quí vị sẽ được ghi danh vào chương trình CARE hoặc FERA.

- ☐ Tiền Hưu Bổng
- ☐ Tiền Trợ Cấp An Sinh Xã Hội
- ☐ SSI, SSP, SSDI

Tiền Lời từ:
- ☐ Trương Mục Tiết Kiệm
- ☐ Chứng Khoán,Trái Phiếu, hay
- ☐ Trương Mục Hưu Trí

- ☐ Tiền Lương
- ☐ Tiền Thất Nghiệp
- ☐ Tiền Bồi Thường Tai Nạn Lao Động
- ☐ Tiền cho Người Có Khuyết Tật
- ☐ Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- ☐ Lợi Tức từ việc Làm Ăn Riêng (IRS mẫu Schedule C, Dòng 29)

- ☐ Tiền Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống hàng ngày
- ☐ Tiền Bảo Hiểm Bồi Thường
- ☐ Tiền Bồi Thường Thưa Kiện
- ☐ Tiền Cấp Dưỡng Con Cái
- ☐ Tiền Cấp Dưỡng Vợ/Chồng
- ☐ Tiền Mặt và/hay Lợi Tức Khác

Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm **$** ☐☐,☐☐☐

4 CAM ĐOAN: *(xin đọc kỹ và ký tên dưới đây)*

Tôi xin cam đoan rằng tất cả những chi tiết tôi đã cung cấp trên mẫu đơn này là thật và đúng. Tôi đồng ý cung cấp chứng minh lợi tức nếu được yêu cầu. Tôi đồng ý thông báo cho Pacific Gas and Electric Company biết nếu tôi không còn hội đủ điều kiện để được giảm giá. Tôi hiểu rằng nếu tôi nhận sự giảm giá mà không đủ điều kiện thì tôi có thể bị yêu cầu phải hoàn lại số tiền tôi đã được giảm. Tôi hiểu rằng Pacific Gas and Electric Company có thể cho những cơ quan tiện ích khác hay nhân viên của họ những chi tiết về tôi để ghi danh tôi vào những chương trình trợ giúp của họ.

X _____ _____
Chữ ký ○ Đánh dấu vào nếu là người giám hộ hay người được ủy quyền **Ngày**

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
LARGE PRINT - APPLICATION
RESIDENTIAL SINGLE FAMILY CUSTOMERS (ENGLISH)
FORM NO. 79-1051 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

CARE / FERA Program Application for **Residential Single-Family Customers**

79-1051
Rev. 06/01/07

ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly gas and electric bill of qualifying households.
- **Family Electric Rate Assistance (FERA)** Program provides savings on your electric bill for large households of three or more persons with low-to middle-income.

MAXIMUM HOUSEHOLD INCOME: *(effective June 1, 2007 to May 31, 2008)*

Number of Persons in Household	Total Combined Annual Income (before taxes)	
	CARE	**FERA**
1-2	$29,300	Not Eligible
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
For Each Additional Person add	$7,100	$7,100 - $8,800

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.
- You may not qualify for a CARE / FERA 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 total annual household income should not exceed the income guidelines described in this application.
- You must notify Pacific Gas and Electric Company if your household no longer qualifies for the CARE / FERA discount.
- Tenants of sub-metered mobile home parks, apartments and marinas must use the "CARE / FERA Program Application for Tenants of Sub-Metered Facilities". (See Landlord / Manager for form 01-9285)

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **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.
- **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.

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 pge.com/fera

TDD/TTY 1-800-652-4712
for Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

California Relay 1-800-735-2929 if you can not utilize the TDD line

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Pacific Gas and Electric Company®

CARE / FERA Program Application for
Residential Single-Family Customers

79-1051
Rev. 06/01/07

1 CUSTOMER INFORMATION:

Customer Account Number:
(This number is located on the first page of your PG&E bill)

										-	

Name _____

Address_____

City_____ **Zip Code** _____

Telephone Number: (____)_____

Number of people living in your household:

Adults _____**+ Children (under 18)** _____ **=** _____

2a PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then SKIP to section 3.

- ☐ Medi-Cal (under age 65)
- ☐ Medi-Cal (age 65 and over)
- ☐ Food Stamps
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

If you do not participate in any of the programs listed above, SKIP to section 2b

2b HOUSEHOLD INCOME ELIGIBILITY: *(skip if you filled out section 2a)*

CHECK all sources of household income. You will be enrolled in either the CARE or FERA Program depending on your household size and income.

- ☐ Pensions
- ☐ Social Security
- ☐ SSI, SSP, SSDI

Interest and/or Dividends from:

- ☐ Savings Accounts,
- ☐ Stocks or Bonds, or
- ☐ Retirement Accounts

- ☐ Wages or Salaries
- ☐ Unemployment Benefits
- ☐ Workers compensation
- ☐ Disability payments
- ☐ Rental or Royalty Income
- ☐ Profit from self-employment (IRS form Schedule C, Line 29)
- ☐ School Grants, Scholarships or other aid used for living expenses
- ☐ Insurance Settlements
- ☐ Legal Settlements
- ☐ Child support
- ☐ Spousal support
- ☐ Cash and/or other income

Total Annual Household Income: **$** ☐☐, ☐☐☐

3 DECLARATION: *(please read and sign below)*

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

X _____ _____

Signature ○ fill in circle if guardian or power of attorney **Date**

Mail Completed Application to:

Pacific Gas and Electric Company
CARE / FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
LARGE PRINT - APPLICATION
RESIDENTIAL SINGLE FAMILY CUSTOMERS (SPANISH)
FORM NO. 79-1052 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

Solicitud del Programa CARE/FERA para **Clientes Residenciales de Familias Individuales**

79-1052
Rev. 06/01/07

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO DE CARE/FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento del 20% en la cuenta mensual de gas y electricidad a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** está diseñado para hogares grandes, de tres o más personas, de ingresos bajos y medianos.

INGRESOS MÁXIMOS DEL HOGAR: *(efectivo Junio 1, 2007 hasta Mayo 31, 2008)*

Número de Personas en el Hogar	Ingresos Anuales Combinados*	
	CARE	**FERA**
1-2	$29,300	No Aplica
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Cada Persona Adicional	$7,100	$7,100 - $8,800

*Antes de impuestos

REGLAS DEL PROGRAMA

- La cuenta de Pacific Gas and Electric Company debe estar a su nombre.
- Debe vivir en la direccion donde se recibirá el descuento por lo menos la mitad del año.
- Puede que no califique para el programa CARE / FERA si comparte los medidores de energía con otro hogar.
- El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo/sa.
- Los ingresos anuales del hogar no deben exceder las pautas de ingresos descritas 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 / FERA.
- Los inquilinos con medidores “sub-medidos” que pertenecen a parques de casas móviles, apartamentos o muelles de botes, deben llenar otro formulario llamado “Solicitud del Programa CARE / FERA 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

- **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.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de las tarifas más bajas, a los clientes que tengan necesidades médicas 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 como puede uniformar 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.

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 pge.com/fera

TDD/TTY 1-800-652-4712
Para los sordomudos, de lunes a viernes, 9 a.m. hasta las 11 p.m.

California Relay 1-800-735-2929 si no puede usar la línea TDD

Pacific Gas and Electric Company®

Solicitud del Programa CARE/FERA para **Clientes Residenciales de Familias Individuales**

79-1052
Rev. 06/01/07

1 INFORMACIÓN DEL CLIENTE:

Número de cuenta del cliente: | | | | | | | | | | | - |

(Su número de cuenta aparece en la primera página de la factura de PG&E)

Nombre _____

Dirección del Hogar _____

Ciudad _____ **Código Postal** _____

Número telefónico: (____)_____

Número de Personas que viven en su hogar:

Adultos _____ **+ Niños (menores de 18)** _____ **=** _____

2a ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PUBLICA:

<u>MARQUE</u> todos los programas a que pertenece y <u>LLENE</u> la sección 3

- ☐ Medi-Cal (menor de 65 años)
- ☐ Medi-Cal (65 años o más)
- ☐ Estampillas de Alimentos
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

Si no está inscrito en ninguno de los programas arriba indicados, <u>LLENE</u> la sección 2b

2b HOJA DE TRABAJO SOBRE LOS INGRESOS DEL HOGAR:

MARQUE todas las fuentes de ingreso de la familia. Se le enrolará en el programa de CARE o en el programa de FERA dependiendo de cuantas personas viven en el hogar y el monto de sus ingresos.

- ☐ Pagos de Pensiones
- ☐ Pagos del Seguro Social
- ☐ SSI, SSP, SSDI

Intereses y/o Dividendos de:

- ☐ Cuentas de Ahorros,
- ☐ Acciones y Bonos, o
- ☐ Cuentas de Jubilación

- ☐ Sueldos y/o Salarios
- ☐ Pagos por Desempleo
- ☐ Compensación al Trabajador
- ☐ Pagos por Incapacidad
- ☐ Ingresos provenientes de Rentas o Regalías
- ☐ Ganancias de su Propio Negocio (Formulario de IRS, Schedule C, Línea 29)
- ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- ☐ Reclamaciones del Seguro
- ☐ Reclamaciones Legales
- ☐ Pagos por Pensión Alimenticia a Hijos
- ☐ Pagos por Pensión Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

Ingreso Total Anual del Hogar: **$** ☐☐, ☐☐☐

3 DECLARACIÓN: *(Por favor lea y firme abajo)*

Declaro que la información proporcionada en esta solicitud es correcta y verdadera. Estoy de acuerdo en proveer pruebas de mis ingresos, de ser necesario. Estoy de acuerdo en informar a Pacific Gas and Electric Company si mi situación financiera cambia y 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 ***Fecha***

○ Marque aquí si es tutor o tiene carta de poder

Devuelva la solicitud llena a: Pacific Gas and Electric Company
CARE /FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
LARGE PRINT - APPLICATION
RESIDENTIAL SINGLE FAMILY CUSTOMERS (CHINESE)
FORM NO. 79-1053 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

CARE / FERA 計劃申請表
單戶住宅家庭用戶

79-1053
Rev. 06/01/07

CARE / FERA 折扣計劃

- CARE 計劃為合格住宅家庭提供百分之二十的煤電帳單折扣
- 家庭電費費率優惠計劃(FERA)為合格的三人以上低至中等收入住宅家庭提供電費帳單折扣。

家庭最高收入標準: (有效期由 2007 年 6 月 1 日至 2008 年 5 月 31 日)

家庭人數	家庭最高年收入總額 (稅前)	
	CARE	**FERA**
1-2	$29,300	不適用於此計劃
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
每增加一人，增加	$7,100	$7,100 - $8,800

計劃規定

- 申請 CARE/FERA 計劃者必須是太平洋煤電公司帳單的註冊客戶。
- 申請 CARE/FERA 計劃者必須每年居住在將收到折扣的地方半年以上(而非第二居所)。
- 申請者的居所不可與另一居所共同用一個碼錶，否則將不能符合 CARE/FERA 計劃折扣的資格要求。
- 除了配偶，申請人不可以在另一個人的報稅表中被稱為受贍養者 (dependent)。
- 申請者家庭不應該超過本申請表格中所描述低收入之定義。
- 申請者家庭若不再符合 CARE/FERA 計劃的資格要求，必須知會太平洋煤電公司。
- 使用分錶的流動住家、柏文公寓和摩托艇碼頭之住客，必須使用「CARE/FERA 計劃分錶設施住客申請表」。（請找經理/ 業主索取 62-0672 表格）

其他有助您支付能源帳單的計劃和服務項目

- **LIHEAP** - 低收入家居能源輔助計劃，為收入符合資格要求的客戶提供付帳輔助、特發情況付帳輔助和家居防寒保暖 措施。欲知詳情，請撥 1-866-675-6623 跟加州社區服務及發展部（CSD）聯絡。
- **REACH** –請聯絡救世軍，他們能幫助您支付一次煤電費用。詳情請電 1-800-933-9677。
- **醫療底線 Medical Baseline** - 經醫生證明為有需要的客戶提供最低費率的服務。詳情請電 1-800-743-5000。
- **能源伙伴 Energy Partners** - 為收入符合資格要求的客戶提供免費能源教育和家居防寒保暖措施。詳情請電 1-800-989-9744。
- **均衡付帳計劃 Balanced Payment Plan** –請聯絡太平洋煤電公司，以了解如何把每月付費平均攤付，讓您能計劃您的能源開支預算。詳情請電 1-800-743-5000。
- **生機一線電話服務 ULTS** –為符合 CARE 計劃折扣的客戶提供折扣電話服務。欲知詳情，請聯絡您當地的熱線電話服 務公司。

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 pge.com/fera

TDD/TTY 1-800-652-4712 有言語或聆聽障礙者, 星期一至五 9am - 11pm

California Relay 1-800-735-2929 如果您未能轉接 TDD 專線

Pacific Gas and Electric Company®

CARE / FERA 計劃申請表
單戶住宅家庭用戶

79-1053
Rev. 06/01/07

1 客戶資料：

帳戶號碼: | | | | | | | | | | - |
(號碼位於帳單的第一頁)

姓名 _____

家庭住址 _____

城市 _____ 郵政區號 _____

電話號碼: (____)_____

在上述住址家庭人數:

成人總數 _____ **+ 孩童總數(十八歲以下)** _____ = _____

2a 合資格的公共資助計劃:

請勾選全部您有所參與，然後請填寫第 3 部份。

- ☐ 醫療保險 (65 歲以下)
- ☐ 醫療保險 (65 歲以上)
- ☐ 食物卷
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

如果您沒有參與以上的計劃，請填寫第 2b 部份。

2b **合資格的家庭總收入:**（請略過如果您已填寫 2a 部份）

請勾選全部您的家庭全年總收入。您將會被登記 CARE 或 FERA 計劃隨著您的家庭總人數和總收入。

- ☐ 退休金
- ☐ 安全保險補助金
- ☐ SSI、SSP、SSDI
- 利息/或股息，來源于:
  - ☐ 儲蓄戶口、
  - ☐ 股票或債券，或
  - ☐ 退休帳戶
- ☐ 工資
- ☐ 失業福利
- ☐ 勞工賠償
- ☐ 傷病補助金
- ☐ 租金或版權收入
- ☐ 自僱者的總收入（IRS 表格 C 第 29 行）
- ☐ 學校助學金、獎學金或其他生活開支補助
- ☐ 保險訴訟所得的金錢
- ☐ 法律訴訟所得的金錢
- ☐ 給孩童的資助
- ☐ 給配偶的資助
- ☐ 現金和 / 或其他收入

家庭全年總收入 **$** ☐☐,☐☐☐

3 **聲明:**（請小心閱讀，然後在下面簽字）

我聲明我在此申請表中提供的資料是真實和準確的。如有需要，我會提供收入證明。如果我不再符合獲得折扣的條件，我將告知太平洋煤電公司。如果我不符合折扣條件而獲得折扣，我會被要求退回獲得的折扣。我明白太平洋煤電公司可以提供我的申請資料給其他能源公用事業公司及其代表，以加入它們的輔助項目。

X _____ _____

簽名　　○ 如果是監護人或代理人的話，請勾上記號　　日期

申請表請寄至:

Pacific Gas and Electric Company
CARE / FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
LARGE PRINT - APPLICATION
RESIDENTIAL SINGLE FAMILY CUSTOMERS (VIETNAMESE)
FORM NO. 79-1054 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

Đơn Xin Hưởng Chương Trình CARE / FERA cho **Khách Hàng Ở Nhà Riêng**

79-1054
Rev. 06/01/07

CHƯƠNG TRÌNH CARE / FERA

- **Chương trình CARE** giảm 20% hàng tháng trên hóa đơn điện ga cho những gia đình hội đủ điều kiện.
- **Chương trình FERA** giúp tiết kiệm tiền trên hóa đơn điện cho những gia đình có từ ba người trở lên với mức lợi tức thấp-trung bình.

LỢI TỨC TỐI ĐA CHO MỖI GIA ĐÌNH: (Có hiệu lực từ ngày 1 tháng Sáu, 2007 tới ngày 31 tháng Năm, 2008)

Số Người trong Gia Đình	Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm*	
	CARE	**FERA**
1-2	$29,300	Không đủ tiêu chuẩn
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Mỗi người thêm sau đó	$7,100	$7,100 - $8,800

*trước khi trừ thuế

NHỮNG ĐIỀU KIỆN CỦA CHƯƠNG TRÌNH

- Quí vị phải là người đứng tên trên hóa đơn với Pacific Gas and Electric Company.
- Quí vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá hơn nửa năm.
- Quí vị có thể không đủ điều kiện được giảm giá qua chương trình CARE/FERA nếu xài chung đồng hồ năng lượng với nhà khác.
- Quí vị không bị ai khác khai là phụ thuộc vào họ để trừ thuế ngoài người phối ngẫu.
- Lợi tức của gia đình quí vị không được vượt quá mức lợi tức qui định trong đơn này.
- Quí vị phải thông báo với PG&E khi gia đình quí vị không còn hội đủ điều kiện để được nhận giảm giá CARE/FERA.
- Những người sống trong khu nhà lưu động, chung cư và nhà nổi có đồng hồ phụ phải dùng mẫu "Đơn Xin Hưởng Chương Trình CARE / FERA cho Người Mướn Nhà có Đồng Hồ Điện Ga Phụ". (Xin hỏi chủ nhà/quản lý lấy mẫu 62-0673)

NHỮNG CHƯƠNG TRÌNH VÀ NHỮNG DỊCH VỤ KHÁC MÀ QUÍ VỊ CÓ THỂ NỘP ĐƠN

- **LIHEAP** – Chương Trình Trợ Giúp Năng Lượng cho Gia Cư có Lợi Tức Thấp. Trợ giúp trả hóa đơn, trợ giúp trả hóa đơn khẩn cấp, và cung ứng những dịch vụ chống thời tiết khắc nghiệt. Xin gọi Sở Dịch Vụ và Phát Triển Cộng Đồng (CSD) ở số 1-866-675-6623 để biết thêm chi tiết.
- **REACH** – Liên lạc cơ quan Salvation Army để được giúp trả tiền điện ga một lần. Xin gọi cơ quan Salvation Army ở số 1-800-933-9677 để biết thêm chi tiết.
- **Medical Baseline** – Cung cấp dịch vụ với giá thấp nhất cho những khách hàng với những nhu cầu có giấy tờ chứng nhận. Xin gọi số 1-800-PGE-5000 để biết thêm chi tiết.
- **Energy Partners** - Dịch vụ hướng dẫn về năng lượng và phòng chống thời tiết miễn phí cho khách hàng hội đủ điều kiện về lợi tức. Xin gọi số 1-800-989-9744 để biết thêm chi tiết.
- **Balanced Payment Plan** – Xin liên lạc Pacific Gas and Electric Company để biết cách trả cùng một khoản tiền điện ga mỗi tháng hầu giúp quí vị định được chi phí năng lượng của mình. Xin gọi số 1-800-PGE-5000 để biết thêm chi tiết.
- **ULTS** - Dịch vụ điện thoại Universal Lifeline giảm giá điện thoại cho những khách hàng hội đủ cùng những điều kiện lợi tức như chương trình CARE. Xin liên lạc hãng điện thoại “local” của quí vị để biết thêm chi tiết.

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 pge.com/fera

TDD/TTY 1-800-652-4712
đường dây cho những người bị câm/điếc, Thứ Hai - Thứ Sáu 9h sáng - 11h tối

California Relay 1-800-735-2929 nếu quí vị không thể sử dụng đường dây TDD

Pacific Gas and Electric Company®

Đơn Xin Hưởng Chương Trình CARE / FERA
cho **Khách Hàng Ở Nhà Riêng**

79-1054
Rev. 06/01/07

1 CHI TIẾT VỀ KHÁCH HÀNG: (xin viết rõ ràng)

Số Hồ Sơ Khách Hàng
(Ở trang đầu tiên của hóa đơn PG&E)

										-	

Tên _____

Địa Chỉ Nhà _____

Thành Phố _____ **Zip Code** _____

Số Điện Thoại (____)_____

Số Người Sống Trong Nhà:

Người Lớn _____**+ Trẻ Em (dưới 18 tuổi)** _____ **=** _____

2a CÁC CHƯƠNG TRÌNH TRỢ GIÚP CÔNG CỘNG:

<u>Đánh dấu</u> vào tất cả các chương trình mà gia đình quí vị đang tham gia, sau đó điền phần 3.

- ☐ Medi-Cal (dưới 65 tuổi)
- ☐ Medi-Cal (65 và qua 65 tuổi)
- ☐ Tiền Phiếu Thực Phẩm
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

Nếu quí vị không tham gia bất cứ những chương trình kể trên, xin điền phần 2b.

2b LỢI TỨC GIA ĐÌNH: (không cần điền nếu đã điền phần 2a)

<u>Đánh dấu</u> vào tất cả các nguồn lợi tức của gia đình quí vị. Dựa vào số người trong gia đình và lợi tức mà quí vị sẽ được ghi danh vào chương trình CARE hoặc FERA.

- ☐ Tiền Hưu Bổng
- ☐ Tiền Trợ Cấp An Sinh Xã Hội
- ☐ SSI, SSP, SSDI

Tiền Lời từ:

- ☐ Trương Mục Tiết Kiệm
- ☐ Chứng Khoán,Trái Phiếu, hay
- ☐ Trương Mục Hưu Trí

- ☐ Tiền Lương
- ☐ Tiền Thất Nghiệp
- ☐ Tiền Bồi Thường Tai Nạn Lao Động
- ☐ Tiền cho Người Có Khuyết Tật
- ☐ Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- ☐ Lợi Tức từ việc Làm Ăn Riêng (IRS mẫu Schedule C, Dòng 29)
- ☐ Tiền Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống hàng ngày
- ☐ Tiền Bảo Hiểm Bồi Thường
- ☐ Tiền Bồi Thường Thưa Kiện
- ☐ Tiền Cấp Dưỡng Con Cái
- ☐ Tiền Cấp Dưỡng Vợ/Chồng
- ☐ Tiền Mặt và/hay Lợi Tức Khác

Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm **$** ☐☐, ☐☐☐

3 CAM ĐOAN: *(xin đọc kỹ và ký tên dưới đây)*

Tôi xin cam đoan rằng tất cả những chi tiết tôi đã cung cấp trên mẫu đơn này là thật và đúng. Tôi đồng ý cung cấp chứng minh lợi tức nếu được yêu cầu. Tôi đồng ý thông báo cho Pacific Gas and Electric Company biết nếu tôi không còn hội đủ điều kiện để được giảm giá. Tôi hiểu rằng nếu tôi nhận sự giảm giá mà không đủ điều kiện thì tôi có thể bị yêu cầu phải hoàn lại số tiền tôi đã được giảm. Tôi hiểu rằng Pacific Gas and Electric Company có thể cho những cơ quan tiện ích khác hay nhân viên của họ những chi tiết về tôi để ghi danh tôi vào những chương trình trợ giúp của họ.

X _____ _____

Chữ ký **Ngày**

○ Đánh dấu vào nếu là người giám hộ hay người được ủy quyền

Gởi đơn đã điền về: Pacific Gas and Electric Company
CARE / FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
LARGE PRINT - APPLICATION
TENANTS OF SUB-METERED RESIDENTIAL FACILITIES (ENGLISH)
FORM NO. 79-1055 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

CARE / FERA Program Application for **Tenants of Sub-Metered Residential Facilities**

79-1055
Rev. 06/01/07

ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly gas and electric bill of qualifying households.
- **Family Electric Rate Assistance (FERA)** Program provides savings on your electric bill for large households of three or more persons with low-to middle-income.

MAXIMUM HOUSEHOLD INCOME: *(effective June 1, 2007 to May 31, 2008)*

Number of Persons in Household	Total Combined Annual Income (before taxes)	
	CARE	**FERA**
1-2	$29,300	Not Eligible
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
For Each Additional Person add	$7,100	$7,100 - $8,800

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.
- You may not qualify for a CARE / FERA 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 total annual household income should not exceed the income guidelines described in this application.
- You must notify Pacific Gas and Electric Company if your household no longer qualifies for the CARE / FERA discount.

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **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.

Mail Completed Application to:

Pacific Gas and Electric Company
CARE / FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 pge.com/fera

TDD/TTY 1-800-652-4712
for Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

California Relay 1-800-735-2929 if you can not utilize the TDD line

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Pacific Gas and Electric Company®

CARE / FERA Program Application for **Tenants of Sub-Metered Residential Facilities**

79-1055
Rev. 06/01/07

1 MANAGER OR LANDLORD INFORMATION:

Manager or Landlord Name_____

Mailing Address _____

City_____ **Zip Code** _____

Telephone Number: (_____)_____

Name on PG&E Bill_____

PG&E Account Number:

Electricity | | | | | | | | | | | - |

Gas | | | | | | | | | | | - |

Service Address_____

City_____ **Zip Code** _____

Applicant Status ○ **ADD NEW** ○ **DROP**
○ **RE-CERTIFY** ○ **MOVE TO DIFFERENT SPACE**

2 TENANT INFORMATION: *(please print clearly)*

Name _____

Address _____

City _____ **Zip Code** _____

Telephone Number: (____)_____

Number of people living in your household:

Adults _____**+ Children (under 18)** _____ **=** _____

3a PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then SKIP to section 4.

- ☐ Medi-Cal (under age 65)
- ☐ Medi-Cal (age 65 and over)
- ☐ Food Stamps
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

If you do not participate in any of the programs listed above, SKIP to section 3b

3b HOUSEHOLD INCOME ELIGIBILITY: *(skip if you filled out section 3a)*

CHECK all sources of household income. You will be enrolled in either the CARE or FERA Program depending on your household size and income.

- ☐ Pensions
- ☐ Social Security
- ☐ SSI, SSP, SSDI

Interest and/or Dividends from:

- ☐ Savings Accounts,
- ☐ Stocks or Bonds, or
- ☐ Retirement Accounts

- ☐ Wages or Salaries
- ☐ Unemployment Benefits
- ☐ Workers compensation
- ☐ Disability payments
- ☐ Rental or Royalty Income
- ☐ Profit from self-employment (IRS form Schedule C, Line 29)
- ☐ School Grants, Scholarships or other aid used for living expenses
- ☐ Insurance Settlements
- ☐ Legal Settlements
- ☐ Child support
- ☐ Spousal support
- ☐ Cash and/or other income

Total Annual Household Income: $ ☐☐, ☐☐☐

4 DECLARATION: *(please read and sign below)*

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

X _____ _____

Signature ○ fill in circle if guardian or power of attorney **Date**

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
LARGE PRINT - APPLICATION
TENANTS OF SUB-METERED RESIDENTIAL FACILITIES (SPANISH)
FORM NO. 79-1056 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

Solicitud del Programa CARE/FERA para **Inquilinos de Instalaciones Residenciales "Sub-medidas"**

79-1056
Rev. 06/01/07

INFORMACIÓN SOBRE EL PROGRAMA DE DESCUENTO DE CARE/FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento del 20% en la cuenta mensual de gas y electricidad a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** está diseñado para hogares grandes, de tres o más personas, de ingresos bajos y medianos.

INGRESOS MÁXIMOS DEL HOGAR: *(efectivo Junio 1, 2007 hasta Mayo 31, 2008)*

Número de Personas en el Hogar	Ingresos Anuales Combinados*	
	CARE	**FERA**
1-2	$29,300	No Aplica
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Cada Persona Adicional	$7,100	$7,100 - $8,800

*Antes de impuestos

REGLAS DEL PROGRAMA

- La cuenta de Pacific Gas and Electric Company debe estar a su nombre.
- Debe vivir en la direccion donde se recibirá el descuento por lo menos la mitad del año.
- Puede que no califique para el programa CARE / FERA si comparte los medidores de energía con otro hogar.
- El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo/sa.
- Los ingresos anuales del hogar no deben exceder las pautas de ingresos descritas 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 / FERA.

OTROS PROGRAMAS Y SERVICIOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **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.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de las tarifas más bajas, a los clientes que tengan necesidades médicas 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.

Devuelva la solicitud llena a: Pacific Gas and Electric Company
CARE / FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 pge.com/fera

TDD/TTY 1-800-652-4712
Para los sordomudos, de lunes a viernes, 9 a.m. hasta las 11 p.m.

California Relay 1-800-735-2929 si no puede usar la línea TDD

Pacific Gas and Electric Company®

Solicitud del Programa CARE/FERA para **Inquilinos de Instalaciones Residenciales "Sub-medidas"**

79-1056
Rev. 06/01/07

1 INFORMACIÓN DEL ADMINISTRADOR O PROPIETARIO:

Nombre del Administrador o Propietario _____

Dirección postal _____

Ciudad _____ **Código Postal** _____

Número telefónico: (____)_____

Nombre que aparece en la cuenta de energía _____

Número de Cuenta

Electricidad | | | | | | | | | | | - |

Gas | | | | | | | | | | | - |

Dirección donde se da el servicio _____

Ciudad _____ **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 _____

Dirección del Hogar _____

Ciudad _____ **Código Postal** _____

Número telefónico: (____)_____

Número de Personas que viven en su hogar:

Adultos _____ **+ Niños (menores de 18)** _____ **=** _____

3a ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PUBLICA:

MARQUE todos los programas a que pertenece y LLENE la sección 4

- ☐ Medi-Cal (menor de 65 años)
- ☐ Medi-Cal (65 años o más)
- ☐ Estampillas de Alimentos
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

Si no está inscrito en ninguno de los programas arriba indicados, LLENE la sección 2b

3b HOJA DE TRABAJO SOBRE LOS INGRESOS DEL HOGAR:

MARQUE todas las fuentes de ingreso de la familia. Se le enrolará en el programa de CARE o en el programa de FERA dependiendo de cuantas personas viven en el hogar y el monto de sus ingresos.

- ☐ Pagos de Pensiones
- ☐ Pagos del Seguro Social
- ☐ SSI, SSP, SSDI

Intereses y/o Dividendos de:

- ☐ Cuentas de Ahorros,
- ☐ Acciones y Bonos, o
- ☐ Cuentas de Jubilación

- ☐ Sueldos y/o Salarios
- ☐ Pagos por Desempleo
- ☐ Compensación al Trabajador
- ☐ Pagos por Incapacidad
- ☐ Ingresos provenientes de Rentas o Regalías
- ☐ Ganancias de su Propio Negocio (Formulario de IRS, Schedule C, Línea 29)
- ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- ☐ Reclamaciones del Seguro
- ☐ Reclamaciones Legales
- ☐ Pagos por Pensión Alimenticia a Hijos
- ☐ Pagos por Pensión Conyugal
- ☐ Pagos en Efectivo y/u Otros Ingresos

Ingreso Total Anual del Hogar: **$** ☐☐, ☐☐☐

4 DECLARACIÓN: *(Por favor lea y firme abajo)*

Declaro que la información proporcionada en esta solicitud es correcta y verdadera. Estoy de acuerdo en proveer pruebas de mis ingresos, de ser necesario. Estoy de acuerdo en informar a Pacific Gas and Electric Company si mi situación financiera cambia y 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 ***Fecha***

○ Marque aquí si es tutor o tiene carta de poder

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
LARGE PRINT - APPLICATION
TENANTS OF SUB-METERED RESIDENTIAL FACILITIES (CHINESE)
FORM NO. 79-1057 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

CARE / FERA 計劃申請表
分錶住宅設施住客

79-1057
Rev. 06/01/07

CARE / FERA 折扣計劃

- CARE 計劃為合格住宅家庭提供百分之二十的煤電帳單折扣
- 家庭電費費率優惠計劃(FERA)為合格的三人以上低至中等收入住宅家庭提供電費帳單折扣。

家庭最高收入標準: (有效期由 2007 年 6 月 1 日至 2008 年 5 月 31 日)

家庭人數	家庭最高年收入總額 (稅前)	
	CARE	**FERA**
1-2	$29,300	不適用於此計劃
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
每增加一人，增加	$7,100	$7,100 - $8,800

計劃規定

- 您的業主給您的煤電帳單必須是以您的名字註冊。
- 申請 CARE/FERA 計劃者必須每年居住在將收到折扣的地方半年以上(而非第二居所)。
- 申請者的居所不可與另一居所共同用一個碼錶，否則將不能符合 CARE/FERA 計劃折扣的資格要求。
- 除了配偶，申請人不可以在另一個人的報稅表中被稱為受贍養者(dependent)。
- 申請者家庭不應該超過本申請表格中所描述低收入之定義。
- 申請者家庭若不再符合 CARE/FERA 計劃的資格要求，必須知會太平洋煤電公司。

其他有助您支付能源帳單的計劃和服務項目

- **LIHEAP** - 低收入家居能源輔助計劃，為收入符合資格要求的客戶提供付帳輔助、特發情況付帳輔助和家居防寒保暖措施。欲知更多詳情，請撥 1-866-675-6623 跟加州社區服務及發展部（CSD）聯絡。
- **醫療底線 Medical Baseline** - 經醫生證明為有需要的客戶提供最低費率的服務。欲知詳情，請聯絡太平洋煤電公司。詳情請電 1-800-743-5000。
- **能源伙伴 Energy Partners** - 為收入符合資格要求的客戶提供免費能源教育和家居防寒保暖措施。欲知詳情，請聯絡太平洋煤電公司。詳情請電 1-800-989-9744。
- **生機一線電話服務 ULTS** –為符合 CARE 計劃折扣的客戶提供折扣電話服務。欲知詳情，請聯絡您當地的電話服務公司。

申請表請寄至: Pacific Gas and Electric Company
CARE / FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 pge.com/fera

TDD/TTY 1-800-652-4712 有言語或聆聽障礙者, 星期一至五 9am - 11pm

California Relay 1-800-735-2929 如果您未能轉接 TDD 專線

Pacific Gas and Electric Company®

CARE / FERA 計劃申請表

分錄住宅設施住客

79-1057
Rev. 06/01/07

1 經理或業主資料: (請用正楷填寫)

經理或業主姓名_____

郵寄住址_____

城市_____郵政區號 _____

電話號碼: (_____)_____

能源帳單上的名字_____

帳戶號碼:

電力 | | | | | | | | | | | - |

煤氣 | | | | | | | | | | | - |

服務住址_____

城市_____郵政區號 _____

申請人狀況 ○ 新加入 ○ 退出 ○ 重新確認 ○ 搬到不同地點

2 住客資料：(請用正楷填寫)

姓名 _____

家庭住址 _____

城市 _____郵政區號 _____

電話號碼: (_____)_____

在上述住址家庭人數:

成人總數 _____+ 孩童總數(十八歲以下) _____ = _____

3a 合資格的公共資助計劃:

請勾選全部您有所參與，然後請填寫第 4 部份。

- ☐ 醫療保險 (65 歲以下)
- ☐ 醫療保險 (65 歲以上)
- ☐ 食物卷
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

如果您沒有參與以上的計劃，請填寫第 3b 部份。

3b 合資格的家庭總收入: (請略過如果您已填寫 3a 部份)

請勾選全部您的家庭全年總收入。您將會被登記 CARE 或 FERA 計劃隨著您的家庭總人數和總收入。

- ☐ 退休金
- ☐ 安全保險補助金
- ☐ SSI、SSP、SSDI

利息/或股息，來源于:

- ☐ 儲蓄戶口、
- ☐ 股票或債券，或
- ☐ 退休帳戶

- ☐ 工資
- ☐ 失業福利
- ☐ 勞工賠償
- ☐ 傷病補助金
- ☐ 租金或版權收入
- ☐ 自僱者的總收入（IRS 表格 C 第 29 行）
- ☐ 學校助學金、獎學金或其他生活開支補助
- ☐ 保險訴訟所得的金錢
- ☐ 法律訴訟所得的金錢
- ☐ 給孩童的資助
- ☐ 給配偶的資助
- ☐ 現金和 / 或其他收入

家庭全年總收入 **$** ☐☐, ☐☐☐

4 聲明: (請小心閱讀，然後在下面簽字)

我聲明我在此申請表中提供的資料是真實和準確的。如有需要，我會提供收入證明。如果我不再符合獲得折扣的條件，我將告知太平洋煤電公司。如果我不符合折扣條件而獲得折扣，我會被要求退回獲得的折扣。我明白太平洋煤電公司可以提供我的申請資料給其他能源公用事業公司及其代表，以加入它們的輔助項目。

X _____ _____

簽名　　○ 如果是監護人或代理人的話，請勾上記號　　日期

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
LARGE PRINT - APPLICATION
TENANTS OF SUB-METERED RESIDENTIAL FACILITIES (VIETNAMESE)
FORM NO. 79-1058 (05/07) (T)
(ATTACHED)

Pacific Gas and Electric Company®

Đơn Xin Hưởng Chương Trình CARE / FERA cho **Người Mướn Nhà có Đồng Hồ Điện Ga Phụ**

79-1058
Rev. 06/01/07

CHƯƠNG TRÌNH CARE / FERA

- **Chương trình CARE** giảm 20% hàng tháng trên hóa đơn điện ga cho những gia đình hội đủ điều kiện.
- **Chương trình FERA** giúp tiết kiệm tiền trên hóa đơn điện cho những gia đình có từ ba người trở lên với mức lợi tức thấp-trung bình.

LỢI TỨC TỐI ĐA CHO MỖI GIA ĐÌNH: (Có hiệu lực từ ngày 1 tháng Sáu, 2007 tới ngày 31 tháng Năm, 2008)

Số Người trong Gia Đình	Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm*	
	CARE	**FERA**
1-2	$29,300	Không đủ tiêu chuẩn
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Mỗi người thêm sau đó	$7,100	$7,100 - $8,800

*trước khi trừ thuế

NHỮNG ĐIỀU KIỆN CỦA CHƯƠNG TRÌNH

- Hóa đơn tiền điện ga từ chủ nhà của quí vị phải có tên của quí vị.
- Quí vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá hơn nửa năm.
- Quí vị có thể không đủ điều kiện được giảm giá qua chương trình CARE/FERA nếu xài chung đồng hồ năng lượng với nhà khác.
- Quí vị không bị ai khác khai là phụ thuộc vào họ để trừ thuế ngoài người phối ngẫu.
- Lợi tức của gia đình quí vị không được vượt quá mức lợi tức qui định trong đơn này.
- Quí vị phải thông báo với PG&E khi gia đình quí vị không còn hội đủ điều kiện để được nhận giảm giá CARE/FERA.

NHỮNG CHƯƠNG TRÌNH VÀ NHỮNG DỊCH VỤ KHÁC MÀ QUÍ VỊ CÓ THỂ NỘP ĐƠN

- **LIHEAP** – Chương Trình Trợ Giúp Năng Lượng cho Gia Cư có Lợi Tức Thấp. Trợ giúp trả hóa đơn, trợ giúp trả hóa đơn khẩn cấp, và cung ứng những dịch vụ chống thời tiết khắc nghiệt. Xin gọi Sở Dịch Vụ và Phát Triển Cộng Đồng (CSD) ở số 1-866-675-6623 để biết thêm chi tiết.
- **Medical Baseline** – Cung cấp dịch vụ với giá thấp nhất cho những khách hàng với những nhu cầu có giấy tờ chứng nhận. Xin gọi số 1-800-PGE-5000 để biết thêm chi tiết.
- **Energy Partners** - Dịch vụ hướng dẫn về năng lượng và phòng chống thời tiết miễn phí cho khách hàng hội đủ điều kiện về lợi tức. Xin gọi số 1-800-989-9744 để biết thêm chi tiết.
- **ULTS** - Dịch vụ điện thoại Universal Lifeline giảm giá điện thoại cho những khách hàng hội đủ cùng những điều kiện lợi tức như chương trình CARE. Xin liên lạc hãng điện thoại "local" của quí vị để biết thêm chi tiết.

Gởi đơn đã điền về: Pacific Gas and Electric Company
CARE / FERA Program
P. O. Box 7979
San Francisco, CA 94120-7979

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 pge.com/fera

TDD/TTY 1-800-652-4712
đường dây cho những người bị câm/điếc, Thứ Hai - Thứ Sáu 9h sáng - 11h tối

California Relay 1-800-735-2929 nếu quí vị không thể sử dụng đường dây TDD

Pacific Gas and Electric Company®

Đơn Xin Hưởng Chương Trình CARE / FERA cho **Người Mướn Nhà có Đồng Hồ Điện Ga Phụ**

79-1058
Rev. 06/01/07

1 CHI TIẾT VỀ QUẢN LÝ HAY CHỦ NHÀ:

Tên của Quản Lý hay Chủ Nhà _____

Địa Chỉ Liên Lạc Bằng Thư _____

Thành Phố _____ **Zip Code** _____

Số Điện Thoại (_____) _____

Tên Trên Hóa Đơn Điện Ga _____

Số Hồ Sơ PG&E:

Điện | | | | | | | | | | | - |

Ga | | | | | | | | | | | - |

Địa Chỉ Nơi Nhận Dịch Vụ _____

Thành Phố _____ **Zip Code** _____

Tình Trạng Người Nộp Đơn ○ **CỘNG THÊM MỚI** ○ **BỎ**
○ **TÁI XÁC NHẬN** ○ **DỜI SANG CHỖ KHÁC**

2 CHI TIẾT VỀ NGƯỜI MƯỚN NHÀ: (xin viết rõ ràng)

Tên _____

Địa Chỉ Nhà _____

Thành Phố _____ **Zip Code** _____

Số Điện Thoại (____) _____

Số Người Sống Trong Nhà:

Người Lớn _____ **+ Trẻ Em (dưới 18 tuổi)** _____ **=** _____

3a CÁC CHƯƠNG TRÌNH TRỢ GIÚP CÔNG CỘNG:

Đánh dấu vào tất cả các chương trình mà gia đình quí vị đang tham gia, sau đó điền phần 4.

- ☐ Medi-Cal (dưới 65 tuổi)
- ☐ Medi-Cal (65 và qua 65 tuổi)
- ☐ Tiền Phiếu Thực Phẩm
- ☐ TANF (AFDC)
- ☐ WIC
- ☐ Healthy Families A & B
- ☐ LIHEAP

Nếu quí vị không tham gia bất cứ những chương trình kể trên, xin điền phần 3b.

3b LỢI TỨC GIA ĐÌNH: (không cần điền nếu đã điền phần 3a)

Đánh dấu vào tất cả các nguồn lợi tức của gia đình quí vị. Dựa vào số người trong gia đình và lợi tức mà quí vị sẽ được ghi danh vào chương trình CARE hoặc FERA.

- ☐ Tiền Hưu Bổng
- ☐ Tiền Trợ Cấp An Sinh Xã Hội
- ☐ SSI, SSP, SSDI

Tiền Lời từ:

- ☐ Trương Mục Tiết Kiệm
- ☐ Chứng Khoán,Trái Phiếu, hay
- ☐ Trương Mục Hưu Trí

- ☐ Tiền Lương
- ☐ Tiền Thất Nghiệp
- ☐ Tiền Bồi Thường Tai Nạn Lao Động
- ☐ Tiền cho Người Có Khuyết Tật
- ☐ Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- ☐ Lợi Tức từ việc Làm Ăn Riêng (IRS mẫu Schedule C, Dòng 29)
- ☐ Tiền Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống hàng ngày
- ☐ Tiền Bảo Hiểm Bồi Thường
- ☐ Tiền Bồi Thường Thưa Kiện
- ☐ Tiền Cấp Dưỡng Con Cái
- ☐ Tiền Cấp Dưỡng Vợ/Chồng
- ☐ Tiền Mặt và/hay Lợi Tức Khác

Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm **$** ☐☐, ☐☐☐

4 CAM ĐOAN: *(xin đọc kỹ và ký tên dưới đây)*

Tôi xin cam đoan rằng tất cả những chi tiết tôi đã cung cấp trên mẫu đơn này là thật và đúng. Tôi đồng ý cung cấp chứng minh lợi tức nếu được yêu cầu. Tôi đồng ý thông báo cho Pacific Gas and Electric Company biết nếu tôi không còn hội đủ điều kiện để được giảm giá. Tôi hiểu rằng nếu tôi nhận sự giảm giá mà không đủ điều kiện thì tôi có thể bị yêu cầu phải hoàn lại số tiền tôi đã được giảm. Tôi hiểu rằng Pacific Gas and Electric Company có thể cho những cơ quan tiện ích khác hay nhân viên của họ những chi tiết về tôi để ghi danh tôi vào những chương trình trợ giúp của họ.

X _____ _____

Chữ ký **Ngày**

○ Đánh dấu vào nếu là người giám hộ hay người được ủy quyền

PACIFIC GAS AND ELECTRIC COMPANY

CALIFORNIA ALTERNATE RATES FOR ENERGY PROGRAM/ (N)
FAMILY ELECTRIC RATE ASSISTANCE PROGRAM (N)
LARGE PRINT - INCOME GUIDELINES
FORM NO. 79-1059 (05/07) (T)
(ATTACHED)

INCOME GUIDELINES (effective June 1, 2007 to May 31, 2008)

Number of Persons in Household	Total Combined Annual Income (before taxes)	
	CARE	**FERA**
1-2	$29,300	Not Eligible
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
For Each Additional Person add	$7,100	$7,100 - $8,800

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, SSDI
- Pensions
- Insurance settlements
- Legal Settlements
- TANF (AFDC)
- Food stamps
- Child support
- Spousal support
- Cash and/or other income

PAUTAS DE INGRESOS (efectivo Junio 1, 2007 hasta Mayo 31, 2008)

Número de Personas en el Hogar	Ingresos Anuales Combinados (antes de impuestos)	
	CARE	**FERA**
1-2	$29,300	No Aplica
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Cada Persona Adicional	$7,100	$7,100 - $8,800

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, SSDI
- 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

收入標準（有效期由 2007 年 6 月 1 日至 2008 年 5 月 31 日）

家庭人數	家庭最高年收入總額（稅前）	
	CARE	**FERA**
1-2	$29,300	不適用於此計劃
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
每增加一人，增加	$7,100	$7,100 - $8,800

收入定義:

所有家庭成員的收入，無論來自任何途徑，是要繳稅或不需繳稅，其中包括，但不局限於：

- 工資
  利息/或股息，來源于:
  - 儲蓄戶口、
  - 股票或債券，或
  - 退休帳戶
- 失業福利
- 租金或版權收入
- 學校助學金、獎學金或其他生活津貼補助
- 自僱者的總收入（IRS 表格 C 第 29 行）
- 傷病補助金
- 勞工賠償
- 社會福利、SSI、SSP、SSDI
- 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

ĐỊNH MỨC LỢI TỨC (Có hiệu lực từ ngày 1 tháng Sáu, 2007 tới ngày 31 tháng Năm, 2008)

Số Người trong Gia Đình	Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm (trước khi trừ thuế)	
	CARE	**FERA**
1-2	$29,300	Không đủ tiêu chuẩn
3	$34,400	$34,401 - $43,000
4	$41,500	$41,501 - $51,800
5	$48,600	$48,601 - $60,600
6	$55,700	$55,701 - $69,400
Mỗi người thêm sau đó	$7,100	$7,100 - $8,800

Định Nghĩa Lợi Tức:

Tất cả mọi lợi tức, của mọi người trong nhà, có từ bất cứ nguồn nào, dù phải đóng thuế hay không đóng thuế, bao gồm nhưng không chỉ giới hạn vào:

- Tiền Lương
  Tiền Lời từ:
  - Các Trương Mục Tiết Kiệm
  - Các Chứng Khoán hay Trái Phiếu, hay
  - Trương Mục Hưu Trí
- Tiền Thất Nghiệp
- Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- Tiền Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống hàng ngày
- Lợi Tức từ việc Làm Ăn Riêng (IRS mẫu Schedule C, Dòng 29)
- Tiền cho Người Có Khuyết Tật
- Tiền Bồi Thường Tai Nạn Lao Động
- Tiền Trợ Cấp An Sinh Xã Hội, SSI, SSDI
- Tiền Hưu Bổng
- Tiền Bảo Hiểm Bồi Thường
- Tiền Bồi Thường Thưa Kiện
- TANF (AFDC) (Trợ cấp gia đình nghèo có con nhỏ)
- Tiền Phiếu Thực Phẩm
- Tiền Cấp Dưỡng Con Cái
- Tiền Cấp Dưỡng Vợ/Chồng
- Tiền Mặt và/hay Lợi Tức Khác

CARE: ☏ **1-866-743-2273** Fax: 🖷 415-973-6419 pge.com/care

FERA: ☏ **1-800-743-5000** Fax: 🖷 415-973-6419 pge.com/fera

TDD/TTY 1-800-652-4712
đường dây cho những người bị câm/điếc, Thứ Hai - Thứ Sáu 9 am – 11 pm

California Relay 1-800-735-2929 nếu quí vị không thể sử dụng đường dây TDD

PACIFIC GAS AND ELECTRIC COMPANY (N)

FERA RESIDENTIAL SINGLE FAMILY RECERTIFICATION INSTRUCTION
FORM NO. 79-1072 (05/07)
(ATTACHED) (N)

Pacific Gas and Electric Company®

FERA Program Re-Certification Instruction
Residential Single-Family Customers

pge.com/fera

Mail Completed Application to: P.O. Box 7979, San Francisco, CA 94120-7979 **79-1072**

For Questions Call: 1-800-743-5000 Fax: 1-415-973-6419 *Rev. 06/01/07*

FERA PROGRAM RE-CERTIFICATION INSTRUCTIONS

Dear Customer:

You have been receiving savings on your Pacific Gas and Electric Company electric bill as a result of your participation in the Family Electric Rate Assistance (FERA) Program.

To continue receiving your savings you need to reapply for the FERA Program if you still qualify. It is free, easy, and confidential.

Enclosed is a FERA Re-Certification application with the most recent FERA income guidelines. If your household income still meets the current guidelines for the program, please complete the form, and return it to PG&E in the postage paid envelope provided.

Thank you for the opportunity to continue serving you.

FERA Program

INCOME GUIDELINES ***(Effective June 1, 2007 to May 31, 2008)***
PAUTAS DE INGRESOS ***(Efectivo Junio 1, 2007 hasta Mayo 31, 2008)***

Your household's gross annual income may not exceed these FERA Income Guidelines:
Los ingresos anuales brutos de su hogar no deben exceder las Pautas de Ingresos de FERA especificadas a continuación

Size of Household / Número de personas en el hogar	Yearly *(before taxes)* / Ingresos Anuales *(antes de impuestos)*
1-2	Not Eligible / No Aplica
3	$34,401 - $43,000
4	$41,501 - $51,800
5	$48,601 - $60,600
6	$55,701 - $69,400
Each Additional Person Add / Cada Persona Adicional	$7,100 - $8,800

INSTRUCCIONES PARA REINSCRIBIRSE EN EL PROGRAMA DE FERA

Estimado(a) cliente:

Usted ha estado recibiendo un descuento en su factura de Pacific Gas and Electric Company a consecuencia de su participación en el Programa de Family Electric Rate Assistance (FERA).

Si desea continuar recibiendo este descuento, debe volver a inscribirse en este programa si es que todavía califica para el mismo. La solicitud es grátis, fácil y confidencial.

Adjunto encontrará un formulario de reinscripción, así como una tabla con las pautas de ingresos más recientes del programa FERA. Si el ingreso total de su hogar (incluyendo los ingresos de todas las personas que trabajan en su hogar) aún se encuentra dentro de los límites especificados en el programa, por favor firme la solicitud y devuélvala a PG&E en el sobre con franqueo pre-pagado que hemos incluído en esta carta.

Le agradecemos que nos haya dado la oportunidad de continuar sirviéndole.

El Programa de FERA

FERA: **1-800-743-5000** Fax: 415-973-6419 pge.com/fera

TDD/TTY 1-800-652-4712
For Speech/Hearing-Impaired, Monday – Friday 9am - 11pm
Para los sordomudos, de lunes a viernes, 9 a.m. hasta las 11 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line / si no puede usar la línea TDD

Pacific Gas and Electric Company®

pge.com/fera

FERA Program Re-Certification Instruction
Residential Single-Family Customers

Mail Completed Application to: P.O. Box 7979, San Francisco, CA 94120-7979

For Questions Call: 1-800-743-5000 Fax: 1-415-973-6419

79-1072

Rev. 06/01/07

MẪU CHỈ DẪN TÁI CHỨNG NHẬN CHO CHƯƠNG TRÌNH FERA

Thân gởi khách hàng:

Quí vị đang được nhận giảm giá trên hóa đơn điện với PG&E vì đã tham gia vào chương trình FERA.

Để tiếp tục được giảm giá, quí vị cần phải nộp đơn xin lại chương trình FERA nếu quí vị vẫn còn hội đủ điều kiện. Việc nộp đơn hoàn toàn miễn phí, dễ dàng và kín đáo.

Kèm theo đây là Mẫu Tái Chứng Nhận cho Chương Trình FERA với bản chỉ dẫn mới nhất về lợi tức cho chương trình. Nếu lợi tức trong gia đình của quí vị vẫn không vượt qua bản chỉ dẫn lợi tức hiện hành cho chương trình, xin điền mẫu đơn, và gởi trả lại cho PG&E trong bao thư đã dán sẵn tem đính kèm.

Xin cám ơn quí vị.

Chương trình FERA

收入準則 (有效期由 2007 年 6 月 1 日至 2008 年 5 月 31 日)

BẢN CHỈ DẪN VỀ LỢI TỨC (Có hiệu lực từ ngày 1 tháng Sáu, 2007 tới ngày 31 tháng Năm, 2008)

您家庭的總收入不可超過 FERA 計劃的收入標準:
Tổng số lợi tức nguyên năm của gia đình quí vị không được vượt qua các Định Mức Lợi Tức FERA dưới đây:

家庭人數 / Số người trong gia đình	家庭全年總收入(稅前) / Tổng lợi tức hàng năm (trước khi trừ thuế)
1-2	不適用於此計劃 / Không đủ tiêu chuẩn
3	$34,401 - $43,000
4	$41,501 - $51,800
5	$48,601 - $60,600
6	$55,701 - $69,400
每增加一人，增加 / Mỗi người thêm sau đó	$7,100 - $8,800

FERA 計劃再驗證指示

親愛的客戶：

因為參加 FERA 計劃，所以在您的太平洋煤電公司帳單上一直有折扣。

除此之外，為了要能夠繼續得到折扣，您需要重新申請 FERA 計劃。申請是免費，而且簡單和保密。

這是 FERA 計劃的再驗證表格以及最新的 FERA 收入準則。如果您的家庭收入還是符合此計劃的最新準則，請在表格上簽名，並放入預先付費的信封中，寄回給太平洋煤電公司。

感謝您讓我們有機會能夠繼續為您服務。

FERA 計劃

FERA: **1-800-743-5000** Fax: 415-973-6419 pge.com/fera

TDD/TTY 1-800-652-4712
有言語或聆聽障礙者, 星期一至五 9am – 11pm
Đường dây cho những người bị câm/điếc, Thứ Hai - Thứ Sáu 9 giờ sáng – 11 giờ tối

California Relay 1-800-735-2929 如果您未能轉接 TDD 專線 / Nếu quí vị không thể sử dụng đường dây TDD

PACIFIC GAS AND ELECTRIC COMPANY (N)

FERA RESIDENTIAL SINGLE FAMILY RECERTIFICATION
FORM NO. 79-1073 (05/07)
(ATTACHED) (N)

Pacific Gas and Electric Company®

FERA Program Re-Certification Application for Residential Single-Family Customers

pge.com/fera

Mail Completed Application to: P.O. Box 7979, San Francisco, CA 94120-7979

For Questions Call: 1-800-743-5000 *Fax:* 1-415-973-6419

79-1073

Rev. 06/01/07

1 CUSTOMER INFORMATION / INFORMACIÓN DEL CLIENTE:

Telephone Number / Número telefónico

2 DECLARATION: *(please read and sign below)*

I state it is true and correct that my household continues to qualify for FERA. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

DECLARACIÓN: *(Por favor lea y firme abajo)*

Certifico que mi hogar continúa calificando para el descuento de FERA. Estoy de acuerdo en proporcionar pruebas de mis ingresos, de ser necesario. Estoy de acuerdo en informar a Pacific Gas and Electric Company si mi situación financiera cambia y ya no califico para recibir dicho descuento. Comprendo que, si recibo el descuento sin calificar, se me podría pedir que devuelva el monto total del descuento recibido. Comprendo que Pacific Gas and Electric Company podría compartir ésta información con otras compañías de suministro de energía o sus agentes, para suscribirme en sus programas de ayuda.

X _____ _____

Customer Signature
Firma del Cliente

○ Fill in circle if guardian or power of attorney
Marque aquí si es tutor o tiene carta de poder

Date / Fecha

3 Return this form to Pacific Gas and Electric Company *(using the postage free envelope provided)*

Devuelva esta solicitud a Pacific Gas and Electric Company *(en el sobre con franqueo pre-pagado adjunto)*

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79-1073

Rev. 06/01/07

1 CHI TIẾT VỀ KHÁCH HÀNG / 客戶資料:

Số Điện Thoại /電話號碼

			■				■				

2 CAM ĐOAN: *(xin đọc kỹ và ký tên dưới đây)*

Tôi xin cam đoan rằng gia đình tôi vẫn tiếp tục hội đủ điều kiện cho chương trình FERA, điều này là thật và đúng. Tôi đồng ý cung cấp chứng minh lợi tức nếu được yêu cầu. Tôi đồng ý thông báo cho Pacific Gas and Electric Company biết nếu tôi không còn hội đủ điều kiện để được giảm giá. Tôi hiểu rằng nếu tôi nhận sự giảm giá mà không đủ điều kiện thì tôi có thể bị yêu cầu phải hoàn lại số tiền tôi đã được giảm. Tôi hiểu rằng Pacific Gas and Electric Company có thể cho những cơ quan tiện ích khác hay nhân viên của họ những chi tiết về tôi để ghi danh tôi vào những chương trình trợ giúp của họ.

聲明: ***(請小心閱讀，然後在下面簽字)***

本人聲明，這是真實和正確的資料，本人的家庭收入繼續符合 FERA 計劃的資格。本人同意，在得到要求時，會提供收入證明。本人同意，如果我不再符合獲得折扣的條件，我將告知太平洋煤電公司。本人了解，如果我不符合折扣條件而獲得折扣，我會被要求退回獲得折扣的金額。本人了解太平洋煤電公司可以提供我的申請資料給其他能源公用事業公司及其代表，以加入它們的輔助項目。

X _____ _____

Chữ ký của khách hàng
客戶簽名

O Đánh dấu vào nếu là người giám hộ hay người được ủy quyền
如果是監護人或代理人的話，請勾上記號

Ngày /日期

3 Gởi mẫu đơn này lại cho PG&E *(xin dùng bao thư có dán sẵn tem đính kèm)*

把這表格寄回太平洋煤電公司 *(請使用提供給您的免郵資信封)*

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PG&E Gas and Electric Advice
Filing List
General Order 96-A, Section III(G)

ABAG Power Pool
Accent Energy
Aglet Consumer Alliance
Agnews Developmental Center
Ahmed, Ali
Alcantar & Kahl
Ancillary Services Coalition
Anderson Donovan & Poole P.C.
Applied Power Technologies
APS Energy Services Co Inc
Arter & Hadden LLP
Avista Corp
Barkovich & Yap, Inc.
BART
Bartle Wells Associates
Blue Ridge Gas
Bohannon Development Co
BP Energy Company
Braun & Associates
C & H Sugar Co.
CA Bldg Industry Association
CA Cotton Ginners & Growers Assoc.
CA League of Food Processors
CA Water Service Group
California Energy Commission
California Farm Bureau Federation
California Gas Acquisition Svcs
California ISO
Calpine
Calpine Corp
Calpine Gilroy Cogen
Cambridge Energy Research Assoc
Cameron McKenna
Cardinal Cogen
Cellnet Data Systems
Chevron Texaco
Chevron USA Production Co.
City of Glendale
City of Healdsburg
City of Palo Alto
City of Redding
CLECA Law Office
Commerce Energy
Constellation New Energy
CPUC
Cross Border Inc
Crossborder Inc
CSC Energy Services
Davis, Wright, Tremaine LLP
Defense Fuel Support Center
Department of the Army
Department of Water & Power City
DGS Natural Gas Services
Douglass & Liddell
Downey, Brand, Seymour & Rohwer
Duke Energy
Duke Energy North America
Duncan, Virgil E.
Dutcher, John
Dynegy Inc.
Ellison Schneider
Energy Law Group LLP
Energy Management Services, LLC
Exelon Energy Ohio, Inc
Exeter Associates
Foster Farms
Foster, Wheeler, Martinez
Franciscan Mobilehome
Future Resources Associates, Inc
G. A. Krause & Assoc
Gas Transmission Northwest Corporation
GLJ Energy Publications
Goodin, MacBride, Squeri, Schlotz &
Hanna & Morton
Heeg, Peggy A.
Hitachi Global Storage Technologies
Hogan Manufacturing, Inc
House, Lon
Imperial Irrigation District
Integrated Utility Consulting Group
International Power Technology
Interstate Gas Services, Inc.
IUCG/Sunshine Design LLC
J. R. Wood, Inc
JTM, Inc
Luce, Forward, Hamilton & Scripps
Manatt, Phelps & Phillips
Marcus, David
Matthew V. Brady & Associates
Maynor, Donald H.
MBMC, Inc.
McKenzie & Assoc
McKenzie & Associates
Meek, Daniel W.
Mirant California, LLC
Modesto Irrigation Dist
Morrison & Foerster
Morse Richard Weisenmiller & Assoc.
Navigant Consulting
New United Motor Mfg, Inc
Norris & Wong Associates
North Coast Solar Resources
Northern California Power Agency
Office of Energy Assessments
OnGrid Solar
Palo Alto Muni Utilities
PG&E National Energy Group
Pinnacle CNG Company
PITCO
Plurimi, Inc.
PPL EnergyPlus, LLC
Praxair, Inc.
Price, Roy
Product Development Dept
R. M. Hairston & Company
R. W. Beck & Associates
Recon Research
Regional Cogeneration Service
RMC Lonestar
Sacramento Municipal Utility District
SCD Energy Solutions
Seattle City Light
Sempra
Sempra Energy
Sequoia Union HS Dist
SESCO
Sierra Pacific Power Company
Silicon Valley Power
Smurfit Stone Container Corp
Southern California Edison
SPURR
St. Paul Assoc
Sutherland, Asbill & Brennan
Tabors Caramanis & Associates
Tecogen, Inc
TFS Energy
Transcanada
Turlock Irrigation District
U S Borax, Inc
United Cogen Inc.
URM Groups
Utility Resource Network
Wellhead Electric Company
White & Case
WMA