

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



July 16, 2008

Advice Letter 2924-G/3268-E

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

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

Dear Mr. Cherry:

Advice Letter 2924-G/3268-E is effective June 1, 2008.

Sincerely,

A handwritten signature in black ink, appearing to read "Sean H. Gallagher".

Sean H. Gallagher, Director
Energy Division



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, 2008

Advice 2924-G/3268-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.

CARE Program

This filing complies with Resolution (R.) E-3524, dated February 19, 1998, in which the Commission ordered the Energy Division Director to notify California utilities by letter each May 1st of annual revisions to CARE income levels effective June 1st. In accordance with the Energy Division's Notice to Investor Owned Utilities Providing Service Under CARE and LIEE (CARE Notice) dated April 23, 2008, PG&E hereby submits tariffs with revised income limitations for the CARE program, **effective June 1, 2008**.

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

The revised income levels are as follows:

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

FERA Program

PG&E also submits this filing in accordance with a Notice to Energy Utilities Providing Service under the FERA Program (FERA Notice) dated April 25, 2008. The FERA program is referred to as the Tier 3 large household program in accordance with Decision (D.) 04-02-057. The FERA program is a rate assistance program whereby lower to middle income large household participants will be charged Tier 2 electricity rates for their Tier 3 usage if the household consists of three (3) or more people and the family has an income between 200% and 250% of the federal poverty level.¹ The income level 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:

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.

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

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

Revised Forms

PG&E hereby submits the following combined forms with updated income levels allowing customers to apply for CARE or FERA:

01-9077 CARE/FERA Residential Single Family Customers (Eng/Span)
62-0972 CARE/FERA Residential Single Family Customers (Eng/Chin)
62-0973 CARE/FERA Residential Single Family Customers (Eng/Viet)
62-0939 CARE/FERA Residential Single Family pre-printed app instruction (Eng/Span)
62-0919 CARE/FERA Residential Single Family pre-printed app (Eng/Span)
62-0940 CARE Residential Single Family Recertification Instruction (Eng/Span/Chin/Viet)
62-1509 CARE Residential Single Family Recertification (Eng/Span/Chin/Viet)
79-1072 FERA Residential Single Family Recertification Instruction (Eng/Span/Chin/Viet)
79-1073 FERA Residential Single Family Recertification (Eng/Span/Chin/Viet)
79-1051 Large Print CARE/FERA Residential Single Family Customers (English)
79-1052 Large Print CARE/FERA Residential Single Family Customers (Spanish)
79-1053 Large Print CARE/FERA Residential Single Family Customers (Chinese)
79-1054 Large Print CARE/FERA Residential Single Family Customers (Vietnamese)
01-9285 CARE/FERA Tenants of Sub-Metered Residential Facilities (Eng/Span)
62-0672 CARE/FERA Tenants of Sub-Metered Residential Facilities (Eng/Chin)
62-0673 CARE/FERA Tenants of Sub-Metered Residential Facilities (Eng/Viet)
79-1055 Large Print CARE/FERA Tenants of Sub-Metered Residential Facilities (English)
79-1056 Large Print CARE/FERA Tenants of Sub-Metered Residential Facilities (Spanish)
79-1057 Large Print CARE/FERA Tenants of Sub-Metered Residential Facilities (Chinese)
79-1058 Large Print CARE/FERA Tenants of Sub-Metered Residential Facilities (Vietnamese)
62-1477 CARE/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 20 days after the date of this filing, which is **June 3, 2008**. 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

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, 2008** for this filing.

Notice

In accordance with General Order 96-B, Section IV, a copy of this advice letter is being sent electronically and via U.S. mail to parties shown on the attached list. Address changes to the General Order 96-B service list should be directed to Rose de la Torre at (415) 973-4716. Advice letter filings can also be accessed electronically at:

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

A handwritten signature in black ink, appearing to read "Brian Amy" followed by a stylized monogram or initials.

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:

ELC

GAS

PLC

HEAT

WATER

Contact Person: David Poster

Phone #: (415) 973-1082

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) #: **2924-G/3268-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 AL¹: _____

Resolution Required? Yes No

Requested effective date: **June 1, 2008**

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 proposed¹: 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

ijnj@cpuc.ca.gov and mas@cpuc.ca.gov

Pacific Gas and Electric Company

Attn: Brian K. Cherry

Vice President, Regulatory Relations

77 Beale Street, Mail Code B10C

P.O. Box 770000

San Francisco, CA 94177

E-mail: PGETariffs@pge.com

Sample Bill Insert

Advice 2924-G/3268-E

Program Guidelines

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

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

*Before Taxes *Antes de Impuestos Valid until May 31, 2009 Válido hasta el 31 de mayo, 2009

Pautas del Programa

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

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

Tear Off. 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 + Children (under 18) =
Número de Personas en el Hogar: Adultos 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 older)
- Food Stamps
- LIHEAP
- TANF (AFDC)
- WIC
- Healthy Families A & B

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

2B Household Income Eligibility

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

- Pensions
- Social Security
- SSI, SSP, SSDI
- 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 from Schedule C, Line 29)
- Insurance Settlements
- Legal Settlements
- Child Support
- Spousal Support
- Cash and/or Other Income

Total Annual Household Income \$

3 Declaration (Please read and sign)

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company 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

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

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
- LIHEAP
- TANF (AFDC)
- WIC
- Healthy Families A & B

Si no está inscrito en ninguno de los programas arriba indicados, LLENE la sección 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
- Cuentas de Ahorros,
- Acciones o 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 \$

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.

Save Money on Your PG&E Bill Every Month with CARE or FERA.

California Alternate Rates for Energy (CARE) Program provides a 20% discount on your monthly energy 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.

For assistance, please call:

CARE: 1-866-PGE-CARE | www.pge.com/care

FERA: 1-800-PGE-5000 | www.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 cannot utilize the TDD line)

Ahorre dinero todos los meses en su cuenta de PG&E con CARE o FERA.

El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento del 20% en la cuenta mensual de energía a los hogares que califican.

El programa de **Family Electric Rate Assistance (FERA)** proporciona ahorros en la cuenta eléctrica de hogares grandes, de tres o más personas, de ingresos bajos y medianos.

Para más información, llame al:

CARE: 1-866-PGE-CARE | www.pge.com/care

FERA: 1-800-PGE-5000 | www.pge.com/fera

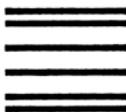
TDD/TTY 1-800-652-4712

Para los sordomudos, de lunes a viernes 9am hasta las 11pm

California Relay 1-800-735-2929

(Si no puede usar la línea TDD)

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

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

POSTAGE WILL BE PAID BY ADDRESSEE

CARE/FERA PROGRAM

PACIFIC GAS AND ELECTRIC COMPANY

PO BOX 7979

SAN FRANCISCO CA 94120-9445

Pacific Gas and
Electric Company



SAVE MONEY

ON YOUR PG&E BILL WITH CARE/FERA

APPLYING IS FREE, EASY
AND CONFIDENTIAL!

AHORRE DINERO

EN SU CUENTA DE PG&E CON CARE/FERA

¡LA SOLICITUD ES GRATIS,
FÁCIL Y CONFIDENTIAL!



CARE/FERA PROGRAM

**ATTACHMENT 1
Advice 3268-E**

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
27505-E	ELECTRIC RULE NO. 19.2 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES Sheet 2	26341-E
27506-E	ELECTRIC RULE NO. 19.3 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES Sheet 2	26342-E
27507-E	Electric Sample Form No. 01-9077 California Alternate Rates for Energy Program Application for Residential Single-Family Customers	26343-E
27508-E	Electric Sample Form No. 01-9285 California Alternate Rates for Energy Program Application for Tenants of Sub-Metered Facilities	26344-E
27509-E	Electric Sample Form No. 61-0535 CARE Program Application for OMS/Non-Profit Migrant Farm Worker Housing Centers	23630-E
27510-E	Electric Sample Form No. 62-0156 California Alternate Rates for Energy Program Application for Qualified Non-Profit Group Living Facilities	26345-E
27511-E	Electric Sample Form No. 62-0672 California Alternate Rates for Energy Program Application for Tenants of Sub-Metered Facilities (English/Chinese)	26355-E
27512-E	Electric Sample Form No. 62-0673 California Alternate Rates for Energy Program Application for Tenants of Sub-Metered Facilities (English/Vietnamese)	26356-E
27513-E	Electric Sample Form No. 62-0919 California Alternate Rates for Energy Program Residential Single-Family Customers Pre-Printed Application	26352-E

**ATTACHMENT 1
Advice 3268-E**

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
27514-E	Electric Sample Form No. 62-0939 California Alternate Rates for Energy Program Residential Single-Family Customers Pre-Printed Application Instruction	26351-E
27515-E	Electric Sample Form No. 62-0940 California Alternate Rates for Energy Program Residential Single-Family Customers Recertification Instruction	26353-E
27516-E	Electric Sample Form No. 62-0972 California Alternate Rates for Energy Program Application for Residential Single-Family Customers (English/Chinese)	26349-E
27517-E	Electric Sample Form No. 62-0973 California Alternate Rates for Energy Program Application for Residential Single-Family Customers (English/Vietnamese)	26350-E
27518-E	Electric Sample Form No. 62-1198 California Alternate Rates for Energy Program Application for Qualified Agricultural Employee Housing Facilities	26346-E
27519-E	Electric Sample Form No. 62-1477 California Alternate Rates for Energy Program Income Guidelines	26347-E
27520-E	Electric Sample Form No. 62-1509 California Alternate Rates for Energy Program Residential Single-Family Customers Recertification	26354-E
27521-E	Electric Sample Form No. 79-1051 California Alternate Rates for Energy Program - Large Print Application for Residential Single Family Customers (English)	26357-E
27522-E	Electric Sample Form No. 79-1052 California Alternate Rates for Energy Program - Large Print Application for Residential Single Family Customers (Spanish)	26358-E

**ATTACHMENT 1
Advice 3268-E**

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
27523-E	Electric Sample Form No. 79-1053 California Alternate Rates for Energy Program - Large Print Application for Residential Single Family Customers (Chinese)	26359-E
27524-E	Electric Sample Form No. 79-1054 California Alternate Rates for Energy Program - Large Print Application for Residential Single Family Customers (Vietnamese)	26360-E
27525-E	Electric Sample Form No. 79-1055 California Alternate Rates for Energy Program - Large Print Application for Tenants of Sub-Metered Residential Facilities (Engli	26261-E
27526-E	Electric Sample Form No. 79-1056 California Alternate Rates for Energy Program - Large Print Application for Tenants of Sub-Metered Residential Facilities (Spani	26362-E
27527-E	Electric Sample Form No. 79-1057 California Alternate Rates for Energy Program - Large Print Applicationfor Tenants of Sub-Metered Residential Facilities (Chines	26363-E
27528-E	Electric Sample Form No. 79-1058 California Alternate Rates for Energy Program - Large Print Application for Tenants of Sub-Metered Residential Facilities (Vietn	26364-E
27529-E	Electric Sample Form No. 79-1059 California Alternate Rates for Energy Program - Large Print Income Guidelines	26355-E
27530-E	Electric Sample Form No. 79-1072 FERA Residential Single Family Recertification Instruction	26366-E
27531-E	Electric Sample Form No. 79-1073 FERA Residential Single Family Recertification Instruction	26367-E
27532-E	ELECTRIC TABLE OF CONTENTS Sheet 1	27503-E

**ATTACHMENT 1
Advice 3268-E**

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
27533-E	ELECTRIC TABLE OF CONTENTS RULES Sheet 10	25588-E
27534-E	ELECTRIC TABLE OF CONTENTS SAMPLE FORMS Sheet 13	26372-E
27535-E	ELECTRIC TABLE OF CONTENTS SAMPLE FORMS Sheet 14	25587-E

**ATTACHMENT 1
Advice 2924-G**

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

Title of Sheet

**Cancelling Cal
P.U.C. Sheet No.**

26993-G	GAS RULE NO. 19.1 CALIF ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS Sheet 2	24906-G
26994-G	GAS RULE NO. 19.2 CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES Sheet 2	24907-G
26995-G	GAS RULE NO. 19.3 CALIF ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRI EMPLOYEE HOUSING FACILITIES Sheet 2	24908-G
26996-G	Gas Sample Form No. 01-9077 California Alternate Rates for Energy Program Application for Residential Single-Family Customers	24909-G
26997-G	Gas Sample Form No. 01-9285 California Alternate Rates for Energy Program Application for Tenants of Sub-Metered Facilities	24910-G
26998-G	Gas Sample Form No. 61-0535 CARE Program Application for OMS/Non-Profit Migrant Farm Worker Housing Centers	24913-G
26999-G	Gas Sample Form No. 62-0156 California Alternate Rates for Energy Program Application for Qualified Nonprofit Group-Living Facilities	24911-G
27000-G	Gas Sample Form No. 62-0672 California Alternate Rates for Energy Program Application for Tenants of Sub-Metered Facilities (English/Chinese)	24921-G
27001-G	Gas Sample Form No. 62-0673 California Alternate Rates for Energy Program Application for Tenants of Sub-Metered Facilities (English/Vietnamese)	24922-G
27002-G	Gas Sample Form No. 62-0919 California Alternate Rates for Energy Program Residential Single-Family Customers Pre-Printed Application	24918-G

**ATTACHMENT 1
Advice 2924-G**

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
27003-G	Gas Sample Form No. 62-0939 California Alternate Rates for Energy Program Residential Single-Family Customers Pre-Printed Application Instruction	24917-G
27004-G	Gas Sample Form No. 62-0940 California Alternate Rates for Energy Program Residential Single-Family Customers Recertification Instruction	24919-G
27005-G	Gas Sample Form No. 62-0972 California Alternate Rates for Energy Program Application for Residential Single-Family Customers (English/Chinese)	24915-G
27006-G	Gas Sample Form No. 62-0973 California Alternate Rates for Energy Program Application for Residential Single-Family Customers (English/Vietnamese)	24916-G
27007-G	Gas Sample Form No. 62-1198 California Alternate Rates for Energy Program Application for Qualified Agricultural Employee Housing Facilities	24912-G
27008-G	Gas Sample Form No. 62-1477 California Alternate Rates for Energy Program Income Guidelines	24914-G
27009-G	Gas Sample Form No. 62-1509 California Alternate Rates for Energy Program Residential Single-Family Customers Recertification	24920-G
27010-G	Gas Sample Form No. 79-1051 California Alternate Rates for Energy Program - Large Print Application for Residential Single Family Customers (English)	24923-G
27011-G	Gas Sample Form No. 79-1052 California Alternate Rates for Energy Program - Large Print Application for Residential Single Family Customers (Spanish)	24924-G
27012-G	Gas Sample Form No. 79-1053 California Alternate Rates for Energy Program - Large Print Application for Residential Single Family Customers (Chinese)	24925-G

**ATTACHMENT 1
Advice 2924-G**

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
27013-G	Gas Sample Form No. 79-1054 California Alternate Rates for Energy Program - Large Print Application for Residential Single Family Customers (Vietnamese)	24926-G
27014-G	Gas Sample Form No. 79-1055 California Alternate Rates for Energy Program - Large Print Application for Tenants of Sub-Metered Residential Facilities (Engli	24927-G
27015-G	Gas Sample Form No. 79-1056 California Alternate Rates for Energy Program - Large Print Application for Tenants of Sub-Metered Residential Facilities (Spani	24928-G
27016-G	Gas Sample Form No. 79-1057 California Alternate Rates for Energy Program - Large Print Application for Tenants of Sub-Metered Residential Facilities (Chine	24929-G
27017-G	Gas Sample Form No. 79-1058 California Alternate Rates for Energy Program - Large Print Application for Tenants of Sub-Metered Residential Facilities (Vietn	24930-G
27018-G	Gas Sample Form No. 79-1059 California Alternate Rates for Energy Program - Large Print Income Guidelines	24931-G
27019-G	GAS TABLE OF CONTENTS Sheet 1	26991-G
27020-G	GAS TABLE OF CONTENTS Sheet 6	24488-G
27021-G	GAS TABLE OF CONTENTS Sheet 9	24933-G



**ELECTRIC SCHEDULE E-FERA
 FAMILY ELECTRIC RATE ASSISTANCE**

Sheet 2

**SPECIAL
 CONDITIONS:
 (Cont'd.)**

A Schedule E-FERA household is a household consisting of 3 or more persons where the total gross income from all sources is within the ranges shown on the table below based on the number of persons in the household. Total gross income shall include income from all sources, both taxable and nontaxable. Persons who are claimed as a dependent on another person's income tax return are not eligible.

No. Of Persons In Household	Total Gross Annual Income
1-2	Not Eligible
3	\$35,801 – \$44,800 (I)
4	\$43,201 – \$54,000
5	\$50,601 – \$63,200
6	\$58,001 – \$72,400
Each Additional Person Add	\$ 7,400 – \$ 9,200 (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), 62-0972 (English/Chinese).

Submetered tenants of master-metered PG&E Customers:

Submetered tenants of master-metered Customers will submit Application Form No. 62-0672 (English/Chinese), 01-9285 (English/Spanish), 62-0673 (English/Vietnamese) to PG&E, including their tenant's apartment/unit number and PG&E account number. PG&E will notify the master-metered Customer of the tenant's certification. The master-metered Customer, not PG&E, is responsible for extending E-FERA discounts to tenants certified to receive them.

Self-certification will be used to determine income eligibility for the E-FERA program. Customers must sign a statement upon application indicating that PG&E may verify the Customer's eligibility at any time. If verification establishes that the Customer is ineligible, the Customer will be removed from the program and PG&E may render corrective billings in accordance with Rule 17.1.

(Continued)



ELECTRIC RULE NO. 19.1

Sheet 2

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

B. ELIGIBILITY (Cont'd.)

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

<u>Number of Persons in Household</u>	<u>Maximum Annual Household Income</u>
1-2	\$30,500 (I)
3	\$35,800
4	\$43,200
5	\$50,600
6	\$58,000
Each additional member, add:	\$ 7,400 (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)



ELECTRIC RULE NO. 19.2 Sheet 2
 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-
 LIVING FACILITIES

B. ELIGIBILITY (Cont'd.)

3. The facility must also be licensed, or otherwise prove to PG&E's satisfaction, by the appropriate state agency. A homeless shelter is required to provide a copy of its municipal or county conditional use permit.
4. The total gross income for all persons residing in each household at a Facility may not exceed the following:

Number of Persons in Household	Maximum Annual Household Income
1-2	\$30,500 (I)
3	\$35,800
4	\$43,200
5	\$50,600
6	\$58,000
Each additional member, add:	\$ 7,400 (I)

(Continued)



ELECTRIC RULE NO. 19.3
 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR QUALIFIED
 AGRICULTURAL EMPLOYEE HOUSING FACILITIES

Sheet 2

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:

<u>Number of Persons in Household</u>	<u>Maximum Annual Household Income</u>
1-2	\$30,500 (I)
3	\$35,800
4	\$43,200
5	\$50,600
6	\$58,000
Each additional member, add:	\$ 7,400 (I)

(Continued)



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

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

27507-E
26343-E

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

**Please Refer to Attached
Sample Form**

Advice Letter No: 3268-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2008
Effective June 1, 2008
Resolution No. E-3524



ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly energy 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 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 share energy meter(s) with another home.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E if your household no longer qualifies for the CARE / FERA discount.
- Tenants of sub-metered mobile home parks, apartments and marinas must use the "CARE/FERA Program Application for Tenants of Sub-Metered Facilities". (See Landlord / Manager for form 01-9285)

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **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 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.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



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 electricidad y gas a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** proporciona ahorros sólo en la cuenta de electricidad a hogares de tres o más personas, de ingresos bajos y medianos.

PAUTAS DEL PROGRAMA

- La cuenta de PG&E debe estar a su nombre.
- Debe vivir en la dirección donde se recibirá el descuento.
- El solicitante no debe compartir el/los medidor(es) 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(a).
- Los ingresos anuales del hogar no deben exceder las pautas de ingresos mencionadas en esta solicitud.
- Debe informar a PG&E si su hogar ya no reúne los requisitos para el descuento del programa de CARE / FERA.
- Los inquilinos con medidores "Sub-Metered" que pertenecen a parques de casas móviles, apartamentos o muelles para botes, deben llenar otro formulario llamado "Solicitud del Programa CARE / FERA para Inquilinos de Instalaciones Residenciales Sub-Metered". (Visite al propietario/administrador de su instalación para obtener el formulario 01-9285).

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **LIHEAP** – Programa de Ayuda para el Pago de Energía para 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 servicios gratuitos para el ahorro de energía, a clientes que reúnan los requisitos. 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, por una sola vez, para el pago de sus cuentas de electricidad y gas. Llámelos al 1-800-933-9677.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de tarifas más bajas, a los clientes que tengan necesidades médicas comprobadas. Llame al 1-800-743-5000 para más información.
- **Socios en la Energía** – Ofrece consejos y servicios gratuitos sobre ahorros de energía a clientes que reúnan 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 cuentas de electricidad y gas. Llame al 1-800-743-5000 para más información.
- **ULTS** – La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio, a aquellos clientes que reúnan requisitos similares a los del Programa CARE. Llame a su compañía local de teléfonos para más información.

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 www.pge.com/care

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

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

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



1 CUSTOMER INFORMATION: (please print clearly)

Account Number:

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

Account number input boxes

Name Telephone Number

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

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

Number of Persons in Household: Adults + Children (under 18) =

2a PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

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

- Medi-Cal, Food Stamps, Healthy Families A & B, TANF (AFDC), LIHEAP, WIC

If you do not participate in any of the above programs, 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, Wages or Salaries, Unemployment Benefits, School Grants, etc.

MAXIMUM HOUSEHOLD INCOME: (effective June 1, 2008 to May 31, 2009)

Table with columns: Number of Persons in Household, Total Combined Annual Income (before taxes), CARE, FERA

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...

X Signature Date



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

Número de cuenta del cliente:

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

Grid for account number with a dash in the last box.

Nombre (Como aparece en la factura)

Número telefónico

Dirección del Hogar (No use P.O. Box)

Apartamento #

Ciudad

Código Postal

Dirección Postal, si tiene

(Llene sólo si su dirección postal es diferente a la que aparece arriba)

Apartamento #

Ciudad

Código Postal

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

2a ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PUBLICA:

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

- Medi-Cal (menor de 65 años), Medi-Cal (65 años o más), Stampillas 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 FUENTES DE INGRESOS DEL HOGAR:

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

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

INGRESOS MÁXIMOS DEL HOGAR: (efectivo Junio 1, 2008 hasta Mayo 31, 2009)

Table with columns: Número de Personas en el Hogar, Ingresos Anuales Combinados (Antes de impuestos), CARE, FERA

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



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 3268-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2008
Effective June 1, 2008
Resolution No. E-3524



ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly energy 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, 2008 to May 31, 2009)*

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

PROGRAM GUIDELINES

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

OTHER PROGRAMS AND FREE 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 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.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



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 electricidad y gas a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** proporciona ahorros sólo en la cuenta de electricidad a hogares de tres o más personas, de ingresos bajos y medianos.

INGRESOS MÁXIMOS DEL HOGAR: *(efectivo Junio 1, 2008 hasta Mayo 31, 2009)*

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

PAUTAS DEL PROGRAMA

- La cuenta de energía del administrador de su Mobile Home Park debe estar a su nombre.
- Debe vivir en la dirección donde se recibirá el descuento.
- El solicitante no debe compartir el/los medidor(es) 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(a).
- Los ingresos anuales del hogar no deben exceder las pautas de ingresos mencionadas en esta solicitud.
- Debe informar a PG&E 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 Energía para 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 servicios gratuitos para el ahorro de energía, a clientes que reúnan los requisitos. Para más información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de tarifas más bajas, a los clientes que tengan necesidades médicas comprobadas. Llame al 1-800-743-5000 para más información.
- **Socios en la Energía** – Ofrece consejos y servicios gratuitos sobre ahorros de energía a clientes que reúnan los requisitos. Llame al 1-800-989-9744 para más información.
- **ULTS** – La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio, a aquellos clientes que reúnan requisitos similares a los del Programa CARE. Llame a su compañía local de teléfonos para más información.

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 www.pge.com/care

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

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

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



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

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

Dirección del Mobile Home Park/ ú otras Direcciones de locales con Sub-medidores Ciudad Código Postal
Número de Cuenta Electricidad Gas

Nombre del Administrador o Propietario Número telefónico

Dirección del Administrador o Propietario Ciudad Código Postal

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

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

Nombre (Como aparece en la cuenta) Número telefónico

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

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

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

3a ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PUBLICA:

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

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

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

3b FUENTES DE INGRESOS DEL HOGAR:

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

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

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 O Marque aquí si es tutor o tiene carta poder Fecha



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 3268-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2008
Effective June 1, 2008
Resolution No. E-3524



CARE Program Application for OMS/Non-profit
Migrant Farm Worker Housing Centers (MFHC)
Authorized by CPUC Decision 05-04-052



CARE Program

61-0535

www.pge.com/care

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

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

Rev 06/01/08

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 www.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



**Pacific Gas and
Electric Company®**

CARE Program Application for OMS/Non-profit

Migrant Farm Worker Housing Centers (MFHC)

Authorized by CPUC Decision 05-04-052



CARE Program

61-0535

www.pge.com/care

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

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

Rev 06/01/08

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.

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

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

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**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

61-0535

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

Rev 06/01/08

www.pge.com/care

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

Phone (____) _____ Phone (____) _____

Fax (____) _____ Fax (____) _____

E-mail Address _____ E-mail Address _____

2 FACILITY INFORMATION:

Please use a separate application for each TYPE of facility

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.



Electric Sample Form No. 62-0156
California Alternate Rates for Energy Program Application for Qualified Non-Profit
Group Living Facilities

**Please Refer to Attached
Sample Form**

Advice Letter No: 3268-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2008
Effective June 1, 2008
Resolution No. E-3524



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 www.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 ELIGIBLE

- 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.
-



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

Phone (____) _____ Phone (____) _____

Fax (____) _____ Fax (____) _____

E-mail Address _____ 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 _____



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

**Please Refer to Attached
Sample Form**



ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly energy 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, 2008 to May 31, 2009)*

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

PROGRAM GUIDELINES

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

OTHER PROGRAMS AND FREE 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 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.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



CARE / FERA 折扣計劃

- CARE 計劃是為符合資格的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 2008 年 6 月 1 日至 2009 年 5 月 31 日)

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

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 計劃者必須居住在將收到折扣的住址。
- 申請者的居所不可與另一居所共同用一個碼錶。
- 除了配偶, 申請人不可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的標準。
- 申請者家庭若不再符合 CARE/FERA 計劃的資格要求, 必須知會太平洋煤電公司。

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 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.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



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

Mobile Home Park/Other Sub-Metered Facilities Name _____

Mobile Home Park/Other Sub-Metered Facilities Address _____

City _____

Zip Code _____

PG&E Account Number:

Electricity

Grid for PG&E Account Number: 10 boxes, last box contains a dash (-)

Gas

Grid for PG&E Account Number: 10 boxes, last box contains a dash (-)

Manager or Landlord Name _____

Telephone Number _____

Manager or Landlord Mailing Address _____

City _____

Zip Code _____

Applicant Status

ADD NEW

DROP

RE-CERTIFY

MOVE TO DIFFERENT SPACE

2 **TENANT INFORMATION:** *(please print clearly)*

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

Telephone Number _____

Home Address *(Do NOT use a P.O. Box)* _____

Unit # _____

City _____

Zip Code _____

Mailing Address *(If different from the above address)* _____

Unit # _____

City _____

Zip Code _____

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

3a **PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:**

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

Medi-Cal (under age 65)

Food Stamps

Healthy Families A & B

Medi-Cal (age 65 and over)

TANF (AFDC)

LIHEAP

WIC

If you do not participate in any of the above programs, **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

Wages or Salaries

School Grants, Scholarships or other aid used for living expenses

Social Security

Unemployment Benefits

Insurance Settlements

SSI, SSP, SSDI

Workers compensation

Legal Settlements

Interest and/or Dividends from:

Disability payments

Child support

Savings Accounts,

Rental or Royalty Income

Spousal support

Stocks or Bonds, or

Profit from self-employment (IRS form Schedule C, Line 29)

Cash and/or other income

Retirement Accounts

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



1 經理或分錶住宅設施資料: (請用正楷填寫)

活動房屋/其它分錶住宅設施名字

活動房屋/其它分錶住宅設施住址

城市

郵政區號

帳戶號碼:

電力

Grid for electricity account number

煤氣

Grid for gas account number

()

經理或業主姓名

電話號碼

經理或業主郵寄住址

城市

郵政區號

申請人狀況

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 (請填寫您在能源帳單上的名字)

()
電話號碼

家庭住址 (不要使用郵箱號碼)

單位

城市

郵政區號

郵寄住址 (如果跟以上地址不同的話)

單位

城市

郵政區號

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

3a 合資格的公共資助計劃:

請勾選全部您有所參與, 然後請填寫第 4 部份。

- 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, 来源于:
 - 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



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 3268-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2008
Effective June 1, 2008
Resolution No. E-3524



ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly energy 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, 2008 to May 31, 2009)*

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

PROGRAM GUIDELINES

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

OTHER PROGRAMS AND FREE 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 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.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



CHƯƠNG TRÌNH CARE / FERA

- Chương trình CARE giảm 20% hàng tháng trên hóa đơn năng lượng 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, 2008 tới ngày 31 tháng Năm, 2009)

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

NHỮNG ĐIỀU KIỆN CỦA CHƯƠNG TRÌNH

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

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

- **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 quý vị để biết thêm chi tiết.

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

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

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

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 quý vị không thể sử dụng đường dây TDD



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 3268-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2008
Effective June 1, 2008
Resolution No. E-3524



1 CUSTOMER INFORMATION:

Telephone Number: (____) _____

Number of Persons in Household:

Adults

+ Children (under 18)

= Total

2a PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then 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 above programs, 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, 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, 2008 to May 31, 2009)

Table with 3 columns: Number of Persons in Household, CARE, FERA. Rows for 1-2, 3, 4, 5, 6 persons and 'For each additional person, add:'.

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



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

Número de cuenta del cliente:

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

Grid for account number with a dash in the last cell.

Nombre (Como aparece en la factura)

Número telefónico

Dirección del Hogar (No use P.O. Box)

Apartamento #

Ciudad

Código Postal

Dirección Postal, si tiene

(Llene sólo si su dirección postal es diferente a la que aparece arriba)

Apartamento #

Ciudad

Código Postal

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

2a ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PUBLICA:

MARQUE todos los programas a que pertenece y **PASE** a 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 FUENTES DE INGRESOS DEL HOGAR:

MARQUE todas las fuentes de ingreso de la familia. Se le inscribirá en el programa de CARE o en el programa de FERA dependiendo de cuantas personas 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, 2008 hasta Mayo 31, 2009)

Table with columns: Número de Personas en el Hogar, Ingresos Anuales Combinados (Antes de impuestos) - CARE, FERA

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



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

**Please Refer to Attached
Sample Form**



ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly energy 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 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 share energy meter(s) with another home.
- You may not be claimed as a dependent on another person's tax return other than your spouse.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E 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 FREE 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 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.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



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 electricidad y gas a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** proporciona ahorros sólo en la cuenta de electricidad a hogares de tres o más personas, de ingresos bajos y medianos.

PAUTAS DEL PROGRAMA

- La cuenta de PG&E debe estar a su nombre.
- Debe vivir en la dirección donde se recibirá el descuento.
- El solicitante no debe compartir el/los medidor(es) 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(a).
- Los ingresos anuales del hogar no deben exceder las pautas de ingresos mencionadas en esta solicitud.
- Debe informar a PG&E si su hogar ya no reúne los requisitos para el descuento del programa de CARE / FERA.
- Los inquilinos con medidores "Sub-Metered" que pertenecen a parques de casas móviles, apartamentos o muelles para botes, deben llenar otro formulario llamado "Solicitud del Programa CARE / FERA para Inquilinos de Instalaciones Residenciales Sub-Metered". (Visite al propietario/administrador de su instalación para obtener el formulario 01-9285).

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **LIHEAP** – Programa de Ayuda para el Pago de Energía para 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 servicios gratuitos para el ahorro de energía, a clientes que reúnan los requisitos. 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, por una sola vez, para el pago de sus cuentas de electricidad y gas. Llámelos al 1-800-933-9677.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de tarifas más bajas, a los clientes que tengan necesidades médicas comprobadas. Llame al 1-800-743-5000 para más información.
- **Socios en la Energía** – Ofrece consejos y servicios gratuitos sobre ahorros de energía a clientes que reúnan 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 cuentas de electricidad y gas. Llame al 1-800-743-5000 para más información.
- **ULTS** – La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio, a aquellos clientes que reúnan requisitos similares a los del Programa CARE. Llame a su compañía local de teléfonos para más información.

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 www.pge.com/care

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

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

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



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

**Please Refer to Attached
Sample Form**



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, 2008 to May 31, 2009)					
PAUTAS DE INGRESOS (Efectivo Junio 1, 2008 hasta Mayo 31, 2009)					
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)	\$30,500	\$35,800	\$43,200	\$50,600	\$58,000
Add \$7,400 for each additional person / Agregue \$7,400 anual por cada personal adicional en el hogar.					

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 gratis, 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 incluido 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 www.pge.com/care

TDD/TTY 1-800-652-4712

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



MẪU CHỈ DẪN TÁI CHỨNG NHẬN CHO CHƯƠNG TRÌNH CARE

Thân gửi khách hàng:

Quý 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%, quý vị cần phải nộp đơn xin lại chương trình CARE nếu quý vị vẫn còn hội đủ điều kiện. Việc nộp đơn hoàn toàn miễn phí, dễ dàng và kín đáo.

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

Xin cảm ơn quý vị.

Chương trình CARE

收入準則 (有效期由 2008 年 6 月 1 日至 2009 年 5 月 31 日)

BẢN CHỈ DẪN VỀ LỢI TỨC (Có hiệu lực từ ngày 1 tháng Sáu, 2008 tới ngày 31 tháng Năm, 2009)

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 quý 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)	\$30,500	\$35,800	\$43,200	\$50,600	\$58,000

每增加一人, 增加 \$7,400 / Cộng \$7,400 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 www.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 quý vị không thể sử dụng đường dây TDD



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

**Please Refer to Attached
Sample Form**



ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly energy 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 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 share energy meter(s) with another home.
- You may not be claimed as a dependent on another person's tax return other than your spouse.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E 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 FREE 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 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.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



CARE / FERA 折扣計劃

- CARE 計劃是為符合資格的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計劃者必須居住在將收到折扣的住址。
- 申請者的居所不可與另一居所共同用一個碼錶。
- 除了配偶，申請人不可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的標準。
- 申請者家庭若不再符合CARE/FERA計劃的資格要求，必須知會太平洋煤電公司。
- 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 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.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



1 CUSTOMER INFORMATION: (please print clearly)

Account Number:

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

Account number input boxes

Name

Telephone Number

Home Address (Do NOT use a P.O. Box)

Unit #

City

Zip Code

Mailing Address (If different from the above address)

Unit #

City

Zip Code

Number of Persons in Household: Adults + Children (under 18) =

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 above programs, 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, 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, 2008 to May 31, 2009)

Table with 3 columns: Number of Persons in Household, CARE, FERA. Rows for 1-2, 3, 4, 5, 6 persons and an additional person row.

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 Date (with note: O fill in circle if guardian or power of attorney)



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

**Please Refer to Attached
Sample Form**



ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly energy 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 GUIDELINES

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- Your household must meet the program income guidelines described in this application.
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OTHER PROGRAMS AND FREE 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.
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- **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.
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Mail Completed Application to:

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

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

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

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



CHƯƠNG TRÌNH CARE / FERA

- Chương trình CARE giảm 20% hàng tháng trên hóa đơn năng lượng 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 CHỈ DẪN CỦA CHƯƠNG TRÌNH

- Quý vị phải là người đứng tên trên hóa đơn PG&E.
- Quý vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá.
- Quý vị không được dùng chung (các) đồng hồ đo năng lượng với một ngôi nhà khác.
- Quý vị không bị ai khác khai là phụ thuộc vào họ để trừ thuế ngoài người phối ngẫu.
- Lợi tức của gia đình quý vị phải đáp ứng với mức lợi tức qui định của chương trình được ghi trong đơn này.
- Quý vị phải thông báo cho PG&E nếu gia đình quý vị không còn hội đủ điều kiện để được nhận giảm giá CARE/FERA.
- 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 DỊCH VỤ MIỄN PHÍ KHÁC MÀ QUÝ VỊ CÓ THỂ HỘI ĐỦ ĐIỀU KIỆN

- **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 quý 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 quý vị để biết thêm chi tiết.

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

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

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

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 quý vị không thể sử dụng đường dây TDD



1 CUSTOMER INFORMATION: (please print clearly)

Account Number:

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

Account number input boxes

Name Telephone Number

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

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

Number of Persons in Household: Adults + Children (under 18) =

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 above programs, 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, 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

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Table with 3 columns: Number of Persons in Household, CARE, FERA. Rows for 1-2, 3, 4, 5, 6 persons and an additional person.

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3 DECLARATION: (please read and sign below)

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X Signature Date



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

**Please Refer to Attached
Sample Form**



CARE Program Application for
Qualified Agricultural Employee Housing Facilities



CARE Program

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

62-1198

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

Rev. 06/01/08

www.pge.com/care

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 www.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.
-

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

Phone (____) _____ Phone (____) _____

Fax (____) _____ Fax (____) _____

E-mail Address _____ E-mail Address _____

2 FACILITY INFORMATION:

Please use a separate application for each TYPE of facility

- EMPLOYEE HOUSING** (privately owned), as defined in Section 17008 of the health and Safety Code, that is licensed and inspected in state and/or local agencies pursuant to part 1 of Division 13.
- HOUSING FOR AGRICULTURAL EMPLOYEES** (non-migrant and operated by non-profit entities), as defined in as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has received exemptions from local property taxes pursuant to subdivision (g) of the Revenue and Taxation Code.

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

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

This year's discount will be used for:

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

- Organization is Pacific Gas and Electric Company 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.



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

**Please Refer to Attached
Sample Form**



INCOME GUIDELINES (effective June 1, 2008 to May 31, 2009)

Size of Household	Total Combined Annual Income*	
	CARE	FERA
1 or 2	\$30,500	Not Eligible
3	\$35,800	\$35,801 - \$44,800
4	\$43,200	\$43,201 - \$54,000
5	\$50,600	\$50,601 - \$63,200
6	\$58,000	\$58,001 - \$72,400
Each Additional	\$7,400	\$7,400 - \$9,200

*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, 2008 hasta Mayo 31, 2009)

Número de Personas en el Hogar	Ingresos Anuales Combinados*	
	CARE	FERA
1 or 2	\$30,500	No Aplica
3	\$35,800	\$35,801 - \$44,800
4	\$43,200	\$43,201 - \$54,000
5	\$50,600	\$50,601 - \$63,200
6	\$58,000	\$58,001 - \$72,400
Cada Persona Adicional	\$7,400	\$7,400 - \$9,200

* Antes de impuestos

Definición de Ingresos:

Todos los ingresos de todas las personas que viven en su hogar, derivadas de todas las fuentes de ingresos, 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 www.pge.com/care

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

TDD/TTY 1-800-652-4712

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



收入標準(有效期由 2008 年 6 月 1 日至 2009 年 5 月 31 日)

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

*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, 2008 tới ngày 31 tháng Năm, 2009)

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

*Trước khi trừ thuế

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 Lãi và/hoặc Cổ Tức từ:
 - Các Truong Mục Tiết Kiệm
 - Các Chứng Khoán hay Trái Phiếu, hay
 - Truong Mục Hưu Trí
- Tiền Thất Nghiệp
- Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày
- Lợi Tức từ Tư Doanh (IRS mẫu Schedule C, Hàng 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 Thừa Kiện
- TANF (AFDC) (Trợ cấp gia đình nghèo có con nhỏ)
- Tiền Phiếu Thực Phẩm
- Tiền Cấp Dưỡng Con Cái
- Tiền Cấp Dưỡng Vợ/Chồng
- Tiền Mặt và/hay Lợi Tức Khác

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

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

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 quý vị không thể sử dụng đường dây TDD



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 3268-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2008
Effective June 1, 2008
Resolution No. E-3524



1 CHI TIẾT VỀ KHÁCH HÀNG / 客戶資料:

Số Điện Thoại / 電話號碼

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

- | | |
|---|---|
| <input type="checkbox"/> Tiền Hưu Bổng | <input type="checkbox"/> Tiền cho Người Có Khuyết Tật |
| <input type="checkbox"/> Tiền Trợ Cấp An Sinh Xã Hội | <input type="checkbox"/> Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền |
| <input type="checkbox"/> SSI, SSP, SSDI | <input type="checkbox"/> Lợi Tức từ Tư Doanh (IRS mẫu Schedule C, Hàng 29) |
| Tiền Lãi và/hoặc Cổ Tức từ: | <input type="checkbox"/> Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống hàng ngày |
| <input type="checkbox"/> Truong Mục Tiết Kiệm | <input type="checkbox"/> Tiền Bảo Hiểm Bồi Thường |
| <input type="checkbox"/> Chứng Khoán, Trái Phiếu, hay | <input type="checkbox"/> Tiền Bồi Thường Thừa Kế |
| <input type="checkbox"/> Truong Mục Hưu Trí | <input type="checkbox"/> Tiền Cấp Dưỡng Con Cái |
| <input type="checkbox"/> Tiền Lương | <input type="checkbox"/> Tiền Cấp Dưỡng Vợ/Chồng |
| <input type="checkbox"/> Tiền Thất Nghiệp | <input type="checkbox"/> Tiền Mặt và/hoặc Lợi Tức Khác |
| <input type="checkbox"/> Tiền Bồi Thường Tai Nạn Lao Động | |

請勾選全部您的家庭全年總收入。

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

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

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

聲明: (請小心閱讀, 然後在下面簽字)

本人聲明, 這是真實和正確的資料, 本人的家庭收入繼續符合 CARE 計劃的資格。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

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

Ngày / 日期

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

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

把這表格寄回太平洋煤電公司 (請使用提供給您的免郵資信封)



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 3268-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2008
Effective June 1, 2008
Resolution No. E-3524



ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly energy 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, 2008 to May 31, 2009)*

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

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

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **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 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 📠 415-973-6419 www.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

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.

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

Total Annual Household Income: \$,

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

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

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

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



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 3268-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2008
Effective June 1, 2008
Resolution No. E-3524



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 electricidad y gas a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** proporciona ahorros sólo en la cuenta de electricidad a hogares de tres o más personas, de ingresos bajos y medianos.

INGRESOS MÁXIMOS DEL HOGAR: *(efectivo Junio 1, 2008 hasta Mayo 31, 2009)*

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

*Antes de impuestos

PAUTAS DEL PROGRAMA

- La cuenta de PG&E debe estar a su nombre.
- Debe vivir en la dirección donde se recibirá el descuento.
- El solicitante no debe compartir el/los medidor(es) 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(a).
- Los ingresos anuales del hogar no deben exceder las pautas de ingresos mencionadas en esta solicitud.
- Debe informar a PG&E si su hogar ya no reúne los requisitos para el descuento del programa de CARE / FERA.
- Los inquilinos con medidores "Sub-Metered" que pertenecen a parques de casas móviles, apartamentos o muelles para botes, deben llenar otro formulario llamado "Solicitud del Programa CARE / FERA para Inquilinos de Instalaciones Residenciales Sub-Metered". (Visite al propietario/administrador de su instalación para obtener el formulario 01-9285).

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **LIHEAP** – Programa de Ayuda para el Pago de Energía para 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 servicios gratuitos para el ahorro de energía, a clientes que reúnan los requisitos. 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, por una sola vez, para el pago de sus cuentas de electricidad y gas. Llámelos al 1-800-933-9677.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de tarifas más bajas, a los clientes que tengan necesidades médicas comprobadas. Llame al 1-800-743-5000 para más información.
- **Socios en la Energía** – Ofrece consejos y servicios gratuitos sobre ahorros de energía a clientes que reúnan 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 cuentas de electricidad y gas. Llame al 1-800-743-5000 para más información.
- **ULTS** – La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio, a aquellos clientes que reúnan requisitos similares a los del Programa CARE. Llame a su compañía local de teléfonos para más información.

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

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

TDD/TTY 1-800-652-4712

para los sordomudos, de lunes a viernes, desde las 9 a.m. hasta las 11 p.m.

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

2b FUENTES DE INGRESOS DEL HOGAR:

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

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

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 _____ **Fecha**

Firma del Cliente

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



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 3268-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2008
Effective June 1, 2008
Resolution No. E-3524



CARE / FERA 折扣計劃

- CARE 計劃是為符合資格的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 2008 年 6 月 1 日至 2009 年 5 月 31 日)

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

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 計劃者必須居住在將收到折扣的住址。
- 申請者的居所不可與另一居所共同用一個碼錶。
- 除了配偶, 申請人不可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的標準。
- 申請者家庭若不再符合 CARE/FERA 計劃的資格要求, 必須知會太平洋煤電公司。
- 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，讓你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 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.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

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。

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

家庭全年總收入

\$

□□, □□□

3 聲明: (請小心閱讀, 然後在下面簽字)

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

X _____

簽名

如果是監護人或代理人的話, 請勾上記號

日期

申請表請寄至:

Pacific Gas and Electric Company

CARE / FERA Program

P.O. Box 7979

San Francisco, CA 94120-7979



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 3268-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2008
Effective June 1, 2008
Resolution No. E-3524



CHƯƠNG TRÌNH CARE / FERA

- **Chương trình CARE** giảm 20% hàng tháng trên hóa đơn năng lượng 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, 2008 tới ngày 31 tháng Năm, 2009)

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

*trước khi trừ thuế

NHỮNG CHỈ DẪN CỦA CHƯƠNG TRÌNH

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

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

- **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 quý 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 quý vị để biết thêm chi tiết.

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

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

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 quý vị không thể sử dụng đường dây TDD

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

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

- | | |
|---|---|
| <input type="checkbox"/> Tiền Hưu Bổng | <input type="checkbox"/> Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền |
| <input type="checkbox"/> Tiền Trợ Cấp An Sinh Xã Hội | <input type="checkbox"/> Lợi Tức từ Tư Doanh (IRS mẫu Schedule C, Hàng 29) |
| <input type="checkbox"/> SSI, SSP, SSDI | <input type="checkbox"/> Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày |
| Tiền Lãi và/hoặc Cổ Tức từ: | <input type="checkbox"/> Tiền Bảo Hiểm Bồi Thường |
| <input type="checkbox"/> Truong Mục Tiết Kiệm | <input type="checkbox"/> Tiền Bồi Thường Thừa Kế |
| <input type="checkbox"/> Chứng Khoán, Trái Phiếu, hay | <input type="checkbox"/> Tiền Cấp Dưỡng Con Cái |
| <input type="checkbox"/> Truong Mục Hưu Trí | <input type="checkbox"/> Tiền Cấp Dưỡng Vợ/Chồng |
| <input type="checkbox"/> Tiền Lương | <input type="checkbox"/> Tiền Mặt và/hay Lợi Tức Khác |
| <input type="checkbox"/> Tiền Thất Nghiệp | |
| <input type="checkbox"/> Tiền Bồi Thường Tai Nạn Lao Động | |
| <input type="checkbox"/> Tiền cho Người Có Khuyết Tật | |

Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm \$,

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

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

X _____

Chữ ký

Ngày

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

Gửi đơn đã điền về:

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



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

**Please Refer to Attached
Sample Form**



ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly energy 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, 2008 to May 31, 2009)*

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

PROGRAM GUIDELINES

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

OTHER PROGRAMS AND FREE 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 www.pge.com/care

FERA:  **1-800-743-5000** Fax:  415-973-6419 www.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

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 above programs, **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**



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

**Please Refer to Attached
Sample Form**



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 electricidad y gas a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** proporciona ahorros sólo en la cuenta de electricidad a hogares de tres o más personas, de ingresos bajos y medianos.

INGRESOS MÁXIMOS DEL HOGAR: *(efectivo Junio 1, 2008 hasta Mayo 31, 2009)*

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

*Antes de impuestos

PAUTAS DEL PROGRAMA

- La cuenta de energía del administrador de su parque debe estar a su nombre.
- Debe vivir en la dirección donde se recibirá el descuento.
- El solicitante no debe compartir el/los medidor(es) 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(a).
- Los ingresos anuales del hogar no deben exceder las pautas de ingresos mencionadas en esta solicitud.
- Debe informar a PG&E si su hogar ya no reúne los requisitos para el descuento del programa de CARE / FERA.

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR

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

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 www.pge.com/care

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

TDD/TTY 1-800-652-4712

para los sordomudos, de lunes a viernes, desde las 9 a.m. hasta las 11 p.m.

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

3a ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PUBLICA:

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

- | | |
|--|---|
| <input type="checkbox"/> Medi-Cal (menor de 65 años) | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Medi-Cal (65 años o más) | <input type="checkbox"/> Healthy Families A & B |
| <input type="checkbox"/> Estampillas de Alimentos | <input type="checkbox"/> LIHEAP |
| <input type="checkbox"/> TANF (AFDC) | |

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

3b FUENTES DE INGRESOS DEL HOGAR:

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

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

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



Electric Sample Form No. 79-1057
California Alternate Rates for Energy Program - Large Print Application for Tenants
of Sub-Metered Residential Facilities (Chines

**Please Refer to Attached
Sample Form**



CARE / FERA 折扣計劃

- CARE 計劃是為符合資格的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 2008 年 6 月 1 日至 2009 年 5 月 31 日)

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

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 計劃者必須居住在將收到折扣的住址。
- 申請者的居所不可與另一居所共同用一個碼錶。
- 除了配偶，申請人不可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的標準。
- 申請者家庭若不再符合 CARE/FERA 計劃的資格要求，必須知會太平洋煤電公司。

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 www.pge.com/care

FERA: ☎ 1-800-743-5000 Fax: ☎ 415-973-6419 www.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

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。

- | | |
|--|---|
| <input type="checkbox"/> 醫療保險 (65 歲以下) | <input type="checkbox"/> WIC |
| <input type="checkbox"/> 醫療保險 (65 歲以上) | <input type="checkbox"/> Healthy Families A & B |
| <input type="checkbox"/> 食物卷 | <input type="checkbox"/> LIHEAP |
| <input type="checkbox"/> TANF (AFDC) | |

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。

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

家庭全年總收入

\$,

4 聲明: (請小心閱讀，然後在下面簽字)

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

X _____

簽名

如果是監護人或代理人的話，請勾上記號

_____ 日期



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

**Please Refer to Attached
Sample Form**



CHƯƠNG TRÌNH CARE / FERA

- **Chương trình CARE** giảm 20% hàng tháng trên hóa đơn năng lượng 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, 2008 tới ngày 31 tháng Năm, 2009)

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

*trước khi trừ thuế

NHỮNG CHỈ DẪN CỦA CHƯƠNG TRÌNH

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

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

- **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 quý vị để biết thêm chi tiết.

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

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

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

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 quý vị không thể sử dụng đường dây TDD

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

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

- | | |
|---|---|
| <input type="checkbox"/> Medi-Cal (dưới 65 tuổi) | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Medi-Cal (65 và qua 65 tuổi) | <input type="checkbox"/> Healthy Families A & B |
| <input type="checkbox"/> Tiền Phiếu Thực Phẩm | <input type="checkbox"/> LIHEAP |
| <input type="checkbox"/> TANF (AFDC) | |

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

3b HỘI ĐỦ ĐIỀU KIỆN VỀ LỢI TỨC GIA ĐÌNH:

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

- | | |
|---|---|
| <input type="checkbox"/> Tiền Hưu Bổng | <input type="checkbox"/> Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền |
| <input type="checkbox"/> Tiền Trợ Cấp An Sinh Xã Hội | <input type="checkbox"/> Lợi Tức từ Tư Doanh (IRS mẫu Schedule C, Hàng 29) |
| <input type="checkbox"/> SSI, SSP, SSDI | <input type="checkbox"/> Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày |
| Tiền Lãi và/hoặc Cổ Tức từ: | <input type="checkbox"/> Tiền Bảo Hiểm Bồi Thưởng |
| <input type="checkbox"/> Trương Mục Tiết Kiệm | <input type="checkbox"/> Tiền Bồi Thưởng Thừa Kế |
| <input type="checkbox"/> Chứng Khoán, Trái Phiếu, hay | <input type="checkbox"/> Tiền Cấp Dưỡng Con Cái |
| <input type="checkbox"/> Trương Mục Hưu Trí | <input type="checkbox"/> Tiền Cấp Dưỡng Vợ/Chồng |
| <input type="checkbox"/> Tiền Lương | <input type="checkbox"/> Tiền Mặt và/hay Lợi Tức Khác |
| <input type="checkbox"/> Tiền Thất Nghiệp | |
| <input type="checkbox"/> Tiền Bồi Thưởng Tai Nạn Lao Động | |
| <input type="checkbox"/> Tiền cho Người Có Khuyết Tật | |

Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm \$,

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

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

X _____ Ngày _____

Chữ ký

Ngày

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



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

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

27529-E
26365-E

Electric Sample Form No. 79-1059
California Alternate Rates for Energy Program - Large Print Income Guidelines

**Please Refer to Attached
Sample Form**

Advice Letter No: 3268-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2008
Effective June 1, 2008
Resolution No. E-3524



INCOME GUIDELINES (effective June 1, 2008 to May 31, 2009)

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

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

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

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

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



PAUTAS DE INGRESOS (efectivo Junio 1, 2008 hasta Mayo 31, 2009)

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

Definición de Ingresos:

Todos los ingresos de todas las personas que viven en su hogar, derivadas de todas las fuentes de ingresos, 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 www.pge.com/care

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

TDD/TTY 1-800-652-4712

para los sordomudos, de lunes a viernes, desde las 9 a.m. hasta las 11 p.m.

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



收入標準 (有效期由 2008 年 6 月 1 日至 2009 年 5 月 31 日)

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

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

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

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

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



ĐỊNH MỨC LỢI TỨC (Có hiệu lực từ ngày 1 tháng Sáu, 2008 tới ngày 31 tháng Năm, 2009)

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

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 Lãi và/hoặc Cổ Tức từ:
 - Các Trạng Mục Tiết Kiệm
 - Các Chứng Khoán hay Trái Phiếu, hay
 - Trạng Mục Hưu Trí
- Tiền Thất Nghiệp
- Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày
- Lợi Tức từ Tư Doanh (IRS mẫu Schedule C, Hàng 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 Thừa Kế
- TANF (AFDC) (Trợ cấp gia đình nghèo có con nhỏ)
- Tiền Phiếu Thực Phẩm
- Tiền Cấp Dưỡng Con Cái
- Tiền Cấp Dưỡng Vợ/Chồng
- Tiền Mặt và/hay Lợi Tức Khác

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

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

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 quý vị không thể sử dụng đường dây TDD



Electric Sample Form No. 79-1072
FERA Residential Single Family Recertification Instruction

**Please Refer to Attached
Sample Form**



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, 2008 to May 31, 2009)	
PAUTAS DE INGRESOS (Efectivo Junio 1, 2008 hasta Mayo 31, 2009)	
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	\$35,801 - \$44,800
4	\$43,201 - \$54,000
5	\$50,601 - \$63,200
6	\$58,001 - \$72,400
Each additional person, add / Por cada persona adicional, agregue	\$7,400 - \$9,200

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 gratis, 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 incluido 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 www.pge.com/fera

TDD/TTY 1-800-652-4712

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



MẪU CHỈ DẪN TÁI CHỨNG NHẬN CHO CHƯƠNG TRÌNH FERA

Thân gửi khách hàng:

Quý 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, quý vị cần phải nộp đơn xin lại chương trình FERA nếu quý vị vẫn còn hội đủ điều kiện. Việc nộp đơn hoàn toàn miễn phí, dễ dàng và kín đáo.

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

Xin cảm ơn quý vị.

Chương trình FERA

收入準則 (有效期由 2008 年 6 月 1 日至 2009 年 5 月 31 日)	
BẢN CHỈ DẪN VỀ LỢI TỨC (Có hiệu lực từ ngày 1 tháng Sáu, 2008 tới ngày 31 tháng Năm, 2009)	
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 quý 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	\$35,801 - \$44,800
4	\$43,201 - \$54,000
5	\$50,601 - \$63,200
6	\$58,001 - \$72,400
每增加一人, 增加 / Mỗi người thêm sau đó	\$7,400 - \$9,200

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 www.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 quý vị không thể sử dụng đường dây TDD



Electric Sample Form No. 79-1073
FERA Residential Single Family Recertification Instruction

**Please Refer to Attached
Sample Form**

Advice Letter No: 3268-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2008
Effective June 1, 2008
Resolution No. E-3524



1 CHI TIẾT VỀ KHÁCH HÀNG / 客戶資料:

Số Điện Thoại / 電話號碼

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

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

聲明: (請小心閱讀，然後在下面簽字)

本人聲明，這是真實和正確的資料，本人的家庭收入繼續符合 FERA 計劃的資格。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

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

Ngày / 日期

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

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

把這表格寄回太平洋煤電公司 (請使用提供給您的免郵資信封)



ELECTRIC TABLE OF CONTENTS

Sheet 1

TABLE OF CONTENTS

SCHEDULE	TITLE OF SHEET	CAL P.U.C. SHEET NO.	
	Title Page	27532-E	(T)
	Rate Schedules	27491,27504,27493,27494-E	
	Preliminary Statements	27495,27066,26739,27305-E	
	Rules	27533-E	(T)
	Sample Forms	26370,27534,27535,25452,24958,26294,26295,25059-E	(T)

(Continued)



ELECTRIC TABLE OF CONTENTS
RULES

Sheet 10

RULE	TITLE OF SHEET	CAL P.U.C. SHEET NO.
Rules		
Rule 01	Definitions	25914,16368,14857,25524,27070,23006,14861,22891,27036, 14864,14865,19403,14867,19761,25915-25922,14870,14871,15564,25143,14874-E
Rule 02	Description of Service	11257,11896,11611,14079,11261-11264,11498, 11266-11267,11499,11269-11278,27071,11280-11283-E
Rule 03	Application for Service.....	11714,25144-E
Rule 04	Contracts.....	13612-E
Rule 05	Special Information Required on Forms.....	11287,14192,11289-E
Rule 06	Establishment and Reestablishment of Credit.....	21155-21156-E
Rule 07	Deposits	11300-11301-E
Rule 08	Notices	20965,14145,20966,14146,13139-E
Rule 09	Rendering and Payment of Bills	25145,25146,25353,24955, 26311,25147,20973,20974-E
Rule 10	Disputed Bills.....	11308,11309,11310-E
Rule 11	Discontinuance and Restoration of Service.....	13140-13143,23966-23967,13146, 13147-13150,21672,26314-E
Rule 12	Rates and Optional Rates	16872,25148,16874-E
Rule 13	Temporary Service.....	22472-E
Rule 14	Shortage of Supply and Interruption of Delivery	19762,15527-E
Rule 15	Distribution Line Extensions	20093,20094,15577,27072,27073,17851, 21552,27074,15583,20095,21553-21555,15588,17856,27075,15591,27076,15593-E
Rule 16	Service Extensions.....	20096,15595,14880-14881,15596-15598,16987,15600, 15601-15608,14254,13775,15609-15610-E
Rule 17	Meter Tests and Adjustment of Bills for Meter Error.....	20099,12050,12051,25149-E
Rule 17.1	Adjustment of Bills for Billing Error	22706,12054-E
Rule 17.2	Adjustment of Bills for Unauthorized Use	22707,12056,12057,12058-E
Rule 18	Supply to Separate Premises and Submetering of Electric Energy	14329,27037, 13396,13276-E
Rule 19	Medical Baseline Quantities	18974,18975,18976-E
Rule 19.1	California Alternate Rates for Energy for Individual Customers and Submetered Tenants of Master-Metered Customers.....	25150,27654,23969,25151-E (T)
Rule 19.2	California Alternate Rates for Energy for Nonprofit Group-Living Facilities	25729, (T) 27505,13589,13730,23972-E
Rule 19.3	California Alternate Rates for Energy for Qualified Agricultural Employee Housing Facilities	25153,27506,23937,23974-E (T)
Rule 20	Replacement of Overhead with Underground Electric Facilities	19012,11240, 11241,19013,16665,15611,19014-E
Rule 21	Generating Facility Interconnections	23678-23682,24591,26146,23684-23686,24026, 23688-23696,24592-24593,23698-23699,24594-24596,26147,24598,24599,23704,23705, 24600,24601,23708-23711,26148,23713-23718,24028,23720-23736-E
Rule 22	Direct Access Service	14888,25525,15565,14891-14901,16448,14903, 14904,16449,16235-16243,14913,16244-16245,16384,14917,15833-15836, 14920-14921,15568,14923,15569,14925-14926,15190-15191,14929-14930, 16385-16386,14933,16387,14935-14936,15192,14938-14946,16388-E
Rule 22.1	Direct Access Service Switching Exemption Rules	26238,20997,25358,20999, 25359-25360,21002-21003-E
Rule 22.2	Direct Access Service for Qualified Nonprofit Charitable Organizations.....	25618-E
Rule 23	Community Choice Aggregation.....	25527-25574-E
Rule 23.2	Community Choice Aggregation Open Season	25575-25579-E

(Continued)



ELECTRIC TABLE OF CONTENTS
SAMPLE FORMS

Sheet 13

FORM	TITLE OF SHEET	CAL P.U.C. SHEET NO.	
Sample Forms			
Rules 19 Medical Baseline Quantities			
61-0502	Medical Baseline Allowance Self Certification	18977-E	
62-3481	Declaration of Eligibility for a Standard Medical Baseline Quantity	18978-E	
Sample Forms			
Rules 19.1, 19.2, and 19.3 California Alternative Rates for Energy			
01-9077	CARE Program Application for Residential Single-Family Customers	27507-E	(T)
01-9285	CARE Program Application for Tenants of Sub-Metered Facilities	27508-E	(T)
03-006	Postage-Paid Application	21626-E	
62-0156	CARE Program Application for Qualified Nonprofit Group-Living Facilities	27510-E	(T)
62-1198	CARE Program Application for Qualified Agricultural Employee Housing Facilities	27518-E	
62-1477	CARE Program Income Guidelines	27519-E	
61-0535	CARE Program Application for OMS/Non-Profit Migrant Farm Worker Housing Centers	27509-E	(T)
61-0522	Application for Farm Workers Residential Single Family	23977-E	
Sample Forms			
Rule 21 Generating Facility Interconnections			
79-280	Agreement for Installation or Allocation of Special Facilities for Parallel Operation of Nonutility-Owned Generation and/or Electrical Standby Service	11581-E	
79-702	Appendix to Form 79-280 - Detail of Special Facilities Charges	11582-E	
79-973	Generating Facility Interconnection Agreement	23736-E	
79-1070	Addendum to Form 79-973 - Export Addendum for Inverter Based Solar and Wind Generators Sized 1 MW or Less	24333-E	
79-974	Generating Facility Interconnection Application	20855-E	
79-988	Generating Facility Interconnection Agreement Third Party Non-Exporting	18918-E	
79-992	Generating Facility Interconnection Agreement Third Party Generation or Premise Non-Exporting	18919-E	
Sample Forms			
Rule 22 Direct Access Services			
79-948	Energy Service Provider (ESP) Service Agreement.....	14948-E	

(Continued)



ELECTRIC TABLE OF CONTENTS
SAMPLE FORMS

Sheet 14

FORM	TITLE OF SHEET	CAL P.U.C. SHEET NO.	
Sample Forms			
Residential Family Electric Rate Assistance			
62-0673	CARE Program Application for Tenants of Sub-Metered Facilities (English/Vietnamese)	27512-E	(T)
62-0939	CARE Program Res Single Family Customers Pre-Printed Application Instruction	27514-E	(T)
62-0919	CARE Program Application for Tenants of Sub-Metered Facilities	27513-E	
62-0672	CARE Program Application for Tenants of Sub-Metered Facilities (English/Chinese)	27511-E	
62-0940	CARE Residential Single Family Customers Recertification Instruction	27515-E	
62-0972	CARE Program Application for Res Single Family Customers (English/Chinese)	27516-E	
62-0973	CARE Program Application for Res Single Family Customers (English/Vietnamese)	27517-E	
62-1509	CARE Program Application for Residential Single-Family Recertification	27520-E	
79-1051	CARE Large Print - Application for Residential Single-Family Customers (English)	27521-E	
79-1052	CARE Large Print - Application for Residential Single-Family Customers (Spanish)	27522-E	
79-1053	CARE Large Print - Application for Residential Single-Family Customers (Chinese)	27523-E	
79-1054	CARE Large Print - Application for Residential Single-Family Customers (Vietnamese)	27524-E	
79-1055	CARE Large Print - Application for Tenants of Sub-Metered Facilities (English)	27525-E	
79-1056	CARE Large Print - Application for Tenants of Sub-Metered Facilities (Spanish)	27526-E	
79-1057	CARE Large Print - Application for Tenants of Sub-Metered Facilities (Chinese)	27527-E	
79-1058	CARE Large Print - Application for Tenants of Sub-Metered Facilities (Vietnamese)	27528-E	
79-1059	CARE Program – Large Print Income Guidelines	27529-E	
79-1072	FERA Residential Single Family Recertification Instruction	27530-E	
79-1073	FERA Residential Single Family Recertification Application	27531-E	(T)

Sample Forms
Net Energy Metering

79-854	Interconnection Agreement for Net Energy Metering for Residential and Small Commercial Solar or Wind Electric Generating Facilities of 10 kW or Less	22694-E	
79-978	Interconnection Agreement for Net Energy Metering of Solar or Wind Electric Generating Facilities 1,000 Kilowatts or less, other than Residential or Small Commercial Facilities of 10 kW or Less	22695-E	
79-994	Interconnection Application for Net Energy Metering (E-NET) for Residential or Small Commercial Customers with Solar or Wind Generating Facilities of 10 Kilowatts or Less	25580-E	
79-997	Interconnection Agreement for Net Energy Metering of Qualifying Biogas Digester Generating Facilities	22697-E	
79-998	Expanded Net Energy Metering (E-Net) Supplemental Application	22698-E	
79-999	Agreement for Limited Optional Remote Metering Service	20195-E	

(Continued)



GAS RULE NO. 19.1

Sheet 2

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

B. ELIGIBILITY (Cont'd.)

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

<u>Number of Persons in Household</u>	<u>Maximum Annual Household Income</u>
1-2	\$30,500 (I)
3	\$35,800
4	\$43,200
5	\$50,600
6	\$58,000
Each additional member, add:	\$ 7,400 (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)



GAS RULE NO. 19.2 Sheet 2
 CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING
 FACILITIES

B. ELIGIBILITY (Cont'd.)

3. The facility must also be licensed, or otherwise prove to PG&E's satisfaction, by the appropriate state agency. A homeless shelter is required to provide a copy of its municipal or county conditional use permit.
4. The total gross income for all persons residing in each household at a Facility may not exceed the following:

Number of Persons in Household	Maximum Annual Household Income
1-2	\$30,500 (I)
3	\$35,800
4	\$43,200
5	\$50,600
6	\$58,000
Each additional member, add:	\$ 7,400 (I)

(Continued)



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

B. ELIGIBILITY (Cont'd.)

2. PRIVATE-OWNED EMPLOYEE HOUSING FACILITIES

- a. Privately-Owned Employee Housing Facilities must provide proof of current compliance with Part 1 of Division 13 of the Health and Safety Code. Compliance must take the form of having a permit issued by the State Department of Housing and Community Development pursuant to Health and Safety Code §17030.
- b. For Privately-Owned Employee Housing Facilities, 100 percent of the energy supplied to the facility's premises must be used for residential purposes.

3. AGRICULTURAL EMPLOYEE HOUSING FACILITIES

- a. Agricultural Employee Housing Facilities must provide a letter of determination by the Internal Revenue Service (IRS) that the corporation is tax-exempt due to its non-profit status under IRS Code §501(c)(3) or proof that it is tax-exempt due to its non-profit status from the State of California. Additionally, the Facility must provide a copy of letter from the Assessor in the county where the Facility is located stating that the housing is exempt from local property taxes.
- b. For Agricultural Employee Housing Facilities, 100 percent of the energy supplied to the facility's premises must be used for residential purposes, if each of the dwelling areas in the facility is individually metered. If a master meter serves the facility, not less than 70 percent of the energy supplied to the facility's premises must be used for residential purposes.

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

<u>Number of Persons in Household</u>	<u>Maximum Annual Household Income</u>
1-2	\$30,500 (I)
3	\$35,800
4	\$43,200
5	\$50,600
6	\$58,000
Each additional member, add:	\$ 7,400 (I)

(Continued)



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 2924-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2008
Effective June 1, 2008
Resolution No. E-3524



ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly energy 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 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 share energy meter(s) with another home.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E if your household no longer qualifies for the CARE / FERA discount.
- Tenants of sub-metered mobile home parks, apartments and marinas must use the "CARE/FERA Program Application for Tenants of Sub-Metered Facilities". (See Landlord / Manager for form 01-9285)

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **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 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.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



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 electricidad y gas a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** proporciona ahorros sólo en la cuenta de electricidad a hogares de tres o más personas, de ingresos bajos y medianos.

PAUTAS DEL PROGRAMA

- La cuenta de PG&E debe estar a su nombre.
- Debe vivir en la dirección donde se recibirá el descuento.
- El solicitante no debe compartir el/los medidor(es) 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(a).
- Los ingresos anuales del hogar no deben exceder las pautas de ingresos mencionadas en esta solicitud.
- Debe informar a PG&E si su hogar ya no reúne los requisitos para el descuento del programa de CARE / FERA.
- Los inquilinos con medidores "Sub-Metered" que pertenecen a parques de casas móviles, apartamentos o muelles para botes, deben llenar otro formulario llamado "Solicitud del Programa CARE / FERA para Inquilinos de Instalaciones Residenciales Sub-Metered". (Visite al propietario/administrador de su instalación para obtener el formulario 01-9285).

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **LIHEAP** – Programa de Ayuda para el Pago de Energía para 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 servicios gratuitos para el ahorro de energía, a clientes que reúnan los requisitos. 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, por una sola vez, para el pago de sus cuentas de electricidad y gas. Llámelos al 1-800-933-9677.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de tarifas más bajas, a los clientes que tengan necesidades médicas comprobadas. Llame al 1-800-743-5000 para más información.
- **Socios en la Energía** – Ofrece consejos y servicios gratuitos sobre ahorros de energía a clientes que reúnan 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 cuentas de electricidad y gas. Llame al 1-800-743-5000 para más información.
- **ULTS** – La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio, a aquellos clientes que reúnan requisitos similares a los del Programa CARE. Llame a su compañía local de teléfonos para más información.

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 www.pge.com/care

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

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

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



1 CUSTOMER INFORMATION: (please print clearly)

Account Number:

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

Account number input boxes

Name Telephone Number

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

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

Number of Persons in Household: Adults + Children (under 18) =

2a PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

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

- Medi-Cal, Food Stamps, Healthy Families A & B, TANF (AFDC), LIHEAP, WIC

If you do not participate in any of the above programs, 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, Wages or Salaries, Unemployment Benefits, Workers compensation, Disability payments, Rental or Royalty Income, Profit from self-employment, School Grants, Scholarships, Insurance Settlements, Legal Settlements, Child support, Spousal support, Cash and/or other income

MAXIMUM HOUSEHOLD INCOME: (effective June 1, 2008 to May 31, 2009)

Table with columns: Number of Persons in Household, Total Combined Annual Income (before taxes), CARE, FERA

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 Date



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

Número de cuenta del cliente:

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

Grid for account number with a dash in the last box.

Nombre (Como aparece en la factura)

Número telefónico

Dirección del Hogar (No use P.O. Box)

Apartamento #

Ciudad

Código Postal

Dirección Postal, si tiene

(Llene sólo si su dirección postal es diferente a la que aparece arriba)

Apartamento #

Ciudad

Código Postal

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

2a ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PUBLICA:

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

- Medi-Cal (menor de 65 años), Medi-Cal (65 años o más), Stampillas 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 FUENTES DE INGRESOS DEL HOGAR:

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

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

INGRESOS MÁXIMOS DEL HOGAR: (efectivo Junio 1, 2008 hasta Mayo 31, 2009)

Table with columns: Número de Personas en el Hogar, Ingresos Anuales Combinados (Antes de impuestos), CARE, FERA

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



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 2924-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2008
Effective June 1, 2008
Resolution No. E-3524



ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly energy 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, 2008 to May 31, 2009)*

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

PROGRAM GUIDELINES

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

OTHER PROGRAMS AND FREE 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 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.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



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 electricidad y gas a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** proporciona ahorros sólo en la cuenta de electricidad a hogares de tres o más personas, de ingresos bajos y medianos.

INGRESOS MÁXIMOS DEL HOGAR: *(efectivo Junio 1, 2008 hasta Mayo 31, 2009)*

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

PAUTAS DEL PROGRAMA

- La cuenta de energía del administrador de su Mobile Home Park debe estar a su nombre.
- Debe vivir en la dirección donde se recibirá el descuento.
- El solicitante no debe compartir el/los medidor(es) 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(a).
- Los ingresos anuales del hogar no deben exceder las pautas de ingresos mencionadas en esta solicitud.
- Debe informar a PG&E 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 Energía para 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 servicios gratuitos para el ahorro de energía, a clientes que reúnan los requisitos. Para más información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de tarifas más bajas, a los clientes que tengan necesidades médicas comprobadas. Llame al 1-800-743-5000 para más información.
- **Socios en la Energía** – Ofrece consejos y servicios gratuitos sobre ahorros de energía a clientes que reúnan los requisitos. Llame al 1-800-989-9744 para más información.
- **ULTS** – La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio, a aquellos clientes que reúnan requisitos similares a los del Programa CARE. Llame a su compañía local de teléfonos para más información.

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 www.pge.com/care

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

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

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



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

Mobile Home Park/Other Sub-Metered Facilities Name _____

Mobile Home Park/Other Sub-Metered Facilities Address _____

City _____

Zip Code _____

PG&E Account Number: _____

Electricity

Grid for PG&E Account Number: 10 boxes, last box contains a dash.

Gas

Grid for PG&E Account Number: 10 boxes, last box contains a dash.

(_____) _____

Manager or Landlord Name _____

Telephone Number _____

Manager or Landlord Mailing Address _____

City _____

Zip Code _____

Applicant Status

ADD NEW

DROP

RE-CERTIFY

MOVE TO DIFFERENT SPACE

2 **TENANT INFORMATION:** *(please print clearly)*

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

Telephone Number _____

Home Address *(Do NOT use a P.O. Box)* _____

Unit # _____

City _____

Zip Code _____

Mailing Address *(If different from the above address)* _____

Unit # _____

City _____

Zip Code _____

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

3a **PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:**

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

Medi-Cal (under age 65)

Food Stamps

Healthy Families A & B

Medi-Cal (age 65 and over)

TANF (AFDC)

LIHEAP

WIC

If you do not participate in any of the above programs, **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

Wages or Salaries

School Grants, Scholarships or other aid used for living expenses

Social Security

Unemployment Benefits

Insurance Settlements

SSI, SSP, SSDI

Workers compensation

Legal Settlements

Interest and/or Dividends from:

Disability payments

Child support

Savings Accounts,

Rental or Royalty Income

Spousal support

Stocks or Bonds, or

Profit from self-employment (IRS form Schedule C, Line 29)

Cash and/or other income

Retirement Accounts

Total Annual Household Income: \$ _____, _____

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

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

X _____

Signature

fill in circle if guardian or power of attorney

_____ Date



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 2924-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2008
Effective June 1, 2008
Resolution No. E-3524



CARE Program Application for OMS/Non-profit
Migrant Farm Worker Housing Centers (MFHC)
Authorized by CPUC Decision 05-04-052



CARE Program

61-0535

www.pge.com/care

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

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

Rev 06/01/08

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 www.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



**Pacific Gas and
Electric Company®**

CARE Program Application for OMS/Non-profit

Migrant Farm Worker Housing Centers (MFHC)

Authorized by CPUC Decision 05-04-052



CARE Program

61-0535

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

Rev 06/01/08

www.pge.com/care

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.

CARE: **1-866-743-2273** Fax: 415-973-6419 www.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



**CARE Program Application for OMS/Non-profit
Migrant Farm Worker Housing Centers (MFHC)
Authorized by CPUC Decision 05-04-052**



CARE Program

61-0535

Rev 06/01/08

www.pge.com/care

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

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

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

Phone (____) _____ Phone (____) _____

Fax (____) _____ Fax (____) _____

E-mail Address _____ E-mail Address _____

2 FACILITY INFORMATION:

Please use a separate application for each TYPE of facility

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.



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 2924-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2008
Effective June 1, 2008
Resolution No. E-3524



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 www.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 ELIGIBLE

- 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.
-



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

Phone (____) _____ Phone (____) _____

Fax (____) _____ Fax (____) _____

E-mail Address _____ 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.



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

**Please Refer to Attached
Sample Form**



ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly energy 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, 2008 to May 31, 2009)*

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

PROGRAM GUIDELINES

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

OTHER PROGRAMS AND FREE 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 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.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



CARE / FERA 折扣計劃

- CARE 計劃是為符合資格的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 2008 年 6 月 1 日至 2009 年 5 月 31 日)

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

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 計劃者必須居住在將收到折扣的住址。
- 申請者的居所不可與另一居所共同用一個碼錶。
- 除了配偶, 申請人不可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的標準。
- 申請者家庭若不再符合 CARE/FERA 計劃的資格要求, 必須知會太平洋煤電公司。

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 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.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



1 經理或分錶住宅設施資料: (請用正楷填寫)

活動房屋/其它分錶住宅設施名字

活動房屋/其它分錶住宅設施住址

城市

郵政區號

帳戶號碼:

電力

Grid for electricity account number

煤氣

Grid for gas account number

()

經理或業主姓名

電話號碼

經理或業主郵寄住址

城市

郵政區號

申請人狀況

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 (請填寫您在能源帳單上的名字)

()
電話號碼

家庭住址 (不要使用郵箱號碼)

單位

城市

郵政區號

郵寄住址 (如果跟以上地址不同的話)

單位

城市

郵政區號

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

3a 合資格的公共資助計劃:

請勾選全部您有所參與, 然後請填寫第 4 部份。

- 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, 来源于:
 - 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



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 2924-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2008
Effective June 1, 2008
Resolution No. E-3524



ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly energy 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, 2008 to May 31, 2009)*

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

PROGRAM GUIDELINES

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

OTHER PROGRAMS AND FREE 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 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.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



CHƯƠNG TRÌNH CARE / FERA

- Chương trình CARE giảm 20% hàng tháng trên hóa đơn năng lượng 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, 2008 tới ngày 31 tháng Năm, 2009)

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

NHỮNG ĐIỀU KIỆN CỦA CHƯƠNG TRÌNH

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

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

- **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 quý vị để biết thêm chi tiết.

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

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

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

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 quý vị không thể sử dụng đường dây TDD



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

Mobile Home Park/Other Sub-Metered Facilities Name _____

Mobile Home Park/Other Sub-Metered Facilities Address _____

City _____

Zip Code _____

PG&E Account Number: _____

Electricity

Grid for PG&E Account Number: 10 boxes, last box contains a dash (-)

Gas

Grid for PG&E Account Number: 10 boxes, last box contains a dash (-)

() _____

Manager or Landlord Name _____

Telephone Number _____

Manager or Landlord Mailing Address _____

City _____

Zip Code _____

Applicant Status

ADD NEW

DROP

RE-CERTIFY

MOVE TO DIFFERENT SPACE

2 **TENANT INFORMATION:** *(please print clearly)*

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

Telephone Number _____

Home Address *(Do NOT use a P.O. Box)* _____

Unit # _____

City _____

Zip Code _____

Mailing Address *(If different from the above address)* _____

Unit # _____

City _____

Zip Code _____

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

3a **PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:**

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

Medi-Cal (under age 65)

Food Stamps

Healthy Families A & B

Medi-Cal (age 65 and over)

TANF (AFDC)

LIHEAP

WIC

If you do not participate in any of the above programs, **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

Wages or Salaries

School Grants, Scholarships or other aid used for living expenses

Social Security

Unemployment Benefits

Insurance Settlements

SSI, SSP, SSDI

Workers compensation

Legal Settlements

Interest and/or Dividends from:

Disability payments

Child support

Savings Accounts,

Rental or Royalty Income

Spousal support

Stocks or Bonds, or

Profit from self-employment (IRS form Schedule C, Line 29)

Cash and/or other income

Retirement Accounts

Total Annual Household Income: \$

Grid for 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 _____



1 CUSTOMER INFORMATION:

Telephone Number: (____) _____

Number of Persons in Household:

Adults

+ Children (under 18)

= Total

2a PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then 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 above programs, 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, 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, 2008 to May 31, 2009)

Table with 3 columns: Number of Persons in Household, CARE, FERA. Rows for 1-2, 3, 4, 5, 6 persons and 'For each additional person, add:'.

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



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

Número de cuenta del cliente:

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

Grid for account number with a dash in the last cell.

Nombre (Como aparece en la factura)

Número telefónico

Dirección del Hogar (No use P.O. Box)

Apartamento #

Ciudad

Código Postal

Dirección Postal, si tiene

(Llene sólo si su dirección postal es diferente a la que aparece arriba)

Apartamento #

Ciudad

Código Postal

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

2a ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PUBLICA:

MARQUE todos los programas a que pertenece y **PASE** a 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 FUENTES DE INGRESOS DEL HOGAR:

MARQUE todas las fuentes de ingreso de la familia. Se le inscribirá en el programa de CARE o en el programa de FERA dependiendo de cuantas personas 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, 2008 hasta Mayo 31, 2009)

Table with 3 columns: Número de Personas en el Hogar, CARE, FERA. Rows for 1-2, 3, 4, 5, 6 people and an additional person.

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



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 2924-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2008
Effective June 1, 2008
Resolution No. E-3524



ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly energy 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 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 share energy meter(s) with another home.
- You may not be claimed as a dependent on another person's tax return other than your spouse.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E 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 FREE 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 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.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



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 electricidad y gas a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** proporciona ahorros sólo en la cuenta de electricidad a hogares de tres o más personas, de ingresos bajos y medianos.

PAUTAS DEL PROGRAMA

- La cuenta de PG&E debe estar a su nombre.
- Debe vivir en la dirección donde se recibirá el descuento.
- El solicitante no debe compartir el/los medidor(es) 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(a).
- Los ingresos anuales del hogar no deben exceder las pautas de ingresos mencionadas en esta solicitud.
- Debe informar a PG&E si su hogar ya no reúne los requisitos para el descuento del programa de CARE / FERA.
- Los inquilinos con medidores "Sub-Metered" que pertenecen a parques de casas móviles, apartamentos o muelles para botes, deben llenar otro formulario llamado "Solicitud del Programa CARE / FERA para Inquilinos de Instalaciones Residenciales Sub-Metered". (Visite al propietario/administrador de su instalación para obtener el formulario 01-9285).

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **LIHEAP** – Programa de Ayuda para el Pago de Energía para 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 servicios gratuitos para el ahorro de energía, a clientes que reúnan los requisitos. 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, por una sola vez, para el pago de sus cuentas de electricidad y gas. Llámelos al 1-800-933-9677.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de tarifas más bajas, a los clientes que tengan necesidades médicas comprobadas. Llame al 1-800-743-5000 para más información.
- **Socios en la Energía** – Ofrece consejos y servicios gratuitos sobre ahorros de energía a clientes que reúnan 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 cuentas de electricidad y gas. Llame al 1-800-743-5000 para más información.
- **ULTS** – La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio, a aquellos clientes que reúnan requisitos similares a los del Programa CARE. Llame a su compañía local de teléfonos para más información.

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 www.pge.com/care

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

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

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



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

**Please Refer to Attached
Sample Form**



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, 2008 to May 31, 2009)					
PAUTAS DE INGRESOS (Efectivo Junio 1, 2008 hasta Mayo 31, 2009)					
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)	\$30,500	\$35,800	\$43,200	\$50,600	\$58,000
Add \$7,400 for each additional person / Agregue \$7,400 anual por cada personal adicional en el hogar.					

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 gratis, 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 incluido 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 www.pge.com/care

TDD/TTY 1-800-652-4712

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



MẪU CHỈ DẪN TÁI CHỨNG NHẬN CHO CHƯƠNG TRÌNH CARE

Thân gửi khách hàng:

Quý 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%, quý vị cần phải nộp đơn xin lại chương trình CARE nếu quý vị vẫn còn hội đủ điều kiện. Việc nộp đơn hoàn toàn miễn phí, dễ dàng và kín đáo.

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

Xin cảm ơn quý vị.

Chương trình CARE

收入準則 (有效期由 2008 年 6 月 1 日至 2009 年 5 月 31 日)

BẢN CHỈ DẪN VỀ LỢI TỨC (Có hiệu lực từ ngày 1 tháng Sáu, 2008 tới ngày 31 tháng Năm, 2009)

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 quý 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)	\$30,500	\$35,800	\$43,200	\$50,600	\$58,000

每增加一人, 增加 \$7,400 / Cộng \$7,400 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 www.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 quý vị không thể sử dụng đường dây TDD



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

**Please Refer to Attached
Sample Form**



ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly energy 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 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 share energy meter(s) with another home.
- You may not be claimed as a dependent on another person's tax return other than your spouse.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E 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 FREE 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 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.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



CARE / FERA 折扣計劃

- CARE 計劃是為符合資格的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計劃者必須居住在將收到折扣的住址。
- 申請者的居所不可與另一居所共同用一個碼錶。
- 除了配偶，申請人不可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的標準。
- 申請者家庭若不再符合CARE/FERA計劃的資格要求，必須知會太平洋煤電公司。
- 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 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.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



1 CUSTOMER INFORMATION: (please print clearly)

Account Number:

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

Account number input boxes

Name

Telephone Number

Home Address (Do NOT use a P.O. Box)

Unit #

City

Zip Code

Mailing Address (If different from the above address)

Unit #

City

Zip Code

Number of Persons in Household: Adults + Children (under 18) =

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 above programs, 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, 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, 2008 to May 31, 2009)

Table with 3 columns: Number of Persons in Household, CARE, FERA. Rows for 1-2, 3, 4, 5, 6 persons and an additional person row.

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



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 2924-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2008
Effective June 1, 2008
Resolution No. E-3524



ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly energy 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 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 share energy meter(s) with another home.
- You may not be claimed as a dependent on another person's tax return other than your spouse.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E 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 FREE 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 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.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



CHƯƠNG TRÌNH CARE / FERA

- Chương trình CARE giảm 20% hàng tháng trên hóa đơn năng lượng 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 CHỈ DẪN CỦA CHƯƠNG TRÌNH

- Quý vị phải là người đứng tên trên hóa đơn PG&E.
- Quý vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá.
- Quý vị không được dùng chung (các) đồng hồ đo năng lượng với một ngôi nhà khác.
- Quý vị không bị ai khác khai là phụ thuộc vào họ để trừ thuế ngoài người phối ngẫu.
- Lợi tức của gia đình quý vị phải đáp ứng với mức lợi tức qui định của chương trình được ghi trong đơn này.
- Quý vị phải thông báo cho PG&E nếu gia đình quý vị không còn hội đủ điều kiện để được nhận giảm giá CARE/FERA.
- 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 DỊCH VỤ MIỄN PHÍ KHÁC MÀ QUÝ VỊ CÓ THỂ HỘI ĐỦ ĐIỀU KIỆN

- **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 quý 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 quý vị để biết thêm chi tiết.

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

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

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

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 quý vị không thể sử dụng đường dây TDD



1 CUSTOMER INFORMATION: (please print clearly)

Account Number:

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

Account number input boxes

Name Telephone Number

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

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

Number of Persons in Household: Adults + Children (under 18) =

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 above programs, 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, 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, 2008 to May 31, 2009)

Table with 3 columns: Number of Persons in Household, CARE, FERA. Rows for 1-2, 3, 4, 5, 6 persons and an additional person add-on.

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 Date



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

**Please Refer to Attached
Sample Form**



CARE Program Application for
Qualified Agricultural Employee Housing Facilities



CARE Program

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

62-1198

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

Rev. 06/01/08

www.pge.com/care

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 www.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.
-

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

Phone (____) _____ Phone (____) _____

Fax (____) _____ Fax (____) _____

E-mail Address _____ E-mail Address _____

2 FACILITY INFORMATION:

Please use a separate application for each TYPE of facility

- EMPLOYEE HOUSING** (privately owned), as defined in Section 17008 of the health and Safety Code, that is licensed and inspected in state and/or local agencies pursuant to part 1 of Division 13.
- HOUSING FOR AGRICULTURAL EMPLOYEES** (non-migrant and operated by non-profit entities), as defined in as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has received exemptions from local property taxes pursuant to subdivision (g) of the Revenue and Taxation Code.

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

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

This year's discount will be used for:

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

- Organization is Pacific Gas and Electric Company 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.



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

**Please Refer to Attached
Sample Form**



INCOME GUIDELINES (effective June 1, 2008 to May 31, 2009)

Size of Household	Total Combined Annual Income*	
	CARE	FERA
1 or 2	\$30,500	Not Eligible
3	\$35,800	\$35,801 - \$44,800
4	\$43,200	\$43,201 - \$54,000
5	\$50,600	\$50,601 - \$63,200
6	\$58,000	\$58,001 - \$72,400
Each Additional	\$7,400	\$7,400 - \$9,200

*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, 2008 hasta Mayo 31, 2009)

Número de Personas en el Hogar	Ingresos Anuales Combinados*	
	CARE	FERA
1 or 2	\$30,500	No Aplica
3	\$35,800	\$35,801 - \$44,800
4	\$43,200	\$43,201 - \$54,000
5	\$50,600	\$50,601 - \$63,200
6	\$58,000	\$58,001 - \$72,400
<i>Cada Persona Adicional</i>	\$7,400	\$7,400 - \$9,200

* Antes de impuestos

Definición de Ingresos:

Todos los ingresos de todas las personas que viven en su hogar, derivadas de todas las fuentes de ingresos, 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 www.pge.com/care

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

TDD/TTY 1-800-652-4712

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



收入標準(有效期由 2008 年 6 月 1 日至 2009 年 5 月 31 日)

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

*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, 2008 tới ngày 31 tháng Năm, 2009)

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

*Trước khi trừ thuế

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 Lãi và/hoặc Cổ Tức từ:
 - Các Truong Mục Tiết Kiệm
 - Các Chứng Khoán hay Trái Phiếu, hay
 - Truong Mục Hưu Trí
- Tiền Thất Nghiệp
- Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày
- Lợi Tức từ Tư Doanh (IRS mẫu Schedule C, Hàng 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 Thừa Kiện
- TANF (AFDC) (Trợ cấp gia đình nghèo có con nhỏ)
- Tiền Phiếu Thực Phẩm
- Tiền Cấp Dưỡng Con Cái
- Tiền Cấp Dưỡng Vợ/Chồng
- Tiền Mặt và/hay Lợi Tức Khác

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

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

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 quý vị không thể sử dụng đường dây TDD



1 CHI TIẾT VỀ KHÁCH HÀNG / 客戶資料:

Số Điện Thoại / 電話號碼

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

- | | |
|---|---|
| <input type="checkbox"/> Tiền Hưu Bổng | <input type="checkbox"/> Tiền cho Người Có Khuyết Tật |
| <input type="checkbox"/> Tiền Trợ Cấp An Sinh Xã Hội | <input type="checkbox"/> Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền |
| <input type="checkbox"/> SSI, SSP, SSDI | <input type="checkbox"/> Lợi Tức từ Tư Doanh (IRS mẫu Schedule C, Hàng 29) |
| Tiền Lãi và/hoặc Cổ Tức từ: | <input type="checkbox"/> Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống hàng ngày |
| <input type="checkbox"/> Truong Mục Tiết Kiệm | <input type="checkbox"/> Tiền Bảo Hiểm Bồi Thường |
| <input type="checkbox"/> Chứng Khoán, Trái Phiếu, hay | <input type="checkbox"/> Tiền Bồi Thường Thừa Kế |
| <input type="checkbox"/> Truong Mục Hưu Trí | <input type="checkbox"/> Tiền Cấp Dưỡng Con Cái |
| <input type="checkbox"/> Tiền Lương | <input type="checkbox"/> Tiền Cấp Dưỡng Vợ/Chồng |
| <input type="checkbox"/> Tiền Thất Nghiệp | <input type="checkbox"/> Tiền Mặt và/hoặc Lợi Tức Khác |
| <input type="checkbox"/> Tiền Bồi Thường Tai Nạn Lao Động | |

請勾選全部您的家庭全年總收入。

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

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

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

聲明: (請小心閱讀, 然後在下面簽字)

本人聲明, 這是真實和正確的資料, 本人的家庭收入繼續符合 CARE 計劃的資格。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

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

Ngày / 日期

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

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

把這表格寄回太平洋煤電公司 (請使用提供給您的免郵資信封)



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 2924-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2008
Effective June 1, 2008
Resolution No. E-3524



ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly energy 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, 2008 to May 31, 2009)*

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

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

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **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 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 📠 415-973-6419 www.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

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.

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

Total Annual Household Income: \$,

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

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

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

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



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 2924-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2008
Effective June 1, 2008
Resolution No. E-3524



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 electricidad y gas a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** proporciona ahorros sólo en la cuenta de electricidad a hogares de tres o más personas, de ingresos bajos y medianos.

INGRESOS MÁXIMOS DEL HOGAR: *(efectivo Junio 1, 2008 hasta Mayo 31, 2009)*

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

*Antes de impuestos

PAUTAS DEL PROGRAMA

- La cuenta de PG&E debe estar a su nombre.
- Debe vivir en la dirección donde se recibirá el descuento.
- El solicitante no debe compartir el/los medidor(es) 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(a).
- Los ingresos anuales del hogar no deben exceder las pautas de ingresos mencionadas en esta solicitud.
- Debe informar a PG&E si su hogar ya no reúne los requisitos para el descuento del programa de CARE / FERA.
- Los inquilinos con medidores "Sub-Metered" que pertenecen a parques de casas móviles, apartamentos o muelles para botes, deben llenar otro formulario llamado "Solicitud del Programa CARE / FERA para Inquilinos de Instalaciones Residenciales Sub-Metered". (Visite al propietario/administrador de su instalación para obtener el formulario 01-9285).

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR

- **LIHEAP** – Programa de Ayuda para el Pago de Energía para 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 servicios gratuitos para el ahorro de energía, a clientes que reúnan los requisitos. 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, por una sola vez, para el pago de sus cuentas de electricidad y gas. Llámelos al 1-800-933-9677.
- **Línea Médica Básica (Medical Baseline)** – Brinda servicios, por medio del pago de tarifas más bajas, a los clientes que tengan necesidades médicas comprobadas. Llame al 1-800-743-5000 para más información.
- **Socios en la Energía** – Ofrece consejos y servicios gratuitos sobre ahorros de energía a clientes que reúnan 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 cuentas de electricidad y gas. Llame al 1-800-743-5000 para más información.
- **ULTS** – La Línea Universal de Servicio Telefónico le brinda acceso telefónico, a bajo precio, a aquellos clientes que reúnan requisitos similares a los del Programa CARE. Llame a su compañía local de teléfonos para más información.

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

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

TDD/TTY 1-800-652-4712

para los sordomudos, de lunes a viernes, desde las 9 a.m. hasta las 11 p.m.

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

2b FUENTES DE INGRESOS DEL HOGAR:

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

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

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 _____ **Fecha**

Firma del Cliente

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



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 2924-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2008
Effective June 1, 2008
Resolution No. E-3524



CARE / FERA 折扣計劃

- CARE 計劃是為符合資格的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 2008 年 6 月 1 日至 2009 年 5 月 31 日)

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

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 計劃者必須居住在將收到折扣的住址。
- 申請者的居所不可與另一居所共同用一個碼錶。
- 除了配偶，申請人不可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的標準。
- 申請者家庭若不再符合 CARE/FERA 計劃的資格要求，必須知會太平洋煤電公司。
- 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，讓你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 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.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

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。

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

家庭全年總收入

\$

□□, □□□

3 聲明: (請小心閱讀, 然後在下面簽字)

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

X _____

簽名

如果是監護人或代理人的話, 請勾上記號

日期

申請表請寄至:

Pacific Gas and Electric Company

CARE / FERA Program

P.O. Box 7979

San Francisco, CA 94120-7979



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 2924-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2008
Effective June 1, 2008
Resolution No. E-3524



CHƯƠNG TRÌNH CARE / FERA

- **Chương trình CARE** giảm 20% hàng tháng trên hóa đơn năng lượng 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, 2008 tới ngày 31 tháng Năm, 2009)

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

*trước khi trừ thuế

NHỮNG CHỈ DẪN CỦA CHƯƠNG TRÌNH

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

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

- **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 quý 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 quý vị để biết thêm chi tiết.

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

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

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 quý vị không thể sử dụng đường dây TDD

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

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

- | | |
|---|---|
| <input type="checkbox"/> Tiền Hưu Bổng | <input type="checkbox"/> Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền |
| <input type="checkbox"/> Tiền Trợ Cấp An Sinh Xã Hội | <input type="checkbox"/> Lợi Tức từ Tư Doanh (IRS mẫu Schedule C, Hàng 29) |
| <input type="checkbox"/> SSI, SSP, SSDI | <input type="checkbox"/> Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày |
| Tiền Lãi và/hoặc Cổ Tức từ: | <input type="checkbox"/> Tiền Bảo Hiểm Bồi Thường |
| <input type="checkbox"/> Truong Mục Tiết Kiệm | <input type="checkbox"/> Tiền Bồi Thường Thừa Kế |
| <input type="checkbox"/> Chứng Khoán, Trái Phiếu, hay | <input type="checkbox"/> Tiền Cấp Dưỡng Con Cái |
| <input type="checkbox"/> Truong Mục Hưu Trí | <input type="checkbox"/> Tiền Cấp Dưỡng Vợ/Chồng |
| <input type="checkbox"/> Tiền Lương | <input type="checkbox"/> Tiền Mặt và/hay Lợi Tức Khác |
| <input type="checkbox"/> Tiền Thất Nghiệp | |
| <input type="checkbox"/> Tiền Bồi Thường Tai Nạn Lao Động | |
| <input type="checkbox"/> Tiền cho Người Có Khuyết Tật | |

Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm \$,

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

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

X _____

Chữ ký

Ngày

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

Gửi đơn đã điền về:

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



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

**Please Refer to Attached
Sample Form**



ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly energy 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, 2008 to May 31, 2009)*

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

PROGRAM GUIDELINES

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

OTHER PROGRAMS AND FREE 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 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 📠 415-973-6419 www.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

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 above programs, **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**



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

**Please Refer to Attached
Sample Form**



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 electricidad y gas a los hogares que califican.
- El programa de **Family Electric Rate Assistance (FERA)** proporciona ahorros sólo en la cuenta de electricidad a hogares de tres o más personas, de ingresos bajos y medianos.

INGRESOS MÁXIMOS DEL HOGAR: *(efectivo Junio 1, 2008 hasta Mayo 31, 2009)*

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

*Antes de impuestos

PAUTAS DEL PROGRAMA

- La cuenta de energía del administrador de su parque debe estar a su nombre.
- Debe vivir en la dirección donde se recibirá el descuento.
- El solicitante no debe compartir el/los medidor(es) 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(a).
- Los ingresos anuales del hogar no deben exceder las pautas de ingresos mencionadas en esta solicitud.
- Debe informar a PG&E si su hogar ya no reúne los requisitos para el descuento del programa de CARE / FERA.

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR

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

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 www.pge.com/care

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

TDD/TTY 1-800-652-4712

para los sordomudos, de lunes a viernes, desde las 9 a.m. hasta las 11 p.m.

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

3a ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PUBLICA:

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

- | | |
|--|---|
| <input type="checkbox"/> Medi-Cal (menor de 65 años) | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Medi-Cal (65 años o más) | <input type="checkbox"/> Healthy Families A & B |
| <input type="checkbox"/> Estampillas de Alimentos | <input type="checkbox"/> LIHEAP |
| <input type="checkbox"/> TANF (AFDC) | |

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

3b FUENTES DE INGRESOS DEL HOGAR:

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

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

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



Gas Sample Form No. 79-1057
California Alternate Rates for Energy Program - Large Print Application for Tenants
of Sub-Metered Residential Facilities (Chine

**Please Refer to Attached
Sample Form**



CARE / FERA 折扣計劃

- CARE 計劃是為符合資格的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 2008 年 6 月 1 日至 2009 年 5 月 31 日)

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

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 計劃者必須居住在將收到折扣的住址。
- 申請者的居所不可與另一居所共同用一個碼錶。
- 除了配偶，申請人不可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的標準。
- 申請者家庭若不再符合 CARE/FERA 計劃的資格要求，必須知會太平洋煤電公司。

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 www.pge.com/care

FERA: ☎ 1-800-743-5000 Fax: ☎ 415-973-6419 www.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

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。

- | | |
|--|---|
| <input type="checkbox"/> 醫療保險 (65 歲以下) | <input type="checkbox"/> WIC |
| <input type="checkbox"/> 醫療保險 (65 歲以上) | <input type="checkbox"/> Healthy Families A & B |
| <input type="checkbox"/> 食物卷 | <input type="checkbox"/> LIHEAP |
| <input type="checkbox"/> TANF (AFDC) | |

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。

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

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 _____ 日期
簽名 ○ 如果是監護人或代理人的話，請勾上記號



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

**Please Refer to Attached
Sample Form**



CHƯƠNG TRÌNH CARE / FERA

- **Chương trình CARE** giảm 20% hàng tháng trên hóa đơn năng lượng 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, 2008 tới ngày 31 tháng Năm, 2009)

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

*trước khi trừ thuế

NHỮNG CHỈ DẪN CỦA CHƯƠNG TRÌNH

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

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

- **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 quý vị để biết thêm chi tiết.

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

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

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

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 quý vị không thể sử dụng đường dây TDD

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

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

- | | |
|---|---|
| <input type="checkbox"/> Medi-Cal (dưới 65 tuổi) | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Medi-Cal (65 và qua 65 tuổi) | <input type="checkbox"/> Healthy Families A & B |
| <input type="checkbox"/> Tiền Phiếu Thực Phẩm | <input type="checkbox"/> LIHEAP |
| <input type="checkbox"/> TANF (AFDC) | |

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

3b HỘI ĐỦ ĐIỀU KIỆN VỀ LỢI TỨC GIA ĐÌNH:

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

- | | |
|---|---|
| <input type="checkbox"/> Tiền Hưu Bổng | <input type="checkbox"/> Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền |
| <input type="checkbox"/> Tiền Trợ Cấp An Sinh Xã Hội | <input type="checkbox"/> Lợi Tức từ Tư Doanh (IRS mẫu Schedule C, Hàng 29) |
| <input type="checkbox"/> SSI, SSP, SSDI | <input type="checkbox"/> Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày |
| Tiền Lãi và/hoặc Cổ Tức từ: | <input type="checkbox"/> Tiền Bảo Hiểm Bồi Thường |
| <input type="checkbox"/> Trương Mục Tiết Kiệm | <input type="checkbox"/> Tiền Bồi Thường Thừa Kế |
| <input type="checkbox"/> Chứng Khoán, Trái Phiếu, hay | <input type="checkbox"/> Tiền Cấp Dưỡng Con Cái |
| <input type="checkbox"/> Trương Mục Hưu Trí | <input type="checkbox"/> Tiền Cấp Dưỡng Vợ/Chồng |
| <input type="checkbox"/> Tiền Lương | <input type="checkbox"/> Tiền Mặt và/hay Lợi Tức Khác |
| <input type="checkbox"/> Tiền Thất Nghiệp | |
| <input type="checkbox"/> Tiền Bồi Thường Tai Nạn Lao Động | |
| <input type="checkbox"/> Tiền cho Người Có Khuyết Tật | |

Tổng Số Lợi Tức Toàn Gia Đình Hàng Năm \$,

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

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

X _____ Ngày _____

Chữ ký

Ngày

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



Gas Sample Form No. 79-1059
California Alternate Rates for Energy Program - Large Print Income Guidelines

**Please Refer to Attached
Sample Form**



INCOME GUIDELINES (effective June 1, 2008 to May 31, 2009)

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

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

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

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

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



PAUTAS DE INGRESOS (efectivo Junio 1, 2008 hasta Mayo 31, 2009)

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

Definición de Ingresos:

Todos los ingresos de todas las personas que viven en su hogar, derivadas de todas las fuentes de ingresos, 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 www.pge.com/care

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

TDD/TTY 1-800-652-4712

para los sordomudos, de lunes a viernes, desde las 9 a.m. hasta las 11 p.m.

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



收入標準 (有效期由 2008 年 6 月 1 日至 2009 年 5 月 31 日)

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

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

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

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

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



ĐỊNH MỨC LỢI TỨC (Có hiệu lực từ ngày 1 tháng Sáu, 2008 tới ngày 31 tháng Năm, 2009)

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

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 Lãi và/hoặc Cổ Tức từ:
 - Các Trạng Mục Tiết Kiệm
 - Các Chứng Khoán hay Trái Phiếu, hay
 - Trạng Mục Hưu Trí
- Tiền Thất Nghiệp
- Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày
- Lợi Tức từ Tư Doanh (IRS mẫu Schedule C, Hàng 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 Thừa Kế
- TANF (AFDC) (Trợ cấp gia đình nghèo có con nhỏ)
- Tiền Phiếu Thực Phẩm
- Tiền Cấp Dưỡng Con Cái
- Tiền Cấp Dưỡng Vợ/Chồng
- Tiền Mặt và/hay Lợi Tức Khác

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

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

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 quý vị không thể sử dụng đường dây TDD



GAS TABLE OF CONTENTS

Sheet 1

TITLE OF SHEET	CAL P.U.C. SHEET NO.	
Title Page	27019-G	(T)
Rate Schedules	26992,26988-G	
Preliminary Statements	26989,24225-G	
Rules	27020-G	(T)
Maps, Contracts and Deviations	21637-G	
Sample Forms	26520,27021,24369,26572,25059-G	(T)

(Continued)



GAS TABLE OF CONTENTS

Sheet 6

RULE	TITLE OF SHEET	CAL P.U.C. SHEET NO.
Rules		
Rule 01	Definitions.....	22922,26782,25123,18197,26823,26824,24120,18200, 22924,18202,21978,18204-18205,21979,24126,19429-G
Rule 02	Description of Service.....	23062-23066,26825-G
Rule 03	Application for Service.....	13842,24127-G
Rule 04	Contracts.....	17051-G
Rule 05	Special Information Required on Forms.....	17641,13348-13349-G
Rule 06	Establishment and Reestablishment of Credit.....	22126-22127,18873-G
Rule 07	Deposits.....	18212-18213-G
Rule 08	Notices.....	21928,17580,21929,17581,15728-G
Rule 09	Rendering and Payment of Bills.....	24128-24129,24231,23518,24856,24130, 21985,21936-G
Rule 10	Disputed Bills.....	18214-18216-G
Rule 11	Discontinuance and Restoration of Service.....	18217-18220,23519-23520, 18223-18227,24859,24860,19710-G
Rule 12	Rates and Optional Rates.....	18229,24131-24132,21981-21982,24474-G
Rule 13	Temporary Service.....	22832-G
Rule 14	Capacity Allocation and Constraint of Natural Gas Service.....	18231-18235,22327, 22328-22330,18239,22249,22073,22639,22075-22077,18244,22078-22079,24475,22081-G
Rule 15	Gas Main Extensions.....	21543,18802-18803,26826,20350-20352,26827,21544, 21545,22376,22377,22378,22379,26828,26829,18814-G
Rule 16	Gas Service Extensions.....	21546,18816,17728,17161,18817-18825,17737, 18826,18827-G
Rule 17	Meter Tests and Adjustment of Bills for Meter Error.....	14450-14452,24133,14454, 14455,14456-G
Rule 17.1	Adjustment of Bills for Billing Error.....	22936,14458-G
Rule 17.2	Adjustment of Bills for Unauthorized Use.....	22937,14460,14461-G
Rule 18	Supply to Separate Premises and Submetering of Gas.....	22790,17796,13401-G
Rule 19	Medical Baseline Quantities.....	21119,21120,21121-G
Rule 19.1	California Alternate Rates for Energy for Individual Customers and Submetered Tenants of Master-Metered Customers.....	24135, 26993 ,23522,24136-G (T)
Rule 19.2	California Alternate Rates for Energy for Nonprofit Group-Living Facilities.....	24609, 26994 ,17035,17134,23525-G (T)
Rule 19.3	California Alternate Rates for Energy for Qualified Agricultural Employee Housing Facilities.....	24138, 26995 ,23445,23527-G (T)
Rule 21	Transportation of Natural Gas.....	22313,24303-24304,23786,23194,23195, 21845,23196-23199,22086-22087,24444-24445,22735,22736,22737-G
Rule 21.1	Use of Pacific Gas and Electric Company's Firm Interstate Rights.....	20461,18260,18261-G
Rule 23	Gas Aggregation Service for Core Transport Customers.....	24476,18263,26664,18265, 26665-26666,24825-24830,26667,24832-24833,24849,21750-21751,18272-G
Rule 25	Gas Services-Customer Creditworthiness and Payment Terms.....	24479,21410,24480, 24481,24482,24483,24484,24485,24486,21418-G
Rule 26	Standards of Conduct and Procedures Related to Transactions with Intracompany Departments, Reports of Negotiated Transactions, and Complaint Procedures.....	18284,18285,18633,20462-G

(Continued)



GAS TABLE OF CONTENTS

Sheet 9

FORM	TITLE OF SHEET	CAL P.U.C. SHEET NO.	
Sample Forms			
Rules 19.1, 19.2, and 19.3 California Alternate Rates for Energy			
01-9077	Application for Residential Single-Family Customers	26996-G	(T)
01-9285	Application for Tenants of Sub-Metered Facilities	26997-G	
61-0535	CARE Program Application for OMS/Non-Profit Migrant Farm Worker Housing Centers	26998-G	(T)
62-0156	Application for Qualified Nonprofit Group-Living Facilities.....	26999-G	(T)
62-1198	Application for Qualified Agricultural Employee Housing Facilities.....	27007-G	(T)
61-0522	Application for Farm Workers Residential Single Family Customers.....	23989-G	
62-1477	Income Guidelines	27008-G	(T)
03-006	Postage-Paid Application	22432-G	
Sample Forms			
Residential			
79-1047	Natural Gas Home Refueling Appliance Certification	24293-G	
62-0972	CARE Application for Residential Single-Family Customers (Eng/Chinese)	27005-G	(T)
62-0973	CARE Application for Residential Single-Family Customers (Eng/Vietnamese).....	27006-G	
62-0939	CARE Residential Single Family Pre-printed Application Instruction.....	27003-G	
62-0919	CARE Residential Single Family Pre-printed Application	27002-G	
62-0940	CARE Residential Single Family Recertification Instruction	27004-G	
62-1509	CARE Residential Single Family Recertification	27009-G	
62-0672	CARE Application for Tenants of Sub-Metered Facilities (Eng/Chinese)	27000-G	
62-0673	CARE Application for Tenants of Sub-Metered Facilities (Eng/Vietnamese).....	27001-G	
79-1051	CARE Large Print - Application for Residential Single Family Customers (Eng).....	27010-G	
79-1052	CARE Large Print - Application for Residential Single Family Customers (Spanish)	27011-G	
79-1053	CARE Large Print - Application for Residential Single Family Customers (Chinese)	27012-G	
79-1054	CARE Large Print - Application for Residential Single Family Customers (Vietnamese).....	27013-G	(T)
79-1055	CARE Large Print - Application for Tenants of Sub-Metered Facilities (Eng).....	27014-G	(T)
79-1056	CARE Large Print - Application for Tenants of Sub-Metered Facilities (Spanish)	27015-G	
79-1057	CARE Large Print - Application for Tenants of Sub-Metered Facilities (Chinese)	27016-G	
79-1058	CARE Large Print - Application for Tenants of Sub-Metered Facilities (Vietnamese)	27017-G	
79-1059	CARE Large Print - CARE Income Guidelines	27018-G	(T)
Sample Forms			
Non-Residential			
M62-1491	SUMMARY BILL AGREEMENT.....	17782-G	
79-753	Compressed Natural Gas Fueling Agreement.....	24495-G	
79-755	Agreement for Supply of Natural Gas for Compression as a Motor-Vehicle Fuel.....	23411-G	
79-756	Natural Gas Service Agreement.....	24487-G	
79-757	Natural Gas Service Agreement Modification Revised Exhibits	22649-G	

(Continued)

**PG&E Gas and Electric
Advice Filing List
General Order 96-B, Section IV**

ABAG Power Pool	Douglass & Liddell	PG&E National Energy Group
Accent Energy	Downey, Brand, Seymour & Rohwer	Pinnacle CNG Company
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Agnews Developmental Center	Duke Energy North America	Plurimi, Inc.
Ahmed, Ali	Duncan, Virgil E.	PPL EnergyPlus, LLC
Alcantar & Kahl	Dutcher, John	Praxair, Inc.
Ancillary Services Coalition	Dynergy Inc.	Price, Roy
Anderson Donovan & Poole P.C.	Ellison Schneider	Product Development Dept
Applied Power Technologies	Energy Law Group LLP	R. M. Hairston & Company
APS Energy Services Co Inc	Energy Management Services, LLC	R. W. Beck & Associates
Arter & Hadden LLP	Exelon Energy Ohio, Inc	Recon Research
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Barkovich & Yap, Inc.	Foster Farms	RMC Lonestar
BART	Foster, Wheeler, Martinez	Sacramento Municipal Utility District
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Blue Ridge Gas	Future Resources Associates, Inc	Seattle City Light
Bohannon Development Co	G. A. Krause & Assoc	Sempra
BP Energy Company	Gas Transmission Northwest Corporation	Sempra Energy
Braun & Associates	GLJ Energy Publications	Sequoia Union HS Dist
C & H Sugar Co.	Goodin, MacBride, Squeri, Schlotz &	SESCO
CA Bldg Industry Association	Hanna & Morton	Sierra Pacific Power Company
CA Cotton Ginners & Growers Assoc.	Heeg, Peggy A.	Silicon Valley Power
CA League of Food Processors	Hitachi Global Storage Technologies	Smurfit Stone Container Corp
CA Water Service Group	Hogan Manufacturing, Inc	Southern California Edison
California Energy Commission	House, Lon	SPURR
California Farm Bureau Federation	Imperial Irrigation District	St. Paul Assoc
California Gas Acquisition Svcs	Integrated Utility Consulting Group	Sutherland, Asbill & Brennan
California ISO	International Power Technology	Tabors Caramanis & Associates
Calpine	Interstate Gas Services, Inc.	Tecogen, Inc
Calpine Corp	IUCG/Sunshine Design LLC	TFS Energy
Calpine Gilroy Cogen	J. R. Wood, Inc	Transcanada
Cambridge Energy Research Assoc	JTM, Inc	Turlock Irrigation District
Cameron McKenna	Luce, Forward, Hamilton & Scripps	U S Borax, Inc
Cardinal Cogen	Manatt, Phelps & Phillips	United Cogen Inc.
Cellnet Data Systems	Marcus, David	URM Groups
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Chevron USA Production Co.	Maynor, Donald H.	Wellhead Electric Company
City of Glendale	MBMC, Inc.	White & Case
City of Healdsburg	McKenzie & Assoc	WMA
City of Palo Alto	McKenzie & Associates	
City of Redding	Meek, Daniel W.	
CLECA Law Office	Mirant California, LLC	
Commerce Energy	Modesto Irrigation Dist	
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CPUC	Morse Richard Weisenmiller & Assoc.	
Cross Border Inc	Navigant Consulting	
Crossborder Inc	New United Motor Mfg, Inc	
CSC Energy Services	Norris & Wong Associates	
Davis, Wright, Tremaine LLP	North Coast Solar Resources	
Defense Fuel Support Center	Northern California Power Agency	
Department of the Army	Office of Energy Assessments	
Department of Water & Power City	OnGrid Solar	
DGS Natural Gas Services	Palo Alto Muni Utilities	