



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)

Provides a monthly discount on energy bills for income-qualified households.

1-866-743-2273 • www.pge.com/care

Family Electric Rate Assistance (FERA)

Provides a monthly discount on electric bills for income-qualified households of three or more persons.

1-800-743-5000 • www.pge.com/fera

PROGRAM GUIDELINES

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

INCOME GUIDELINES (valid until May 31, 2012)		
Number of Persons in Household	Annual Income (based on current income sources before taxes)	
	CARE	FERA
1-2	\$31,800	Not Eligible
3	\$37,400	\$37,401 - \$46,800
4	\$45,100	\$45,101 - \$56,400
5	\$52,800	\$52,801 - \$66,000
6	\$60,500	\$60,501 - \$75,600
For each additional person, add:	\$7,700	\$7,700 - \$9,600

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

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

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



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

FOR MORE INFORMATION

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

Or fax completed application to: 415-973-6419

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

Email: CAREandFERA@pge.com

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

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



關於CARE/FERA 計劃

California Alternate Rates for Energy (CARE)

為符合收入資格的家庭提供每月能源帳單折扣。

1-866-743-2273 • www.pge.com/care

Family Electric Rate Assistance (FERA)

為有三人或更多成員且符合收入資格的家庭提供每月電費帳單折扣。

1-800-743-5000 • www.pge.com/fera

計劃規定

1. 您的業主給您的煤電帳單必須是以您的名字註冊。
2. 申請者必須居住在將收到折扣的住址。
3. 除了配偶，申請人不可在另一個人的報稅表中被稱為受贍養者。
4. 申請者的居所不可與另一居所共用一個碼錶。
5. 申請者家庭不應該超過本申請表格中所描述收入的標準。
6. 申請者家庭若不再符合CARE/FERA計劃的資格要求，必須知會PG&E。
7. 登記參加後，您可能被選為我們查核收入的對象，到時您必須提供符合家庭收入資格的證明，才可繼續參加此計劃。
8. 您必須每兩年重新提出申請並且符合資格(固定收入者為每四年提出申請)。

收入標準 (有效期至2012年5月31日)		
家庭人數	年收入 (根據目前收入來源的稅前收入)	
	CARE	FERA
1-2	\$31,800	不適用於此計劃
3	\$37,400	\$37,401 - \$46,800
4	\$45,100	\$45,101 - \$56,400
5	\$52,800	\$52,801 - \$66,000
6	\$60,500	\$60,501 - \$75,600
每增加一人，加	\$7,700	\$7,700 - \$9,600

您可能符合其他計劃和免費服務

- **Low Income Home Energy Assistance Program (LIHEAP):** 低收入家居能源輔助計劃，為符合收入資格的客戶提供付帳輔助、突發情況付帳輔助和家居防寒保暖措施。詳情請電1-866-675-6623跟加州社區服務及發展部(CSD)聯絡。
- **Energy Savings Assistance Program:** 為符合收入資格的租戶及屋主免費提供簡單的解決方案，協助他們管理能源用量並節省每月能源帳單費用。詳情請電1-800-989-9744。
- **基本醫療底線:** 如果住宅客戶有某些醫療狀況，需要依賴維生設備和/或有特別暖氣或冷氣需求等，都有可能收到更多最低(底線)的價格能源數量。詳情請電1-800-743-5000。
- **生機一線電話服務ULTS:** 提供電話折扣服務。欲知詳情，請聯絡您當地的熱線電話服務公司。

Energy Savings
.....
Assistance Program™

更多詳情

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

或傳真填好的申請表到: 415-973-6419

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

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712有言語或聆聽障礙者, 星期一至星期五, 9:00 a.m. - 11:00 p.m.

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



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

Mobile Home Park/Other Sub-Metered Facilities Name

Mobile Home Park/Other Sub-Metered Facilities Address

City

Zip Code

PG&E Account Number:

Electricity [grid]

Gas [grid]

Manager or Landlord Name

Telephone

Manager or Landlord Mailing Address

City

Zip Code

Applicant Status

ADD NEW

DROP

RE-CERTIFY

MOVE TO DIFFERENT SPACE

1B TENANT INFORMATION: (please print clearly)

Name (As it appears on your energy bill)

Telephone

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

Unit #

City

Zip Code

Mailing Address (If different from the above address)

Unit #

City

Zip Code

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

Total Annual Household Income: \$ [grid]

2A PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

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

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

2B HOUSEHOLD INCOME ELIGIBILITY:

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

- Pensions, Social Security, SSP or SSDI, Interests/Dividends from: Savings, Stocks, Bonds, or Retirement Accounts, Wages and/or Profits from Self-Employment, Rental or Royalty Income, Unemployment Benefits, Disability or Workers Compensation Payments, Scholarships, Grants or other aid for living expenses, Insurance or Legal Settlements, Spousal or Child Support, Cash and/or Other Income

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 (PG&E) 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 PG&E can share my information with other utilities or their agents to enroll me in their assistance programs.

X Customer Signature _____ Date _____

○ fill in circle if guardian or power of attorney

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1A 經理/分錶住宅設施資料: (請用正楷填寫)

活動房屋/其它分錶住宅設施名字

活動房屋/其它分錶住宅設施住址

城市

郵政區號

帳戶號碼:

電力

Grid for electricity account number

煤氣

Grid for gas account number

()

經理或業主姓名

電話

經理或業主郵寄住址

城市

郵政區號

申請人狀況

新加入

退出

重新確認

搬到不同地點

1B 住客資料: (請用正楷填寫)

姓名

電話

()

家庭住址 (不要使用郵箱號碼)

公寓

城市

郵政區號

郵寄住址 (如果跟以上地址不同的話)

公寓

城市

郵政區號

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

家庭全年總收入:

\$

Grid for family annual income

2A 合資格的公共資助計劃:

勾選您或家中其他人所參與的所有計劃。

- Medicaid/Medi-Cal (65歲以下)
Medicaid/Medi-Cal (65歲和65歲以上)
Supplemental Security Income (SSI)
CalFresh/SNAP (糧食券)
低收入家庭能源協助計劃
婦女、嬰兒和兒童營養輔助計劃
健康家庭低費兒童醫藥健保計劃類別A及B
CalWORKs (TANF)或Tribal TANF
National School Lunch Program (NSLP)
Bureau of Indian Affairs General Assistance
Head Start Income Eligible (Tribal Only)

2B 合資格的家庭總收入:

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

- 退休金
安全保險補助金
SSP、SSDI
利息/或股息，來源于: 儲蓄戶口、股票或債券，或退休帳戶
工資和/或自僱者的總收入
租金或版權收入
失業福利
傷病補助金或勞工賠償
學校助學金、獎學金或其他生活開支補助
保險或法律訴訟所得款
給配偶或孩童的資助
現金和/或其他收入

3 聲明: (請閱讀，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 Pacific Gas and Electric Company (PG&E)。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PG&E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，以加入他們的輔助項目。

X

簽名

如果是監護人或代理人的話，請圈上記號

日期

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