



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 **GO TO** section 3.

- | | | |
|--|---|--|
| <input type="checkbox"/> Medicaid/Medi-Cal (under age 65) | <input type="checkbox"/> LIHEAP | <input type="checkbox"/> NSL FREE Lunch Program |
| <input type="checkbox"/> Medicaid/Medi-Cal (age 65 and over) | <input type="checkbox"/> WIC | <input type="checkbox"/> Bureau of Indian Affairs General Assistance |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Healthy Families A & B | <input type="checkbox"/> Head Start Income Eligible (Tribal Only) |
| <input type="checkbox"/> Food Stamps/SNAP | <input type="checkbox"/> TANF or Tribal TANF | |

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

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

Number of Persons in Household	Annual Income*	
	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

* Before taxes based on current income sources

Valid until May 31, 2010

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**

