



You must respond to this request to remain on the CARE program.

California Alternate Rates for Energy (CARE) Program High Usage Verification Form

[illegible]

PG&E account number

Customer name

Address/City/Zip code

Email (Print clearly)

Phone

By entering your email address, you are authorizing PG&E to send you information regarding your PG&E utility services that may be available for you.

Submit your completed form and copies of acceptable document(s) using one of the following:

Upload to YourAccount:

pge.com

Sign in to YourAccount, then click on the notification shown at the top of the page.

Mail (envelope provided):

CARE Program

P.O. Box 29647
Oakland, CA 94604-9647

Fax:

1-877-302-7563

- ☐ If you no longer qualify or do not want to participate in the CARE program, please check here and sign the form under the declaration on back page.

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List all household members (including you, other adults, and children receiving public assistance) and indicate what documentation you have provided. List any additional members on a separate piece of paper.	PROOF OF ELIGIBILITY PROVIDED		
	Public Assistance	Income	Zero Income
Example: John Doe	X		

Number of people living in the household: Adults _____ Children (under 18) _____

Declaration: I acknowledge that I have read and understood the contents of this application and will have the opportunity to ask questions at any time. I also agree to the following program terms and conditions in order to remain eligible for the CARE program. I will notify PG&E if my household is no longer eligible for the CARE program discount. I understand I may be required to provide proof of household income and also to participate in the Energy Savings Assistance Program. I understand that I may be switched or dropped from the CARE program if I submit information or PG&E receives information from other programs which deem me ineligible. I authorize PG&E to share my information in order to remain eligible for available energy management assistance, and price reduction and residential rate programs with other utilities, state agencies and entities designated by the CPUC. I will pay back the discount if any of the information provided above is untrue. The information I have provided here is true and correct.

Signature

Date

Please see page three for instructions on what documents to send with this form.

Energy Savings Assistance Program Participation

By submitting the signed CARE High Usage Verification Form you are agreeing to fulfill your participation in the Energy Savings Assistance Program. The Energy Savings Assistance Program provides energy-efficient home improvements and appliances at no cost to customers who qualify for the CARE program and rent or own a home that is at least five years old. Completion of the Energy Savings Assistance Program is necessary to remain in the CARE program.

Required Document Instructions

For your protection, please “blackout” or conceal your Social Security Number and/or bank account numbers on all documents.

OPTION 1: Provide proof of participation in a public assistance program

Please provide program Award letter(s) or letter(s) of program participation dated within the last 12 months.

Qualifying Public Assistance Programs

Bureau of Indian Affairs
General Assistance

CalFresh/SNAP (Food Stamps)
CalWORKs (TANF) or Tribal TANF

Head Start Income Eligible (Tribal only)
Low Income Home Energy Assistance
Program (LIHEAP)

Medi-Cal for Families
(Healthy Families A&B)

Medicaid/Medi-Cal
(under age 65 or age 65 and over)

National School Lunch Program
(NSLP)

Supplemental Security Income (SSI)

Women, Infant, and Children (WIC)

OR

OPTION 2: Provide proof of income for every member of the household

For this type of income or support

Wages, salary, tips, commissions

Please provide these documents
(copies accepted, additional documents
may be required)

Two most recent consecutive pay stubs,
W-2 OR
The first page of IRS 1040* form. If you
have income on Line 8 of the 1040 form,
please include Schedule 1

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OPTION 2: Provide proof of income for every member of the household	
Social Security, SSDI, Pensions, Disability Payments, Workers Compensation, Unemployment Benefits	Award letter(s) OR Two most recent check stubs OR Most recent bank statement (showing direct deposit) including printed name on the bank statement
Self-employment	The first page of IRS 1040* + Schedule 1 AND all Schedule C(s) OR A current 3-month profit and loss statement
Rental income, royalty income	The first page of IRS 1040* AND Schedule 1 OR Rental Agreement OR Trust Statement
Interest or dividends from savings accounts, retirement accounts, stocks, bonds	The first page of IRS Form 1040* OR IRS Form 1099(s)
Insurance, legal settlements	Settlement documents
Child and/or spousal support	Court documents OR Two most recent pay stub(s)
School grants, scholarships, or other aid	Current school year award letter(s)
Cash income (if you have not filed State and/or Federal taxes)	A signed letter detailing the type of work, estimated monthly amount of cash payment, and employer name and phone number (if applicable)
Household does not receive any income	Find form in the packet mailed to you or find form at pge.com/Affidavit .

*If 1040-SR tax document please include the first and second pages.