



Percentage of Income Payment Plan (PIPP) Post-Enrollment Verification Request Form

Customer Name _____		
PG&E Account Number _____		
Address _____	City _____	Zip _____
Email (optional) _____		Phone _____
By entering your email address, you are authorizing PG&E to send you information from time to time regarding your PG&E utility service and PG&E programs and services that may be available to you.		

URGENT REPLY NEEDED
Proof of household income verification is required.

Instructions to complete this form:

- You must provide proof that you qualify for this program.** Attach copies of document(s) for every household member receiving income.
- Review attached document guide for acceptable forms of verification.**
- Submit your completed form and copies of acceptable document(s) using one of the following:

Mail:
CARE/PIPP Program
P.O. Box 7979
San Francisco, CA 94120-7979

Fax:
1-877-302-7563

List the name of every household member receiving income
List any additional members on a separate piece of paper.

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

Total gross annual household income: \$ _____

Declaration: By signing this declaration, I certify that the information I have provided in this application is true and correct. I acknowledge that I have read and understood the contents of this application. I also agree to follow the terms and conditions of the CARE or PIPP program.

Signature _____ Date _____

Check only if you no longer qualify or do not want to participate in the CARE or PIPP program, and sign here. _____



Percentage of Income Payment Plan (PIPP) Post-Enrollment Verification Required Income Document Guide

The chart below lists sources and acceptable form of proof of income for eligibility in the PIPP Program. **You must send the most recent copies of documents for every household member receiving income.** You can also send (in place of the documents below) a complete copy of your latest federal income tax return, as long as it includes all sources of your household income.

Note: For your protection, please erase or blank out Social Security and/or bank account numbers on all copies.

If you or someone in your household receive income from:	You should send us a copy of:
Wages, Salaries and Tips	Most recent pay stub(s) OR IRS 1040 form (W-2's are not acceptable)*
Pensions, Social Security (SSA, SSDI, RSDI), Disability Payments, Workers Compensation, Unemployment Benefits, VA Benefits	Award letter(s) OR Most recent check stubs OR Most recent bank statement (to show direct deposit)
School Grants, Scholarships, Other Aid	Award letter(s) OR Statements
Insurance and/or Legal Settlements	Settlement documents
Child and/or Spousal Support, Foster Care Payments	Court documents OR Most recent pay stub(s)
Farm Income	First page of IRS Form 1040 OR IRS 1040 AND Schedule 1
Interest and/or Dividends from: Savings, Stocks, Bonds, Mutual Funds	IRS Form 1040 OR IRS Form 1099(s) OR Recent bank statement
401K, IRA Withdrawals or Annuities	Investment account statement(s) OR IRS Form 1040 OR IRS Form 1099
Capital Gains	Investment account statement(s) OR First page of IRS Form 1040
Rental and/or Royalty Income	First page of IRS Form 1040 AND Schedule 1 OR Rental Agreement OR Trust Statement
Profit from Self-Employment, Commissions	IRS 1040 + Schedule 1 AND all Schedule C(s) OR Most recent 3-month profit and loss statement
Gambling/Lottery Winnings	First page of IRS Form 1040 AND Schedule 1
Cash Income (when you have not filed federal or state taxes)	Signed letter detailing type of work, estimated monthly amount of cash payment and employer name and phone number (if applicable)
Monetary Gifts, Savings, none of the examples above apply, or if you do not receive any income	Signed letter explaining the current source(s) of income used to support your household

*Further information may be required if what is submitted is not sufficient to determine eligibility.