



# CARE PROGRAM APPLICATION

## Migrant Farm Worker Housing Centers

The way  
Californians  
are charged  
for energy  
is changing.  
Learn more†.

# Save 30%\* or more on your monthly PG&E bill

## California Alternate Rates for Energy (CARE)

[pge.com/care](http://pge.com/care)

The CARE Program offers a monthly discount on PG&E bills for qualifying migrant farm worker housing centers (MFHC) based on criteria established by the California Public Utilities Commission. Please review this application carefully to see if your facility qualifies. If you have questions, email [CAREandFERA@pge.com](mailto:CAREandFERA@pge.com) or call the Hotline at 415-973-7288, 8 a.m. to 4 p.m., Monday-Friday, excluding holidays.

### How You Can Apply

**Read** all the information, including the eligibility criteria for both organizations and facilities, before you complete this application.

**Determine** if your facility meets the definition of a qualified migrant farm worker housing center. The facility must meet all criteria to qualify for a monthly CARE discount.

**Complete** the entire application, making sure to fill out a separate application for each type of qualified facility.

**Attach** all required documents; otherwise your application will be considered incomplete. Required documents include:

- A copy of your current contract with the Office of Migrant Services **OR** your Federal 501(c)(3) tax exemption **OR** your state tax exemption form along with your local property tax exemption form
- A complete list of your facility's PG&E accounts (See Section 5 of the application.)

**Return** your completed application using **one** of the following methods:

- **Email:** Take clear pictures of your completed application and required documentation or scan these materials; convert these images into a PDF (portable document file) and email it to [CAREandFERA@pge.com](mailto:CAREandFERA@pge.com).
- **Fax:** Send completed application and required documentation to **1-877-302-7563**.
- **Mail to:** Pacific Gas and Electric Company  
CARE Program  
P.O. Box 7979  
San Francisco, CA 94120-7979

## Eligible Facilities

- **Migrant Farm Worker Housing Centers, operated by the Office of Migrant Services through the Department of Housing and Community Development**, provide housing 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, is exempt from local property taxes pursuant to Subdivision (g) of Section 214 of the Revenue and Taxation Code.

## Eligibility Criteria for Organizations

Each facility **MUST** meet ALL of the following:

- The migrant farm worker housing center (MFHC) must be the PG&E customer of record.
- MFHC must verify that the energy supplied to each account listed in this application is used for residential purposes.
- MFHC must agree to use all CARE savings (from reduced energy rates) for the direct benefit of its housing center residents.
- MFHC is required to renew its CARE eligibility by completing a new application, attaching all required documentation (updated as necessary) and providing an explanation as to how the previous year's CARE discount was used to directly benefit its residents.

## Migrant Farm Worker Housing Centers' (MFHC) Responsibilities

As the applicant, you are required to:

- Provide a copy of your current contract with the Office of Migrant Services or a copy of your Federal 501(c)(3) tax exemption or a copy of your state tax exemption form, along with a current copy of your local property tax exemption form.
- Maintain supporting records and documentation that demonstrate how the previous year's CARE discount directly benefited your residents.
- Notify PG&E of any changes in the eligible service agreements listed in this application. Your organization may be subject to rebilling for any of the service agreements in this application that are no longer eligible for the CARE discount.

\*Gas and electricity CARE customers can save at least 30 percent while gas-only CARE customers can save at least 20 percent.

†Learn more about rate changes at [pge.com/ratechanges](http://pge.com/ratechanges)



# CARE PROGRAM APPLICATION Migrant Farm Worker Housing Centers

Form 61-0535

Please complete all sections of this application, including Section 5 on the next page. Then sign and date this form and return it to PG&E as soon as possible. **If you qualify, your CARE discount will appear on the first page of your next PG&E bill.**

## 1 Your Organization and Facility

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Your Organization's Name (Must be the name on the PG&E bill.)

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Your Facility's Name (If different from the name on the PG&E bill.)

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Facility Address

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

City/State/Zip Code

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

Facility Mailing Address (If different) City/State/Zip Code

Primary Contact

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

Phone Number

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

Fax Number

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

Email Address

Secondary Contact

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

Phone Number

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

Fax Number

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Email Address

## 2 Facility Information

Please use a separate application for each TYPE of facility.

**Migrant Farm Worker Housing Center, operated by the Office of Migrant Services,** provides housing pursuant to Section 50710 of the California Health and Safety Code.

**Migrant Farm Worker Housing Center operated by a non-profit entity,** as defined in Subdivision (b) of Section 1140.4 of the Labor Code, is exempt from local property taxes pursuant to Subdivision (g) of Section 214 of the Revenue and Taxation Code.

## 3 CARE Program Renewal

If you are looking to renew your facility's CARE eligibility, please explain how you used the savings from last year's CARE discount to directly benefit your residents:


Also tell us how this year's CARE discount will be used:

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## 4 Your Declaration

By signing this declaration, I certify that both my organization and facility qualify for CARE. I also agree to the following program terms and conditions in order to remain eligible for the CARE Program:

1. The information I have provided here is true and correct.
2. The organization is a PG&E customer of record.
3. I will renew our organization's eligibility at least every two years and notify PG&E of any changes that may affect our CARE eligibility.
4. PG&E reserves the right to request verification of records demonstrating eligibility at any time and may rebill the organization at the applicable rate, if appropriate.
5. I understand that PG&E may share our facility's name and address with other utilities or their agents, for the sole purpose of facilitating enrollment in their assistance programs.

X  
Authorized Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

X  
Authorized Representative's Name \_\_\_\_\_ Date \_\_\_\_\_

FOR INTERNAL USE ONLY  
W

Please complete this application by providing your PG&E account information in Section 5 on the next page.



