



PG&E CARE Program
P.O. Box 7979
San Francisco, California, 94120-7979

URGENT REPLY NEEDED
Proof of household income
verification is required.

Dear Customer:

As a member of the California Alternate Rates for Energy (CARE) Program, you are currently receiving a monthly discount of at least 20 percent or more on your energy bill.

The California Public Utilities Commission (CPUC) requires additional documentation from customers with electric usage above 400 percent of their baseline allowance in any monthly billing cycle. We are contacting you because last month your household's electric usage exceeded 400 percent of your allowance.* As a result you should have seen a High Usage Surcharge on your last energy statement. Additionally, it is now necessary for you to complete the CARE Program High Usage verification process.

To continue receiving your CARE Program discount, you must provide the following documentation for all adults in the household within 45 days from the date of this letter:

- 1. Tax Return Transcript or Verification of Non-Filing** from the IRS
- 2. CARE Program High Usage Form** (Complete the enclosed form.)

We have detailed what you need to submit to us on the reverse side of this letter. In addition, we recommend that you request your documents from the IRS today, as it can take over 10 business days for documents to be processed.

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If you depend on life-support or other equipment due to medical needs, you may be eligible for additional energy at the lowest price through the Medical Baseline Program. Learn more at pge.com/medicalbaseline or call **1-800-743-5000** for assistance.

Log in to pge.com for tools and tips to help you manage your monthly energy usage. You may also refer to the last page in this packet for a list of energy saving tips.

Feel free to contact us with any questions at **1-866-743-5832** or email careprogram@pge.com.

Sincerely,

Your partners at PG&E

For large print in English or versions en español, sa Tagalog, 中文, Việt, 한국어, Hmong or России, visit pge.com/carepev under “Additional Resources.”

*“Allowance” refers to Tier 1 or baseline allowance, which is the amount of energy provided to residential electric and natural gas customers, at the lowest cost, for basic energy needs. Your allowance varies by season, climate zone and heat source. Your baseline information is located in the “Charges” section on page 3 of your PG&E bill.



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Customer Name		
Address/City/Zip		
Account Number		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Email (optional)</td> <td style="width: 50%; border: none;">Phone</td> </tr> </table> <p>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.</p>	Email (optional)	Phone
Email (optional)	Phone	

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

2A High Usage Verification	
Name of each adult household member (including you)*	Filed Taxes
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Yes = IRS Transcript No = Verification of Non-Filing	
Number of people living in your household: Adults _____ Children (under 18) _____	

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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 will allow PG&E to share my information with municipal, state or federal agencies, and/or other utilities or their agents, for the sole purpose of facilitating enrollment in their assistance programs. 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

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

*List any additional members on a separate piece of paper.

2B Energy Savings Assistance Program Participation

By submitting the signed CARE High Usage 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.

To immediately get started, enroll at **pge.com/energysavings** or call **1-800-933-9555**.