



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

Month 00, 20XX

«Customer Name»
«Customer Name2»
«Mailing Address2»
«Mailing City, State Zip»

URGENT REPLY NEEDED
Proof of household income
verification is required to continue
your CARE program enrollment.

RE: Account number <account number>

Dear «Customer Name»:

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. Your household has been selected to participate in the CARE program post-enrollment verification process to verify your household eligibility. Eligibility for this program is based on total income of everyone living in the home OR participation in a qualifying public assistance program.

If you would like to continue receiving the monthly CARE program discount, you must provide the following documentation:

- Completed CARE Program Post-Enrollment Verification Request Form (See form on back.)[†]
- Most recent copies of documents for every household member receiving income or public assistance. (See income document guide for acceptable forms of verification.)

The required documents must be received by **Month xxx, 20xx**, **OR** the CARE program discount will be removed from your account.

Log in to pge.com for tools and tips to help you manage your monthly energy usage.

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 Россия, visit pge.com/carepev under "Additional Resources."

