



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.)<sup>†</sup>
- 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](https://www.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](mailto: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](https://www.pge.com/carepev) under “Additional Resources.”

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Customer Name

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PG&E Account Number

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Address/City/Zip

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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.

## California Alternate Rates for Energy (CARE) Program Post-Enrollment Verification Request Form

### Instructions to complete this form:

1. **You must provide proof that you qualify for this program.** Attach copies of document(s) for every household member receiving income or public assistance.
2. **MUST review attached document guides for acceptable forms of verification.**
3. Submit your completed form and copies of acceptable document(s) using one of the following:

**Upload to YourAccount:** [pge.com](https://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 7979, San Francisco, CA 94120-7979  
**Email:** [careprogram@pge.com](mailto:careprogram@pge.com)  
**Fax:** 1-877-302-7563

**List the name of every household member receiving income or public assistance**

List any additional members on a separate piece of paper.


**Number of people living in your household:**  
**Adults** \_\_\_\_\_ **Children** (under 18) \_\_\_\_\_

**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 the FERA program.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature