

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE

SAN FRANCISCO, CA 94102-3298



May 31, 2013

Advice Letters 3385-G/4224-E

Brian K. Cherry
Vice President, Regulation and Rates
Pacific Gas and Electric Company
77 Beale Street, Mail Code B10C
P.O. Box 770000
San Francisco, CA 94177

**Subject: Revised Household Income Requirements and Categorical Programs for
CARE and FERA Programs.**

Dear Mr. Cherry:

Advice Letters 3385-G/4224-E are effective June 1, 2013.

Sincerely,

A handwritten signature in dark ink, reading 'Edward F. Randolph'.

Edward F. Randolph, Director
Energy Division

May 14, 2013

Advice 3385-G/4224-E

(Pacific Gas and Electric Company ID U 39 M)

Public Utilities Commission of the State of California

Subject: Revised Household Income Requirements and Categorical Programs for California Alternate Rates for Energy (CARE) and Family Electric Rate Assistance (FERA) Programs

Pacific Gas and Electric Company (PG&E) hereby submits for filing revisions to its gas and electric tariffs. The affected tariff sheets are listed on the enclosed Attachment 1.

Purpose

The purpose of this filing is to update PG&E's tariffs and forms regarding the CARE and FERA programs. These revisions include updated household income guidelines and the approved list of categorical programs.

CARE Program

In accordance with Public Utilities (P.U.) Code Section 739.1(b)(1)¹ and the Energy Division's *Notice to Investor Owned and Small Multi-Jurisdictional Utilities Providing Service Under CARE, FERA, and Energy Savings Assistance (ESA) Programs* (Notice) dated April 1, 2013, PG&E hereby submits tariffs with revised income limits for the CARE program, effective June 1, 2013 to May 31, 2014, as follows:

¹ PU Code Section 739.1(b)(1) states: "The Commission shall establish a program of assistance to low-income electric and gas customers with annual household incomes that are no greater than 200 percent of the federal poverty guideline levels, the cost of which shall not be borne solely by any single class of customer. The program shall be referred to as the California Alternate Rates for Energy or CARE program. The Commission shall ensure that the level of discount for low-income electric and gas customers correctly reflects the level of need."

Household Size	Maximum Annual Household Income
1	\$22,980
2	\$31,020
3	\$39,060
4	\$47,100
5	\$55,140
6	\$63,180
7	\$71,220
8	\$79,260
Each Additional	\$ 8,040

The following three PG&E gas and electric tariffs are affected by this revision:

- (1) Rule 19.1 — *California Alternate Rates for Energy for Individual Customers and Submetered Tenants of Master-Metered Customers*;
- (2) Rule 19.2 — *California Alternate Rates for Energy for Nonprofit Group-Living Facilities*; and
- (3) Rule 19.3 — *California Alternate Rates for Energy for Qualified Agricultural Employee Housing Facilities*.

PG&E is also updating the income levels on the gas and electric forms as listed on pages 4 and 5 of this advice letter and in Attachment 1.

FERA Program

In accordance with the Energy Division's Notice dated April 1, 2013, PG&E hereby submits revised income guidelines for the FERA program. The FERA program, also known as the Lower Middle Income Large Household Program, was authorized by the California Public Utilities Commission (CPUC or Commission) in Decision (D.) 04-02-057 and is a rate assistance program for lower to middle income large household participants. The FERA program was designed to assist large families that are ineligible for the CARE rate because their income level is slightly above the CARE program income limits. Eligible participants will be charged Tier 2 electricity rates for their Tier 3 usage if the household consists of three or more people and the family has an income between 200 percent and 250 percent of the federal poverty level.² The income threshold increases with each additional family member over three people.

² In D.05-10-044, dated October 27, 2005, the lower income limits of the FERA program were raised to 200%+\$1 of the Federal Poverty Guideline levels, which corresponds to the upper limits of the CARE program.

FERA is applicable to domestic customers in individually metered single-family accommodations, or domestic submetered tenants residing in multifamily master-metered accommodations. Customers receiving service under Schedule E-CARE, or submetered tenants receiving benefit of Schedule E-CARE on their sub-metered bills, as well as all Direct Access Customers and Community Choice Aggregation Service Customers, are not eligible for the FERA program.

In compliance with the Notice, PG&E is revising the Total Gross Annual Income Levels in Special Condition 2 of Electric Schedule E-FERA--*Family Electric Rate Assistance*. The income levels, effective from June 1, 2013 to May 31, 2014, are as follows:

Household Size	Total Gross Annual Income
1-2	Not Eligible
3	\$39,061 to \$48,825
4	\$47,101 to \$58,875
5	\$55,141 to \$68,925
6	\$63,181 to \$78,975
7	\$71,221 to \$89,025
8	\$79,261 to \$99,075
Each Additional	\$ 8,040 to \$10,050

In addition to the income revisions to Electric Schedule E-FERA, PG&E is also revising the income levels on the standard forms as listed on pages 4 and 5 of this advice letter and in Attachment 1.

Categorical Programs

In accordance with the Notice, and Ordering Paragraph 88 (b)(ii) of D.12-08-044, PG&E includes the following approved list of categorical programs on the standard forms. This list will remain in effect until further notice.

- Bureau of Indian Affairs General Assistance
- CalFresh/Supplemental Nutrition Assistance Program (SNAP)
- CalWORKs/Temporary Assistance for Needy Families (TANF)
- Head Start Income Eligible (Tribal Only)
- Healthy Families A&B
- Low-Income Home Energy Assistance Program (LIHEAP)
- Medicaid/Medi-Cal
- National School Lunch Program (NSLP)
- Supplemental Security Income (SSI)
- Tribal TANF
- Women, Infants, and Children Program (WIC)

Tariff Revisions

PG&E hereby updates the following tariffs:

1. Gas and electric Rules 19.1 — *California Alternate Rates for Energy for Individual Customers and Submetered Tenants of Master-Metered Customers*: Section B is revised to update the maximum annual household income levels.
2. Gas and electric Rules 19.2 — *California Alternate Rates for Energy for Nonprofit Group-Living Facilities*: Section B.4 is revised to update the maximum annual household income.
3. Gas and electric Rules 19.3 — *California Alternate Rates for Energy for Qualified Agricultural Employee Housing Facilities*: Section B.4 is revised to update the maximum annual household income levels.
4. Electric Schedule E-FERA — *Family Electric Rate Assistance*: Special Condition 2 is revised to update the total gross annual income.
5. Revised Forms: The following combined forms are being submitted with updated income levels and approved categorical programs allowing customers to apply for CARE or FERA:

01-9077 CARE/FERA Residential Single Family Customers (Eng/Span)
62-0972 CARE/FERA Residential Single Family Customers (Eng/Chin)
62-0973 CARE/FERA Residential Single Family Customers (Eng/Viet)
62-0939 CARE/FERA Residential Single Family pre-printed app instruction (Eng/Span)
62-0919 CARE/FERA Residential Single Family pre-printed app (Eng/Span)
62-0940 CARE Residential Single Family Recertification Instruction (Eng/Span/Chin/Viet)
62-1509 CARE Residential Single Family Recertification (Eng/Span/Chin/Viet)
79-1072 FERA Residential Single Family Recertification Instruction (Eng/Span/Chin/Viet)
79-1073 FERA Residential Single Family Recertification (Eng/Span/Chin/Viet)
79-1051 Large Print CARE/FERA Residential Single Family Customers (English)
79-1052 Large Print CARE/FERA Residential Single Family Customers (Spanish)
79-1053 Large Print CARE/FERA Residential Single Family Customers (Chinese)
79-1054 Large Print CARE/FERA Residential Single Family Customers (Vietnamese)

01-9285 CARE/FERA Tenants of Sub-Metered Residential Facilities
(Eng/Span)
62-0672 CARE/FERA Tenants of Sub-Metered Residential Facilities
(Eng/Chin)
62-0673 CARE/FERA Tenants of Sub-Metered Residential Facilities (Eng/Viet)
79-1055 Large Print CARE/FERA Tenants of Sub-Metered Residential
Facilities (English)
79-1056 Large Print CARE/FERA Tenants of Sub-Metered Residential
Facilities (Spanish)
79-1057 Large Print CARE/FERA Tenants of Sub-Metered Residential
Facilities (Chinese)
79-1058 Large Print CARE/FERA Tenants of Sub-Metered Residential
Facilities (Vietnamese)
62-1477 CARE/FERA Income Guidelines (Eng/Span/Chin/Viet)
79-1059 Large Print CARE/FERA Income Guidelines (Eng/Span/Chin/Viet)
62-0156 CARE Non-Profit Group Living Facilities Application
62-1198 CARE Agricultural Employee Housing Facilities Application
61-0535 CARE Migrant Farm Worker Housing Centers (MFHC) Application

PG&E is updating all pertinent printed or posted materials to reflect the revised income levels and approved categorical programs. This filing will not affect any other rates or charges, cause the withdrawal of service, or conflict with any other rate schedule or rule.

Protests

Anyone wishing to protest this filing may do so by letter sent via U.S. mail, facsimile or E-mail, no later than **June 3, 2013**, which is 20 days after the date of this filing. Protests must be submitted to:

CPUC Energy Division
ED Tariff Unit
505 Van Ness Avenue, 4th Floor
San Francisco, California 94102

Facsimile: (415) 703-2200
E-mail: EDTariffUnit@cpuc.ca.gov

Copies of protests also should be mailed to the attention of the Director, Energy Division, Room 4004, at the address shown above.

The protest shall also be sent to PG&E either via E-mail or U.S. mail (and by facsimile, if possible) at the address shown below on the same date it is mailed or delivered to the Commission:

Brian K. Cherry
Vice President, Regulatory Relations
Pacific Gas and Electric Company
77 Beale Street, Mail Code B10C
P.O. Box 770000
San Francisco, California 94177

Facsimile: (415) 973-7226
E-mail: PGETariffs@pge.com

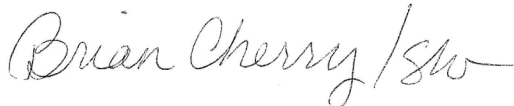
Any person (including individuals, groups, or organizations) may protest or respond to an advice letter (General Order 96-B, Section 7.4). The protest shall contain the following information: specification of the advice letter protested; grounds for the protest; supporting factual information or legal argument; name, telephone number, postal address, and (where appropriate) e-mail address of the protestant; and statement that the protest was sent to the utility no later than the day on which the protest was submitted to the reviewing Industry Division (General Order 96-B, Section 3.11).

Effective Date

Pursuant to P.U. Code Section 739.1(b)(1), PG&E requests that this Tier 1 advice filing become effective on **June 1, 2013**, subject to Energy Division review.

Notice

In accordance with General Order 96-B, Section IV, a copy of this advice letter is being sent electronically and via U.S. mail to parties shown on the attached list and the parties on the service list for A.11-05-019. Address changes to the General Order 96-B service list should be directed to PG&E at email address PGETariffs@pge.com. For changes to any other service list, please contact the Commission's Process Office at (415) 703-2021 or at Process_Office@cpuc.ca.gov. Send all electronic approvals to PGETariffs@pge.com. Advice letter filings can also be accessed electronically at: <http://www.pge.com/tariffs>

A handwritten signature in cursive script that reads "Brian Cherry /sw".

Vice President, Regulatory Relations

Attachments

cc: Service List A.11-05-019

CALIFORNIA PUBLIC UTILITIES COMMISSION

ADVICE LETTER FILING SUMMARY ENERGY UTILITY

MUST BE COMPLETED BY UTILITY (Attach additional pages as needed)

Company name/CPUC Utility No. **Pacific Gas and Electric Company (ID U39 M)**

Utility type:

☒ ELC

☒ GAS

☐ PLC

☐ HEAT

☐ WATER

Contact Person: **Shirley Wong**

Phone #: **(415) 972-5505**

E-mail: **slwb@pge.com and PGETariffs@pge.com**

EXPLANATION OF UTILITY TYPE

ELC = Electric

GAS = Gas

☐

PLC = Pipeline

HEAT = Heat

WATER = Water

(Date Filed/ Received Stamp by CPUC)

Advice Letter (AL) #: **3385-G/4224-E**

Tier: **1**

Subject of AL: **Revised Household Income Requirements and Categorical Programs for California Alternate Rates for Energy (CARE) and Family Electric Rate Assistance (FERA) Programs**

Keywords (choose from CPUC listing): **Compliance, CARE, Forms**

AL filing type: ☐ Monthly ☐ Quarterly ☒ Annual ☐ One-Time ☐ Other _____

If AL filed in compliance with a Commission order, indicate relevant Decision/Resolution #:

P.U. Code Section 739.1(b)(1)

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL: **No**

Summarize differences between the AL and the prior withdrawn or rejected AL:

Is AL requesting confidential treatment? If so, what information is the utility seeking confidential treatment for: **No**

Confidential information will be made available to those who have executed a nondisclosure agreement: **N/A**

Name(s) and contact information of the person(s) who will provide the nondisclosure agreement and access to the confidential information: _____

Resolution Required? ☐ Yes ☒ No

Requested effective date: **June 1, 2013**

No. of tariff sheets: **73**

Estimated system annual revenue effect (%): **N/A**

Estimated system average rate effect (%): **N/A**

When rates are affected by AL, include attachment in AL showing average rate effects on customer classes (residential, small commercial, large C/I, agricultural, lighting).

Tariff schedules affected: **Electric Rate Schedule E-FERA, Gas and Electric Rules 19.1, 19.2, and 19.3, Electric Sample Forms 79-1072, 79-1073, Gas and Electric Sample Forms 01-9077, 62-0972, 62-0973, 62-0939, 62-0919, 62-0940, 62-1509, 79-1051, 79-1052, 79-1053, 79-1054, 01-9285, 62-0672, 62-0673, 79-1055, 79-1056, 79-1057, 79-1058, 62-1477, 79-1059, 62-0156, 62-1198, 61-0535**

Service affected and changes proposed: **Update tariff and forms to reflect the revised income levels and approved categorical programs. This filing will not affect any other rates or charges, cause the withdrawal of service, or conflict with any other rate schedule or rule.**

Protests, dispositions, and all other correspondence regarding this AL are due no later than 20 days after the date of this filing, unless otherwise authorized by the Commission, and shall be sent to:

CPUC, Energy Division

ED Tariff Unit

505 Van Ness Ave., 4th Floor

San Francisco, CA 94102

EDTariffUnit@cpuc.ca.gov

Pacific Gas and Electric Company

Attn: Brian K. Cherry, Vice President, Regulatory Relations

77 Beale Street, Mail Code B10C

P.O. Box 770000

San Francisco, CA 94177

E-mail: PGETariffs@pge.com

ATTACHMENT 1
Advice 3385-G

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
30443-G	GAS RULE NO. 19.1 CALIF ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS Sheet 1	24135-G
30444-G	GAS RULE NO. 19.1 CALIF ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS Sheet 2	29710-G
30445-G	GAS RULE NO. 19.1 CALIF ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS Sheet 3	28209-G
30446-G	GAS RULE NO. 19.2 CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES Sheet 2	29711-G
30447-G	GAS RULE NO. 19.2 CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES Sheet 4	28212-G
30448-G	GAS RULE NO. 19.2 CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES Sheet 5	27255-G
30449-G	GAS RULE NO. 19.3 CALIF ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRI EMPLOYEE HOUSING FACILITIES Sheet 2	29712-G
30450-G	GAS RULE NO. 19.3 CALIF ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRI EMPLOYEE HOUSING FACILITIES Sheet 3	28214-G

**ATTACHMENT 1
Advice 3385-G**

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
30451-G	Gas Sample Form No. 01-9077 CARE/FERA Program Application for Residential Single-Family Customers	29713-G
30452-G	Gas Sample Form No. 01-9285 CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities	29714-G
30453-G	Gas Sample Form No. 61-0535 CARE Program Application for OMS/Non-Profit Migrant Farm Worker Housing Centers	29715-G
30454-G	Gas Sample Form No. 62-0156 California Alternate Rates for Energy Program Application for Qualified Nonprofit Group-Living Facilities	29716-G
30455-G	Gas Sample Form No. 62-0672 CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities (English/Chinese)	29717-G
30456-G	Gas Sample Form No. 62-0673 CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities (English/Vietnamese)	29718-G
30457-G	Gas Sample Form No. 62-0919 CARE/FERA Program Application for Residential Single-Family Customers (Pre-Printed Application)	29719-G
30458-G	Gas Sample Form No. 62-0939 CARE/FERA Program Application for Residential Single-Family Customers (Pre-Printed Application Instruction)	29720-G
30459-G	Gas Sample Form No. 62-0940 CARE Program Re-Certification Instructions - Residential Single-Family Customers	29721-G
30460-G	Gas Sample Form No. 62-0972 CARE/FERA Program Application for Residential Single-Family Customers (English/Chinese)	29722-G
30461-G	Gas Sample Form No. 62-0973 CARE/FERA Program Application for Residential Single-Family Customers (English/Vietnamese)	29723-G

**ATTACHMENT 1
Advice 3385-G**

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
30462-G	Gas Sample Form No. 62-1198 California Alternate Rates for Energy Program Application for Qualified Agricultural Employee Housing Facilities	29724-G
30463-G	Gas Sample Form No. 62-1477 CARE/FERA Program Income Guidelines	29725-G
30464-G	Gas Sample Form No. 62-1509 CARE Program Re-Certification Application -- Residential Single-Family Customers	30309-G
30465-G	Gas Sample Form No. 79-1051 CARE/FERA Program Application for Residential Single Family Customers (English) - Large Print Application	29727-G
30466-G	Gas Sample Form No. 79-1052 CARE/FERA Program Application for Residential Single Family Customers (Spanish) - Large Print Application	29728-G
30467-G	Gas Sample Form No. 79-1053 CARE/FERA Program Application for for Residential Single Family Customers (Chinese) - Large Print Application	29729-G
30468-G	Gas Sample Form No. 79-1054 CARE/FERA Program Application for Residential Single Family Customers (Vietnamese) - Large Print Application	29730-G
30469-G	Gas Sample Form No. 79-1055 CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities (English) Large Print Application	29731-G
30470-G	Gas Sample Form No. 79-1056 CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities (Spanish) Large Print Application	29732-G
30471-G	Gas Sample Form No. 79-1057 CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities (Chinese) Large Print Application	29733-G

**ATTACHMENT 1
Advice 3385-G**

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
30472-G	Gas Sample Form No. 79-1058 CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities (Vietnamese) Large Print Application	29734-G
30473-G	Gas Sample Form No. 79-1059 CARE/FERA Program Income Guidelines - Large Print	29735-G
30474-G	GAS TABLE OF CONTENTS Sheet 1	30441-G
30475-G	GAS TABLE OF CONTENTS Sheet 6	30093-G
30476-G	GAS TABLE OF CONTENTS Sheet 9	30323-G

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
32653-E	ELECTRIC SCHEDULE E-FERA FAMILY ELECTRIC RATE ASSISTANCE Sheet 2	31578-E
32654-E	ELECTRIC RULE NO. 19.1 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER- METERED CUSTOMERS Sheet 1	25150-E
32655-E	ELECTRIC RULE NO. 19.1 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER- METERED CUSTOMERS Sheet 2	31579-E
32656-E	ELECTRIC RULE NO. 19.1 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER- METERED CUSTOMERS Sheet 3	29290-E
32657-E	ELECTRIC RULE NO. 19.2 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES Sheet 2	31580-E
32658-E	ELECTRIC RULE NO. 19.2 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES Sheet 4	29293-E
32659-E	ELECTRIC RULE NO. 19.2 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES Sheet 5	28323-E
32660-E	ELECTRIC RULE NO. 19.3 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES Sheet 2	31581-E

**ATTACHMENT 1
Advice 4224-E**

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
32661-E	ELECTRIC RULE NO. 19.3 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES Sheet 3	29295-E
32662-E	Electric Sample Form No. 01-9077 CARE/FERA Program Application for Residential Single-Family Customers	31582-E
32663-E	Electric Sample Form No. 01-9285 CARE/FERA Program Application for Tenants of Sub-Metered Facilities	31583-E
32664-E	Electric Sample Form No. 61-0535 CARE Program Application for OMS/Non-Profit Migrant Farm Worker Housing Centers	31584-E
32665-E	Electric Sample Form No. 62-0156 CARE Program Application for Qualified Non-Profit Group Living Facilities	31585-E
32666-E	Electric Sample Form No. 62-0672 CARE/FERA Program Application for Tenants of Sub-Metered Facilities (English/Chinese)	31586-E
32667-E	Electric Sample Form No. 62-0673 CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities (English/Vietnamese)	31587-E
32668-E	Electric Sample Form No. 62-0919 CARE/FERA Program Application for Residential Single-Family Customers (Pre-Printed Application)	31588-E
32669-E	Electric Sample Form No. 62-0939 CARE/FERA Program Application for Residential Single-Family Customers (Pre-Printed Application Instruction)	31589-E
32670-E	Electric Sample Form No. 62-0940 CARE Program Re-Certification Instructions - Residential Single-Family Customers	31590-E

**ATTACHMENT 1
Advice 4224-E**

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
32671-E	Electric Sample Form No. 62-0972 CARE/FERA Program Application for Residential Single-Family Customers (English/Chinese)	31591-E
32672-E	Electric Sample Form No. 62-0973 CARE/FERA Program Application for Residential Single-Family Customers (English/Vietnamese)	31592-E
32673-E	Electric Sample Form No. 62-1198 California Alternate Rates for Energy Program Application for Qualified Agricultural Employee Housing Facilities	31593-E
32674-E	Electric Sample Form No. 62-1477 CARE/FERA Program Income Guidelines	31594-E
32675-E	Electric Sample Form No. 62-1509 CARE Program Re-Certification Application -- Residential Single-Family Customers	32487-E
32676-E	Electric Sample Form No. 79-1051 CARE/FERA Program Application for Residential Single Family Customers (English) Large Print Application	31596-E
32677-E	Electric Sample Form No. 79-1052 CARE/FERA Program Application for Residential Single Family Customers (Spanish) - Large Print Application	31597-E
32678-E	Electric Sample Form No. 79-1053 CARE/FERA Program Application for Residential Single Family Customers (Chinese) - Large Print Application	31598-E
32679-E	Electric Sample Form No. 79-1054 CARE/FERA Program Application for Residential Single Family Customers (Vietnamese) - Large Print Application	31599-E
32680-E	Electric Sample Form No. 79-1055 CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities (English) - Large Print Application	31600-E

**ATTACHMENT 1
Advice 4224-E**

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
32681-E	Electric Sample Form No. 79-1056 CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities (Spanish) - Large Print Application	31601-E
32682-E	Electric Sample Form No. 79-1057 CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities (Chinese) - Large Print Application	31602-E
32683-E	Electric Sample Form No. 79-1058 CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities (Vietnamese) - Large Print Application	31603-E
32684-E	Electric Sample Form No. 79-1059 CARE/FERA Program Income Guidelines - Large Print	31604-E
32685-E	Electric Sample Form No. 79-1072 FERA Program Re-Certification Instructions -- Residential Single-Family Customers	31605-E
32686-E	Electric Sample Form No. 79-1073 FERA Program Re-Certification Application -- Residential Single-Family Customers	31606-E
32687-E	ELECTRIC TABLE OF CONTENTS Sheet 1	32651-E
32688-E	ELECTRIC TABLE OF CONTENTS RATE SCHEDULES Sheet 3	32637-E
32689-E	ELECTRIC TABLE OF CONTENTS RULES Sheet 20	32425-E
32690-E	ELECTRIC TABLE OF CONTENTS SAMPLE FORMS Sheet 24	32429-E
32691-E	ELECTRIC TABLE OF CONTENTS SAMPLE FORMS Sheet 27	32504-E



GAS RULE NO. 19.1

Sheet 1

CALIF ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS

A. GENERAL

The Low-Income Ratepayer Assistance (LIRA) program was established by the Commission in Decisions 89-07-062 and 89-09-044. The program was revised in Decision No. 94-12-049 and the name changed to California Alternate Rates for Energy (CARE). The purpose of the CARE program is to provide qualifying residential applicants with reduced energy charges. Application for the rate may be made by individually metered PG&E Customers, master-metered Customers with qualifying submetered tenants, submetered tenants of master-metered PG&E Customers, or any permanent resident in an individually metered residential dwelling unit, except non-submetered tenants of master-metered Customers and any applicant/Customer currently receiving service under Schedule G-10.

Qualifying applicants for CARE shall be placed on the CARE rate starting with the first day of the next Billing Cycle after receipt of such application by PG&E.

A Nonprofit Group-Living Facility may qualify for CARE, if it meets the eligibility criteria set forth in Rule 19.2. A Qualified Agricultural Housing Facility may qualify for CARE, if it meets the eligibility criteria set forth in Rule 19.3.

B. ELIGIBILITY

To be eligible to receive CARE the applicant (except in the case where a master-metered Customer submeters qualifying CARE applicants) must qualify under the eligibility criteria set forth in either Section 1 or 2, below, and meet the certification requirements thereof to the satisfaction of PG&E. Individually metered applicants/Customers may qualify for CARE at their primary residence only.

The completed application must be submitted to PG&E. PG&E will randomly verify the eligibility of applicants following enrollment.

Applicants with electric usage above 400% of baseline allowance must provide proof of qualifying household income, including IRS Tax Return Transcripts, agree to participate in the Energy Savings Assistance program, and keep their usage below 600% of baseline allowance to remain enrolled in CARE.

(N)
 |
 |
 (N)

(Continued)



GAS RULE NO. 19.1 Sheet 2
**CALIF ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND
 SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS**

B. ELIGIBILITY (Cont'd.)

Total gross annual income for all persons in the applicants household may not exceed the following:

Number of Persons in Household	Maximum Annual Household Income (Effective June 1, 2013 to May 31, 2014)	(N)
1	\$22,980	(T)
2	\$31,020	
3	\$39,060	
4	\$47,100	
5	\$55,140	
6	\$63,180	
7	\$71,220	
8	\$79,260	
Each additional member, add:	\$ 8,040	(T)

C. CERTIFICATION

1. Individually metered PG&E Customers, submetered tenants of master-metered PG&E Customers, and other qualifying applicants in individually metered residential dwelling units:

All applicants for certification must fill out and provide to PG&E Application Form No. 01-9077 (English/Spanish), 62-0972 (English/Chinese), 62-0973 (English/Vietnamese).

(N)
(N)

2. Submetered tenants of master-metered PG&E Customers:

Submetered tenants of master-metered Customers will submit Application Form No. 01-9285 (English/Spanish), 62-0672 (English/Chinese), 62-0673 (English/Vietnamese) to PG&E, including their apartment/unit number and PG&E master metered account number. PG&E will notify the master-metered Customer of the tenant's certification. The master-metered Customer, not PG&E, is responsible for extending CARE discounts to tenants certified to receive them.

(N)
(N)

(Continued)



GAS RULE NO. 19.1

Sheet 3

**CALIF ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND
SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS**

C. CERTIFICATION (Cont'd.)

(L)

3. Self-certification:

Self-certification will be used to determine income eligibility for the CARE program. Customers must sign a statement upon application indicating that PG&E may verify the Customer's eligibility at any time. If verification establishes that the Customer is ineligible, the Customer will be removed from the program and PG&E may render corrective billings.

(L)

D. RECERTIFICATION REQUIREMENTS

Certification of individually-metered PG&E Customers and submetered tenants of master-metered customers is valid for a period of two years, or four years for customers that are determined to have a fixed income, except as provided in Section F.

Applicants either suspected of or proven to have provided incorrect information in their application for CARE may be required to recertify at any time. Further, PG&E reserves the right to conduct random audits to determine applicants' eligibility. Failure by any party asked to provide proper proof of eligibility will result in disqualification of applicant's eligibility to receive the CARE rate. PG&E may rebill Customers removed from the program for previous discounts received for which the participant did not qualify.

Upon PG&E's request that the applicant recertify eligibility following the regular expiration date of applicants' eligibility, the applicant will have 90 days to recertify, after which applicants not recertified may lose their eligibility under the CARE program.

It is the responsibility of the applicant to immediately notify PG&E when the applicant is no longer eligible for the CARE program.

(Continued)



GAS RULE NO. 19.2
CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES

Sheet 2

B. ELIGIBILITY (Cont'd.)

3. The facility must also be licensed, or otherwise prove to PG&E's satisfaction, by the appropriate state agency. A homeless shelter is required to provide a copy of its municipal or county conditional use permit.
4. The total gross income for all persons residing at a Facility may not exceed the following:

<u>Number of Persons in Household</u>	<u>Maximum Annual Household Income (Effective June 1, 2013 to May 31, 2014)</u>	<u>(N)</u>
1	\$22,980	(T)
2	\$31,020	
3	\$39,060	
4	\$47,100	
5	\$55,140	
6	\$63,180	
7	\$71,220	
8	\$79,260	
Each additional member, add:	\$ 8,040	(T)

(Continued)



GAS RULE NO. 19.2
CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES

Sheet 4

B. ELIGIBILITY (Cont'd.)

- d. The corporation owning the satellite facility is the customer of record for the satellite facility's premises.

Completed applications must be submitted to PG&E.

C. CERTIFICATION

1. All facilities applying for certification must complete and provide to PG&E an Application Form No. 62-0156 for PG&E's CARE Program for Qualified Nonprofit Group-Living Facilities. (T)
2. Each Application for PG&E's CARE Program for Qualified Nonprofit Group-Living Facilities must be accompanied by the following documentation:
 - a. A copy of the IRS tax exempt status letter;
 - b. A copy of the license from the appropriate state agency, showing what services are provided in addition to lodging (homeless shelters do not need to provide a copy of a license);
 - c. A copy of the municipal or county conditional use permit for facilities providing shelter for the homeless; and
 - d. Documentation that all residents of the Nonprofit Group-Living Facility and any satellite facilities meet the CARE eligibility criteria shown in Section B. Homeless shelters need not provide income documentation; or
 - e. Otherwise prove to PG&E's satisfaction that the Group-Living Facility is eligible to participate in the CARE program.
3. Certification of Nonprofit Group-Living Facilities is valid for two years, except as provided in Section E.

It is the responsibility of the Nonprofit Group-Living Facility to notify PG&E when it is no longer eligible for the CARE Program.

(Continued)



GAS RULE NO. 19.2
CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES

Sheet 5

D. RECERTIFICATION REQUIREMENTS

1. Facilities wishing to recertify must complete Form No. 62-0156 and provide the information listed in Section C.
2. Recertification shall include an explanation by the Nonprofit Group-Living Facility of how the annual CARE discount was used during the previous year for the direct benefit of qualifying residents.

(T)
|
(T)

Nonprofit Group-Living Facilities either suspected of or proven to have provided incorrect information in their application for CARE may be required to recertify at any time. Further, PG&E reserves the right to conduct random audits to determine Nonprofit Group-Living Facility eligibility. Failure by any party to provide proper proof of eligibility will result in the removal of the Nonprofit Group-Living Facility from the CARE rate.

Upon PG&E's request that the Nonprofit Group-Living Facility recertify eligibility or 90 days before the regular expiration date of the Nonprofit Group-Living Facility's eligibility, the Nonprofit Group-Living Facility will have 90 days to recertify, after which Nonprofit Group-Living Facilities not recertified may lose their eligibility under the CARE program.

E. MISAPPLICATION OF CARE

Misapplication of CARE for the period during which the Nonprofit Group-Living Facility received CARE occurs when: 1) the Nonprofit Group-Living Facility certifies or recertifies using incorrect information, or 2) when the CARE discount funds were not spent for the benefit of the qualifying residents. PG&E may rebill the account at the customer's otherwise applicable rate schedule for misapplication of CARE. Such billing shall be for a period up to the most recent three years in accordance with Rule 17.1. However, nothing in Rule 19.2 shall be interpreted as limiting PG&E's rights under any provisions of any applicable law or tariff.



GAS RULE NO. 19.3
CALIF ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRI EMPLOYEE HOUSING FACILITIES

Sheet 2

B. ELIGIBILITY (Cont'd.)

2. PRIVATE-OWNED EMPLOYEE HOUSING FACILITIES

- a. Privately-Owned Employee Housing Facilities must provide proof of current compliance with Part 1 of Division 13 of the Health and Safety Code. Compliance must take the form of having a permit issued by the State Department of Housing and Community Development pursuant to Health and Safety Code §17030.
- b. For Privately-Owned Employee Housing Facilities, 100 percent of the energy supplied to the facility's premises must be used for residential purposes.

3. AGRICULTURAL EMPLOYEE HOUSING FACILITIES

- a. Agricultural Employee Housing Facilities must provide a letter of determination by the Internal Revenue Service (IRS) that the corporation is tax-exempt due to its non-profit status under IRS Code §501(c)(3) or proof that it is tax-exempt due to its non-profit status from the State of California. Additionally, the Facility must provide a copy of letter from the Assessor in the county where the Facility is located stating that the housing is exempt from local property taxes.
 - b. For Agricultural Employee Housing Facilities, 100 percent of the energy supplied to the facility's premises must be used for residential purposes, if each of the dwelling areas in the facility is individually metered. If a master meter serves the facility, not less than 70 percent of the energy supplied to the facility's premises must be used for residential purposes.
4. The total gross income for all persons residing at a Facility may not exceed the following:

Number of Persons in Household	Maximum Annual Household Income (Effective June 1, 2013 to May 31, 2014)	(N)
1	\$22,980	(T)
2	\$31,020	
3	\$39,060	
4	\$47,100	
5	\$55,140	
6	\$63,180	
7	\$71,220	
8	\$79,260	
Each additional member, add:	\$ 8,040	(T)

(Continued)



GAS RULE NO. 19.3
CALIF ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRI EMPLOYEE
HOUSING FACILITIES

Sheet 3

C. CERTIFICATION

1. All facilities applying for certification must complete and provide to PG&E Application Form No. 62-1198 for PG&E's CARE Program for Qualified Agricultural Employee Housing Facilities, and Form No. 61-0535 for PG&E's CARE Program for OMS/Non-Profit Migrant Farm Worker Housing Centers (MFHC). (T)
|
|
|
(T)
2. Each Application for PG&E's CARE Program for Qualified Agricultural Employee Housing Facilities and Migrant Farm Worker Housing Centers must be accompanied by the following documentation: (T)
 - a. A copy of the documentation from the appropriate agency shown in Section B.1 through B.3. (T)
 - b. Documentation that all residents of the Employee Housing Facility meet the CARE eligibility criteria shown in Section B.4. Proof of income eligibility should come from income tax returns, paycheck stubs, or similar records. (T)
(T)
 - c. Certification, under penalty of perjury, explaining how the discount from the CARE rate will be used to directly benefit the occupants of the Facility.
3. Certification of Facilities is valid for two years, except as provided in Section E.

It is the responsibility of the Facility to notify PG&E if it is no longer eligible for the CARE Program.

(Continued)



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

30451-G
29713-G

Gas Sample Form No. 01-9077
CARE/FERA Program Application for Residential Single-Family Customers

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3385-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)

Provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA)

Provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

1. The PG&E bill must be in your name.
2. You must live at the address where the discount will be received.
3. You may not be claimed as a dependent on another person's income tax return other than your spouse.
4. You may not share an energy meter with another home.
5. You must account for all sources of qualifying household income and meet the program income guidelines described in this application.
6. You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
7. Following enrollment, you may be required to provide proof of qualifying household income, including IRS Tax Return Transcripts, and agree to participate in the Energy Savings Assistance program to remain enrolled in CARE.
8. Your monthly electric usage must not exceed six times the Tier 1 allowance.
9. You are required to recertify your eligibility every two years (four years if fixed income).

INCOME GUIDELINES (valid until May 31, 2014)		
Number of Persons in Household	Annual Income*	
	CARE	FERA
1	\$22,980	Not Eligible
2	\$31,020	Not Eligible
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
For each additional person, add:	\$8,040	\$8,040–\$10,050

*Before taxes based on current income sources. You may be enrolled in either the CARE or FERA program but not in both.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR: VISIT www.pge.com/myenergy

- **Balanced Payment Plan:** Monthly payments can be averaged out to allow you to budget your energy costs and eliminate big swings in your payments. Call 1-800-743-5000 for more information.
- **Bill Guaranty:** A deposit alternative enables customers to secure their account by having another qualifying PG&E customer sign on their behalf. Call 1-800-743-5000 for more information.
- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **REACH:** One-time energy-assistance program sponsored by PG&E and administered by the Salvation Army. Call 1-800-933-9677 for more information.
- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

- **Third-Party Notification:** Allows you to name a friend or relative to receive duplicate copies of past-due payment notices. The designated person is not responsible for paying the bill, but can contact PG&E to help resolve the problem. Call 1-800-743-5000 for more information.
- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.
- **My Energy:** You can go online to see your detailed energy usage information and use it to make informed energy choices. Simply log in to My Energy at pge.com/myenergy, and if you have a connected SmartMeter™, you can view your hourly electric and daily gas usage—up to the previous day. Learn more at pge.com/smartmeter.

FOR MORE INFORMATION

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday–Friday, 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

INFORMACIÓN SOBRE EL PROGRAMA DE CARE/FERA
California Alternate Rates for Energy (CARE)

Ofrece un descuento mensual en las cuentas de energía a los hogares que reúnan los requisitos de ingresos.

Family Electric Rate Assistance (FERA)

Ofrece un descuento mensual en las cuentas de electricidad a los hogares de tres o más personas que reúnan los requisitos de ingresos.

REQUISITOS DEL PROGRAMA

1. La cuenta de PG&E debe estar a su nombre.
2. Debe vivir en la dirección donde se recibirá el descuento.
3. El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo/a.
4. El solicitante no debe compartir el medidor de energía con otro hogar.
5. Deberá tener en cuenta todas las fuentes de ingresos que califican bajo la unidad familiar y cumplir con los requisitos de ingresos del programa que se describen en esta solicitud.
6. Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
7. Después de inscribirse, se le podría requerir que proporcione comprobantes de elegibilidad de ingresos del hogar, incluyendo copia de la declaración de impuestos al IRS (por sus siglas en inglés), y que acepte participar en el Energy Savings Assistance Program para permanecer inscrito en CARE.
8. Su consumo eléctrico mensual no debe exceder seis veces la cantidad base indicada en su factura.
9. Se le requiere que recertifique su elegibilidad cada dos años (cada cuatro años si el ingreso es fijo).

REQUISITOS DE INGRESOS

(Válido hasta el 31 de mayo, 2014)

Número de Personas en el Hogar	Ingreso Anual*	
	CARE	FERA
1	\$22,980	No Aplica
2	\$31,020	No Aplica
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
Por cada persona adicional, añada:	\$8,040	\$8,040–\$10,050

*Antes de impuestos en base a las fuentes de ingresos actuales. Puede inscribirse en el programa CARE o en el programa FERA pero no en ambos.

**OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR:
VISITE www.pge.com/myenergy**

- **Plan de Pago Equilibrado:** Sus pagos mensuales se pueden promediar permitiéndole hacer un presupuesto basado en su consumo de energía, así eliminando una variación grande en sus pagos. Para más información, llame al 1-800-743-5000.
- **Depósito de Garantía:** Una alternativa de depósito que permite a los clientes asegurar su cuenta al designar a otro cliente que reúne los requisitos de PG&E para que firme a nombre suyo. Para más información, llame al 1-800-743-5000.
- **Low Income Home Energy Assistance Program (LIHEAP):** Este es un programa que brinda ayuda o asistencia de emergencia con el pago de sus cuentas, y servicios de aislamiento térmico. Para más información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.
- **Medical Baseline:** Los clientes residenciales que dependan de equipos de soporte vital y/o que tengan necesidades especiales relacionadas con la calefacción o el aire acondicionado debido a ciertos padecimientos médicos podrían reunir los requisitos para obtener más energía a un precio más bajo (baseline). Para más información, llame al 1-800-743-5000.
- **REACH:** Es un programa que le ayuda al cliente a pagar su cuenta de energía por una sola vez y está patrocinado por PG&E y administrado por el Salvation Army. Para más información, llame al 1-800-933-9677.
- **Energy Savings Assistance Program:** Ofrece a los inquilinos y a los propietarios de viviendas que reúnan los requisitos de ingresos, soluciones sencillas y gratuitas para ayudarles a manejar su consumo de energía y ahorrar dinero en sus facturas mensuales. Para más información, llame al 1-800-989-9744.
- **Notificación a Terceras Personas:** Permite designar a un amigo o familiar para que reciba una copia de las notificaciones de cuentas vencidas y no pagadas. La persona designada no es responsable del pago de la cuenta, pero puede comunicarse con PG&E para ayudar a resolver el problema. Para más información, llame al 1-800-743-5000.
- **Universal Lifeline Telephone Service (ULTS):** La Línea Universal de Servicio Telefónico le brinda acceso telefónico a bajo precio. Llame a su compañía local de teléfonos para más información.
- **My Energy:** Puede dirigirse al Internet para ver información detallada sobre su consumo de energía y utilizarla para tomar decisiones informadas sobre cómo utilizar la energía. Simplemente conéctese a My Energy en pge.com/myenergy, y si tiene un SmartMeter™ conectado usted puede ver su consumo eléctrico por hora y su consumo de gas diario—actualizado hasta el día anterior. Obtenga más información en www.pge.com/smartmeter.

**Energy Savings
Assistance Program**

PARA MÁS INFORMACIÓN

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 para discapacidades auditivas y del habla, de lunes a viernes, 9:00 a.m. hasta las 11:00 p.m.

California Relay: 1-800-735-2929 si no puede usar la línea TDD



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

30452-G
29714-G

Gas Sample Form No. 01-9285
CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities (T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3385-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)

Provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA)

Provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

1. The energy bill from your landlord must be in your name.
2. You must live at the address where the discount will be received.
3. You may not be claimed as a dependent on another person's income tax return other than your spouse.
4. You may not share an energy meter with another home.
5. You must account for all sources of qualifying household income and meet the program income guidelines described in this application.
6. You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
7. Following enrollment, you may be required to provide proof of qualifying household income, including IRS Tax Return Transcripts, and agree to participate in the Energy Savings Assistance program to remain enrolled in CARE.
8. Your monthly electric usage must not exceed six times the baseline quantity indicated on your bill.
9. You are required to recertify your eligibility every two years (four years if fixed income).

INCOME GUIDELINES (valid until May 31, 2014)		
Number of Persons in Household	Annual Income*	
	CARE	FERA
1	\$22,980	Not Eligible
2	\$31,020	Not Eligible
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
For each additional person, add:	\$8,040	\$8,040–\$10,050

*Before taxes based on current income sources. You may be enrolled in either the CARE or FERA program but not in both.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR: VISIT www.pge.com/myenergy

- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.

- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

Energy Savings
.....
Assistance Program™

- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.

FOR MORE INFORMATION

Mail completed application to:
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

Or fax completed application to: 415-973-6419

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday–Friday, 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

INFORMACIÓN SOBRE EL PROGRAMA DE CARE/FERA

California Alternate Rates for Energy (CARE)

Ofrece un descuento mensual en las cuentas de energía a los hogares que reúnan los requisitos de ingresos.

Family Electric Rate Assistance (FERA)

Ofrece un descuento mensual en las cuentas de electricidad a los hogares de tres o más personas que reúnan los requisitos de ingresos.

REQUISITOS DEL PROGRAMA

1. La cuenta de PG&E debe estar a su nombre.
2. Debe vivir en la dirección donde se recibirá el descuento.
3. El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo/a.
4. El solicitante no debe compartir el medidor de energía con otro hogar.
5. Deberá tener en cuenta todas las fuentes de ingresos que califican bajo la unidad familiar y cumplir con los requisitos de ingresos del programa que se describen en esta solicitud.
6. Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
7. Después de inscribirse, se le podría requerir que proporcione comprobantes de elegibilidad de ingresos del hogar, incluyendo copia de la declaración de impuestos al IRS (por sus siglas en inglés), y que acepte participar en el Energy Savings Assistance Program para permanecer inscrito en CARE.
8. Su consumo eléctrico mensual no debe exceder seis veces la cantidad base indicada en su factura.
9. Se le requiere que recertifique su elegibilidad cada dos años (cada cuatro años si el ingreso es fijo).

REQUISITOS DE INGRESOS

(Válido hasta el 31 de mayo, 2014)

Número de Personas en el Hogar	Ingreso Anual*	
	CARE	FERA
1	\$22,980	No Aplica
2	\$31,020	No Aplica
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
Por cada persona adicional, añada:	\$8,040	\$8,040–\$10,050

*Antes de impuestos en base a las fuentes de ingresos actuales. Puede inscribirse en el programa CARE o en el programa FERA pero no en ambos.

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR: VISITE www.pge.com/myenergy

- **Low Income Home Energy Assistance Program (LIHEAP):** Este es un programa que brinda ayuda o asistencia de emergencia con el pago de sus cuentas, y servicios de aislamiento térmico. Para más información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.
- **Medical Baseline:** Los clientes residenciales que dependan de equipos de soporte vital y/o que tengan necesidades especiales relacionadas con la calefacción o el aire acondicionado debido a ciertos padecimientos médicos podrían reunir los requisitos para obtener más energía a un precio más bajo (baseline). Para más información, llame al 1-800-743-5000.

- **Energy Savings Assistance Program:** Ofrece a los inquilinos y a los propietarios de viviendas que reúnan los requisitos de ingresos, soluciones sencillas y gratuitas para ayudarles a manejar su consumo de energía y ahorrar dinero en sus facturas mensuales. Para más información, llame al 1-800-989-9744.

Energy Savings
.....
Assistance Program

- **Universal Lifeline Telephone Service (ULTS):** La Línea Universal de Servicio Telefónico le brinda acceso telefónico a bajo precio. Llame a su compañía local de teléfonos para más información.

PARA MÁS INFORMACIÓN

Envíe la aplicación completa a:

CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

O envíela por fax al número: 415-973-6419

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 discapacidades auditivas y del habla, de lunes a viernes, 9:00 a.m. hasta las 11:00 p.m.

California Relay: 1-800-735-2929 si no puede usar la línea TDD

1A INFORMACIÓN DEL ADMINISTRADOR O PROPIETARIO: *(por favor escriba a máquina o con letras de imprenta)*

Nombre del Mobile Home Park/o Nombre de otros locales con Sub-Metered

Dirección del Mobile Home Park/u otras Direcciones de locales con Sub-Metered

Ciudad

Código Postal

**Número de cuenta
de PG&E:**

[illegible]

Electricidad

Gas

[illegible]

()

Nombre del Administrador o Propietario

Teléfono

Dirección del Administrador o Propietario

Ciudad

Código Postal

Situación del solicitante: ☐ NUEVO ☐ CANCELÓ EL PROGRAMA ☐ RE-INSCRIPCIÓN ☐ SE MUDÓ A OTRO ESPACIO

1B INFORMACIÓN DEL INQUILINO: *(por favor escriba a máquina o con letras de imprenta)*

()

Nombre (Como aparece en la factura de electricidad)

Teléfono

Dirección del Hogar (No use P.O. Box)

Departamento #

Ciudad

Código Postal

Dirección Postal

(Llene sólo si su dirección postal es diferente a la que aparece arriba)

Departamento #

Ciudad

Código Postal

Número de Personas en el Hogar: Adultos _____ + Niños (menores de 18) _____ = _____

Total de ingresos anuales brutos de la unidad familiar:

(por favor, tenga en cuenta todos los ingresos de todos los miembros de la unidad familiar)

\$, .00

2A **ELEGIBILIDAD DE ACUERDO A LOS INGRESOS EN EL HOGAR:** marque todas las fuentes de ingreso de la familia.

- | | | |
|--|---|---|
| ☐ Pagos de Pensiones | ☐ Sueldos y/o Ganancias de su Propio Negocio | ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del Hogar |
| ☐ Pagos del Seguro Social | ☐ Ingresos Provenientes de Rentas o Regalías | ☐ Reclamaciones al Seguro o Legales |
| ☐ SSP o SSDI | ☐ Beneficios por Desempleo | ☐ Pagos por Pensión Alimenticia a Hijos/Conyugal |
| ☐ Intereses/Dividendos de:
Cuentas de Ahorros,
Acciones, Bonos o
Cuentas de Jubilación | ☐ Compensación al Trabajador o Pagos por Incapacidad | ☐ Pagos en Efectivo y/u Otros Ingresos |

2B **ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PÚBLICA:** marque todas las programas que usted o alguien en su hogar están recibiendo.

- | | | |
|---|--|---|
| ☐ Medicaid/Medi-Cal (menor de 65 años) | ☐ Women, Infants and Children (WIC) | ☐ National School Lunch Program (NSLP) |
| ☐ Medicaid/Medi-Cal (65 años o más) | ☐ Healthy Families A & B | ☐ Bureau of Indian Affairs General Assistance |
| ☐ Supplemental Security Income (SSI) | ☐ CalWORKs (TANF) o Tribal TANF | ☐ Head Start Income Eligible (Sólo Tribus Indígenas) |
| ☐ CalFresh/SNAP (Estampillas de Alimentos) | | |
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | | |

3 DECLARACIÓN: *(por favor lea y firme abajo)*

Me comprometo a facilitar pruebas documentales de los ingresos de la unidad familiar en caso de que se me pida. También acepto informar a Pacific Gas and Electric Company (PG&E) si en algún momento mi unidad familiar dejase de reunir los requisitos para recibir el descuento. Comprendo que si recibo el descuento sin reunir los requisitos, se me puede exigir que devuelva el descuento que haya recibido. Soy consciente de que PG&E podrá compartir mis datos con agencias municipales, estatales o federales, con otras compañías de servicios públicos o con sus representantes, con objeto de facilitar la inscripción en sus respectivos programas de asistencia. Declaro que la información que he facilitado en esta solicitud es veraz y correcta, incurriendo en perjuicio según la legislación del Estado de California si no lo fuera.

X _____
Firma del Cliente

☐ Marque aquí si es tutor o tiene carta de poder

Fecha

For Internal Use Only



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

30453-G
29715-G

Gas Sample Form No. 61-0535
CARE Program Application for OMS/Non-Profit Migrant Farm Worker Housing
Centers

**Please Refer to Attached
Sample Form**

Advice Letter No: 3385-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____



INSTRUCTIONS

1. READ ALL information and instructions before you complete this application. If you have questions, call Pacific Gas and Electric Company's CARE Program toll-free at 1-866-743-2273 or the Hotline at 415-973-7288.
2. DETERMINE if the facility can comply with section 50710.1 (e) of the California Health and Safety Code, or is a non-profit farm worker housing center.
3. REVIEW the service agreements in this application to confirm that they are residential end use and included in your facility.
4. COMPLETE, SIGN and DATE the application.
5. MAIL TO: **Pacific Gas and Electric Company
CARE Program
PO Box 7979
San Francisco, CA 94120-7979**

DISCOUNT

The CARE Program provides a monthly discount on energy bills for MFHC facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates are available only to qualified facilities. The facility will receive the discount after the utility receives and approves the application.

ELIGIBILITY CRITERIA FOR ORGANIZATIONS

- MFHC must be the utility customer of record.
- MFHC must verify that the service agreements listed in this application have rates with residential end uses for CARE.
- MFHC must agree to use all CARE savings from a reduction in energy rates for the benefit of the occupants of the migrant farm worker housing center.

CARE: ☎ **1-866-743-2273** Fax: ☎ 415-973-6419 www.pge.com/care CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday – Friday, 9:00 a.m. – 11:00 p.m.

California Relay: 1-800-735-2929 if you can not utilize the TDD line



ELIGIBLE FACILITIES

- **MIGRANT FARM WORKER HOUSING CENTERS, operated by Office of Migrant Services (OMS), Department of Housing and Community Development**, provides 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, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code.

MIGRANT FARM WORKER HOUSING CENTERS (MFHC) RESPONSIBILITIES

MFHC is required to:

- At the time of application for CARE discount, provide a copy of current contract with the Office of Migrant Services, Department of Housing and Community Development or a copy of Federal 501 (c) (3) tax exemption or copy of state tax exemption form and current copy of local property tax exemption form.
- Maintain supporting records and documentation of how savings from the reduction in energy rates benefited the occupants.
- Notify PG&E of any change that would remove or add to eligible service agreements in this application. MFHC may be subject to rebilling of any of the service agreements in this application are no longer eligible for the CARE discount.
- Update its application when notified by PG&E.

CARE: ☎ **1-866-743-2273** Fax: ☎ 415-973-6419 www.pge.com/care CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 for speech/hearing-impaired, Monday – Friday, 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line



1 ORGANIZATION INFORMATION: *(please print or type)*

Name on Utility Bill _____

Name of Facility _____
(if different than the name on utility bill)

Address _____ City _____ Zip Code _____

Mailing Address _____ City _____ Zip Code _____
(if different)

Primary Contact _____ Secondary Contact _____
(who to contact if utility needs more information) (who to contact if utility needs more information)

Phone (____) _____ Phone (____) _____

Fax (____) _____ Fax (____) _____

E-mail Address _____ E-mail Address _____

2 FACILITY INFORMATION:

Please use a separate application for each TYPE of facility

☐ **MIGRANT FARM WORKER HOUSING CENTER**, operated by Office of Migrant Services (OMS), provides housing pursuant to Section 50710 of the Health and Safety Code

☐ **MIGRANT FARM WORKER HOUSING CENTER**, operated by Non-profit entities, as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code.

3 RE-CERTIFICATION *(please print or type)*

If re-certifying the facility's eligibility for continued CARE discounts, please provide an explanation of how last year's discount savings was used by your organization to benefit your clients:

This year's discount will be used for:

4 DECLARATION: *(please read and sign below)*

By signing this application I certify under penalty of perjury that the information contained herein is true and accurate and agree to comply with all the eligibility criteria and MFHC responsibilities contained herein for all of the Service Agreements listed in this application and I give my consent that the information herein may be shared with other energy utility companies.

Authorized Representative's Signature _____ Date _____

Authorized Representative's Name _____ Date _____

Please complete this application by providing individual account information on the reverse side of this page.

5 FOR INDIVIDUAL FACILITIES OF THE SAME TYPE, ATTACH SEPARATE SHEET FOR MORE THAN FIVE (5) ADDRESSES:

[illegible][illegible][illegible]

Service Address _____ **City** _____ **Zip Code** _____

Type of Metering? ☐ Individually metered ☐ Master metered

Total Number of residents (excluding on-site manager) _____

[illegible][illegible][illegible]

Service Address _____ **City** _____ **Zip Code** _____

Type of Metering? ☐ Individually metered ☐ Master metered

Total Number of residents (excluding on-site manager) _____

[illegible][illegible][illegible]

Service Address _____ **City** _____ **Zip Code** _____

Type of Metering? ☐ Individually metered ☐ Master metered

Total Number of residents (excluding on-site manager) _____

[illegible][illegible][illegible]

Service Address _____ **City** _____ **Zip Code** _____

Type of Metering? ☐ Individually metered ☐ Master metered

Total Number of residents (excluding on-site manager) _____

[illegible][illegible][illegible]

Service Address	City	Zip Code
-----------------	------	----------

Type of Metering? ☐ Individually metered ☐ Master metered

Total Number of residents (excluding on-site manager)



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

30454-G
29716-G

Gas Sample Form No. 62-0156
CARE Program Application for Qualified Non-Profit Group-Living Facilities

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3385-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____



INSTRUCTIONS

1. READ ALL information and instructions before you complete this application. If you have questions, call Pacific Gas and Electric Company's CARE Program toll-free at 1-866-743-2273 or the Non-Profit hotline at 415-973-7288.
2. DETERMINE if the facility meets the definition of a qualified nonprofit group living facility. The facility MUST meet ALL criteria to qualify for a monthly discount from the CARE Program.
3. COMPLETE the entire application (please print or type). Complete a separate application for each type of qualified facility (including satellite facilities).
4. ATTACH all required documents. (Application is considered incomplete without documents.)
5. MAIL TO: **Pacific Gas and Electric Company
CARE Program
PO Box 7979
San Francisco, CA 94120-7979**

DISCOUNT

The CARE Program provides a monthly discount on energy bills for facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates are available only to qualified facilities. The facility will receive the discount after the utility receives and approves the application.

ELIGIBILITY CRITERIA FOR ORGANIZATIONS

Each facility MUST meet ALL of the following criteria:

- Organization operating facility must be able to prove federal 501(c)(3) tax-exempt status.
- All Pacific Gas and Electric Company accounts must be in the name of the organization with IRS tax exemption.
- 70% of the energy supplied to each Pacific Gas and Electric Company account including common use areas must be used for residential purposes.
- Total gross income for all residents or clients occupying the facility at any given time must meet the current CARE income eligibility guidelines.
Note: This excludes any employee operating or managing the facility who resides on the premise. Please see enclosed sheet for the current CARE income guidelines.
- Organizations are required to re-certify CARE eligibility by completing a new application, attaching all required documentation (updated as necessary) and a statement of how the discount was used in the previous year to directly benefit the residents.

CARE: ☎ **1-866-743-2273** Fax: ☎ 415-973-6419 www.pge.com/care CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday – Friday, 9:00 a.m. – 11:00 p.m.

California Relay: 1-800-735-2929 if you can not utilize the TDD line

ELIGIBLE FACILITIES

GROUP LIVING FACILITIES: Defined as transitional housing (such as drug rehabilitation or half-way houses), short- or long- term care facilities (such as hospice, nursing home, children's and seniors' homes), group homes for physically or mentally challenged persons, or other nonprofit group living facilities.

- Each facility must provide a special needs social service, such as meals or rehabilitation, in addition to lodging
- Also eligible are satellite facilities in the name of the licensed organization, where 70% of the energy supplied is for residential purposes, and where special-needs social services are provided. Applications for satellite facilities must be completed by the organization that holds the documentation showing the special-needs social services provided.
- **Supporting documentation required:**
 - ✓ Completed and signed application form (one form for each type of facility).
 - ✓ Provide current copy of federal 501(c)(3) tax exemption
 - ✓ Organizations must provide licensing of services by the appropriate agency such as the State Department of Social Services, Department of Drug and Alcohol Programs or Department of Health Services, or be able to show some other proof of services satisfactory to Pacific Gas and Electric Company.

HOMELESS SHELTERS, HOSPICES and WOMEN'S SHELTERS:

- Primary function of the facility must be to provide lodging
- Each facility must be open for operation with at least 6 beds for a minimum of 180 days and/or nights per year.
- Satellite facilities in the name of the licensed organization, where 70% of the energy supplied is for residential purposes, are also eligible. Applications for satellite facilities must be completed by the organization that holds the documentation required.
- **Supporting documentation required:**
 - ✓ Completed and signed application form (one form for each type of facility).
 - ✓ Provide current copy of federal 501(c)(3) tax exemption

FACILITIES NOT ELIGIBLE

- Non-Profit Facilities providing social services only.
- Group Living Facilities providing no other services than a place to live.
- Government-owned and/or –operated facilities.
- Government-subsidized facility providing lodging only.

ORGANIZATION'S RESPONSIBILITIES

The organization is required to:

- Provide proof of facility's eligibility (see Eligible Facilities) and submit required documentation with the application (see requirements on the application).
 - Verify that total gross income for all residents residing at the facility meet the CARE income eligibility guidelines (see income guideline sheet) and make a certification to that effect, under the penalty of perjury, under the laws of the state of California.
 - Maintain records of residents' income eligibility, which should come from federal tax return, payroll stubs or similar records acceptable to the utility. These records must be retained for three (3) years from the date of initial application and/or re-certification.
 - Show how the previous year discount was used to directly benefit the residents at re-certification.
 - Maintain accounting entries and supporting documentation of how the discount was used for the direct benefit of the residents. These records must be retained for three (3) years from the date of initial application and/or re-certification.
 - Upon request from the utility, provide documentation of the residents' income eligibility and/or documentation of how the discount was used for the direct benefit of the residents.
 - Provide all information requested by the utility. Failure to do so will result in denial or removal from the program. The applicant may be subject to rebilling for the period they were ineligible for the discount as determined by the utility.
-



1 ORGANIZATION INFORMATION: *(please print or type)*

Name on Utility Bill _____
(must be in the name of the organization with IRS tax exemption)

Name of Facility _____
(if different than the name on utility bill)

Address _____ **City** _____ **Zip Code** _____

Mailing Address _____ **City** _____ **Zip Code** _____
(if different)

Primary Contact _____ **Secondary Contact** _____
(who to contact if utility needs more information) (who to contact if utility needs more information)

Phone () _____ **Phone ()** _____

Fax () _____ **Fax ()** _____

E-mail Address _____ **E-mail Address** _____

2 FACILITY INFORMATION: *(please print or type)*

TYPE OF FACILITY

(please use a separate application for each TYPE of facility)

- ☐ Group Living Facility
- ☐ Homeless Shelter
- ☐ Hospice
- ☐ Women's Shelter

SERVICES PROVIDED (check all that apply)

- ☐ Lodging
- ☐ Counseling
- ☐ Meals
- ☐ Rehabilitation
- ☐ Training
- ☐ Other (Please Describe): _____

3 RE-CERTIFICATION *(please print or type)*

If re-certifying the facility's eligibility for continued CARE discounts, please provide an explanation of how last year's discount savings was used by your organization to benefit your clients:

4 DECLARATION: *(please read and sign below)*

- Organization is Pacific Gas and Electric Company (PG&E) customer of record
- Total gross income for all residents residing at the facility and/or households meet CARE income guidelines.
- Documentation is available to substantiate the above.
- Each PG&E account meets the 70% residential energy usage criteria.

By signing below, I certify under penalty of perjury that the information on this declaration is truthful and correct. Although this declaration is valid for two years, I will notify PG&E of any changes that may affect eligibility for CARE. PG&E reserves the right to request verification of records demonstrating eligibility at any time and may re-bill the Organization at the applicable rate if appropriate. I understand that the facility name and address may be shared with other energy utilities, if applicable.

Authorized Representative's Signature _____ **Date** _____

Authorized Representative's Name _____ **Date** _____

Please complete this application by providing individual account information on the reverse side of this page.



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

30455-G
29717-G

Gas Sample Form No. 62-0672

CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities
(English/Chinese)

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3385-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)

Provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA)

Provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

1. The energy bill from your landlord must be in your name.
2. You must live at the address where the discount will be received.
3. You may not be claimed as a dependent on another person's income tax return other than your spouse.
4. You may not share an energy meter with another home.
5. You must account for all sources of qualifying household income and meet the program income guidelines described in this application.
6. You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
7. Following enrollment, you may be required to provide proof of qualifying household income, including IRS Tax Return Transcripts, and agree to participate in the Energy Savings Assistance program to remain enrolled in CARE.
8. Your monthly electric usage must not exceed six times the baseline quantity indicated on your bill.
9. You are required to recertify your eligibility every two years (four years if fixed income).

INCOME GUIDELINES (valid until May 31, 2014)		
Number of Persons in Household	Annual Income*	
	CARE	FERA
1	\$22,980	Not Eligible
2	\$31,020	Not Eligible
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
For each additional person, add:	\$8,040	\$8,040–\$10,050

*Before taxes based on current income sources. You may be enrolled in either the CARE or FERA program but not in both.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR: VISIT www.pge.com/myenergy

- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.

- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

Energy Savings
.....
Assistance Program™

- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.

FOR MORE INFORMATION

Mail completed application to:
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

Or fax completed application to: 415-973-6419

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday–Friday, 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

關於CARE/FERA計劃
California Alternate Rates for Energy (CARE)

為符合收入資格的家庭提供每月能源帳單折扣。

Family Electric Rate Assistance (FERA)

為有三人或更多成員且符合收入資格的家庭提供每月電費帳單折扣。

計劃規定

1. 申請者必須是PG&E帳單上的註冊客戶。
2. 申請者必須居住在將收到折扣的住址。
3. 除了配偶，申請人不可在另一個人的報稅表中被稱為受贍養者。
4. 申請者的居所不可與另一居所共用一個碼錶。
5. 您必須計算家庭所有合資格收入來源，並符合本申請表所列的計劃收入標準。
6. 申請者家庭若不再符合CARE/FERA計劃的資格要求，必須知會PG&E。
7. 登記參加後，您也許會被要求提供符合資格的家庭收入證明(包括IRS報稅記錄)，且您須同意參加 Energy Savings Assistance Program 才能繼續參加 CARE計劃。
8. 您每月的用電量必須低於第一級額定量的六倍。
9. 您必須每兩年重新提出申請並且符合資格(固定收入者為每四年提出申請)。

收入標準 (有效期至2014年5月31日)		
家庭人數	年收入*	
	CARE	FERA
1	\$22,980	不適用於此計劃
2	\$31,020	不適用於此計劃
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
每增加一人，加	\$8,040	\$8,040–\$10,050

*根據目前收入來源計算的稅前收入。您也許有資格加入CARE或FERA計劃其中之一，但不能同時加入這二項計劃。

欲瞭解您可能資格參加的其他計劃和免費服務，請瀏覽www.pge.com/myenergy。

- **Low Income Home Energy Assistance Program (LIHEAP):** 低收入家居能源輔助計劃，為符合收入資格的客戶提供付帳輔助、突發情況付帳輔助和家居防寒保暖措施。詳情請電1-866-675-6623跟加州社區服務及發展部(CSD)聯絡。
- **基本醫療底線:** 如果住宅客戶有某些醫療狀況，需要依賴維生設備和/或有特別暖氣或冷氣需求等，都有可能收到更多最低(底線)的價格能源數量。詳情請電1-800-743-5000。

- **Energy Savings Assistance Program:** 為符合收入資格的租戶及屋主免費提供簡單的解決方案，協助他們管理能源用量並節省每月能源帳單費用。詳情請電1-800-989-9744。

Energy Savings
.....
Assistance Program™

- **生機一線電話服務ULTS:** 提供電話折扣服務。欲知詳情，請聯絡您當地的熱線電話服務公司。

更多詳情

申請表請寄到:
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

或傳真填好的申請表到: 415-973-6419

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712有言語或聽聽障礙者
星期一至星期五, 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929如果您未能轉接TDD專線



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

30456-G
29718-G

Gas Sample Form No. 62-0673

CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities
(English/Vietnamese)

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3385-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)

Provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA)

Provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

1. The energy bill from your landlord must be in your name.
2. You must live at the address where the discount will be received.
3. You may not be claimed as a dependent on another person's income tax return other than your spouse.
4. You may not share an energy meter with another home.
5. You must account for all sources of qualifying household income and meet the program income guidelines described in this application.
6. You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
7. Following enrollment, you may be required to provide proof of qualifying household income, including IRS Tax Return Transcripts, and agree to participate in the Energy Savings Assistance program to remain enrolled in CARE.
8. Your monthly electric usage must not exceed six times the baseline quantity indicated on your bill.
9. You are required to recertify your eligibility every two years (four years if fixed income).

INCOME GUIDELINES (valid until May 31, 2014)		
Number of Persons in Household	Annual Income*	
	CARE	FERA
1	\$22,980	Not Eligible
2	\$31,020	Not Eligible
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
For each additional person, add:	\$8,040	\$8,040–\$10,050

*Before taxes based on current income sources. You may be enrolled in either the CARE or FERA program but not in both.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR: VISIT www.pge.com/myenergy

- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.

- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

Energy Savings
.....
Assistance Program™

- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.

FOR MORE INFORMATION

Mail completed application to:
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

Or fax completed application to: 415-973-6419

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday–Friday, 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

CHƯƠNG TRÌNH CARE/FERA
California Alternate Rates for Energy (CARE)

Giảm hóa đơn năng lượng hàng tháng cho các gia đình hội đủ điều kiện về thu nhập.

Family Electric Rate Assistance (FERA)

Giảm hóa đơn tiền điện hàng tháng cho các gia đình hội đủ điều kiện về thu nhập có từ ba người trở lên.

CHỈ DẪN CỦA CHƯƠNG TRÌNH

- Hóa đơn năng lượng từ chủ nhà của quý vị phải có tên của quý vị.
- Quý vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá.
- Quý vị không được một người khác khai là người phụ thuộc trên mẫu thuế ngoại trừ người phối ngẫu.
- Quý vị không được dùng chung đồng hồ đo năng lượng với một ngôi nhà khác.
- Quý vị phải tính tất cả các nguồn lợi tức hội đủ điều kiện của gia đình và đáp ứng với mức lợi tức quy định của chương trình được ghi trong đơn này.
- Quý vị phải thông báo cho PG&E nếu gia đình quý vị không còn hội đủ điều kiện để được nhận giảm giá CARE/FERA.
- Sau khi ghi danh, quý vị có thể cần phải cung cấp bằng chứng hội đủ điều kiện lợi tức gia đình, kể cả Bản Sao Hoàn Thuế IRS (IRS Tax Return Transcripts), và đồng ý tham gia vào chương trình Energy Savings Assistance Program để vẫn được ghi danh trong chương trình CARE.
- Lượng điện sử dụng hàng tháng của quý vị không được vượt quá sáu lần hạn mức cho phép Bạc 1.
- Quý vị cần phải tái xác nhận khả năng hội đủ điều kiện của mình mỗi hai năm (bốn năm nếu có lợi tức cố định).

ĐỊNH MỨC LỢI TỨC (có hiệu lực đến ngày 31 tháng Năm, 2014)		
Số Người Trong Gia Đình	Lợi Tức Hàng Năm*	
	CARE	FERA
1	\$22,980	Không đủ tiêu chuẩn
2	\$31,020	Không đủ tiêu chuẩn
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
Với mỗi người thêm vào, cộng thêm:	\$8,040	\$8,040–\$10,050

*Trước khi trừ thuế dựa theo các nguồn lợi tức hiện có. Quý vị có thể ghi danh chương trình CARE hoặc FERA nhưng không thể ghi danh cả hai chương trình.

**CÁC CHƯƠNG TRÌNH VÀ DỊCH VỤ MIỄN PHÍ KHÁC MÀ QUÝ VỊ CÓ THỂ HỘI ĐỦ ĐIỀU KIỆN THAM GIA:
XIN TRUY CẬP www.pge.com/myenergy**

- Low Income Home Energy Assistance Program (LIHEAP):** Trợ giúp trả hóa đơn, trợ giúp trả hóa đơn khẩn cấp, và cung ứng những dịch vụ chống thời tiết khắc nghiệt. Xin gọi Số Dịch Vụ và Phát Triển Cộng Đồng (CSD) ở số 1-866-675-6623 để biết thêm chi tiết.
- Trợ Cấp Y Tế Cơ Bản:** Khách hàng cư dân sống dựa vào thiết bị hỗ trợ sự sống và/hoặc có nhu cầu sưởi ấm hoặc làm lạnh đặc biệt do một số bệnh trạng nhất định có thể hội đủ điều kiện nhận thêm một phần năng lượng bổ sung với mức giá thấp nhất (cơ bản). Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- Energy Savings Assistance Program:** Cung cấp cho những người thuê nhà và chủ sở hữu nhà hội đủ điều kiện về lợi tức các giải pháp dễ dàng, miễn phí để giúp họ quản lý việc sử dụng năng lượng và tiết kiệm tiền trên hóa đơn năng lượng hàng tháng. Xin gọi số 1-800-989-9744 để biết thêm chi tiết.
- Universal Lifeline Telephone Service (ULTS):** Giảm giá dịch vụ điện thoại. Xin liên lạc hãng điện thoại phục vụ vùng địa phương của quý vị để biết thêm chi tiết.

Energy Savings
.....
Assistance Program™

ĐỂ BIẾT THÊM THÔNG TIN

Gửi đơn đã điền đến:
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

Hoặc fax đơn đã điền đến: 415-973-6419

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 dành cho người khiếm thanh/khiếm thính, Thứ Hai–Thứ Sáu,
9:00 giờ sáng–11:00 giờ tối

California Relay: 1-800-735-2929 nếu quý vị không thể sử dụng đường dây TDD

1A **MANAGER / FACILITY INFORMATION:** *(please print clearly)*

Mobile Home Park/Other Sub-Metered Facilities Name

Mobile Home Park/Other Sub-Metered Facilities Address

City

Zip CodePG&E Account
Number:

Electricity

[illegible]

Gas

[illegible]**Manager or Landlord Name**

Telephone _____

Manager or Landlord Mailing Address

City

Zip Code

Applicant Status

○ ADD NEW

○ DROP

○ RE-CERTIFY

○ MOVE TO DIFFERENT SPACE

1B **TENANT INFORMATION:** *(please print clearly)***Name** (As it appears on your energy bill)

Telephone _____

Home Address (Do NOT use a P.O. Box)

Unit #

City

Zip Code**Mailing Address** *(If different from the above address)*

Unit #

City

Zip Code

Number of Persons in Household: Adults + Children (under 18) =

Total Gross Annual Household Income:

(please account for all income from every household member)

\$

--	--	--

 ,

--	--	--

 .00

2A HOUSEHOLD INCOME ELIGIBILITY: check all sources of household income.

- | | | |
|---|--|--|
| ☐ Pensions | ☐ Wages and/or Profits from Self-Employment | ☐ Scholarships, Grants or Other Aid for Living Expenses |
| ☐ Social Security | ☐ Rental or Royalty Income | ☐ Insurance or Legal Settlements |
| ☐ SSP or SSDI | ☐ Unemployment Benefits | ☐ Spousal or Child Support |
| ☐ Interests/Dividends from: Savings, Stocks, Bonds, or Retirement Accounts | ☐ Disability or Workers Compensation Payments | ☐ Cash and/or Other Income |

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY: check all programs in which you or someone in your household participate.

- | | | |
|---|--|--|
| ☐ Medicaid/Medi-Cal (under age 65) | ☐ Women, Infants and Children (WIC) | ☐ National School Lunch Program (NSLP) |
| ☐ Medicaid/Medi-Cal (age 65 and over) | ☐ Healthy Families A & B | ☐ Bureau of Indian Affairs General Assistance |
| ☐ Supplemental Security Income (SSI) | ☐ CalWORKs (TANF) or Tribal TANF | ☐ Head Start Income Eligible (Tribal Only) |
| ☐ CalFresh/SNAP (Food Stamps) | | |
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | | |

3 DECLARATION: *(please read and sign)*

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that PG&E can share my information with municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

For Internal Use Only

X

Customer Signature

☐ Fill in circle if guardian or power of attorney

Date _____



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

30457-G
29719-G

Gas Sample Form No. 62-0919

CARE/FERA Program Application for Residential Single-Family Customers
(Pre-Printed Application)

(T)
(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3385-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____

1 CUSTOMER INFORMATION:

Phone: () _____
☐ Home ☐ Work ☐ Mobile

Alternate phone: () _____
☐ Home ☐ Work ☐ Mobile

Choose the language preference for future CARE/FERA communications:

☐ Spanish ☐ Tagalog ☐ Russian ☐ Hmong ☐ Korean
☐ Vietnamese ☐ Cantonese ☐ Mandarin

Preferred method of communication:

☐ text (Msg and Data Rates may apply) ☐ phone ☐ email ☐ mail

Number of Persons in Household

_____ **Adults**

_____ **+ Children** (under 18)

_____ **= Total**

Total Gross Annual Household Income (please account for all income from every household member) \$ _____,_____.00

2A HOUSEHOLD INCOME ELIGIBILITY: check all sources of household income.

- | | | |
|---|--|--|
| ☐ Pensions | ☐ Wages and/or Profits from Self-Employment | ☐ Scholarships, Grants or Other Aid for Living Expenses |
| ☐ Social Security | ☐ Rental or Royalty Income | ☐ Insurance or Legal Settlements |
| ☐ SSP or SSDI | ☐ Unemployment Benefits | ☐ Spousal or Child Support |
| ☐ Interests/Dividends from: Savings, Stocks, Bonds, or Retirement Accounts | ☐ Disability or Workers Compensation Payments | ☐ Cash and/or Other Income |

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY: check all programs in which you or someone in your household participate.

- | | | |
|---|---|--|
| ☐ Medicaid/Medi-Cal (under age 65) | ☐ Women, Infants and Children (WIC) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ Medicaid/Medi-Cal (age 65 and over) | ☐ Healthy Families A & B | ☐ Head Start Income Eligible (Tribal Only) |
| ☐ Supplemental Security Income (SSI) | ☐ CalWORKs (TANF) or Tribal TANF | |
| ☐ CalFresh/SNAP (Food Stamps) | ☐ National School Lunch Program (NSLP) | |
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | | |

3 DECLARATION: (please read and sign)

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that PG&E can share my information with municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

For Internal Use Only

X _____
Customer Signature ○ Fill in circle if guardian or power of attorney **Date**



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

30458-G
29720-G

Gas Sample Form No. 62-0939
CARE/FERA Program Application for Residential Single-Family Customers
(Pre-Printed Application Instruction)

(T)
(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3385-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)

Provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA)

Provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

1. The PG&E bill must be in your name.
2. You must live at the address where the discount will be received.
3. You may not be claimed as a dependent on another person's income tax return other than your spouse.
4. You may not share an energy meter with another home.
5. You must account for all sources of qualifying household income and meet the program income guidelines described in this application.
6. You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
7. Following enrollment, you may be required to provide proof of qualifying household income, including IRS Tax Return Transcripts, and agree to participate in the Energy Savings Assistance program to remain enrolled in CARE.
8. Your monthly electric usage must not exceed six times the Tier 1 allowance.
9. You are required to recertify your eligibility every two years (four years if fixed income).

INCOME GUIDELINES (valid until May 31, 2014)		
Number of Persons in Household	Annual Income*	
	CARE	FERA
1	\$22,980	Not Eligible
2	\$31,020	Not Eligible
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
For each additional person, add:	\$8,040	\$8,040–\$10,050

*Before taxes based on current income sources. You may be enrolled in either the CARE or FERA program but not in both.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR: VISIT www.pge.com/myenergy

- **Balanced Payment Plan:** Monthly payments can be averaged out to allow you to budget your energy costs and eliminate big swings in your payments. Call 1-800-743-5000 for more information.
- **Bill Guaranty:** A deposit alternative enables customers to secure their account by having another qualifying PG&E customer sign on their behalf. Call 1-800-743-5000 for more information.
- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **REACH:** One-time energy-assistance program sponsored by PG&E and administered by the Salvation Army. Call 1-800-933-9677 for more information.
- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

- **Third-Party Notification:** Allows you to name a friend or relative to receive duplicate copies of past-due payment notices. The designated person is not responsible for paying the bill, but can contact PG&E to help resolve the problem. Call 1-800-743-5000 for more information.
- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.
- **My Energy:** You can go online to see your detailed energy usage information and use it to make informed energy choices. Simply log in to My Energy at pge.com/myenergy, and if you have a connected SmartMeter™, you can view your hourly electric and daily gas usage—up to the previous day. Learn more at pge.com/smartmeter.

FOR MORE INFORMATION

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday–Friday, 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

INFORMACIÓN SOBRE EL PROGRAMA DE CARE/FERA
California Alternate Rates for Energy (CARE)

Ofrece un descuento mensual en las cuentas de energía a los hogares que reúnan los requisitos de ingresos.

Family Electric Rate Assistance (FERA)

Ofrece un descuento mensual en las cuentas de electricidad a los hogares de tres o más personas que reúnan los requisitos de ingresos.

REQUISITOS DEL PROGRAMA

1. La cuenta de PG&E debe estar a su nombre.
2. Debe vivir en la dirección donde se recibirá el descuento.
3. El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo/a.
4. El solicitante no debe compartir el medidor de energía con otro hogar.
5. Deberá tener en cuenta todas las fuentes de ingresos que califican bajo la unidad familiar y cumplir con los requisitos de ingresos del programa que se describen en esta solicitud.
6. Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
7. Después de inscribirse, se le podría requerir que proporcione comprobantes de elegibilidad de ingresos del hogar, incluyendo copia de la declaración de impuestos al IRS (por sus siglas en inglés), y que acepte participar en el Energy Savings Assistance Program para permanecer inscrito en CARE.
8. Su consumo eléctrico mensual no debe exceder seis veces la cantidad base indicada en su factura.
9. Se le requiere que recertifique su elegibilidad cada dos años (cada cuatro años si el ingreso es fijo).

REQUISITOS DE INGRESOS (Válido hasta el 31 de mayo, 2014)		
Número de Personas en el Hogar	Ingreso Anual*	
	CARE	FERA
1	\$22,980	No Aplica
2	\$31,020	No Aplica
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
Por cada persona adicional, añada:	\$8,040	\$8,040–\$10,050

*Antes de impuestos en base a las fuentes de ingresos actuales. Puede inscribirse en el programa CARE o en el programa FERA pero no en ambos.

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR:
VISITE www.pge.com/myenergy

- **Plan de Pago Equilibrado:** Sus pagos mensuales se pueden promediar permitiéndole hacer un presupuesto basado en su consumo de energía, así eliminando una variación grande en sus pagos. Para más información, llame al 1-800-743-5000.
- **Depósito de Garantía:** Una alternativa de depósito que permite a los clientes asegurar su cuenta al designar a otro cliente que reúne los requisitos de PG&E para que firme a nombre suyo. Para más información, llame al 1-800-743-5000.
- **Low Income Home Energy Assistance Program (LIHEAP):** Este es un programa que brinda ayuda o asistencia de emergencia con el pago de sus cuentas, y servicios de aislamiento térmico. Para más información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.
- **Medical Baseline:** Los clientes residenciales que dependan de equipos de soporte vital y/o que tengan necesidades especiales relacionadas con la calefacción o el aire acondicionado debido a ciertos padecimientos médicos podrían reunir los requisitos para obtener más energía a un precio más bajo (baseline). Para más información, llame al 1-800-743-5000.
- **REACH:** Es un programa que le ayuda al cliente a pagar su cuenta de energía por una sola vez y está patrocinado por PG&E y administrado por el Salvation Army. Para más información, llame al 1-800-933-9677.
- **Energy Savings Assistance Program:** Ofrece a los inquilinos y a los propietarios de viviendas que reúnan los requisitos de ingresos, soluciones sencillas y gratuitas para ayudarles a manejar su consumo de energía y ahorrar dinero en sus facturas mensuales. Para más información, llame al 1-800-989-9744.
- **Notificación a Terceras Personas:** Permite designar a un amigo o familiar para que reciba una copia de las notificaciones de cuentas vencidas y no pagadas. La persona designada no es responsable del pago de la cuenta, pero puede comunicarse con PG&E para ayudar a resolver el problema. Para más información, llame al 1-800-743-5000.
- **Universal Lifeline Telephone Service (ULTS):** La Línea Universal de Servicio Telefónico le brinda acceso telefónico a bajo precio. Llame a su compañía local de teléfonos para más información.
- **My Energy:** Puede dirigirse al Internet para ver información detallada sobre su consumo de energía y utilizarla para tomar decisiones informadas sobre cómo utilizar la energía. Simplemente conéctese a My Energy en pge.com/myenergy, y si tiene un SmartMeter™ conectado usted puede ver su consumo eléctrico por hora y su consumo de gas diario—actualizado hasta el día anterior. Obtenga más información en www.pge.com/smartmeter.

Energy Savings
.....
Assistance Program™

PARA MÁS INFORMACIÓN

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 para los discapacidades auditivas y del habla, de lunes a viernes, 9:00 a.m. hasta las 11:00 p.m.

California Relay: 1-800-735-2929 si no puede usar la línea TDD



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

30459-G
29721-G

Gas Sample Form No. 62-0940

CARE Program Re-Certification Instructions - Residential Single-Family Customers

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3385-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____



**CARE PROGRAM RE-CERTIFICATION
INSTRUCTIONS**

**INSTRUCCIONES PARA RE-INSCRIBIRSE EN
EL PROGRAMA DE CARE**

Dear Customer:

You have been receiving a monthly discount on your Pacific Gas and Electric Company bills as a result of your participation in the California Alternate Rates for Energy (CARE) program.

To continue receiving your monthly discount you need to reapply for the CARE program if you still qualify. It is free, easy and confidential.

Enclosed is a CARE Re-Certification application with the most recent CARE income guidelines. If your household income still meets the current guidelines for the program, please complete the form, and return it to PG&E in the postage paid envelope provided.

Thank you for the opportunity to continue serving you.

CARE Program

Estimado/a cliente:

Usted ha estado recibiendo un descuento en su factura de Pacific Gas and Electric Company porque sus ingresos calificaron para el programa de California Alternate Rates for Energy (CARE).

Si desea continuar recibiendo este descuento, debe de re-inscribirse al programa CARE si es que todavía califica para el mismo. La re-inscripción es gratis, fácil y confidencial.

Adjunto encontrará un formulario de re-inscripción CARE, así como una tabla con los requisitos de ingresos más recientes del programa CARE. Si el ingreso total de su hogar (incluyendo los ingresos de todas las personas que trabajan en su hogar) aún se encuentra dentro de los límites especificados en el programa, por favor llene y firme el formulario y envíelo a PG&E en el sobre con franqueo pre-pagado que hemos adjuntado en esta carta.

Le agradecemos que nos haya dado la oportunidad de continuar sirviéndole.

Programa CARE

INCOME GUIDELINES • REQUISITOS DE INGRESOS

(valid until May 31, 2014 • válido hasta el 31 de mayo, 2014)

Number of Persons in Household Número de Personas en el Hogar	1	2	3	4	5	6	7	8
Annual Income (based on current income sources before taxes) Ingreso Anual (antes de impuestos basado en fuentes de ingreso actual)	\$22,980	\$31,020	\$39,060	\$47,100	\$55,140	\$63,180	\$71,220	\$79,260
For each additional person, add: \$8,040 • Por cada persona adicional, añada: \$8,040								

FOR MORE INFORMATION • PARA MÁS INFORMACIÓN

Mail completed application to • Envíe la aplicación completa a:

CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

Or fax completed application to • O envíela por fax al número: 415-973-6419

CARE: 1-866-743-2273 www.pge.com/care **Email:** CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712

For speech/hearing-impaired, Monday–Friday, 9:00 a.m.–11:00 p.m.

Para los discapacidades auditivas y del habla, de lunes a viernes, 9:00 a.m. hasta las 11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line • si no puede usar la línea TDD



**MẪU CHỈ DẪN TÁI CHỨNG NHẬN CHO
CHƯƠNG TRÌNH CARE**

CARE計劃再驗證指示

Thân gửi khách hàng:

親愛的客戶:

Quý vị đang được nhận giá giảm hàng tháng trên hóa đơn PG&E vì đã tham gia vào chương trình California Alternate Rates for Energy (CARE).

因為您參加(CARE)計劃，所以在您的PG&E帳單上一直收到每月的折扣。

Để tiếp tục được giảm giá hàng tháng, quý vị cần phải nộp đơn xin lại chương trình CARE nếu quý vị vẫn còn hội đủ điều kiện. Việc nộp đơn hoàn toàn miễn phí, dễ dàng và kín đáo.

為了您能夠繼續收到每月的折扣，您需要重新申請 CARE 計劃表明您仍然合格。申請是免費，簡單和保密。

Kèm theo đây là Mẫu Tái Chứng Nhận cho Chương Trình CARE với bản chỉ dẫn mới nhất về lợi tức cho chương trình. Nếu lợi tức trong gia đình của quý vị vẫn không vượt qua bản chỉ dẫn lợi tức hiện hành cho chương trình, xin điền mẫu đơn, và gửi trả lại cho PG&E trong bao thư đã dán sẵn tem dính kèm.

這是CARE計劃的再驗證表格以及最新的CARE收入標準。如果您的家庭收入還是符合此計劃的最新標準，請把填好的申請表，放入預先付費的信封中，寄回給PG&E。

感謝您讓我們有機會能夠繼續為您服務。

Xin cảm ơn quý vị.

CARE計劃

Chương trình CARE

BẢN CHỈ DẪN VỀ LỢI TỨC • 收入標準

(có hiệu lực đến ngày 31 tháng Năm, 2014 • 有效期至 2014 年 5 月 31 日)

Số Người Trong Gia Đình 家庭人數	1	2	3	4	5	6	7	8
Lợi Tức Hàng Năm (trước khi trừ thuế dựa theo các nguồn lợi tức hiện có) 年收入 (根據目前收入來源的稅前收入)	\$22,980	\$31,020	\$39,060	\$47,100	\$55,140	\$63,180	\$71,220	\$79,260
Với mỗi người thêm vào, cộng thêm: \$8,040 • 每增加一人，加 \$8,040								

ĐỂ BIẾT THÊM THÔNG TIN • 更多詳情

Gửi đơn đã điền đến • 申請表請寄到:

CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

Hoặc fax đơn đã điền đến • 或傳真填好的申請表到: 415-973-6419

CARE: 1-866-743-2273 www.pge.com/care **Email:** CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712

Dành cho người khiếm thanh/khiếm thính, Thứ Hai–Thứ Sáu, 9:00 giờ sáng–11:00 giờ tối.
有言語或聆聽障礙者, 星期一至星期五 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 nếu quý vị không thể sử dụng đường dây TDD • 如果您未能轉接 TDD 專線



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

30460-G
29722-G

Gas Sample Form No. 62-0972
CARE/FERA Program Application for Residential Single-Family Customers (T)
(English/Chinese)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3385-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)

Provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA)

Provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

1. The PG&E bill must be in your name.
2. You must live at the address where the discount will be received.
3. You may not be claimed as a dependent on another person's income tax return other than your spouse.
4. You may not share an energy meter with another home.
5. You must account for all sources of qualifying household income and meet the program income guidelines described in this application.
6. You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
7. Following enrollment, you may be required to provide proof of qualifying household income, including IRS Tax Return Transcripts, and agree to participate in the Energy Savings Assistance program to remain enrolled in CARE.
8. Your monthly electric usage must not exceed six times the Tier 1 allowance.
9. You are required to recertify your eligibility every two years (four years if fixed income).

INCOME GUIDELINES (valid until May 31, 2014)		
Number of Persons in Household	Annual Income*	
	CARE	FERA
1	\$22,980	Not Eligible
2	\$31,020	Not Eligible
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
For each additional person, add:	\$8,040	\$8,040–\$10,050

*Before taxes based on current income sources. You may be enrolled in either the CARE or FERA program but not in both.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR: VISIT www.pge.com/myenergy

- **Balanced Payment Plan:** Monthly payments can be averaged out to allow you to budget your energy costs and eliminate big swings in your payments. Call 1-800-743-5000 for more information.
- **Bill Guaranty:** A deposit alternative enables customers to secure their account by having another qualifying PG&E customer sign on their behalf. Call 1-800-743-5000 for more information.
- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **REACH:** One-time energy-assistance program sponsored by PG&E and administered by the Salvation Army. Call 1-800-933-9677 for more information.
- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

- **Third-Party Notification:** Allows you to name a friend or relative to receive duplicate copies of past-due payment notices. The designated person is not responsible for paying the bill, but can contact PG&E to help resolve the problem. Call 1-800-743-5000 for more information.
- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.
- **My Energy:** You can go online to see your detailed energy usage information and use it to make informed energy choices. Simply log in to My Energy at pge.com/myenergy, and if you have a connected SmartMeter™, you can view your hourly electric and daily gas usage—up to the previous day. Learn more at pge.com/smartmeter.

FOR MORE INFORMATION

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday–Friday, 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

關於CARE/FERA計劃
California Alternate Rates for Energy (CARE)

為符合收入資格的家庭提供每月能源帳單折扣。

Family Electric Rate Assistance (FERA)

為有三人或更多成員且符合收入資格的家庭提供每月電費帳單折扣。

計劃規定

1. 申請者必須是PG&E帳單上的註冊客戶。
2. 申請者必須居住在將收到折扣的住址。
3. 除了配偶，申請人不可在另一個人的報稅表中被稱為受贍養者。
4. 申請者的居所不可與另一居所共用一個碼錶。
5. 您必須計算家庭所有合資格收入來源，並符合本申請表所列的計劃收入標準。
6. 申請者家庭若不再符合CARE/FERA計劃的資格要求，必須知會PG&E。
7. 登記參加後，您也許會被要求提供符合資格的家庭收入證明(包括IRS報稅記錄)，且您須同意參加Energy Savings Assistance Program才能繼續參加CARE計劃。
8. 您每月的用電量必須低於第一級額定量的六倍。
9. 您必須每兩年重新提出申請並且符合資格(固定收入者為每四年提出申請)。

收入標準 (有效期至2014年5月31日)		
家庭人數	年收入*	
	CARE	FERA
1	\$22,980	不適用於此計劃
2	\$31,020	不適用於此計劃
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
每增加一人，加	\$8,040	\$8,040–\$10,050

*根據目前收入來源計算的稅前收入。您也許有資格加入CARE或FERA計劃其中之一，但不能同時加入這二項計劃。

欲瞭解您可能有的資格參加的其他計劃和免費服務，請瀏覽www.pge.com/myenergy。

- **平衡付款計劃**：每月平均分攤付款，讓您可妥善安排能源費用預算，避免支付帳單時出現太大變動。詳情請電1-800-743-5000。
- **帳單保證**：這可以用來代替押金，客戶可找另一位PG&E的合格客戶代表簽字為他們帳戶作擔保。詳情請電1-800-743-5000。
- **Low Income Home Energy Assistance Program (LIHEAP)**：低收入家居能源輔助計劃，為符合收入資格的客戶提供付帳輔助、突發情況付帳輔助和家居防寒保暖措施。詳情請電1-866-675-6623跟加州社區服務及發展部(CSD)聯絡。
- **基本醫療底線**：如果住宅客戶有某些醫療狀況，需要依賴維生設備和/或有特別暖氣或冷氣需求等，都有可能收到更多最低(底線)的價格能源數量。詳情請電1-800-743-5000。
- **REACH**：計劃提供一次性的能源協助，由PG&E提供贊助、Salvation Army負責實施。詳情請電1-800-933-9677。
- **Energy Savings Assistance Program**：為符合收入資格的租戶及屋主免費提供簡單的解決方案，協助他們管理能源用量並節省每月能源帳單費用。詳情請電1-800-989-9744。

Energy Savings

Assistance Program™

- **第三者通知**：第三者通知可讓您列出一位朋友或親屬的姓名，讓他們能收到您過期未繳的付款通知副本。您指定的人不需要負責支付帳單，但可聯絡PG&E協助解決問題。詳情請電1-800-743-5000。
- **生機一線電話服務ULTS**：提供電話折扣服務。欲知詳情，請聯絡您當地的熱線電話服務公司。
- **My Energy**：您可上網查看您的能源使用詳情，然後根據正確資訊作出能源決定。若您已連接SmartMeter™，則您只需登入My Energy網站pge.com/myenergy，就可查看至前一天為止的每小時用電和每天使用煤氣情況。請上網站www.pge.com/smartmeter瞭解詳情。

更多詳情

CARE: 1-866-743-2273 www.pge.com/care
FERA: 1-800-743-5000 www.pge.com/fera
Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712有言語或聆聽障礙者、
 星期一至星期五 9:00 a.m.–11:00 p.m.
California Relay: 1-800-735-2929如果您未能轉接TDD專線



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

30461-G
29723-G

Gas Sample Form No. 62-0973
CARE/FERA Program Application for Residential Single-Family Customers (T)
(English/Vietnamese)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3385-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)

Provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA)

Provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

1. The PG&E bill must be in your name.
2. You must live at the address where the discount will be received.
3. You may not be claimed as a dependent on another person's income tax return other than your spouse.
4. You may not share an energy meter with another home.
5. You must account for all sources of qualifying household income and meet the program income guidelines described in this application.
6. You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
7. Following enrollment, you may be required to provide proof of qualifying household income, including IRS Tax Return Transcripts, and agree to participate in the Energy Savings Assistance program to remain enrolled in CARE.
8. Your monthly electric usage must not exceed six times the Tier 1 allowance.
9. You are required to recertify your eligibility every two years (four years if fixed income).

INCOME GUIDELINES (valid until May 31, 2014)		
Number of Persons in Household	Annual Income*	
	CARE	FERA
1	\$22,980	Not Eligible
2	\$31,020	Not Eligible
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
For each additional person, add:	\$8,040	\$8,040–\$10,050

*Before taxes based on current income sources. You may be enrolled in either the CARE or FERA program but not in both.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR: VISIT www.pge.com/myenergy

- **Balanced Payment Plan:** Monthly payments can be averaged out to allow you to budget your energy costs and eliminate big swings in your payments. Call 1-800-743-5000 for more information.
- **Bill Guaranty:** A deposit alternative enables customers to secure their account by having another qualifying PG&E customer sign on their behalf. Call 1-800-743-5000 for more information.
- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **REACH:** One-time energy-assistance program sponsored by PG&E and administered by the Salvation Army. Call 1-800-933-9677 for more information.
- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

- **Third-Party Notification:** Allows you to name a friend or relative to receive duplicate copies of past-due payment notices. The designated person is not responsible for paying the bill, but can contact PG&E to help resolve the problem. Call 1-800-743-5000 for more information.
- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.
- **My Energy:** You can go online to see your detailed energy usage information and use it to make informed energy choices. Simply log in to My Energy at pge.com/myenergy, and if you have a connected SmartMeter™, you can view your hourly electric and daily gas usage—up to the previous day. Learn more at pge.com/smartmeter.

FOR MORE INFORMATION

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday–Friday, 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

CHƯƠNG TRÌNH CARE/FERA
California Alternate Rates for Energy (CARE)

Giảm hóa đơn năng lượng hàng tháng cho các gia đình hội đủ điều kiện về thu nhập.

Family Electric Rate Assistance (FERA)

Giảm hóa đơn tiền điện hàng tháng cho các gia đình hội đủ điều kiện về thu nhập có từ ba người trở lên.

CHỈ DẪN CỦA CHƯƠNG TRÌNH

- Quý vị phải là người đứng tên trên hóa đơn PG&E.
- Quý vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá.
- Quý vị không được một người khác khai là người phụ thuộc trên mẫu thuế ngoại trừ người phối ngẫu.
- Quý vị không được dùng chung đồng hồ đo năng lượng với một ngôi nhà khác.
- Quý vị phải tính tất cả các nguồn lợi tức hội đủ điều kiện của gia đình và đáp ứng với mức lợi tức quy định của chương trình được ghi trong đơn này.
- Quý vị phải thông báo cho PG&E nếu gia đình quý vị không còn hội đủ điều kiện để được nhận giảm giá CARE/FERA.
- Sau khi ghi danh, quý vị có thể cần phải cung cấp bằng chứng hội đủ điều kiện lợi tức gia đình, kể cả Bản Sao Hoàn Thuế IRS (IRS Tax Return Transcripts), và đồng ý tham gia vào chương trình Energy Savings Assistance Program để vẫn được ghi danh trong chương trình CARE.
- Lượng điện sử dụng hàng tháng của quý vị không được vượt quá sáu lần hạn mức cho phép Bạc 1.
- Quý vị cần phải tái xác nhận khả năng hội đủ điều kiện của mình mỗi hai năm (bốn năm nếu có lợi tức cố định).

ĐỊNH MỨC LỢI TỨC (có hiệu lực đến ngày 31 tháng Năm, 2014)		
Số Người Trong Gia Đình	Lợi Tức Hàng Năm*	
	CARE	FERA
1	\$22,980	Không đủ tiêu chuẩn
2	\$31,020	Không đủ tiêu chuẩn
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
Với mỗi người thêm vào, cộng thêm:	\$8,040	\$8,040–\$10,050

*Trước khi trừ thuế dựa theo các nguồn lợi tức hiện có. Quý vị có thể ghi danh chương trình CARE hoặc FERA nhưng không thể ghi danh cả hai chương trình.

**CÁC CHƯƠNG TRÌNH VÀ DỊCH VỤ MIỄN PHÍ KHÁC MÀ QUÝ VỊ CÓ THỂ HỘI ĐỦ ĐIỀU KIỆN THAM GIA:
XIN TRUY CẬP www.pge.com/myenergy**

- Chương Trình Thanh Toán Quân Bình:** Các khoản thanh toán hàng tháng có thể được tính đều ra nhằm giúp quý vị quân bình chi phí năng lượng của mình và loại bỏ những thay đổi lớn trong khoản thanh toán của mình. Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- Bảo Đảm Hóa Đơn:** Một loại đặt cọc khác giúp khách hàng bảo đảm trường mục của mình bằng cách nhờ một khách hàng PG&E hội đủ điều kiện khác ký bảo đảm dùm cho họ. Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- Low Income Home Energy Assistance Program (LIHEAP):** Trợ giúp trả hóa đơn, trợ giúp trả hóa đơn khẩn cấp, và cung ứng những dịch vụ chống thời tiết khắc nghiệt. Xin gọi Sở Dịch Vụ và Phát Triển Cộng Đồng (CSD) ở số 1-866-675-6623 để biết thêm chi tiết.
- Trợ Cấp Y Tế Cơ Bản:** Khách hàng cư dân sống dựa vào thiết bị hỗ trợ sự sống và/hoặc có nhu cầu sưởi ấm hoặc làm lạnh đặc biệt do một số bệnh trạng nhất định có thể hội đủ điều kiện nhận thêm một phần năng lượng bổ sung với mức giá thấp nhất (cơ bản). Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- REACH:** Chương trình hỗ trợ năng lượng một lần được PG&E tài trợ và do Salvation Army điều hành. Xin gọi 1-800-933-9677 để biết thêm chi tiết.

- Energy Savings Assistance Program:** Cung cấp cho những người thuê nhà và chủ sở hữu nhà hội đủ điều kiện về lợi tức các giải pháp dễ dàng, miễn phí để giúp họ quản lý việc sử dụng năng lượng và tiết kiệm tiền trên hóa đơn năng lượng hàng tháng. Xin gọi số 1-800-989-9744 để biết thêm chi tiết.

**Energy Savings
.....
Assistance Program™**

- Thông Báo Cho Độ Tam Nhân:** Cho phép quý vị ghi danh một người bạn hoặc người thân để nhận bản sao của các thông tin thanh toán quá hạn. Người được chỉ định không phải chịu trách nhiệm thanh toán hóa đơn, nhưng có thể liên lạc với PG&E để giúp giải quyết vấn đề. Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- Universal Lifeline Telephone Service (ULTS):** Giảm giá dịch vụ điện thoại. Xin liên lạc hãng điện thoại phục vụ vùng địa phương của quý vị để biết thêm chi tiết.
- My Energy:** Quý vị có thể truy cập trực tuyến để xem thông tin sử dụng năng lượng chi tiết của mình và dùng thông tin này để quyết các lựa chọn về năng lượng. Quý vị chỉ đơn giản đăng nhập vào My Energy tại pge.com/myenergy, và nếu có thiết bị SmartMeter™ đã kết nối, quý vị có thể xem lượng điện sử dụng hàng giờ và khí đốt sử dụng hàng ngày của mình—cập nhật cho tới ngày hôm trước. Quý vị có thể tìm hiểu thêm tại pge.com/smartmeter.

ĐỂ BIẾT THÊM THÔNG TIN

CARE: 1-866-743-2273 www.pge.com/care
FERA: 1-800-743-5000 www.pge.com/fera
Email: CAREandFERA@pge.com

TDD/TTY: dành cho người khiếm thanh/khiếm thính,
Thứ Hai–Thứ Sáu, 9:00 giờ sáng–11:00 giờ tối
California Relay: 1-800-735-2929 nếu quý vị không thể sử dụng đường dây TDD

1 CHI TIẾT VỀ KHÁCH HÀNG: (xin viết rõ ràng)

Số Trương Mục PG&E:

(Ở trang đầu tiên của hóa đơn PG&E)

[illegible]

Tên khách hàng của PG&E trong hồ sơ

Điện thoại ☐ Nhà ☐ Công ty ☐ Số di động

Địa chỉ điện thư

Số điện thoại thay thế ☐ Nhà ☐ Công ty ☐ Số di động

Địa Chỉ Nhà (ĐỪNG dùng số hộp thư (P.O Box))

Số Chung Cư

Thành Phố

Số Zip

Hãy lựa chọn ngôn ngữ mong muốn để chương trình CARE/FERA liên lạc với quý vị trong tương lai:

☐ Tiếng Tây Ban Nha ☐ Tiếng Tagalog ☐ Tiếng Nga ☐ Tiếng Hmong ☐ Tiếng Hàn Quốc ☐ Tiếng Việt
☐ Tiếng Quảng Đông ☐ Tiếng Quan Thoại

Phương thức liên lạc mong muốn: ☐ tin nhắn (Các Mức Giá Tin Nhắn và Dữ Liệu có thể áp dụng) ☐ điện thoại ☐ điện thư
☐ thư qua đường bưu điện

Số Người Trong Gia Đình: Người Lớn _____ + Trẻ Em (dưới 18 tuổi) _____ = _____

Tổng Lợi Tức Gia Đình Hàng Năm:

(xin quý vị tính tất cả các nguồn lợi tức từ mọi người trong gia đình)

\$

--	--	--

 ,

--	--	--

 .00

2A HỒI ĐỦ ĐIỀU KIỆN VỀ LỢI TỨC GIA ĐÌNH: đánh dấu vào tất cả các nguồn lợi tức của gia đình quý vị.

☐ Tiền Hưu Bổng	☐ Tiền Lương và/hay Lợi Tức từ Tư Doanh	☐ Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày
☐ Tiền Trợ Cấp An Sinh Xã Hội	☐ Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền	☐ Tiền Bảo Hiểm Bồi Thường hay Tiền Bồi Thường Thừa Kế
☐ SSP, SSDI	☐ Tiền Thất Nghiệp	☐ Tiền Cấp Dưỡng Vợ/Chồng hay Con Cái
☐ Tiền Lãi/Cổ Tức từ: Truong Mục Tiết Kiệm, Chứng Khoán, Trái Phiếu, hay Truong Mục Hưu Trĩ	☐ Tiền cho Người Có Khuyết Tật hay Tiền Bồi Thường Tai Nạn Lao Động	☐ Tiền Mặt và/hay Lợi Tức Khác

2B HỒI ĐỦ ĐIỀU KIỆN VỀ CHƯƠNG TRÌNH TRỢ GIÚP CÔNG CỘNG: đánh dấu tất cả các chương trình mà quý vị hoặc ai đó trong nhà quý vị đang tham gia.

- ☐ Medicaid/Medi-Cal (dưới 65 tuổi)
- ☐ Medicaid/Medi-Cal (65 và qua 65 tuổi)
- ☐ Supplemental Security Income (SSI)
- ☐ CalFresh/SNAP (Tiền Phiếu Thực Phẩm)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants and Children (WIC)
- ☐ Healthy Families A & B
- ☐ CalWORKs (TANF) hay Tribal TANF
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

3 CAM ĐOAN: *(xin đọc và ký tên)*

Tôi đồng ý cung cấp chứng minh lợi tức gia đình nếu được yêu cầu. Tôi cũng đồng ý thông báo cho Pacific Gas and Electric Company (PG&E) biết nếu lợi tức gia đình của tôi không còn hội đủ điều kiện để được giảm giá. Tôi hiểu rằng nếu tôi nhận giảm giá mà không đủ điều kiện thì tôi có thể bị yêu cầu phải hoàn lại số tiền tôi đã được giảm. Tôi hiểu rằng PG&E có thể chia sẻ thông tin của tôi với các cơ quan thành phố, các cơ quan tiểu bang hoặc liên bang, các cơ quan tiện ích khác hoặc các đại diện của họ để ghi danh tôi vào các chương trình trợ giúp của họ. Tôi xin cam đoan theo hình phạt về tội khai man theo pháp luật của Tiểu Bang California rằng các thông tin mà tôi đã cung cấp trong đơn này là đúng sự thật và chính xác.

X

Chữ Ký Khách Hàng

☐ Tôi đâm vòng nếu là người giám hộ hay người đại diện pháp lý

Ngày

For Internal Use Only

Gửi đơn đã điền đến: CARE/FERA Program, P.O. Box 7979, San Francisco, CA 94120-7979 hoặc fax đơn đã điền đến: 415-973-6419.



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

30462-G
29724-G

Gas Sample Form No. 62-1198
CARE Program Application for Qualified Agricultural Employee Housing Facilities (T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3385-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____



INSTRUCTIONS

1. READ ALL information and instructions before you complete this application. If you have questions, call Pacific Gas and Electric Company's CARE Program toll-free at 1-866-743-2273 or the Hotline at 415-973-7288.
2. DETERMINE if the facility meets the definition of a qualified agricultural employee housing facility. The facility **MUST** meet ALL criteria to qualify for a monthly discount from the CARE Program.
3. COMPLETE the entire application (please print or type). Complete a separate application for each qualified facility.
4. ATTACH all required documents. (Application is considered incomplete without documents.)
5. MAIL TO: **Pacific Gas and Electric Company
CARE Program
PO Box 7979
San Francisco, CA 94120-7979**

DISCOUNT

The CARE Program provides a monthly discount on energy bills for facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates are available only to qualified facilities. The facility will receive the discount after the utility receives and approves the application.

ELIGIBILITY CRITERIA FOR ORGANIZATIONS

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

- Applicant must be the utility customer of record.
- Applicant must verify that total gross income for all residents residing at the facility and/or households meet the current CARE income guidelines, excluding any employee operating or managing the facility who resides on the facility. (See enclosed sheet for current CARE income guidelines.)
- Applicant is required to re-certify CARE eligibility by completing a new application, including how the discount will be used to directly benefit the residents.

CARE: ☎ **1-866-743-2273** Fax: ☎ 415-973-6419 www.pge.com/care CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday – Friday, 9:00 a.m. – 11:00 p.m.

California Relay: 1-800-735-2929 if you can not utilize the TDD line



ELIGIBLE FACILITIES

EMPLOYEE HOUSING (privately owned), as defined in section 17008 of the health and Safety Code, that is licensed and inspected by state and/or local agencies pursuant to Part I (commencing with Section 17000) of Division 13

- **Supporting documentation required:**
 - ✓ Provide copy of current permit issued by the Department of Housing and Community Development.
- **Total energy used must be 100% residential.**

HOUSING FOR AGRICULTURAL EMPLOYEES (non-migrant and operated by non-profit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code.

- **Supporting documentation required:**
 - ✓ Provide current copy of federal 501(c)(3) tax exemption or copy of state tax exemption form, and current copy of local property tax exemption form.
- **Total Energy used:**
 - ✓ Master-metered facilities must be 70% residential use.
 - ✓ Individually metered units must be 100% residential use.

APPLICANT'S RESPONSIBILITIES

The applicant is required to:

- Provide proof of facility's eligibility (see Eligible Facilities) and submit required documentation with the application (see requirements on the application).
 - Verify that total gross income for all residents residing at the facility meet the CARE income eligibility guidelines (see income guideline sheet) and make a certification to that effect, under the penalty of perjury, under the laws of the state of California.
 - Maintain records of residents' income eligibility, which should come from federal tax return, payroll stubs or similar records acceptable to the utility. These records must be retained for three (3) years from the date of initial application and/or re-certification.
 - Show how the previous year discount was used to directly benefit the residents at re-certification.
 - Maintain accounting entries and supporting documentation of how the discount was used for the direct benefit of the residents. These records must be retained for three (3) years from the date of initial application and/or re-certification.
 - Upon request from the utility, provide documentation of the residents' income eligibility and/or documentation of how the discount was used for the direct benefit of the residents.
 - Provide all information requested by the utility. Failure to do so will result in denial or removal from the program. The applicant may be subject to rebilling for the period they were ineligible for the discount as determined by the utility.
-



1 ORGANIZATION INFORMATION: *(please print or type)*

Name on Utility Bill _____

Name of Facility _____
(if different than the name on utility bill)

Address _____ City _____ Zip Code _____

Mailing Address _____ City _____ Zip Code _____
(if different)

Primary Contact _____ Secondary Contact _____
(who to contact if utility needs more information) (who to contact if utility needs more information)

Phone (____) _____ Phone (____) _____

Fax (____) _____ Fax (____) _____

E-mail Address _____ E-mail Address _____

2 FACILITY INFORMATION:

Please use a separate application for each TYPE of facility

- ☐ **EMPLOYEE HOUSING** (privately owned), as defined in Section 17008 of the health and Safety Code, that is licensed and inspected in state and/or local agencies pursuant to part 1 of Division 13.
- ☐ **HOUSING FOR AGRICULTURAL EMPLOYEES** (non-migrant and operated by non-profit entities), as defined in as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has received exemptions from local property taxes pursuant to subdivision (g) of the Revenue and Taxation Code.

3 RE-CERTIFICATION *(please print or type)*

If re-certifying the facility's eligibility for continued CARE discounts, please provide an explanation of how last year's discount savings was used by your organization to benefit your clients:

This year's discount will be used for:

4 DECLARATION: *(please read and sign below)*

- Organization is Pacific Gas and Electric Company (PG&E) customer of record
- Total gross income for all residents residing at the facility and/or households meet CARE income guidelines.
- Documentation is available to substantiate the above.
- Each PG&E account meets the appropriate residential energy usage criteria.

By signing below, I certify under penalty of perjury that the information on this declaration is truthful and correct. Although this declaration is valid for two years, I will notify PG&E of any changes that may affect eligibility for CARE. PG&E reserves the right to request verification of records demonstrating eligibility at any time and may re-bill the Organization at the applicable rate if appropriate. I understand that the facility name and address may be shared with other energy utilities, if applicable.

Authorized Representative's Signature _____ Date _____

Authorized Representative's Name _____ Date _____

Please complete this application by providing individual account information on the reverse side of this page.

5 FOR INDIVIDUAL FACILITIES OF THE SAME TYPE, ATTACH SEPARATE SHEET FOR MORE THAN FIVE (5) ADDRESSES:

[illegible][illegible][illegible]

Service Address _____ **City** _____ **Zip Code** _____

☐ Individually metered ☐ Master metered

Total Number of residents (excluding on-site manager) _____

[illegible][illegible][illegible]

Service Address _____ **City** _____ **Zip Code** _____

☐ Individually metered ☐ Master metered

Total Number of residents (excluding on-site manager) _____

[illegible][illegible][illegible]

Service Address _____ **City** _____ **Zip Code** _____

☐ Individually metered ☐ Master metered

Total Number of residents (excluding on-site manager) _____

[illegible][illegible][illegible]

Service Address _____ **City** _____ **Zip Code** _____

☐ Individually metered ☐ Master metered

Total Number of residents (excluding on-site manager) _____

[illegible]

											■	
--	--	--	--	--	--	--	--	--	--	--	---	--

[illegible]

Service Address _____ **City** _____ **Zip Code** _____

☐ Individually metered ☐ Master metered

Total Number of residents (excluding on-site manager) _____



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

30463-G
29725-G

Gas Sample Form No. 62-1477
CARE/FERA Program Income Guidelines

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3385-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____

INCOME GUIDELINES • REQUISITOS DE INGRESOS

Number of Persons in Household Número de Personas en el Hogar	Annual Income* • Ingreso Anual*	
	CARE	FERA
1	\$22,980	Not Eligible • No Aplica
2	\$31,020	Not Eligible • No Aplica
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
For each additional person, add: Por cada persona adicional, añada:	\$8,040	\$8,040–\$10,050

*Before taxes based on current income sources. You may be enrolled in either the CARE or FERA program but not in both.
Valid until May 31, 2014.

*Antes de impuestos en base a las fuentes de ingresos actuales. Puede inscribirse en el programa CARE o en el programa FERA pero no en ambos.
Válido hasta el 31 de mayo, 2014.

Definition of Income:

All revenues, from all household members, from whatever source derived, whether taxable or non-taxable, including, but not limited to:

- Wages or Salaries
- Interest/Dividends from: Savings, Stocks, Bonds, or Retirement Accounts
- Unemployment Benefits
- Rental or Royalty Income
- School Grants, Scholarships or other aid used for living expenses
- Profit from Self-Employment
- Disability Payments
- Workers Compensation
- Pensions
- Social Security, SSI, SSP, SSDI
- Insurance settlements
- Legal Settlements
- TANF (AFDC)
- Food stamps
- Child support
- Spousal support
- Cash and/or other income

Definición de Ingresos:

Son todos los ingresos de todas las personas que viven en su hogar, derivadas de todas las fuentes de ingresos, ya sea si se pagan impuestos sobre las mismas o no, incluyen pero no se limitan a:

- Sueldos o Salarios
- Intereses/Dividendos de: Cuentas de Ahorros, Acciones, Bonos, o Cuentas de Jubilación
- Beneficios por Desempleo
- Ingresos Provenientes de Rentas o Regalías
- Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- Ganancias de su Propio Negocio
- Pagos por Incapacidad
- Pagos por Compensación al Trabajador
- Pagos de Pensiones
- Pagos del Seguro Social, SSI, SSP, SSDI
- Pagos de Reclamaciones del Seguro
- Pagos de Reclamaciones Legales
- Pagos de TANF (AFDC)
- Estampillas de Alimentos
- Pagos por Pensión Alimenticia a Hijos
- Pagos por Pensión Conyugal
- Pagos en Efectivo y/u Otros Ingresos

CARE: ☎ **1-866-743-2273** Fax: ☎ 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY 1-800-652-4712

For speech/hearing-impaired, Monday–Friday, 9:00 a.m.–11:00 p.m.

Para los discapacidades auditivas y del habla, de lunes a viernes, 9:00 a.m. hasta las 11:00 p.m.

California Relay 1-800-735-2929

If you can not utilize the TDD line • Si no puede usar la línea TDD

收入標準 • ĐỊNH MỨC LỢI TỨC

家庭人數 Số Người Trong Gia Đình	年收入* • Lợi Tức Hàng Năm*	
	CARE	FERA
1	\$22,980	不適用於此計劃 • Không Đủ Tiêu Chuẩn
2	\$31,020	不適用於此計劃 • Không Đủ Tiêu Chuẩn
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
每增加一人，加： Với mỗi người thêm vào, cộng thêm:	\$8,040	\$8,040–\$10,050

*根據目前收入來源計算的稅前收入。您也許有資格加入 CARE 或 FERA 計劃其中之一，但不能同時加入這二項計劃。有效期至 2014 年 5 月 31 日。

*Trước khi trừ thuế dựa theo các nguồn lợi tức hiện có. Quý vị có thể ghi danh chương trình CARE hoặc FERA nhưng không thể ghi danh cả hai chương trình. Có hiệu lực đến ngày 31 tháng Năm, 2014.

收入定義:

所有家庭成員的收入，無論來自任何途徑，繳稅或不繳稅，其中包括，但不局限於：

- 工資
- 利息/或股息，來源于：儲蓄戶口、股票或債券，或退休帳戶
- 失業福利
- 租金或版權收入
- 學校助學金、獎學金或其他生活津貼補助
- 自僱者的總收入
- 傷病補助金
- 勞工賠償
- 退休金
- 安全保險補助金、SSI、SSP、SSDI
- 保險訴訟所得款
- 法律訴訟所得款
- 貧困家庭臨時現金資助計劃 TANF (AFDC)
- 糧食券
- 子女撫養費
- 配偶贍養費
- 現金和/或其他收入

Định Nghĩa Lợi Tức:

Tất cả mọi lợi tức, của mọi người trong nhà, có từ bất cứ nguồn nào, dù phải đóng thuế hay không đóng thuế, bao gồm nhưng không chỉ giới hạn vào:

- Tiền Lương
- Tiền Lãi/Cổ Tức từ: Truong Mục Tiết Kiệm, Chứng Khoán, Trái Phiếu, hay Truong Mục Hưu Trí
- Tiền Thất Nghiệp
- Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày
- Lợi Tức từ Tư Doanh
- Tiền cho Người Có Khuyết Tật
- Tiền Bồi Thường Tai Nạn Lao Động
- Tiền Hưu Bổng
- Tiền Trợ Cấp An Sinh Xã Hội, SSI, SSP, SSDI
- Tiền Bảo Hiểm Bồi Thường
- Tiền Bồi Thường Thừa Kiện
- TANF (AFDC) (Trợ cấp gia đình nghèo có con nhỏ)
- Tiền Phiếu Thực Phẩm
- Tiền Cấp Dưỡng Con Cái
- Tiền Cấp Dưỡng Vợ/Chồng
- Tiền Mặt và/hay Lợi Tức Khác

CARE: ☎ **1-866-743-2273** Fax: ☎ 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY 1-800-652-4712

有言語或聆聽障礙者、星期一至星期五 9:00 a.m.–11:00 p.m.

Dành cho người khiếm thanh/khiếm thính, Thứ Hai–Thứ Sáu, 9:00 giờ sáng–11:00 giờ tối

California Relay 1-800-735-2929

如果您未能轉接 TDD 專線 • Nếu quý vị không thể sử dụng đường dây TDD



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

30464-G
30309-G

Gas Sample Form No. 62-1509
CARE Program Re-Certification Application -- Residential Single-Family Customers

**Please Refer to Attached
Sample Form**

Advice Letter No: 3385-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____



1 CUSTOMER INFORMATION • INFORMACIÓN DEL CLIENTE:

Response required: To retain discount, you must confirm continued eligibility.

Se requiere su respuesta: Para conservar el descuento, debe confirmar que continúa reuniendo los requisitos.

Telephone • Teléfono: ()

☐ Home • Hogar ☐ Work • Trabajo ☐ Mobile • Móvil

Choose the language preference for future CARE/FERA communications • Seleccione su idioma de preferencia para recibir comunicaciones de CARE/FERA en el futuro

☐ Spanish • Español ☐ Tagalog • Tagalog ☐ Russian • Ruso
☐ Hmong • Hmong ☐ Korean • Coreano ☐ Vietnamese • Vietnamita
☐ Cantonese • Cantonés ☐ Mandarin • Mandarin

Preferred method of communication • Método de contacto preferido

☐ phone • teléfono ☐ email • email ☐ mail • correo
☐ text (Msg and Data Rates may apply)
texto (podría aplicarse tarifas de mensajes o datos)

Number of Persons in Household • Número de Personas en el Hogar

_____ **Adults • Adultos**

_____ **+ Children (under 18) • Niños (menores de 18)**

_____ **= Total • Total**

Total Gross Annual Household Income (please account for all income from every household member) • **Total de ingresos anuales brutos de la unidad familiar** (por favor, tenga en cuenta todos los ingresos de todos los miembros de la unidad familiar)

\$ _____,_____.00

2A HOUSEHOLD INCOME ELIGIBILITY: check all sources of household income.

- | | |
|---|--|
| ☐ Pensions | ☐ Unemployment Benefits |
| ☐ Social Security | ☐ Disability or Workers Compensation Payments |
| ☐ SSP or SSDI | ☐ Scholarships, Grants or Other Aid for Living Expenses |
| ☐ Interests/Dividends from: Savings, Stocks, Bonds, or Retirement Accounts | ☐ Insurance or Legal Settlements |
| ☐ Wages and/or Profits from Self-Employment | ☐ Spousal or Child Support |
| ☐ Rental or Royalty Income | ☐ Cash and/or Other Income |

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY: check all programs in which you or someone in your household participate.

- | | |
|---|--|
| ☐ Medicaid/Medi-Cal (under age 65) | ☐ Healthy Families A & B |
| ☐ Medicaid/Medi-Cal (age 65 and over) | ☐ CalWORKs (TANF) or Tribal TANF |
| ☐ Supplemental Security Income (SSI) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (Food Stamps) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | ☐ Head Start Income Eligible (Tribal Only) |
| ☐ Women, Infants and Children (WIC) | |

ELEGIBILIDAD DE ACUERDO A LOS INGRESOS EN EL HOGAR: marque todas las fuentes de ingreso de la familia.

- | | |
|---|---|
| ☐ Pagos de Pensiones | ☐ Compensación al Trabajador o Pagos por Incapacidad |
| ☐ Pagos del Seguro Social | ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del Hogar |
| ☐ SSP o SSDI | ☐ Reclamaciones al Seguro o Legales |
| ☐ Intereses/Dividendos de: Cuentas de Ahorros, Acciones, Bonos o Cuentas de Jubilación | ☐ Pagos por Pensión Alimenticia a Hijos/Conyugal |
| ☐ Sueldos y/o Ganancias de su Propio Negocio | ☐ Pagos en Efectivo y/u Otros Ingresos |
| ☐ Ingresos Provenientes de Rentas o Regalías | |
| ☐ Beneficios por Desempleo | |

ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PÚBLICA: marque todos los programas que usted o alguien en su hogar están recibiendo.

- | | |
|---|---|
| ☐ Medicaid/Medi-Cal (menor de 65 años) | ☐ CalWORKs (TANF) o Tribal TANF |
| ☐ Medicaid/Medi-Cal (65 años o más) | ☐ National School Lunch Program (NSLP) |
| ☐ Supplemental Security Income (SSI) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ CalFresh/SNAP (Estampillas de Alimentos) | ☐ Head Start Income Eligible (Sólo Tribus Indígenas) |
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | |
| ☐ Women, Infants and Children (WIC) | |
| ☐ Healthy Families A & B | |

3 DECLARATION: (please read and sign)

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that PG&E can share my information with municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

X _____
Customer Signature • Firma del Cliente

☐ Fill in circle if guardian or power of attorney
Marque aquí si es tutor o tiene carta de poder

Date • Fecha

DECLARACIÓN: (por favor lea y firme abajo)

Me comprometo a facilitar pruebas documentales de los ingresos de la unidad familiar en caso de que se me pida. También acepto informar a Pacific Gas and Electric Company (PG&E) si en algún momento mi unidad familiar dejase de reunir los requisitos para recibir el descuento. Comprendo que si recibo el descuento sin reunir los requisitos, se me puede exigir que devuelva el descuento que haya recibido. Soy consciente de que PG&E podrá compartir mis datos con agencias municipales, estatales o federales, con otras compañías de servicios públicos o con sus representantes, con objeto de facilitar la inscripción en sus respectivos programas de asistencia. Declaro que la información que he facilitado en esta solicitud es veraz y correcta, incurriendo en perjurio según la legislación del Estado de California si no lo fuera.

☐ **Check if you no longer qualify or do not want to participate in the CARE Program.**
Ya no califico o ya no quiero participar en el Programa CARE.

1 CHI TIẾT VỀ KHÁCH HÀNG • 客戶資料:

Số Trương Mục PG&E • PG&E帳號:

(Ở trang đầu tiên của hóa đơn PG&E ● 帳號位於帳單的第一頁)

[illegible]

Tên Họ • 姓名

Điện Thoại • 電話

☐ Nhà • 住宅 ☐ Công ty • 工作 ☐ Số di động • 手機

Địa Chỉ Nhà • 家庭住址

Số Chung Cư • 公寓

Thành Phố • 城市

SỐ Zip • 郵政區號

Hãy lựa chọn ngôn ngữ mong muốn để chương trình CARE/FERA liên lạc với quý vị trong tương lai •

選擇您希望將來的 CARE/FERA 通訊使用何種語言:

☐ Tiếng Tây Ban Nha ☐ Tiếng Tagalog ☐ Tiếng Nga ☐ Tiếng Hmong ☐ Tiếng Hàn Quốc ☐ Tiếng Việt ☐ Tiếng Quảng Đông ☐ Tiếng Quan Thoại

西班牙語 他加祿語 俄語 苗語 韓語 越南語 粵語 國語

Phương thức liên lạc mong muốn • 首選通訊方式: ☐ điện thoại • 電話 ☐ điện thư • 電子郵件 ☐ thư qua đường bưu điện • 郵寄信件
☐ tin nhắn (Các Mức Giá Tin Nhắn và Dữ Liệu có thể áp dụng) • 簡訊 (可能需支付簡訊或數據流量費用)

Số Người Trong Gia Đình • 家庭人數: Người Lớn • 成人 _____ + Trẻ Em (dưới 18 tuổi) • 孩童(18歲以下) _____ = _____

Tổng Lợi Tức Gia Đình Hàng Năm • 全家年收入總計:

(xin quý vị tính tất cả các nguồn lợi tức từ mọi người trong gia đình) • (請計算每位家庭成員的所有收入)

\$

--	--	--

 ,

--	--	--

 .00

2A HỘI ĐỦ ĐIỀU KIỆN VỀ LỢI TỨC GIA ĐÌNH:

đánh dấu vào tất cả các nguồn lợi tức của gia đình quý vị.

- | | |
|---|---|
| ☐ Tiền Hưu Bổng | ☐ Tiền cho Người Có Khuyết Tật |
| ☐ Tiền Trợ Cấp An Sinh Xã Hội | hay Tiền Bồi Thường Tai Nạn |
| ☐ SSP, SSDI | Lao Động |
| ☐ Tiền Lãi/Cổ Tức từ: Trương | ☐ Tiền Học do Chánh Phủ Trợ |
| Mục Tiết Kiệm, Chứng | Cấp, Học Bổng hay các thứ |
| Khoán, Trái Phiếu, hay Trương | Tiền Trợ Giúp cho Đời Sống |
| Mục Hưu Trí | Hàng Ngày |
| ☐ Tiền Lương và/hay Lợi Tức từ | ☐ Tiền Bảo Hiểm Bồi Thường hay |
| Tư Doanh | Tiền Bồi Thường Thừa Kiện |
| ☐ Lợi Tức do Cho Thuê Nhà hay | ☐ Tiền Cấp Dưỡng Vợ/Chồng |
| Tiền Bán Quyền | hay Con Cái |
| ☐ Tiền Thất Nghiệp | ☐ Tiền Mất và/hay Lợi Tức Khác |

2B **HỘI ĐU ĐIỀU KIỆN VỀ CHƯƠNG TRÌNH TRỢ GIÚP CÔNG CÔNG:** đánh dấu tất cả các chương trình

GIÚP CÔNG CỘNG: đánh dấu tất cả các chương trình mà quý vị hoặc ai đó trong nhà quý vị đang tham gia.

- | | |
|---|--|
| ☐ Medicaid/Medi-Cal (dưới 65 tuổi) | ☐ Healthy Families A & B |
| ☐ Medicaid/Medi-Cal (65 và qua 65 tuổi) | ☐ CalWORKs (TANF) hay Tribal TANF |
| ☐ Supplemental Security Income (SSI) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (Tiền Phiếu Thực Phẩm) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | ☐ Head Start Income Eligible (Tribal Only) |
| ☐ Women, Infants and Children (WIC) | |

合資格的家庭總收入: 請勾選您家庭收入的全部來源。

- | | |
|--|---|
| ☐ 退休金 | ☐ 失業福利 |
| ☐ 安全保險補助金 | ☐ 傷病補助金或勞工賠償 |
| ☐ SSP、SSDI | ☐ 學校助學金、獎學金或其他生活開支補助 |
| ☐ 利息/或股息，來源于：
儲蓄戶口、股票或債券，或退休帳戶 | ☐ 保險或法律訴訟所得款 |
| ☐ 工資和/或自僱者的總收入 | ☐ 給配偶或孩童的資助 |
| ☐ 租金或版權收入 | ☐ 現金和/或其他收入 |

合資格的公共資助計劃: 勾選您或家中其他人所參與的所有計劃。

- | | |
|---|--|
| ☐ Medicaid/Medi-Cal (65歲以下) | ☐ CalWORKs (TANF)或Tribal TANF |
| ☐ Medicaid/Medi-Cal (65歲和65歲以上) | ☐ National School Lunch Program (NSLP) |
| ☐ Supplemental Security Income (SSI) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ CalFresh/SNAP (糧食券) | ☐ Head Start Income Eligible (Tribal Only) |
| ☐ 低收入家庭能源協助計劃 | |
| ☐ 婦女、嬰兒和兒童營養輔助計劃 | |
| ☐ 健康家庭低費兒童醫藥保健計劃類別A及B | |

3 CAM ĐOAN: (xin đọc và ký tên)

Tôi đồng ý cung cấp chứng minh lợi tức gia đình nếu được yêu cầu. Tôi cũng đồng ý thông báo cho Pacific Gas and Electric Company (PG&E) biết nếu lợi tức gia đình của tôi không còn hội đủ điều kiện để được giảm giá. Tôi hiểu rằng nếu tôi nhận giảm giá mà không đủ điều kiện thì tôi có thể bị yêu cầu phải hoàn lại số tiền tôi đã được giảm. Tôi hiểu rằng PG&E có thể chia sẻ thông tin của tôi với các cơ quan thành phố, các cơ quan tiểu bang hoặc liên bang, các cơ quan tiện ích khác hoặc các đại diện của họ để ghi danh tôi vào các chương trình trợ giúp của họ. Tôi xin cam đoan theo hình phạt về tội khai man theo pháp luật của Tiểu Bang California rằng các thông tin mà tôi đã cung cấp trong đơn này là đúng sự thật và chính xác.

聲明：(請閱讀，然後在下面簽字)

如果有需要，本人同意提供家庭收入證明。本人亦同意，如果我的家庭收入不再有資格享受折扣時，本人會立即通知Pacific Gas and Electric Company (PG&E)。本人瞭解，如果在不具資格的情況下繼續享受此項折扣，本人可能會被要求退還所收到的折扣。本人瞭解PG&E可能會讓其它市政機構、州或聯邦機構，以及其它公用事業公司或其代理人使用本人資料，以便讓本人參加他們的輔助計劃。依加州法律的偽證罪刑罰規定，本人聲明我在申請表上提供的資料皆真實且正確。

X

Chữ Ký Khách Hàng • 客戶簽名

○ 我填妥後，如果我是監護人或代理人的話，請圈上記號

Ngày • 日期

☐ Xin đánh dấu vào ô trống nếu quý vị không còn hội đủ tiêu chuẩn hoặc không muốn tham gia vào chương trình CARE.
請打勾號如果您不再符合資格或沒有意願參加CARE計劃。



Pacific Gas and Electric Company
San Francisco, California
U 39

Cancelling	Revised	Cal. P.U.C. Sheet No.	30465-G
	Revised	Cal. P.U.C. Sheet No.	29727-G

Gas Sample Form No. 79-1051
CARE/FERA Program Application for Residential Single Family Customers (English) (T)
Large Print Application

**Please Refer to Attached
Sample Form**

Advice Letter No: 3385-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed	May 14, 2013
Effective	June 1, 2013
Resolution No.	



ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE) program provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA) program provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

1. The PG&E bill must be in your name.
2. You must live at the address where the discount will be received.
3. You may not be claimed as a dependent on another person's income tax return other than your spouse.
4. You may not share an energy meter with another home.
5. You must account for all sources of qualifying household income and meet the program income guidelines described in this application.
6. You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
7. Following enrollment, you may be required to provide proof of qualifying household income, including IRS Tax Return Transcripts, and agree to participate in the Energy Savings Assistance program to remain enrolled in CARE.
8. Your monthly electric usage must not exceed six times the Tier 1 allowance.
9. You are required to recertify your eligibility every two years (four years if fixed income).

INCOME GUIDELINES (valid until May 31, 2014)

Number of Persons in Household	Annual Income*	
	CARE	FERA
1	\$22,980	Not Eligible
2	\$31,020	Not Eligible
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
For each additional person, add:	\$8,040	\$8,040–\$10,050

*Before taxes based on current income sources. You may be enrolled in either the CARE or FERA program but not in both.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR:
VISIT www.pge.com/myenergy

- **Balanced Payment Plan:** Monthly payments can be averaged out to allow you to budget your energy costs and eliminate big swings in your payments. Call 1-800-743-5000 for more information.
- **Bill Guaranty:** A deposit alternative enables customers to secure their account by having another qualifying PG&E customer sign on their behalf. Call 1-800-743-5000 for more information.
- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.
- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **REACH:** One-time energy-assistance program sponsored by PG&E and administered by the Salvation Army. Call 1-800-933-9677 for more information.
- **My Energy:** You can go online to see your detailed energy usage information and use it to make informed energy choices. Simply log in to My Energy at pge.com/myenergy, and if you have a connected SmartMeter™, you can view your hourly electric and daily gas usage—up to the previous day. Learn more at pge.com/smartmeter.
- **Third-Party Notification:** Allows you to name a friend or relative to receive duplicate copies of past-due payment notices. The designated person is not responsible for paying the bill, but can contact PG&E to help resolve the problem. Call 1-800-743-5000 for more information.
- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.

Energy Savings
.....
Assistance Program™

FOR MORE INFORMATION

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday–Friday, 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

1 CUSTOMER INFORMATION: *(please print clearly)***PG&E Account Number:**[illegible]

(This number is located on the first page of your PG&E bill)

Name of PG&E customer on record **Phone** ☐ Home ☐ Work ☐ Mobile

Email Address **Alternate Phone** ☐ Home ☐ Work ☐ Mobile

Service Address	Apartment #	City	Zip Code
-----------------	-------------	------	----------

(Do NOT use a P.O. Box)

Choose the language preference for future CARE/FERA

communications: ☐ Spanish ☐ Tagalog ☐ Russian ☐ Hmong ☐ Korean
☐ Vietnamese ☐ Cantonese ☐ Mandarin

Preferred method of communication:

☐ text (Msg and Data Rates may apply) ☐ phone ☐ email ☐ mail

Number of Persons in Household:

Adults _____ + **Children** (under 18) _____ = _____

Total Gross Annual Household Income: \$, .00

(please account for all income from every household member)

2A HOUSEHOLD INCOME ELIGIBILITY: check all sources of household income.

- ☐ Pensions
 - ☐ Social Security
 - ☐ SSP, SSDI
 - ☐ Wages and/or Profits from Self-Employment
 - ☐ Rental or Royalty Income
 - ☐ Unemployment Benefits
 - ☐ Spousal or Child Support
 - ☐ Interest/Dividends from: Savings, Stocks, Bonds, or Retirement Accounts
 - ☐ Disability or Workers Compensation Payments
 - ☐ Scholarships, Grants or Other Aid for Living Expenses
 - ☐ Insurance or Legal Settlements
 - ☐ Cash and/or Other Income

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY: check all programs in which you or someone in your household participate.

- | | |
|---|--|
| ☐ Medicaid/Medi-Cal (under age 65) | ☐ CalWORKs (TANF) or Tribal TANF |
| ☐ Medicaid/Medi-Cal (age 65 and over) | ☐ National School Lunch Program (NSLP) |
| ☐ Supplemental Security Income (SSI) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ CalFresh/SNAP (Food Stamps) | ☐ Head Start Income Eligible (Tribal Only) |
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | |
| ☐ Women, Infants and Children (WIC) | |
| ☐ Healthy Families A & B | |

3 DECLARATION: *(please read and sign)*

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that PG&E can share my information with municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

For Internal Use Only

X _____

Customer Signature

Date

☐ Fill in circle if guardian or power of attorney

Mail completed application to: CARE/FERA Program, P.O. Box 7979, San Francisco, CA 94120-7979 or fax completed application to 415-973-6419.



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

30466-G
29728-G

Gas Sample Form No. 79-1052
CARE/FERA Program Application for Residential Single Family Customers (T)
(Spanish) - Large Print Application

**Please Refer to Attached
Sample Form**

Advice Letter No: 3385-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____



INFORMACIÓN SOBRE EL PROGRAMA DE CARE/FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento mensual en las cuentas de energía a los hogares que reúnan los requisitos de ingresos.
- El programa de **Family Electric Rate Assistance (FERA)** ofrece un descuento mensual en las cuentas de electricidad a los hogares de tres o más personas que reúnan los requisitos de ingresos.

REQUISITOS DEL PROGRAMA

1. La cuenta de PG&E debe estar a su nombre.
2. Debe vivir en la dirección donde se recibirá el descuento.
3. El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo/a.
4. El solicitante no debe compartir el medidor de energía con otro hogar.
5. Deberá tener en cuenta todas las fuentes de ingresos que califican bajo la unidad familiar y cumplir con los requisitos de ingresos del programa que se describen en esta solicitud.
6. Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
7. Después de inscribirse, se le podría requerir que proporcione comprobantes de elegibilidad de ingresos del hogar, incluyendo copia de la declaración de impuestos al IRS (por sus siglas en inglés), y que acepte participar en el Energy Savings Assistance Program para permanecer inscrito en CARE.
8. Su consumo eléctrico mensual no debe exceder seis veces la cantidad base indicada en su factura.
9. Se le requiere que recertifique su elegibilidad cada dos años (cada cuatro años si el ingreso es fijo.)

REQUISITOS DE INGRESOS (válido hasta el 31 de mayo, 2014)

Número de Personas en el Hogar	Ingreso Anual*	
	CARE	FERA
1	\$22,980	No Aplica
2	\$31,020	No Aplica
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
Por cada persona adicional, añadida:	\$8,040	\$8,040–\$10,050

* Antes de impuestos en base a las fuentes de ingresos actuales. Puede inscribirse en el programa CARE o en el programa FERA pero no en ambos.

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR: VISITE www.pge.com/myenergy

- **Plan de Pago Equilibrado:** Sus pagos mensuales se pueden promediar permitiéndole hacer un presupuesto basado en su consumo de energía, así eliminando una variación grande en sus pagos. Para más información, llame al 1-800-743-5000.
- **Depósito de Garantía:** Una alternativa de depósito que permite a los clientes asegurar su cuenta al designar a otro cliente que reúne los requisitos de PG&E para que firme a nombre suyo. Para más información, llame al 1-800-743-5000.
- **Energy Savings Assistance Program:** Ofrece a los inquilinos y a los propietarios de viviendas que reúnan los requisitos de ingresos, soluciones sencillas y gratuitas para ayudarles a manejar su consumo de energía y ahorrar dinero en sus facturas mensuales. Para más información, llame al 1-800-989-9744.
- **Low Income Home Energy Assistance Program (LIHEAP):** Este es un programa que brinda ayuda o asistencia de emergencia con el pago de sus cuentas, y servicios de aislamiento térmico. Para más información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.
- **Medical Baseline:** Los clientes residenciales que dependan de equipos de soporte vital y/o que tengan necesidades especiales relacionadas con la calefacción o el aire acondicionado debido a ciertos padecimientos médicos podrían reunir los requisitos para obtener más energía a un precio más bajo (baseline). Para más información, llame al 1-800-743-5000.
- **REACH:** Es un programa que le ayuda al cliente a pagar su cuenta de energía por una sola vez y está patrocinado por PG&E y administrado por el Salvation Army. Para más información, llame al 1-800-933-9677.
- **My Energy:** Puede dirigirse al Internet para ver información detallada sobre su consumo de energía y utilizarla para tomar decisiones informadas sobre cómo utilizar la energía. Simplemente conéctese a My Energy en pge.com/myenergy, y si tiene un SmartMeter™ conectado usted puede ver su consumo eléctrico por hora y su consumo de gas diario—actualizado hasta el día anterior. Obtenga más información en www.pge.com/smartmeter.
- **Notificación a Terceras Personas:** Permite designar a un amigo o familiar para que reciba una copia de las notificaciones de cuentas vencidas y no pagadas. La persona designada no es responsable del pago de la cuenta, pero puede comunicarse con PG&E para ayudar a resolver el problema. Para más información, llame al 1-800-743-5000.
- **Universal Lifeline Telephone Service (ULTS):** La Línea Universal de Servicio Telefónico le brinda acceso telefónico a bajo precio. Llame a su compañía local de teléfonos para más información.

Energy Savings
.....
Assistance Program™

PARA MÁS INFORMACIÓN

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 para los discapacidades auditivas y del habla, de lunes a viernes, 9:00 a.m. hasta las 11:00 p.m.

California Relay: 1-800-735-2929 si no puede usar la línea TDD

1 INFORMACIÓN DEL CLIENTE: *(por favor escriba a máquina o con letras de imprenta)*

Número de Cuenta de PG&E:

[illegible]

(Su número de cuenta aparece en la primera página de la factura de PG&E)

**Nombre del cliente
de PG&E registrado**

Teléfono ☐ Hogar ☐ Trabajo ☐ Móvil

Dirección de Email

Teléfono Alterno ☐ Hogar ☐ Trabajo ☐ Móvil

Dirección del Hogar

Departmento #

Ciudad

Código Postal

(No use P.O. Box)

Selecione su idioma de preferencia para recibir comunicaciones

de CARE/FERA en el futuro: ☐Español ☐Tagalog ☐Ruso ☐Hmong
☐Coreano ☐Vietnamita ☐Cantonés ☐Mandarín

Método de contacto preferido: ☐teléfono ☐email ☐correo

☐ texto (podría aplicarse tarifas de mensajes o datos)

Número de Personas en el Hogar:

Adultos _____ + **Niños** (menores de 18) _____ = _____

Total de ingresos anuales brutos de la unidad familiar:

\$

--	--	--

 ,

--	--	--

 .00

(por favor, tenga en cuenta todos los ingresos de todos los miembros de la unidad familiar)

2A ELEGIBILIDAD DE ACUERDO A LOS INGRESOS EN EL HOGAR:

marque todas las fuentes de ingreso de la familia.

- | | |
|---|---|
| ☐ Pagos de Pensiones | ☐ Beneficios por Desempleo |
| ☐ Pagos del Seguro Social | ☐ Compensación al Trabajador o Pagos por Incapacidad |
| ☐ SSP o SSDI | ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del Hogar |
| ☐ Intereses/Dividendos de: Cuentas de Ahorros, Acciones, Bonos o Cuentas de Jubilación | ☐ Reclamaciones al Seguro o Legales |
| ☐ Sueldos y/o Ganancias de su Propio Negocio | ☐ Pagos por Pensión Alimenticia a Hijos/Conyugal |
| ☐ Ingresos Provenientes de Rentas o Regalías | ☐ Pagos en Efectivo y/u Otros Ingresos |

2B ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PÚBLICA:

marque todos los programas que usted o alguien en su hogar están recibiendo.

- | | |
|--|--|
| ☐ Medi-Cal (menor de 65 años) | ☐ CalWORKs (TANF)
o Tribal TANF |
| ☐ Medi-Cal (65 años o más) | ☐ National School Lunch
Program (NSLP) |
| ☐ Supplemental Security Income (SSI) | ☐ Bureau of Indian Affairs
General Assistance |
| ☐ CalFresh/SNAP (Estampillas de
Alimentos) | ☐ Head Start Income Eligible
(Sólo Tribus Indígenas) |
| ☐ Low Income Home Energy
Assistance Program (LIHEAP) | |
| ☐ Women, Infants and Children (WIC) | |
| ☐ Healthy Families A & B | |

3 DECLARACIÓN: *(por favor lea y firme abajo)*

Me comprometo a facilitar pruebas documentales de los ingresos de la unidad familiar en caso de que se me pida. También acepto informar a Pacific Gas and Electric Company (PG&E) si en algún momento mi unidad familiar dejase de reunir los requisitos para recibir el descuento. Comprendo que si recibo el descuento sin reunir los requisitos, se me puede exigir que devuelva el descuento que haya recibido. Soy consciente de que PG&E podrá compartir mis datos con agencias municipales, estatales o federales, con otras compañías de servicios públicos o con sus representantes, con objeto de facilitar la inscripción en sus respectivos programas de asistencia. Declaro que la información que he facilitado en esta solicitud es veraz y correcta, incurriendo en perjurio según la legislación del Estado de California si no lo fuera.

For Internal Use Only

X _____

Firma del Cliente

Fecha

☐ Marque aquí si es tutor o tiene carta de poder

Envíe la aplicación completa a: CARE/FERA Program, P.O. Box 7979, San Francisco, CA 94120-7979 o envíela por fax al número 415-973-6419.



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

30467-G
29729-G

Gas Sample Form No. 79-1053
CARE/FERA Program Application for for Residential Single Family Customers (T)
(Chinese) - Large Print Application

**Please Refer to Attached
Sample Form**

Advice Letter No: 3385-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____



關於 CARE/FERA 計劃

- **California Alternate Rates for Energy (CARE)** 為符合收入資格的家庭提供每月能源帳單折扣。
- **Family Electric Rate Assistance (FERA)** 為有三人或更多成員且符合收入資格的家庭提供每月電費帳單折扣。

計劃規定

1. 申請者必須是 PG&E 帳單上的註冊客戶。
2. 申請者必須居住在將收到折扣的住址。
3. 除了配偶，申請人不可在另一個人的報稅表中被稱為受贍養者。
4. 申請者的居所不可與另一居所共同用一個碼錶。
5. 您必須計算家庭所有合資格收入來源，並符合本申請表所列的計劃收入標準。
6. 申請者家庭若不再符合 CARE/FERA 計劃的資格要求，必須知會 PG&E。
7. 登記參加後，您也許會被要求提供符合資格的家庭收入證明 (包括 IRS 報稅記錄)，且您須同意參加 Energy Savings Assistance Program 才能繼續參加 CARE 計劃。
8. 您每月的用電量必須低於第一級額定量的六倍。
9. 您必須每兩年重新提出申請並且符合資格 (固定收入者為每四年提出申請)。

收入標準 (有效期至 2014 年 5 月 31 日)		
家庭人數	年收入*	
	CARE	FERA
1	\$22,980	不適用於此計劃
2	\$31,020	不適用於此計劃
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
每增加一人，加	\$8,040	\$8,040–\$10,050

*根據目前收入來源計算的稅前收入。您也許有資格加入 CARE 或 FERA 計劃其中之一，但不能同時加入這二項計劃。

欲瞭解您可能有的資格參加的其他計劃和免費服務，請瀏覽

www.pge.com/myenergy。

- **平衡付款計劃：**每月平均分攤付款，讓您可妥善安排能源費用預算，避免支付帳單時出現太大變動。詳情請電 1-800-743-5000。
- **帳單保證：**這可以用來代替押金，客戶可找另一位 PG&E 的合格客戶代表簽字為他們帳戶作擔保。詳情請電 1-800-743-5000。
- **Energy Savings Assistance Program:** 為符合收入資格的 租戶及屋主免費提供簡單的解決方案，協助他們管理能源用量並節省每月能源帳單費用。詳情請電 1-800-989-9744。

Energy Savings
.....
Assistance Program™

- **Low Income Home Energy Assistance Program (LIHEAP):** 低收入家居能源輔助計劃，為符合收入資格的客戶提供付帳輔助、突發情況付帳輔助和家居防寒保暖措施。詳情請電 1-866-675-6623 跟加州社區服務及發展部 (CSD) 聯絡。
- **基本醫療底線：**如果住宅客戶有某些醫療狀況，需要依賴維生設備和/或有特別暖氣或冷氣需求等，都有可能收到更多最低(底線)的價格能源數量。詳情請電 1-800-743-5000。
- **REACH:** 計劃提供一次性的能源協助，由 PG&E 提供 贊助、Salvation Army 負責實施。詳情請電 1-800-933-9677。
- **My Energy:** 您可上網查看您的能源使用詳情，然後根據正確資訊作出能源決定。若您已連接 SmartMeter™，則您只需登入 My Energy 網站 pge.com/myenergy，就可查看至前一天為止的每小時用電和每天使用煤氣情況。請上網站 www.pge.com/smartmeter 瞭解詳情。
- **第三者通知：**第三者通知可讓您列出一位朋友或親屬的姓名，讓他們能收到您過期未繳的付款通知副本。您指定的人不需要負責支付帳單，但可聯絡 PG&E 協助解決問題。詳情請電 1-800-743-5000。
- **生機一線電話服務 ULTS:** 提供電話折扣服務。欲知詳情，請聯絡您當地的熱線電話服務公司。

更多詳情

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712

有言語或聆聽障礙者、星期一至星期五 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 如果您未能轉接 TDD 專線

2B 合資格的公共資助計劃: 勾選您或家中其他人所參與的所有計劃。

- | | |
|---|--|
| ☐ Medicaid/Medi-Cal (65 歲以下) | ☐ 健康家庭低費兒童醫藥健保計劃類別 A 及 B |
| ☐ Medicaid/Medi-Cal (65 歲和 65 歲以上) | ☐ CalWORKs (TANF)或 Tribal TANF |
| ☐ Supplemental Security Income (SSI) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (糧食券) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ 低收入家庭能源協助計劃 | ☐ Head Start Income Eligible (Tribal Only) |
| ☐ 婦女、嬰兒和兒童營養輔助計劃 | |

3 聲明: (請閱讀, 然後在下面簽字)

如果有需要, 我同意提供家庭收入證明。我亦同意, 如果我的家庭收入不再有資格享受折扣時, 我會立即通知 **Pacific Gas and Electric Company (PG&E)**。我瞭解, 如果在不具資格的情況下繼續享受此項折扣, 我可能會被要求退還所收到的折扣。我瞭解 **PG&E** 可能會讓其它市政機構、州或聯邦機構, 以及其它公用事業公司或其代理人使用本人資料, 以便讓我參加他們的輔助計劃。依加州法律的偽證罪刑罰規定, 我聲明我在申請表上提供的資料皆真實且正確。

For Internal Use Only

X _____

簽名

日期

○如果是監護人或代理人的話, 請圈上記號

申請表請寄到:

CARE/FERA Program, P.O. Box 7979, San Francisco, CA 94120-7979

或傳真填好的申請表到: 415-973-6419



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

30468-G
29730-G

Gas Sample Form No. 79-1054
CARE/FERA Program Application for Residential Single Family Customers
(Vietnamese) - Large Print Application

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3385-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____



CHƯƠNG TRÌNH CARE/FERA

Chương trình California Alternate Rates for Energy (CARE) giảm hóa đơn năng lượng hàng tháng cho các gia đình hội đủ điều kiện về thu nhập.

Chương trình Family Electric Rate Assistance (FERA) giảm hóa đơn tiền điện hàng tháng cho các gia đình hội đủ điều kiện về thu nhập có từ ba người trở lên.

CHỈ DẪN CỦA CHƯƠNG TRÌNH

1. Quý vị phải là người đứng tên trên hóa đơn PG&E.
2. Quý vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá.
3. Quý vị không được một người khác khai là người phụ thuộc trên mẫu thuế ngoại trừ người phối ngẫu.
4. Quý vị không được dùng chung đồng hồ đo năng lượng với một ngôi nhà khác.
5. Quý vị phải tính tất cả các nguồn lợi tức hội đủ điều kiện của gia đình và đáp ứng với mức lợi tức quy định của chương trình được ghi trong đơn này.
6. Quý vị phải thông báo cho PG&E nếu gia đình quý vị không còn hội đủ điều kiện để được nhận giảm giá CARE/FERA.
7. Sau khi ghi danh, quý vị có thể cần phải cung cấp bằng chứng hội đủ điều kiện lợi tức gia đình, kể cả Bản Sao Hoàn Thuế IRS (IRS Tax Return Transcripts), và đồng ý tham gia vào chương trình Energy Savings Assistance Program để vẫn được ghi danh trong chương trình CARE.
8. Lượng điện sử dụng hàng tháng của quý vị không được vượt quá sáu lần hạn mức cho phép Bạc 1.
9. Quý vị cần phải tái xác nhận khả năng hội đủ điều kiện của mình mỗi hai năm (bốn năm nếu có lợi tức cố định).

ĐỊNH MỨC LỢI TỨC (có hiệu lực đến ngày 31 tháng Năm, 2014)

Số Người Trong Gia Đình	Lợi Tức Hàng Năm*	
	CARE	FERA
1	\$22,980	Không đủ tiêu chuẩn
2	\$31,020	Không đủ tiêu chuẩn
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
Với mỗi người thêm vào, cộng thêm:	\$8,040	\$8,040–\$10,050

*Trước khi trừ thuế dựa theo các nguồn lợi tức hiện có. Quý vị có thể ghi danh chương trình CARE hoặc FERA nhưng không thể ghi danh cả hai chương trình.

CÁC CHƯƠNG TRÌNH VÀ DỊCH VỤ MIỄN PHÍ KHÁC MÀ QUÝ VỊ CÓ THỂ HỘI ĐỦ ĐIỀU KIỆN THAM GIA: XIN TRUY CẬP www.pge.com/myenergy

- **Chương Trình Thanh Toán Quân Bình:** Các khoản thanh toán hàng tháng có thể được tính đều ra nhằm giúp quý vị quân bình chi phí năng lượng của mình và loại bỏ những thay đổi lớn trong khoản thanh toán của mình. Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **Bảo Đảm Hóa Đơn:** Một loại đặt cọc khác giúp khách hàng bảo đảm trưng mục của mình bằng cách nhờ một khách hàng PG&E hội đủ điều kiện khác ký bảo đảm dùm cho họ. Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **Energy Savings Assistance Program:** Cung cấp cho những người thuê nhà và chủ sở hữu nhà hội đủ điều kiện về lợi tức các giải pháp dễ dàng, miễn phí để giúp họ quản lý việc sử dụng năng lượng và tiết kiệm tiền trên hóa đơn năng lượng hàng tháng. Xin gọi số 1-800-989-9744 để biết thêm chi tiết.
- **Low Income Home Energy Assistance Program (LIHEAP):** Trợ giúp trả hóa đơn, trợ giúp trả hóa đơn khẩn cấp, và cung ứng những dịch vụ chống thời tiết khắc nghiệt. Xin gọi Sở Dịch Vụ và Phát Triển Cộng Đồng (CSD) ở số 1-866-675-6623 để biết thêm chi tiết.
- **Trợ Cấp Y Tế Cơ Bản:** Khách hàng cư dân sống dựa vào thiết bị hỗ trợ sự sống và/hoặc có nhu cầu sưởi ấm hoặc làm lạnh đặc biệt do một số bệnh trạng nhất định có thể hội đủ điều kiện nhận thêm một phần năng lượng bổ sung với mức giá thấp nhất (cơ bản). Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **REACH:** Chương trình hỗ trợ năng lượng một lần được PG&E tài trợ và do Salvation Army điều hành. Xin gọi 1-800-933-9677 để biết thêm chi tiết.
- **My Energy:** Quý vị có thể truy cập trực tuyến để xem thông tin sử dụng năng lượng chi tiết của mình và dùng thông tin này để quyết các lựa chọn về năng lượng. Quý vị chỉ đơn giản đăng nhập vào My Energy tại pge.com/myenergy, và nếu có thiết bị SmartMeter™ đã kết nối, quý vị có thể xem lượng điện sử dụng hàng giờ và khí đốt sử dụng hàng ngày của mình—cập nhật cho tới ngày hôm trước. Quý vị có thể tìm hiểu thêm tại pge.com/smartmeter.
- **Thông Báo Cho Đệ Tam Nhân:** Cho phép quý vị ghi danh một người bạn hoặc người thân để nhận bản sao của các thông tin thanh toán quá hạn. Người được chỉ định không phải chịu trách nhiệm thanh toán hóa đơn, nhưng có thể liên lạc với PG&E để giúp giải quyết vấn đề. Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **Universal Lifeline Telephone Service (ULTS):** Giảm giá dịch vụ điện thoại. Xin liên lạc hãng điện thoại phục vụ vùng địa phương của quý vị để biết thêm chi tiết.

Energy Savings
.....
Assistance Program™

ĐỂ BIẾT THÊM THÔNG TIN

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

E-mail: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 dành cho người khiếm thanh/khiếm thính,
Thứ Hai–Thứ Sáu, 9:00 giờ sáng–11:00 giờ tối

California Relay: 1-800-735-2929 nếu quý vị không thể sử dụng đường dây TDD

2B HỘI ĐỦ ĐIỀU KIỆN VỀ CHƯƠNG TRÌNH TRỢ GIÚP CÔNG CỘNG:

đánh dấu tất cả các chương trình mà quý vị hoặc ai đó trong nhà quý vị đang tham gia.

- | | |
|---|--|
| ☐ Medicaid/Medi-Cal (dưới 65 tuổi) | ☐ Healthy Families A & B |
| ☐ Medicaid/Medi-Cal (65 và qua 65 tuổi) | ☐ CalWORKs (TANF) hay Tribal TANF |
| ☐ Supplemental Security Income (SSI) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (Tiền Phiếu Thực Phẩm) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | ☐ Head Start Income Eligible (Tribal Only) |
| ☐ Women, Infants and Children (WIC) | |

3 CAM ĐOAN: *(xin đọc và ký tên)*

Tôi đồng ý cung cấp chứng minh lợi tức gia đình nếu được yêu cầu. Tôi cũng đồng ý thông báo cho Pacific Gas and Electric Company (PG&E) biết nếu lợi tức gia đình của tôi không còn hội đủ điều kiện để được giảm giá. Tôi hiểu rằng nếu tôi nhận giảm giá mà không đủ điều kiện thì tôi có thể bị yêu cầu phải hoàn lại số tiền tôi đã được giảm. Tôi hiểu rằng PG&E có thể chia sẻ thông tin của tôi với các cơ quan thành phố, các cơ quan tiểu bang hoặc liên bang, các cơ quan tiện ích khác hoặc các đại diện của họ để ghi danh tôi vào các chương trình trợ giúp của họ. Tôi xin cam đoan theo hình phạt về tội khai man theo pháp luật của Tiểu Bang California rằng các thông tin mà tôi đã cung cấp trong đơn này là đúng sự thật và chính xác.

For Internal Use Only

X**Chữ Ký Khách Hàng****Ngày**

☐ Tôi đậm vòng nếu là người giám hộ hay người đại diện pháp lý

Gởi đơn đã điền đến: CARE/FERA Program, P.O. Box 7979, San Francisco, CA 94120-7979 hoặc fax đơn đã điền đến: 415-973-6419.



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

30469-G
29731-G

Gas Sample Form No. 79-1055

CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities
(English) - Large Print Application

(T)
(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3385-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____



ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE) program provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA) program provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

1. The energy bill from your landlord must be in your name.
2. You must live at the address where the discount will be received.
3. You may not be claimed as a dependent on another person's income tax return other than your spouse.
4. You may not share energy meter with another home.
5. You must account for all sources of qualifying household income and meet the program income guidelines described in this application.
6. You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
7. Following enrollment, you may be required to provide proof of qualifying household income, including IRS Tax Return Transcripts, and agree to participate in the Energy Savings Assistance program to remain enrolled in CARE.
8. Your monthly electric usage must not exceed six times the baseline quantity indicated on your bill.
9. You are required to recertify your eligibility every two years (four years if fixed income).

INCOME GUIDELINES (valid until May 31, 2014)		
Number of Persons in Household	Annual Income*	
	CARE	FERA
1	\$22,980	Not Eligible
2	\$31,020	Not Eligible
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
For each additional person, add:	\$8,040	\$8,040–\$10,050

*Before taxes based on current income sources. You may be enrolled in either the CARE or FERA program but not in both.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR:
VISIT www.pge.com/myenergy

- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.



- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.

FOR MORE INFORMATION

Mail completed application to:

CARE/FERA Program

P.O. Box 7979

San Francisco, CA 94120-7979

Or fax completed application to: 415-973-6419

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 For speech/hearing-impaired, Monday–Friday, 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line



79-1055
Rev. 06/01/13

(please account for all income from every household member)

2A HOUSEHOLD INCOME ELIGIBILITY: check all sources of household income.

- | | |
|--|--|
| ☐ Pensions | ☐ Unemployment Benefits |
| ☐ Social Security | ☐ Disability or Workers Compensation Payments |
| ☐ SSP, SSDI | ☐ Scholarships, Grants or Other Aid for Living Expenses |
| ☐ Interest/Dividends from: Savings, Stocks, Bonds, or Retirement Accounts | ☐ Insurance or Legal Settlements |
| ☐ Wages and/or Profits from Self-Employment | ☐ Spousal or Child Support |
| ☐ Rental or Royalty Income | ☐ Cash and/or Other Income |

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY: check all programs in which you or someone in your household participate.

- | | |
|---|--|
| ☐ Medicaid/Medi-Cal (under age 65) | ☐ CalWORKs (TANF) or Tribal TANF |
| ☐ Medicaid/Medi-Cal (age 65 and over) | ☐ National School Lunch Program (NSLP) |
| ☐ Supplemental Security Income (SSI) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ CalFresh/SNAP (Food Stamps) | ☐ Head Start Income Eligible (Tribal Only) |
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | |
| ☐ Women, Infants and Children (WIC) | |
| ☐ Healthy Families A & B | |

3 DECLARATION: *(please read and sign)*

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that PG&E can share my information with municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

X _____
Customer Signature **Date**
○ Fill in circle if guardian or power of attorney

For Internal Use Only



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

30470-G
29732-G

Gas Sample Form No. 79-1056

CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities
(Spanish) - Large Print Application

(T)
(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3385-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____



INFORMACIÓN SOBRE EL PROGRAMA DE CARE/FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento mensual en las cuentas de energía a los hogares que reúnan los requisitos de ingresos.
- El programa de **Family Electric Rate Assistance (FERA)** ofrece un descuento mensual en las cuentas de electricidad a los hogares de tres o más personas que reúnan los requisitos de ingresos.

REQUISITOS DEL PROGRAMA

1. La cuenta de PG&E debe estar a su nombre.
2. Debe vivir en la dirección donde se recibirá el descuento.
3. El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo/a.
4. El solicitante no debe compartir el medidor de energía con otro hogar.
5. Deberá tener en cuenta todas las fuentes de ingresos que califican bajo la unidad familiar y cumplir con los requisitos de ingresos del programa que se describen en esta solicitud.
6. Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
7. Después de inscribirse, se le podría requerir que proporcione comprobantes de elegibilidad de ingresos del hogar, incluyendo copia de la declaración de impuestos al IRS (por sus siglas en inglés), y que acepte participar en el Energy Savings Assistance Program para permanecer inscrito en CARE.
8. Su consumo eléctrico mensual no debe exceder seis veces la cantidad base indicada en su factura.
9. Se le requiere que recertifique su elegibilidad cada dos años (cada cuatro años si el ingreso es fijo.)

REQUISITOS DE INGRESOS (válido hasta el 31 de mayo, 2014)

Número de Personas en el Hogar	Ingreso Anual*	
	CARE	FERA
1	\$22,980	No Aplica
2	\$31,020	No Aplica
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
Por cada persona adicional, añada:	\$8,040	\$8,040–\$10,050

* Antes de impuestos en base a las fuentes de ingresos actuales. Puede inscribirse en el programa CARE o en el programa FERA pero no en ambos.

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR: VISITE www.pge.com/myenergy

- **Energy Savings Assistance Program:** Ofrece a los inquilinos y a los propietarios de viviendas que reúnan los requisitos de ingresos, soluciones sencillas y gratuitas para ayudarles a manejar su consumo de energía y ahorrar dinero en sus facturas mensuales. Para más información, llame al 1-800-989-9744.



- **Low Income Home Energy Assistance Program (LIHEAP):** Este es un programa que brinda ayuda o asistencia de emergencia con el pago de sus cuentas, y servicios de aislamiento térmico. Para más información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.
- **Medical Baseline:** Los clientes residenciales que dependan de equipos de soporte vital y/o que tengan necesidades especiales relacionadas con la calefacción o el aire acondicionado debido a ciertos padecimientos médicos podrían reunir los requisitos para obtener más energía a un precio más bajo (baseline). Para más información, llame al 1-800-743-5000.
- **Universal Lifeline Telephone Service (ULTS):** La Línea Universal de Servicio Telefónico le brinda acceso telefónico a bajo precio. Llame a su compañía local de teléfonos para más información.

PARA MÁS INFORMACIÓN

Envíe la aplicación completa a:

CARE/FERA Program

P.O. Box 7979

San Francisco, CA 94120-7979

O envíela por fax al número: 415-973-6419

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 Para los discapacidades auditivas y del habla, de lunes a viernes, 9:00 a.m. hasta las 11:00 p.m.

California Relay: 1-800-735-2929 si no puede usar la línea TDD

2A ELEGIBILIDAD DE ACUERDO A LOS INGRESOS EN EL HOGAR:

marque todas las fuentes de ingreso de la familia.

- | | |
|---|---|
| ☐ Pagos de Pensiones | ☐ Beneficios por Desempleo |
| ☐ Pagos del Seguro Social | ☐ Compensación al Trabajador o Pagos por Incapacidad |
| ☐ SSP, SSDI | ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del Hogar |
| ☐ Intereses/Dividendos de: Cuentas de Ahorros, Acciones, Bonos o Cuentas de Jubilación | ☐ Reclamaciones al Seguro o Legales |
| ☐ Sueldos y/o Ganancias de su Propio Negocio | ☐ Pagos por Pensión Alimenticia a Hijos/Conyugal |
| ☐ Ingresos Provenientes de Rentas o Regalías | ☐ Pagos en Efectivo y/u Otros Ingresos |

2B ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PÚBLICA:

marque todos los programas que usted o alguien en su hogar están recibiendo.

- | | |
|---|---|
| ☐ Medi-Cal (menor de 65 años) | ☐ Healthy Families A & B |
| ☐ Medi-Cal (65 años o más) | ☐ CalWORKs (TANF) o Tribal TANF |
| ☐ Supplemental Security Income (SSI) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (Estampillas de Alimentos) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | ☐ Head Start Income Eligible (Sólo Tribus Indígenas) |
| ☐ Women, Infants and Children (WIC) | |

3 DECLARACIÓN: *(por favor lea y firme abajo)*

Me comprometo a facilitar pruebas documentales de los ingresos de la unidad familiar en caso de que se me pida. También acepto informar a Pacific Gas and Electric Company (PG&E) si en algún momento mi unidad familiar dejase de reunir los requisitos para recibir el descuento. Comprendo que si recibo el descuento sin reunir los requisitos, se me puede exigir que devuelva el descuento que haya recibido. Soy consciente de que PG&E podrá compartir mis datos con agencias municipales, estatales o federales, con otras compañías de servicios públicos o con sus representantes, con objeto de facilitar la inscripción en sus respectivos programas de asistencia. Declaro que la información que he facilitado en esta solicitud es veraz y correcta, incurriendo en perjurio según la legislación del Estado de California si no lo fuera.

For Internal Use Only

X**Firma del Cliente****Fecha**

☐ Marque aquí si es tutor o tiene carta de poder



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

30471-G
29733-G

Gas Sample Form No. 79-1057

CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities
(Chinese) - Large Print Application

(T)
(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3385-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____



關於 CARE/FERA 計劃

- **California Alternate Rates for Energy (CARE)** 為符合收入資格的家庭提供每月能源帳單折扣。
- **Family Electric Rate Assistance (FERA)** 為有三人或更多成員且符合收入資格的家庭提供每月電費帳單折扣。

計劃規定

1. 您的業主給您的煤電帳單必須是以您的名字註冊。
2. 申請者必須居住在將收到折扣的住址。
3. 除了配偶，申請人不可在另一個人的報稅表中被稱為受贍養者。
4. 申請者的居所不可與另一居所共同用一個碼錶。
5. 您必須計算家庭所有合資格收入來源，並符合本申請表所列的計劃收入標準。
6. 申請者家庭若不再符合 CARE/FERA 計劃的資格要求，必須知會 PG&E。
7. 登記參加後，您也許會被要求提供符合資格的收入證明 (包括 IRS 報稅記錄)，且您須同意參加 Energy Savings Assistance Program 才能繼續參加 CARE 計劃。
8. 您每月的用電量必須低於第一級額定量的六倍。
9. 您必須每兩年重新提出申請並且符合資格 (固定收入者為每四年提出申請)。

收入標準 (有效期至 2014 年 5 月 31 日)		
家庭人數	年收入*	
	CARE	FERA
1	\$22,980	不適用於此計劃
2	\$31,020	不適用於此計劃
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
每增加一人，加	\$8,040	\$8,040–\$10,050

*根據目前收入來源計算的稅前收入。您也許有資格加入 CARE 或 FERA 計劃其中之一，但不能同時加入這二項計劃。

欲瞭解您可能資格參加的其他計劃和免費服務，請瀏覽
www.pge.com/myenergy。

- **Energy Savings Assistance Program:** 為符合收入資格的 租戶及屋主免費提供簡單的解決方案，協助他們管理能源用量並節省每月能源帳單費用。詳情請電 1-800-989-9744。



- **Low Income Home Energy Assistance Program (LIHEAP):** 低收入家居能源輔助計劃，為符合收入資格的客戶提供付帳輔助、突發情況付帳輔助和家居防寒保暖措施。詳情請電 1-866-675-6623 跟加州社區服務及發展部 (CSD)聯絡。
- **基本醫療底線:** 如果住宅客戶有某些醫療狀況，需要依賴維生設備和/或有特別暖氣或冷氣需求等，都有可能收到更多最低(底線)的價格能源數量。詳情請電 1-800-743-5000。
- **生機一線電話服務 ULTS:** 提供電話折扣服務。欲知詳情，請 聯絡您當地的熱線電話服務公司。

更多詳情

申請表請寄到:

CARE/FERA Program

P.O. Box 7979

San Francisco, CA 94120-7979

或傳真填好的申請表到: 415-973-6419

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 有言語或聆聽障礙者、星期一至星期五
9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 如果您未能轉接 TDD 專線



1A 經理/分錶住宅設施資料:

活動房屋/其它分錶住宅設施名字

活動房屋/其它分錶住宅設施住址

城市

郵政區號

帳戶號碼:

電力

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

煤氣

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

經理或業主姓名

()
電話

經理或業主郵寄住址

城市

郵政區號

申請人狀況 ☐ 新加入 ☐ 退出 ☐ 重新確認 ☐ 搬到不同地點

1B 住客資料: (請用正楷填寫)

姓名

()
電話

家庭住址

公寓

城市

郵政區號

家庭人數: 成人 _____ + 孩童(18歲以下) _____ = _____

家庭全年稅前總收入:

(請計算每位家庭成員的所有收入)

\$

--	--	--

,

--	--	--

.00

2A 合資格的家庭總收入：請勾選您家庭收入的全部來源。

- | | |
|--|---|
| ☐ 退休金 | ☐ 失業福利 |
| ☐ 安全保險補助金 | ☐ 傷病補助金或勞工賠償 |
| ☐ SSP、SSDI | ☐ 學校助學金、獎學金或其他生活開支補助 |
| ☐ 利息/或股息，來源于：儲蓄戶口、股票或債券，或退休帳戶 | ☐ 保險或法律訴訟所得款 |
| ☐ 工資和/或自僱者的總收入 | ☐ 給配偶或孩童的資助 |
| ☐ 租金或版權收入 | ☐ 現金和/或其他收入 |

2B 合資格的公共資助計劃：勾選您或家中其他人所參與的所有計劃。

- | | |
|---|--|
| ☐ Medicaid/Medi-Cal (65 歲以下) | ☐ 健康家庭低費兒童醫藥健保計劃類別 A 及 B |
| ☐ Medicaid/Medi-Cal (65 歲和 65 歲以上) | ☐ CalWORKs (TANF)或 Tribal TANF |
| ☐ Supplemental Security Income (SSI) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (糧食券) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ 低收入家庭能源協助計劃 | ☐ Head Start Income Eligible (Tribal Only) |
| ☐ 婦女、嬰兒和兒童營養輔助計劃 | |

3 聲明：(請閱讀，然後在下面簽字)

如果有需要，我同意提供家庭收入證明。我亦同意，如果我的家庭收入不再有資格享受折扣時，我會立即通知 Pacific Gas and Electric Company (PG&E)。我瞭解，如果在不具資格的情況下繼續享受此項折扣，我可能會被要求退還所收到的折扣。我瞭解 PG&E 可能會讓其它市政機構、州或聯邦機構，以及其它公用事業公司或其代理人使用本人資料，以便讓我參加他們的輔助計劃。依加州法律的偽證罪刑罰規定，我聲明我在申請表上提供的資料皆真實且正確。

For Internal Use Only

X

簽名

日期

○如果是監護人或代理人的話、請圈上記號



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

30472-G
29734-G

Gas Sample Form No. 79-1058

CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities
(Vietnamese) - Large Print Application

(T)
(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3385-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____



CHƯƠNG TRÌNH CARE/FERA

- **Chương trình California Alternate Rates for Energy (CARE)** giảm hóa đơn năng lượng hàng tháng cho các gia đình hội đủ điều kiện về thu nhập.
- **Chương trình Family Electric Rate Assistance (FERA)** giảm hóa đơn tiền điện hàng tháng cho các gia đình hội đủ điều kiện về thu nhập có từ ba người trở lên.

CHỈ DẪN CỦA CHƯƠNG TRÌNH

1. Hóa đơn năng lượng từ chủ nhà của quý vị phải có tên của quý vị.
2. Quý vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá.
3. Quý vị không được một người khác khai là người phụ thuộc trên mẫu thuế ngoại trừ người phối ngẫu.
4. Quý vị không được dùng chung đồng hồ đo năng lượng với một ngôi nhà khác.
5. Quý vị phải tính tất cả các nguồn lợi tức hội đủ điều kiện của gia đình và đáp ứng với mức lợi tức quy định của chương trình được ghi trong đơn này.
6. Quý vị phải thông báo cho PG&E nếu gia đình quý vị không còn hội đủ điều kiện để được nhận giảm giá CARE/FERA.
7. Sau khi ghi danh, quý vị có thể cần phải cung cấp bằng chứng hội đủ điều kiện lợi tức gia đình, kể cả Bản Sao Hoàn Thuế IRS (IRS Tax Return Transcripts), và đồng ý tham gia vào chương trình Energy Savings Assistance Program để vẫn được ghi danh trong chương trình CARE.
8. Lượng điện sử dụng hàng tháng của quý vị không được vượt quá sáu lần hạn mức cho phép Bậc 1.
9. Quý vị cần phải tái xác nhận khả năng hội đủ điều kiện của mình mỗi hai năm (bốn năm nếu có lợi tức cố định).

ĐỊNH MỨC LỢI TỨC (có hiệu lực đến ngày 31 tháng Năm, 2014)

Số Người Trong Gia Đình	Lợi Tức Hàng Năm*	
	CARE	FERA
1	\$22,980	Không đủ tiêu chuẩn
2	\$31,020	Không đủ tiêu chuẩn
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
Với mỗi người thêm vào, cộng thêm:	\$8,040	\$8,040–\$10,050

*Trước khi trừ thuế dựa theo các nguồn lợi tức hiện có. Quý vị có thể ghi danh chương trình CARE hoặc FERA nhưng không thể ghi danh cả hai chương trình.

CÁC CHƯƠNG TRÌNH VÀ DỊCH VỤ MIỄN PHÍ KHÁC MÀ QUÝ VỊ CÓ THỂ HỘI ĐỦ ĐIỀU KIỆN THAM GIA: XIN TRUY CẬP www.pge.com/myenergy

- **Energy Savings Assistance Program:** Cung cấp cho những người thuê nhà và chủ sở hữu nhà hội đủ điều kiện về lợi tức các giải pháp dễ dàng, miễn phí để giúp họ quản lý việc sử dụng năng lượng và tiết kiệm tiền trên hóa đơn năng lượng hàng tháng. Xin gọi số 1-800-989-9744 để biết thêm chi tiết.

Energy Savings
.....
Assistance Program™

- **Low Income Home Energy Assistance Program (LIHEAP):** Trợ giúp trả hóa đơn, trợ giúp trả hóa đơn khẩn cấp, và cung ứng những dịch vụ chống thời tiết khắc nghiệt. Xin gọi Sở Dịch Vụ và Phát Triển Cộng Đồng (CSD) ở số 1-866-675-6623 để biết thêm chi tiết.
- **Trợ Cấp Y Tế Cơ Bản:** Khách hàng cư dân sống dựa vào thiết bị hỗ trợ sự sống và/hoặc có nhu cầu sưởi ấm hoặc làm lạnh đặc biệt do một số bệnh trạng nhất định có thể hội đủ điều kiện nhận thêm một phần năng lượng bổ sung với mức giá thấp nhất (cơ bản). Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **Universal Lifeline Telephone Service (ULTS):** Giảm giá dịch vụ điện thoại. Xin liên lạc hãng điện thoại phục vụ vùng địa phương của quý vị để biết thêm chi tiết.

ĐỂ BIẾT THÊM THÔNG TIN

Gửi đơn đã điền đến:

CARE/FERA Program

P.O. Box 7979

San Francisco, CA 94120-7979

Hoặc fax đơn đã điền đến: 415-973-6419

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 dành cho người khiếm thanh/khiếm thính,
Thứ Hai–Thứ Sáu, 9:00 giờ sáng–11:00 giờ tối

California Relay: 1-800-735-2929 nếu quý vị không thể sử dụng
đường dây TDD



Đơn Ghi Danh Vào Chương Trình CARE/FERA cho **Người Mướn Nhà** có **Đồng Hồ Điện Ga Phụ**

79-1058
Rev. 06/01/13

(xin quý vị tính tất cả các nguồn lợi tức từ mọi người trong gia đình)

2A HỘI ĐỦ ĐIỀU KIỆN VỀ LỢI TỨC GIA ĐÌNH: đánh dấu vào tất cả các nguồn lợi tức của gia đình quý vị.

- | | |
|--|---|
| ☐ Tiền Hưu Bổng | ☐ Tiền cho Người Có Khuyết Tật hay Tiền Bồi Thường Tai Nạn Lao Động |
| ☐ Tiền Trợ Cấp An Sinh Xã Hội | ☐ Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày |
| ☐ SSP, SSDI | ☐ Tiền Bảo Hiểm Bồi Thường hay Tiền Bồi Thường Thừa Kế |
| ☐ Tiền Lãi/Cổ Tức từ: Truong Mục Tiết Kiệm, Chứng Khoán, Trái Phiếu, hay Truong Mục Hưu Trí | ☐ Tiền Cấp Dưỡng Vợ/Chồng hay Con Cái |
| ☐ Tiền Lương và/hay Lợi Tức từ Tư Doanh | ☐ Tiền Mặt và/hay Lợi Tức Khác |
| ☐ Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền | |
| ☐ Tiền Thất Nghiệp | |

2B HỘI ĐỦ ĐIỀU KIỆN VỀ CHƯƠNG TRÌNH TRỢ GIÚP CÔNG CỘNG: đánh dấu tất cả các chương trình mà quý vị hoặc ai đó trong nhà quý vị đang tham gia.

- | | |
|---|--|
| ☐ Medicaid/Medi-Cal (dưới 65 tuổi) | ☐ Healthy Families A & B |
| ☐ Medicaid/Medi-Cal (65 và qua 65 tuổi) | ☐ CalWORKs (TANF) hay Tribal TANF |
| ☐ Supplemental Security Income (SSI) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (Tiền Phiếu Thực Phẩm) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | ☐ Head Start Income Eligible (Tribal Only) |
| ☐ Women, Infants and Children (WIC) | |

3 CAM ĐOAN: (xin đọc và ký tên)

Tôi đồng ý cung cấp chứng minh lợi tức gia đình nếu được yêu cầu. Tôi cũng đồng ý thông báo cho Pacific Gas and Electric Company (PG&E) biết nếu lợi tức gia đình của tôi không còn hội đủ điều kiện để được giảm giá. Tôi hiểu rằng nếu tôi nhận giảm giá mà không đủ điều kiện thì tôi có thể bị yêu cầu phải hoàn lại số tiền tôi đã được giảm. Tôi hiểu rằng PG&E có thể chia sẻ thông tin của tôi với các cơ quan thành phố, các cơ quan tiểu bang hoặc liên bang, các cơ quan tiện ích khác hoặc các đại diện của họ để ghi danh tôi vào các chương trình trợ giúp của họ. Tôi xin cam đoan theo hình phạt về tội khai man theo pháp luật của Tiểu Bang California rằng các thông tin mà tôi đã cung cấp trong đơn này là đúng sự thật và chính xác.

X _____

Chữ Ký Khách Hàng

Ngày

○ Tô đậm vòng nếu là người giám hộ hay người đại diện pháp lý

For Internal Use Only



Pacific Gas and Electric Company
San Francisco, California
U 39

Cancelling	Revised	Cal. P.U.C. Sheet No.	30473-G
	Revised	Cal. P.U.C. Sheet No.	29735-G

Gas Sample Form No. 79-1059
CARE/FERA Program Income Guidelines - Large Print

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3385-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed	May 14, 2013
Effective	June 1, 2013
Resolution No.	



INCOME GUIDELINES (Valid until May 31, 2014)

Number of Persons in Household	Annual Income*	
	CARE	FERA
1	\$22,980	Not Eligible
2	\$31,020	Not Eligible
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
For each additional person, add:	\$8,040	\$8,040–\$10,050

*Before taxes based on current income sources. You may be enrolled in either the CARE or FERA program but not in both.

Definition of Income:

All revenues, from all household members, from whatever source derived, whether taxable or non-taxable, including, but not limited to:

- Wages or Salaries
- Interests/ Dividends from:
Savings, Stocks, Bonds, or
Retirement Accounts
- Unemployment Benefits
- Rental or Royalty Income
- School Grants, Scholarships or
other aid used for living expenses
- Profit from Self-Employment
- Disability Payments
- Workers Compensation
- Pensions
- Social security, SSI,
SSP, SSDI
- Insurance Settlements
- Legal Settlements
- TANF (AFDC)
- Food Stamps
- Child Support
- Spousal Support
- Cash and/or Other Income

CARE: ☎ **1-866-743-2273** Fax: ☎ 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 For speech/hearing-impaired, Monday–Friday,
9:00 a.m.–11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line



REQUISITOS DE INGRESOS (Válido hasta el 31 de mayo, 2014)

Número de Personas en el Hogar	Ingreso Anual*	
	CARE	FERA
1	\$22,980	No Aplica
2	\$31,020	No Aplica
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
Por cada persona adicional, añade:	\$8,040	\$8,040–\$10,050

*Antes de impuestos en base a las fuentes de ingresos actuales. Puede inscribirse en el programa CARE o en el programa FERA pero no en ambos.

Definición de Ingresos:

Son todos los ingresos de todas las personas que viven en su hogar, derivadas de todas las fuentes de ingresos, ya sea si se pagan impuestos sobre las mismas o no, incluyen pero no se limitan a:

- Sueldos o Salarios
- Intereses/Dividendos de:
Cuentas de Ahorros, Acciones,
Bonos, o Cuentas de Jubilación
- Beneficios por Desempleo
- Ingresos provenientes de
Rentas o Regalías
- Donaciones Escolares, Becas u
Otros Tipos de Ayuda para
Gastos de Subsistencia del hogar
- Ganancias de su Propio Negocio
- Pagos por Incapacidad
- Pagos por Compensación al
Trabajador
- Pagos de Pensiones
- Pagos del Seguro Social, SSI,
SSP, SSDI
- Pagos de Reclamaciones del
Seguro
- Pagos de Reclamaciones Legales
- Pagos de TANF (AFDC)
- Estampillas de Alimentos
- Pagos por Pensión Alimenticia
a Hijos
- Pagos por Pensión Conyugal
- Pagos en Efectivo y/u Otros
Ingresos

CARE: ☎ **1-866-743-2273** Fax: ☎ 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 Para los discapacidades auditivas y del habla,
de lunes a viernes, 9:00 a.m. hasta las 11:00 p.m.

California Relay 1-800-735-2929 si no puede usar la línea TDD



收入標準 (有效期至 2014 年 5 月 31 日)

家庭人數	年收入*	
	CARE	FERA
1	\$22,980	不適用於此計劃
2	\$31,020	不適用於此計劃
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
每增加一人，加	\$8,040	\$8,040–\$10,050

*根據目前收入來源計算的稅前收入。您也許有資格加入 CARE 或 FERA 計劃其中之一，但不能同時加入這二項計劃。

收入定義：

所有家庭成員的收入，來自任何途徑，繳稅或不繳稅，其中包括，但不局限於：

- 工資
- 利息/或股息，來源于：儲蓄戶口、股票或債券，或退休帳戶
- 失業福利
- 租金或版權收入
- 學校助學金、獎學金或其他生活津貼補助
- 自僱者的總收入
- 傷病補助金
- 勞工賠償
- 退休金
- 安全保險補助金、SSI、SSP、SSDI
- 保險訴訟所得的金錢
- 法律訴訟所得的金錢
- 貧困家庭臨時現金資助計劃 TANF (AFDC)
- 糧食券
- 子女撫養費
- 配偶贍養費
- 現金和/或其他收入

CARE: ☎ **1-866-743-2273** Fax: ☎ 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 有言語或聆聽障礙者、星期一至星期五
9:00 a.m.–11:00 p.m.

California Relay 1-800-735-2929 如果您未能轉接 TDD 專線



ĐỊNH MỨC LỢI TỨC (Có hiệu lực đến ngày 31 tháng Năm, 2014)

Số Người trong Gia Đình	Lợi Tức Hàng Năm*	
	CARE	FERA
1	\$22,980	Không đủ tiêu chuẩn
2	\$31,020	Không đủ tiêu chuẩn
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
Với mỗi người thêm vào, cộng thêm:	\$8,040	\$8,040–\$10,050

*Trước khi trừ thuế dựa theo các nguồn lợi tức hiện có. Quý vị có thể ghi danh chương trình CARE hoặc FERA nhưng không thể ghi danh cả hai chương trình.

Định Nghĩa Lợi Tức:

Tất cả mọi lợi tức, của mọi người trong nhà, có từ bất cứ nguồn nào, dù phải đóng thuế hay không đóng thuế, bao gồm nhưng không chỉ giới hạn vào:

- Tiền Lương
- Tiền Lãi/Cổ Tức từ: Truong Mục Tiết Kiệm, Chứng Khoán, Trái Phiếu, hay Truong Mục Hưu Trí
- Tiền Thất Nghiệp
- Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày
- Lợi Tức từ Tư Doanh
- Tiền cho Người Có Khuyết Tật
- Tiền Bồi Thường Tai Nạn Lao Động
- Tiền Hưu Bổng
- Tiền Trợ Cấp An Sinh Xã Hội, SSI, SSDI
- Tiền Bảo Hiểm Bồi Thường
- Tiền Bồi Thường Thừa Kiện
- TANF (AFDC) (Trợ cấp gia đình nghèo có con nhỏ)
- Tiền Phiếu Thực Phẩm
- Tiền Cấp Dưỡng Con Cái
- Tiền Cấp Dưỡng Vợ/Chồng
- Tiền Mặt và/hay Lợi Tức Khác

CARE: ☎ **1-866-743-2273** Fax: ☎ 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 Dành cho người khiếm thanh/khiếm thính,

Thứ Hai–Thứ Sáu, 9:00 giờ sáng–11:00 giờ tối

California Relay 1-800-735-2929 nếu quý vị không thể sử dụng đường dây TDD



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

30474-G
30441-G

GAS TABLE OF CONTENTS

Sheet 1

TITLE OF SHEET	CAL P.U.C. SHEET NO.	
Title Page	30474-G	(T)
Rate Schedules	30442,30432-G	
Preliminary Statements.....	30433,30436-G	
Rules	30475-G	(T)
Maps, Contracts and Deviations	29288-G	
Sample Forms	30322, 30476 ,33024-30326,30439,30327-G	(T)

(Continued)

Advice Letter No: 3385-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective _____
Resolution No. _____



GAS TABLE OF CONTENTS

Sheet 6

RULE	TITLE OF SHEET	CAL P.U.C. SHEET NO.
Rules		
Rule 01	Definitions.....	27880,26782,25123,18197,26823,26824,24120,18200, 22924,29263, 29264,29265,29266,29267,29268,29269,29270-G
Rule 02	Description of Service.....	23062-23066,26825-G
Rule 03	Application for Service.....	27248,27249-G
Rule 04	Contracts.....	17051-G
Rule 05	Special Information Required on Forms.....	30088,13348-13349-G
Rule 06	Establishment and Reestablishment of Credit.....	22126-22127,28653-G
Rule 07	Deposits.....	28654,28655-G
Rule 08	Notices.....	21928,17580,21929,17581,15728-G
Rule 09	Rendering and Payment of Bills.....	24128-24129,27941,23518,29061, 27345,27346, 28562-G
Rule 10	Disputed Bills.....	18214-18216-G
Rule 11	Discontinuance and Restoration of Service.....	18217-18220,27251,23520, 18223-18227,27252,24860,19710-G
Rule 12	Rates and Optional Rates.....	18229,27253,24132,21981-21982,24474-G
Rule 13	Temporary Service.....	22832-G
Rule 14	Capacity Allocation and Constraint of Natural Gas Service.....	18231-18235,28274, 28275-28283, 28923, 29785, 28286, 29786, 29787, 28289-28292 -G
Rule 15	Gas Main Extensions.....	21543,18802-18803,27503,20350,29271,29272,26827,21544, 21545,22376,22377-22379,26828,26829,18814-G
Rule 16	Gas Service Extensions.....	21546,18816,17728,17161,18817,18818,18819,18820,18821, 18822,29273,18824,18825,17737,18826,18827-G
Rule 17	Meter Tests and Adjustment of Bills for Meter Error.....	14450,28656,28764,28770,28771, 28772,28773,28774-G
Rule 17.1	Adjustment of Bills for Billing Error.....	22936,28657,29274-G
Rule 17.2	Adjustment of Bills for Unauthorized Use.....	22937,14460,14461-G
Rule 18	Supply to Separate Premises and Submetering of Gas.....	22790,17796,13401-G
Rule 19	Medical Baseline Quantities.....	21119,21120,21121-G
Rule 19.1	California Alternate Rates for Energy for Individual Customers and Submetered Tenants of Master-Metered Customers.....	30443,30444,30445,28210-G (T)
Rule 19.2	California Alternate Rates for Energy for Nonprofit Group-Living Facilities.....	24609,30446,17035,30447,30448-G (T)
Rule 19.3	California Alternate Rates for Energy for Qualified Agricultural Employee Housing Facilities.....	24138,30449,30450,27256-G (T)
Rule 21	Transportation of Natural Gas.....	27591,29192,29193,23786,23194,23195,21845,23196- 23199,22086,22087,24444,24445,22735,22736,22737-G
Rule 21.1	Use of Pacific Gas and Electric Company's Firm Interstate Rights.....	20461,18260,18261-G
Rule 23	Gas Aggregation Service for Core Transport Customers.....	29275,18263,26664,18265, 26665-26666,24825,24826,24827,24828,29276,29277,26667,24832-24833, 24849,29278,-29279,18272-G,29248,29249,29250,29251,29252,29253,29254, 29255,29256-G
Rule 25	Gas Services-Customer Creditworthiness and Payment Terms.....	28816-28828-G
Rule 26	Standards of Conduct and Procedures Related to Transactions with Intracompany Departments, Reports of Negotiated Transactions, and Complaint Procedures.....	18284,18285,18633,20462-G

(Continued)



GAS TABLE OF CONTENTS

Sheet 9

FORM	TITLE OF SHEET	CAL P.U.C. SHEET NO.	
	Sample Forms: Rules 19.1, 19.2, and 19.3		(T)
01-9077	CARE/FERA Program Application for Residential Single-Family Customers.....	30451-G	(T)
01-9285	CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities	30452-G	
61-0535	CARE Program Application for OMS/Non-Profit Migrant Farm Worker Housing Centers	30453-G	
62-0156	CARE Program Application for Qualified Nonprofit Group-Living Facilities	30454-G	
62-1198	CARE Program Application for Qualified Agricultural Employee Housing Facilities	30462-G	(T)
61-0522	Application for Farm Workers Residential Single Family Customers.....	23989-G	
62-1477	CARE/FERA Program Income Guidelines	30463-G	(T)
03-006	Postage-Paid Application	23991-G	
	Sample Forms: Rule 21		(T)
79-1132	Request for Manual Modification Process for Independent Storage Provider Injection (per Gas Rule 21, B.3.i).....	30039-G	
79-1133	Request for Manual Modification Process for Independent Storage Provider Withdrawal (per Gas Rule 21, B.3.i).....	30040-G	
79-1134	Request for Manual Modification Process for PG&E Injection (per Gas Rule 21, B.3.i)...	30041-G	
79-1135	Request for Manual Modification Process for PG&E Injection (per Gas Rule 21, B.3.i)...	30042-G	
	Sample Forms: Residential		(T)
79-1047	Natural Gas Home Refueling Appliance Certification	24293-G	
62-0972	CARE/FERA Program Application for Residential Single-Family Customers(Eng/Chinese).....	30460-G	(T)
62-0973	CARE/FERA Program Application for Residential Single-Family Customers (Eng/Vietn)....	30461-G	
62-0939	CARE/FERA Program Application for Residential Single Family (Pre-Printed Application Instruction)	30458-G	
62-0919	CARE/FERA Program Application for Residential Single-Family Customer (Pre-Printed Application)	30457-G	
62-0940	CARE Program Re-Certification Instructions – Residential Single-Family Customers	30459-G	
62-1509	CARE Program Re-Certification Application – Residential Single-Family Customers	30464-G	
62-0672	CARE/FERA Program Application for Tenants of Sub-Metered Facilities (Eng/Chinese)...	30455-G	
62-0673	CARE/FERA Program Application for Tenants of Sub-Metered Facilities (Eng/Vietn)	30456-G	
79-1051	CARE/FERA Program Application for Residential Single Family Customers (Eng) – Large Print Application	30465-G	
79-1052	CARE/FERA Program Application for Residential Single Family Customers (Spanish) – Large Print Application	30466-G	
79-1053	CARE/FERA Program Application for Residential Single Family Customers (Chinese) – Large Print Application	30467-G	
79-1054	CARE/FERA Program Application for Residential Single Family Customers (Vietnamese) – Large Print Application	30468-G	
79-1055	CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities (English) – Large Print Application	30469-G	
79-1056	CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities (Spanish) – Large Print Application	30470-G	
79-1057	CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities (Chinese) – Large Print Application	30471-G	
79-1058	CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities (Vietnamese) – Large Print Application	30472-G	
79-1059	CARE/FERA Program Income Guidelines – Large Print	30473-G	(T)
79-1119	Tenant Rights Letter.....	28298-G	

(Continued)



ELECTRIC SCHEDULE E-FERA FAMILY ELECTRIC RATE ASSISTANCE

Sheet 2

**SPECIAL
 CONDITIONS:
 (Cont'd.)**

A Schedule E-FERA household is a household consisting of 3 or more persons where the total gross income from all sources is within the ranges shown on the table below based on the number of persons in the household. Total gross income shall include income from all sources, both taxable and nontaxable. Persons who are claimed as a dependent on another person's income tax return are not eligible.

Number Of Persons In Household	Total Gross Annual Income (Effective June 1, 2013 to May 31, 2014)	(T)
1-2	Not Eligible	
3	\$39,061 – \$48,825	
4	\$47,101 – \$58,875	
5	\$55,141 – \$68,925	
6	\$63,181 – \$78,975	
7	\$71,221 – \$89,025	
8	\$79,261 – \$99,075	
Each Additional Person Add	\$ 8,040 – \$10,050	(T)

Households where total gross income from all sources is below the lower end of the annual income ranges shown above may qualify to participate in the CARE program. See Rule 19.1 for the CARE income guidelines applicable to 1 to 2 person households.

3. CERTIFICATION:

Individually metered PG&E customers, submetered tenants of master-metered PG&E customers, and other qualifying applicants in individually metered residential dwelling units:

All applicants for certification must fill out and provide to PG&E Application Form No. 01-9077 (English/Spanish), 62-0972 (English/Chinese), 62-0973 (English/Vietnamese).

(T)
(T)

Submetered tenants of master-metered PG&E Customers:

Submetered tenants of master-metered Customers will submit Application Form No. 01-9285 (English/Spanish), 62-0672 (English/Chinese), 62-0673 (English/Vietnamese) to PG&E, including their tenant's apartment/unit number and PG&E account number. PG&E will notify the master-metered Customer of the tenant's certification. The master-metered Customer, not PG&E, is responsible for extending E-FERA discounts to tenants certified to receive them.

(T)
(T)

Self-certification will be used to determine income eligibility for the E-FERA program. Customers must sign a statement upon application indicating that PG&E may verify the Customer's eligibility at any time. If verification establishes that the Customer is ineligible, the Customer will be removed from the program and PG&E may render corrective billings in accordance with Rule 17.1.

(Continued)



ELECTRIC RULE NO. 19.1

Sheet 1

CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS

A. GENERAL

The Low-Income Ratepayer Assistance (LIRA) program was established by the Commission in Decisions 89-07-062 and 89-09-044. The program was revised in Decision 94-12-049 and the name change to California Alternate Rates for Energy (CARE). The purpose of the CARE program is to provide qualifying residential applicants with reduced energy charges. Application for the rate may be made by individually metered PG&E customers, master-metered customers with qualifying submetered tenants, submetered tenants of master-metered PG&E customers, or any permanent resident in an individually metered residential dwelling unit, except non-submetered tenants of master-metered customers and any applicant/customer currently receiving service under Schedule EE.

Qualifying applicants for CARE shall be placed on the CARE rate starting with the first day of the next Billing Cycle after receipt of such application by PG&E.

A Nonprofit Group-Living Facility may qualify for CARE, if it meets the eligibility criteria set forth in Rule 19.2. A Qualified Agricultural Housing Facility may qualify for CARE, if it meets the eligibility criteria set forth in Rule 19.3.

B. ELIGIBILITY

To be eligible to receive CARE the applicant (except in the case where a master-metered customer submeters qualifying CARE applicants) must qualify under the eligibility criteria set forth in either Section 1 or 2, below, and meet the certification requirements thereof to the satisfaction of PG&E. Individually metered applicants/customers may qualify for CARE at their primary residence only.

The completed application must be submitted to PG&E. PG&E will randomly verify the eligibility of applicants following enrollment.

Applicants with electric usage above 400% of baseline allowance must provide proof of qualifying household income, including IRS Tax Return Transcripts, agree to participate in the Energy Savings Assistance program, and keep their usage below 600% of baseline allowance to remain enrolled in CARE.

(N)
|
|
(N)

(Continued)



ELECTRIC RULE NO. 19.1

Sheet 2

CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS

B. ELIGIBILITY (Cont'd.)

Total gross annual income for all persons in the applicants household may not exceed the following:

Number of Persons in Household	Maximum Annual Household Income (Effective June 1, 2013 to May 31, 2014)	(N)
1	\$22,980	(T)
2	\$31,020	
3	\$39,060	
4	\$47,100	
5	\$55,140	
6	\$63,180	
7	\$71,220	
8	\$79,260	
Each additional member, add:	\$ 8,040	(T)

C. CERTIFICATION

1. Individually metered PG&E customers, submetered tenants of master-metered PG&E customers, and other qualifying applicants in individually metered residential dwelling units:

All applicants for certification must fill out and provide to PG&E Application Form No. 01-9077 (English/Spanish), 62-0972 (English/Chinese), 62-0973 (English/Vietnamese). (N)
(N)

2. Submetered tenants of master-metered PG&E Customers:

Submetered tenants of master-metered Customers will submit Application Form No. 01-9285 (English/Spanish), 62-0672 (English/Chinese), 62-0673 (English/Vietnamese) to PG&E, including their tenant's apartment/unit number and PG&E account number. PG&E will notify the master-metered Customer of the tenant's certification. The master-metered Customer, not PG&E, is responsible for extending CARE discounts to tenants certified to receive them. (N)
(N)

(Continued)



ELECTRIC RULE NO. 19.1
CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL
CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED
CUSTOMERS

Sheet 3

C. CERTIFICATION (Cont'd.)

(L)

3. Self-certification:

Self-certification will be used to determine income eligibility for the CARE program. Customers must sign a statement upon application indicating that PG&E may verify the Customer's eligibility at any time. If verification establishes that the Customer is ineligible, the Customer will be removed from the program and PG&E may render corrective billings.

(L)

D. RECERTIFICATION REQUIREMENTS

Certification of individually-metered PG&E Customers and submetered tenants of master-metered customers is valid for a period of two years, or four years for customers that are determined to have a fixed income, except as provided in Section F.

Applicants either suspected of or proven to have provided incorrect information in their application for CARE may be required to recertify at any time. Further, PG&E reserves the right to conduct random audits to determine applicants' eligibility. Failure by any party asked to provide proper proof of eligibility will result in disqualification of applicant's eligibility to receive the CARE rate. PG&E may rebill Customers removed from the program for previous discounts received for which the participant did not qualify.

(T)

Upon PG&E's request that the applicant recertify eligibility following the regular expiration date of applicants' eligibility, the applicant will have 90 days to recertify, after which applicants not recertified may lose their eligibility under the CARE program.

It is the responsibility of the applicant to immediately notify PG&E when they are no longer eligible for the CARE program.

(Continued)



ELECTRIC RULE NO. 19.2
**CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-
LIVING FACILITIES**

Sheet 2

B. ELIGIBILITY (Cont'd.)

3. The facility must also be licensed, or otherwise prove to PG&E's satisfaction, by the appropriate state agency. A homeless shelter is required to provide a copy of its municipal or county conditional use permit.
4. The total gross income for all persons residing at a Facility may not exceed the following:

Number of Persons in Household	Maximum Annual Household Income (Effective June 1, 2013 to May 31, 2014)	(N)
1	\$22,980	(T)
2	\$31,020	
3	\$39,060	
4	\$47,100	
5	\$55,140	
6	\$63,180	
7	\$71,220	
8	\$79,260	
Each additional member, add:	\$ 8,040	(T)

(Continued)



ELECTRIC RULE NO. 19.2
 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-
 LIVING FACILITIES

Sheet 4

B. ELIGIBILITY (Cont'd.)

- d. The corporation owning the satellite facility is the customer of record for the satellite facility's premises.

Completed applications must be submitted to PG&E.

C. CERTIFICATION

1. All facilities applying for certification must complete and provide to PG&E an Application Form No. 62-0156 for PG&E's CARE Program for Qualified Nonprofit Group-Living Facilities. (T)
2. Each Application for PG&E's CARE Program for Qualified Nonprofit Group-Living Facilities must be accompanied by the following documentation:
 - a. A copy of the IRS tax exempt status letter;
 - b. A copy of the license from the appropriate state agency, showing what services are provided in addition to lodging (homeless shelters do not need to provide a copy of a license);
 - c. A copy of the municipal or county conditional use permit for facilities providing shelter for the homeless; and
 - d. Documentation that all residents of the Nonprofit Group-Living Facility and any satellite facilities meet the CARE eligibility criteria shown in Section B. Homeless shelters need not provide income documentation; or
 - e. Otherwise prove to PG&E's satisfaction that the Group-Living Facility is eligible to participate in the CARE program.
3. Certification of Nonprofit Group-Living Facilities is valid for two years, except as provided in Section E.

It is the responsibility of the Nonprofit Group-Living Facility to notify PG&E when it is no longer eligible for the CARE Program.

(Continued)



ELECTRIC RULE NO. 19.2
 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-
 LIVING FACILITIES

Sheet 5

D. RECERTIFICATION REQUIREMENTS

1. Facilities wishing to recertify must complete Form No. 62-0156 and provide the information listed in Section C.
2. Recertification shall include an explanation by the Nonprofit Group-Living Facility of how the annual CARE discount was used during the previous year for the direct benefit of qualifying residents.

(T)
 |
 (T)

Nonprofit Group-Living Facilities either suspected of or proven to have provided incorrect information in their application for CARE may be required to recertify at any time. Further, PG&E reserves the right to conduct random audits to determine Nonprofit Group-Living Facility eligibility. Failure by any party to provide proper proof of eligibility will result in the removal of the Nonprofit Group-Living Facility from the CARE rate.

Upon PG&E's request that the Nonprofit Group-Living Facility recertify eligibility or 90 days before the regular expiration date of the Nonprofit Group-Living Facility's eligibility, the Nonprofit Group-Living Facility will have 90 days to recertify, after which Nonprofit Group-Living Facilities not recertified may lose their eligibility under the CARE program.

E. MISAPPLICATION OF CARE

Misapplication of CARE for the period during which the Nonprofit Group-Living Facility received CARE occurs when: 1) the Nonprofit Group-Living Facility certifies or recertifies using incorrect information, or 2) when the CARE discount funds were not spent for the benefit of the qualifying residents. PG&E may rebill the account at the customer's otherwise applicable rate schedule for misapplication of CARE. Such billing shall be for a period up to the most recent three years in accordance with Rule 17.1. However, nothing in Rule 19.2 shall be interpreted as limiting PG&E's rights under any provisions of any applicable law or tariff.



ELECTRIC RULE NO. 19.3
CALIFORNIA ALTERNATE RATES FOR ENERGY FOR QUALIFIED
AGRICULTURAL EMPLOYEE HOUSING FACILITIES

Sheet 2

B. ELIGIBILITY (Cont'd.)

2. PRIVATELY-OWNED EMPLOYEE HOUSING FACILITIES

- a. Privately-Owned Employee Housing Facilities must provide proof of current compliance with Part 1 of Division 13 of the Health and Safety Code. Compliance must take the form of having a permit issued by the State Department of Housing and Community Development pursuant to Health and Safety Code §17030.
- b. For Privately-Owned Employee Housing Facilities, 100 percent of the energy supplied to the facility's premises must be used for residential purposes.

3. AGRICULTURAL EMPLOYEE HOUSING FACILITIES

- a. Agricultural Employee Housing Facilities must provide a letter of determination by the Internal Revenue Service (IRS) that the corporation is tax-exempt due to its non-profit status under IRS Code §501(c)(3) or proof that it is tax-exempt due to its non-profit status from the State of California. Additionally, the Facility must provide a copy of letter from the Assessor in the county where the Facility is located stating that the housing is exempt from local property taxes.
 - b. For Agricultural Employee Housing Facilities, 100 percent of the energy supplied to the facility's premises must be used for residential purposes, if each of the dwelling areas in the facility is individually metered. If a master meter serves the facility, not less than 70 percent of the energy supplied to the facility's premises must be used for residential purposes.
4. The total gross income for all persons residing at a Facility may not exceed the following:

Number of Persons in Household	Maximum Annual Household Income (Effective June 1, 2013 to May 31, 2014)	(N)
1	\$22,980	(T)
2	\$31,020	
3	\$39,060	
4	\$47,100	
5	\$55,140	
6	\$63,180	
7	\$71,220	
8	\$79,260	
Each additional member, add:	\$ 8,040	(T)

(Continued)



ELECTRIC RULE NO. 19.3
CALIFORNIA ALTERNATE RATES FOR ENERGY FOR QUALIFIED
AGRICULTURAL EMPLOYEE HOUSING FACILITIES

Sheet 3

C. CERTIFICATION

1. All facilities applying for certification must complete and provide to PG&E Application Form No. 62-1198 for PG&E's CARE Program for Qualified Agricultural Employee Housing Facilities, and Form No. 61-0535 for PG&E's CARE Program for OMS/Non-Profit Migrant Farm Worker Housing Centers (MFHC). (T)
|
|
|
(T)
2. Each Application for PG&E's CARE Program for Qualified Agricultural Employee Housing Facilities and Migrant Farm Worker Housing Center must be accompanied by the following documentation: (T)
 - a. A copy of the documentation from the appropriate agency shown in Section B.1 through B.3. (T)
 - b. Documentation that all residents of the Employee Housing Facility meet the CARE eligibility criteria shown in Section B.4. Proof of income eligibility should come from income tax returns, paycheck stubs, or similar records. (T)
(T)
 - c. Certification, under penalty of perjury, explaining how the discount from the CARE rate will be used to directly benefit the occupants of the Facility.
3. Certification of Facilities is valid for two years, except as provided in Section E.

It is the responsibility of the Facility to notify PG&E if it is no longer eligible for the CARE Program.

(Continued)



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised	Cal. P.U.C. Sheet No.	32662-E
Cancelling	Revised	Cal. P.U.C. Sheet No.
		31582-E

Electric Sample Form No. 01-9077
CARE/FERA Program Application for Residential Single-Family Customers (T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4224-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed	May 14, 2013
Effective	June 1, 2013
Resolution No.	

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)

Provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA)

Provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

1. The PG&E bill must be in your name.
2. You must live at the address where the discount will be received.
3. You may not be claimed as a dependent on another person's income tax return other than your spouse.
4. You may not share an energy meter with another home.
5. You must account for all sources of qualifying household income and meet the program income guidelines described in this application.
6. You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
7. Following enrollment, you may be required to provide proof of qualifying household income, including IRS Tax Return Transcripts, and agree to participate in the Energy Savings Assistance program to remain enrolled in CARE.
8. Your monthly electric usage must not exceed six times the Tier 1 allowance.
9. You are required to recertify your eligibility every two years (four years if fixed income).

INCOME GUIDELINES (valid until May 31, 2014)		
Number of Persons in Household	Annual Income*	
	CARE	FERA
1	\$22,980	Not Eligible
2	\$31,020	Not Eligible
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
For each additional person, add:	\$8,040	\$8,040–\$10,050

*Before taxes based on current income sources. You may be enrolled in either the CARE or FERA program but not in both.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR: VISIT www.pge.com/myenergy

- **Balanced Payment Plan:** Monthly payments can be averaged out to allow you to budget your energy costs and eliminate big swings in your payments. Call 1-800-743-5000 for more information.
- **Bill Guaranty:** A deposit alternative enables customers to secure their account by having another qualifying PG&E customer sign on their behalf. Call 1-800-743-5000 for more information.
- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **REACH:** One-time energy-assistance program sponsored by PG&E and administered by the Salvation Army. Call 1-800-933-9677 for more information.
- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

- **Third-Party Notification:** Allows you to name a friend or relative to receive duplicate copies of past-due payment notices. The designated person is not responsible for paying the bill, but can contact PG&E to help resolve the problem. Call 1-800-743-5000 for more information.
- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.
- **My Energy:** You can go online to see your detailed energy usage information and use it to make informed energy choices. Simply log in to My Energy at pge.com/myenergy, and if you have a connected SmartMeter™, you can view your hourly electric and daily gas usage—up to the previous day. Learn more at pge.com/smartmeter.

FOR MORE INFORMATION

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday–Friday, 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

INFORMACIÓN SOBRE EL PROGRAMA DE CARE/FERA
California Alternate Rates for Energy (CARE)

Ofrece un descuento mensual en las cuentas de energía a los hogares que reúnan los requisitos de ingresos.

Family Electric Rate Assistance (FERA)

Ofrece un descuento mensual en las cuentas de electricidad a los hogares de tres o más personas que reúnan los requisitos de ingresos.

REQUISITOS DEL PROGRAMA

1. La cuenta de PG&E debe estar a su nombre.
2. Debe vivir en la dirección donde se recibirá el descuento.
3. El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo/a.
4. El solicitante no debe compartir el medidor de energía con otro hogar.
5. Deberá tener en cuenta todas las fuentes de ingresos que califican bajo la unidad familiar y cumplir con los requisitos de ingresos del programa que se describen en esta solicitud.
6. Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
7. Después de inscribirse, se le podría requerir que proporcione comprobantes de elegibilidad de ingresos del hogar, incluyendo copia de la declaración de impuestos al IRS (por sus siglas en inglés), y que acepte participar en el Energy Savings Assistance Program para permanecer inscrito en CARE.
8. Su consumo eléctrico mensual no debe exceder seis veces la cantidad base indicada en su factura.
9. Se le requiere que recertifique su elegibilidad cada dos años (cada cuatro años si el ingreso es fijo).

REQUISITOS DE INGRESOS

(Válido hasta el 31 de mayo, 2014)

Número de Personas en el Hogar	Ingreso Anual*	
	CARE	FERA
1	\$22,980	No Aplica
2	\$31,020	No Aplica
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
Por cada persona adicional, añada:	\$8,040	\$8,040–\$10,050

*Antes de impuestos en base a las fuentes de ingresos actuales. Puede inscribirse en el programa CARE o en el programa FERA pero no en ambos.

**OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR:
VISITE www.pge.com/myenergy**

- **Plan de Pago Equilibrado:** Sus pagos mensuales se pueden promediar permitiéndole hacer un presupuesto basado en su consumo de energía, así eliminando una variación grande en sus pagos. Para más información, llame al 1-800-743-5000.
- **Depósito de Garantía:** Una alternativa de depósito que permite a los clientes asegurar su cuenta al designar a otro cliente que reúne los requisitos de PG&E para que firme a nombre suyo. Para más información, llame al 1-800-743-5000.
- **Low Income Home Energy Assistance Program (LIHEAP):** Este es un programa que brinda ayuda o asistencia de emergencia con el pago de sus cuentas, y servicios de aislamiento térmico. Para más información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.
- **Medical Baseline:** Los clientes residenciales que dependan de equipos de soporte vital y/o que tengan necesidades especiales relacionadas con la calefacción o el aire acondicionado debido a ciertos padecimientos médicos podrían reunir los requisitos para obtener más energía a un precio más bajo (baseline). Para más información, llame al 1-800-743-5000.
- **REACH:** Es un programa que le ayuda al cliente a pagar su cuenta de energía por una sola vez y está patrocinado por PG&E y administrado por el Salvation Army. Para más información, llame al 1-800-933-9677.
- **Energy Savings Assistance Program:** Ofrece a los inquilinos y a los propietarios de viviendas que reúnan los requisitos de ingresos, soluciones sencillas y gratuitas para ayudarles a manejar su consumo de energía y ahorrar dinero en sus facturas mensuales. Para más información, llame al 1-800-989-9744.
- **Notificación a Terceras Personas:** Permite designar a un amigo o familiar para que reciba una copia de las notificaciones de cuentas vencidas y no pagadas. La persona designada no es responsable del pago de la cuenta, pero puede comunicarse con PG&E para ayudar a resolver el problema. Para más información, llame al 1-800-743-5000.
- **Universal Lifeline Telephone Service (ULTS):** La Línea Universal de Servicio Telefónico le brinda acceso telefónico a bajo precio. Llame a su compañía local de teléfonos para más información.
- **My Energy:** Puede dirigirse al Internet para ver información detallada sobre su consumo de energía y utilizarla para tomar decisiones informadas sobre cómo utilizar la energía. Simplemente conéctese a My Energy en pge.com/myenergy, y si tiene un SmartMeter™ conectado usted puede ver su consumo eléctrico por hora y su consumo de gas diario—actualizado hasta el día anterior. Obtenga más información en www.pge.com/smartmeter.

**Energy Savings
Assistance Program**

PARA MÁS INFORMACIÓN

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 para discapacidades auditivas y del habla, de lunes a viernes, 9:00 a.m. hasta las 11:00 p.m.

California Relay: 1-800-735-2929 si no puede usar la línea TDD



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

32663-E
31583-E

Electric Sample Form No. 01-9285
CARE/FERA Program Application for Tenants of Sub-Metered Facilities

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4224-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)

Provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA)

Provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

1. The energy bill from your landlord must be in your name.
2. You must live at the address where the discount will be received.
3. You may not be claimed as a dependent on another person's income tax return other than your spouse.
4. You may not share an energy meter with another home.
5. You must account for all sources of qualifying household income and meet the program income guidelines described in this application.
6. You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
7. Following enrollment, you may be required to provide proof of qualifying household income, including IRS Tax Return Transcripts, and agree to participate in the Energy Savings Assistance program to remain enrolled in CARE.
8. Your monthly electric usage must not exceed six times the baseline quantity indicated on your bill.
9. You are required to recertify your eligibility every two years (four years if fixed income).

INCOME GUIDELINES (valid until May 31, 2014)		
Number of Persons in Household	Annual Income*	
	CARE	FERA
1	\$22,980	Not Eligible
2	\$31,020	Not Eligible
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
For each additional person, add:	\$8,040	\$8,040–\$10,050

*Before taxes based on current income sources. You may be enrolled in either the CARE or FERA program but not in both.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR: VISIT www.pge.com/myenergy

- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.

- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

Energy Savings
.....
Assistance Program™

- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.

FOR MORE INFORMATION

Mail completed application to:
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

Or fax completed application to: 415-973-6419

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday–Friday, 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

Solicitud del Programa CARE/FERA para Inquilinos de Instalaciones Residenciales "Sub-Metered"

01-9285
Rev. 06/01/13

INFORMACIÓN SOBRE EL PROGRAMA DE CARE/FERA

California Alternate Rates for Energy (CARE)

Ofrece un descuento mensual en las cuentas de energía a los hogares que reúnan los requisitos de ingresos.

Family Electric Rate Assistance (FERA)

Ofrece un descuento mensual en las cuentas de electricidad a los hogares de tres o más personas que reúnan los requisitos de ingresos.

REQUISITOS DEL PROGRAMA

1. La cuenta de PG&E debe estar a su nombre.
2. Debe vivir en la dirección donde se recibirá el descuento.
3. El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo/a.
4. El solicitante no debe compartir el medidor de energía con otro hogar.
5. Deberá tener en cuenta todas las fuentes de ingresos que califican bajo la unidad familiar y cumplir con los requisitos de ingresos del programa que se describen en esta solicitud.
6. Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
7. Después de inscribirse, se le podría requerir que proporcione comprobantes de elegibilidad de ingresos del hogar, incluyendo copia de la declaración de impuestos al IRS (por sus siglas en inglés), y que acepte participar en el Energy Savings Assistance Program para permanecer inscrito en CARE.
8. Su consumo eléctrico mensual no debe exceder seis veces la cantidad base indicada en su factura.
9. Se le requiere que recertifique su elegibilidad cada dos años (cada cuatro años si el ingreso es fijo).

REQUISITOS DE INGRESOS

(Válido hasta el 31 de mayo, 2014)

Número de Personas en el Hogar	Ingreso Anual*	
	CARE	FERA
1	\$22,980	No Aplica
2	\$31,020	No Aplica
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
Por cada persona adicional, añada:	\$8,040	\$8,040–\$10,050

*Antes de impuestos en base a las fuentes de ingresos actuales. Puede inscribirse en el programa CARE o en el programa FERA pero no en ambos.

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR: VISITE www.pge.com/myenergy

- **Low Income Home Energy Assistance Program (LIHEAP):** Este es un programa que brinda ayuda o asistencia de emergencia con el pago de sus cuentas, y servicios de aislamiento térmico. Para más información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.
- **Medical Baseline:** Los clientes residenciales que dependan de equipos de soporte vital y/o que tengan necesidades especiales relacionadas con la calefacción o el aire acondicionado debido a ciertos padecimientos médicos podrían reunir los requisitos para obtener más energía a un precio más bajo (baseline). Para más información, llame al 1-800-743-5000.

- **Energy Savings Assistance Program:** Ofrece a los inquilinos y a los propietarios de viviendas que reúnan los requisitos de ingresos, soluciones sencillas y gratuitas para ayudarles a manejar su consumo de energía y ahorrar dinero en sus facturas mensuales. Para más información, llame al 1-800-989-9744.

Energy Savings
.....
Assistance Program

- **Universal Lifeline Telephone Service (ULTS):** La Línea Universal de Servicio Telefónico le brinda acceso telefónico a bajo precio. Llame a su compañía local de teléfonos para más información.

PARA MÁS INFORMACIÓN

Envíe la aplicación completa a:

CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

O envíela por fax al número: 415-973-6419

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 discapacidades auditivas y del habla, de lunes a viernes, 9:00 a.m. hasta las 11:00 p.m.

California Relay: 1-800-735-2929 si no puede usar la línea TDD

1A INFORMACIÓN DEL ADMINISTRADOR O PROPIETARIO: *(por favor escriba a máquina o con letras de imprenta)*

Nombre del Mobile Home Park/o Nombre de otros locales con Sub-Metered

Dirección del Mobile Home Park/u otras Direcciones de locales con Sub-Metered

Ciudad

Código Postal

**Número de cuenta
de PG&E:**

[illegible]

Electricidad

Gas

[illegible]

_____ ()

Nombre del Administrador o Propietario

Teléfono

Dirección del Administrador o Propietario

Ciudad

Código Postal

Situación del solicitante: ☐ NUEVO ☐ CANCELÓ EL PROGRAMA ☐ RE-INSCRIPCIÓN ☐ SE MUDÓ A OTRO ESPACIO

1B INFORMACIÓN DEL INQUILINO: *(por favor escriba a máquina o con letras de imprenta)*

(

Nombre (Como aparece en la factura de electricidad)

Teléfono

Dirección del Hogar (No use P.O. Box)

Departamento #

Ciudad

Código Postal

Dirección Postal

(Llene sólo si su dirección postal es diferente a la que aparece arriba)

Departamento #

Ciudad

Código Postal

Número de Personas en el Hogar: Adultos _____ + Niños (menores de 18) _____ = _____

Total de ingresos anuales brutos de la unidad familiar:

(por favor, tenga en cuenta todos los ingresos de todos los miembros de la unidad familiar)

\$, .00

2A **ELEGIBILIDAD DE ACUERDO A LOS INGRESOS EN EL HOGAR:** marque todas las fuentes de ingreso de la familia.

- | | | |
|--|---|---|
| ☐ Pagos de Pensiones | ☐ Sueldos y/o Ganancias de su Propio Negocio | ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del Hogar |
| ☐ Pagos del Seguro Social | ☐ Ingresos Provenientes de Rentas o Regalías | ☐ Reclamaciones al Seguro o Legales |
| ☐ SSP o SSDI | ☐ Beneficios por Desempleo | ☐ Pagos por Pensión Alimenticia a Hijos/Conyugal |
| ☐ Intereses/Dividendos de:
Cuentas de Ahorros,
Acciones, Bonos o
Cuentas de Jubilación | ☐ Compensación al Trabajador o Pagos por Incapacidad | ☐ Pagos en Efectivo y/u Otros Ingresos |

2B **ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PÚBLICA:** marque todas las programas que usted o alguien en su hogar están recibiendo.

- | | | |
|---|--|---|
| ☐ Medicaid/Medi-Cal (menor de 65 años) | ☐ Women, Infants and Children (WIC) | ☐ National School Lunch Program (NSLP) |
| ☐ Medicaid/Medi-Cal (65 años o más) | ☐ Healthy Families A & B | ☐ Bureau of Indian Affairs General Assistance |
| ☐ Supplemental Security Income (SSI) | ☐ CalWORKs (TANF) o Tribal TANF | ☐ Head Start Income Eligible (Sólo Tribus Indígenas) |
| ☐ CalFresh/SNAP (Estampillas de Alimentos) | | |
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | | |

3 DECLARACIÓN: *(por favor lea y firme abajo)*

Me comprometo a facilitar pruebas documentales de los ingresos de la unidad familiar en caso de que se me pida. También acepto informar a Pacific Gas and Electric Company (PG&E) si en algún momento mi unidad familiar dejase de reunir los requisitos para recibir el descuento. Comprendo que si recibo el descuento sin reunir los requisitos, se me puede exigir que devuelva el descuento que haya recibido. Soy consciente de que PG&E podrá compartir mis datos con agencias municipales, estatales o federales, con otras compañías de servicios públicos o con sus representantes, con objeto de facilitar la inscripción en sus respectivos programas de asistencia. Declaro que la información que he facilitado en esta solicitud es veraz y correcta, incurriendo en perjuicio según la legislación del Estado de California si no lo fuera.

X _____
Firma del Cliente

☐ Marque aquí si es tutor o tiene carta de poder

Fecha

For Internal Use Only



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

32664-E
31584-E

Electric Sample Form No. 61-0535
CARE Program Application for OMS/Non-Profit Migrant Farm Worker Housing
Centers

**Please Refer to Attached
Sample Form**

Advice Letter No: 4224-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____



INSTRUCTIONS

1. READ ALL information and instructions before you complete this application. If you have questions, call Pacific Gas and Electric Company's CARE Program toll-free at 1-866-743-2273 or the Hotline at 415-973-7288.
2. DETERMINE if the facility can comply with section 50710.1 (e) of the California Health and Safety Code, or is a non-profit farm worker housing center.
3. REVIEW the service agreements in this application to confirm that they are residential end use and included in your facility.
4. COMPLETE, SIGN and DATE the application.
5. MAIL TO: **Pacific Gas and Electric Company
CARE Program
PO Box 7979
San Francisco, CA 94120-7979**

DISCOUNT

The CARE Program provides a monthly discount on energy bills for MFHC facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates are available only to qualified facilities. The facility will receive the discount after the utility receives and approves the application.

ELIGIBILITY CRITERIA FOR ORGANIZATIONS

- MFHC must be the utility customer of record.
- MFHC must verify that the service agreements listed in this application have rates with residential end uses for CARE.
- MFHC must agree to use all CARE savings from a reduction in energy rates for the benefit of the occupants of the migrant farm worker housing center.

CARE: ☎ **1-866-743-2273** Fax: ☎ 415-973-6419 www.pge.com/care CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday – Friday, 9:00 a.m. – 11:00 p.m.

California Relay: 1-800-735-2929 if you can not utilize the TDD line



ELIGIBLE FACILITIES

- **MIGRANT FARM WORKER HOUSING CENTERS, operated by Office of Migrant Services (OMS), Department of Housing and Community Development**, provides 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, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code.

MIGRANT FARM WORKER HOUSING CENTERS (MFHC) RESPONSIBILITIES

MFHC is required to:

- At the time of application for CARE discount, provide a copy of current contract with the Office of Migrant Services, Department of Housing and Community Development or a copy of Federal 501 (c) (3) tax exemption or copy of state tax exemption form and current copy of local property tax exemption form.
- Maintain supporting records and documentation of how savings from the reduction in energy rates benefited the occupants.
- Notify PG&E of any change that would remove or add to eligible service agreements in this application. MFHC may be subject to rebilling of any of the service agreements in this application are no longer eligible for the CARE discount.
- Update its application when notified by PG&E.

CARE: ☎ **1-866-743-2273** Fax: ☎ 415-973-6419 www.pge.com/care CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 for speech/hearing-impaired, Monday – Friday, 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line



1 ORGANIZATION INFORMATION: *(please print or type)*

Name on Utility Bill _____

Name of Facility _____
(if different than the name on utility bill)

Address _____ City _____ Zip Code _____

Mailing Address _____ City _____ Zip Code _____
(if different)

Primary Contact _____ Secondary Contact _____
(who to contact if utility needs more information) (who to contact if utility needs more information)

Phone (____) _____ Phone (____) _____

Fax (____) _____ Fax (____) _____

E-mail Address _____ E-mail Address _____

2 FACILITY INFORMATION:

Please use a separate application for each TYPE of facility

☐ **MIGRANT FARM WORKER HOUSING CENTER**, operated by Office of Migrant Services (OMS), provides housing pursuant to Section 50710 of the Health and Safety Code

☐ **MIGRANT FARM WORKER HOUSING CENTER**, operated by Non-profit entities, as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code.

3 RE-CERTIFICATION *(please print or type)*

If re-certifying the facility's eligibility for continued CARE discounts, please provide an explanation of how last year's discount savings was used by your organization to benefit your clients:

This year's discount will be used for:

4 DECLARATION: *(please read and sign below)*

By signing this application I certify under penalty of perjury that the information contained herein is true and accurate and agree to comply with all the eligibility criteria and MFHC responsibilities contained herein for all of the Service Agreements listed in this application and I give my consent that the information herein may be shared with other energy utility companies.

Authorized Representative's Signature _____ Date _____

Authorized Representative's Name _____ Date _____

Please complete this application by providing individual account information on the reverse side of this page.

5 FOR INDIVIDUAL FACILITIES OF THE SAME TYPE, ATTACH SEPARATE SHEET FOR MORE THAN FIVE (5) ADDRESSES:

[illegible][illegible][illegible]

Service Address _____ **City** _____ **Zip Code** _____

Type of Metering? ☐ Individually metered ☐ Master metered

Total Number of residents (excluding on-site manager) _____

[illegible][illegible][illegible]

Service Address _____ **City** _____ **Zip Code** _____

Type of Metering? ☐ Individually metered ☐ Master metered

Total Number of residents (excluding on-site manager) _____

[illegible][illegible][illegible]

Service Address _____ **City** _____ **Zip Code** _____

Type of Metering? ☐ Individually metered ☐ Master metered

Total Number of residents (excluding on-site manager) _____

[illegible][illegible][illegible]

Service Address _____ **City** _____ **Zip Code** _____

Type of Metering? ☐ Individually metered ☐ Master metered

Total Number of residents (excluding on-site manager) _____

[illegible][illegible][illegible]

Service Address	City	Zip Code
-----------------	------	----------

Type of Metering? ☐ Individually metered ☐ Master metered

Total Number of residents (excluding on-site manager) _____



Pacific Gas and Electric Company
San Francisco, California
U 39

Cancelling	Revised	Cal. P.U.C. Sheet No.	32665-E
	Revised	Cal. P.U.C. Sheet No.	31585-E

Electric Sample Form No. 62-0156
CARE Program Application for Qualified Non-Profit Group Living Facilities (T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4224-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed	May 14, 2013
Effective	June 1, 2013
Resolution No.	



INSTRUCTIONS

1. READ ALL information and instructions before you complete this application. If you have questions, call Pacific Gas and Electric Company's CARE Program toll-free at 1-866-743-2273 or the Non-Profit hotline at 415-973-7288.
2. DETERMINE if the facility meets the definition of a qualified nonprofit group living facility. The facility MUST meet ALL criteria to qualify for a monthly discount from the CARE Program.
3. COMPLETE the entire application (please print or type). Complete a separate application for each type of qualified facility (including satellite facilities).
4. ATTACH all required documents. (Application is considered incomplete without documents.)
5. MAIL TO: **Pacific Gas and Electric Company
CARE Program
PO Box 7979
San Francisco, CA 94120-7979**

DISCOUNT

The CARE Program provides a monthly discount on energy bills for facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates are available only to qualified facilities. The facility will receive the discount after the utility receives and approves the application.

ELIGIBILITY CRITERIA FOR ORGANIZATIONS

Each facility MUST meet ALL of the following criteria:

- Organization operating facility must be able to prove federal 501(c)(3) tax-exempt status.
- All Pacific Gas and Electric Company accounts must be in the name of the organization with IRS tax exemption.
- 70% of the energy supplied to each Pacific Gas and Electric Company account including common use areas must be used for residential purposes.
- Total gross income for all residents or clients occupying the facility at any given time must meet the current CARE income eligibility guidelines.
Note: This excludes any employee operating or managing the facility who resides on the premise. Please see enclosed sheet for the current CARE income guidelines.
- Organizations are required to re-certify CARE eligibility by completing a new application, attaching all required documentation (updated as necessary) and a statement of how the discount was used in the previous year to directly benefit the residents.

CARE: ☎ **1-866-743-2273** Fax: ☎ 415-973-6419 www.pge.com/care CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday – Friday, 9:00 a.m. – 11:00 p.m.

California Relay: 1-800-735-2929 if you can not utilize the TDD line

ELIGIBLE FACILITIES

GROUP LIVING FACILITIES: Defined as transitional housing (such as drug rehabilitation or half-way houses), short- or long- term care facilities (such as hospice, nursing home, children's and seniors' homes), group homes for physically or mentally challenged persons, or other nonprofit group living facilities.

- Each facility must provide a special needs social service, such as meals or rehabilitation, in addition to lodging
- Also eligible are satellite facilities in the name of the licensed organization, where 70% of the energy supplied is for residential purposes, and where special-needs social services are provided. Applications for satellite facilities must be completed by the organization that holds the documentation showing the special-needs social services provided.
- **Supporting documentation required:**
 - ✓ Completed and signed application form (one form for each type of facility).
 - ✓ Provide current copy of federal 501(c)(3) tax exemption
 - ✓ Organizations must provide licensing of services by the appropriate agency such as the State Department of Social Services, Department of Drug and Alcohol Programs or Department of Health Services, or be able to show some other proof of services satisfactory to Pacific Gas and Electric Company.

HOMELESS SHELTERS, HOSPICES and WOMEN'S SHELTERS:

- Primary function of the facility must be to provide lodging
- Each facility must be open for operation with at least 6 beds for a minimum of 180 days and/or nights per year.
- Satellite facilities in the name of the licensed organization, where 70% of the energy supplied is for residential purposes, are also eligible. Applications for satellite facilities must be completed by the organization that holds the documentation required.
- **Supporting documentation required:**
 - ✓ Completed and signed application form (one form for each type of facility).
 - ✓ Provide current copy of federal 501(c)(3) tax exemption

FACILITIES NOT ELIGIBLE

- Non-Profit Facilities providing social services only.
- Group Living Facilities providing no other services than a place to live.
- Government-owned and/or –operated facilities.
- Government-subsidized facility providing lodging only.

ORGANIZATION'S RESPONSIBILITIES

The organization is required to:

- Provide proof of facility's eligibility (see Eligible Facilities) and submit required documentation with the application (see requirements on the application).
 - Verify that total gross income for all residents residing at the facility meet the CARE income eligibility guidelines (see income guideline sheet) and make a certification to that effect, under the penalty of perjury, under the laws of the state of California.
 - Maintain records of residents' income eligibility, which should come from federal tax return, payroll stubs or similar records acceptable to the utility. These records must be retained for three (3) years from the date of initial application and/or re-certification.
 - Show how the previous year discount was used to directly benefit the residents at re-certification.
 - Maintain accounting entries and supporting documentation of how the discount was used for the direct benefit of the residents. These records must be retained for three (3) years from the date of initial application and/or re-certification.
 - Upon request from the utility, provide documentation of the residents' income eligibility and/or documentation of how the discount was used for the direct benefit of the residents.
 - Provide all information requested by the utility. Failure to do so will result in denial or removal from the program. The applicant may be subject to rebilling for the period they were ineligible for the discount as determined by the utility.
-



1 ORGANIZATION INFORMATION: *(please print or type)*

Name on Utility Bill _____
(must be in the name of the organization with IRS tax exemption)

Name of Facility _____
(if different than the name on utility bill)

Address _____ **City** _____ **Zip Code** _____

Mailing Address _____ **City** _____ **Zip Code** _____
(if different)

Primary Contact _____ **Secondary Contact** _____
(who to contact if utility needs more information) (who to contact if utility needs more information)

Phone () _____ **Phone ()** _____

Fax () _____ **Fax ()** _____

E-mail Address _____ **E-mail Address** _____

2 FACILITY INFORMATION: *(please print or type)*

TYPE OF FACILITY

(please use a separate application for each TYPE of facility)

- ☐ Group Living Facility
- ☐ Homeless Shelter
- ☐ Hospice
- ☐ Women's Shelter

SERVICES PROVIDED (check all that apply)

- ☐ Lodging
- ☐ Counseling
- ☐ Meals
- ☐ Rehabilitation
- ☐ Training
- ☐ Other (Please Describe): _____

3 RE-CERTIFICATION *(please print or type)*

If re-certifying the facility's eligibility for continued CARE discounts, please provide an explanation of how last year's discount savings was used by your organization to benefit your clients:

4 DECLARATION: *(please read and sign below)*

- Organization is Pacific Gas and Electric Company (PG&E) customer of record
- Total gross income for all residents residing at the facility and/or households meet CARE income guidelines.
- Documentation is available to substantiate the above.
- Each PG&E account meets the 70% residential energy usage criteria.

By signing below, I certify under penalty of perjury that the information on this declaration is truthful and correct. Although this declaration is valid for two years, I will notify PG&E of any changes that may affect eligibility for CARE. PG&E reserves the right to request verification of records demonstrating eligibility at any time and may re-bill the Organization at the applicable rate if appropriate. I understand that the facility name and address may be shared with other energy utilities, if applicable.

Authorized Representative's Signature _____ **Date** _____

Authorized Representative's Name _____ **Date** _____

Please complete this application by providing individual account information on the reverse side of this page.



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised	Cal. P.U.C. Sheet No.	32666-E
Cancelling	Revised	Cal. P.U.C. Sheet No.
		31586-E

Electric Sample Form No. 62-0672
CARE/FERA Program Application for Tenants of Sub-Metered Facilities (T)
(English/Chinese)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4224-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed	May 14, 2013
Effective	June 1, 2013
Resolution No.	

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)

Provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA)

Provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

1. The energy bill from your landlord must be in your name.
2. You must live at the address where the discount will be received.
3. You may not be claimed as a dependent on another person's income tax return other than your spouse.
4. You may not share an energy meter with another home.
5. You must account for all sources of qualifying household income and meet the program income guidelines described in this application.
6. You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
7. Following enrollment, you may be required to provide proof of qualifying household income, including IRS Tax Return Transcripts, and agree to participate in the Energy Savings Assistance program to remain enrolled in CARE.
8. Your monthly electric usage must not exceed six times the baseline quantity indicated on your bill.
9. You are required to recertify your eligibility every two years (four years if fixed income).

INCOME GUIDELINES (valid until May 31, 2014)		
Number of Persons in Household	Annual Income*	
	CARE	FERA
1	\$22,980	Not Eligible
2	\$31,020	Not Eligible
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
For each additional person, add:	\$8,040	\$8,040–\$10,050

*Before taxes based on current income sources. You may be enrolled in either the CARE or FERA program but not in both.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR: VISIT www.pge.com/myenergy

- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.

- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

Energy Savings
.....
Assistance Program™

- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.

FOR MORE INFORMATION

Mail completed application to:
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

Or fax completed application to: 415-973-6419

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday–Friday, 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

關於CARE/FERA計劃
California Alternate Rates for Energy (CARE)

為符合收入資格的家庭提供每月能源帳單折扣。

Family Electric Rate Assistance (FERA)

為有三人或更多成員且符合收入資格的家庭提供每月電費帳單折扣。

計劃規定

1. 申請者必須是PG&E帳單上的註冊客戶。
2. 申請者必須居住在將收到折扣的住址。
3. 除了配偶，申請人不可在另一個人的報稅表中被稱為受贍養者。
4. 申請者的居所不可與另一居所共用一個碼錶。
5. 您必須計算家庭所有合資格收入來源，並符合本申請表所列的計劃收入標準。
6. 申請者家庭若不再符合CARE/FERA計劃的資格要求，必須知會PG&E。
7. 登記參加後，您也許會被要求提供符合資格的家庭收入證明(包括IRS報稅記錄)，且您須同意參加 Energy Savings Assistance Program 才能繼續參加 CARE計劃。
8. 您每月的用電量必須低於第一級額定量的六倍。
9. 您必須每兩年重新提出申請並且符合資格(固定收入者為每四年提出申請)。

收入標準 (有效期至2014年5月31日)		
家庭人數	年收入*	
	CARE	FERA
1	\$22,980	不適用於此計劃
2	\$31,020	不適用於此計劃
3	\$39,060	\$39,061-\$48,825
4	\$47,100	\$47,101-\$58,875
5	\$55,140	\$55,141-\$68,925
6	\$63,180	\$63,181-\$78,975
7	\$71,220	\$71,221-\$89,025
8	\$79,260	\$79,261-\$99,075
每增加一人，加	\$8,040	\$8,040-\$10,050

*根據目前收入來源計算的稅前收入。您也許有資格加入CARE或FERA計劃其中之一，但不能同時加入這二項計劃。

欲瞭解您可能資格參加的其他計劃和免費服務，請瀏覽www.pge.com/myenergy。

- **Low Income Home Energy Assistance Program (LIHEAP):** 低收入家居能源輔助計劃，為符合收入資格的客戶提供付帳輔助、突發情況付帳輔助和家居防寒保暖措施。詳情請電1-866-675-6623跟加州社區服務及發展部(CSD)聯絡。
- **基本醫療底線:** 如果住宅客戶有某些醫療狀況，需要依賴維生設備和/或有特別暖氣或冷氣需求等，都有可能收到更多最低(底線)的價格能源數量。詳情請電1-800-743-5000。

- **Energy Savings Assistance Program:** 為符合收入資格的租戶及屋主免費提供簡單的解決方案，協助他們管理能源用量並節省每月能源帳單費用。詳情請電1-800-989-9744。

Energy Savings
.....
Assistance Program™

- **生機一線電話服務ULTS:** 提供電話折扣服務。欲知詳情，請聯絡您當地的熱線電話服務公司。

更多詳情

申請表請寄到:
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

或傳真填好的申請表到: 415-973-6419

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712有言語或聽聽障礙者
星期一至星期五, 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929如果您未能轉接TDD專線



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

32667-E
31587-E

Electric Sample Form No. 62-0673

CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities
(English/Vietnamese)

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4224-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)

Provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA)

Provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

1. The energy bill from your landlord must be in your name.
2. You must live at the address where the discount will be received.
3. You may not be claimed as a dependent on another person's income tax return other than your spouse.
4. You may not share an energy meter with another home.
5. You must account for all sources of qualifying household income and meet the program income guidelines described in this application.
6. You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
7. Following enrollment, you may be required to provide proof of qualifying household income, including IRS Tax Return Transcripts, and agree to participate in the Energy Savings Assistance program to remain enrolled in CARE.
8. Your monthly electric usage must not exceed six times the baseline quantity indicated on your bill.
9. You are required to recertify your eligibility every two years (four years if fixed income).

INCOME GUIDELINES (valid until May 31, 2014)		
Number of Persons in Household	Annual Income*	
	CARE	FERA
1	\$22,980	Not Eligible
2	\$31,020	Not Eligible
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
For each additional person, add:	\$8,040	\$8,040–\$10,050

*Before taxes based on current income sources. You may be enrolled in either the CARE or FERA program but not in both.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR: VISIT www.pge.com/myenergy

- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.

- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

Energy Savings
.....
Assistance Program™

- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.

FOR MORE INFORMATION

Mail completed application to:
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

Or fax completed application to: 415-973-6419

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday–Friday, 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

CHƯƠNG TRÌNH CARE/FERA
California Alternate Rates for Energy (CARE)

Giảm hóa đơn năng lượng hàng tháng cho các gia đình hội đủ điều kiện về thu nhập.

Family Electric Rate Assistance (FERA)

Giảm hóa đơn tiền điện hàng tháng cho các gia đình hội đủ điều kiện về thu nhập có từ ba người trở lên.

CHỈ DẪN CỦA CHƯƠNG TRÌNH

- Hóa đơn năng lượng từ chủ nhà của quý vị phải có tên của quý vị.
- Quý vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá.
- Quý vị không được một người khác khai là người phụ thuộc trên mẫu thuế ngoại trừ người phối ngẫu.
- Quý vị không được dùng chung đồng hồ đo năng lượng với một ngôi nhà khác.
- Quý vị phải tính tất cả các nguồn lợi tức hội đủ điều kiện của gia đình và đáp ứng với mức lợi tức quy định của chương trình được ghi trong đơn này.
- Quý vị phải thông báo cho PG&E nếu gia đình quý vị không còn hội đủ điều kiện để được nhận giảm giá CARE/FERA.
- Sau khi ghi danh, quý vị có thể cần phải cung cấp bằng chứng hội đủ điều kiện lợi tức gia đình, kể cả Bản Sao Hoàn Thuế IRS (IRS Tax Return Transcripts), và đồng ý tham gia vào chương trình Energy Savings Assistance Program để vẫn được ghi danh trong chương trình CARE.
- Lượng điện sử dụng hàng tháng của quý vị không được vượt quá sáu lần hạn mức cho phép Bạc 1.
- Quý vị cần phải tái xác nhận khả năng hội đủ điều kiện của mình mỗi hai năm (bốn năm nếu có lợi tức cố định).

ĐỊNH MỨC LỢI TỨC (có hiệu lực đến ngày 31 tháng Năm, 2014)		
Số Người Trong Gia Đình	Lợi Tức Hàng Năm*	
	CARE	FERA
1	\$22,980	Không đủ tiêu chuẩn
2	\$31,020	Không đủ tiêu chuẩn
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
Với mỗi người thêm vào, cộng thêm:	\$8,040	\$8,040–\$10,050

*Trước khi trừ thuế dựa theo các nguồn lợi tức hiện có. Quý vị có thể ghi danh chương trình CARE hoặc FERA nhưng không thể ghi danh cả hai chương trình.

**CÁC CHƯƠNG TRÌNH VÀ DỊCH VỤ MIỄN PHÍ KHÁC MÀ QUÝ VỊ CÓ THỂ HỘI ĐỦ ĐIỀU KIỆN THAM GIA:
XIN TRUY CẬP www.pge.com/myenergy**

- Low Income Home Energy Assistance Program (LIHEAP):** Trợ giúp trả hóa đơn, trợ giúp trả hóa đơn khẩn cấp, và cung ứng những dịch vụ chống thời tiết khắc nghiệt. Xin gọi Số Dịch Vụ và Phát Triển Cộng Đồng (CSD) ở số 1-866-675-6623 để biết thêm chi tiết.
- Trợ Cấp Y Tế Cơ Bản:** Khách hàng cư dân sống dựa vào thiết bị hỗ trợ sự sống và/hoặc có nhu cầu sưởi ấm hoặc làm lạnh đặc biệt do một số bệnh trạng nhất định có thể hội đủ điều kiện nhận thêm một phần năng lượng bổ sung với mức giá thấp nhất (cơ bản). Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- Energy Savings Assistance Program:** Cung cấp cho những người thuê nhà và chủ sở hữu nhà hội đủ điều kiện về lợi tức các giải pháp dễ dàng, miễn phí để giúp họ quản lý việc sử dụng năng lượng và tiết kiệm tiền trên hóa đơn năng lượng hàng tháng. Xin gọi số 1-800-989-9744 để biết thêm chi tiết.
- Universal Lifeline Telephone Service (ULTS):** Giảm giá dịch vụ điện thoại. Xin liên lạc hãng điện thoại phục vụ vùng địa phương của quý vị để biết thêm chi tiết.

Energy Savings
.....
Assistance Program™

ĐỂ BIẾT THÊM THÔNG TIN

Gửi đơn đã điền đến:
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

Hoặc fax đơn đã điền đến: 415-973-6419

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 dành cho người khiếm thanh/khiếm thính, Thứ Hai–Thứ Sáu,
9:00 giờ sáng–11:00 giờ tối

California Relay: 1-800-735-2929 nếu quý vị không thể sử dụng đường dây TDD

1A **MANAGER / FACILITY INFORMATION:** *(please print clearly)*

Mobile Home Park/Other Sub-Metered Facilities Name

Mobile Home Park/Other Sub-Metered Facilities Address

City

Zip CodePG&E Account
Number:

Electricity

[illegible]

Gas

[illegible]**Manager or Landlord Name**

Telephone

Manager or Landlord Mailing Address

City

Zip Code

Applicant Status

○ ADD NEW

○ DROP

○ RE-CERTIFY

○ MOVE TO DIFFERENT SPACE

1B **TENANT INFORMATION:** *(please print clearly)*

Name (As it appears on your energy bill)

Telephone

Home Address (Do NOT use a P.O. Box)

Unit #

City

Zip Code**Mailing Address** (If different from the above address)

Unit #

City

Zip Code

Number of Persons in Household: Adults + Children (under 18) =

Total Gross Annual Household Income:

(please account for all income from every household member)

\$

--	--	--

 ,

--	--	--

 .00

2A HOUSEHOLD INCOME ELIGIBILITY: check all sources of household income.

- | | | |
|---|--|--|
| ☐ Pensions | ☐ Wages and/or Profits from Self-Employment | ☐ Scholarships, Grants or Other Aid for Living Expenses |
| ☐ Social Security | ☐ Rental or Royalty Income | ☐ Insurance or Legal Settlements |
| ☐ SSP or SSDI | ☐ Unemployment Benefits | ☐ Spousal or Child Support |
| ☐ Interests/Dividends from: Savings, Stocks, Bonds, or Retirement Accounts | ☐ Disability or Workers Compensation Payments | ☐ Cash and/or Other Income |

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY: check all programs in which you or someone in your household participate.

- | | | |
|---|--|--|
| ☐ Medicaid/Medi-Cal (under age 65) | ☐ Women, Infants and Children (WIC) | ☐ National School Lunch Program (NSLP) |
| ☐ Medicaid/Medi-Cal (age 65 and over) | ☐ Healthy Families A & B | ☐ Bureau of Indian Affairs General Assistance |
| ☐ Supplemental Security Income (SSI) | ☐ CalWORKs (TANF) or Tribal TANF | ☐ Head Start Income Eligible (Tribal Only) |
| ☐ CalFresh/SNAP (Food Stamps) | | |
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | | |

3 DECLARATION: *(please read and sign)*

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that PG&E can share my information with municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

For Internal Use Only

X

Customer Signature

☐ Fill in circle if guardian or power of attorney

Date _____



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

32668-E
31588-E

Electric Sample Form No. 62-0919
CARE/FERA Program Application for Residential Single-Family Customers
(Pre-Printed Application)

(T)
(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4224-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____

1 CUSTOMER INFORMATION:

Phone: () _____
☐ Home ☐ Work ☐ Mobile

Alternate phone: () _____
☐ Home ☐ Work ☐ Mobile

Choose the language preference for future CARE/FERA communications:

☐ Spanish ☐ Tagalog ☐ Russian ☐ Hmong ☐ Korean
☐ Vietnamese ☐ Cantonese ☐ Mandarin

Preferred method of communication:

☐ text (Msg and Data Rates may apply) ☐ phone ☐ email ☐ mail

Number of Persons in Household

_____ **Adults**

_____ **+ Children** (under 18)

_____ **= Total**

Total Gross Annual Household Income (please account for all income from every household member) \$ _____,_____.00

2A HOUSEHOLD INCOME ELIGIBILITY: check all sources of household income.

- | | | |
|---|--|--|
| ☐ Pensions | ☐ Wages and/or Profits from Self-Employment | ☐ Scholarships, Grants or Other Aid for Living Expenses |
| ☐ Social Security | ☐ Rental or Royalty Income | ☐ Insurance or Legal Settlements |
| ☐ SSP or SSDI | ☐ Unemployment Benefits | ☐ Spousal or Child Support |
| ☐ Interests/Dividends from: Savings, Stocks, Bonds, or Retirement Accounts | ☐ Disability or Workers Compensation Payments | ☐ Cash and/or Other Income |

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY: check all programs in which you or someone in your household participate.

- | | | |
|---|---|--|
| ☐ Medicaid/Medi-Cal (under age 65) | ☐ Women, Infants and Children (WIC) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ Medicaid/Medi-Cal (age 65 and over) | ☐ Healthy Families A & B | ☐ Head Start Income Eligible (Tribal Only) |
| ☐ Supplemental Security Income (SSI) | ☐ CalWORKs (TANF) or Tribal TANF | |
| ☐ CalFresh/SNAP (Food Stamps) | ☐ National School Lunch Program (NSLP) | |
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | | |

3 DECLARATION: (please read and sign)

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that PG&E can share my information with municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

For Internal Use Only

X _____
Customer Signature ○ Fill in circle if guardian or power of attorney **Date**

Mail completed application to: CARE/FERA Program, P.O. Box 7979, San Francisco, CA 94120-7979 or fax completed application to 415-973-6419.



Pacific Gas and Electric Company
San Francisco, California
U 39

Cancelling	Revised	Cal. P.U.C. Sheet No.	32669-E
	Revised	Cal. P.U.C. Sheet No.	31589-E

Electric Sample Form No. 62-0939
CARE/FERA Program Application for Residential Single-Family Customers (T)
(Pre-Printed Application Instruction) (T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4224-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed	May 14, 2013
Effective	June 1, 2013
Resolution No.	

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)

Provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA)

Provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

1. The PG&E bill must be in your name.
2. You must live at the address where the discount will be received.
3. You may not be claimed as a dependent on another person's income tax return other than your spouse.
4. You may not share an energy meter with another home.
5. You must account for all sources of qualifying household income and meet the program income guidelines described in this application.
6. You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
7. Following enrollment, you may be required to provide proof of qualifying household income, including IRS Tax Return Transcripts, and agree to participate in the Energy Savings Assistance program to remain enrolled in CARE.
8. Your monthly electric usage must not exceed six times the Tier 1 allowance.
9. You are required to recertify your eligibility every two years (four years if fixed income).

INCOME GUIDELINES (valid until May 31, 2014)		
Number of Persons in Household	Annual Income*	
	CARE	FERA
1	\$22,980	Not Eligible
2	\$31,020	Not Eligible
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
For each additional person, add:	\$8,040	\$8,040–\$10,050

*Before taxes based on current income sources. You may be enrolled in either the CARE or FERA program but not in both.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR: VISIT www.pge.com/myenergy

- **Balanced Payment Plan:** Monthly payments can be averaged out to allow you to budget your energy costs and eliminate big swings in your payments. Call 1-800-743-5000 for more information.
- **Bill Guaranty:** A deposit alternative enables customers to secure their account by having another qualifying PG&E customer sign on their behalf. Call 1-800-743-5000 for more information.
- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **REACH:** One-time energy-assistance program sponsored by PG&E and administered by the Salvation Army. Call 1-800-933-9677 for more information.
- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

- **Third-Party Notification:** Allows you to name a friend or relative to receive duplicate copies of past-due payment notices. The designated person is not responsible for paying the bill, but can contact PG&E to help resolve the problem. Call 1-800-743-5000 for more information.
- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.
- **My Energy:** You can go online to see your detailed energy usage information and use it to make informed energy choices. Simply log in to My Energy at pge.com/myenergy, and if you have a connected SmartMeter™, you can view your hourly electric and daily gas usage—up to the previous day. Learn more at pge.com/smartmeter.

FOR MORE INFORMATION

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday–Friday, 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line



INFORMACIÓN SOBRE EL PROGRAMA DE CARE/FERA

California Alternate Rates for Energy (CARE)

Ofrece un descuento mensual en las cuentas de energía a los hogares que reúnan los requisitos de ingresos.

Family Electric Rate Assistance (FERA)

Ofrece un descuento mensual en las cuentas de electricidad a los hogares de tres o más personas que reúnan los requisitos de ingresos.

REQUISITOS DEL PROGRAMA

1. La cuenta de PG&E debe estar a su nombre.
2. Debe vivir en la dirección donde se recibirá el descuento.
3. El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo/a.
4. El solicitante no debe compartir el medidor de energía con otro hogar.
5. Deberá tener en cuenta todas las fuentes de ingresos que califican bajo la unidad familiar y cumplir con los requisitos de ingresos del programa que se describen en esta solicitud.
6. Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
7. Después de inscribirse, se le podría requerir que proporcione comprobantes de elegibilidad de ingresos del hogar, incluyendo copia de la declaración de impuestos al IRS (por sus siglas en inglés), y que acepte participar en el Energy Savings Assistance Program para permanecer inscrito en CARE.
8. Su consumo eléctrico mensual no debe exceder seis veces la cantidad base indicada en su factura.
9. Se le requiere que recertifique su elegibilidad cada dos años (cada cuatro años si el ingreso es fijo).

REQUISITOS DE INGRESOS (Válido hasta el 31 de mayo, 2014)		
Número de Personas en el Hogar	Ingreso Anual*	
	CARE	FERA
1	\$22,980	No Aplica
2	\$31,020	No Aplica
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
Por cada persona adicional, añada:	\$8,040	\$8,040–\$10,050

*Antes de impuestos en base a las fuentes de ingresos actuales. Puede inscribirse en el programa CARE o en el programa FERA pero no en ambos.

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR:
VISITE www.pge.com/myenergy

- **Plan de Pago Equilibrado:** Sus pagos mensuales se pueden promediar permitiéndole hacer un presupuesto basado en su consumo de energía, así eliminando una variación grande en sus pagos. Para más información, llame al 1-800-743-5000.
- **Depósito de Garantía:** Una alternativa de depósito que permite a los clientes asegurar su cuenta al designar a otro cliente que reúne los requisitos de PG&E para que firme a nombre suyo. Para más información, llame al 1-800-743-5000.
- **Low Income Home Energy Assistance Program (LIHEAP):** Este es un programa que brinda ayuda o asistencia de emergencia con el pago de sus cuentas, y servicios de aislamiento térmico. Para más información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.
- **Medical Baseline:** Los clientes residenciales que dependan de equipos de soporte vital y/o que tengan necesidades especiales relacionadas con la calefacción o el aire acondicionado debido a ciertos padecimientos médicos podrían reunir los requisitos para obtener más energía a un precio más bajo (baseline). Para más información, llame al 1-800-743-5000.
- **REACH:** Es un programa que le ayuda al cliente a pagar su cuenta de energía por una sola vez y está patrocinado por PG&E y administrado por el Salvation Army. Para más información, llame al 1-800-933-9677.
- **Energy Savings Assistance Program:** Ofrece a los inquilinos y a los propietarios de viviendas que reúnan los requisitos de ingresos, soluciones sencillas y gratuitas para ayudarles a manejar su consumo de energía y ahorrar dinero en sus facturas mensuales. Para más información, llame al 1-800-989-9744.
- **Notificación a Terceras Personas:** Permite designar a un amigo o familiar para que reciba una copia de las notificaciones de cuentas vencidas y no pagadas. La persona designada no es responsable del pago de la cuenta, pero puede comunicarse con PG&E para ayudar a resolver el problema. Para más información, llame al 1-800-743-5000.
- **Universal Lifeline Telephone Service (ULTS):** La Línea Universal de Servicio Telefónico le brinda acceso telefónico a bajo precio. Llame a su compañía local de teléfonos para más información.
- **My Energy:** Puede dirigirse al Internet para ver información detallada sobre su consumo de energía y utilizarla para tomar decisiones informadas sobre cómo utilizar la energía. Simplemente conéctese a My Energy en pge.com/myenergy, y si tiene un SmartMeter™ conectado usted puede ver su consumo eléctrico por hora y su consumo de gas diario—actualizado hasta el día anterior. Obtenga más información en www.pge.com/smartmeter.

**Energy Savings
Assistance Program™**

PARA MÁS INFORMACIÓN

CARE: 1-866-743-2273 www.pge.com/care
FERA: 1-800-743-5000 www.pge.com/fera
Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 para los discapacidades auditivas y del habla, de lunes a viernes, 9:00 a.m. hasta las 11:00 p.m.
California Relay: 1-800-735-2929 si no puede usar la línea TDD



Pacific Gas and Electric Company
San Francisco, California
U 39

	Revised	Cal. P.U.C. Sheet No.	32670-E
Cancelling	Revised	Cal. P.U.C. Sheet No.	31590-E

Electric Sample Form No. 62-0940
CARE Program Re-Certification Instructions - Residential Single-Family Customers (T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4224-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed	May 14, 2013
Effective	June 1, 2013
Resolution No.	



**CARE PROGRAM RE-CERTIFICATION
INSTRUCTIONS**

**INSTRUCCIONES PARA RE-INSCRIBIRSE EN
EL PROGRAMA DE CARE**

Dear Customer:

You have been receiving a monthly discount on your Pacific Gas and Electric Company bills as a result of your participation in the California Alternate Rates for Energy (CARE) program.

To continue receiving your monthly discount you need to reapply for the CARE program if you still qualify. It is free, easy and confidential.

Enclosed is a CARE Re-Certification application with the most recent CARE income guidelines. If your household income still meets the current guidelines for the program, please complete the form, and return it to PG&E in the postage paid envelope provided.

Thank you for the opportunity to continue serving you.

CARE Program

Estimado/a cliente:

Usted ha estado recibiendo un descuento en su factura de Pacific Gas and Electric Company porque sus ingresos calificaron para el programa de California Alternate Rates for Energy (CARE).

Si desea continuar recibiendo este descuento, debe de re-inscribirse al programa CARE si es que todavía califica para el mismo. La re-inscripción es gratis, fácil y confidencial.

Adjunto encontrará un formulario de re-inscripción CARE, así como una tabla con los requisitos de ingresos más recientes del programa CARE. Si el ingreso total de su hogar (incluyendo los ingresos de todas las personas que trabajan en su hogar) aún se encuentra dentro de los límites especificados en el programa, por favor llene y firme el formulario y envíelo a PG&E en el sobre con franqueo pre-pagado que hemos adjuntado en esta carta.

Le agradecemos que nos haya dado la oportunidad de continuar sirviéndole.

Programa CARE

INCOME GUIDELINES • REQUISITOS DE INGRESOS

(valid until May 31, 2014 • válido hasta el 31 de mayo, 2014)

Number of Persons in Household Número de Personas en el Hogar	1	2	3	4	5	6	7	8
Annual Income (based on current income sources before taxes) Ingreso Anual (antes de impuestos basado en fuentes de ingreso actual)	\$22,980	\$31,020	\$39,060	\$47,100	\$55,140	\$63,180	\$71,220	\$79,260
For each additional person, add: \$8,040 • Por cada persona adicional, añada: \$8,040								

FOR MORE INFORMATION • PARA MÁS INFORMACIÓN

Mail completed application to • Envíe la aplicación completa a:

CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

Or fax completed application to • O envíela por fax al número: 415-973-6419

CARE: 1-866-743-2273 www.pge.com/care **Email:** CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712

For speech/hearing-impaired, Monday–Friday, 9:00 a.m.–11:00 p.m.

Para los discapacidades auditivas y del habla, de lunes a viernes, 9:00 a.m. hasta las 11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line • si no puede usar la línea TDD



**MẪU CHỈ DẪN TÁI CHỨNG NHẬN CHO
CHƯƠNG TRÌNH CARE**

CARE計劃再驗證指示

Thân gửi khách hàng:

親愛的客戶:

Quý vị đang được nhận giá giảm hàng tháng trên hóa đơn PG&E vì đã tham gia vào chương trình California Alternate Rates for Energy (CARE).

因為您參加(CARE)計劃，所以在您的PG&E帳單上一直收到每月的折扣。

Để tiếp tục được giảm giá hàng tháng, quý vị cần phải nộp đơn xin lại chương trình CARE nếu quý vị vẫn còn hội đủ điều kiện. Việc nộp đơn hoàn toàn miễn phí, dễ dàng và kín đáo.

為了您能夠繼續收到每月的折扣，您需要重新申請 CARE 計劃表明您仍然合格。申請是免費，簡單和保密。

Kèm theo đây là Mẫu Tái Chứng Nhận cho Chương Trình CARE với bản chỉ dẫn mới nhất về lợi tức cho chương trình. Nếu lợi tức trong gia đình của quý vị vẫn không vượt qua bản chỉ dẫn lợi tức hiện hành cho chương trình, xin điền mẫu đơn, và gửi trả lại cho PG&E trong bao thư đã dán sẵn tem dính kèm.

這是CARE計劃的再驗證表格以及最新的CARE收入標準。如果您的家庭收入還是符合此計劃的最新標準，請把填好的申請表，放入預先付費的信封中，寄回給PG&E。

感謝您讓我們有機會能夠繼續為您服務。

Xin cảm ơn quý vị.

CARE計劃

Chương trình CARE

BẢN CHỈ DẪN VỀ LỢI TỨC • 收入標準

(có hiệu lực đến ngày 31 tháng Năm, 2014 • 有效期至 2014 年 5 月 31 日)

Số Người Trong Gia Đình 家庭人數	1	2	3	4	5	6	7	8
Lợi Tức Hàng Năm (trước khi trừ thuế dựa theo các nguồn lợi tức hiện có) 年收入 (根據目前收入來源的稅前收入)	\$22,980	\$31,020	\$39,060	\$47,100	\$55,140	\$63,180	\$71,220	\$79,260
Với mỗi người thêm vào, cộng thêm: \$8,040 • 每增加一人，加 \$8,040								

ĐỂ BIẾT THÊM THÔNG TIN • 更多詳情

Gửi đơn đã điền đến • 申請表請寄到:

CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

Hoặc fax đơn đã điền đến • 或傳真填好的申請表到: 415-973-6419

CARE: 1-866-743-2273 www.pge.com/care **Email:** CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712

Dành cho người khiếm thanh/khiếm thính, Thứ Hai–Thứ Sáu, 9:00 giờ sáng–11:00 giờ tối.
有言語或聆聽障礙者, 星期一至星期五 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 nếu quý vị không thể sử dụng đường dây TDD • 如果您未能轉接 TDD 專線



Pacific Gas and Electric Company
San Francisco, California
U 39

Cancelling	Revised	Cal. P.U.C. Sheet No.	32671-E
	Revised	Cal. P.U.C. Sheet No.	31591-E

Electric Sample Form No. 62-0972
CARE/FERA Program Application for Residential Single-Family Customers (T)
(English/Chinese)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4224-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed	May 14, 2013
Effective	June 1, 2013
Resolution No.	

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)

Provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA)

Provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

1. The PG&E bill must be in your name.
2. You must live at the address where the discount will be received.
3. You may not be claimed as a dependent on another person's income tax return other than your spouse.
4. You may not share an energy meter with another home.
5. You must account for all sources of qualifying household income and meet the program income guidelines described in this application.
6. You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
7. Following enrollment, you may be required to provide proof of qualifying household income, including IRS Tax Return Transcripts, and agree to participate in the Energy Savings Assistance program to remain enrolled in CARE.
8. Your monthly electric usage must not exceed six times the Tier 1 allowance.
9. You are required to recertify your eligibility every two years (four years if fixed income).

INCOME GUIDELINES (valid until May 31, 2014)		
Number of Persons in Household	Annual Income*	
	CARE	FERA
1	\$22,980	Not Eligible
2	\$31,020	Not Eligible
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
For each additional person, add:	\$8,040	\$8,040–\$10,050

*Before taxes based on current income sources. You may be enrolled in either the CARE or FERA program but not in both.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR: VISIT www.pge.com/myenergy

- **Balanced Payment Plan:** Monthly payments can be averaged out to allow you to budget your energy costs and eliminate big swings in your payments. Call 1-800-743-5000 for more information.
- **Bill Guaranty:** A deposit alternative enables customers to secure their account by having another qualifying PG&E customer sign on their behalf. Call 1-800-743-5000 for more information.
- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **REACH:** One-time energy-assistance program sponsored by PG&E and administered by the Salvation Army. Call 1-800-933-9677 for more information.
- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

- **Third-Party Notification:** Allows you to name a friend or relative to receive duplicate copies of past-due payment notices. The designated person is not responsible for paying the bill, but can contact PG&E to help resolve the problem. Call 1-800-743-5000 for more information.
- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.
- **My Energy:** You can go online to see your detailed energy usage information and use it to make informed energy choices. Simply log in to My Energy at pge.com/myenergy, and if you have a connected SmartMeter™, you can view your hourly electric and daily gas usage—up to the previous day. Learn more at pge.com/smartmeter.

FOR MORE INFORMATION

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday–Friday, 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

關於CARE/FERA計劃**California Alternate Rates for Energy (CARE)**

為符合收入資格的家庭提供每月能源帳單折扣。

Family Electric Rate Assistance (FERA)

為有三人或更多成員且符合收入資格的家庭提供每月電費帳單折扣。

計劃規定

1. 申請者必須是PG&E帳單上的註冊客戶。
2. 申請者必須居住在將收到折扣的住址。
3. 除了配偶，申請人不可在另一個人的報稅表中被稱為受贍養者。
4. 申請者的居所不可與另一居所共用一個碼錶。
5. 您必須計算家庭所有合資格收入來源，並符合本申請表所列的計劃收入標準。
6. 申請者家庭若不再符合CARE/FERA計劃的資格要求，必須知會PG&E。
7. 登記參加後，您也許會被要求提供符合資格的家庭收入證明(包括IRS報稅記錄)，且您須同意參加Energy Savings Assistance Program才能繼續參加CARE計劃。
8. 您每月的用電量必須低於第一級額定量的六倍。
9. 您必須每兩年重新提出申請並且符合資格(固定收入者為每四年提出申請)。

收入標準 (有效期至2014年5月31日)		
家庭人數	年收入*	
	CARE	FERA
1	\$22,980	不適用於此計劃
2	\$31,020	不適用於此計劃
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
每增加一人，加	\$8,040	\$8,040–\$10,050

*根據目前收入來源計算的稅前收入。您也許有資格加入CARE或FERA計劃其中之一，但不能同時加入這二項計劃。

欲瞭解您可能有的資格參加的其他計劃和免費服務，請瀏覽www.pge.com/myenergy。

- **平衡付款計劃**：每月平均分攤付款，讓您可妥善安排能源費用預算，避免支付帳單時出現太大變動。詳情請電1-800-743-5000。
- **帳單保證**：這可以用來代替押金，客戶可找另一位PG&E的合格客戶代表簽字為他們帳戶作擔保。詳情請電1-800-743-5000。
- **Low Income Home Energy Assistance Program (LIHEAP)**：低收入家居能源輔助計劃，為符合收入資格的客戶提供付帳輔助、突發情況付帳輔助和家居防寒保暖措施。詳情請電1-866-675-6623跟加州社區服務及發展部(CSD)聯絡。
- **基本醫療底線**：如果住宅客戶有某些醫療狀況，需要依賴維生設備和/或有特別暖氣或冷氣需求等，都有可能收到更多最低(底線)的價格能源數量。詳情請電1-800-743-5000。
- **REACH**：計劃提供一次性的能源協助，由PG&E提供贊助、Salvation Army負責實施。詳情請電1-800-933-9677。
- **Energy Savings Assistance Program**：為符合收入資格的租戶及屋主免費提供簡單的解決方案，協助他們管理能源用量並節省每月能源帳單費用。詳情請電1-800-989-9744。

Energy Savings
.....
Assistance Program™

- **第三者通知**：第三者通知可讓您列出一位朋友或親屬的姓名，讓他們能收到您過期未繳的付款通知副本。您指定的人不需要負責支付帳單，但可聯絡PG&E協助解決問題。詳情請電1-800-743-5000。
- **生機一線電話服務ULTS**：提供電話折扣服務。欲知詳情，請聯絡您當地的熱線電話服務公司。
- **My Energy**：您可上網查看您的能源使用詳情，然後根據正確資訊作出能源決定。若您已連接SmartMeter™，則您只需登入My Energy網站pge.com/myenergy，就可查看至前一天為止的每小時用電和每天使用煤氣情況。請上網站www.pge.com/smartmeter瞭解詳情。

更多詳情

CARE: 1-866-743-2273 www.pge.com/care
FERA: 1-800-743-5000 www.pge.com/fera
Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712有言語或聆聽障礙者、
星期一至星期五 9:00 a.m.–11:00 p.m.
California Relay: 1-800-735-2929如果您未能轉接TDD專線



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

32672-E
31592-E

Electric Sample Form No. 62-0973
CARE/FERA Program Application for Residential Single-Family Customers (T)
(English/Vietnamese)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4224-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)

Provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA)

Provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

1. The PG&E bill must be in your name.
2. You must live at the address where the discount will be received.
3. You may not be claimed as a dependent on another person's income tax return other than your spouse.
4. You may not share an energy meter with another home.
5. You must account for all sources of qualifying household income and meet the program income guidelines described in this application.
6. You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
7. Following enrollment, you may be required to provide proof of qualifying household income, including IRS Tax Return Transcripts, and agree to participate in the Energy Savings Assistance program to remain enrolled in CARE.
8. Your monthly electric usage must not exceed six times the Tier 1 allowance.
9. You are required to recertify your eligibility every two years (four years if fixed income).

INCOME GUIDELINES (valid until May 31, 2014)		
Number of Persons in Household	Annual Income*	
	CARE	FERA
1	\$22,980	Not Eligible
2	\$31,020	Not Eligible
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
For each additional person, add:	\$8,040	\$8,040–\$10,050

*Before taxes based on current income sources. You may be enrolled in either the CARE or FERA program but not in both.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR: VISIT www.pge.com/myenergy

- **Balanced Payment Plan:** Monthly payments can be averaged out to allow you to budget your energy costs and eliminate big swings in your payments. Call 1-800-743-5000 for more information.
- **Bill Guaranty:** A deposit alternative enables customers to secure their account by having another qualifying PG&E customer sign on their behalf. Call 1-800-743-5000 for more information.
- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **REACH:** One-time energy-assistance program sponsored by PG&E and administered by the Salvation Army. Call 1-800-933-9677 for more information.
- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.

- **Third-Party Notification:** Allows you to name a friend or relative to receive duplicate copies of past-due payment notices. The designated person is not responsible for paying the bill, but can contact PG&E to help resolve the problem. Call 1-800-743-5000 for more information.
- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.
- **My Energy:** You can go online to see your detailed energy usage information and use it to make informed energy choices. Simply log in to My Energy at pge.com/myenergy, and if you have a connected SmartMeter™, you can view your hourly electric and daily gas usage—up to the previous day. Learn more at pge.com/smartmeter.

FOR MORE INFORMATION

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday–Friday, 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

CHƯƠNG TRÌNH CARE/FERA
California Alternate Rates for Energy (CARE)

Giảm hóa đơn năng lượng hàng tháng cho các gia đình hội đủ điều kiện về thu nhập.

Family Electric Rate Assistance (FERA)

Giảm hóa đơn tiền điện hàng tháng cho các gia đình hội đủ điều kiện về thu nhập có từ ba người trở lên.

CHỈ DẪN CỦA CHƯƠNG TRÌNH

- Quý vị phải là người đứng tên trên hóa đơn PG&E.
- Quý vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá.
- Quý vị không được một người khác khai là người phụ thuộc trên mẫu thuế ngoại trừ người phối ngẫu.
- Quý vị không được dùng chung đồng hồ đo năng lượng với một ngôi nhà khác.
- Quý vị phải tính tất cả các nguồn lợi tức hội đủ điều kiện của gia đình và đáp ứng với mức lợi tức quy định của chương trình được ghi trong đơn này.
- Quý vị phải thông báo cho PG&E nếu gia đình quý vị không còn hội đủ điều kiện để được nhận giảm giá CARE/FERA.
- Sau khi ghi danh, quý vị có thể cần phải cung cấp bằng chứng hội đủ điều kiện lợi tức gia đình, kể cả Bản Sao Hoàn Thuế IRS (IRS Tax Return Transcripts), và đồng ý tham gia vào chương trình Energy Savings Assistance Program để vẫn được ghi danh trong chương trình CARE.
- Lượng điện sử dụng hàng tháng của quý vị không được vượt quá sáu lần hạn mức cho phép Bạc 1.
- Quý vị cần phải tái xác nhận khả năng hội đủ điều kiện của mình mỗi hai năm (bốn năm nếu có lợi tức cố định).

ĐỊNH MỨC LỢI TỨC (có hiệu lực đến ngày 31 tháng Năm, 2014)		
Số Người Trong Gia Đình	Lợi Tức Hàng Năm*	
	CARE	FERA
1	\$22,980	Không đủ tiêu chuẩn
2	\$31,020	Không đủ tiêu chuẩn
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
Với mỗi người thêm vào, cộng thêm:	\$8,040	\$8,040–\$10,050

*Trước khi trừ thuế dựa theo các nguồn lợi tức hiện có. Quý vị có thể ghi danh chương trình CARE hoặc FERA nhưng không thể ghi danh cả hai chương trình.

**CÁC CHƯƠNG TRÌNH VÀ DỊCH VỤ MIỄN PHÍ KHÁC MÀ QUÝ VỊ CÓ THỂ HỘI ĐỦ ĐIỀU KIỆN THAM GIA:
XIN TRUY CẬP www.pge.com/myenergy**

- Chương Trình Thanh Toán Quân Bình:** Các khoản thanh toán hàng tháng có thể được tính đều ra nhằm giúp quý vị quân bình chi phí năng lượng của mình và loại bỏ những thay đổi lớn trong khoản thanh toán của mình. Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- Bảo Đảm Hóa Đơn:** Một loại đặt cọc khác giúp khách hàng bảo đảm trường mục của mình bằng cách nhờ một khách hàng PG&E hội đủ điều kiện khác ký bảo đảm dùm cho họ. Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- Low Income Home Energy Assistance Program (LIHEAP):** Trợ giúp trả hóa đơn, trợ giúp trả hóa đơn khẩn cấp, và cung ứng những dịch vụ chống thời tiết khắc nghiệt. Xin gọi Sở Dịch Vụ và Phát Triển Cộng Đồng (CSD) ở số 1-866-675-6623 để biết thêm chi tiết.
- Trợ Cấp Y Tế Cơ Bản:** Khách hàng cư dân sống dựa vào thiết bị hỗ trợ sự sống và/hoặc có nhu cầu sưởi ấm hoặc làm lạnh đặc biệt do một số bệnh trạng nhất định có thể hội đủ điều kiện nhận thêm một phần năng lượng bổ sung với mức giá thấp nhất (cơ bản). Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- REACH:** Chương trình hỗ trợ năng lượng một lần được PG&E tài trợ và do Salvation Army điều hành. Xin gọi 1-800-933-9677 để biết thêm chi tiết.

- Energy Savings Assistance Program:** Cung cấp cho những người thuê nhà và chủ sở hữu nhà hội đủ điều kiện về lợi tức các giải pháp dễ dàng, miễn phí để giúp họ quản lý việc sử dụng năng lượng và tiết kiệm tiền trên hóa đơn năng lượng hàng tháng. Xin gọi số 1-800-989-9744 để biết thêm chi tiết.

**Energy Savings
.....
Assistance Program™**

- Thông Báo Cho Độ Tam Nhân:** Cho phép quý vị ghi danh một người bạn hoặc người thân để nhận bản sao của các thông tin thanh toán quá hạn. Người được chỉ định không phải chịu trách nhiệm thanh toán hóa đơn, nhưng có thể liên lạc với PG&E để giúp giải quyết vấn đề. Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- Universal Lifeline Telephone Service (ULTS):** Giảm giá dịch vụ điện thoại. Xin liên lạc hãng điện thoại phục vụ vùng địa phương của quý vị để biết thêm chi tiết.
- My Energy:** Quý vị có thể truy cập trực tuyến để xem thông tin sử dụng năng lượng chi tiết của mình và dùng thông tin này để quyết các lựa chọn về năng lượng. Quý vị chỉ đơn giản đăng nhập vào My Energy tại pge.com/myenergy, và nếu có thiết bị SmartMeter™ đã kết nối, quý vị có thể xem lượng điện sử dụng hàng giờ và khí đốt sử dụng hàng ngày của mình—cập nhật cho tới ngày hôm trước. Quý vị có thể tìm hiểu thêm tại pge.com/smartmeter.

ĐỂ BIẾT THÊM THÔNG TIN

CARE: 1-866-743-2273 www.pge.com/care
FERA: 1-800-743-5000 www.pge.com/fera
Email: CAREandFERA@pge.com

TDD/TTY: dành cho người khiếm thanh/khiếm thính,
Thứ Hai–Thứ Sáu, 9:00 giờ sáng–11:00 giờ tối
California Relay: 1-800-735-2929 nếu quý vị không thể sử dụng đường dây TDD



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

32673-E
31593-E

Electric Sample Form No. 62-1198

California Alternate Rates for Energy Program Application for Qualified Agricultural
Employee Housing Facilities

**Please Refer to Attached
Sample Form**

Advice Letter No: 4224-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____



INSTRUCTIONS

1. READ ALL information and instructions before you complete this application. If you have questions, call Pacific Gas and Electric Company's CARE Program toll-free at 1-866-743-2273 or the Hotline at 415-973-7288.
2. DETERMINE if the facility meets the definition of a qualified agricultural employee housing facility. The facility **MUST** meet ALL criteria to qualify for a monthly discount from the CARE Program.
3. COMPLETE the entire application (please print or type). Complete a separate application for each qualified facility.
4. ATTACH all required documents. (Application is considered incomplete without documents.)
5. MAIL TO: **Pacific Gas and Electric Company
CARE Program
PO Box 7979
San Francisco, CA 94120-7979**

DISCOUNT

The CARE Program provides a monthly discount on energy bills for facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates are available only to qualified facilities. The facility will receive the discount after the utility receives and approves the application.

ELIGIBILITY CRITERIA FOR ORGANIZATIONS

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

- Applicant must be the utility customer of record.
- Applicant must verify that total gross income for all residents residing at the facility and/or households meet the current CARE income guidelines, excluding any employee operating or managing the facility who resides on the facility. (See enclosed sheet for current CARE income guidelines.)
- Applicant is required to re-certify CARE eligibility by completing a new application, including how the discount will be used to directly benefit the residents.

CARE: ☎ **1-866-743-2273** Fax: ☎ 415-973-6419 www.pge.com/care CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday – Friday, 9:00 a.m. – 11:00 p.m.

California Relay: 1-800-735-2929 if you can not utilize the TDD line



ELIGIBLE FACILITIES

EMPLOYEE HOUSING (privately owned), as defined in section 17008 of the health and Safety Code, that is licensed and inspected by state and/or local agencies pursuant to Part I (commencing with Section 17000) of Division 13

- **Supporting documentation required:**
 - ✓ Provide copy of current permit issued by the Department of Housing and Community Development.
- **Total energy used must be 100% residential.**

HOUSING FOR AGRICULTURAL EMPLOYEES (non-migrant and operated by non-profit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code.

- **Supporting documentation required:**
 - ✓ Provide current copy of federal 501(c)(3) tax exemption or copy of state tax exemption form, and current copy of local property tax exemption form.
- **Total Energy used:**
 - ✓ Master-metered facilities must be 70% residential use.
 - ✓ Individually metered units must be 100% residential use.

APPLICANT'S RESPONSIBILITIES

The applicant is required to:

- Provide proof of facility's eligibility (see Eligible Facilities) and submit required documentation with the application (see requirements on the application).
 - Verify that total gross income for all residents residing at the facility meet the CARE income eligibility guidelines (see income guideline sheet) and make a certification to that effect, under the penalty of perjury, under the laws of the state of California.
 - Maintain records of residents' income eligibility, which should come from federal tax return, payroll stubs or similar records acceptable to the utility. These records must be retained for three (3) years from the date of initial application and/or re-certification.
 - Show how the previous year discount was used to directly benefit the residents at re-certification.
 - Maintain accounting entries and supporting documentation of how the discount was used for the direct benefit of the residents. These records must be retained for three (3) years from the date of initial application and/or re-certification.
 - Upon request from the utility, provide documentation of the residents' income eligibility and/or documentation of how the discount was used for the direct benefit of the residents.
 - Provide all information requested by the utility. Failure to do so will result in denial or removal from the program. The applicant may be subject to rebilling for the period they were ineligible for the discount as determined by the utility.
-



1 ORGANIZATION INFORMATION: *(please print or type)*

Name on Utility Bill _____

Name of Facility _____
(if different than the name on utility bill)

Address _____ City _____ Zip Code _____

Mailing Address _____ City _____ Zip Code _____
(if different)

Primary Contact _____ Secondary Contact _____
(who to contact if utility needs more information) (who to contact if utility needs more information)

Phone (____) _____ Phone (____) _____

Fax (____) _____ Fax (____) _____

E-mail Address _____ E-mail Address _____

2 FACILITY INFORMATION:

Please use a separate application for each TYPE of facility

- ☐ **EMPLOYEE HOUSING** (privately owned), as defined in Section 17008 of the health and Safety Code, that is licensed and inspected in state and/or local agencies pursuant to part 1 of Division 13.
- ☐ **HOUSING FOR AGRICULTURAL EMPLOYEES** (non-migrant and operated by non-profit entities), as defined in as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has received exemptions from local property taxes pursuant to subdivision (g) of the Revenue and Taxation Code.

3 RE-CERTIFICATION *(please print or type)*

If re-certifying the facility's eligibility for continued CARE discounts, please provide an explanation of how last year's discount savings was used by your organization to benefit your clients:

This year's discount will be used for:

4 DECLARATION: *(please read and sign below)*

- Organization is Pacific Gas and Electric Company (PG&E) customer of record
- Total gross income for all residents residing at the facility and/or households meet CARE income guidelines.
- Documentation is available to substantiate the above.
- Each PG&E account meets the appropriate residential energy usage criteria.

By signing below, I certify under penalty of perjury that the information on this declaration is truthful and correct. Although this declaration is valid for two years, I will notify PG&E of any changes that may affect eligibility for CARE. PG&E reserves the right to request verification of records demonstrating eligibility at any time and may re-bill the Organization at the applicable rate if appropriate. I understand that the facility name and address may be shared with other energy utilities, if applicable.

Authorized Representative's Signature _____ Date _____

Authorized Representative's Name _____ Date _____

Please complete this application by providing individual account information on the reverse side of this page.

5 FOR INDIVIDUAL FACILITIES OF THE SAME TYPE, ATTACH SEPARATE SHEET FOR MORE THAN FIVE (5) ADDRESSES:

[illegible][illegible][illegible]

Service Address _____ **City** _____ **Zip Code** _____

☐ Individually metered ☐ Master metered

Total Number of residents (excluding on-site manager) _____

[illegible][illegible][illegible]

Service Address _____ **City** _____ **Zip Code** _____

☐ Individually metered ☐ Master metered

Total Number of residents (excluding on-site manager) _____

[illegible][illegible][illegible]

Service Address _____ **City** _____ **Zip Code** _____

☐ Individually metered ☐ Master metered

Total Number of residents (excluding on-site manager) _____

[illegible][illegible][illegible]

Service Address _____ **City** _____ **Zip Code** _____

☐ Individually metered ☐ Master metered

Total Number of residents (excluding on-site manager) _____

[illegible][illegible][illegible]

Service Address _____ **City** _____ **Zip Code** _____

☐ Individually metered ☐ Master metered

Total Number of residents (excluding on-site manager) _____



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

32674-E
31594-E

Electric Sample Form No. 62-1477
CARE/FERA Program Income Guidelines

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4224-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____

INCOME GUIDELINES • REQUISITOS DE INGRESOS

Number of Persons in Household Número de Personas en el Hogar	Annual Income* • Ingreso Anual*	
	CARE	FERA
1	\$22,980	Not Eligible • No Aplica
2	\$31,020	Not Eligible • No Aplica
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
For each additional person, add: Por cada persona adicional, añada:	\$8,040	\$8,040–\$10,050

*Before taxes based on current income sources. You may be enrolled in either the CARE or FERA program but not in both.
Valid until May 31, 2014.

*Antes de impuestos en base a las fuentes de ingresos actuales. Puede inscribirse en el programa CARE o en el programa FERA pero no en ambos.
Válido hasta el 31 de mayo, 2014.

Definition of Income:

All revenues, from all household members, from whatever source derived, whether taxable or non-taxable, including, but not limited to:

- Wages or Salaries
- Interest/Dividends from: Savings, Stocks, Bonds, or Retirement Accounts
- Unemployment Benefits
- Rental or Royalty Income
- School Grants, Scholarships or other aid used for living expenses
- Profit from Self-Employment
- Disability Payments
- Workers Compensation
- Pensions
- Social Security, SSI, SSP, SSDI
- Insurance settlements
- Legal Settlements
- TANF (AFDC)
- Food stamps
- Child support
- Spousal support
- Cash and/or other income

Definición de Ingresos:

Son todos los ingresos de todas las personas que viven en su hogar, derivadas de todas las fuentes de ingresos, ya sea si se pagan impuestos sobre las mismas o no, incluyen pero no se limitan a:

- Sueldos o Salarios
- Intereses/Dividendos de: Cuentas de Ahorros, Acciones, Bonos, o Cuentas de Jubilación
- Beneficios por Desempleo
- Ingresos Provenientes de Rentas o Regalías
- Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del hogar
- Ganancias de su Propio Negocio
- Pagos por Incapacidad
- Pagos por Compensación al Trabajador
- Pagos de Pensiones
- Pagos del Seguro Social, SSI, SSP, SSDI
- Pagos de Reclamaciones del Seguro
- Pagos de Reclamaciones Legales
- Pagos de TANF (AFDC)
- Estampillas de Alimentos
- Pagos por Pensión Alimenticia a Hijos
- Pagos por Pensión Conyugal
- Pagos en Efectivo y/u Otros Ingresos

CARE: ☎ **1-866-743-2273** Fax: ☎ 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY 1-800-652-4712

For speech/hearing-impaired, Monday–Friday, 9:00 a.m.–11:00 p.m.

Para los discapacidades auditivas y del habla, de lunes a viernes, 9:00 a.m. hasta las 11:00 p.m.

California Relay 1-800-735-2929

If you can not utilize the TDD line • Si no puede usar la línea TDD

收入標準 • ĐỊNH MỨC LỢI TỨC

家庭人數 Số Người Trong Gia Đình	年收入* • Lợi Tức Hàng Năm*	
	CARE	FERA
1	\$22,980	不適用於此計劃 • Không Đủ Tiêu Chuẩn
2	\$31,020	不適用於此計劃 • Không Đủ Tiêu Chuẩn
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
每增加一人，加： Với mỗi người thêm vào, cộng thêm:	\$8,040	\$8,040–\$10,050

*根據目前收入來源計算的稅前收入。您也許有資格加入 CARE 或 FERA 計劃其中之一，但不能同時加入這二項計劃。有效期至 2014 年 5 月 31 日。

*Trước khi trừ thuế dựa theo các nguồn lợi tức hiện có. Quý vị có thể ghi danh chương trình CARE hoặc FERA nhưng không thể ghi danh cả hai chương trình. Có hiệu lực đến ngày 31 tháng Năm, 2014.

收入定義:

所有家庭成員的收入，無論來自任何途徑，繳稅或不繳稅，其中包括，但不局限於：

- 工資
- 利息/或股息，來源于：儲蓄戶口、股票或債券，或退休帳戶
- 失業福利
- 租金或版權收入
- 學校助學金、獎學金或其他生活津貼補助
- 自僱者的總收入
- 傷病補助金
- 勞工賠償
- 退休金
- 安全保險補助金、SSI、SSP、SSDI
- 保險訴訟所得款
- 法律訴訟所得款
- 貧困家庭臨時現金資助計劃 TANF (AFDC)
- 糧食券
- 子女撫養費
- 配偶贍養費
- 現金和/或其他收入

Định Nghĩa Lợi Tức:

Tất cả mọi lợi tức, của mọi người trong nhà, có từ bất cứ nguồn nào, dù phải đóng thuế hay không đóng thuế, bao gồm nhưng không chỉ giới hạn vào:

- Tiền Lương
- Tiền Lãi/Cổ Tức từ: Truong Mục Tiết Kiệm, Chứng Khoán, Trái Phiếu, hay Truong Mục Hưu Trí
- Tiền Thất Nghiệp
- Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày
- Lợi Tức từ Tư Doanh
- Tiền cho Người Có Khuyết Tật
- Tiền Bồi Thường Tai Nạn Lao Động
- Tiền Hưu Bổng
- Tiền Trợ Cấp An Sinh Xã Hội, SSI, SSP, SSDI
- Tiền Bảo Hiểm Bồi Thường
- Tiền Bồi Thường Thừa Kiện
- TANF (AFDC) (Trợ cấp gia đình nghèo có con nhỏ)
- Tiền Phiếu Thực Phẩm
- Tiền Cấp Dưỡng Con Cái
- Tiền Cấp Dưỡng Vợ/Chồng
- Tiền Mặt và/hay Lợi Tức Khác

CARE: ☎ **1-866-743-2273** Fax: ☎ 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY 1-800-652-4712

有言語或聆聽障礙者、星期一至星期五 9:00 a.m.–11:00 p.m.

Dành cho người khiếm thanh/khiếm thính, Thứ Hai–Thứ Sáu, 9:00 giờ sáng–11:00 giờ tối

California Relay 1-800-735-2929

如果您未能轉接 TDD 專線 • Nếu quý vị không thể sử dụng đường dây TDD



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

32675-E
32487-E

Electric Sample Form No. 62-1509
CARE Program Re-Certification Application -- Residential Single-Family Customers

**Please Refer to Attached
Sample Form**

Advice Letter No: 4224-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____



1 CUSTOMER INFORMATION • INFORMACIÓN DEL CLIENTE:

Response required: To retain discount, you must confirm continued eligibility.

Se requiere su respuesta: Para conservar el descuento, debe confirmar que continúa reuniendo los requisitos.

Telephone • Teléfono: ()

☐ Home • Hogar ☐ Work • Trabajo ☐ Mobile • Móvil

Choose the language preference for future CARE/FERA communications • Seleccione su idioma de preferencia para recibir comunicaciones de CARE/FERA en el futuro

☐ Spanish • Español ☐ Tagalog • Tagalog ☐ Russian • Ruso
☐ Hmong • Hmong ☐ Korean • Coreano ☐ Vietnamese • Vietnamita
☐ Cantonese • Cantonés ☐ Mandarin • Mandarin

Preferred method of communication • Método de contacto preferido

☐ phone • teléfono ☐ email • email ☐ mail • correo
☐ text (Msg and Data Rates may apply)
texto (podría aplicarse tarifas de mensajes o datos)

Number of Persons in Household • Número de Personas en el Hogar

_____ **Adults • Adultos**

_____ **+ Children (under 18) • Niños (menores de 18)**

_____ **= Total • Total**

Total Gross Annual Household Income (please account for all income from every household member) • **Total de ingresos anuales brutos de la unidad familiar** (por favor, tenga en cuenta todos los ingresos de todos los miembros de la unidad familiar)

\$ _____,_____.00

2A HOUSEHOLD INCOME ELIGIBILITY: check all sources of household income.

- | | |
|---|--|
| ☐ Pensions | ☐ Unemployment Benefits |
| ☐ Social Security | ☐ Disability or Workers Compensation Payments |
| ☐ SSP or SSDI | ☐ Scholarships, Grants or Other Aid for Living Expenses |
| ☐ Interests/Dividends from: Savings, Stocks, Bonds, or Retirement Accounts | ☐ Insurance or Legal Settlements |
| ☐ Wages and/or Profits from Self-Employment | ☐ Spousal or Child Support |
| ☐ Rental or Royalty Income | ☐ Cash and/or Other Income |

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY: check all programs in which you or someone in your household participate.

- | | |
|---|--|
| ☐ Medicaid/Medi-Cal (under age 65) | ☐ Healthy Families A & B |
| ☐ Medicaid/Medi-Cal (age 65 and over) | ☐ CalWORKs (TANF) or Tribal TANF |
| ☐ Supplemental Security Income (SSI) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (Food Stamps) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | ☐ Head Start Income Eligible (Tribal Only) |
| ☐ Women, Infants and Children (WIC) | |

ELEGIBILIDAD DE ACUERDO A LOS INGRESOS EN EL HOGAR: marque todas las fuentes de ingreso de la familia.

- | | |
|---|---|
| ☐ Pagos de Pensiones | ☐ Compensación al Trabajador o Pagos por Incapacidad |
| ☐ Pagos del Seguro Social | ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del Hogar |
| ☐ SSP o SSDI | ☐ Reclamaciones al Seguro o Legales |
| ☐ Intereses/Dividendos de: Cuentas de Ahorros, Acciones, Bonos o Cuentas de Jubilación | ☐ Pagos por Pensión Alimenticia a Hijos/Conyugal |
| ☐ Sueldos y/o Ganancias de su Propio Negocio | ☐ Pagos en Efectivo y/u Otros Ingresos |
| ☐ Ingresos Provenientes de Rentas o Regalías | |
| ☐ Beneficios por Desempleo | |

ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PÚBLICA: marque todos los programas que usted o alguien en su hogar están recibiendo.

- | | |
|---|---|
| ☐ Medicaid/Medi-Cal (menor de 65 años) | ☐ CalWORKs (TANF) o Tribal TANF |
| ☐ Medicaid/Medi-Cal (65 años o más) | ☐ National School Lunch Program (NSLP) |
| ☐ Supplemental Security Income (SSI) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ CalFresh/SNAP (Estampillas de Alimentos) | ☐ Head Start Income Eligible (Sólo Tribus Indígenas) |
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | |
| ☐ Women, Infants and Children (WIC) | |
| ☐ Healthy Families A & B | |

3 DECLARATION: (please read and sign)

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that PG&E can share my information with municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

DECLARACIÓN: (por favor lea y firme abajo)

Me comprometo a facilitar pruebas documentales de los ingresos de la unidad familiar en caso de que se me pida. También acepto informar a Pacific Gas and Electric Company (PG&E) si en algún momento mi unidad familiar dejase de reunir los requisitos para recibir el descuento. Comprendo que si recibo el descuento sin reunir los requisitos, se me puede exigir que devuelva el descuento que haya recibido. Soy consciente de que PG&E podrá compartir mis datos con agencias municipales, estatales o federales, con otras compañías de servicios públicos o con sus representantes, con objeto de facilitar la inscripción en sus respectivos programas de asistencia. Declaro que la información que he facilitado en esta solicitud es veraz y correcta, incurriendo en perjurio según la legislación del Estado de California si no lo fuera.

X
Customer Signature • Firma del Cliente

☐ Fill in circle if guardian or power of attorney
Marque aquí si es tutor o tiene carta de poder

Date • Fecha

☐ **Check if you no longer qualify or do not want to participate in the CARE Program.**
Ya no califico o ya no quiero participar en el Programa CARE.

1 CHI TIẾT VỀ KHÁCH HÀNG • 客戶資料:

Số Trương Mục PG&E • PG&E帳號:

(Ở trang đầu tiên của hóa đơn PG&E • 帳號位於帳單的第一頁)

[illegible]

Tên Họ • 姓名

Điện Thoại • 電話

☐ Nhà • 住宅 ☐ Công ty • 工作 ☐ Số di động • 手機

Địa Chỉ Nhà • 家庭住址

Số Chung Cư • 公寓

Thành Phố • 城市

SỐ Zip • 郵政區號

Hãy lựa chọn ngôn ngữ mong muốn để chương trình CARE/FERA liên lạc với quý vị trong tương lai •

選擇您希望將來的 CARE/FERA 通訊使用何種語言:

☐ Tiếng Tây Ban Nha ☐ Tiếng Tagalog ☐ Tiếng Nga ☐ Tiếng Hmong ☐ Tiếng Hàn Quốc ☐ Tiếng Việt ☐ Tiếng Quảng Đông ☐ Tiếng Quan Thoại

西班牙語 他加祿語 俄語 苗語 韓語 越南語 粵語 國語

Phương thức liên lạc mong muốn • 首選通訊方式: ☐ điện thoại • 電話 ☐ điện thư • 電子郵件 ☐ thư qua đường bưu điện • 郵寄信件
☐ tin nhắn (Các Mức Giá Tin Nhắn và Dữ Liệu có thể áp dụng) • 簡訊 (可能需支付簡訊或數據流量費用)

Số Người Trong Gia Đình • 家庭人數: Người Lớn • 成人 _____ + Trẻ Em (dưới 18 tuổi) • 孩童 (18歲以下) _____ = _____

Tổng Lợi Tức Gia Đình Hàng Năm • 全家年收入總計:

(xin quý vị tính tất cả các nguồn lợi tức từ mọi người trong gia đình) • (請計算每位家庭成員的所有收入)

\$

--	--	--

,

--	--	--

.00

2A HỘI ĐỦ ĐIỀU KIỆN VỀ LỢI TỨC GIA ĐÌNH: đánh dấu vào tất cả các nguồn lợi tức của gia đình quý v

đánh dấu vào tất cả các nguồn lợi tức của gia đình quý vị.

- | | |
|---|---|
| ☐ Tiền Hưu Bổng | ☐ Tiền cho Người Có Khuyết Tật |
| ☐ Tiền Trợ Cấp An Sinh Xã Hội | hay Tiền Bồi Thường Tai Nạn |
| ☐ SSP, SSDI | Lao Động |
| ☐ Tiền Lãi/Cổ Tức từ: Trương | ☐ Tiền Học do Chánh Phủ Trợ |
| Mục Tiết Kiệm, Chứng | Cấp, Học Bổng hay các thứ |
| Khoán, Trái Phiếu, hay Trương | Tiền Trợ Giúp cho Đời Sống |
| Mục Hưu Trí | Hàng Ngày |
| ☐ Tiền Lương và/hay Lợi Tức từ | ☐ Tiền Bảo Hiểm Bồi Thường hay |
| Tư Doanh | Tiền Bồi Thường Thừa Kiện |
| ☐ Lợi Tức do Cho Thuê Nhà hay | ☐ Tiền Cấp Dưỡng Vợ/Chồng |
| Tiền Bán Quyền | hay Con Cái |
| ☐ Tiền Thất Nghiệp | ☐ Tiền Mất và/hay Lợi Tức Khác |

2B **HỘI ĐU ĐIỀU KIỆN VỀ CHƯƠNG TRÌNH TRỢ GIÚP CÔNG CÔNG:** đánh dấu tất cả các chương trình

GIÚP CÔNG CỘNG: đánh dấu tất cả các chương trình mà quý vị hoặc ai đó trong nhà quý vị đang tham gia.

- | | |
|---|--|
| ☐ Medicaid/Medi-Cal (dưới 65 tuổi) | ☐ Healthy Families A & B |
| ☐ Medicaid/Medi-Cal (65 và qua 65 tuổi) | ☐ CalWORKs (TANF) hay Tribal TANF |
| ☐ Supplemental Security Income (SSI) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (Tiền Phiếu Thực Phẩm) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | ☐ Head Start Income Eligible (Tribal Only) |
| ☐ Women, Infants and Children (WIC) | |

合資格的家庭總收入: 請勾選您家庭收入的全部來源。

- | | |
|--|---|
| ☐ 退休金 | ☐ 失業福利 |
| ☐ 安全保險補助金 | ☐ 傷病補助金或勞工賠償 |
| ☐ SSP、SSDI | ☐ 學校助學金、獎學金或其他生活開支補助 |
| ☐ 利息/或股息，來源于：
儲蓄戶口、股票或債券，或退休帳戶 | ☐ 保險或法律訴訟所得款 |
| ☐ 工資和/或自僱者的總收入 | ☐ 給配偶或孩童的資助 |
| ☐ 租金或版權收入 | ☐ 現金和/或其他收入 |

合資格的公共資助計劃: 勾選您或家中其他人所參與的所有計劃。

- | | |
|---|---|
| ☐ Medicaid/Medi-Cal (65歲以下) | ☐ CalWORKs |
| ☐ Medicaid/Medi-Cal (65歲和65歲以上) | ☐ (TANF)或Tribal TANF |
| ☐ Supplemental Security Income (SSI) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (糧食券) | ☐ Bureau of Indian Affairs |
| ☐ 低收入家庭能源協助計劃 | ☐ General Assistance |
| ☐ 婦女、嬰兒和兒童營養輔助計劃 | ☐ Head Start Income |
| ☐ 健康家庭低費兒童醫療保健計劃類別A及B | ☐ Eligible (Tribal Only) |

3 CAM ĐOAN: (xin đọc và ký tên)

Tôi đồng ý cung cấp chứng minh lợi tức gia đình nếu được yêu cầu. Tôi cũng đồng ý thông báo cho Pacific Gas and Electric Company (PG&E) biết nếu lợi tức gia đình của tôi không còn hội đủ điều kiện để được giảm giá. Tôi hiểu rằng nếu tôi nhận giảm giá mà không đủ điều kiện thì tôi có thể bị yêu cầu phải hoàn lại số tiền tôi đã được giảm. Tôi hiểu rằng PG&E có thể chia sẻ thông tin của tôi với các cơ quan thành phố, các cơ quan tiểu bang hoặc liên bang, các cơ quan tiện ích khác hoặc các đại diện của họ để ghi danh tôi vào các chương trình trợ giúp của họ. Tôi xin cam đoan theo hình phạt về tội khai man theo pháp luật của Tiểu Bang California rằng các thông tin mà tôi đã cung cấp trong đơn này là đúng sự thật và chính xác.

聲明：(請閱讀，然後在下面簽字)

如果有需要，本人同意提供家庭收入證明。本人亦同意，如果我的家庭收入不再有資格享受折扣時，本人會立即通知Pacific Gas and Electric Company (PG&E)。本人瞭解，如果在不具資格的情況下繼續享受此項折扣，本人可能會被要求退還所收到的折扣。本人瞭解PG&E可能會讓其它市政機構、州或聯邦機構，以及其它公用事業公司或其代理人使用本人資料，以便讓本人參加他們的補助計劃。依加州法律的偽證罪刑罰規定，本人聲明我在申請表上提供的資料皆真實且正確。

X

Chữ Ký Khách Hàng • 客戶簽名

○ 我填妥表格後，如果我是監護人或代理人的話，請圈上此記號

Ngày • 日期

- ☐ Xin đánh dấu vào ô trống nếu quý vị không còn hội đủ tiêu chuẩn hoặc không muốn tham gia vào chương trình CARE.
請打勾號如果您不再符合資格或沒有意願參加CARE計劃。



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

32676-E
31596-E

Electric Sample Form No. 79-1051
CARE/FERA Program Application for Residential Single Family Customers (English) (T)
Large Print Application

**Please Refer to Attached
Sample Form**

Advice Letter No: 4224-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____



ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE) program provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA) program provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

1. The PG&E bill must be in your name.
2. You must live at the address where the discount will be received.
3. You may not be claimed as a dependent on another person's income tax return other than your spouse.
4. You may not share an energy meter with another home.
5. You must account for all sources of qualifying household income and meet the program income guidelines described in this application.
6. You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
7. Following enrollment, you may be required to provide proof of qualifying household income, including IRS Tax Return Transcripts, and agree to participate in the Energy Savings Assistance program to remain enrolled in CARE.
8. Your monthly electric usage must not exceed six times the Tier 1 allowance.
9. You are required to recertify your eligibility every two years (four years if fixed income).

INCOME GUIDELINES (valid until May 31, 2014)

Number of Persons in Household	Annual Income*	
	CARE	FERA
1	\$22,980	Not Eligible
2	\$31,020	Not Eligible
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
For each additional person, add:	\$8,040	\$8,040–\$10,050

*Before taxes based on current income sources. You may be enrolled in either the CARE or FERA program but not in both.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR:
VISIT www.pge.com/myenergy

- **Balanced Payment Plan:** Monthly payments can be averaged out to allow you to budget your energy costs and eliminate big swings in your payments. Call 1-800-743-5000 for more information.
- **Bill Guaranty:** A deposit alternative enables customers to secure their account by having another qualifying PG&E customer sign on their behalf. Call 1-800-743-5000 for more information.
- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.
- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **REACH:** One-time energy-assistance program sponsored by PG&E and administered by the Salvation Army. Call 1-800-933-9677 for more information.
- **My Energy:** You can go online to see your detailed energy usage information and use it to make informed energy choices. Simply log in to My Energy at pge.com/myenergy, and if you have a connected SmartMeter™, you can view your hourly electric and daily gas usage—up to the previous day. Learn more at pge.com/smartmeter.
- **Third-Party Notification:** Allows you to name a friend or relative to receive duplicate copies of past-due payment notices. The designated person is not responsible for paying the bill, but can contact PG&E to help resolve the problem. Call 1-800-743-5000 for more information.
- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.

Energy Savings
.....
Assistance Program™

FOR MORE INFORMATION

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 for speech/hearing-impaired, Monday–Friday, 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line

1 CUSTOMER INFORMATION: *(please print clearly)***PG&E Account Number:**[illegible]

(This number is located on the first page of your PG&E bill)

Name of PG&E customer on record **Phone** ☐ Home ☐ Work ☐ Mobile

Email Address **Alternate Phone** ☐ Home ☐ Work ☐ Mobile

Service Address	Apartment #	City	Zip Code
-----------------	-------------	------	----------

(Do NOT use a P.O. Box)

Choose the language preference for future CARE/FERA

communications: ☐ Spanish ☐ Tagalog ☐ Russian ☐ Hmong ☐ Korean
☐ Vietnamese ☐ Cantonese ☐ Mandarin

Preferred method of communication:

☐ text (Msg and Data Rates may apply) ☐ phone ☐ email ☐ mail

Number of Persons in Household:

Adults _____ + **Children** (under 18) _____ = _____

Total Gross Annual Household Income: \$, .00

(please account for all income from every household member)

2A HOUSEHOLD INCOME ELIGIBILITY: check all sources of household income.

- ☐ Pensions
 - ☐ Social Security
 - ☐ SSP, SSDI
 - ☐ Wages and/or Profits from Self-Employment
 - ☐ Rental or Royalty Income
 - ☐ Unemployment Benefits
 - ☐ Spousal or Child Support
 - ☐ Interest/Dividends from: Savings, Stocks, Bonds, or Retirement Accounts
 - ☐ Disability or Workers Compensation Payments
 - ☐ Scholarships, Grants or Other Aid for Living Expenses
 - ☐ Insurance or Legal Settlements
 - ☐ Cash and/or Other Income

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY: check all programs in which you or someone in your household participate.

- | | |
|---|--|
| ☐ Medicaid/Medi-Cal (under age 65) | ☐ CalWORKs (TANF) or Tribal TANF |
| ☐ Medicaid/Medi-Cal (age 65 and over) | ☐ National School Lunch Program (NSLP) |
| ☐ Supplemental Security Income (SSI) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ CalFresh/SNAP (Food Stamps) | ☐ Head Start Income Eligible (Tribal Only) |
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | |
| ☐ Women, Infants and Children (WIC) | |
| ☐ Healthy Families A & B | |

3 DECLARATION: *(please read and sign)*

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that PG&E can share my information with municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

For Internal Use Only

X _____

Customer Signature

Date

☐ Fill in circle if guardian or power of attorney

Mail completed application to: CARE/FERA Program, P.O. Box 7979, San Francisco, CA 94120-7979 or fax completed application to 415-973-6419.



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

32677-E
31597-E

Electric Sample Form No. 79-1052
CARE/FERA Program Application for Residential Single Family Customers
(Spanish) - Large Print Application

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4224-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____



INFORMACIÓN SOBRE EL PROGRAMA DE CARE/FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento mensual en las cuentas de energía a los hogares que reúnan los requisitos de ingresos.
- El programa de **Family Electric Rate Assistance (FERA)** ofrece un descuento mensual en las cuentas de electricidad a los hogares de tres o más personas que reúnan los requisitos de ingresos.

REQUISITOS DEL PROGRAMA

- La cuenta de PG&E debe estar a su nombre.
- Debe vivir en la dirección donde se recibirá el descuento.
- El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo/a.
- El solicitante no debe compartir el medidor de energía con otro hogar.
- Deberá tener en cuenta todas las fuentes de ingresos que califican bajo la unidad familiar y cumplir con los requisitos de ingresos del programa que se describen en esta solicitud.
- Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
- Después de inscribirse, se le podría requerir que proporcione comprobantes de elegibilidad de ingresos del hogar, incluyendo copia de la declaración de impuestos al IRS (por sus siglas en inglés), y que acepte participar en el Energy Savings Assistance Program para permanecer inscrito en CARE.
- Su consumo eléctrico mensual no debe exceder seis veces la cantidad base indicada en su factura.
- Se le requiere que recertifique su elegibilidad cada dos años (cada cuatro años si el ingreso es fijo.)

REQUISITOS DE INGRESOS (válido hasta el 31 de mayo, 2014)

Número de Personas en el Hogar	Ingreso Anual*	
	CARE	FERA
1	\$22,980	No Aplica
2	\$31,020	No Aplica
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
Por cada persona adicional, añadida:	\$8,040	\$8,040–\$10,050

* Antes de impuestos en base a las fuentes de ingresos actuales. Puede inscribirse en el programa CARE o en el programa FERA pero no en ambos.

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR: VISITE www.pge.com/myenergy

- **Plan de Pago Equilibrado:** Sus pagos mensuales se pueden promediar permitiéndole hacer un presupuesto basado en su consumo de energía, así eliminando una variación grande en sus pagos. Para más información, llame al 1-800-743-5000.
- **Depósito de Garantía:** Una alternativa de depósito que permite a los clientes asegurar su cuenta al designar a otro cliente que reúne los requisitos de PG&E para que firme a nombre suyo. Para más información, llame al 1-800-743-5000.
- **Energy Savings Assistance Program:** Ofrece a los inquilinos y a los propietarios de viviendas que reúnan los requisitos de ingresos, soluciones sencillas y gratuitas para ayudarles a manejar su consumo de energía y ahorrar dinero en sus facturas mensuales. Para más información, llame al 1-800-989-9744.
- **Low Income Home Energy Assistance Program (LIHEAP):** Este es un programa que brinda ayuda o asistencia de emergencia con el pago de sus cuentas, y servicios de aislamiento térmico. Para más información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.
- **Medical Baseline:** Los clientes residenciales que dependan de equipos de soporte vital y/o que tengan necesidades especiales relacionadas con la calefacción o el aire acondicionado debido a ciertos padecimientos médicos podrían reunir los requisitos para obtener más energía a un precio más bajo (baseline). Para más información, llame al 1-800-743-5000.
- **REACH:** Es un programa que le ayuda al cliente a pagar su cuenta de energía por una sola vez y está patrocinado por PG&E y administrado por el Salvation Army. Para más información, llame al 1-800-933-9677.
- **My Energy:** Puede dirigirse al Internet para ver información detallada sobre su consumo de energía y utilizarla para tomar decisiones informadas sobre cómo utilizar la energía. Simplemente conéctese a My Energy en pge.com/myenergy, y si tiene un SmartMeter™ conectado usted puede ver su consumo eléctrico por hora y su consumo de gas diario—actualizado hasta el día anterior. Obtenga más información en www.pge.com/smartmeter.
- **Notificación a Terceras Personas:** Permite designar a un amigo o familiar para que reciba una copia de las notificaciones de cuentas vencidas y no pagadas. La persona designada no es responsable del pago de la cuenta, pero puede comunicarse con PG&E para ayudar a resolver el problema. Para más información, llame al 1-800-743-5000.
- **Universal Lifeline Telephone Service (ULTS):** La Línea Universal de Servicio Telefónico le brinda acceso telefónico a bajo precio. Llame a su compañía local de teléfonos para más información.

Energy Savings
.....
Assistance Program™

PARA MÁS INFORMACIÓN

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 para los discapacidades auditivas y del habla, de lunes a viernes, 9:00 a.m. hasta las 11:00 p.m.

California Relay: 1-800-735-2929 si no puede usar la línea TDD

1 INFORMACIÓN DEL CLIENTE: *(por favor escriba a máquina o con letras de imprenta)*

Número de Cuenta de PG&E:

[illegible]

(Su número de cuenta aparece en la primera página de la factura de PG&E)

**Nombre del cliente
de PG&E registrado**

Teléfono ☐ Hogar ☐ Trabajo ☐ Móvil

Dirección de Email

Teléfono Alterno ☐ Hogar ☐ Trabajo ☐ Móvil

Dirección del Hogar

Departmento #

Ciudad

Código Postal

(No use P.O. Box)

Selecione su idioma de preferencia para recibir comunicaciones

de CARE/FERA en el futuro: ☐Español ☐Tagalog ☐Ruso ☐Hmong
☐Coreano ☐Vietnamita ☐Cantonés ☐Mandarín

Método de contacto preferido: ☐teléfono ☐email ☐correo

☐ texto (podría aplicarse tarifas de mensajes o datos)

Número de Personas en el Hogar:

Adultos _____ + **Niños** (menores de 18) _____ = _____

Total de ingresos anuales brutos de la unidad familiar:

\$

--	--	--

,

--	--	--

.00

(por favor, tenga en cuenta todos los ingresos de todos los miembros de la unidad familiar)

2A ELEGIBILIDAD DE ACUERDO A LOS INGRESOS EN EL HOGAR:

marque todas las fuentes de ingreso de la familia.

- | | |
|---|---|
| ☐ Pagos de Pensiones | ☐ Beneficios por Desempleo |
| ☐ Pagos del Seguro Social | ☐ Compensación al Trabajador o Pagos por Incapacidad |
| ☐ SSP o SSDI | ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del Hogar |
| ☐ Intereses/Dividendos de: Cuentas de Ahorros, Acciones, Bonos o Cuentas de Jubilación | ☐ Reclamaciones al Seguro o Legales |
| ☐ Sueldos y/o Ganancias de su Propio Negocio | ☐ Pagos por Pensión Alimenticia a Hijos/Conyugal |
| ☐ Ingresos Provenientes de Rentas o Regalías | ☐ Pagos en Efectivo y/u Otros Ingresos |

2B ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PÚBLICA:

marque todos los programas que usted o alguien en su hogar están recibiendo.

- | | |
|--|--|
| ☐ Medi-Cal (menor de 65 años) | ☐ CalWORKs (TANF)
o Tribal TANF |
| ☐ Medi-Cal (65 años o más) | ☐ National School Lunch
Program (NSLP) |
| ☐ Supplemental Security Income (SSI) | ☐ Bureau of Indian Affairs
General Assistance |
| ☐ CalFresh/SNAP (Estampillas de
Alimentos) | ☐ Head Start Income Eligible
(Sólo Tribus Indígenas) |
| ☐ Low Income Home Energy
Assistance Program (LIHEAP) | |
| ☐ Women, Infants and Children (WIC) | |
| ☐ Healthy Families A & B | |

3 DECLARACIÓN: *(por favor lea y firme abajo)*

Me comprometo a facilitar pruebas documentales de los ingresos de la unidad familiar en caso de que se me pida. También acepto informar a Pacific Gas and Electric Company (PG&E) si en algún momento mi unidad familiar dejase de reunir los requisitos para recibir el descuento. Comprendo que si recibo el descuento sin reunir los requisitos, se me puede exigir que devuelva el descuento que haya recibido. Soy consciente de que PG&E podrá compartir mis datos con agencias municipales, estatales o federales, con otras compañías de servicios públicos o con sus representantes, con objeto de facilitar la inscripción en sus respectivos programas de asistencia. Declaro que la información que he facilitado en esta solicitud es veraz y correcta, incurriendo en perjurio según la legislación del Estado de California si no lo fuera.

For Internal Use Only

X _____

Firma del Cliente

Fecha

☐ Marque aquí si es tutor o tiene carta de poder

Envíe la aplicación completa a: CARE/FERA Program, P.O. Box 7979, San Francisco, CA 94120-7979 o envíela por fax al número 415-973-6419.



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

32678-E
31598-E

Electric Sample Form No. 79-1053
CARE/FERA Program Application for Residential Single Family Customers
(Chinese) - Large Print Application

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4224-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____



關於 CARE/FERA 計劃

- **California Alternate Rates for Energy (CARE)** 為符合收入資格的家庭提供每月能源帳單折扣。
- **Family Electric Rate Assistance (FERA)** 為有三人或更多成員且符合收入資格的家庭提供每月電費帳單折扣。

計劃規定

1. 申請者必須是 PG&E 帳單上的註冊客戶。
2. 申請者必須居住在將收到折扣的住址。
3. 除了配偶，申請人不可在另一個人的報稅表中被稱為受贍養者。
4. 申請者的居所不可與另一居所共同用一個碼錶。
5. 您必須計算家庭所有合資格收入來源，並符合本申請表所列的計劃收入標準。
6. 申請者家庭若不再符合 CARE/FERA 計劃的資格要求，必須知會 PG&E。
7. 登記參加後，您也許會被要求提供符合資格的家庭收入證明 (包括 IRS 報稅記錄)，且您須同意參加 Energy Savings Assistance Program 才能繼續參加 CARE 計劃。
8. 您每月的用電量必須低於第一級額定量的六倍。
9. 您必須每兩年重新提出申請並且符合資格 (固定收入者為每四年提出申請)。

收入標準 (有效期至 2014 年 5 月 31 日)		
家庭人數	年收入*	
	CARE	FERA
1	\$22,980	不適用於此計劃
2	\$31,020	不適用於此計劃
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
每增加一人，加	\$8,040	\$8,040–\$10,050

*根據目前收入來源計算的稅前收入。您也許有資格加入 CARE 或 FERA 計劃其中之一，但不能同時加入這二項計劃。

欲瞭解您可能有的資格參加的其他計劃和免費服務，請瀏覽

www.pge.com/myenergy。

- **平衡付款計劃：**每月平均分攤付款，讓您可妥善安排能源費用預算，避免支付帳單時出現太大變動。詳情請電 1-800-743-5000。
- **帳單保證：**這可以用來代替押金，客戶可找另一位 PG&E 的合格客戶代表簽字為他們帳戶作擔保。詳情請電 1-800-743-5000。
- **Energy Savings Assistance Program:** 為符合收入資格的 租戶及屋主免費提供簡單的解決方案，協助他們管理能源用量並節省每月能源帳單費用。詳情請電 1-800-989-9744。

Energy Savings
.....
Assistance Program™

- **Low Income Home Energy Assistance Program (LIHEAP):** 低收入家居能源輔助計劃，為符合收入資格的客戶提供付帳輔助、突發情況付帳輔助和家居防寒保暖措施。詳情請電 1-866-675-6623 跟加州社區服務及發展部 (CSD) 聯絡。
- **基本醫療底線：**如果住宅客戶有某些醫療狀況，需要依賴維生設備和/或有特別暖氣或冷氣需求等，都有可能收到更多最低(底線)的價格能源數量。詳情請電 1-800-743-5000。
- **REACH:** 計劃提供一次性的能源協助，由 PG&E 提供 贊助、Salvation Army 負責實施。詳情請電 1-800-933-9677。
- **My Energy:** 您可上網查看您的能源使用詳情，然後根據正確資訊作出能源決定。若您已連接 SmartMeter™，則您只需登入 My Energy 網站 pge.com/myenergy，就可查看至前一天為止的每小時用電和每天使用煤氣情況。請上網站 www.pge.com/smartmeter 瞭解詳情。
- **第三者通知：**第三者通知可讓您列出一位朋友或親屬的姓名，讓他們能收到您過期未繳的付款通知副本。您指定的人不需要負責支付帳單，但可聯絡 PG&E 協助解決問題。詳情請電 1-800-743-5000。
- **生機一線電話服務 ULTS:** 提供電話折扣服務。欲知詳情，請聯絡您當地的熱線電話服務公司。

更多詳情

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712

有言語或聆聽障礙者、星期一至星期五 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 如果您未能轉接 TDD 專線

2B 合資格的公共資助計劃: 勾選您或家中其他人所參與的所有計劃。

- | | |
|---|--|
| ☐ Medicaid/Medi-Cal (65 歲以下) | ☐ 健康家庭低費兒童醫藥健保計劃類別 A 及 B |
| ☐ Medicaid/Medi-Cal (65 歲和 65 歲以上) | ☐ CalWORKs (TANF)或 Tribal TANF |
| ☐ Supplemental Security Income (SSI) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (糧食券) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ 低收入家庭能源協助計劃 | ☐ Head Start Income Eligible (Tribal Only) |
| ☐ 婦女、嬰兒和兒童營養輔助計劃 | |

3 聲明: (請閱讀, 然後在下面簽字)

如果有需要, 我同意提供家庭收入證明。我亦同意, 如果我的家庭收入不再有資格享受折扣時, 我會立即通知 **Pacific Gas and Electric Company (PG&E)**。我瞭解, 如果在不具資格的情況下繼續享受此項折扣, 我可能會被要求退還所收到的折扣。我瞭解 **PG&E** 可能會讓其它市政機構、州或聯邦機構, 以及其它公用事業公司或其代理人使用本人資料, 以便讓我參加他們的輔助計劃。依加州法律的偽證罪刑罰規定, 我聲明我在申請表上提供的資料皆真實且正確。

For Internal Use Only

X _____

簽名

日期

○如果是監護人或代理人的話, 請圈上記號

申請表請寄到:

CARE/FERA Program, P.O. Box 7979, San Francisco, CA 94120-7979

或傳真填好的申請表到: 415-973-6419



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

32679-E
31599-E

Electric Sample Form No. 79-1054
CARE/FERA Program Application for Residential Single Family Customers
(Vietnamese) - Large Print Application

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4224-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____



CHƯƠNG TRÌNH CARE/FERA

Chương trình California Alternate Rates for Energy (CARE) giảm hóa đơn năng lượng hàng tháng cho các gia đình hội đủ điều kiện về thu nhập.

Chương trình Family Electric Rate Assistance (FERA) giảm hóa đơn tiền điện hàng tháng cho các gia đình hội đủ điều kiện về thu nhập có từ ba người trở lên.

CHỈ DẪN CỦA CHƯƠNG TRÌNH

1. Quý vị phải là người đứng tên trên hóa đơn PG&E.
2. Quý vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá.
3. Quý vị không được một người khác khai là người phụ thuộc trên mẫu thuế ngoại trừ người phối ngẫu.
4. Quý vị không được dùng chung đồng hồ đo năng lượng với một ngôi nhà khác.
5. Quý vị phải tính tất cả các nguồn lợi tức hội đủ điều kiện của gia đình và đáp ứng với mức lợi tức quy định của chương trình được ghi trong đơn này.
6. Quý vị phải thông báo cho PG&E nếu gia đình quý vị không còn hội đủ điều kiện để được nhận giảm giá CARE/FERA.
7. Sau khi ghi danh, quý vị có thể cần phải cung cấp bằng chứng hội đủ điều kiện lợi tức gia đình, kể cả Bản Sao Hoàn Thuế IRS (IRS Tax Return Transcripts), và đồng ý tham gia vào chương trình Energy Savings Assistance Program để vẫn được ghi danh trong chương trình CARE.
8. Lượng điện sử dụng hàng tháng của quý vị không được vượt quá sáu lần hạn mức cho phép Bạc 1.
9. Quý vị cần phải tái xác nhận khả năng hội đủ điều kiện của mình mỗi hai năm (bốn năm nếu có lợi tức cố định).

ĐỊNH MỨC LỢI TỨC (có hiệu lực đến ngày 31 tháng Năm, 2014)

Số Người Trong Gia Đình	Lợi Tức Hàng Năm*	
	CARE	FERA
1	\$22,980	Không đủ tiêu chuẩn
2	\$31,020	Không đủ tiêu chuẩn
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
Với mỗi người thêm vào, cộng thêm:	\$8,040	\$8,040–\$10,050

*Trước khi trừ thuế dựa theo các nguồn lợi tức hiện có. Quý vị có thể ghi danh chương trình CARE hoặc FERA nhưng không thể ghi danh cả hai chương trình.

CÁC CHƯƠNG TRÌNH VÀ DỊCH VỤ MIỄN PHÍ KHÁC MÀ QUÝ VỊ CÓ THỂ HỘI ĐỦ ĐIỀU KIỆN THAM GIA: XIN TRUY CẬP www.pge.com/myenergy

- **Chương Trình Thanh Toán Quân Bình:** Các khoản thanh toán hàng tháng có thể được tính đều ra nhằm giúp quý vị quân bình chi phí năng lượng của mình và loại bỏ những thay đổi lớn trong khoản thanh toán của mình. Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **Bảo Đảm Hóa Đơn:** Một loại đặt cọc khác giúp khách hàng bảo đảm trưng mục của mình bằng cách nhờ một khách hàng PG&E hội đủ điều kiện khác ký bảo đảm dùm cho họ. Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **Energy Savings Assistance Program:** Cung cấp cho những người thuê nhà và chủ sở hữu nhà hội đủ điều kiện về lợi tức các giải pháp dễ dàng, miễn phí để giúp họ quản lý việc sử dụng năng lượng và tiết kiệm tiền trên hóa đơn năng lượng hàng tháng. Xin gọi số 1-800-989-9744 để biết thêm chi tiết.
- **Low Income Home Energy Assistance Program (LIHEAP):** Trợ giúp trả hóa đơn, trợ giúp trả hóa đơn khẩn cấp, và cung ứng những dịch vụ chống thời tiết khắc nghiệt. Xin gọi Sở Dịch Vụ và Phát Triển Cộng Đồng (CSD) ở số 1-866-675-6623 để biết thêm chi tiết.
- **Trợ Cấp Y Tế Cơ Bản:** Khách hàng cư dân sống dựa vào thiết bị hỗ trợ sự sống và/hoặc có nhu cầu sưởi ấm hoặc làm lạnh đặc biệt do một số bệnh trạng nhất định có thể hội đủ điều kiện nhận thêm một phần năng lượng bổ sung với mức giá thấp nhất (cơ bản). Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **REACH:** Chương trình hỗ trợ năng lượng một lần được PG&E tài trợ và do Salvation Army điều hành. Xin gọi 1-800-933-9677 để biết thêm chi tiết.
- **My Energy:** Quý vị có thể truy cập trực tuyến để xem thông tin sử dụng năng lượng chi tiết của mình và dùng thông tin này để quyết các lựa chọn về năng lượng. Quý vị chỉ đơn giản đăng nhập vào My Energy tại pge.com/myenergy, và nếu có thiết bị SmartMeter™ đã kết nối, quý vị có thể xem lượng điện sử dụng hàng giờ và khí đốt sử dụng hàng ngày của mình—cập nhật cho tới ngày hôm trước. Quý vị có thể tìm hiểu thêm tại pge.com/smartmeter.
- **Thông Báo Cho Độ Tam Nhân:** Cho phép quý vị ghi danh một người bạn hoặc người thân để nhận bản sao của các thông tin thanh toán quá hạn. Người được chỉ định không phải chịu trách nhiệm thanh toán hóa đơn, nhưng có thể liên lạc với PG&E để giúp giải quyết vấn đề. Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **Universal Lifeline Telephone Service (ULTS):** Giảm giá dịch vụ điện thoại. Xin liên lạc hãng điện thoại phục vụ vùng địa phương của quý vị để biết thêm chi tiết.

Energy Savings
.....
Assistance Program™

ĐỂ BIẾT THÊM THÔNG TIN

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

E-mail: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 dành cho người khiếm thanh/khiếm thính,
Thứ Hai–Thứ Sáu, 9:00 giờ sáng–11:00 giờ tối

California Relay: 1-800-735-2929 nếu quý vị không thể sử dụng đường dây TDD

2B HỘI ĐỦ ĐIỀU KIỆN VỀ CHƯƠNG TRÌNH TRỢ GIÚP CÔNG CỘNG:

đánh dấu tất cả các chương trình mà quý vị hoặc ai đó trong nhà quý vị đang tham gia.

- | | |
|---|--|
| ☐ Medicaid/Medi-Cal (dưới 65 tuổi) | ☐ Healthy Families A & B |
| ☐ Medicaid/Medi-Cal (65 và qua 65 tuổi) | ☐ CalWORKs (TANF) hay Tribal TANF |
| ☐ Supplemental Security Income (SSI) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (Tiền Phiếu Thực Phẩm) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | ☐ Head Start Income Eligible (Tribal Only) |
| ☐ Women, Infants and Children (WIC) | |

3 CAM ĐOAN: *(xin đọc và ký tên)*

Tôi đồng ý cung cấp chứng minh lợi tức gia đình nếu được yêu cầu. Tôi cũng đồng ý thông báo cho Pacific Gas and Electric Company (PG&E) biết nếu lợi tức gia đình của tôi không còn hội đủ điều kiện để được giảm giá. Tôi hiểu rằng nếu tôi nhận giảm giá mà không đủ điều kiện thì tôi có thể bị yêu cầu phải hoàn lại số tiền tôi đã được giảm. Tôi hiểu rằng PG&E có thể chia sẻ thông tin của tôi với các cơ quan thành phố, các cơ quan tiểu bang hoặc liên bang, các cơ quan tiện ích khác hoặc các đại diện của họ để ghi danh tôi vào các chương trình trợ giúp của họ. Tôi xin cam đoan theo hình phạt về tội khai man theo pháp luật của Tiểu Bang California rằng các thông tin mà tôi đã cung cấp trong đơn này là đúng sự thật và chính xác.

For Internal Use Only

X_____

Chữ Ký Khách Hàng

Ngày

☐ Tôi đệm vòng nếu là người giám hộ hay người đại diện pháp lý

Gởi đơn đã điền đến: CARE/FERA Program, P.O. Box 7979, San Francisco, CA 94120-7979 hoặc fax đơn đã điền đến: 415-973-6419.



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

32680-E
31600-E

Electric Sample Form No. 79-1055

CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities
(English) - Large Print Application

(T)
(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4224-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____



ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE) program provides a monthly discount on energy bills for income-qualified households.

Family Electric Rate Assistance (FERA) program provides a monthly discount on electric bills for income-qualified households of three or more persons.

PROGRAM GUIDELINES

1. The energy bill from your landlord must be in your name.
2. You must live at the address where the discount will be received.
3. You may not be claimed as a dependent on another person's income tax return other than your spouse.
4. You may not share energy meter with another home.
5. You must account for all sources of qualifying household income and meet the program income guidelines described in this application.
6. You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
7. Following enrollment, you may be required to provide proof of qualifying household income, including IRS Tax Return Transcripts, and agree to participate in the Energy Savings Assistance program to remain enrolled in CARE.
8. Your monthly electric usage must not exceed six times the baseline quantity indicated on your bill.
9. You are required to recertify your eligibility every two years (four years if fixed income).

INCOME GUIDELINES (valid until May 31, 2014)		
Number of Persons in Household	Annual Income*	
	CARE	FERA
1	\$22,980	Not Eligible
2	\$31,020	Not Eligible
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
For each additional person, add:	\$8,040	\$8,040–\$10,050

*Before taxes based on current income sources. You may be enrolled in either the CARE or FERA program but not in both.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR:
VISIT www.pge.com/myenergy

- **Energy Savings Assistance Program:** Provides income-qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 1-800-989-9744 for more information.



- **Low Income Home Energy Assistance Program (LIHEAP):** Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline:** Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 1-800-743-5000 for more information.
- **Universal Lifeline Telephone Service (ULTS):** Provides discounted telephone access. Contact your local telephone service provider for more information.

FOR MORE INFORMATION

Mail completed application to:

CARE/FERA Program

P.O. Box 7979

San Francisco, CA 94120-7979

Or fax completed application to: 415-973-6419

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 For speech/hearing-impaired, Monday–Friday, 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line



79-1055
Rev. 06/01/13

(please account for all income from every household member)

2A HOUSEHOLD INCOME ELIGIBILITY: check all sources of household income.

- | | |
|--|--|
| ☐ Pensions | ☐ Unemployment Benefits |
| ☐ Social Security | ☐ Disability or Workers Compensation Payments |
| ☐ SSP, SSDI | ☐ Scholarships, Grants or Other Aid for Living Expenses |
| ☐ Interest/Dividends from: Savings, Stocks, Bonds, or Retirement Accounts | ☐ Insurance or Legal Settlements |
| ☐ Wages and/or Profits from Self-Employment | ☐ Spousal or Child Support |
| ☐ Rental or Royalty Income | ☐ Cash and/or Other Income |

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY: check all programs in which you or someone in your household participate.

- | | |
|---|--|
| ☐ Medicaid/Medi-Cal (under age 65) | ☐ CalWORKs (TANF) or Tribal TANF |
| ☐ Medicaid/Medi-Cal (age 65 and over) | ☐ National School Lunch Program (NSLP) |
| ☐ Supplemental Security Income (SSI) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ CalFresh/SNAP (Food Stamps) | ☐ Head Start Income Eligible (Tribal Only) |
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | |
| ☐ Women, Infants and Children (WIC) | |
| ☐ Healthy Families A & B | |

3 DECLARATION: *(please read and sign)*

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that PG&E can share my information with municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

X _____
Customer Signature **Date**
○ Fill in circle if guardian or power of attorney

For Internal Use Only



Pacific Gas and Electric Company
San Francisco, California
U 39

	Revised	Cal. P.U.C. Sheet No.	32681-E
Cancelling	Revised	Cal. P.U.C. Sheet No.	31601-E

Electric Sample Form No. 79-1056

CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities
(Spanish) - Large Print Application

(T)
(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4224-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed	May 14, 2013
Effective	June 1, 2013
Resolution No.	



INFORMACIÓN SOBRE EL PROGRAMA DE CARE/FERA

- El programa de **California Alternate Rates for Energy (CARE)** ofrece un descuento mensual en las cuentas de energía a los hogares que reúnan los requisitos de ingresos.
- El programa de **Family Electric Rate Assistance (FERA)** ofrece un descuento mensual en las cuentas de electricidad a los hogares de tres o más personas que reúnan los requisitos de ingresos.

REQUISITOS DEL PROGRAMA

1. La cuenta de PG&E debe estar a su nombre.
2. Debe vivir en la dirección donde se recibirá el descuento.
3. El solicitante no puede ser declarado como dependiente en el formulario de impuestos de otra persona que no sea su esposo/a.
4. El solicitante no debe compartir el medidor de energía con otro hogar.
5. Deberá tener en cuenta todas las fuentes de ingresos que califican bajo la unidad familiar y cumplir con los requisitos de ingresos del programa que se describen en esta solicitud.
6. Debe informar a PG&E si su hogar ya no califica para el descuento del programa de CARE/FERA.
7. Después de inscribirse, se le podría requerir que proporcione comprobantes de elegibilidad de ingresos del hogar, incluyendo copia de la declaración de impuestos al IRS (por sus siglas en inglés), y que acepte participar en el Energy Savings Assistance Program para permanecer inscrito en CARE.
8. Su consumo eléctrico mensual no debe exceder seis veces la cantidad base indicada en su factura.
9. Se le requiere que recertifique su elegibilidad cada dos años (cada cuatro años si el ingreso es fijo.)

REQUISITOS DE INGRESOS (válido hasta el 31 de mayo, 2014)

Número de Personas en el Hogar	Ingreso Anual*	
	CARE	FERA
1	\$22,980	No Aplica
2	\$31,020	No Aplica
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
Por cada persona adicional, añada:	\$8,040	\$8,040–\$10,050

* Antes de impuestos en base a las fuentes de ingresos actuales. Puede inscribirse en el programa CARE o en el programa FERA pero no en ambos.

OTROS PROGRAMAS Y SERVICIOS GRATUITOS PARA LOS QUE USTED PODRÍA CALIFICAR: VISITE www.pge.com/myenergy

- **Energy Savings Assistance Program:** Ofrece a los inquilinos y a los propietarios de viviendas que reúnan los requisitos de ingresos, soluciones sencillas y gratuitas para ayudarles a manejar su consumo de energía y ahorrar dinero en sus facturas mensuales. Para más información, llame al 1-800-989-9744.



- **Low Income Home Energy Assistance Program (LIHEAP):** Este es un programa que brinda ayuda o asistencia de emergencia con el pago de sus cuentas, y servicios de aislamiento térmico. Para más información, llame al Departamento de Servicios y Desarrollo de la Comunidad (CSD) al 1-866-675-6623.
- **Medical Baseline:** Los clientes residenciales que dependan de equipos de soporte vital y/o que tengan necesidades especiales relacionadas con la calefacción o el aire acondicionado debido a ciertos padecimientos médicos podrían reunir los requisitos para obtener más energía a un precio más bajo (baseline). Para más información, llame al 1-800-743-5000.
- **Universal Lifeline Telephone Service (ULTS):** La Línea Universal de Servicio Telefónico le brinda acceso telefónico a bajo precio. Llame a su compañía local de teléfonos para más información.

PARA MÁS INFORMACIÓN

Envíe la aplicación completa a:

CARE/FERA Program

P.O. Box 7979

San Francisco, CA 94120-7979

O envíela por fax al número: 415-973-6419

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 Para los discapacidades auditivas y del habla, de lunes a viernes, 9:00 a.m. hasta las 11:00 p.m.

California Relay: 1-800-735-2929 si no puede usar la línea TDD

2A ELEGIBILIDAD DE ACUERDO A LOS INGRESOS EN EL HOGAR:

marque todas las fuentes de ingreso de la familia.

- | | |
|---|---|
| ☐ Pagos de Pensiones | ☐ Beneficios por Desempleo |
| ☐ Pagos del Seguro Social | ☐ Compensación al Trabajador o Pagos por Incapacidad |
| ☐ SSP, SSDI | ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del Hogar |
| ☐ Intereses/Dividendos de: Cuentas de Ahorros, Acciones, Bonos o Cuentas de Jubilación | ☐ Reclamaciones al Seguro o Legales |
| ☐ Sueldos y/o Ganancias de su Propio Negocio | ☐ Pagos por Pensión Alimenticia a Hijos/Conyugal |
| ☐ Ingresos Provenientes de Rentas o Regalías | ☐ Pagos en Efectivo y/u Otros Ingresos |

2B ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PÚBLICA:

marque todos los programas que usted o alguien en su hogar están recibiendo.

- | | |
|---|---|
| ☐ Medi-Cal (menor de 65 años) | ☐ Healthy Families A & B |
| ☐ Medi-Cal (65 años o más) | ☐ CalWORKs (TANF) o Tribal TANF |
| ☐ Supplemental Security Income (SSI) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (Estampillas de Alimentos) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | ☐ Head Start Income Eligible (Sólo Tribus Indígenas) |
| ☐ Women, Infants and Children (WIC) | |

3 DECLARACIÓN: (por favor lea y firme abajo)

Me comprometo a facilitar pruebas documentales de los ingresos de la unidad familiar en caso de que se me pida. También acepto informar a Pacific Gas and Electric Company (PG&E) si en algún momento mi unidad familiar dejase de reunir los requisitos para recibir el descuento. Comprendo que si recibo el descuento sin reunir los requisitos, se me puede exigir que devuelva el descuento que haya recibido. Soy consciente de que PG&E podrá compartir mis datos con agencias municipales, estatales o federales, con otras compañías de servicios públicos o con sus representantes, con objeto de facilitar la inscripción en sus respectivos programas de asistencia. Declaro que la información que he facilitado en esta solicitud es veraz y correcta, incurriendo en perjurio según la legislación del Estado de California si no lo fuera.

For Internal Use Only

X

Firma del Cliente

Fecha

☐ Marque aquí si es tutor o tiene carta de poder



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

32682-E
31602-E

Electric Sample Form No. 79-1057

CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities
(Chinese) - Large Print Application

(T)
(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4224-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____



關於 CARE/FERA 計劃

- **California Alternate Rates for Energy (CARE)** 為符合收入資格的家庭提供每月能源帳單折扣。
- **Family Electric Rate Assistance (FERA)** 為有三人或更多成員且符合收入資格的家庭提供每月電費帳單折扣。

計劃規定

1. 您的業主給您的煤電帳單必須是以您的名字註冊。
2. 申請者必須居住在將收到折扣的住址。
3. 除了配偶，申請人不可在另一個人的報稅表中被稱為受贍養者。
4. 申請者的居所不可與另一居所共同用一個碼錶。
5. 您必須計算家庭所有合資格收入來源，並符合本申請表所列的計劃收入標準。
6. 申請者家庭若不再符合 CARE/FERA 計劃的資格要求，必須知會 PG&E。
7. 登記參加後，您也許會被要求提供符合資格的家庭收入證明 (包括 IRS 報稅記錄)，且您須同意參加 Energy Savings Assistance Program 才能繼續參加 CARE 計劃。
8. 您每月的用電量必須低於第一級額定量的六倍。
9. 您必須每兩年重新提出申請並且符合資格 (固定收入者為每四年提出申請)。

收入標準 (有效期至 2014 年 5 月 31 日)		
家庭人數	年收入*	
	CARE	FERA
1	\$22,980	不適用於此計劃
2	\$31,020	不適用於此計劃
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
每增加一人，加	\$8,040	\$8,040–\$10,050

*根據目前收入來源計算的稅前收入。您也許有資格加入 CARE 或 FERA 計劃其中之一，但不能同時加入這二項計劃。

欲瞭解您可能資格參加的其他計劃和免費服務，請瀏覽
www.pge.com/myenergy。

- **Energy Savings Assistance Program:** 為符合收入資格的 租戶及屋主免費提供簡單的解決方案，協助他們管理能源用量並節省每月能源帳單費用。詳情請電 1-800-989-9744。



- **Low Income Home Energy Assistance Program (LIHEAP):** 低收入家居能源輔助計劃，為符合收入資格的客戶提供付帳輔助、突發情況付帳輔助和家居防寒保暖措施。詳情請電 1-866-675-6623 跟加州社區服務及發展部 (CSD)聯絡。
- **基本醫療底線:** 如果住宅客戶有某些醫療狀況，需要依賴維生設備和/或有特別暖氣或冷氣需求等，都有可能收到更多最低(底線)的價格能源數量。詳情請電 1-800-743-5000。
- **生機一線電話服務 ULTS:** 提供電話折扣服務。欲知詳情，請 聯絡您當地的熱線電話服務公司。

更多詳情

申請表請寄到:

CARE/FERA Program

P.O. Box 7979

San Francisco, CA 94120-7979

或傳真填好的申請表到: 415-973-6419

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 有言語或聆聽障礙者、星期一至星期五
9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 如果您未能轉接 TDD 專線



1A 經理/分錶住宅設施資料:

活動房屋/其它分錶住宅設施名字

活動房屋/其它分錶住宅設施住址

城市

郵政區號

帳戶號碼:

電力

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

煤氣

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

經理或業主姓名

()
電話

經理或業主郵寄住址

城市

郵政區號

申請人狀況 ☐ 新加入 ☐ 退出 ☐ 重新確認 ☐ 搬到不同地點

1B 住客資料: (請用正楷填寫)

姓名

()
電話

家庭住址

公寓

城市

郵政區號

家庭人數: 成人 _____ + 孩童(18 歲以下) _____ = _____

家庭全年稅前總收入:

(請計算每位家庭成員的所有收入)

\$

--	--	--

,

--	--	--

.00

2A 合資格的家庭總收入：請勾選您家庭收入的全部來源。

- | | |
|--|---|
| ☐ 退休金 | ☐ 失業福利 |
| ☐ 安全保險補助金 | ☐ 傷病補助金或勞工賠償 |
| ☐ SSP、SSDI | ☐ 學校助學金、獎學金或其他生活開支補助 |
| ☐ 利息/或股息，來源于：儲蓄戶口、股票或債券，或退休帳戶 | ☐ 保險或法律訴訟所得款 |
| ☐ 工資和/或自僱者的總收入 | ☐ 給配偶或孩童的資助 |
| ☐ 租金或版權收入 | ☐ 現金和/或其他收入 |

2B 合資格的公共資助計劃：勾選您或家中其他人所參與的所有計劃。

- | | |
|---|--|
| ☐ Medicaid/Medi-Cal (65 歲以下) | ☐ 健康家庭低費兒童醫藥健保計劃類別 A 及 B |
| ☐ Medicaid/Medi-Cal (65 歲和 65 歲以上) | ☐ CalWORKs (TANF)或 Tribal TANF |
| ☐ Supplemental Security Income (SSI) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (糧食券) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ 低收入家庭能源協助計劃 | ☐ Head Start Income Eligible (Tribal Only) |
| ☐ 婦女、嬰兒和兒童營養輔助計劃 | |

3 聲明：(請閱讀，然後在下面簽字)

如果有需要，我同意提供家庭收入證明。我亦同意，如果我的家庭收入不再有資格享受折扣時，我會立即通知 Pacific Gas and Electric Company (PG&E)。我瞭解，如果在不具資格的情況下繼續享受此項折扣，我可能會被要求退還所收到的折扣。我瞭解 PG&E 可能會讓其它市政機構、州或聯邦機構，以及其它公用事業公司或其代理人使用本人資料，以便讓我參加他們的輔助計劃。依加州法律的偽證罪刑罰規定，我聲明我在申請表上提供的資料皆真實且正確。

For Internal Use Only

X

簽名

日期

○如果是監護人或代理人的話、請圈上記號



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

32683-E
31603-E

Electric Sample Form No. 79-1058

CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities
(Vietnamese) - Large Print Application

(T)
(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4224-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____



CHƯƠNG TRÌNH CARE/FERA

- **Chương trình California Alternate Rates for Energy (CARE)** giảm hóa đơn năng lượng hàng tháng cho các gia đình hội đủ điều kiện về thu nhập.
- **Chương trình Family Electric Rate Assistance (FERA)** giảm hóa đơn tiền điện hàng tháng cho các gia đình hội đủ điều kiện về thu nhập có từ ba người trở lên.

CHỈ DẪN CỦA CHƯƠNG TRÌNH

1. Hóa đơn năng lượng từ chủ nhà của quý vị phải có tên của quý vị.
2. Quý vị phải cư ngụ tại địa chỉ nơi sẽ được nhận giảm giá.
3. Quý vị không được một người khác khai là người phụ thuộc trên mẫu thuế ngoại trừ người phối ngẫu.
4. Quý vị không được dùng chung đồng hồ đo năng lượng với một ngôi nhà khác.
5. Quý vị phải tính tất cả các nguồn lợi tức hội đủ điều kiện của gia đình và đáp ứng với mức lợi tức quy định của chương trình được ghi trong đơn này.
6. Quý vị phải thông báo cho PG&E nếu gia đình quý vị không còn hội đủ điều kiện để được nhận giảm giá CARE/FERA.
7. Sau khi ghi danh, quý vị có thể cần phải cung cấp bằng chứng hội đủ điều kiện lợi tức gia đình, kể cả Bản Sao Hoàn Thuế IRS (IRS Tax Return Transcripts), và đồng ý tham gia vào chương trình Energy Savings Assistance Program để vẫn được ghi danh trong chương trình CARE.
8. Lượng điện sử dụng hàng tháng của quý vị không được vượt quá sáu lần hạn mức cho phép Bậc 1.
9. Quý vị cần phải tái xác nhận khả năng hội đủ điều kiện của mình mỗi hai năm (bốn năm nếu có lợi tức cố định).

ĐỊNH MỨC LỢI TỨC (có hiệu lực đến ngày 31 tháng Năm, 2014)

Số Người Trong Gia Đình	Lợi Tức Hàng Năm*	
	CARE	FERA
1	\$22,980	Không đủ tiêu chuẩn
2	\$31,020	Không đủ tiêu chuẩn
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
Với mỗi người thêm vào, cộng thêm:	\$8,040	\$8,040–\$10,050

*Trước khi trừ thuế dựa theo các nguồn lợi tức hiện có. Quý vị có thể ghi danh chương trình CARE hoặc FERA nhưng không thể ghi danh cả hai chương trình.

CÁC CHƯƠNG TRÌNH VÀ DỊCH VỤ MIỄN PHÍ KHÁC MÀ QUÝ VỊ CÓ THỂ HỘI ĐỦ ĐIỀU KIỆN THAM GIA: XIN TRUY CẬP www.pge.com/myenergy

- **Energy Savings Assistance Program:** Cung cấp cho những người thuê nhà và chủ sở hữu nhà hội đủ điều kiện về lợi tức các giải pháp dễ dàng, miễn phí để giúp họ quản lý việc sử dụng năng lượng và tiết kiệm tiền trên hóa đơn năng lượng hàng tháng. Xin gọi số 1-800-989-9744 để biết thêm chi tiết.

Energy Savings
.....
Assistance Program™

- **Low Income Home Energy Assistance Program (LIHEAP):** Trợ giúp trả hóa đơn, trợ giúp trả hóa đơn khẩn cấp, và cung ứng những dịch vụ chống thời tiết khắc nghiệt. Xin gọi Sở Dịch Vụ và Phát Triển Cộng Đồng (CSD) ở số 1-866-675-6623 để biết thêm chi tiết.
- **Trợ Cấp Y Tế Cơ Bản:** Khách hàng cư dân sống dựa vào thiết bị hỗ trợ sự sống và/hoặc có nhu cầu sưởi ấm hoặc làm lạnh đặc biệt do một số bệnh trạng nhất định có thể hội đủ điều kiện nhận thêm một phần năng lượng bổ sung với mức giá thấp nhất (cơ bản). Xin gọi số 1-800-743-5000 để biết thêm chi tiết.
- **Universal Lifeline Telephone Service (ULTS):** Giảm giá dịch vụ điện thoại. Xin liên lạc hãng điện thoại phục vụ vùng địa phương của quý vị để biết thêm chi tiết.

ĐỂ BIẾT THÊM THÔNG TIN

Gởi đơn đã điền đến:

CARE/FERA Program

P.O. Box 7979

San Francisco, CA 94120-7979

Hoặc fax đơn đã điền đến: 415-973-6419

CARE: 1-866-743-2273 www.pge.com/care

FERA: 1-800-743-5000 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712 dành cho người khiếm thanh/khiếm thính,
Thứ Hai–Thứ Sáu, 9:00 giờ sáng–11:00 giờ tối

California Relay: 1-800-735-2929 nếu quý vị không thể sử dụng
đường dây TDD

2A HỘI ĐỦ ĐIỀU KIỆN VỀ LỢI TỨC GIA ĐÌNH: đánh dấu vào tất cả các nguồn lợi tức của gia đình quý vị.

- | | |
|--|---|
| ☐ Tiền Hưu Bổng | ☐ Tiền cho Người Có Khuyết Tật hay Tiền Bồi Thường Tai Nạn Lao Động |
| ☐ Tiền Trợ Cấp An Sinh Xã Hội | ☐ Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày |
| ☐ SSP, SSDI | ☐ Tiền Bảo Hiểm Bồi Thường hay Tiền Bồi Thường Thừa Kế |
| ☐ Tiền Lãi/Cổ Tức từ: Truong Mục Tiết Kiệm, Chứng Khoán, Trái Phiếu, hay Truong Mục Hưu Trí | ☐ Tiền Cấp Dưỡng Vợ/Chồng hay Con Cái |
| ☐ Tiền Lương và/hay Lợi Tức từ Tư Doanh | ☐ Tiền Mặt và/hay Lợi Tức Khác |
| ☐ Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền | |
| ☐ Tiền Thất Nghiệp | |

2B HỘI ĐỦ ĐIỀU KIỆN VỀ CHƯƠNG TRÌNH TRỢ GIÚP CÔNG CỘNG: đánh dấu tất cả các chương trình mà quý vị hoặc ai đó trong nhà quý vị đang tham gia.

- | | |
|---|--|
| ☐ Medicaid/Medi-Cal (dưới 65 tuổi) | ☐ Healthy Families A & B |
| ☐ Medicaid/Medi-Cal (65 và qua 65 tuổi) | ☐ CalWORKs (TANF) hay Tribal TANF |
| ☐ Supplemental Security Income (SSI) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (Tiền Phiếu Thực Phẩm) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | ☐ Head Start Income Eligible (Tribal Only) |
| ☐ Women, Infants and Children (WIC) | |

3 CAM ĐOAN: (xin đọc và ký tên)

Tôi đồng ý cung cấp chứng minh lợi tức gia đình nếu được yêu cầu. Tôi cũng đồng ý thông báo cho Pacific Gas and Electric Company (PG&E) biết nếu lợi tức gia đình của tôi không còn hội đủ điều kiện để được giảm giá. Tôi hiểu rằng nếu tôi nhận giảm giá mà không đủ điều kiện thì tôi có thể bị yêu cầu phải hoàn lại số tiền tôi đã được giảm. Tôi hiểu rằng PG&E có thể chia sẻ thông tin của tôi với các cơ quan thành phố, các cơ quan tiểu bang hoặc liên bang, các cơ quan tiện ích khác hoặc các đại diện của họ để ghi danh tôi vào các chương trình trợ giúp của họ. Tôi xin cam đoan theo hình phạt về tội khai man theo pháp luật của Tiểu Bang California rằng các thông tin mà tôi đã cung cấp trong đơn này là đúng sự thật và chính xác.

X _____

Chữ Ký Khách Hàng

Ngày

○ Tô đậm vòng nếu là người giám hộ hay người đại diện pháp lý

For Internal Use Only



Pacific Gas and Electric Company
San Francisco, California
U 39

Cancelling	Revised	Cal. P.U.C. Sheet No.	32684-E
	Revised	Cal. P.U.C. Sheet No.	31604-E

Electric Sample Form No. 79-1059
CARE/FERA Program Income Guidelines - Large Print

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4224-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed	May 14, 2013
Effective	June 1, 2013
Resolution No.	



INCOME GUIDELINES (Valid until May 31, 2014)

Number of Persons in Household	Annual Income*	
	CARE	FERA
1	\$22,980	Not Eligible
2	\$31,020	Not Eligible
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
For each additional person, add:	\$8,040	\$8,040–\$10,050

*Before taxes based on current income sources. You may be enrolled in either the CARE or FERA program but not in both.

Definition of Income:

All revenues, from all household members, from whatever source derived, whether taxable or non-taxable, including, but not limited to:

- Wages or Salaries
- Interests/ Dividends from:
Savings, Stocks, Bonds, or
Retirement Accounts
- Unemployment Benefits
- Rental or Royalty Income
- School Grants, Scholarships or
other aid used for living expenses
- Profit from Self-Employment
- Disability Payments
- Workers Compensation
- Pensions
- Social security, SSI,
SSP, SSDI
- Insurance Settlements
- Legal Settlements
- TANF (AFDC)
- Food Stamps
- Child Support
- Spousal Support
- Cash and/or Other Income

CARE: ☎ **1-866-743-2273** Fax: ☎ 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 For speech/hearing-impaired, Monday–Friday,
9:00 a.m.–11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line



REQUISITOS DE INGRESOS (Válido hasta el 31 de mayo, 2014)

Número de Personas en el Hogar	Ingreso Anual*	
	CARE	FERA
1	\$22,980	No Aplica
2	\$31,020	No Aplica
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
Por cada persona adicional, añade:	\$8,040	\$8,040–\$10,050

*Antes de impuestos en base a las fuentes de ingresos actuales. Puede inscribirse en el programa CARE o en el programa FERA pero no en ambos.

Definición de Ingresos:

Son todos los ingresos de todas las personas que viven en su hogar, derivadas de todas las fuentes de ingresos, ya sea si se pagan impuestos sobre las mismas o no, incluyen pero no se limitan a:

- Sueldos o Salarios
- Intereses/Dividendos de:
Cuentas de Ahorros, Acciones,
Bonos, o Cuentas de Jubilación
- Beneficios por Desempleo
- Ingresos provenientes de
Rentas o Regalías
- Donaciones Escolares, Becas u
Otros Tipos de Ayuda para
Gastos de Subsistencia del hogar
- Ganancias de su Propio Negocio
- Pagos por Incapacidad
- Pagos por Compensación al
Trabajador
- Pagos de Pensiones
- Pagos del Seguro Social, SSI,
SSP, SSDI
- Pagos de Reclamaciones del
Seguro
- Pagos de Reclamaciones Legales
- Pagos de TANF (AFDC)
- Estampillas de Alimentos
- Pagos por Pensión Alimenticia
a Hijos
- Pagos por Pensión Conyugal
- Pagos en Efectivo y/u Otros
Ingresos

CARE: ☎ **1-866-743-2273** Fax: ☎ 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 Para los discapacidades auditivas y del habla,
de lunes a viernes, 9:00 a.m. hasta las 11:00 p.m.

California Relay 1-800-735-2929 si no puede usar la línea TDD



收入標準 (有效期至 2014 年 5 月 31 日)

家庭人數	年收入*	
	CARE	FERA
1	\$22,980	不適用於此計劃
2	\$31,020	不適用於此計劃
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
每增加一人, 加	\$8,040	\$8,040–\$10,050

*根據目前收入來源計算的稅前收入。您也許有資格加入 CARE 或 FERA 計劃其中之一，但不能同時加入這二項計劃。

收入定義：

所有家庭成員的收入，來自任何途徑，繳稅或不繳稅，其中包括，但不局限於：

- 工資
- 利息/或股息，來源于：儲蓄戶口、股票或債券，或退休帳戶
- 失業福利
- 租金或版權收入
- 學校助學金、獎學金或其他生活津貼補助
- 自僱者的總收入
- 傷病補助金
- 勞工賠償
- 退休金
- 安全保險補助金、SSI、SSP、SSDI
- 保險訴訟所得的金錢
- 法律訴訟所得的金錢
- 貧困家庭臨時現金資助計劃 TANF (AFDC)
- 糧食券
- 子女撫養費
- 配偶贍養費
- 現金和/或其他收入

CARE: ☎ **1-866-743-2273** Fax: ☎ 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 有言語或聆聽障礙者、星期一至星期五
9:00 a.m.–11:00 p.m.

California Relay 1-800-735-2929 如果您未能轉接 TDD 專線



ĐỊNH MỨC LỢI TỨC (Có hiệu lực đến ngày 31 tháng Năm, 2014)

Số Người trong Gia Đình	Lợi Tức Hàng Năm*	
	CARE	FERA
1	\$22,980	Không đủ tiêu chuẩn
2	\$31,020	Không đủ tiêu chuẩn
3	\$39,060	\$39,061–\$48,825
4	\$47,100	\$47,101–\$58,875
5	\$55,140	\$55,141–\$68,925
6	\$63,180	\$63,181–\$78,975
7	\$71,220	\$71,221–\$89,025
8	\$79,260	\$79,261–\$99,075
Với mỗi người thêm vào, cộng thêm:	\$8,040	\$8,040–\$10,050

*Trước khi trừ thuế dựa theo các nguồn lợi tức hiện có. Quý vị có thể ghi danh chương trình CARE hoặc FERA nhưng không thể ghi danh cả hai chương trình.

Định Nghĩa Lợi Tức:

Tất cả mọi lợi tức, của mọi người trong nhà, có từ bất cứ nguồn nào, dù phải đóng thuế hay không đóng thuế, bao gồm nhưng không chỉ giới hạn vào:

- Tiền Lương
- Tiền Lãi/Cổ Tức từ: Truong Mục Tiết Kiệm, Chứng Khoán, Trái Phiếu, hay Truong Mục Hưu Trí
- Tiền Thất Nghiệp
- Lợi Tức do Cho Thuê Nhà hay Tiền Bản Quyền
- Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày
- Lợi Tức từ Tư Doanh
- Tiền cho Người Có Khuyết Tật
- Tiền Bồi Thường Tai Nạn Lao Động
- Tiền Hưu Bổng
- Tiền Trợ Cấp An Sinh Xã Hội, SSI, SSDI
- Tiền Bảo Hiểm Bồi Thường
- Tiền Bồi Thường Thừa Kiện
- TANF (AFDC) (Trợ cấp gia đình nghèo có con nhỏ)
- Tiền Phiếu Thực Phẩm
- Tiền Cấp Dưỡng Con Cái
- Tiền Cấp Dưỡng Vợ/Chồng
- Tiền Mặt và/hay Lợi Tức Khác

CARE: ☎ **1-866-743-2273** Fax: ☎ 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 Dành cho người khiếm thanh/khiếm thính,

Thứ Hai–Thứ Sáu, 9:00 giờ sáng–11:00 giờ tối

California Relay 1-800-735-2929 nếu quý vị không thể sử dụng đường dây TDD



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

32685-E
31605-E

Electric Sample Form No. 79-1072

FERA Program Re-Certification Instructions -- Residential Single-Family Customers

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4224-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____



**FERA PROGRAM RE-CERTIFICATION
INSTRUCTIONS**

**INSTRUCCIONES PARA RE-INSCRIBIRSE
EN EL PROGRAMA DE FERA**

Dear Customer:

You have been receiving a monthly discount on your Pacific Gas and Electric Company electric bills as a result of your participation in the Family Electric Rate Assistance (FERA) program.

To continue receiving your monthly discount you need to reapply for the FERA Program if you still qualify. It is free, easy, and confidential.

Enclosed is a FERA Re-Certification application with the most recent FERA income guidelines. If your household income still meets the current guidelines for the program, please complete the form, and return it to PG&E in the postage paid envelope provided.

Thank you for the opportunity to continue serving you.

FERA Program

Estimado/a cliente:

Usted ha estado recibiendo un descuento en su factura de Pacific Gas and Electric Company porque sus ingresos calificaron para el programa de Family Electric Rate Assistance (FERA).

Si desea continuar recibiendo este descuento, debe de re-inscribirse al programa FERA si es que todavía califica para el mismo. La re-inscripción es gratis, fácil y confidencial.

Adjunto encontrará un formulario de re-inscripción FERA, así como una tabla con los requisitos de ingresos más recientes del programa FERA. Si el ingreso total de su hogar (incluyendo los ingresos de todas las personas que trabajan en su hogar) aún se encuentra dentro de los límites especificados en el programa, por favor llene y firme el formulario y envíelo a PG&E en el sobre con franqueo pre-pagado que hemos adjuntado en esta carta.

Le agradecemos que nos haya dado la oportunidad de continuar sirviéndole.

Programa FERA

INCOME GUIDELINES • REQUISITOS DE INGRESOS

(valid until May 31, 2014 • válido hasta el 31 de mayo, 2014)

Number of Persons in Household Número de Personas en el Hogar	Annual Income (before taxes based on current income sources) Ingreso Anual (antes de impuestos basado en fuentes de ingreso actual)
1-2	Not Eligible • No Aplica
3	\$39,061–\$48,825
4	\$47,101–\$58,875
5	\$55,141–\$68,925
6	\$63,181–\$78,975
7	\$71,221–\$89,025
8	\$79,261–\$99,075
For each additional person, add: Por cada persona adicional, añada:	\$8,040–\$10,050

FOR MORE INFORMATION • PARA MÁS INFORMACIÓN

Mail completed application to • Envíe la aplicación completa a:

CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

Or fax completed application to • O envíela por fax al número: 415-973-6419

FERA: 1-800-743-5000 www.pge.com/fera **Email: CAREandFERA@pge.com**

TDD/TTY: 1-800-652-4712

For speech/hearing-impaired, Monday–Friday, 9:00 a.m.–11:00 p.m.

Para los discapacidades auditivas y del habla, de lunes a viernes, 9:00 a.m. hasta las 11:00 p.m.

California Relay: 1-800-735-2929 if you cannot utilize the TDD line • si no puede usar la línea TDD



**MẪU CHỈ DẪN TÁI CHỨNG NHẬN CHO
CHƯƠNG TRÌNH FERA**

FERA 計劃再驗證指示

Thân gửi khách hàng:

Quý vị đang được nhận giảm giá hàng tháng trên hóa đơn điện với PG&E vì đã tham gia vào chương trình Family Electric Rate Assistance (FERA).

Để tiếp tục được giảm giá hàng tháng, quý vị cần phải nộp đơn xin lại chương trình FERA nếu quý vị vẫn còn hội đủ điều kiện. Việc nộp đơn hoàn toàn miễn phí, dễ dàng và kín đáo.

Kèm theo đây là Mẫu Tái Chứng Nhận cho Chương Trình FERA với bản chỉ dẫn mới nhất về lợi tức cho chương trình. Nếu lợi tức trong gia đình của quý vị vẫn không vượt qua bản chỉ dẫn lợi tức hiện hành cho chương trình, xin điền mẫu đơn, và gửi trả lại cho PG&E trong bao thư đã dán sẵn tem dính kèm.

Xin cảm ơn quý vị.

Chương trình FERA

親愛的客戶：

因為您參加 (FERA) 計劃，所以在您的 PG&E 帳單上一直收到每月的電費帳單折扣。

為了您能夠繼續收到每月的折扣，您需要重新申請 FERA 計劃表明您仍然合格。申請是免費，簡單和保密。

這是 FERA 計劃的再驗證表格以及最新的 FERA 收入標準。如果您的家庭收入還是符合此計劃的最新標準，請把填好的申請表，放入預先付費的信封中，寄回給 PG&E。

感謝您讓我們有機會能夠繼續為您服務。

FERA 計劃

BẢN CHỈ DẪN VỀ LỢI TỨC • 收入標準	
(có hiệu lực đến ngày 31 tháng Năm, 2014 • 有效期至 2014 年 5 月 31 日)	
Số người trong gia đình 家庭人數	Lợi Tức Hàng Năm (trước khi trừ thuế dựa theo các nguồn lợi tức hiện có) 年收入 (根據目前收入來源的稅前收入)
1-2	Không đủ tiêu chuẩn • 不適用於此計劃
3	\$39,061–\$48,825
4	\$47,101–\$58,875
5	\$55,141–\$68,925
6	\$63,181–\$78,975
7	\$71,221–\$89,025
8	\$79,261–\$99,075
Với mỗi người thêm vào, cộng thêm: 每增加一人，加	\$8,040–\$10,050

ĐỂ BIẾT THÊM THÔNG TIN • 更多詳情

Gửi đơn đã điền đến • 申請表請寄到：

CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

Hoặc fax đơn đã điền đến • 或傳真填好的申請表到： 415-973-6419

FERA: 1-800-743-5000 www.pge.com/fera **Email:** CAREandFERA@pge.com

TDD/TTY: 1-800-652-4712

Dành cho người khiếm thanh/khiếm thính, Thứ Hai–Thứ Sáu, 9:00 giờ sáng–11:00 giờ tối.

有言語或聆聽障礙者，星期一至星期五 9:00 a.m.–11:00 p.m.

California Relay: 1-800-735-2929 nếu quý vị không thể sử dụng đường dây TDD • 如果您未能轉接 TDD 專線



Pacific Gas and Electric Company
San Francisco, California
U 39

Revised
Cancelling Revised

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

32686-E
31606-E

Electric Sample Form No. 79-1073

FERA Program Re-Certification Application -- Residential Single-Family Customers

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4224-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective June 1, 2013
Resolution No. _____



1 CUSTOMER INFORMATION • INFORMACIÓN DEL CLIENTE:

Response required: To retain discount, you must confirm continued eligibility.

Se requiere su respuesta: Para conservar el descuento, debe confirmar que continúa reuniendo los requisitos.

Telephone • Teléfono: ()

☐ Home • Hogar ☐ Work • Trabajo ☐ Mobile • Móvil

Choose the language preference for future CARE/FERA communications • Seleccione su idioma de preferencia para recibir comunicaciones de CARE/FERA en el futuro

☐ Spanish • Español ☐ Tagalog • Tagalog ☐ Russian • Ruso
☐ Hmong • Hmong ☐ Korean • Coreano ☐ Vietnamese • Vietnamita
☐ Cantonese • Cantonés ☐ Mandarin • Mandarin

Preferred method of communication • Método de contacto preferido

☐ phone • teléfono ☐ email • email ☐ mail • correo

☐ text (Msg and Data Rates may apply)
texto (podría aplicarse tarifas de mensajes o datos)

Number of Persons in Household • Número de Personas en el Hogar

Adults • Adultos

+ Children (under 18) • Niños (menores de 18)

= Total • Total

Total Gross Annual Household Income (please account for all income from every household member) • **Total de ingresos anuales brutos de la unidad familiar** (por favor, tenga en cuenta todos los ingresos de todos los miembros de la unidad familiar)

\$,.00

2A HOUSEHOLD INCOME ELIGIBILITY: check all sources of household income.

- | | |
|---|--|
| ☐ Pensions | ☐ Unemployment Benefits |
| ☐ Social Security | ☐ Disability or Workers Compensation Payments |
| ☐ SSP or SSDI | ☐ Scholarships, Grants or Other Aid for Living Expenses |
| ☐ Interests/Dividends from: Savings, Stocks, Bonds, or Retirement Accounts | ☐ Insurance or Legal Settlements |
| ☐ Wages and/or Profits from Self-Employment | ☐ Spousal or Child Support |
| ☐ Rental or Royalty Income | ☐ Cash and/or Other Income |

2B PUBLIC ASSISTANCE PROGRAM ELIGIBILITY: check all programs in which you or someone in your household participate.

- | | |
|---|--|
| ☐ Medicaid/Medi-Cal (under age 65) | ☐ Healthy Families A & B |
| ☐ Medicaid/Medi-Cal (age 65 and over) | ☐ CalWORKs (TANF) or Tribal TANF |
| ☐ Supplemental Security Income (SSI) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (Food Stamps) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | ☐ Head Start Income Eligible (Tribal Only) |
| ☐ Women, Infants and Children (WIC) | |

ELEGIBILIDAD DE ACUERDO A LOS INGRESOS EN EL HOGAR: marque todas las fuentes de ingreso de la familia.

- | | |
|---|---|
| ☐ Pagos de Pensiones | ☐ Compensación al Trabajador o Pagos por Incapacidad |
| ☐ Pagos del Seguro Social | ☐ Donaciones Escolares, Becas u Otros Tipos de Ayuda para Gastos de Subsistencia del Hogar |
| ☐ SSP o SSDI | ☐ Reclamaciones al Seguro o Legales |
| ☐ Intereses/Dividendos de: Cuentas de Ahorros, Acciones, Bonos o Cuentas de Jubilación | ☐ Pagos por Pensión Alimenticia a Hijos/Conyugal |
| ☐ Sueldos y/o Ganancias de su Propio Negocio | ☐ Pagos en Efectivo y/u Otros Ingresos |
| ☐ Ingresos Provenientes de Rentas o Regalías | |
| ☐ Beneficios por Desempleo | |

ELEGIBILIDAD PARA LOS PROGRAMAS DE ASISTENCIA PÚBLICA: marque todos los programas que usted o alguien en su hogar están recibiendo.

- | | |
|---|---|
| ☐ Medicaid/Medi-Cal (menor de 65 años) | ☐ CalWORKs (TANF) o Tribal TANF |
| ☐ Medicaid/Medi-Cal (65 años o más) | ☐ National School Lunch Program (NSLP) |
| ☐ Supplemental Security Income (SSI) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ CalFresh/SNAP (Estampillas de Alimentos) | ☐ Head Start Income Eligible (Sólo Tribus Indígenas) |
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | |
| ☐ Women, Infants and Children (WIC) | |
| ☐ Healthy Families A & B | |

3 DECLARATION: (please read and sign)

I agree to provide proof of household income if asked. I also agree to inform Pacific Gas and Electric Company (PG&E) if my household income no longer qualifies me to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that PG&E can share my information with municipal agencies, state or federal agencies, other utilities or their agents to facilitate enrollment in their assistance programs. I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

DECLARACIÓN: (por favor lea y firme abajo)

Me comprometo a facilitar pruebas documentales de los ingresos de la unidad familiar en caso de que se me pida. También acepto informar a Pacific Gas and Electric Company (PG&E) si en algún momento mi unidad familiar dejase de reunir los requisitos para recibir el descuento. Comprendo que si recibo el descuento sin reunir los requisitos, se me puede exigir que devuelva el descuento que haya recibido. Soy consciente de que PG&E podrá compartir mis datos con agencias municipales, estatales o federales, con otras compañías de servicios públicos o con sus representantes, con objeto de facilitar la inscripción en sus respectivos programas de asistencia. Declaro que la información que he facilitado en esta solicitud es veraz y correcta, incurriendo en perjurio según la legislación del Estado de California si no lo fuera.

X
Customer Signature • Firma del Cliente

☐ Fill in circle if guardian or power of attorney
Marque aquí si es tutor o tiene carta de poder

Date • Fecha

☐ Check if you no longer qualify or do not want to participate in the FERA Program.
Ya no califico o ya no quiero participar en el Programa FERA.

1 CHI TIẾT VỀ KHÁCH HÀNG • 客戶資料:

Số Trạng Mục PG&E • PG&E帳號:

(Ở trang đầu tiên của hóa đơn PG&E ● 帳號位於帳單的第一頁)

[illegible]

Tên Họ • 姓名

Điện Thoại • 電話

☐ Nhà • 住宅 ☐ Công ty • 工作 ☐ Số di động • 手機

Địa Chỉ Nhà • 家庭住址

Sổ Chung Cư • 公寓

Thành Phố • 城市

SỐ Zip • 郵政區號

Hãy lựa chọn ngôn ngữ mong muốn để chương trình CARE/FERA liên lạc với quý vị trong tương lai •

選擇您希望將來的 CARE/FERA 通訊使用何種語言:

☐ Tiếng Tây Ban Nha ☐ Tiếng Tagalog ☐ Tiếng Nga ☐ Tiếng Hmong ☐ Tiếng Hàn Quốc ☐ Tiếng Việt ☐ Tiếng Quảng Đông ☐ Tiếng Quan Thoại

西班牙語 他加祿語 俄語 苗語 韓語 越南語 粵語 國語

Phương thức liên lạc mong muốn • 首選通訊方式: ☐ điện thoại • 電話 ☐ điện thư • 電子郵件 ☐ thư qua đường bưu điện • 郵寄信件
☐ tin nhắn (Các Mức Giá Tin Nhắn và Dữ Liệu có thể áp dụng) • 簡訊 (可能需支付簡訊或數據流量費用)

Số Người Trong Gia Đình • 家庭人數: Người Lớn • 成人 _____ + Trẻ Em (dưới 18 tuổi) • 孩童(18歲以下) _____ = _____

Tổng Lợi Tức Gia Đình Hàng Năm • 全家年收入總計:

(xin quý vị tính tất cả các nguồn lợi tức từ mọi người trong gia đình) • (請計算每位家庭成員的所有收入)

\$

--	--	--

,

--	--	--

.00

2A **HỘI ĐU ĐIỀU KIỆN VỀ LỢI TỨC GIA ĐÌNH:**
đánh dấu vào tất cả các nguồn lợi tức của gia đình quý v

đánh dấu vào tất cả các nguồn lợi tức của gia đình quý vị.

- | | |
|--|---|
| ☐ Tiền Hưu Bổng | ☐ Tiền cho Người Có Khuyết Tật hay Tiền Bồi Thường Tai Nạn Lao Động |
| ☐ Tiền Trợ Cấp An Sinh Xã Hội | ☐ Tiền Học do Chánh Phủ Trợ Cấp, Học Bổng hay các thứ Tiền Trợ Giúp cho Đời Sống Hàng Ngày |
| ☐ SSP, SSDI | ☐ Tiền Bảo Hiểm Bồi Thường hay Tiền Bồi Thường Thừa Kiện |
| ☐ Tiền Lãi/Cổ Tức từ: Trương Mục Tiết Kiệm, Chứng Khoán, Trái Phiếu, hay Trương Mục Hưu Trí | ☐ Tiền Cấp Dưỡng Vợ/Chồng hay Con Cái |
| ☐ Tiền Lương và/hay Lợi Tức từ Tư Doanh | ☐ Tiền Mặt và/hay Lợi Tức Khác |
| ☐ Lợi Tức do Cho Thuê Nhà hay Tiền Bán Quyền | |
| ☐ Tiền Thất Nghiệp | |

2B **GIÚP CÔNG CÔNG:** đánh dấu tất cả các chương trình

GIÚP CÔNG CỘNG: đánh dấu tất cả các chương trình mà quý vị hoặc ai đó trong nhà quý vị đang tham gia.

- | | |
|---|--|
| ☐ Medicaid/Medi-Cal (dưới 65 tuổi) | ☐ Healthy Families A & B |
| ☐ Medicaid/Medi-Cal (65 và qua 65 tuổi) | ☐ CalWORKs (TANF) hay Tribal TANF |
| ☐ Supplemental Security Income (SSI) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (Tiền Phiếu Thực Phẩm) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | ☐ Head Start Income Eligible (Tribal Only) |
| ☐ Women, Infants and Children (WIC) | |

合資格的家庭總收入: 請勾選您家庭收入的全部來源。

- | | |
|--|---|
| ☐ 退休金 | ☐ 失業福利 |
| ☐ 安全保險補助金 | ☐ 傷病補助金或勞工賠償 |
| ☐ SSP、SSDI | ☐ 學校助學金、獎學金或其他生活開支補助 |
| ☐ 利息/或股息，來源于：
儲蓄戶口、股票或債券，或退休帳戶 | ☐ 保險或法律訴訟所得款 |
| ☐ 工資和/或自僱者的總收入 | ☐ 給配偶或孩童的資助 |
| ☐ 租金或版權收入 | ☐ 現金和/或其他收入 |

合資格的公共資助計劃: 勾選您或家中其他人所參與的所有計劃。

- | | |
|---|--|
| ☐ Medicaid/Medi-Cal (65歲以下) | ☐ CalWORKs (TANF)或Tribal TANF |
| ☐ Medicaid/Medi-Cal (65歲和65歲以上) | ☐ National School Lunch Program (NSLP) |
| ☐ Supplemental Security Income (SSI) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ CalFresh/SNAP (糧食券) | ☐ Head Start Income Eligible (Tribal Only) |
| ☐ 低收入家庭能源協助計劃 | |
| ☐ 婦女、嬰兒和兒童營養輔助計劃 | |
| ☐ 健康家庭低費兒童醫療健保計劃類別A及B | |

3 CAM ĐOAN: (xin đọc và ký tên)

Tôi đồng ý cung cấp chứng minh lợi tức gia đình nếu được yêu cầu. Tôi cũng đồng ý thông báo cho Pacific Gas and Electric Company (PG&E) biết nếu lợi tức gia đình của tôi không còn hội đủ điều kiện để được giảm giá. Tôi hiểu rằng nếu tôi nhận giảm giá mà không đủ điều kiện thì tôi có thể bị yêu cầu phải hoàn lại số tiền tôi đã được giảm. Tôi hiểu rằng PG&E có thể chia sẻ thông tin của tôi với các cơ quan thành phố, các cơ quan tiểu bang hoặc liên bang, các cơ quan tiện ích khác hoặc các đại diện của họ để ghi danh tôi vào các chương trình trợ giúp của họ. Tôi xin cam đoan theo hình phạt về tội khai man theo pháp luật của Tiểu Bang California rằng các thông tin mà tôi đã cung cấp trong đơn này là đúng sự thật và chính xác.

聲明：(請閱讀，然後在下面簽字)

如果有需要，本人同意提供家庭收入證明。本人亦同意，如果我的家庭收入不再有資格享受折扣時，本人會立即通知Pacific Gas and Electric Company (PG&E)。本人瞭解，如果在不具資格的情況下繼續享受此項折扣，本人可能會被要求退還所收到的折扣。本人瞭解PG&E可能會讓其它市政機構、州聯邦機構，以及其它公用事業公司或其代理人使用本人資料，以便讓本人參加他們的輔助計劃。依加州法律的偽證罪刑罰規定，本人聲明我在申請表上提供的資料皆真實且正確。

X

Chữ Ký Khách Hàng • 客戶簽名

○ 我係監護人或代理人的話，請圈上記號

Ngày • 日期

- ☐ Xin đánh dấu vào ô trống nếu quý vị không còn hội đủ tiêu chuẩn hoặc không muốn tham gia vào chương trình FERA.
請打勾號如果您不再符合資格或沒有意願參加FERA計劃。



ELECTRIC TABLE OF CONTENTS

Sheet 1

TABLE OF CONTENTS

SCHEDULE	TITLE OF SHEET	CAL P.U.C. SHEET NO.	
	Title Page	32651-E	(T)
	Rate Schedules	32390, 32688 , 32392, 32393, 32394, 32402, 31852, 31541, 32396-E	(T)
	Preliminary Statements	32397, 29900, 30376, 32544, 32398, 30846, 32215, 32645-E	
	Rules	32424, 32689 , 32652-E	(T)
	Maps, Contracts and Deviations	32427-E	
	Sample Forms	32503, 32690 , 32430, 32431, 32691 , 32433, 32505-32506, 32648, 32437, 32508, 32439-E	(T)

(Continued)

Advice Letter No: 4224-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 14, 2013
Effective _____
Resolution No. _____



ELECTRIC TABLE OF CONTENTS RATE SCHEDULES

Sheet 3

SCHEDULE	TITLE OF SHEET	CAL P.U.C. SHEET NO.
	Rate Schedules Residential (Cont'd)	
E-AMDS	Experimental Access to Meter Data Services.....	27760-E
E-FERA	Family Electric Rate Assistance	32318, 32653 , 29288-E
E-RSMART	Residential SMARTRATE Program	26390, 26391, 26392, 26393, 26394-E
EE	Service to Company Employees.....	24091-E
EL-1	Residential CARE Program Service	32322, 32594, 30428, 31771, 32324-E
EL-6	Residential CARE Time-of-Use Service	28199, 32325, 32595, 30431, 31774, 32327, 28788-E
EL-7	Residential CARE Program Time-of-Use Service	29706, 32328, 32596, 30433, 32330, 29711-E
EL-8	Residential Seasonal CARE Program Service Option.....	32331, 32597, 32333, 28797-E
EM	Master-Metered Multifamily Service	32598, 32599, 30439, 20648, 32336, 28723-E
EM-TOU	Residential Time of Use Service.....	28209, 32600, 32601, 30442, 31785, 32339-E
EML	Master-Metered Multifamily CARE Program Service.....	32340, 32602, 30444, 32342, 28768-E
EML-TOU	Residential CARE Program Time of Use.....	28217, 32343, 32603, 30447, 31790, 32345-E
ES	Multifamily Service.....	32604, 32605, 30450, 28207, 32348, 28727-E
ESL	Multifamily CARE Program Service	32606, 32607, 30453, 31797, 32351, 28773-E
ESR	Residential RV Park and Residential Marina Service	32608, 32609, 30456, 20657, 32354, 28731-E
ESRL	Residential RV Park and Residential Marina CARE Program Service.....	32610, 32611, 30459, 31804, 32357, 28778-E
ET	Mobilehome Park Service.....	32612, 32613, 30462, 28208, 32360, 28735, 28736-E
ETL	Mobilehome Park CARE Program Service.....	32614, 32615, 30465, 28216, 32363, 28782, 28783-E

(Continued)



ELECTRIC TABLE OF CONTENTS RULES

Sheet 20

RULE	TITLE OF SHEET	CAL P.U.C. SHEET NO.
Rules (Cont'd)		
Rule 11	Discontinuance and Restoration of Service.....	13140-13143,27802,23967,13146, 13147-13150,27803,26314-E
Rule 12	Rates and Optional Rates	16872,27804,32077-E
Rule 13	Temporary Service.....	22472-E
Rule 14	Shortage of Supply and Interruption of Delivery	19762,15527-E
Rule 15	Distribution Line Extensions	20093,20094,15577,27072,28253,17851,30664,27074,15583,20095,21553-21555,15588,17856,30665,15591,27076,15593-E
Rule 16	Service Extensions.....	20096,15595,14880-14881,15596-15598,16987,15600,15601-15608,14254,13775,15609-15610-E
Rule 17	Meter Tests and Adjustment of Bills for Meter Error.....	20099,29723,29955,25149-E
Rule 17.1	Adjustment of Bills for Billing Error	22706,29724-E
Rule 17.2	Adjustment of Bills for Unauthorized Use	22707,12056,12057,12058-E
Rule 18	Supply to Separate Premises and Submetering of Electric Energy	14329*,27037,29056,28910,28911-E
Rule 19	Medical Baseline Quantities	18974,18975,18976-E
Rule 19.1	California Alternate Rates for Energy for Individual Customers and Submetered Tenants of Master-Metered Customers.....	32654-32655 ,29291-E (T)
Rule 19.2	California Alternate Rates for Energy for Nonprofit Group-Living Facilities	25729, 32657 ,13589, 32658 , 32659 -E (T)
Rule 19.3	California Alternate Rates for Energy for Qualified Agricultural Employee Housing Facilities.....	25153, 32660 , 32661 ,27807-E (T)

(Continued)



**ELECTRIC TABLE OF CONTENTS
SAMPLE FORMS**

Sheet 24

FORM	TITLE OF SHEET	CAL P.U.C. SHEET NO.
------	----------------	-------------------------

**Sample Forms
Rules 19 Medical Baseline Quantities**

61-0502	Medical Baseline Allowance Self Certification	18978-E
62-3481	Medical Baseline Allowance Application	18977-E

**Sample Forms
Rules 19.1, 19.2, and 19.3 California Alternative Rates for Energy**

01-9077	CARE/FERA Program Application for Residential Single-Family Customers	32662-E	(T)
01-9285	CARE/FERA Program Application for Tenants of Sub-Metered Facilities	32663-E	(T)
03-006	CARE Program Postage-Paid Application	21626-E	
62-0156	CARE Program Application for Qualified Non-Profit Group-Living Facilities	32665-E	(T)
62-1198	CARE Program Application for Qualified Agricultural Employee Housing Facilities	32673-E	(T)
62-1477	CARE/FERA Program Income Guidelines	32674-E	(T)
61-0535	CARE Program Application for OMS/Non-Profit Migrant Farm Worker Housing Centers	32664-E	(T)

(Continued)

Advice Letter No: 4224-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed	May 14, 2013
Effective	June 1, 2013
Resolution No.	



ELECTRIC TABLE OF CONTENTS
SAMPLE FORMS

Sheet 27

FORM	TITLE OF SHEET	CAL P.U.C. SHEET NO.
Sample Forms		
Residential Family Electric Rate Assistance		
62-0673	CARE/FERA Program Application for Tenants of Sub-Metered Facilities (English/Vietnamese)	32667-E (T)
62-0939	CARE/FERA Program Application for Residential Single-Family Customers (Pre-Printed Application Instruction)	32669-E
62-0919	CARE/FERA Program Application for Residential Single-Family Customer	32668-E
62-0672	CARE/FERA Program Application for Tenants of Sub-Metered Facilities(Engl/Chinese)	32666-E
62-0940	CARE Residential Re-Certification Instruction – Residential Single-Family Customer	32670-E
62-0972	CARE/FERA Program Application for Residential Single-Family Customers (English/Chinese)	32671-E
62-0973	CARE/FERA Program Application for Residential Single-Family Customers (English/Vietnamese)	32672-E
62-1509	CARE Program Re-Certification Application – Residential Single-Family Customers	32675-E
79-1051	CARE/FERA Program Application for Residential Single Family Customers (English) Large Print Application	32676-E
79-1052	CARE/FERA Program Application for Residential Single Family Customers (Spanish) Large Print Application	32677-E
79-1053	CARE/FERA Program Application for Residential Single Family Customers (Chinese) Large Print Application	32678-E
79-1054	CARE/FERA Program Application for Residential Single Family Customers (Vietnamese) Large Print Application	32679-E
79-1055	CARE/FERA Program Application for Tenants of Sub-Metered Facilities (English) - Large Print Application	32680-E
79-1056	CARE/FERA Program Application for Tenants of Sub-Metered Facilities (Spanish) - Large Print Application	32681-E
79-1057	CARE/FERA Program Application for Tenants of Sub-Metered Facilities (Chinese) - Large Print Application	32682-E
79-1058	CARE/FERA Program Application for Tenants of Sub-Metered Facilities (Vientnamese) - Large Print Application	32683-E
79-1059	CARE/FERA Program Income Guidelines – Large Print	32684-E
79-1072	FERA Residential Re-Certification Instruction – Residential Single-Family Customers....	32685-E
79-1073	FERA Residential Re-Certification Application – Residential Single-Family Customers...	32686-E (T)
79-1124	Eligible Low-Income Development Virtual Net Energy Metering Application and Interconnection Agreement for Multi-Family Affordable Housing With Solar Generation Totalling 1 Megawatt or Less.....	29613-E

(Continued)

Advice Letter No: 4224-E
 Decision No.

Issued by
Brian K. Cherry
 Vice President
 Regulatory Relations

Date Filed May 14, 2013
 Effective June 1, 2013
 Resolution No.

**PG&E Gas and Electric
Advice Filing List
General Order 96-B, Section IV**

1st Light Energy	Downey & Brand	OnGrid Solar
AT&T	Ellison Schneider & Harris LLP	Pacific Gas and Electric Company
Alcantar & Kahl LLP	G. A. Krause & Assoc.	Praxair
Anderson & Poole	GenOn Energy Inc.	Regulatory & Cogeneration Service, Inc.
BART	GenOn Energy, Inc.	SCD Energy Solutions
Barkovich & Yap, Inc.	Goodin, MacBride, Squeri, Schlotz & Ritchie	SCE
Bartle Wells Associates	Green Power Institute	SDG&E and SoCalGas
Bear Valley Electric Service	Hanna & Morton	SPURR
Braun Blaising McLaughlin, P.C.	In House Energy	San Francisco Public Utilities Commission
California Cotton Ginners & Growers Assn	International Power Technology	Seattle City Light
California Energy Commission	Intestate Gas Services, Inc.	Sempra Utilities
California Public Utilities Commission	Kelly Group	SoCalGas
Calpine	Lawrence Berkeley National Lab	Southern California Edison Company
Casner, Steve	Linde	Spark Energy
Cenergy Power	Los Angeles Dept of Water & Power	Sun Light & Power
Center for Biological Diversity	MAC Lighting Consulting	Sunshine Design
City of Palo Alto	MRW & Associates	Tecogen, Inc.
City of San Jose	Manatt Phelps Phillips	Tiger Natural Gas, Inc.
Clean Power	Marin Energy Authority	TransCanada
Coast Economic Consulting	McKenna Long & Aldridge LLP	Utility Cost Management
Commercial Energy	McKenzie & Associates	Utility Power Solutions
Consumer Federation of California	Modesto Irrigation District	Utility Specialists
Crossborder Energy	Morgan Stanley	Verizon
Davis Wright Tremaine LLP	NLine Energy, Inc.	Water and Energy Consulting
Day Carter Murphy	NRG Solar	Wellhead Electric Company
Defense Energy Support Center	Nexant, Inc.	Western Manufactured Housing Communities Association (WMA)
Dept of General Services	North America Power Partners	
Douglass & Liddell	Occidental Energy Marketing, Inc.	