

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



June 10, 2014

Advice Letter: 3471-G/4406-E

Brian Cherry
Vice President, Regulation and Rates
Pacific Gas and Electric Company
P.O. Box 770000
San Francisco, CA 94177

SUBJECT: REVISED HOUSEHOLD INCOME REQUIREMENTS AND CATEGORICAL PROGRAMS FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) AND FAMILY ELECTRIC RATE ASSISTANCE (FERA) PROGRAMS

Dear Mr. Cherry:

Advice Letter 3471-G/4406-E is effective as of June 1, 2014.

Sincerely,

A handwritten signature in cursive script that reads "Edward Randolph".

Edward Randolph
Director, Energy Division



Brian K. Cherry
Vice President
Regulatory Relations

Pacific Gas and Electric Company
77 Beale St., Mail Code B10C
P.O. Box 770000
San Francisco, CA 94177

Fax: 415.973.7226

May 1, 2014

Advice 3471-G/4406-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, the approved list of categorical programs, and updated text to the Declaration.

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, 2014, PG&E hereby submits its tariffs with revised income limits for the CARE Program, effective June 1, 2014 to May 31, 2015, 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	Total Gross Annual Household Income
1-2	\$31,460
3	\$39,580
4	\$47,700
5	\$55,820
6	\$63,940
7	\$72,060
8	\$80,180
Each Additional Person	\$ 8,120

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 page 4 of this advice letter and in Attachment 1.

FERA Program

In accordance with the Energy Division's Notice dated April 1, 2014, 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 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 household has an income between 200%+\$1 and 250% of the federal poverty guideline level.² The income threshold increases with each additional family member over three people.

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.

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.

In compliance with the Notice, PG&E is revising the Total Gross Annual Income Levels on page 2 of electric Rate Schedule E-FERA--*Family Electric Rate Assistance*. The income levels, effective from June 1, 2014 until May 31, 2015, are as follows:

Household Size	Total Gross Annual Household Income
1-2	Not Eligible
3	\$39,581 to \$49,475
4	\$47,701 to \$59,625
5	\$55,821 to \$69,775
6	\$63,941 to \$79,925
7	\$72,061 to \$90,075
8	\$80,181 to \$100,225
Each Additional	\$ 8,120 to \$10,150

In addition to the income revisions to rate Schedule E-FERA, PG&E is also revising the income levels on the standard forms as listed on page 4-5 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)
- Low-Income Home Energy Assistance Program (LIHEAP)
- Medicaid/Medi-Cal for Families A & B³
- National School Lunch Program (NSLP)
- Supplemental Security Income (SSI)
- Tribal TANF
- Women, Infants, and Children Program (WIC)

³ Participants in Healthy Families were transitioned to Medi-Cal on January 1, 2014. However, to minimize customer confusion in identifying the new program name, PG&E lists Healthy Families A&B [the former name] in parentheses after Medi-Cal for Families [the new name] on the forms.

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 Rate Schedule E-FERA — *Family Electric Rate Assistance*: Special Condition 2 is revised to update the total gross income.
5. Revised Forms: The following combined forms are being submitted with updated income levels, approved categorical programs allowing customers to apply for CARE or FERA, and updated text to the Declaration. The CARE/FERA enrollment form also incorporates changes agreed to by the Office of Ratepayer Advocates (ORA) and PG&E in a letter agreement date September 18, 2013, which changes were discussed with ORA earlier this year; namely, these changes include:
 - (1) The CARE/FERA guidelines and forms make clear that customers may enroll in the CARE/FERA Programs either through income eligibility or through categorical eligibility;
 - (2) The request for income information appears in the portion of the CARE/FERA application form pertaining to income eligibility and not in the portion of the application form pertaining to general customer information or categorical eligibility;
 - (3) These modifications will apply to both the print and online versions of PG&E's CARE/FERA guidelines and forms.

01-9077 CARE/FERA Residential Customers Application (English/Spanish)

62-0972 CARE/FERA Residential Customers Application (English/Chinese)

62-0973 CARE/FERA Residential Customers Application (English/Vietnamese)

62-0939 CARE/FERA Residential Customers Application (instruction for the pre-print application in English/Spanish)

62-0919 CARE/FERA Residential Customers Application (pre-printed application in English/Spanish)

62-0940 CARE Residential Customers Renewal Instruction
(English/Spanish/Chinese/Vietnamese)
62-1509 CARE Residential Customers Renewal Application (English/Spanish)
79-1072 FERA Residential Customers Renewal Instruction
(English/Spanish/Chinese/Vietnamese)
79-1073 FERA Residential Customers Renewal Application (English/Spanish)
79-1051 Large Print CARE/FERA Residential Customers Application (English)
79-1052 Large Print CARE/FERA Residential Customers Application (Spanish)
79-1053 Large Print CARE/FERA Residential Customers Application (Chinese)
79-1054 Large Print CARE/FERA Residential Customers Application
(Vietnamese)
01-9285 CARE/FERA Sub-Metered Residential Customers Application
(English/Spanish)
62-0672 CARE/FERA Sub-Metered Residential Customers Application
(English/Chinese)
62-0673 CARE/FERA Sub-Metered Residential Customers Application
(English/Vietnamese)
79-1055 Large Print CARE/FERA Sub-Metered Residential Customers
Application (English)
79-1056 Large Print CARE/FERA Sub-Metered Residential Customers
Application (Spanish)
79-1057 Large Print CARE/FERA Sub-Metered Residential Customers
Application (Chinese)
79-1058 Large Print CARE/FERA Sub-Metered Residential Customers
Application (Vietnamese)
62-1477 CARE/FERA Income Guidelines (English/Spanish/Chinese/Vietnamese)
79-1059 Large Print CARE/FERA Income Guidelines
(English/Spanish/Chinese/Vietnamese)
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 Application

PG&E is updating all pertinent printed or posted materials to reflect the revised income levels and approved categorical programs, along with the revised CARE/FERA enrollment forms. 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 May 21, 2014, 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 Resolution E-3524, PG&E requests that this Tier 1 advice filing become effective on June 1, 2014, 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>

Brian Cherry /KAC

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: Kingsley Cheng

Phone #: (415) 973-5265

E-mail: k2c0@pge.com and PGETariffs@pge.com

EXPLANATION OF UTILITY TYPE

(Date Filed/ Received Stamp by CPUC)

ELC = Electric

GAS = Gas

PLC = Pipeline

HEAT = Heat

WATER = Water

Advice Letter (AL) #: **3471-G/4406-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, 2014**

No. of tariff sheets: **70**

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, 01-9285, 61-0535, 62-0156, 62-0672, 62-0673, 62-0919, 62-0939, 62-0940, 62-0972, 62-0973, 62-1198, 62-1477, 62-1509, 79-1051, 79-1052, 79-1053, 79-1054, 79-1055, 79-1056, 79-1057, 79-1058, 79-1059**

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.**

Pending advice letters that revise the same tariff sheets: N/A

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:

California Public Utilities Commission

Energy Division

EDTariffUnit

505 Van Ness Ave., 4th Flr.

San Francisco, CA 94102

E-mail: 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

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
31214-G	GAS RULE NO. 19.1 CALIF ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS Sheet 1	30443-G
31215-G	GAS RULE NO. 19.1 CALIF ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS Sheet 2	30902-G
31216-G	GAS RULE NO. 19.2 CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES Sheet 2	30903-G
31217-G	GAS RULE NO. 19.2 CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES Sheet 4	30447-G
31218-G	GAS RULE NO. 19.3 CALIF ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRI EMPLOYEE HOUSING FACILITIES Sheet 2	30904-G
31219-G	GAS RULE NO. 19.3 CALIF ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRI EMPLOYEE HOUSING FACILITIES Sheet 3	30450-G
31220-G	Gas Sample Form No. 01-9077 CARE/FERA Program Application for Residential Customers	30905-G
31221-G	Gas Sample Form No. 01-9285 CARE/FERA Program Application for Sub-Metered Residential Customers	30906-G
31222-G	Gas Sample Form No. 61-0535 CARE Program Application for Migrant Farm Worker Housing Centers	30453-G

**ATTACHMENT 1
Advice 3471-G**

**Cal P.U.C.
Sheet No. Title of Sheet Cancelling Cal
P.U.C. Sheet No.**

31223-G	Gas Sample Form No. 62-0156 CARE Program Application for Nonprofit Group Living Facilities	30454-G
31224-G	Gas Sample Form No. 62-0672 CARE/FERA Program Application for Sub-Metered Residential Customers (English/Chinese)	30907-G
31225-G	Gas Sample Form No. 62-0673 CARE/FERA Program Application for Sub-Metered Residential Customers (English/Vietnamese)	30908-G
31226-G	Gas Sample Form No. 62-0919 CARE/FERA Program Application for Residential Customers (Pre-Printed Application)	30457-G
31227-G	Gas Sample Form No. 62-0939 CARE/FERA Program Application for Residential Customers (Pre-Printed Application Instruction)	30909-G
31228-G	Gas Sample Form No. 62-0940 CARE Program Re-Certification Instructions - Residential Customers	30910-G
31229-G	Gas Sample Form No. 62-0972 CARE/FERA Program Application for Residential Customers (English/Chinese)	30911-G
31230-G	Gas Sample Form No. 62-0973 CARE/FERA Program Application for Residential Customers (English/Vietnamese)	30912-G
31231-G	Gas Sample Form No. 62-1198 CARE Program Application for Agricultural Employee Housing Facilities	30462-G
31232-G	Gas Sample Form No. 62-1477 CARE/FERA Program Income Guidelines	30913-G
31233-G	Gas Sample Form No. 62-1509 CARE Program Renewal Application -- Residential Customers	30464-G
31234-G	Gas Sample Form No. 79-1051 CARE/FERA Program Application for Residential Customers (English) Large Print Application	30914-G

**ATTACHMENT 1
Advice 3471-G**

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
31235-G	Gas Sample Form No. 79-1052 CARE/FERA Program Application for Residential Customers (Spanish) - Large Print Application	30915-G
31236-G	Gas Sample Form No. 79-1053 CARE/FERA Program Application for Residential Customers (Chinese) - Large Print Application	30916-G
31237-G	Gas Sample Form No. 79-1054 CARE/FERA Program Application for Residential Customers (Vietnamese) - Large Print Application	30917-G
31238-G	Gas Sample Form No. 79-1055 CARE/FERA Program Application for Sub-Metered Residential Customers (English) - Large Print Application	30918-G
31239-G	Gas Sample Form No. 79-1056 CARE/FERA Program Application for Sub-Metered Residential Customers (Spanish) - Large Print Application	30919-G
31240-G	Gas Sample Form No. 79-1057 CARE/FERA Program Application for Sub-Metered Residential Customers (Chinese) - Large Print Application	30920-G
31241-G	Gas Sample Form No. 79-1058 CARE/FERA Program Application for Sub-Metered Residential Customers (Vietnamese) - Large Print Application	30921-G
31242-G	Gas Sample Form No. 79-1059 CARE/FERA Program Income Guidelines - Large Print	30922-G
31243-G*	GAS TABLE OF CONTENTS Sheet 1	31180-G
31244-G	GAS TABLE OF CONTENTS Sheet 6	31119-G
31245-G*	GAS TABLE OF CONTENTS Sheet 9	30772-G



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 sub-metered tenants, sub-metered tenants of master-metered PG&E Customers, or any permanent resident in an individually metered residential dwelling unit, except non sub-metered tenants of master-metered Customers and any applicant/Customer currently receiving service under Schedule G-10.

(T)

(T)

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.

(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	Total Gross Annual Household Income (Effective June 1, 2014 to May 31, 2015)	(T) (T)
1-2	\$31,460	(T)
3	\$39,580	
4	\$47,700	
5	\$55,820	
6	\$63,940	
7	\$72,060	
8	\$80,180	
Each additional member, add:	\$ 8,120	(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).

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.

(Continued)



GAS RULE NO. 19.2 Sheet 2
 CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING
 FACILITIES

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	Total Gross Annual Household Income (Effective June 1, 2014 to May 31, 2015)	(T)
1-2	\$31,460	(T)
3	\$39,580	
4	\$47,700	
5	\$55,820	
6	\$63,940	
7	\$72,060	
8	\$80,180	
Each additional member, add:	\$ 8,120	(T)

(Continued)



GAS RULE NO. 19.2 Sheet 4
 CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES

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 Nonprofit Group-Living Facilities. (D)
2. Each Application for Nonprofit Group-Living Facilities must be accompanied by the following documentation: (D)
 - 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. 19.3 Sheet 2
 CALIF ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRI EMPLOYEE
 HOUSING FACILITIES

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 annual income for all persons residing at a Facility may not exceed the following: (T)

Number of Persons in Household	Total Gross Annual Household Income (Effective June 1, 2014 to May 31, 2015)	(T)
1-2	\$31,460	(T)
3	\$39,580	
4	\$47,700	
5	\$55,820	
6	\$63,940	
7	\$72,060	
8	\$80,180	
Each additional member, add:	\$ 8,120	(T)

(Continued)



GAS RULE NO. 19.3 Sheet 3
 CALIF ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRI EMPLOYEE
 HOUSING FACILITIES

C. CERTIFICATION

1. All facilities applying for certification must complete and provide to PG&E Application Form No. 62-1198 for Agricultural Employee Housing Facilities, and Form No. 61-0535 for Migrant Farm Worker Housing Centers. (D)
(D)
2. Each Application for Agricultural Employee Housing Facilities and Migrant Farm Worker Housing Centers must be accompanied by the following documentation: (D)
 - a. A copy of the documentation from the appropriate agency shown in Section B.1 through B.3.
 - 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.
 - 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)



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

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3471-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



CARE/FERA PROGRAM APPLICATION Residential Customers

01-9077
Rev. 6.14

Apply for a monthly discount on your PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273

The CARE Program offers a monthly discount on PG&E bills for qualifying households. Qualification is based on the total income of everyone living in the home **OR** participation in qualifying public assistance programs.

Please look over the CARE Income Guidelines listed here to see if you qualify. On the application form, you can enroll by:

- Checking all the qualifying public assistance programs from which you, or someone in your household, receive benefits **OR**
- Checking the box that matches your household's total gross annual income.*

CARE Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	\$31,460 or less
3	\$39,580 or less
4	\$47,700 or less
5	\$55,820 or less
6	\$63,940 or less
7	\$72,060 or less
8	\$80,180 or less
Each Additional Person, add	\$8,120

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

If you do not qualify for the CARE Program, you may still qualify for the FERA Program, which offers a monthly discount on electric bills for households of three or more people with a slightly higher income than required for CARE.

See the FERA Income Guidelines listed above to find out if you qualify, and enroll by completing the included application.

FERA Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	Not Applicable
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Each Additional Person, add	\$ 8,120-\$10,150

*Total gross annual household income includes all taxable and nontaxable revenues from all people living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.

How You Can Apply

Online: Apply online for faster enrollment at pge.com/CARE

Phone: Apply by calling 1-866-743-2273

Email: Take a picture or scan completed application and email this image to CAREandFERA@pge.com

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

Fax: Send completed application to **1-877-302-7563**

Other Helpful Programs and Services

Energy Savings Assistance Program

pge.com/ESA
1-800-989-9744



This program provides energy-efficient home improvements and appliances at no cost to customers who qualify for CARE and rent or own a home that is at least five years old.

My Energy

pge.com/MyEnergy

Log on to My Energy to sign up for billing and payment alerts, analyze your household's energy usage, pay your bills and learn more about your rate plan options.

Balanced Payment Plan

pge.com/BalancedPayment
1-800-743-5000

Your monthly payments will be averaged out to allow you to budget your energy costs and minimize big payment swings.

Medical Baseline

pge.com/MedicalBaseline

If you depend on life-support or other equipment due to medical needs, you may be eligible for additional energy at the lowest price through the Medical Baseline Program.

Low Income Home Energy Assistance Program (LIHEAP)

1-866-675-6623

If you spend a high percentage of your income on energy bills, you may be eligible to receive financial assistance and weatherproofing services through this program administered by the California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Get discounted telephone access when you meet similar income guidelines as the CARE Program. To learn more, contact your local phone service provider.



SOLICITUD PARA EL PROGRAMA CARE/FERA Clientes residenciales

Solicite un descuento mensual en su factura de PG&E

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273

El Programa CARE ofrece un descuento mensual en las facturas de PG&E a hogares que cumplen con los requisitos por sus ingresos. La calificación está basada en el ingreso total de todas las personas en el hogar **O** en la participación en programas de asistencia pública calificados.

Requisitos de ingreso CARE
(válido hasta el 31 de mayo, 2015)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$31,460 o menos
3	\$39,580 o menos
4	\$47,700 o menos
5	\$55,820 o menos
6	\$63,940 o menos
7	\$72,060 o menos
8	\$80,180 o menos
Por cada persona adicional, añada	\$8,120

Por favor verifique los requisitos de ingreso de CARE para ver si califica. En el formulario de solicitud, usted puede inscribirse:

- Marcando todos los programas de asistencia pública calificados por los que usted o alguien en su hogar recibe beneficios, **O**
- Marcando la casilla que coincide con el ingreso bruto total anual del hogar.*

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

Si usted no cumple con los requisitos para el Programa CARE, tal vez califique para el Programa FERA, que ofrece un descuento en las facturas mensuales de electricidad a familias de tres o más personas que reciban un ingreso ligeramente más alto que el requerido para CARE.

Requisitos de ingreso FERA
(válido hasta el 31 de mayo, 2015)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	No aplica
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Por cada persona adicional, añada	\$ 8,120-\$10,150

Vea los requisitos de ingreso de FERA que incluimos en esta tabla para ver si cumple con los requisitos e inscribese completando la solicitud incluida.

*El ingreso bruto total anual del hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ganancias de su propio negocio y toda ganancia proveniente de un empleo no pagado en efectivo.

Cómo puede inscribirse

Internet: Solicite por Internet para inscribirse más rápidamente visitando pge.com/CARE

Email: Saque una foto o escanee su solicitud completa y envíe la imagen a: CAREandFERA@pge.com

Correo: Envíe la solicitud completa a **CARE/FERA Program**
P.O. Box 7979
San Francisco, CA 94120-7979

Fax: Envíe la solicitud completa al **1-877-302-7563**

Teléfono: Inscribese llamando al **1-866-743-2273**

Otros programas y servicios útiles

Energy Savings Assistance Program
pge.com/ESA
1-800-989-9744



Este programa provee de mejoras en el hogar relativas al uso eficiente de la energía y de electrodomésticos sin costo para aquellos clientes que cumplan con los requisitos para CARE y alquilan o son dueños de una vivienda construida hace más de cinco años.

Balanced Payment Plan
pge.com/BalancedPayment
1-800-743-5000

Se basa en el promedio de sus pagos mensuales para que usted maneje sus costos de energía, minimizando grandes variaciones de pago.

Medical Baseline
pge.com/MedicalBaseline

Si debido a necesidades médicas usted depende de equipos de soporte vital o de otro tipo de equipos, usted podría ser elegible para obtener energía adicional al precio base más bajo a través del Programa Medical Baseline.

My Energy
pge.com/MyEnergy

Visite My Energy en el sitio de PG&E y regístrese para recibir alertas de facturación y pagos, analizar el consumo de energía de su hogar, pagar sus facturas e informarse más acerca de sus opciones de plan de tarifas.

Low Income Home Energy Assistance Program (LIHEAP)
1-866-675-6623

Si usted destina un alto porcentaje de su ingreso al pago de las facturas de energía, podría reunir las condiciones para recibir asistencia económica y servicios de aislamiento térmico a través de este programa administrado por el California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Obtenga acceso telefónico a bajo precio cuando reúna los requisitos de ingreso similares al Programa CARE. Para más información, contacte a su compañía local de teléfonos.

¿Discapacidad auditiva o del habla? TDD/TTY disponible llamando al **1-800-652-4712** (lunes a viernes de 9 a.m. a 11 p.m.).

¿No puede usar la línea TDD? Llame al **1-800-735-2929**



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 3471-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



CARE/FERA PROGRAM APPLICATION Sub-Metered Residential Customers

Apply for a monthly discount on your energy bill

If your landlord bills you directly for gas and electricity, you are a "sub-metered" customer. While you are not a direct PG&E customer, you may still be eligible for programs and services to help you lower your energy bills, including the CARE and the FERA Programs.

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273

The CARE Program offers a monthly discount on PG&E bills for qualifying households. Qualification is based on the total income of everyone living in the home **OR** participation in qualifying public assistance programs.

Please look over the CARE Income Guidelines listed here to see if you qualify. On the application form, you can enroll by:

- Checking all the qualifying public assistance agencies from which you, or someone in your household, receives benefits **OR**
- Checking the box that matches your household's total gross annual income.*

You will also need to have your landlord or facility manager complete Section 1A of this application. If your landlord has questions, have him or her call us on the Sub-Metered Hotline at **415-972-5732**.

CARE Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	\$31,460 or less
3	\$39,580 or less
4	\$47,700 or less
5	\$55,820 or less
6	\$63,940 or less
7	\$72,060 or less
8	\$80,180 or less
Each Additional Person, add	\$8,120

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

FERA Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	Not Applicable
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Each Additional Person, add	\$ 8,120-\$10,150

If you do not qualify for the CARE Program, you may still qualify for the FERA Program, which offers a monthly discount on electric bills for households of three or more people with a slightly higher income than required for CARE.

See the FERA Income Guidelines listed above to find out if you qualify, and enroll by completing the included application.

*Total gross annual household income includes all taxable and nontaxable revenues from all persons living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.

How You Can Apply

Email: Take a picture or scan completed application and email this image to CAREandFERA@pge.com

Fax: Send completed application to 1-877-302-7563

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

Other Helpful Programs and Services

Energy Savings Assistance Program
pge.com/ESA
1-800-989-9744

This program provides energy-efficient home improvements and appliances at no cost to customers who qualify for CARE and rent or own a home that is at least five years old.

Energy Savings Assistance Program

Medical Baseline
pge.com/MedicalBaseline

If you depend on life-support or other equipment due to medical needs, you may be eligible for additional energy at the lowest price through the Medical Baseline Program.

Low Income Home Energy Assistance Program (LIHEAP)
1-866-675-6623

If you spend a high percentage of your income on energy bills, you may be eligible to receive financial assistance and weatherproofing services through this program administered by the California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Get discounted telephone access when you meet similar income guidelines as the CARE Program. To learn more, contact your local phone service provider.



SOLICITUD PARA EL PROGRAMA CARE/FERA

Cientes residenciales con sub-medidor

Solicite un descuento mensual en su factura de energía

Si su arrendador le factura directamente por el consumo de gas y electricidad, usted es considerado como un cliente con "sub-medidor". A pesar de que usted no es cliente directo de PG&E, usted podría calificar para programas que lo ayuden a reducir el monto de su factura de energía, incluyendo los Programas CARE y FERA.

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273

El Programa CARE ofrece un descuento mensual en las facturas de PG&E a hogares que cumplen con los requisitos por sus ingresos. La calificación está basada en el ingreso total de todas las personas en el hogar **O** en la participación en programas de asistencia pública calificados.

Por favor verifique los requisitos de ingreso de CARE para ver si califica. En el formulario de solicitud, usted puede inscribirse:

- Marcando todas las agencias de asistencia pública calificadas de las cuales usted o alguien en su hogar recibe beneficios, **O**
- Marcando la casilla que coincide con el ingreso bruto total anual del hogar.*

Usted necesitará que su arrendador o administrador complete la sección 1A de esta solicitud. Si su arrendador tiene preguntas, dígame que nos llame a la línea especial de "sub-medidores" al **415-972-5732**.

Requisitos de ingreso CARE (válido hasta el 31 de mayo, 2015)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$31,460 o menos
3	\$39,580 o menos
4	\$47,700 o menos
5	\$55,820 o menos
6	\$63,940 o menos
7	\$72,060 o menos
8	\$80,180 o menos
Por cada persona adicional, añada	\$8,120

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

Si usted no cumple con los requisitos para el Programa CARE, tal vez califique para el Programa FERA, que ofrece un descuento en las facturas mensuales de electricidad a familias de tres o más personas que reciban un ingreso ligeramente más alto que el requerido para CARE.

Vea los requisitos de ingreso de FERA que incluimos en esta tabla para ver si cumple con los requisitos e inscribese completando la solicitud incluida.

Requisitos de ingreso FERA (válido hasta el 31 de mayo, 2015)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	No aplica
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Por cada persona adicional, añada	\$ 8,120-\$10,150

*El ingreso bruto total anual del hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ganancias de su propio negocio y toda ganancia proveniente de un empleo no pagado en efectivo.

Cómo puede inscribirse

Email: Saque una foto o escanee su solicitud completa y envíe la imagen a **CAREandFERA@pge.com**

Fax: Envíe la solicitud completa al **1-877-302-7563**

Correo: Envíe la solicitud completa a **CARE/FERA Program**
P.O. Box 7979
San Francisco, CA 94120-7979

Otros programas y servicios útiles

Energy Savings Assistance Program
pge.com/ESA
1-800-989-9744

Este programa provee de mejoras en el hogar relativas al uso eficiente de la energía y de electrodomésticos sin costo para aquellos clientes que cumplan con los requisitos para CARE y alquilan o son dueños de una vivienda construida hace más de cinco años.

Energy Savings Assistance Program

Medical Baseline
pge.com/MedicalBaseline

Si debido a necesidades médicas usted depende de equipos de soporte vital o de otro tipo de equipos, usted podría ser elegible para obtener energía adicional al precio base más bajo a través del Programa Medical Baseline.

Universal Lifeline Telephone Service (ULTS)

Obtenga acceso telefónico a bajo precio cuando reúna los requisitos de ingreso similares al programa CARE. Para más información, contacte a su compañía local de teléfonos.

Low Income Home Energy Assistance Program (LIHEAP)
1-866-675-6623

Si usted destina un alto porcentaje de su ingreso al pago de las facturas de energía, podría reunir las condiciones para recibir asistencia económica y servicios de aislamiento térmico a través de este programa administrado por el California Department of Community Services and Development.



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

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3471-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



Migrant Farm Worker Housing Centers

Apply for a monthly discount on your PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/CARE

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

How You Can Apply

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

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

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

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

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

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

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

Eligible Facilities

- **Migrant Farm Worker Housing Centers, operated by the Office of Migrant Services through the Department of Housing and Community Development**, provide housing pursuant to Section 50710 of the California Health and Safety Code.
- **Migrant Farm Worker Housing Centers, operated by non-profit entities**, as defined in Subdivision (b) of Section 1140.4 of the Labor Code, is exempt from local property taxes pursuant to Subdivision (g) of Section 214 of the Revenue and Taxation Code.

Eligibility Criteria for Organizations

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

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

Migrant Farm Worker Housing Centers' (MFHC) Responsibilities

As the applicant, you are required to:

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

5

Your PG&E Facility Account(s)

For individual facilities of the same type, please attach a separate sheet for more than eight addresses.

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Type of metering at this facility: Individually metered Master metered

Total number of residents: _____ (Excluding on-site manager)

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Type of metering at this facility: Individually metered Master metered

Total number of residents: _____ (Excluding on-site manager)

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Type of metering at this facility: Individually metered Master metered

Total number of residents: _____ (Excluding on-site manager)

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Type of metering at this facility: Individually metered Master metered

Total number of residents: _____ (Excluding on-site manager)



Gas Sample Form No. 62-0156
CARE Program Application for Nonprofit Group Living Facilities

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3471-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



CARE PROGRAM APPLICATION Nonprofit Group Living Facilities

62-0156
Rev. 6.14

Apply for a monthly discount on your PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/CARE

The CARE Program offers a monthly discount on PG&E bills for qualifying nonprofit group living facilities based on criteria established by the California Public Utilities Commission. Please review this application carefully to see if your facility qualifies. If you have questions, email CAREprogram@pge.com or call the Hotline at **415-973-7288**, 8 a.m. to 4 p.m., Monday–Friday, excluding holidays.

How You Can Apply

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

Determine if your facility meets the definition of a qualified nonprofit group living facility. The facility must meet all criteria to qualify for a monthly CARE discount.

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

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

- A copy of a current Federal 501(c)(3) tax exemption document with the same name as the PG&E account(s)
- A copy of your license to provide social service by the appropriate agency
- A complete list of your facility's PG&E accounts (See Section 5 of the application.)

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

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

Eligible Facilities

Homeless Shelters, Hospices and Women's Shelters

- Lodging must be the facility's primary function.
- Facility must be open with at least six beds for a minimum of 180 days and/or nights per year at each facility's service address.
- Satellite facilities in the name of the licensed organization are also eligible, as long as 70 percent of the energy supplied is used for residential purposes. *NOTE: Applications for satellite facilities must be completed by the organization that holds the documentation required.*

Required Supporting Documentation

Copy of a current Federal 501(c)(3) tax exemption document with the same name as the PG&E account(s).

Group Living Facilities

These facilities are 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 people, or other nonprofit group living facilities.

- Each facility must provide a special-needs social service, such as meals or rehabilitation, in addition to lodging.
- Satellite facilities in the name of the licensed organization are also eligible, as long as 70 percent of the energy supplied is used for residential purposes **and** the facility also provides special-needs social services. *NOTE: Applications for satellite facilities must be completed by the organization that holds the documentation that shows the special needs social services that are provided.*

Required Supporting Documentation

- Copy of your current Federal 501(c)(3) tax exemption document with the same name as the PG&E account(s).
- Copy of a license to provide service by the appropriate agency, such as the State Department of Social Services, Department of Drug and Alcohol program or the Department of Health Services **OR** be able to show some other proof of service that meets with PG&E's satisfaction.

See other side for more information

Facilities NOT Eligible

- Nonprofit facilities that only provide social services
- Group living facilities that only provide lodging
- Government-owned and/or -operated facilities
- Government-subsidized facilities that only provide lodging

Eligibility Criteria for Organizations

Each facility MUST meet ALL of the following:

- Organization operating the facility must be able to prove its Federal 501(c)(3) status.
- Name on the PG&E account(s) must match the name on the Federal 501(c)(3) tax exemption.
- Seventy percent of the energy supplied to each PG&E account, including common use areas, must be used for residential purposes.
- Organization must verify that all of the facility's residents and/or households, at any given time, meet the current CARE income eligibility guidelines. *NOTE: This excludes any employee operating or managing the facility who lives on the premises. Please see the enclosed sheet for the current CARE income guidelines.*
- Organization is required to renew its CARE eligibility by completing a new application, attaching all required documentation (updated as necessary) and providing an explanation as to how the previous year's CARE discount was used to directly benefit its residents.

Organization's Responsibilities

As the applicant, your organization is required to:

- Provide proof of the facility's eligibility (see *Eligible Facilities*), and submit required documentation with their CARE application.
- Verify that all of your facility's residents and/or households, at any given time, meet the current CARE income guidelines (see *CARE Income Guidelines* sheet) and make a certification to that effect, under the penalty of perjury, under the laws of the state of California.
- Maintain records of your residents' income eligibility, as demonstrated by Federal tax returns, payroll stubs or similar records acceptable to PG&E. These records must be retained for three years from the date of the initial CARE application and/or renewal.
- Show at renewal how the previous year's CARE discount directly benefited your residents.
- Maintain accounting entries and supporting documentation that demonstrates how the previous year's CARE discount directly benefited your residents. These records must be retained for three years from the date of the initial CARE application and/or renewal.
- Upon request from PG&E, provide documentation for your residents' income eligibility and/or documentation that shows how the CARE discount directly benefited the residents.
- Provide all information requested by PG&E. Failure to do so will result in denial or removal from the CARE Program. In addition, your organization may be subject to rebilling for the period it was ineligible for the discount, as determined by PG&E.

5

Your PG&E Facility Account(s)

For individual facilities of the same type (such as a Group Living Facility or Homeless Shelter), please attach a separate sheet for more than four addresses.

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Satellite facility? Yes No
Common Use Area Account? Yes No

Number of days this facility is occupied each year: _____
Total number of residents (Excluding on-site manager): _____

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Satellite facility? Yes No
Common Use Area Account? Yes No

Number of days this facility is occupied each year: _____
Total number of residents (Excluding on-site manager): _____

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Satellite facility? Yes No
Common Use Area Account? Yes No

Number of days this facility is occupied each year: _____
Total number of residents (Excluding on-site manager): _____

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Satellite facility? Yes No
Common Use Area Account? Yes No

Number of days this facility is occupied each year: _____
Total number of residents (Excluding on-site manager): _____



Gas Sample Form No. 62-0672 (T)
CARE/FERA Program Application for Sub-Metered Residential Customers
(English/Chinese)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3471-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



CARE/FERA PROGRAM APPLICATION Sub-Metered Residential Customers

Apply for a monthly discount on your energy bill

If your landlord bills you directly for gas and electricity, you are a "sub-metered" customer. While you are not a direct PG&E customer, you may still be eligible for programs and services to help you lower your energy bills, including the CARE and the FERA Programs.

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273

The CARE Program offers a monthly discount on PG&E bills for qualifying households. Qualification is based on the total income of everyone living in the home **OR** participation in qualifying public assistance programs.

Please look over the CARE Income Guidelines listed here to see if you qualify. On the application form, you can enroll by:

- Checking all the qualifying public assistance agencies from which you, or someone in your household, receive benefits **OR**
- Checking the box that matches your household's total gross annual income.*

You will also need to have your landlord or facility manager complete Section 1A of this application. If your landlord has questions, have him or her call us on the Sub-Metered Hotline at **415-972-5732**.

CARE Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	\$31,460 or less
3	\$39,580 or less
4	\$47,700 or less
5	\$55,820 or less
6	\$63,940 or less
7	\$72,060 or less
8	\$80,180 or less
Each Additional Person, add	\$8,120

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

FERA Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	Not Applicable
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Each Additional Person, add	\$ 8,120-\$10,150

If you do not qualify for the CARE Program, you may still qualify for the FERA Program, which offers a monthly discount on electric bills for households of three or more people with a slightly higher income than required for CARE.

See the FERA Income Guidelines listed above to find out if you qualify, and enroll by completing the included application.

*Total gross annual household income includes all taxable and nontaxable revenues from all persons living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.

How You Can Apply

Email: Take a picture or scan completed application and email this image to CAREandFERA@pge.com

Fax: Send completed application to 1-877-302-7563

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

Other Helpful Programs and Services

Energy Savings Assistance Program
pge.com/ESA
1-800-989-9744

This program provides energy-efficient home improvements and appliances at no cost to customers who qualify for CARE and rent or own a home that is at least five years old.

Energy Savings Assistance Program

Medical Baseline
pge.com/MedicalBaseline

If you depend on life-support or other equipment due to medical needs, you may be eligible for additional energy at the lowest price through the Medical Baseline Program.

Low Income Home Energy Assistance Program (LIHEAP)
1-866-675-6623

If you spend a high percentage of your income on energy bills, you may be eligible to receive financial assistance and weatherproofing services through this program administered by the California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Get discounted telephone access when you meet similar income guidelines as the CARE Program. To learn more, contact your local phone service provider.



CARE/FERA 計劃申請表 使用分錶的住宅用戶

62-0672
Rev. 6.14

申請能源帳單每月折扣優惠

如果您的房東直接向您收取煤電費用，您即屬於「使用分錶」的用戶。雖然您不是 PG&E 的直屬用戶，但您仍可能有資格參加降低能源帳單的計劃，其中包含 CARE 及 FERA 計劃。

California Alternate Rates for Energy (CARE)計劃

pge.com/CARE
1-866-743-2273

CARE 計劃為符合申請條件的家庭提供 PG&E 帳單每月折扣優惠。申請資格以每戶家庭成員總收入或有無參加符合申請條件的社會補助福利計劃為準。

請詳讀這裡所列 CARE 收入標準，了解自己是否符合申請條件。如果您想加入，請在申請表上填寫以下欄位：

- 勾選您或任何家人目前接受福利所參加的全部社會補助計劃；或
- 勾選符合您全家年收入總計的方格*。

您還要求房東或住宅設施經理填寫本申請表 1A 節。如果您的房東有任何疑問，請他或她致電與「分錶用戶專線」(Sub-Metered Hotline) 聯絡，電話為 415-972-5732。

CARE 收入資格標準
(有效期至 2015 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	\$31,460 或以下
3	\$39,580 或以下
4	\$47,700 或以下
5	\$55,820 或以下
6	\$63,940 或以下
7	\$72,060 或以下
8	\$80,180 或以下
每多一人即增加	\$8,120

Family Electric Rate Assistance (FERA)計劃

pge.com/FERA
1-800-743-5000

FERA 收入標準
(有效期至 2015 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	不符資格
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
每多一人即增加	\$ 8,120-\$10,150

如果您不符合 CARE 申請資格，仍可能有資格參加 Family Electric Rate Assistance (家庭電費補助，簡稱 FERA) 計劃。該計劃為三人以上的家庭提供每月電費帳單折扣，而申請資格的收入上限較高。

請參考以上所列 FERA 收入標準，了解自己是否符合申請資格，並填寫附頁申請表申請加入 FERA 計劃。

*全家年收入總計包括居於此地址之家庭成員所有繳稅與不需繳稅的收入，且涵蓋所有收入來源，包括(但不限於)工資、月薪、利息、股利、配偶和子女贍養費、社會補助款項、社安金、退休金、住宅補貼、軍人補貼、租金收入、自營收入和所有與聘僱工作有關的非現金收入。

申請方式

電郵地址: 將填好的申請表拍照或掃描後透過電子郵件寄到
CAREandFERA@pge.com

傳真: 將填好的申請表傳真到
1-877-302-7563

郵寄:
將填好的申請表寄到
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

其他補助計劃和服務

Energy Savings Assistance Program
pge.com/ESA
1-800-989-9744

凡是符合 CARE 條件且租賃或自購屋屋齡至少五年的客戶，本計劃皆免費提供住家節能改善工程與設備。

Energy Savings Assistance Program

MedicalBaseline
pge.com/MedicalBaseline

如果您有醫療上的需求，要依賴維生系統或其他設備，就可能有資格透過「基本醫療底線」計劃以最低價格使用額外能源。

Universal Lifeline Telephone Service (ULTS)

您只要符合 CARE 計劃的相同收入標準，就能獲得電話費折扣優惠。如要進一步瞭解，請聯絡您當地電話服務公司。

低收入家庭能源協助計劃 (Low Income Home Energy Assistance Program)
1-866-675-6623

透過加州社區服務與發展部所主持的這項計劃，若您在能源帳單上的支出在您的收入中佔相當高的比例，您可能會有資格獲得財務援助及防水服務。



Gas Sample Form No. 62-0673 (T)
CARE/FERA Program Application for Sub-Metered Residential Customers
(English/Vietnamese)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3471-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



CARE/FERA PROGRAM APPLICATION Sub-Metered Residential Customers

Apply for a monthly discount on your energy bill

If your landlord bills you directly for gas and electricity, you are a "sub-metered" customer. While you are not a direct PG&E customer, you may still be eligible for programs and services to help you lower your energy bills, including the CARE and the FERA Programs.

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273

The CARE Program offers a monthly discount on PG&E bills for qualifying households. Qualification is based on the total income of everyone living in the home **OR** participation in qualifying public assistance programs.

Please look over the CARE Income Guidelines listed here to see if you qualify. On the application form, you can enroll by:

- Checking all the qualifying public assistance agencies from which you, or someone in your household, receive benefits **OR**
- Checking the box that matches your household's total gross annual income.*

You will also need to have your landlord or facility manager complete Section 1A of this application. If your landlord has questions, have him or her call us on the Sub-Metered Hotline at **415-972-5732**.

CARE Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	\$31,460 or less
3	\$39,580 or less
4	\$47,700 or less
5	\$55,820 or less
6	\$63,940 or less
7	\$72,060 or less
8	\$80,180 or less
Each Additional Person, add	\$8,120

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

FERA Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	Not Applicable
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Each Additional Person, add	\$ 8,120-\$10,150

If you do not qualify for the CARE Program, you may still qualify for the FERA Program, which offers a monthly discount on electric bills for households of three or more people with a slightly higher income than required for CARE.

See the FERA Income Guidelines listed above to find out if you qualify, and enroll by completing the included application.

*Total gross annual household income includes all taxable and nontaxable revenues from all persons living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.

How You Can Apply

Email: Take a picture or scan completed application and email this image to CAREandFERA@pge.com

Fax: Send completed application to 1-877-302-7563

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

Other Helpful Programs and Services

Energy Savings Assistance Program
pge.com/ESA
1-800-989-9744

This program provides energy-efficient home improvements and appliances at no cost to customers who qualify for CARE and rent or own a home that is at least five years old.

Energy Savings Assistance Program

Medical Baseline
pge.com/MedicalBaseline

If you depend on life-support or other equipment due to medical needs, you may be eligible for additional energy at the lowest price through the Medical Baseline Program.

Low Income Home Energy Assistance Program (LIHEAP)
1-866-675-6623

If you spend a high percentage of your income on energy bills, you may be eligible to receive financial assistance and weatherproofing services through this program administered by the California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Get discounted telephone access when you meet similar income guidelines as the CARE Program. To learn more, contact your local phone service provider.

**Khách Hàng Gia Cư Có Đồng Hồ Đo Phụ****Hãy ghi danh để nhận giảm giá hàng tháng trên hóa đơn năng lượng của quý vị**

Nếu chủ nhà của quý vị là người gửi hóa đơn điện và khí đốt trực tiếp đến quý vị, thì quý vị là khách hàng có “đồng hồ đo phụ.” Dù quý vị không phải là khách hàng trực tiếp của PG&E, quý vị vẫn có thể hội đủ điều kiện cho các chương trình và dịch vụ giúp giảm hóa đơn năng lượng của quý vị, bao gồm Chương Trình CARE và FERA.

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273

Chương trình CARE giảm giá hàng tháng trên hóa đơn PG&E cho các gia đình đủ điều kiện. Điều kiện dựa trên tổng thu nhập của tất cả mọi người sống trong nhà **HOẶC** các chương trình trợ cấp xã hội đủ điều kiện đang được nhận.

Vui lòng xem qua chỉ dẫn về thu nhập của chương trình CARE được liệt kê tại đây để xem quý vị có đủ điều kiện không. Trên mẫu đơn đăng ký, quý vị có thể đăng ký bằng cách:

- Đánh dấu tất cả các chương trình trợ cấp xã hội đủ điều kiện mà quý vị hoặc ai đó trong gia đình đang được nhận **HOẶC**
- Đánh dấu vào ô trùng với tổng thu nhập hộ gia đình hàng năm của quý vị.*

Quý vị cũng sẽ cần nhờ chủ nhà hoặc người quản lý khu nhà điền vào Phần 1A của mẫu đơn này. Nếu chủ nhà có thắc mắc, xin nhờ họ gọi Đường Dây Nóng Đồng Hồ Đo Phụ tại số **415-972-5732**.

Chỉ dẫn về thu nhập của chương trình CARE

(có hiệu lực đến ngày 31 tháng Năm, 2015)

Số Người Trong Gia Đình	Tổng Thu Nhập Hộ Gia Đình Hàng Năm*
1-2	\$31,460 hoặc ít hơn
3	\$39,580 hoặc ít hơn
4	\$47,700 hoặc ít hơn
5	\$55,820 hoặc ít hơn
6	\$63,940 hoặc ít hơn
7	\$72,060 hoặc ít hơn
8	\$80,180 hoặc ít hơn
Với Mỗi Người Thêm Vào, cộng thêm	\$8,120

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

Chỉ dẫn về thu nhập của chương trình FERA

(có hiệu lực đến ngày 31 tháng Năm, 2015)

Nếu quý vị không hội đủ điều kiện vào chương trình CARE, quý vị vẫn có thể hội đủ điều kiện cho chương trình FERA. Chương trình này giảm giá trên hóa đơn hàng tháng cho các gia đình có từ ba người trở lên với lợi tức hơi cao hơn so với yêu cầu của chương trình CARE.

Số Người Trong Gia Đình	Tổng Thu Nhập Hộ Gia Đình Hàng Năm*
1-2	Không áp dụng
3	\$39,581–\$49,475
4	\$47,701–\$59,625
5	\$55,821–\$69,775
6	\$63,941–\$79,925
7	\$72,061–\$90,075
8	\$80,181–\$100,225
Với Mỗi Người Thêm Vào, cộng thêm	\$ 8,120–\$10,150

Xem Chỉ Dẫn về Thu Nhập của chương trình FERA được liệt kê ở trên để xem quý vị có đủ điều kiện không và đăng ký bằng cách hoàn tất đơn đăng ký đính kèm.

*Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

Cách Đăng Ký

Bằng email: Chụp ảnh hoặc scan đơn đăng ký hoàn chỉnh của quý vị và gửi email ảnh này đến địa chỉ CAREandFERA@pge.com

Fax: Gửi đơn đăng ký hoàn chỉnh đến **1-877-302-7563**

Bằng thư: Gửi đơn đăng ký hoàn chỉnh đến **CARE/FERA Program**
P.O. Box 7979
San Francisco, CA 94120-7979

Các Chương Trình Và Dịch Vụ Hữu Ích Khác

Chương Trình Energy Savings Assistance Program
pge.com/ESA
1-800-989-9744

Chương trình này cung cấp các cải thiện để gia đình sử dụng năng lượng hiệu quả và cung cấp các thiết bị gia dụng miễn phí cho khách hàng đủ điều kiện đối với chương trình CARE hoặc khách hàng thuê hay sở hữu nhà có tuổi thọ ít nhất là 5 năm.

Energy Savings Assistance Program

Medical Baseline
pge.com/MedicalBaseline

Nếu quý vị phải phụ thuộc vào thiết bị hỗ trợ sự sống hoặc thiết bị khác do nhu cầu sức khỏe, quý vị có thể hội đủ điều kiện nhận thêm năng lượng với giá thấp nhất qua Chương Trình Medical Baseline.

Universal Lifeline Telephone Service (ULTS)

Nhận giảm giá điện thoại khi quý vị đủ điều kiện về thu nhập tương tự như chương trình CARE. Hãy liên hệ với nhà cung cấp dịch vụ điện thoại tại địa phương để tìm hiểu thêm.

Low Income Home Energy Assistance Program (LIHEAP)
1-866-675-6623

Nếu quý vị cần phải sử dụng một phần lớn thu nhập của mình để trả hóa đơn năng lượng, quý vị có thể hội đủ điều kiện để nhận trợ giúp tài chính và những dịch vụ điều hòa thời tiết qua chương trình này được điều hành bởi Sở Dịch Vụ và Phát Triển Cộng Đồng California.



Gas Sample Form No. 62-0919
CARE/FERA Program Application for Residential Customers
(Pre-Printed Application)

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3471-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



Please fill out the information below about you and your household, and then the information for EITHER Section 2A **OR** 2B. Sign and date this form and return it to PG&E as soon as possible. **If you qualify, your CARE or FERA discount will appear on the first page of your PG&E bill within the next two billing cycles.**

1 You and Your Household

Email Address

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

Preferred Phone Number Home Work Mobile

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

Alternative Phone Number Home Work Mobile

What language do you prefer for future CARE and FERA communications? (Choose one)

- English Hmong Tagalog Mandarin Cantonese
 Russian Korean Vietnamese Spanish

What's your preferred method of communication? (Choose one)

- Mail Email Phone Text
(Message and data rates may apply.)

Number of people in your household at this address:

Adults + Children =
(under 18)

2 Household Qualification

If your household meets the Program Income Guidelines, either fill out Section 2A **OR** Section 2B. You do not need to complete both sections. You will be enrolled in either the CARE or FERA Program, depending on your household income and household size.

2A Public Assistance Programs

Check all the programs in which you, or someone in your household, participate.

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

If you checked any of the boxes in this section, skip to Section 3.



2B Household Income

If you do not participate in any of the above programs, please add up all the income from every household member and check the box below that matches your household's total annual gross income. Please note the income ranges listed below ARE NOT fixed incremental amounts, so carefully review each income range before selecting the appropriate box.

My household income is:

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0-\$31,460 | <input type="checkbox"/> \$59,626-\$63,940 | <input type="checkbox"/> \$80,181-\$88,300 |
| <input type="checkbox"/> \$31,461-\$39,580 | <input type="checkbox"/> \$63,941-\$69,775 | <input type="checkbox"/> \$88,301-\$90,075 |
| <input type="checkbox"/> \$39,581-\$47,700 | <input type="checkbox"/> \$69,776-\$72,060 | <input type="checkbox"/> \$90,076-\$96,420 |
| <input type="checkbox"/> \$47,701-\$49,475 | <input type="checkbox"/> \$72,061-\$79,925 | <input type="checkbox"/> \$96,421-\$100,225 |
| <input type="checkbox"/> \$49,476-\$55,820 | <input type="checkbox"/> \$79,926-\$80,180 | <input type="checkbox"/> Other \$ _____ |
| <input type="checkbox"/> \$55,821-\$59,625 | | |

I am currently on a fixed income and receive income or benefits from one or more of the following: pensions, Social Security, SSP or SSDI, interest/dividends from retirement accounts, Medicaid/Medi-Cal (age 65 and over) or SSI.

3 Your Declaration

By signing this declaration, I certify that based on my household size and household income I qualify for either the CARE or the FERA Program.

I also agree to the following program terms and conditions in order to remain eligible for the CARE or the FERA Program:

- The information I have provided here is true and correct.
- The PG&E bill is in my name, and I live at the address where the discount will be received.
- I am not claimed as a dependent on another person's income tax return other than my spouse.
- I do not share an energy meter with another home.
- I will renew my eligibility at least every two years and/or notify PG&E if my household is no longer eligible for the CARE or FERA discount.
- Following enrollment, I understand I may be required to provide proof of qualifying household income which, in some cases, may require providing IRS Tax Return Transcripts and agreeing to participate in the Energy Savings Assistance Program.
- I understand my monthly electric usage must not exceed six times the Tier 1 allowance, which is the lowest-priced rate tier within PG&E's standard Tiered Base Plan.
- I will pay back the discount if any of the information provided above is untrue.
- I will allow PG&E to share my information with municipal, state or federal agencies, and/or other utilities or their agents, for the sole purpose of facilitating enrollment in their assistance programs.



Customer Signature

Fill in circle if you're a guardian or you have power of attorney

FOR INTERNAL USE ONLY

Date



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

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3471-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



CARE/FERA PROGRAM APPLICATION Residential Customers

62-0939
Rev. 6.14

Apply for a monthly discount on your PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273

The CARE Program offers a monthly discount on PG&E bills for qualifying households. Qualification is based on the total income of everyone living in the home **OR** participation in qualifying public assistance programs.

Please look over the CARE Income Guidelines listed here to see if you qualify. On the application form, you can enroll by:

- Checking all the qualifying public assistance programs from which you, or someone in your household, receive benefits **OR**
- Checking the box that matches your household's total gross annual income.*

CARE Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	\$31,460 or less
3	\$39,580 or less
4	\$47,700 or less
5	\$55,820 or less
6	\$63,940 or less
7	\$72,060 or less
8	\$80,180 or less
Each Additional Person, add	\$8,120

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

If you do not qualify for the CARE Program, you may still qualify for the FERA Program, which offers a monthly discount on electric bills for households of three or more people with a slightly higher income than required for CARE.

See the FERA Income Guidelines listed above to find out if you qualify, and enroll by completing the included application.

FERA Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	Not Applicable
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Each Additional Person, add	\$ 8,120-\$10,150

*Total gross annual household income includes all taxable and nontaxable revenues from all people living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.

How You Can Apply

Online: Apply online for faster enrollment at pge.com/CARE

Phone: Apply by calling 1-866-743-2273

Email: Take a picture or scan completed application and email this image to CAREandFERA@pge.com

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

Fax: Send completed application to **1-877-302-7563**

Other Helpful Programs and Services

Energy Savings Assistance Program

pge.com/ESA
1-800-989-9744



This program provides energy-efficient home improvements and appliances at no cost to customers who qualify for CARE and rent or own a home that is at least five years old.

My Energy

pge.com/MyEnergy

Log on to My Energy to sign up for billing and payment alerts, analyze your household's energy usage, pay your bills and learn more about your rate plan options.

Balanced Payment Plan

pge.com/BalancedPayment
1-800-743-5000

Your monthly payments will be averaged out to allow you to budget your energy costs and minimize big payment swings.

Medical Baseline

pge.com/MedicalBaseline

If you depend on life-support or other equipment due to medical needs, you may be eligible for additional energy at the lowest price through the Medical Baseline Program.

Low Income Home Energy Assistance Program (LIHEAP)

1-866-675-6623

If you spend a high percentage of your income on energy bills, you may be eligible to receive financial assistance and weatherproofing services through this program administered by the California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Get discounted telephone access when you meet similar income guidelines as the CARE Program. To learn more, contact your local phone service provider.



SOLICITUD PARA EL PROGRAMA CARE/FERA

Clientes residenciales

62-0939
Rev. 6.14

Solicite un descuento mensual en su factura de PG&E

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273

El Programa CARE ofrece un descuento mensual en las facturas de PG&E a hogares que cumplen con los requisitos por sus ingresos. La calificación está basada en el ingreso total de todas las personas en el hogar **O** en la participación en programas de asistencia pública calificados.

Requisitos de ingreso CARE
(válido hasta el 31 de mayo, 2015)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$31,460 o menos
3	\$39,580 o menos
4	\$47,700 o menos
5	\$55,820 o menos
6	\$63,940 o menos
7	\$72,060 o menos
8	\$80,180 o menos
Por cada persona adicional, añada	\$8,120

Por favor verifique los requisitos de ingreso de CARE para ver si califica. En el formulario de solicitud, usted puede inscribirse:

- Marcando todos los programas de asistencia pública calificados por los que usted o alguien en su hogar recibe beneficios, **O**
- Marcando la casilla que coincide con el ingreso bruto total anual del hogar.*

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

Requisitos de ingreso FERA
(válido hasta el 31 de mayo, 2015)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	No aplica
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Por cada persona adicional, añada	\$ 8,120-\$10,150

Si usted no cumple con los requisitos para el Programa CARE, tal vez califique para el Programa FERA, que ofrece un descuento en las facturas mensuales de electricidad a familias de tres o más personas que reciban un ingreso ligeramente más alto que el requerido para CARE.

Vea los requisitos de ingreso de FERA que incluimos en esta tabla para ver si cumple con los requisitos e inscribese completando la solicitud incluida.

*El ingreso bruto total anual del hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ganancias de su propio negocio y toda ganancia proveniente de un empleo no pagado en efectivo.

Cómo puede inscribirse

Internet: Solicite por Internet para inscribirse más rápidamente visitando pge.com/CARE

Teléfono: Inscríbese llamando al 1-866-743-2273

Email: Saque una foto o escanee su solicitud completa y envíe la imagen a: CAREandFERA@pge.com

Correo: Envíe la solicitud completa a **CARE/FERA Program**
P.O. Box 7979
San Francisco, CA 94120-7979

Fax: Envíe la solicitud completa al 1-877-302-7563

Otros programas y servicios útiles

Energy Savings Assistance Program
pge.com/ESA
1-800-989-9744

Este programa provee de mejoras en el hogar relativas al uso eficiente de la energía y de electrodomésticos sin costo para aquellos clientes que cumplan con los requisitos para CARE y alquilan o son dueños de una vivienda construida hace más de cinco años.



Balanced Payment Plan
pge.com/BalancedPayment
1-800-743-5000

Se basa en el promedio de sus pagos mensuales para que usted maneje sus costos de energía, minimizando grandes variaciones de pago.

Medical Baseline
pge.com/MedicalBaseline

Si debido a necesidades médicas usted depende de equipos de soporte vital o de otro tipo de equipos, usted podría ser elegible para obtener energía adicional al precio base más bajo a través del Programa Medical Baseline.

My Energy
pge.com/MyEnergy

Visite My Energy en el sitio de PG&E y regístrese para recibir alertas de facturación y pagos, analizar el consumo de energía de su hogar, pagar sus facturas e informarse más acerca de sus opciones de plan de tarifas.

Low Income Home Energy Assistance Program (LIHEAP)
1-866-675-6623

Si usted destina un alto porcentaje de su ingreso al pago de las facturas de energía, podría reunir las condiciones para recibir asistencia económica y servicios de aislamiento térmico a través de este programa administrado por el California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Obtenga acceso telefónico a bajo precio cuando reúna los requisitos de ingreso similares al Programa CARE. Para más información, contacte a su compañía local de teléfonos.

¿Discapacidad auditiva o del habla? TDD/TTY disponible llamando al 1-800-652-4712 (lunes a viernes de 9 a.m. a 11 p.m.).

¿No puede usar la línea TDD? Llame al 1-800-735-2929



Gas Sample Form No. 62-0940
CARE Program Re-Certification Instructions - Residential Customers

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3471-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



Residential Customers • Clientes residenciales

Reapply for your monthly CARE discount

We have been pleased to provide you with a monthly discount through the California Alternative Rates for Energy (CARE) Program (as noted on the first page of your Pacific Gas and Electric bill). However, it is now time to renew your participation.

To continue to receive this discount you need to:

Verify Your Household Qualification

Look over the updated CARE Income Guidelines listed here to verify that you still qualify. If you do, use the enclosed Renewal Application to reapply by:

- Checking all the qualifying public assistance programs from which you, or someone in your household, receives benefits **OR**
- Checking the box that matches your household's total gross annual income

CARE Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	\$31,460 or less
3	\$39,580 or less
4	\$47,700 or less
5	\$55,820 or less
6	\$63,940 or less
7	\$72,060 or less
8	\$80,180 or less
Each Additional Person, add	\$8,120

*Total gross annual household income includes all taxable and nontaxable revenues from all people living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.

Return Your Renewal Application

Use the **postage-paid envelope** we have provided or one of the following methods:

Online: Reapply online for faster renewal at pge.com/CARE.

Email: Take a picture or scan completed Renewal Application and email this image to CARE@pge.com.

Fax: Send your completed Renewal Form to **1-877-302-7563**.

Phone: Reapply by calling **1-866-743-2273**.

Speech or hearing impaired? TDD/TTY is available at **1-800-652-4712** (9 a.m. to 11 p.m., Monday-Friday). **Can't use the TDD line?** Call **1-800-735-2929**

Vuelva a solicitar su descuento mensual de CARE

Nos complace haberle brindado un descuento mensual a través del Programa California Alternative Rates for Energy (CARE, por sus siglas en inglés) (como se indicó en la primera página de su factura de PG&E). Pero ahora, debe renovar su participación.

Para continuar recibiendo este descuento, usted necesita:

Verificar la calificación de su hogar

Mire la lista de requisitos de ingreso actualizados de CARE que presentamos aquí para verificar que usted todavía califica. De ser así, use la solicitud de renovación para:

- Marcar todos los programas de asistencia pública calificados por los que usted o alguien en su hogar recibe beneficios, **0**
- Marcar la casilla que coincide con el ingreso bruto total anual del hogar.

Requisitos de ingreso CARE (válido hasta el 31 de mayo, 2015)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$31,460 o menos
3	\$39,580 o menos
4	\$47,700 o menos
5	\$55,820 o menos
6	\$63,940 o menos
7	\$72,060 o menos
8	\$80,180 o menos
Por cada persona adicional, añada	\$8,120

*El ingreso bruto total anual del hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ganancias de su propio negocio y toda ganancia proveniente de un empleo no pagado en efectivo.

Devolver su solicitud de renovación

Utilice el **sobre adjunto con franqueo pago** o uno de los siguientes métodos:

Internet: Solicite su renovación por Internet más rápidamente visitando el sitio pge.com/CARE.

Email: Saque una foto o escanee su solicitud de renovación completa y envíe la imagen a CARE@pge.com.

Fax: Envíe la solicitud de renovación completa al **1-877-302-7563**.

Teléfono: Vuelva a solicitar llamando al **1-866-743-2273**.

¿Discapacidad auditiva o del habla? TDD/TTY disponible llamando al **1-800-652-4712** (lunes a viernes de 9 a.m. a 11 p.m.).
¿No puede usar la línea TDD? Llame al **1-800-735-2929**



即時為每月 CARE 折扣 優惠續期

我們很榮幸能透過 California Alternate Rates for Energy (CARE) 計劃為您提供每月折扣優惠。(見於您的 PG&E 月結單第一頁) 然而, 現在是您要續期的時候了。如欲繼續獲得這項優惠, 您必須:

核實您的家庭資格

請詳閱所列的最新 CARE 收入標準, 核實您仍然符合資格。若符合資格, 請以所附的續期申請表再次註冊:

- 勾選您本人或任何目前接受福利的家人所參與的一切合格社會補助計劃; 或
- 勾選符合您全家年度總收入的方格*。

CARE 收入資格標準 (有效期至 2015 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	\$31,460 或以下
3	\$39,580 或以下
4	\$47,700 或以下
5	\$55,820 或以下
6	\$63,940 或以下
7	\$72,060 或以下
8	\$80,180 或以下
每多一人即增加	\$8,120

*全家年收入總計包括全家人所有繳稅與不需繳稅的收入, 請涵蓋所有收入來源, 包括 (但不限於) 工資、月薪、利息、股利、配偶和子女贍養費、社會補助款項、社安金、退休金、住宅補貼、軍人補貼、租金收入、自營收入和所有與聘僱工作有關的收入、非現金收入。

交回您的續期申請表

請使用我們所提供的已付郵資信封, 或下列任何一種方式:

上網: 上網續期, 方便快捷, 網址是 pge.com/CARE。

電郵地址: 請拍照或掃描填妥的續期申請表, 透過電子郵件寄到 CARE@pge.com。

傳真: 請將填妥的續期表格傳真至 1-877-302-7563。

電話: 續期請撥 1-866-743-2273。

需要 CARE 中文更新申請表?

請撥打 1-866-743-2273 索取申請表, 或在電話中更新資料。您亦可前往 pge.com/CARE, 在網上更新資料或下載更新申請表, 填妥後請將表格郵寄給我們。

Hãy ghi danh lại để nhận giảm giá chương trình CARE hàng tháng của quý vị

Chúng tôi rất vui mừng được cung cấp giảm giá hàng tháng qua Chương Trình California Alternate Rates for Energy (CARE) (như được ghi ở trang đầu tiên của hóa đơn Pacific Gas and Electric của quý vị). Tuy nhiên, giờ đã đến lúc quý vị nên ghi danh lại để tham gia chương trình. **Để tiếp tục nhận chương trình giảm giá này, quý vị cần:**

Kiểm tra gia đình quý vị có hội đủ điều kiện

Vui lòng xem qua chỉ dẫn về thu nhập của chương trình CARE được liệt kê tại đây để kiểm tra xem quý vị vẫn hội đủ điều kiện hay không. Nếu quý vị vẫn hội đủ điều kiện, hãy dùng mẫu Đơn Ghi Danh Lại đính kèm để ghi danh lại bằng cách:

- Đánh dấu tất cả các chương trình trợ cấp xã hội đủ điều kiện mà quý vị hoặc ai đó trong gia đình đang được nhận **HOẶC**
- Đánh dấu vào ô trùng với tổng thu nhập hộ gia đình hàng năm của quý vị.*

Chỉ dẫn về thu nhập của chương trình CARE

(có hiệu lực đến ngày 31 tháng Năm, 2015)

Số Người Trong Gia Đình	Tổng Thu Nhập Hộ Gia Đình Hàng Năm*
1-2	\$31,460 hoặc ít hơn
3	\$39,580 hoặc ít hơn
4	\$47,700 hoặc ít hơn
5	\$55,820 hoặc ít hơn
6	\$63,940 hoặc ít hơn
7	\$72,060 hoặc ít hơn
8	\$80,180 hoặc ít hơn
Với Mỗi Người Thêm Vào, cộng thêm	\$8,120

*Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

Gửi Đơn Ghi Danh Lại của quý vị

Dùng **phong bì có tem trả trước** chúng tôi đã cung cấp hoặc một trong những hình thức sau đây:

Trực tuyến: Ghi danh trực tuyến nhanh tại pge.com/CARE.

Bằng email: Chụp ảnh hoặc scan đơn đăng ký hoàn chỉnh của quý vị và gửi email ảnh này đến địa chỉ CAREprogram@pge.com

Fax: Gửi Mẫu Đơn Ghi Danh Lại hoàn chỉnh tới số **1-877-302-7563**.

Bằng Điện Thoại: Ghi danh lại bằng cách gọi đến số **1-866-743-2273**.

Quý vị cần mẫu Đơn Ghi Danh Lại chương trình CARE bằng tiếng Việt?

Xin vui lòng gọi **1-866-743-2273** để yêu cầu gửi đơn ghi danh hoặc quý vị có thể ghi danh lại qua điện thoại. Quý vị cũng có thể truy cập pge.com/CARE để ghi danh lại trực tuyến hoặc tải xuống mẫu đơn ghi danh lại, điền vào và gửi lại cho chúng tôi qua đường bưu điện.



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 3471-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



CARE/FERA PROGRAM APPLICATION Residential Customers

62-0972
Rev. 6.14

Apply for a monthly discount on your PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273

The CARE Program offers a monthly discount on PG&E bills for qualifying households. Qualification is based on the total income of everyone living in the home **OR** participation in qualifying public assistance programs.

Please look over the CARE Income Guidelines listed here to see if you qualify. On the application form, you can enroll by:

- Checking all the qualifying public assistance programs from which you, or someone in your household, receive benefits **OR**
- Checking the box that matches your household's total gross annual income.*

CARE Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	\$31,460 or less
3	\$39,580 or less
4	\$47,700 or less
5	\$55,820 or less
6	\$63,940 or less
7	\$72,060 or less
8	\$80,180 or less
Each Additional Person, add	\$8,120

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

If you do not qualify for the CARE Program, you may still qualify for the FERA Program, which offers a monthly discount on electric bills for households of three or more people with a slightly higher income than required for CARE.

See the FERA Income Guidelines listed above to find out if you qualify, and enroll by completing the included application.

FERA Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	Not Applicable
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Each Additional Person, add	\$ 8,120-\$10,150

*Total gross annual household income includes all taxable and nontaxable revenues from all people living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.

How You Can Apply

Online: Apply online for faster enrollment at pge.com/CARE

Phone: Apply by calling 1-866-743-2273

Email: Take a picture or scan completed application and email this image to CAREandFERA@pge.com

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

Fax: Send completed application to **1-877-302-7563**

Other Helpful Programs and Services

Energy Savings Assistance Program

pge.com/ESA
1-800-989-9744



This program provides energy-efficient home improvements and appliances at no cost to customers who qualify for CARE and rent or own a home that is at least five years old.

My Energy

pge.com/MyEnergy

Log on to My Energy to sign up for billing and payment alerts, analyze your household's energy usage, pay your bills and learn more about your rate plan options.

Balanced Payment Plan

pge.com/BalancedPayment
1-800-743-5000

Your monthly payments will be averaged out to allow you to budget your energy costs and minimize big payment swings.

Medical Baseline

pge.com/MedicalBaseline

If you depend on life-support or other equipment due to medical needs, you may be eligible for additional energy at the lowest price through the Medical Baseline Program.

Low Income Home Energy Assistance Program (LIHEAP)

1-866-675-6623

If you spend a high percentage of your income on energy bills, you may be eligible to receive financial assistance and weatherproofing services through this program administered by the California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Get discounted telephone access when you meet similar income guidelines as the CARE Program. To learn more, contact your local phone service provider.



申請 PG&E 帳單每月折扣優惠

California Alternate Rates for Energy (CARE)計劃

pge.com/CARE
1-866-743-2273

CARE 計劃為符合申請條件的家庭提供 PG&E 帳單每月折扣優惠。申請資格以每戶家庭成員總收入或有無參加符合申請條件的社會補助福利計劃為準。

請詳讀這裡所列 CARE 收入標準，了解自己是否符合申請條件。如果您想加入，請在申請表上填寫以下欄位：

- 勾選您或任何家人目前接受福利所參加的全部社會補助計劃；或
- 勾選符合您全家年收入總計的方格*。

CARE 收入標準
(有效期至 2015 年 5 月 31 日止)

家庭人數	全家年收入總計*
1-2	\$31,460 或以下
3	\$39,580 或以下
4	\$47,700 或以下
5	\$55,820 或以下
6	\$63,940 或以下
7	\$72,060 或以下
8	\$80,180 或以下
每多一人即增加	\$8,120

Family Electric Rate Assistance (FERA)計劃

pge.com/FERA
1-800-743-5000

FERA 收入標準
(有效期至 2015 年 5 月 31 日止)

家庭人數	全家年收入總計*
1-2	不符資格
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
每多一人即增加	\$ 8,120-\$10,150

如果您不符合 CARE 申請資格，仍可能有資格參加 Family Electric Rate Assistance (家庭電費補助，簡稱 FERA) 計劃。該計劃為三人以上的家庭提供每月電費帳單折扣，而申請資格的收入上限較高。

請參考以上所列 FERA 收入標準，了解自己是否符合申請資格，並填寫附頁申請表以申請加入計劃。

*全家年收入總計包括居於此地址之家庭成員所有繳稅與不需繳稅的收入，且涵蓋所有收入來源，包括 (但不限於) 工資、月薪、利息、股利、配偶和子女贍養費、社會補助款項、社安金、退休金、住宅補貼、軍人補貼、租金收入、自營收入和所有與僱傭工作有關的非現金收入。

申請方式

上網: 上網申請速度更快
pge.com/CARE

電話: 電話申請
1-866-743-2273

電郵地址: 將填好的申請表拍照或掃描後透過電子郵件寄到
CAREandFERA@pge.com

郵寄:
將填好的申請表寄到
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

傳真: 將填好的申請表傳真到
1-877-302-7563

其他補助計劃和服務

Energy Savings Assistance Program
pge.com/ESA
1-800-989-9744

Energy Savings Assistance Program

凡是符合 CARE 條件且租賃或自購屋屋齡至少五年的客戶，本計劃皆免費提供住家節能改善工程與設備。

MedicalBaseline
pge.com/MedicalBaseline

如果您有醫療上的需求，要依賴維生系統或其他設備，就可能有資格透過「基本醫療底線」計劃以最低價格使用額外能源。

低收入家庭能源協助計劃 (Low Income Home Energy Assistance Program)
1-866-675-6623

透過加州社區服務與發展部所主持的這項計劃，若您在能源帳單上的支出在您的收入中佔相當高的比例，您可能也有資格獲得財務援助及防水服務。

平衡付款計劃
pge.com/BalancedPayment
1-800-743-5000

讓您每月平均分攤費用，妥善安排能源開支預算，避免帳單出現大幅變動。

My Energy
pge.com/MyEnergy

登入 My Energy 網站，即可登記使用帳單和付款通知服務、分析全家能源用量、繳交費用，並且進一步瞭解費率選項。

Universal Lifeline Telephone Service (ULTS)

您只要符合 CARE 計劃的相同收入標準，就能獲得電話費折扣優惠。如要進一步瞭解，請聯絡您當地電話服務公司。



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 3471-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



CARE/FERA PROGRAM APPLICATION Residential Customers

62-0973
Rev. 6.14

Apply for a monthly discount on your PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273

The CARE Program offers a monthly discount on PG&E bills for qualifying households. Qualification is based on the total income of everyone living in the home **OR** participation in qualifying public assistance programs.

Please look over the CARE Income Guidelines listed here to see if you qualify. On the application form, you can enroll by:

- Checking all the qualifying public assistance programs from which you, or someone in your household, receive benefits **OR**
- Checking the box that matches your household's total gross annual income.*

CARE Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	\$31,460 or less
3	\$39,580 or less
4	\$47,700 or less
5	\$55,820 or less
6	\$63,940 or less
7	\$72,060 or less
8	\$80,180 or less
Each Additional Person, add	\$8,120

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

If you do not qualify for the CARE Program, you may still qualify for the FERA Program, which offers a monthly discount on electric bills for households of three or more people with a slightly higher income than required for CARE.

See the FERA Income Guidelines listed above to find out if you qualify, and enroll by completing the included application.

FERA Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	Not Applicable
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Each Additional Person, add	\$ 8,120-\$10,150

*Total gross annual household income includes all taxable and nontaxable revenues from all people living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.

How You Can Apply

Online: Apply online for faster enrollment at pge.com/CARE

Phone: Apply by calling 1-866-743-2273

Email: Take a picture or scan completed application and email this image to CAREandFERA@pge.com

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

Fax: Send completed application to **1-877-302-7563**

Other Helpful Programs and Services

Energy Savings Assistance Program

pge.com/ESA
1-800-989-9744



This program provides energy-efficient home improvements and appliances at no cost to customers who qualify for CARE and rent or own a home that is at least five years old.

My Energy

pge.com/MyEnergy

Log on to My Energy to sign up for billing and payment alerts, analyze your household's energy usage, pay your bills and learn more about your rate plan options.

Balanced Payment Plan

pge.com/BalancedPayment
1-800-743-5000

Your monthly payments will be averaged out to allow you to budget your energy costs and minimize big payment swings.

Medical Baseline

pge.com/MedicalBaseline

If you depend on life-support or other equipment due to medical needs, you may be eligible for additional energy at the lowest price through the Medical Baseline Program.

Low Income Home Energy Assistance Program (LIHEAP)

1-866-675-6623

If you spend a high percentage of your income on energy bills, you may be eligible to receive financial assistance and weatherproofing services through this program administered by the California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Get discounted telephone access when you meet similar income guidelines as the CARE Program. To learn more, contact your local phone service provider.



MẪU ĐƠN CHƯƠNG TRÌNH CARE/FERA
Khách Hàng Gia Cư

62-0973
Rev. 6.14

Đăng ký nhận giảm giá hàng tháng trên hóa đơn PG&E của quý vị

Chương Trình California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273

Chương trình CARE giảm giá hàng tháng trên hóa đơn PG&E cho các gia đình đủ điều kiện. Điều kiện dựa trên tổng thu nhập của tất cả mọi người sống trong nhà **HOẶC** các chương trình trợ cấp xã hội đủ điều kiện đang được nhận.

Vui lòng xem qua chỉ dẫn về thu nhập của chương trình CARE được liệt kê tại đây để xem quý vị có đủ điều kiện không.

Trên mẫu đơn đăng ký, quý vị có thể đăng ký bằng cách:

- Đánh dấu tất cả các chương trình trợ cấp xã hội đủ điều kiện mà quý vị hoặc ai đó trong gia đình đang được nhận **HOẶC**
- Đánh dấu vào ô trùng với tổng thu nhập hộ gia đình hàng năm của quý vị.*

Chỉ dẫn về thu nhập của chương trình CARE
(có hiệu lực đến ngày 31 tháng Năm, 2015)

Số Người Trong Gia Đình	Tổng Thu Nhập Hộ Gia Đình Hàng Năm*
1-2	\$31,460 hoặc ít hơn
3	\$39,580 hoặc ít hơn
4	\$47,700 hoặc ít hơn
5	\$55,820 hoặc ít hơn
6	\$63,940 hoặc ít hơn
7	\$72,060 hoặc ít hơn
8	\$80,180 hoặc ít hơn
Với Mỗi Người Thêm Vào, cộng thêm	\$8,120

Chương Trình Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

Nếu quý vị không hội đủ điều kiện vào chương trình CARE, quý vị vẫn có thể hội đủ điều kiện cho chương trình FERA. Chương trình này giảm giá trên hóa đơn hàng tháng cho các gia đình có từ ba người trở lên với lợi tức hơi cao hơn so với yêu cầu của chương trình CARE.

Xem Chỉ Dẫn về Thu Nhập của chương trình FERA được liệt kê ở trên để xem quý vị có đủ điều kiện không và đăng ký bằng cách hoàn tất đơn đăng ký đính kèm.

Chỉ dẫn về thu nhập của chương trình FERA
(có hiệu lực đến ngày 31 tháng Năm, 2015)

Số Người Trong Gia Đình	Tổng Thu Nhập Hộ Gia Đình Hàng Năm*
1-2	Không áp dụng
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Với Mỗi Người Thêm Vào, cộng thêm	\$ 8,120-\$10,150

*Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

Cách Đăng Ký

Trực tuyến: Đăng ký trực tuyến nhanh tại
pge.com/CARE

Bằng điện thoại: Đăng ký bằng cách gọi đến số **1-866-743-2273**

Bằng email: Chụp ảnh hoặc scan đơn đăng ký hoàn chỉnh của quý vị và gửi email ảnh này đến địa chỉ CAREandFERA@pge.com

Bằng thư:
Gửi đơn đăng ký hoàn chỉnh đến
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

Fax: Gửi đơn đăng ký hoàn chỉnh đến **1-877-302-7563**

Các Chương Trình Và Dịch Vụ Hữu Ích Khác

Chương Trình Energy Savings Assistance Program
pge.com/ESA
1-800-989-9744

Energy Savings Assistance Program

Chương trình này cung cấp các cải thiện để gia đình sử dụng năng lượng hiệu quả và cung cấp các thiết bị gia dụng miễn phí cho khách hàng đủ điều kiện đối với chương trình CARE hoặc khách hàng thuê hay sở hữu nhà có tuổi thọ ít nhất là 5 năm.

Medical Baseline
pge.com/MedicalBaseline

Nếu quý vị phải phụ thuộc vào thiết bị hỗ trợ sự sống hoặc thiết bị khác do nhu cầu sức khỏe, quý vị có thể hội đủ điều kiện nhận thêm năng lượng với giá thấp nhất qua Chương Trình Medical Baseline.

Kế Hoạch Thanh Toán Quân Bình
pge.com/BalancedPayment
1-800-743-5000

Các khoản thanh toán hàng tháng của quý vị sẽ được tính trung bình cho phép quý vị điều chỉnh ngân sách cho chi phí năng lượng và tránh được những khoản thanh toán bị thay đổi lớn.

My Energy
pge.com/MyEnergy

Đăng nhập vào My Energy để đăng ký thông báo hóa đơn và thanh toán, phân tích việc sử dụng năng lượng hộ gia đình của quý vị, thanh toán hóa đơn và tìm hiểu thêm về các lựa chọn cho gói giá.

Low Income Home Energy Assistance Program (LIHEAP)
1-866-675-6623

Nếu quý vị cần phải sử dụng một phần lớn thu nhập của mình để trả hóa đơn năng lượng, quý vị có thể hội đủ điều kiện để nhận trợ giúp tài chính và những dịch vụ điều hòa thời tiết qua chương trình này được điều hành bởi Sở Dịch Vụ và Phát Triển Cộng Đồng California.

Universal Lifeline Telephone Service (ULTS)

Nhận giảm giá điện thoại khi quý vị đủ điều kiện về thu nhập tương tự như chương trình CARE. Hãy liên hệ với nhà cung cấp dịch vụ điện thoại tại địa phương để tìm hiểu thêm.

Khách hàng kiểm thanh hoặc kiểm thính? TDD/TTY hiện có theo số **1-800-652-4712** (9 giờ sáng đến 11 giờ tối, từ Thứ Hai-Thứ Sáu).
Không thể sử dụng đường dây TDD? Hãy gọi **1-800-735-2929**



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

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3471-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



CARE PROGRAM APPLICATION Agricultural Employee Housing Facilities

Apply for a monthly discount on your PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/CARE

The CARE Program offers a monthly discount on PG&E bills for qualifying agricultural employee housing facilities based on criteria established by the California Public Utilities Commission. Please review this application carefully to see if your facility qualifies. If you have questions, email CAREprogram@pge.com or call the Hotline at 415-973-7288, 8 a.m. to 4 p.m., Monday–Friday, excluding holidays.

How You Can Apply

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

Determine if your facility meets the definition of a qualified agricultural employee housing facility. The facility must meet all criteria to qualify for a monthly CARE discount.

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

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

- A copy of a current **permit** issued by the Department of Housing and Community Development **OR** your Federal 501(c)(3) tax exemption **OR** your state tax exemption form along with your local property tax exemption form (Documents must be in the same name as the PG&E account(s).)
- A complete list of your facility's PG&E accounts (See Section 5 of the application.)

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

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

Eligible Facilities

Employee Housing (Privately owned)

These facilities, as defined in Section 17008 of the Health and Safety Code, are licensed and inspected by state and/or local agencies pursuant to Part 1 (commencing with Section 17000) of Division 13.

Required Supporting Documentation

Copy of a current **permit** issued by the Department of Housing and Community Development with the same name as the PG&E account(s).

Required Energy Usage

Total energy used in these facilities must be 100 percent residential.

Housing for Agricultural Employees (Non-migrant and operated by nonprofit entities)

These facilities, as defined in Subdivision (b) of Section 1140.4 of the Labor Code, are exempt from local property taxes pursuant to Subdivision (g) of Section 214 of the Revenue and Taxation Code.

Required Supporting Documentation

Copy of current Federal 501(c)(3) tax exemption document **OR** copy of state tax exemption form, along with a current copy of local property tax exemption form. Documents must be in the same name as the PG&E account(s).

Required Energy Usage

- Master-metered facilities must be 70 percent residential use.
- Individual metered units must be 100 percent residential use.

See other side for more information

Eligibility Criteria for Organizations

Each facility MUST meet ALL of the following:

- Organization operating the facility must be the PG&E customer of record.
- Organization must verify that all of the facility's residents and/or households at any given time meet the current CARE income eligibility guidelines. *NOTE: This excludes any employee operating or managing the facility who lives on the premises. Please see the enclosed sheet for the current CARE income guidelines.*
- Organization is required to renew its CARE eligibility by completing a new application, attaching all required documentation (updated as necessary) and providing an explanation as to how the previous year's CARE discount was used to directly benefit its residents.

Applicant's Responsibilities

As the applicant, you are required to:

- Provide proof of the facility's eligibility (see *Eligible Facilities*), and submit required documentation with the CARE application.
- Verify that all your facility's residents and/or households meet the current CARE income guidelines (See *CARE Income Guidelines* sheet) and make a certification to that effect, under the penalty of perjury, under the laws of the state of California.
- Maintain records of your residents' income eligibility, as demonstrated by Federal tax returns, payroll stubs or similar records acceptable to PG&E. These records must be retained for three years from the date of the initial CARE application and/or renewal.
- Show at renewal how the previous year's CARE discount directly benefited your residents.
- Maintain accounting entries and supporting documentation that demonstrate how the previous year's CARE discount directly benefited your residents. These records must be retained for three years from the date of the initial CARE application and/or renewal.
- Upon request from PG&E, provide documentation for your residents' income eligibility and/or documentation that shows how the CARE discount directly benefited the residents.
- Provide all information requested by PG&E. Failure to do so will result in denial or removal from the CARE Program. In addition, your organization may be subject to rebilling for the period it was ineligible for the discount, as determined by PG&E.

5

Your PG&E Facility Account(s)

For individual facilities of the same type, please attach a separate sheet for more than four addresses.

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Type of metering at this facility: Individually metered Master metered

Total number of residents: _____ (Excluding on-site manager)

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Type of metering at this facility: Individually metered Master metered

Total number of residents: _____ (Excluding on-site manager)

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Type of metering at this facility: Individually metered Master metered

Total number of residents: _____ (Excluding on-site manager)

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Type of metering at this facility: Individually metered Master metered

Total number of residents: _____ (Excluding on-site manager)



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 3471-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



CARE/FERA PROGRAM • PROGRAMA CARE/FERA Income Guidelines • Requisitos de ingreso

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273
CAREprogram@pge.com

The CARE Program offers a monthly discount on PG&E bills for qualifying households and housing facilities. Review the CARE Income Guidelines listed here to see if you qualify. Apply at pge.com/CARE.

CARE Income Guidelines
(good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	\$31,460 or less
3	\$39,580 or less
4	\$47,700 or less
5	\$55,820 or less
6	\$63,940 or less
7	\$72,060 or less
8	\$80,180 or less
Each Additional Person, add	\$8,120

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000
FERAprogram@pge.com

If you do not qualify for the CARE Program, your household may still qualify for the FERA Program, which offers a monthly discount on electric bills for households of three or more people with a slightly higher income than required for CARE. Check out the FERA Income Guidelines listed here to see if you qualify. Apply at pge.com/FERA.

FERA Income Guidelines
(good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	Not Applicable
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Each Additional Person, add	\$ 8,120-\$10,150

How to Determine Your Total Gross Annual Income

Your total gross annual household income includes all taxable and nontaxable revenues from all people living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.

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

Speech or hearing impaired? TDD/TTY is available at 1-800-652-4712 (9 a.m. to 11 p.m., Monday-Friday). **Can't use the TDD line?** Call 1-800-735-2929

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273
CAREprogram@pge.com

El Programa CARE ofrece un descuento mensual en las facturas de PG&E a hogares que cumplen con los requisitos por sus ingresos. Revise los requisitos de ingreso que se encuentran en esta lista para ver si califica. Inscríbese en pge.com/CARE.

Requisitos de ingreso CARE
(válido hasta el 31 de mayo, 2015)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$31,460 o menos
3	\$39,580 o menos
4	\$47,700 o menos
5	\$55,820 o menos
6	\$63,940 o menos
7	\$72,060 o menos
8	\$80,180 o menos
Por cada persona adicional, añada	\$8,120

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000
FERAprogram@pge.com

Si usted no cumple con los requisitos para el Programa CARE, su hogar tal vez califique para el Programa FERA, que ofrece un descuento en las facturas mensuales de electricidad a familias de tres o más personas que reciban un ingreso ligeramente más alto que el requerido para CARE. Vea los requisitos de ingreso de FERA que incluimos aquí para comprobar que califica. Inscríbese en pge.com/FERA.

Requisitos de ingreso FERA
(válido hasta el 31 de mayo, 2015)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	No aplica
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Por cada persona adicional, añada	\$ 8,120-\$10,150

Cómo determinar su ingreso bruto total anual

El ingreso bruto total anual de su hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ganancias de su propio negocio y toda ganancia proveniente de un empleo no pagado en efectivo.

*Antes de impuestos, basado en fuentes actuales de ingreso. Usted puede estar inscrito en uno de los Programas CARE o FERA pero no en ambos.

¿Discapacidad auditiva o del habla? TDD/TTY disponible llamando al 1-800-652-4712 (lunes a viernes de 9 a.m. a 11 p.m.).

¿No puede usar la línea TDD? Llame al 1-800-735-2929



CARE/FERA 計劃 • CHƯƠNG TRÌNH CARE/FERA 收入資格標準 • Chỉ Dẫn Về Thu Nhập

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273
CAREprogram@pge.com

CARE 計劃為符合申請條件的家庭與住房設施提供 PG&E 帳單每月折扣優惠。請查閱所列 CARE 收入資格標準，了解自己是否符合申請條件。請到 pge.com/CARE 申請。

CARE 收入資格標準
(有效期至 2015 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	\$31,460 或以下
3	\$39,580 或以下
4	\$47,700 或以下
5	\$55,820 或以下
6	\$63,940 或以下
7	\$72,060 或以下
8	\$80,180 或以下
每多一人即增加	\$8,120

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000
FERAprogram@pge.com

即使您不符合 CARE 計劃申請資格，您的家庭仍可能有資格申請 Family Electric Rate Assistance (家庭電費補助，簡稱 FERA) 計劃。該計劃為三人及以上家庭提供每月電費帳單折扣，收入要求比 CARE 略為寬鬆。請查閱這裡所列 FERA 收入資格標準，了解自己是否符合申請條件。請到 pge.com/FERA 申請。

FERA 收入標準
(有效期至 2015 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	不符資格
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
每多一人即增加	\$ 8,120-\$10,150

如何確定全家年收入總計

全家年收入總計包括全家人所有繳稅與不需繳稅的收入，且涵蓋所有收入來源，包括 (但不限於) 工資、月薪、利息、股利、配偶和子女贍養費、社會補助款項、社安金、退休金、住宅補貼、軍人補貼、租金收入、自營收入和所有與聘僱工作有關的非現金收入。

*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，但不得同時加入這兩項計劃。

您有語言或聽力障礙嗎？請撥 TDD/TTY 專線 1-800-652-4712 (星期一至星期五上午 9 點至晚上 11 點)。無法使用 TDD 專線嗎？請撥 1-800-735-2929

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273
CAREprogram@pge.com

Chương trình CARE giảm giá hàng tháng trên hóa đơn PG&E cho các gia đình và các cơ sở gia cư hội đủ điều kiện về lợi tức. Vui lòng xem qua chỉ dẫn về thu nhập của chương trình CARE được liệt kê tại đây để xem quý vị có hội đủ điều kiện không. Ghi danh tại pge.com/CARE.

Chỉ dẫn về thu nhập của chương trình CARE
(có hiệu lực đến ngày 31 tháng Năm, 2015)

Số Người Trong Gia Đình	Tổng Thu Nhập Hộ Gia Đình Hàng Năm*
1-2	\$31,460 hoặc ít hơn
3	\$39,580 hoặc ít hơn
4	\$47,700 hoặc ít hơn
5	\$55,820 hoặc ít hơn
6	\$63,940 hoặc ít hơn
7	\$72,060 hoặc ít hơn
8	\$80,180 hoặc ít hơn
Với Mỗi Người Thêm Vào, cộng thêm	\$8,120

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000
FERAprogram@pge.com

Nếu quý vị không hội đủ điều kiện vào chương trình CARE, gia đình quý vị vẫn có thể hội đủ điều kiện cho chương trình FERA, chương trình này giảm giá trên hóa đơn điện hàng tháng cho các gia đình có từ ba người trở lên với lợi tức hơi cao hơn so với yêu cầu của chương trình CARE. Vui lòng xem chỉ dẫn về thu nhập của chương trình FERA được liệt kê tại đây để xem quý vị có hội đủ điều kiện không. Ghi danh tại pge.com/FERA.

Chỉ dẫn về thu nhập của chương trình FERA
(có hiệu lực đến ngày 31 tháng Năm, 2015)

Số Người Trong Gia Đình	Tổng Thu Nhập Hộ Gia Đình Hàng Năm*
1-2	Không áp dụng
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Với Mỗi Người Thêm Vào, cộng thêm	\$ 8,120-\$10,150

Cách Xác Định Tổng Thu Nhập Của Quý Vị

Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

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

Quý vị khiếm thanh hoặc khiếm thính? TDD/TTY hiện có theo số 1-800-652-4712 (9 giờ sáng đến 11 giờ đêm, từ Thứ Hai-Thứ Sáu).
Không thể sử dụng đường dây TDD? Hãy gọi 1-800-735-2929



Gas Sample Form No. 62-1509
CARE Program Renewal Application -- Residential Customers

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 3471-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



CARE PROGRAM RENEWAL APPLICATION Residential Customers

62-1509
Rev. 6.14

Please fill out the information below about you and your household, and then the information for EITHER Section 2A **OR** 2B. Sign and date this form and return it to PG&E before your CARE discount expires.

Check if you no longer qualify or do not want to participate in the CARE Program.

1 You and Your Household

Email Address

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

Preferred Phone Number Home Work Mobile

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

Alternative Phone Number Home Work Mobile

What language do you prefer for future CARE communications? (Choose one)

- English Hmong Tagalog Mandarin Cantonese
 Russian Korean Vietnamese Spanish

What's your preferred method of communication? (Choose one)

- Mail Email Phone Text
(Message and data rates may apply.)

Number of people in your household at this address:

Adults + Children =
(under 18)

2 Household Qualification

If your household meets the Program Income Guidelines, either fill out Section 2A **OR** Section 2B. You do not need to complete both sections. You will be enrolled in either the CARE or the FERA Program, depending on your household income and household size.

2A Public Assistance Programs

Check all the programs in which you, or someone in your household, participate.

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

If you checked any of the boxes in this section, skip to Section 3.

OR

2B Household Income

If you do not participate in any of the above programs, please add up all the income from every household member and check the box below that matches your household's total annual gross income. Please note the income ranges listed below ARE NOT fixed incremental amounts, so carefully review each income range before selecting the appropriate box.

My household income is:

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0-\$31,460 | <input type="checkbox"/> \$59,626-\$63,940 | <input type="checkbox"/> \$80,181-\$88,300 |
| <input type="checkbox"/> \$31,461-\$39,580 | <input type="checkbox"/> \$63,941-\$69,775 | <input type="checkbox"/> \$88,301-\$90,075 |
| <input type="checkbox"/> \$39,581-\$47,700 | <input type="checkbox"/> \$69,776-\$72,060 | <input type="checkbox"/> \$90,076-\$96,420 |
| <input type="checkbox"/> \$47,701-\$49,475 | <input type="checkbox"/> \$72,061-\$79,925 | <input type="checkbox"/> \$96,421-\$100,225 |
| <input type="checkbox"/> \$49,476-\$55,820 | <input type="checkbox"/> \$79,926-\$80,180 | <input type="checkbox"/> Other \$ _____ |
| <input type="checkbox"/> \$55,821-\$59,625 | | |

I am currently on a fixed income and receive income or benefits from one or more of the following: pensions, Social Security, SSP or SSDI, interest/dividends from retirement accounts, Medicaid/Medi-Cal (age 65 and over) or SSI.

3 Your Declaration

By signing this declaration, I certify that based on my household size and household income I qualify for the CARE or the FERA Program.

I also agree to the following program terms and conditions in order to remain eligible for the CARE or the FERA Program:

- The information I have provided here is true and correct.
- The PG&E bill is in my name, and I live at the address where the discount will be received.
- I am not claimed as a dependent on another person's income tax return other than my spouse.
- I do not share an energy meter with another home.
- I will renew my eligibility at least every two years and/or notify PG&E if my household is no longer eligible for the CARE or FERA discount.
- Following enrollment, I understand I may be required to provide proof of qualifying household income which, in some cases, may require providing IRS Tax Return Transcripts and agreeing to participate in the Energy Savings Assistance Program.
- I understand my monthly electric usage must not exceed six times the Tier 1 allowance, which is the lowest-priced rate tier within PG&E's standard Tiered Base Plan.
- I will pay back the discount if any of the information provided above is untrue.
- I will allow PG&E to share my information with municipal, state or federal agencies, and/or other utilities or their agents, for the sole purpose of facilitating enrollment in their assistance programs.

X

Customer Signature

Fill in circle if you're a guardian or you have power of attorney

FOR INTERNAL USE ONLY

Date



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 3471-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



Apply for a monthly discount on your PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/CARE • 1-866-743-2273

The CARE Program offers a monthly discount on PG&E bills for qualifying households. Qualification is based on the total income of everyone living in the home **OR** participation in qualifying public assistance programs.

Please look over the CARE Income Guidelines listed here to see if you qualify. On the application form, you can enroll by:

- Checking all the qualifying public assistance programs from which you, or someone in your household, receives benefits **OR**
- Checking the box that matches your household's total gross annual income.*

Family Electric Rate Assistance (FERA)

pge.com/FERA • 1-800-743-5000

If you do not qualify for the CARE Program, you may still qualify for the FERA Program, which offers a monthly discount on electric bills for households of three or more people with a slightly higher income than required for CARE.

See the FERA Income Guidelines listed here to find out if you qualify, and enroll by completing the included application.

CARE/FERA Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*	
	CARE	FERA
1-2	\$31,460 or less	Not Applicable
3	\$39,580 or less	\$39,581-\$49,475
4	\$47,700 or less	\$47,701-\$59,625
5	\$55,820 or less	\$55,821-\$69,775
6	\$63,940 or less	\$63,941-\$79,925
7	\$72,060 or less	\$72,061-\$90,075
8	\$80,180 or less	\$80,181-\$100,225
Each Additional Person, add	\$8,120	\$ 8,120-\$10,150

*Total gross annual household income includes all taxable and nontaxable revenues from all people living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.

How You Can Apply

Online: Apply online for faster enrollment at pge.com/CARE

Phone: Apply by calling **1-866-743-2273**

Email: Take a picture or scan completed application and email this image to CAREandFERA@pge.com

Mail:

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

Fax: Send completed application to **1-877-302-7563**

Speech or hearing impaired?

TDD/TTY is available at **1-800-652-4712** (9 a.m. to 11 p.m., Monday-Friday).

Can't use the TDD line?
Call **1-800-735-2929**

Other Helpful Programs and Services

Energy Savings Assistance Program

pge.com/ESA • **1-800-989-9744**

This program provides energy-efficient home improvements and appliances at no cost to customers who qualify for CARE and rent or own a home that is at least five years old.

Energy Savings
.....
Assistance ProgramSM

My Energy

pge.com/MyEnergy

Log on to My Energy to sign up for billing and payment alerts, analyze your household's energy usage, pay your bills and learn more about your rate plan options.

Balanced Payment Plan

pge.com/BalancedPayment • **1-800-743-5000**

Your monthly payments will be averaged out to allow you to budget your energy costs and minimize big payment swings.

Medical Baseline

pge.com/MedicalBaseline

If you depend on life-support or other equipment due to medical needs, you may be eligible for additional energy at the lowest price through the Medical Baseline Program.

Low Income Home Energy Assistance Program

(LIHEAP) • 1-866-675-6623

If you spend a high percentage of your income on energy bills, you may be eligible to receive financial assistance and weatherproofing services through this program administered by the California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Get discounted telephone access when you meet similar income guidelines as the CARE Program. To learn more, contact your local phone service provider.



Please fill out the information below about you and your household, and then the information for EITHER Section 2A **OR** 2B. Sign and date this form and return it to PG&E as soon as possible. **If you qualify, your CARE or FERA discount will appear on the first page of your PG&E bill within the next two billing cycles.**

1 You and Your Household

Account Number grid with a dash in the last cell

Your PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Account Number grid

Your Name (Use the name as it appears on your PG&E bill, which must be in your name.)

Name grid

Your Home Address (Address must be your primary residence. Do **NOT** use a P.O. Box.) Unit#

Address grid

City/State/Zip Code

Email Address

Email Address grid

Preferred Phone Number Home Work Mobile

Preferred Phone Number grid

Alternative Phone Number Home Work Mobile

Alternative Phone Number grid

What's your preferred method of communication?

(Choose one) Mail Email Phone Text*

(*Message and data rates may apply.)

What language do you prefer for future CARE and FERA communications? (Choose one)

- English Russian
- Hmong Korean
- Tagalog Vietnamese
- Mandarin Spanish
- Cantonese

Number of people in your household at this address:

Adults + Children (under 18) =

2 Household Qualification: If your household meets the Program Income Guidelines, either fill out Section 2A **OR** Section 2B. You do not need to complete both sections. You will be enrolled in either the CARE or the FERA Program, depending on your household income and household size.

2A Public Assistance Programs: Check all the programs in which you, or someone in your household, participate.

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

If you checked any of the boxes in this section, skip to Section 3.

Complete, cut off and return application to PG&E.



OR

2B Household Income: If you do not participate in any programs in Section 2A, please add up all the income from every household member and check the box below that matches your household's total annual gross income. Please note the income ranges listed below ARE NOT fixed incremental amounts, so carefully review each income range before selecting the appropriate box.

My household income is:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$0-\$31,460 | <input type="checkbox"/> \$49,476-\$55,820 | <input type="checkbox"/> \$69,776-\$72,060 | <input type="checkbox"/> \$88,301-\$90,075 |
| <input type="checkbox"/> \$31,461-\$39,580 | <input type="checkbox"/> \$55,821-\$59,625 | <input type="checkbox"/> \$72,061-\$79,925 | <input type="checkbox"/> \$90,076-\$96,420 |
| <input type="checkbox"/> \$39,581-\$47,700 | <input type="checkbox"/> \$59,626-\$63,940 | <input type="checkbox"/> \$79,926-\$80,180 | <input type="checkbox"/> \$96,421-\$100,225 |
| <input type="checkbox"/> \$47,701-\$49,475 | <input type="checkbox"/> \$63,941-\$69,775 | <input type="checkbox"/> \$80,181-\$88,300 | <input type="checkbox"/> Other \$ _____ |

I am currently on a fixed income and receive income or benefits from one or more of the following: pensions, Social Security, SSP or SSDI, interest/dividends from retirement accounts, Medicaid/Medi-Cal (age 65 and over) or SSI.

3

Your Declaration

By signing this declaration, I certify that based on my household size and household income I qualify for either the CARE or the FERA Program.

I also agree to the following program terms and conditions in order to remain eligible for the CARE or the FERA Program:

- The information I have provided here is true and correct.
- The PG&E bill is in my name, and I live at the address where the discount will be received.
- I am not claimed as a dependent on another person's income tax return other than my spouse.
- I do not share an energy meter with another home.
- I will renew my eligibility at least every two years and/or notify PG&E if my household is no longer eligible for the CARE or FERA discount.
- Following enrollment, I understand I may be required to provide proof of qualifying household income which, in some cases, may require providing IRS Tax Return Transcripts and agreeing to participate in the Energy Savings Assistance Program.
- I understand my monthly electric usage must not exceed six times the Tier 1 allowance, which is the lowest-priced rate tier within PG&E's standard Tiered Base Plan.
- I will pay back the discount if any of the information provided above is untrue.
- I will allow PG&E to share my information with municipal, state or federal agencies, and/or other utilities or their agents, for the sole purpose of facilitating enrollment in their assistance programs.

X

Customer Signature _____

Date _____

FOR INTERNAL USE ONLY

Fill in circle if you're a guardian or you have power of attorney



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 3471-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



Solicite un descuento mensual en su factura de PG&E

California Alternate Rates for Energy (CARE)

pge.com/CARE • 1-866-743-2273

El Programa CARE ofrece un descuento mensual en las facturas de PG&E a hogares que cumplen con los requisitos por sus ingresos. La calificación está basada en el ingreso total de todas las personas en el hogar **0** en la participación en programas de asistencia pública calificados.

Por favor verifique los requisitos de ingreso de CARE para ver si califica. En el formulario de solicitud, usted puede inscribirse:

- Marcando todos los programas de asistencia pública calificados por los que usted o alguien en su hogar recibe beneficios, **0**
- Marcando la casilla que coincide con el ingreso bruto total anual del hogar.*

Family Electric Rate Assistance (FERA)

pge.com/FERA • 1-800-743-5000

Si usted no cumple con los requisitos para el Programa CARE, tal vez califique para el Programa FERA, que ofrece un descuento en las facturas mensuales de electricidad a familias de tres o más personas que reciban un ingreso ligeramente más alto que el requerido para CARE.

Vea los requisitos de ingreso de FERA que incluimos en esta tabla para ver si cumple con los requisitos e inscribese completando la solicitud incluida.

Requisitos de ingreso CARE/FERA (válido hasta el 31 de mayo, 2015)		
Número de personas en el hogar	Ingreso bruto total anual del hogar*	
	CARE	FERA
1-2	\$31,460 o menos	No aplica
3	\$39,580 o menos	\$39,581-\$49,475
4	\$47,700 o menos	\$47,701-\$59,625
5	\$55,820 o menos	\$55,821-\$69,775
6	\$63,940 o menos	\$63,941-\$79,925
7	\$72,060 o menos	\$72,061-\$90,075
8	\$80,180 o menos	\$80,181-\$100,225
Por cada persona adicional, añadida	\$8,120	\$ 8,120-\$10,150

*El ingreso bruto total anual del hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ganancias de su propio negocio y toda ganancia proveniente de un empleo no pagado en efectivo.

Cómo puede inscribirse

Internet: Solicite por Internet para inscribirse más rápidamente visitando pge.com/CARE

Teléfono: Inscríbese llamando al **1-866-743-2273**

Email: Saque una foto o escanee su solicitud completa y envíe la imagen a CAREandFERA@pge.com

Correo: Envíe la solicitud completa a **CARE/FERA Program**
P.O. Box 7979
San Francisco, CA
94120-7979

Fax: Envíe la solicitud completa al **1-877-302-7563**

¿Discapacidad auditiva o del habla?

TDD/TTY disponible llamando al **1-800-652-4712** (lunes a viernes de 9 a.m. a 11 p.m.).

¿No puede usar la línea TDD?

Llame al **1-800-735-2929**

Otros programas y servicios útiles

Energy Savings Assistance Program pge.com/ESA • 1-800-989-9744

Este programa provee de mejoras en el hogar relativas al uso eficiente de la energía y de electrodomésticos sin costo para aquellos clientes que cumplan con los requisitos para CARE y alquilan o son dueños de una vivienda construida hace más de cinco años.

Energy Savings
.....
Assistance ProgramSM

My Energy • pge.com/MyEnergy

Visite My Energy en el sitio de PG&E y regístrese para recibir alertas de facturación y pagos, analizar el consumo de energía de su hogar, pagar sus facturas e informarse más acerca de sus opciones de plan de tarifas.

Balanced Payment Plan

pge.com/BalancedPayment • 1-800-743-5000

Se basa en el promedio de sus pagos mensuales para que usted maneje sus costos de energía, minimizando grandes variaciones de pago.

Medical Baseline • pge.com/MedicalBaseline

Si debido a necesidades médicas usted depende de equipos de soporte vital o de otro tipo de equipos, usted podría ser elegible para obtener energía adicional al precio base más bajo a través del Programa Medical Baseline.

Low Income Home Energy Assistance Program (LIHEAP) • 1-866-675-6623

Si usted destina un alto porcentaje de su ingreso al pago de las facturas de energía, podría reunir las condiciones para recibir asistencia económica y servicios de aislamiento térmico a través de este programa administrado por el California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Obtenga acceso telefónico a bajo precio cuando reúna los requisitos de ingreso similares al Programa CARE. Para más información, contacte a su compañía local de teléfonos.

2B Ingreso del hogar: Si usted no participa en ninguno de los programas listados anteriormente en la sección 2A, por favor sume todos los ingresos de cada miembro del hogar y marque la casilla que coincide con su ingreso bruto total anual. Por favor tenga en cuenta que los rangos de ingreso que listamos a continuación NO SON montos fijos incrementales, así que revise cuidadosamente cada rango de ingreso antes de seleccionar la casilla adecuada.

El ingreso de mi hogar es:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$0-\$31,460 | <input type="checkbox"/> \$49,476-\$55,820 | <input type="checkbox"/> \$69,776-\$72,060 | <input type="checkbox"/> \$88,301-\$90,075 |
| <input type="checkbox"/> \$31,461-\$39,580 | <input type="checkbox"/> \$55,821-\$59,625 | <input type="checkbox"/> \$72,061-\$79,925 | <input type="checkbox"/> \$90,076-\$96,420 |
| <input type="checkbox"/> \$39,581-\$47,700 | <input type="checkbox"/> \$59,626-\$63,940 | <input type="checkbox"/> \$79,926-\$80,180 | <input type="checkbox"/> \$96,421-\$100,225 |
| <input type="checkbox"/> \$47,701-\$49,475 | <input type="checkbox"/> \$63,941-\$69,775 | <input type="checkbox"/> \$80,181-\$88,300 | <input type="checkbox"/> Otro \$ _____ |

Mi ingreso es fijo actualmente y recibo ingresos o beneficios de uno o más de lo siguiente: pensiones, Seguro Social, SSP o SSDI, intereses/dividendos de cuentas de retiro, Medicaid/Medi-Cal (65 años o más) o SSI.

3

Su declaración

Al firmar esta declaración, certifico que basado en el tamaño y el ingreso de mi hogar cumplo con los requisitos para el Programa CARE o FERA.

También estoy de acuerdo con los siguientes términos y condiciones para permanecer elegible para el Programa CARE o FERA:

1. La información que he facilitado es veraz y correcta.
2. La factura de PG&E está a mi nombre y resido en la dirección donde se recibirá el descuento.
3. No figuro como dependiente en la declaración de impuestos de otra persona que no sea mi esposo/a.
4. No comparto el medidor de energía con ningún otro hogar.
5. Renovaré mi elegibilidad por lo menos cada dos años y/o notificaré a PG&E si mi hogar deja de cumplir con los requisitos para el descuento de CARE o FERA.
6. Después de la inscripción, entiendo que se me puede pedir que muestre pruebas de ingresos del hogar, lo que en ciertos casos puede requerir presentar transcripciones de mi declaración de impuestos al IRS, y también estar de acuerdo en participar en el Programa Energy Savings Assistance.
7. Entiendo que mi consumo mensual de electricidad no debe exceder seis veces el valor del Nivel 1 (Tier 1) el cual es el nivel de tarifa más bajo dentro del estándar Tiered Base Plan de PG&E.
8. Devolveré el monto del descuento si parte de la información provista anteriormente no fuera veraz.
9. Le permitiré a PG&E compartir mi información con agencias municipales, estatales o federales, y/u otras compañías de servicios públicos o sus agentes, con el solo propósito de facilitar la inscripción a sus programas de asistencia.

X

Firma del cliente

Fecha

○ Rellene el círculo si es tutor o tiene carta de poder

FOR INTERNAL USE ONLY



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 3471-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



申請 PG&E 帳單每月折扣優惠

California Alternate Rates for Energy (CARE) 計劃

pge.com/CARE • 1-866-743-2273

CARE 計劃為符合申請條件的家庭提供 PG&E 帳單每月折扣優惠。申請資格以每戶家庭成員總收入**或有**無參加符合申請條件的社會補助福利計劃為準。

請詳讀這裡所列 CARE 收入標準，了解自己是否符合申請條件。如果您想加入，請在申請表上填寫以下欄位：

- 勾選您或任何家人目前接受福利所參加的全部社會補助計劃；**或**
- 勾選符合您全家年收入總計的方格*。

Family Electric Rate Assistance (FERA) 計劃

pge.com/FERA • 1-800-743-5000

如果您不符合 CARE 申請資格，仍可能有資格參加 Family Electric Rate Assistance (家庭電費補助，簡稱 FERA) 計劃。該計劃為三人以上的家庭提供每月電費帳單折扣，而且申請資格的收入限制比 CARE 寬鬆。

請參考以上所列 FERA 收入標準，了解自己是否符合申請資格，並填寫附頁申請表以申請加入計劃。

CARE/FERA 收入標準 (有效期至 2015 年 5 月 31 日止)		
家庭人數	全家年收入總計*	
	CARE	FERA
1-2	\$31,460 或以下	不符資格
3	\$39,580 或以下	\$39,581-\$49,475
4	\$47,700 或以下	\$47,701-\$59,625
5	\$55,820 或以下	\$55,821-\$69,775
6	\$63,940 或以下	\$63,941-\$79,925
7	\$72,060 或以下	\$72,061-\$90,075
8	\$80,180 或以下	\$80,181-\$100,225
每多一人即增加	\$8,120	\$ 8,120-\$10,150

*全家年收入總計包括居於此地址之家庭成員所有繳稅與不需繳稅的收入，且涵蓋所有收入來源，包括(但不限於)工資、月薪、利息、股利、配偶和子女贍養費、社會補助款項、社安金、退休金、住宅補貼、軍人補貼、租金收入、自營收入和所有與聘僱工作有關的非現金收入。

申請方式

上網:上網申請速度更快
pge.com/CARE

電話:電話申請
1-866-743-2273

電郵地址:將填好的申請表拍照或掃描後透過電子郵件寄到
CAREandFERA@pge.com

郵寄:
將填好的申請表寄到
CARE/FERA Program
P.O. Box 7979
San Francisco, CA
94120-7979

傳真:將填好的申請表傳真到
1-877-302-7563

您有語言或聽力障礙嗎？

請撥TDD/TTY專線
1-800-652-4712
(星期一至星期五上午
9點至晚上11點)。

無法使用TDD專線嗎？
請撥 1-800-735-2929

其他補助計劃和服務

Energy Savings Assistance Program
pge.com/ESA • 1-800-989-9744

凡是符合 CARE 條件且租賃或自購屋屋齡至少五年的客戶，本計劃皆免費提供住家節能改善工程與設備。

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

My Energy
pge.com/MyEnergy

登入 My Energy 網站，即可登記使用帳單和付款通知服務、分析全家能源用量、繳交費用，並且進一步瞭解費率選項。

平衡付款計劃
pge.com/BalancedPayment • 1-800-743-5000

讓您每月平均分攤費用，妥善安排能源開支預算，避免帳單出現大幅變動。

Medical Baseline
pge.com/MedicalBaseline

如果您有醫療上的需求，要依賴維生系統或其他設備，就可能有資格透過「基本醫療底線」計劃以最低價格使用額外能源。

**低收入家庭能源協助計劃
(Low Income Home Energy Assistance Program)**
1-866-675-6623

透過加州社區服務與發展部所主持的這項計劃，若您在能源帳單上的支出在您的收入中佔相當高的比例，您可能有資格獲得財務援助及防水服務。

Universal Lifeline Telephone Service (ULTS)

您只要符合 CARE 計劃的相同收入標準，就能獲得電話費折扣優惠。如要進一步瞭解，請聯絡您當地電話服務公司。

2B 全家收入：如果您未參加 2A 部份的任何計劃，請將每位家人收入加總，並勾選下面符合您全家年收入總計的方格。請注意，以下所列的收入範圍並非固定累積金額，所以在選擇適當方格以前，請小心檢視每個收入範圍。

我的全家收入：

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$0-\$31,460 | <input type="checkbox"/> \$49,476-\$55,820 | <input type="checkbox"/> \$69,776-\$72,060 | <input type="checkbox"/> \$88,301-\$90,075 |
| <input type="checkbox"/> \$31,461-\$39,580 | <input type="checkbox"/> \$55,821-\$59,625 | <input type="checkbox"/> \$72,061-\$79,925 | <input type="checkbox"/> \$90,076-\$96,420 |
| <input type="checkbox"/> \$39,581-\$47,700 | <input type="checkbox"/> \$59,626-\$63,940 | <input type="checkbox"/> \$79,926-\$80,180 | <input type="checkbox"/> \$96,421-\$100,225 |
| <input type="checkbox"/> \$47,701-\$49,475 | <input type="checkbox"/> \$63,941-\$69,775 | <input type="checkbox"/> \$80,181-\$88,300 | <input type="checkbox"/> 其他 \$ |

我目前領取固定收入，或擁有以下收入或福利：退休金、社安金、SSP 或 SSDI、退休帳戶的利息/股利、Medicaid/Medi-Cal (65 歲以上) 或 SSI。

3

聲明

本人保證家庭人數與收入符合 CARE 或 FERA 計劃資格，特此聲明。

為符合 CARE 或 FERA 計劃資格，本人同意下列的計劃條款和條件：

1. 本人在此提供的資料完全屬實並正確無誤。
2. PG&E 帳單上有本人姓名，而且本人住在可獲得折扣優惠的地址。
3. 除了本人配偶外，本人未在他人所得稅表上申報為受扶養人。
4. 本人沒有和其他家庭共用電錶/煤氣錶。
5. 本人至少每兩年必須重新辦理資格審查程序，並在不符 CARE 或 FERA 折扣優惠時主動通知 PG&E。
6. 登記 CARE 或 FERA 計劃後，本人了解自己必須提供家庭收入資格證明 (包括 IRS 報稅記錄)，且同意參加 Energy Savings Assistance Program。
7. 本人了解自己每月用電量必須低於第一級額定量的六倍，也就是 PG&E 標準 Tiered Base Plan 的最低價位額定量。
8. 以上提供資訊如有任何不實，本人願退回折扣款項。
9. 本人允許 PG&E 將本人資料提供給市政機構、州或聯邦機構，以及/或其他公用事業公司或其代理人，以便使本人參加前述機構的輔助計劃。

X

客戶簽名

日期

○如果您為監護人或有授權書，請將圓圈塗滿

FOR INTERNAL USE ONLY



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 3471-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



Đăng ký nhận giảm giá hàng tháng trên hóa đơn PG&E của quý vị

Chương Trình California Alternate Rates for Energy (CARE)

pge.com/CARE • 1-866-743-2273

Chương trình CARE giảm giá hàng tháng trên hóa đơn PG&E cho các gia đình đủ điều kiện. Điều kiện dựa trên tổng thu nhập của tất cả mọi người sống trong nhà **HOẶC** các chương trình trợ cấp xã hội đủ điều kiện đang được nhận.

Vui lòng xem qua chỉ dẫn về thu nhập của chương trình CARE được liệt kê tại đây để xem quý vị có đủ điều kiện không. Trên mẫu đơn đăng ký, quý vị có thể đăng ký bằng cách:

- Đánh dấu tất cả các chương trình trợ cấp xã hội đủ điều kiện mà quý vị hoặc ai đó trong gia đình đang được nhận **HOẶC**
- Đánh dấu vào ô trùng với tổng thu nhập hộ gia đình hàng năm của quý vị.*

Chương Trình Family Electric Rate Assistance (FERA)

pge.com/FERA • 1-800-743-5000

Nếu quý vị không hội đủ điều kiện vào chương trình CARE, quý vị vẫn có thể hội đủ điều kiện cho chương trình FERA. Chương trình này giảm giá trên hóa đơn hàng tháng cho các gia đình có từ ba người trở lên với lợi tức hơi cao hơn so với yêu cầu của chương trình CARE.

Xem Chỉ Dẫn về Thu Nhập của chương trình FERA được liệt kê tại đây để xem quý vị có đủ điều kiện không và đăng ký bằng cách hoàn tất đơn đăng ký đính kèm.

Chỉ dẫn về thu nhập của CARE/FERA (có hiệu lực đến ngày 31 tháng Năm, 2015)

Số Người Trong Gia Đình	Tổng Thu Nhập Hộ Gia Đình Hàng Năm*	
	CARE	FERA
1-2	\$31,460 hoặc ít hơn	Không áp dụng
3	\$39,580 hoặc ít hơn	\$39,581–\$49,475
4	\$47,700 hoặc ít hơn	\$47,701–\$59,625
5	\$55,820 hoặc ít hơn	\$55,821–\$69,775
6	\$63,940 hoặc ít hơn	\$63,941–\$79,925
7	\$72,060 hoặc ít hơn	\$72,061–\$90,075
8	\$80,180 hoặc ít hơn	\$80,181–\$100,225
Với Mỗi Người Thêm Vào, cộng thêm	\$8,120	\$ 8,120–\$10,150

*Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

Cách Đăng Ký

Trực tuyến: Đăng ký trực tuyến nhanh tại pge.com/CARE

Bằng điện thoại: Đăng ký bằng cách gọi đến số **1-866-743-2273**

Bằng email: Chụp ảnh hoặc scan đơn đăng ký hoàn chỉnh của quý vị và gửi email ảnh này đến địa chỉ CAREandFERA@pge.com

Bằng thư:

Gửi đơn đăng ký hoàn chỉnh đến

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

Fax: Gửi đơn đăng ký hoàn chỉnh đến **1-877-302-7563**

Khách hàng khiếm thanh hoặc khiếm thính?

TDD/TTY hiện có theo số **1-800-652-4712**

(9 giờ sáng đến 11 giờ tối, từ Thứ Hai–Thứ Sáu).

Không thể sử dụng đường dây TDD?

Hãy gọi **1-800-735-2929**

Các Chương Trình Và Dịch Vụ Hữu Ích Khác

Chương Trình Energy Savings Assistance Program pge.com/ESA • 1-800-989-9744

Chương trình này cung cấp các cải thiện để gia đình sử dụng năng lượng hiệu quả và cung cấp các thiết bị gia dụng miễn phí cho khách hàng đủ điều kiện đối với chương trình CARE hoặc khách hàng thuê hay sở hữu nhà có tuổi thọ ít nhất là 5 năm.

Energy Savings
.....
Assistance ProgramSM

My Energy • pge.com/MyEnergy

Đăng nhập vào My Energy để đăng ký thông báo hóa đơn và thanh toán, phân tích việc sử dụng năng lượng hộ gia đình của quý vị, thanh toán hóa đơn và tìm hiểu thêm về các lựa chọn cho gói giá.

Kế Hoạch Thanh Toán Quân Bình

pge.com/BalancedPayment • 1-800-743-5000

Các khoản thanh toán hàng tháng của quý vị sẽ được tính trung bình cho phép quý vị điều chỉnh ngân sách cho chi phí năng lượng và tránh được những khoản thanh toán bị thay đổi lớn.

Medical Baseline • pge.com/MedicalBaseline

Nếu quý vị phải phụ thuộc vào thiết bị hỗ trợ sự sống hoặc thiết bị khác do nhu cầu sức khỏe, quý vị có thể hội đủ điều kiện nhận thêm năng lượng với giá thấp nhất qua Chương Trình Medical Baseline.

Low Income Home Energy Assistance Program (LIHEAP) 1-866-675-6623

Nếu quý vị cần phải sử dụng một phần lớn thu nhập của mình để trả hóa đơn năng lượng, quý vị có thể hội đủ điều kiện để nhận trợ giúp tài chính và những dịch vụ điều hòa thời tiết qua chương trình này được điều hành bởi Sở Dịch Vụ và Phát Triển Cộng Đồng California.

Universal Lifeline Telephone Service (ULTS)

Nhận giảm giá điện thoại khi quý vị đủ điều kiện về thu nhập tương tự như chương trình CARE. Hãy liên hệ với nhà cung cấp dịch vụ điện thoại tại địa phương để tìm hiểu thêm.

2B Thu Nhập Hộ Gia Đình: Nếu quý vị hiện không có tham gia vào bất cứ chương trình nào trong Phần 2A, xin vui lòng cộng lại tất cả các khoản thu nhập từ mỗi thành viên hộ gia đình và đánh dấu vào ô trùng với tổng thu nhập hộ gia đình của quý vị. Xin quý vị lưu ý khoảng lợi tức ghi dưới đây tăng lên KHÔNG đều, do vậy quý vị nên xem xét cẩn thận từng khoảng lợi tức trước khi chọn ô thích hợp.

Thu nhập hộ gia đình tôi là:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$0–\$31,460 | <input type="checkbox"/> \$49,476–\$55,820 | <input type="checkbox"/> \$69,776–\$72,060 | <input type="checkbox"/> \$88,301–\$90,075 |
| <input type="checkbox"/> \$31,461–\$39,580 | <input type="checkbox"/> \$55,821–\$59,625 | <input type="checkbox"/> \$72,061–\$79,925 | <input type="checkbox"/> \$90,076–\$96,420 |
| <input type="checkbox"/> \$39,581–\$47,700 | <input type="checkbox"/> \$59,626–\$63,940 | <input type="checkbox"/> \$79,926–\$80,180 | <input type="checkbox"/> \$96,421–\$100,225 |
| <input type="checkbox"/> \$47,701–\$49,475 | <input type="checkbox"/> \$63,941–\$69,775 | <input type="checkbox"/> \$80,181–\$88,300 | <input type="checkbox"/> Khác \$ _____ |

Tôi hiện có thu nhập cố định và nhận thu nhập hoặc phúc lợi từ một hoặc nhiều nguồn sau: lương hưu, An Sinh Xã Hội, SSP hoặc SSDI, lãi/cổ tức từ tài khoản hưu trí, Medicaid/Medi-Cal (65 tuổi hoặc hơn) hoặc SSI.

3

Cam Đoan

Khi ký vào bản cam đoan này, tôi xác nhận rằng tôi hội đủ điều kiện tham gia chương trình CARE hoặc FERA dựa trên số người và thu nhập hộ gia đình của tôi.

Tôi cũng đồng ý với các điều khoản và điều kiện sau đây của chương trình để hội đủ điều kiện tham gia chương trình CARE hoặc FERA:

- Thông tin tôi đã cung cấp là thật và chính xác.
- Tôi đứng tên trên hóa đơn PG&E và tôi sinh sống tại địa chỉ sẽ nhận giảm giá.
- Tôi không là người phụ thuộc trên tờ khai thuế thu nhập của người nào khác ngoài vợ/chồng của tôi.
- Tôi không dùng chung đồng hồ năng lượng với gia đình khác.
- Tôi sẽ gia hạn việc hội đủ điều kiện của mình sau mỗi hai năm và/hoặc thông báo cho PG&E biết khi gia đình tôi không còn đủ điều kiện tham gia chương trình CARE hoặc FERA nữa.
- Sau khi đăng ký, tôi hiểu rằng tôi có thể được yêu cầu cung cấp bằng chứng về thu nhập hộ gia đình đủ tiêu chuẩn, trong đó có thể yêu cầu cung cấp Bản Sao Tờ Khai Thuế của Sở Thuế Vụ (IRS), và đồng ý tham gia Chương Trình Energy Savings Assistance Program.
- Tôi hiểu rằng lượng điện sử dụng hàng tháng không được vượt quá sáu lần hạn mức của Bậc 1, đây là bậc có mức giá thấp nhất trong Gói Cơ Bản Theo Bậc (Tiered Base Plan) chuẩn của PG&E.
- Tôi sẽ trả lại tiền giảm giá nếu thông tin tôi cung cấp ở đây không phải là sự thật.
- Tôi sẽ cho phép PG&E chia sẻ thông tin của tôi với các cơ quan của thành phố, các cơ quan thuộc tiểu bang hay liên bang, cũng như các công ty tiện ích khác và nhân viên của họ để tạo điều kiện ghi danh trong các chương trình hỗ trợ của họ.

X

Chữ Ký Khách Hàng

Ngày

○ Điền vào ô tròn nếu quý vị là người giám hộ hoặc quý vị có giấy ủy quyền

FOR INTERNAL USE ONLY



Gas Sample Form No. 79-1055 (T)
CARE/FERA Program Application for Sub-Metered Residential Customers
(English) - Large Print Application

**Please Refer to Attached
Sample Form**



CARE/FERA PROGRAM APPLICATION Sub-Metered Residential Customers

79-1055
Rev. 6.14

Apply for a monthly discount on your energy bill

If your landlord bills you directly for gas and electricity, you are a “sub-metered” customer. While you are not a direct PG&E customer, you may still be eligible for programs and services to help you lower your energy bills, including the CARE and the FERA Programs.

California Alternate Rates for Energy (CARE) pge.com/CARE • 1-866-743-2273

The CARE Program offers a monthly discount on PG&E bills for qualifying households.

Qualification is based on the total income of everyone living in the home **OR** participation in qualifying public assistance programs.

Please look over the CARE Income Guidelines listed here to see if you qualify. On the application form, you can enroll by:

- Checking all the qualifying public assistance programs from from which you, or someone in your household, receive benefits **OR**
- Checking the box that matches your household’s total gross annual income.*

You will also need to have your landlord or facility manager complete Section 1A of this application. If your landlord has questions, have him or her call us on the Sub-Metered Hotline at **415-972-5732**.

Family Electric Rate Assistance (FERA) pge.com/FERA

1-800-743-5000

If you do not qualify for the CARE Program, you may still qualify for the FERA Program, which offers a monthly discount on electric bills for households of three or more people with a slightly higher income than required for CARE.

See the FERA Income Guidelines listed here to find out if you qualify, and enroll by completing the included application.

How You Can Apply

Email: Take a picture or scan completed application and email this image to **CAREandFERA@pge.com**

Fax: Send completed application to **1-877-302-7563**

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

Speech or hearing impaired?

TDD/TTY is available at **1-800-652-4712** (9 a.m. to 11 p.m., Monday–Friday).

Can't use the TDD line? Call 1-800-735-2929

CARE/FERA Income Guidelines (good until May 31, 2015)		
Number of People in Household	Total Gross Annual Household Income*	
	CARE	FERA
1-2	\$31,460 or less	Not Applicable
3	\$39,580 or less	\$39,581–\$49,475
4	\$47,700 or less	\$47,701–\$59,625
5	\$55,820 or less	\$55,821–\$69,775
6	\$63,940 or less	\$63,941–\$79,925
7	\$72,060 or less	\$72,061–\$90,075
8	\$80,180 or less	\$80,181–\$100,225
Each Additional Person, add	\$8,120	\$ 8,120–\$10,150

*Total gross annual household income includes all taxable and nontaxable revenues from all persons living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.

Other Helpful Programs and Services

Energy Savings Assistance Program

pge.com/ESA

1-800-989-9744

This program provides energy-efficient home improvements and appliances at no cost to customers who qualify for CARE and rent or own a home that is at least five years old.

Energy Savings

Assistance ProgramSM

Medical Baseline

pge.com/MedicalBaseline

If you depend on life-support or other equipment due to medical needs, you may be eligible for additional energy at the lowest price through the Medical Baseline Program.

Low Income Home Energy Assistance Program (LIHEAP)

1-866-675-6623

If you spend a high percentage of your income on energy bills, you may be eligible to receive financial assistance and weatherproofing services through this program administered by the California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Get discounted telephone access when you meet similar income guidelines as the CARE Program. To learn more, contact your local phone service provider.

1B You and Your Household

Your Name

(Use the name as it appears on the energy bill from your landlord, which must be in your name.)

Your Home Address

Unit#

(Address must be your primary residence. Do NOT use a P.O. Box.)

City/State/Zip Code

Mailing Address

Unit#

City/State/Zip Code

Email

Preferred Phone Number Home Work Mobile

Alternative Phone Number Home Work Mobile

What's your preferred method of communication? (Choose one)

Mail Email Phone Text (Message and data rates may apply.)

What language do you prefer for future CARE and FERA communications?

(Choose one)

English Hmong Tagalog Mandarin Cantonese

Russian Korean Vietnamese Spanish

Number of people in your household at this address:

Adults + Children (under 18) =

2 Household Qualification

If your household meets the Program Income Guidelines, either fill out Section 2A **OR** Section 2B. You do not need to complete both sections. You will be enrolled in either the CARE or the FERA Program, depending on your household income and household size.

2A Public Assistance Programs: Check all the programs in which you, or someone in your household, participate.

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

If you checked any of the boxes in this section, skip to Section 3.

OR

2B Household Income

If you do not participate in any of the above programs, please add up all the income from every household member and check the box below that matches your household's total annual gross income. Please note the income ranges listed below ARE NOT fixed incremental amounts, so carefully review each income range before selecting the appropriate box.

My household income is:

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0-\$31,460 | <input type="checkbox"/> \$55,821-\$59,625 | <input type="checkbox"/> \$79,926-\$80,180 |
| <input type="checkbox"/> \$31,461-\$39,580 | <input type="checkbox"/> \$59,626-\$63,940 | <input type="checkbox"/> \$80,181-\$88,300 |
| <input type="checkbox"/> \$39,581-\$47,700 | <input type="checkbox"/> \$63,941-\$69,775 | <input type="checkbox"/> \$88,301-\$90,075 |
| <input type="checkbox"/> \$47,701-\$49,475 | <input type="checkbox"/> \$69,776-\$72,060 | <input type="checkbox"/> \$90,076-\$96,420 |
| <input type="checkbox"/> \$49,476-\$55,820 | <input type="checkbox"/> \$72,061-\$79,925 | <input type="checkbox"/> \$96,421-\$100,225 |
| | | <input type="checkbox"/> Other \$ _____ |

I am currently on a fixed income and receive income or benefits from one or more of the following: pensions, Social Security, SSP or SSDI, interest/dividends from retirement accounts, Medicaid/Medi-Cal (age 65 and over) or SSI.

3**Your Declaration**

By signing this declaration, I certify that based on my household size and household income I qualify for either the CARE or the FERA Program.

I also agree to the following program terms and conditions in order to remain eligible for the CARE or the FERA Program:

1. The information I have provided here is true and correct.
2. The energy bill from my landlord is in my name, and I live at the address where the discount will be received.
3. I am not claimed as a dependent on another person's income tax return other than my spouse.
4. I do not share an energy meter with another home.
5. I will renew my eligibility at least every two years and/or notify PG&E if my household is no longer eligible for the CARE or FERA discount.
6. Following enrollment, I understand I may be required to provide proof of qualifying household income which, in some cases, may require providing IRS Tax Return Transcripts and agreeing to participate in the Energy Savings Assistance Program.
7. I understand my monthly electric usage must not exceed six times the Tier 1 allowance, which is the lowest-priced rate tier within PG&E's standard Tiered Base Plan.
8. I will pay back the discount if any of the information provided above is untrue.
9. I will allow PG&E to share my information with municipal, state or federal agencies, and/or other utilities or their agents, for the sole purpose of facilitating enrollment in their assistance programs.

X**Customer Signature****Date**

FOR INTERNAL USE ONLY

Fill in circle if you're a guardian or you have power of attorney



Gas Sample Form No. 79-1056 (T)
CARE/FERA Program Application for Sub-Metered Residential Customers
(Spanish) - Large Print Application

**Please Refer to Attached
Sample Form**

Advice Letter No: 3471-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



SOLICITUD PARA EL PROGRAMA CARE/FERA
Cientes residenciales con sub-medidor

79-1056
Rev. 6.14

Solicite un descuento mensual en su factura de energía

Si su arrendador le factura directamente por el consumo de gas y electricidad, usted es considerado como un cliente con “sub-medidor”. A pesar de que usted no es cliente directo de PG&E, usted podría calificar para programas que lo ayuden a reducir el monto de su factura de energía, incluyendo los Programas CARE y FERA.

California Alternate Rates for Energy (CARE) pge.com/CARE • 1-866-743-2273

El Programa CARE ofrece un descuento mensual en las facturas de PG&E a hogares que cumplen con los requisitos por sus ingresos. La calificación está basada en el ingreso total de todas las personas en el hogar **0** en la participación en programas de asistencia pública calificados.

Por favor verifique los requisitos de ingreso de CARE para ver si califica. En el formulario de solicitud, usted puede inscribirse:

- Marcando todas las agencias de asistencia pública calificadas de las cuales usted o alguien en su hogar recibe beneficios, **0**
- Marcando la casilla que coincide con el ingreso bruto total anual del hogar.*

Usted necesitará que su arrendador o administrador complete la sección 1A de esta solicitud. Si su arrendador tiene preguntas, dígame que nos llame a la línea especial de “sub-medidores” al **415-972-5732**.

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

Si usted no cumple con los requisitos para el Programa CARE, tal vez califique para el Programa FERA, que ofrece un descuento en las facturas mensuales de electricidad a familias de tres o más personas que reciban un ingreso ligeramente más alto que el requerido para CARE.

Vea los requisitos de ingreso de FERA que incluimos aquí para ver si cumple con los requisitos e inscribese completando la solicitud incluida.

Cómo puede inscribirse

Email: Saque una foto o escanee su solicitud completa y envíe la imagen a
CAREandFERA@pge.com

Fax: Envíe la solicitud completa al
1-877-302-7563

Correo: Envíe la solicitud completa a
CARE/FERA Program
P.O. Box 7979
San Francisco, CA
94120-7979

¿Discapacidad auditiva o del habla?

TDD/TTY disponible llamando al **1-800-652-4712** (lunes a viernes de 9 a.m. a 11 p.m.).

¿No puede usar la línea TDD? Llame al **1-800-735-2929**

Requisitos de ingreso CARE/FERA (válido hasta el 31 de mayo, 2015)		
Número de personas en el hogar	Ingreso bruto total anual del hogar*	
	CARE	FERA
1-2	\$31,460 o menos	No aplica
3	\$39,580 o menos	\$39,581–\$49,475
4	\$47,700 o menos	\$47,701–\$59,625
5	\$55,820 o menos	\$55,821–\$69,775
6	\$63,940 o menos	\$63,941–\$79,925
7	\$72,060 o menos	\$72,061–\$90,075
8	\$80,180 o menos	\$80,181–\$100,225
Por cada persona adicional, añadida	\$8,120	\$ 8,120–\$10,150

*El ingreso bruto total anual del hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ganancias de su propio negocio y toda ganancia proveniente de un empleo no pagado en efectivo.

Otros programas y servicios útiles

Energy Savings Assistance Program pge.com/ESA • 1-800-989-9744

Este programa provee de mejoras en el hogar relativas al uso eficiente de la energía y de electrodomésticos sin costo para aquellos clientes que cumplan con los requisitos para CARE y alquilan o son dueños de una vivienda construida hace más de cinco años.

Energy Savings
.....
Assistance ProgramSM

Medical Baseline pge.com/MedicalBaseline

Si debido a necesidades médicas usted depende de equipos de soporte vital o de otro tipo de equipos, usted podría ser elegible para obtener energía adicional al precio base más bajo a través del Programa Medical Baseline.

Low Income Home Energy Assistance Program (LIHEAP) • 1-866-675-6623

Si usted destina un alto porcentaje de su ingreso al pago de las facturas de energía, podría reunir las condiciones para recibir asistencia económica y servicios de aislamiento térmico a través de este programa administrado por el California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Obtenga acceso telefónico a bajo precio cuando reúna los requisitos de ingreso similares al programa CARE. Para más información, contacte a su compañía local de teléfonos.

1B Usted y su hogar

Su nombre

(Como aparece en la factura de energía de su arrendador, la cual debe estar a su nombre.)

La dirección de su hogar (La dirección debe ser su residencia principal. NO utilice casilla de correo (P.O. Box).)

Ciudad/Estado/Código postal

Su dirección postal

Unidad #

Ciudad/Estado/Código postal

Su dirección de email

Número de teléfono preferido Casa Trabajo Móvil

Número de teléfono alternativo Casa Trabajo Móvil

¿Qué idioma prefiere para comunicaciones futuras de CARE y FERA?
(Elija uno)

- Correo Email Teléfono
 Texto (Podría haber cargos por mensaje y datos.)

¿Cuál es su método de comunicación preferido? (Elija uno)

- Inglés Hmong Tagalo Mandarín Cantonés
 Ruso Coreano Vietnamita Español

Número de personas en el hogar en esta dirección:

Adultos **+ Niños** (menores de 18) =

2 Cumplimiento de los requisitos del hogar

Si su hogar cumple con los requisitos de ingreso del programa, complete la sección 2A **O** la sección 2B. Usted no necesita completar ambas secciones. Usted será inscrito en el Programa CARE o FERA dependiendo del ingreso y tamaño de su hogar.

2A Programas de asistencia pública

Marque todos los programas en los que usted o alguien en su hogar participa.

- | | |
|---|---|
| <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> CalFresh/SNAP (estampillas de alimentos) |
| <input type="checkbox"/> Bureau of Indian Affairs General Assistance | <input type="checkbox"/> Women, Infants, and Children (WIC) |
| <input type="checkbox"/> National School Lunch Program (NSLP) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> CalWORKs (TANF) or Tribal TANF | <input type="checkbox"/> Medicaid/Medi-Cal (menor de 65 años) |
| <input type="checkbox"/> Head Start Income Eligible (solo tribus indígenas) | <input type="checkbox"/> Medicaid/Medi-Cal (65 años o más) |
| <input type="checkbox"/> Medi-Cal for Families (Healthy Families A&B) | |

Si usted marcó alguna de estas casillas, salte a la sección 3.

0

2B Ingreso del hogar

Si usted no participa en ninguno de los programas listados anteriormente en la sección 2A, por favor sume todos los ingresos de cada miembro del hogar y marque la casilla que coincide con su ingreso bruto total anual. Por favor tenga en cuenta que los rangos de ingreso que listamos a continuación **NO SON** montos fijos incrementales, así que revise cuidadosamente cada rango de ingreso antes de seleccionar la casilla adecuada.

El ingreso de mi hogar es:

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0-\$31,460 | <input type="checkbox"/> \$55,821-\$59,625 | <input type="checkbox"/> \$79,926-\$80,180 |
| <input type="checkbox"/> \$31,461-\$39,580 | <input type="checkbox"/> \$59,626-\$63,940 | <input type="checkbox"/> \$80,181-\$88,300 |
| <input type="checkbox"/> \$39,581-\$47,700 | <input type="checkbox"/> \$63,941-\$69,775 | <input type="checkbox"/> \$88,301-\$90,075 |
| <input type="checkbox"/> \$47,701-\$49,475 | <input type="checkbox"/> \$69,776-\$72,060 | <input type="checkbox"/> \$90,076-\$96,420 |
| <input type="checkbox"/> \$49,476-\$55,820 | <input type="checkbox"/> \$72,061-\$79,925 | <input type="checkbox"/> \$96,421-\$100,225 |
| | | <input type="checkbox"/> Otro \$ _____ |

Mi ingreso es fijo actualmente y recibo ingresos o beneficios de uno o más de lo siguiente: pensiones, Seguro Social, SSP o SSDI, intereses/dividendos de cuentas de retiro, Medicaid/Medi-Cal (65 años o más) o SSI.

3**Su declaración**

Al firmar esta declaración, certifico que basado en el tamaño y el ingreso de mi hogar cumpla con los requisitos para el Programa CARE o FERA. Al firmar esta declaración, certifico que basado en el tamaño y el ingreso de mi hogar cumpla con los requisitos para el Programa CARE o FERA.

También estoy de acuerdo con los siguientes términos y condiciones para permanecer elegible para el Programa CARE o FERA:

1. La información que he facilitado es veraz y correcta.
2. La factura de energía de mi arrendador está a mi nombre y resido en la dirección donde se recibirá el descuento.
3. No figuro como dependiente en la declaración de impuestos de otra persona que no sea mi esposo/a.
4. No comparto el medidor de energía con ningún otro hogar.
5. Renovaré mi elegibilidad por lo menos cada dos años y/o notificaré a PG&E si mi hogar deja de cumplir con los requisitos para el descuento de CARE o FERA.
6. Después de la inscripción, entiendo que se me puede pedir que muestre pruebas de ingresos del hogar, lo que en ciertos casos puede requerir presentar transcripciones de mi declaración de impuestos al IRS, y también estar de acuerdo en participar en el Programa Energy Savings Assistance.
7. Entiendo que mi consumo mensual de electricidad no debe exceder seis veces el valor del Nivel 1 (Tier 1) el cual es el nivel de tarifa más bajo dentro del estándar Tiered Base Plan de PG&E.
8. Devolveré el monto del descuento si parte de la información provista anteriormente no fuera veraz.
9. Le permitiré a PG&E compartir mi información con agencias municipales, estatales o federales, y/u otras compañías de servicios públicos o sus agentes, con el solo propósito de facilitar la inscripción a sus programas de asistencia.

X**Firma del cliente****Fecha**

FOR INTERNAL USE ONLY

Rellene el círculo si es tutor o tiene carta de poder



Gas Sample Form No. 79-1057 (T)
CARE/FERA Program Application for Sub-Metered Residential Customers
(Chinese) - Large Print Application

**Please Refer to Attached
Sample Form**

Advice Letter No: 3471-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



申請能源帳單每月折扣優惠

如果您的房東直接向您收取煤電費用，您即屬於「使用分錶」的用戶。雖然您不是 PG&E 的直屬用戶，但您仍可能有資格參加降低能源帳單的計劃，其中包含 CARE 及 FERA 計劃。

California Alternate Rates for Energy (CARE) 計劃

pge.com/CARE • 1-866-743-2273

CARE 計劃為符合申請條件的家庭提供 PG&E 帳單每月折扣優惠。申請資格以每戶家庭成員總收入**或**有無參加符合申請條件的社會補助福利計劃為準。

請詳讀這裡所列 CARE 收入標準，了解自己是否符合申請條件。如果您想加入，請在申請表上填寫以下欄位：

- 勾選您或任何家人目前接受福利所參加的全部社會補助計劃；**或**
- 勾選符合您全家年收入總計的方格*。

您還需要求房東或住宅設施經理填寫本申請表 1A 節。如果您的房東有任何疑問，請他或她致電與「分錶用戶專線」(Sub-Metered Hotline) 聯絡，電話為 415-972-5732。

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

如果您不符合 CARE 申請資格，仍可能有資格參加 Family Electric Rate Assistance (家庭電費補助，簡稱 FERA) 計劃。該計劃為三人以上的家庭提供每月電費帳單折扣，而申請資格的收入上限較高。

請參考以上所列 FERA 收入標準，了解自己是否符合申請資格，並填寫附頁申請表申請加入 FERA 計劃。

申請方式

電郵地址：將填好的申請表拍照或掃描後透過電子郵件寄到
CAREandFERA@pge.com

傳真：將填好的申請表傳真到
1-877-302-7563

郵寄：將填好的申請表寄到
CARE/FERA Program
P.O. Box 7979
San Francisco, CA
94120-7979

您有語言或聽力障礙嗎？請撥 TDD/TTY 專線 1-800-652-4712 (星期一至星期五上午 9 點至晚上 11 點)。無法使用 TDD 專線嗎？請撥 1-800-735-2929

CARE/FERA 收入標準 (有效期至 2015 年 5 月 31 日止)

家庭人數	全家年收入總計*	
	CARE	FERA
1-2	\$31,460 或以下	不符資格
3	\$39,580 或以下	\$39,581-\$49,475
4	\$47,700 或以下	\$47,701-\$59,625
5	\$55,820 或以下	\$55,821-\$69,775
6	\$63,940 或以下	\$63,941-\$79,925
7	\$72,060 或以下	\$72,061-\$90,075
8	\$80,180 或以下	\$80,181-\$100,225
每多一人即增加	\$8,120	\$ 8,120-\$10,150

*全家年收入總計包括居於此地址之家庭成員所有繳稅與不需繳稅的收入，且涵蓋所有收入來源，包括 (但不限於) 工資、月薪、利息、股利、配偶和子女贍養費、社會補助款項、社安金、退休金、住宅補貼、軍人補貼、租金收入、自營收入和所有與聘僱工作有關的非現金收入。

其他補助計劃和服務

Energy Savings Assistance Program

pge.com/ESA

1-800-989-9744

凡是符合 CARE 條件且租賃或自購屋屋齡至少五年的客戶，本計劃皆免費提供住家節能改善工程與設備。

Energy Savings

.....
Assistance Program™

Medical Baseline

pge.com/MedicalBaseline

如果您有醫療上的需求，要依賴維生系統或其他設備，就可能有資格透過「基本醫療底線」計劃以最低價格使用額外能源。

低收入家庭能源協助計劃 (Low Income Home Energy Assistance Program)

1-866-675-6623

透過加州社區服務與發展部所主持的這項計劃，若您在能源帳單上的支出在您的收入中佔相當高的比例，您可能會有資格獲得財務援助及防水服務。

Universal Lifeline Telephone Service (ULTS)

您只要符合 CARE 計劃的相同收入標準，就能獲得電話費折扣優惠。如要進一步瞭解，請聯絡您當地電話服務公司。

1B 您和家人

您的姓名

(請使用由您的房東所提供能源帳單上顯示的姓名，必須和您的姓名相同)。

您的住家地址

(地址必須是主要住處。請勿使用郵政信箱)

公寓單位 #

城市/州別/郵遞區號

郵寄地址

公寓單位 #

城市/州別/郵遞區號

電子郵件地址

主要電話號碼

住宅

工作

手機

其他電話號碼

住宅

工作

手機

未來如果要討論 CARE 和 FERA 計劃的相關事宜，您希望使用何種語言？
(選一項)

英語

苗語

他加祿語

國語

粵語

俄語

韓語

越南語

西班牙語

您希望以何種方式進行溝通？(選一項)

郵寄 電子郵件 電話 簡訊 (可能需支付簡訊或數據流量費用)

居住於此地址的家庭人數： 成人 + 兒童 (未滿 18 歲) =

2

家庭資格

如果您的家庭符合計劃收入標準，請填寫 2A 或 2B 一節。您無需兩節都填寫。我們會按照您的家庭收入和家人數目讓您加入 CARE 或 FERA 計劃。

2A 社會補助計劃

如果您的家庭符合計劃收入標準，請填寫 2A 或 2B 一節。您無需兩節都填寫。我們會按照您的家庭收入和家人數目讓您加入 CARE 或 FERA 計劃。

- | | |
|--|--|
| <input type="checkbox"/> 低收入家庭能源協助計劃 (LIHEAP) | <input type="checkbox"/> CalFresh/SNAP (糧食券) |
| <input type="checkbox"/> 印地安事務局一般補助計劃 | <input type="checkbox"/> 婦女、嬰兒及兒童 (WIC) |
| <input type="checkbox"/> 全國營養午餐計劃 (NSLP) | <input type="checkbox"/> 社會安全生活補助金 (SSI) |
| <input type="checkbox"/> CalWORKs (TANF) 或 Tribal TANF | <input type="checkbox"/> Medicaid/Medi-Cal (未滿 65 歲) |
| <input type="checkbox"/> Head Start Income Eligible (僅限部落) | <input type="checkbox"/> Medicaid/Medi-Cal (65 歲以上) |
| <input type="checkbox"/> Medi-Cal for Families
(Healthy Families A&B) | |

如果您勾選本節中的任何方格，請直接前往第 3 節。

或

2B 全家收入

如果您未參加任何上述計劃，請將每位家人收入加總，並勾選符合您全家年收入總計的方格。請注意，以下所列的收入範圍並非固定累積金額，所以在選擇適當方格以前，請小心檢視每個收入範圍。

我的全家收入：

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0-\$31,460 | <input type="checkbox"/> \$55,821-\$59,625 | <input type="checkbox"/> \$79,926-\$80,180 |
| <input type="checkbox"/> \$31,461-\$39,580 | <input type="checkbox"/> \$59,626-\$63,940 | <input type="checkbox"/> \$80,181-\$88,300 |
| <input type="checkbox"/> \$39,581-\$47,700 | <input type="checkbox"/> \$63,941-\$69,775 | <input type="checkbox"/> \$88,301-\$90,075 |
| <input type="checkbox"/> \$47,701-\$49,475 | <input type="checkbox"/> \$69,776-\$72,060 | <input type="checkbox"/> \$90,076-\$96,420 |
| <input type="checkbox"/> \$49,476-\$55,820 | <input type="checkbox"/> \$72,061-\$79,925 | <input type="checkbox"/> \$96,421-\$100,225 |
| | | <input type="checkbox"/> 其他 \$ _____ |

我目前領取固定收入，或擁有以下收入或福利：退休金、社安金、SSP 或 SSDI、退休帳戶的利息/股利、Medicaid/Medi-Cal (65 歲以上) 或 SSI。

3

聲明

本人保證家庭人數與收入符合 CARE 或 FERA 計劃資格，特此聲明。

為符合 CARE 或 FERA 計劃資格，本人也同意下列的計劃條款和條件：

1. 本人在此提供的資料完全屬實並正確無誤。
2. 由我的房東所提供能源帳單上有本人的姓名，而且本人住在可獲得折扣優惠的地址。
3. 除了本人配偶外，本人未在他入所得稅表上申報為受扶養人。
4. 本人沒有和其他家庭共用電錶/煤氣錶。
5. 本人至少每兩年必須重新辦理資格審查程序，並在不符 CARE 或 FERA 折扣優惠時主動通知 PG&E。
6. 登記參加後，本人了解自己必須提供家庭收入資格證明（包括 IRS 報稅記錄），且同意參加 Energy Savings Assistance Program。
7. 本人了解自己每月用電量必須低於第一級額定量的六倍，也就是 PG&E 標準 Tiered Base Plan 的最低價位額定量。
8. 以上提供資訊如有任何不實，本人願退回折扣款項。
9. 本人允許 PG&E 將本人資料提供給市政機構、州或聯邦機構，以及/或其他公用事業公司或其代理人，以便使本人參加前述機構的輔助計劃。

X

客戶簽名

日期

FOR INTERNAL USE ONLY

○如果您是監護人或有授權書，請將圓圈塗滿



Gas Sample Form No. 79-1058 (T)
CARE/FERA Program Application for Sub-Metered Residential Customers
(Vietnamese) - Large Print Application

**Please Refer to Attached
Sample Form**

Advice Letter No: 3471-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____

**Khách Hàng Gia Cư Có Đồng Hồ Đo Phụ**

Hãy ghi danh để nhận giảm giá hàng tháng trên hóa đơn năng lượng của quý vị

Nếu chủ nhà của quý vị là người gửi hóa đơn điện và khí đốt trực tiếp đến quý vị, thì quý vị là khách hàng có “đồng hồ đo phụ.” Dù quý vị không phải là khách hàng trực tiếp của PG&E, quý vị vẫn có thể hội đủ điều kiện cho các chương trình và dịch vụ giúp giảm hóa đơn năng lượng của quý vị, bao gồm Chương Trình CARE và FERA.

California Alternate Rates for Energy (CARE)

pge.com/CARE • 1-866-743-2273

Chương trình CARE giảm giá hàng tháng trên hóa đơn PG&E cho các gia đình đủ điều kiện. Điều kiện dựa trên tổng thu nhập của tất cả mọi người sống trong nhà **HOẶC** các chương trình trợ cấp xã hội đủ điều kiện đang được nhận.

Vui lòng xem qua chỉ dẫn về thu nhập của chương trình CARE được liệt kê tại đây để xem quý vị có đủ điều kiện không. Trên mẫu đơn đăng ký, quý vị có thể đăng ký bằng cách:

- Đánh dấu tất cả các chương trình trợ cấp xã hội đủ điều kiện mà quý vị hoặc ai đó trong gia đình đang được nhận **HOẶC**
- Đánh dấu vào ô trùng với tổng thu nhập hộ gia đình hàng năm của quý vị.*

Quý vị cũng sẽ cần nhờ chủ nhà hoặc người quản lý khu nhà điện vào Phần 1A của mẫu đơn này. Nếu chủ nhà có thắc mắc, xin nhờ họ gọi Đường Dây Nóng Đồng Hồ Đo Phụ tại số **415-972-5732**.

Family Electric Rate Assistance (FERA)

pge.com/FERA • 1-800-743-5000

Nếu quý vị không hội đủ điều kiện vào chương trình CARE, quý vị vẫn có thể hội đủ điều kiện cho chương trình FERA. Chương trình này giảm giá trên hóa đơn hàng tháng cho các gia đình có từ ba người trở lên với lợi tức hơi cao hơn so với yêu cầu của chương trình CARE.

Xem Chỉ Dẫn về Thu Nhập của chương trình FERA được liệt kê tại đây để xem quý vị có đủ điều kiện không và đăng ký bằng cách hoàn tất đơn đăng ký đính kèm.

Cách Đăng Ký

Bằng email: Chụp ảnh hoặc scan đơn đăng ký hoàn chỉnh của quý vị và gửi email ảnh này đến địa chỉ CAREandFERA@pge.com

Fax: Gửi đơn đăng ký hoàn chỉnh đến **1-877-302-7563**

Bằng thư: Gửi đơn đăng ký hoàn chỉnh đến **CARE/FERA Program**
P.O. Box 7979
San Francisco, CA
94120-7979

Khách hàng khiếm thanh hoặc khiếm thính? TDD/TTY hiện có theo số **1-800-652-4712** (9 giờ sáng đến 11 giờ tối, từ Thứ Hai–Thứ Sáu).

Không thể sử dụng đường dây TDD? Hãy gọi **1-800-735-2929**

Chỉ dẫn về thu nhập của CARE/FERA (có hiệu lực đến ngày 31 tháng Năm, 2015)

Số Người Trong Gia Đình	Tổng Thu Nhập Hộ Gia Đình Hàng Năm*	
	CARE	FERA
1-2	\$31,460 hoặc ít hơn	Không áp dụng
3	\$39,580 hoặc ít hơn	\$39,581–\$49,475
4	\$47,700 hoặc ít hơn	\$47,701–\$59,625
5	\$55,820 hoặc ít hơn	\$55,821–\$69,775
6	\$63,940 hoặc ít hơn	\$63,941–\$79,925
7	\$72,060 hoặc ít hơn	\$72,061–\$90,075
8	\$80,180 hoặc ít hơn	\$80,181–\$100,225
Với Mỗi Người Thêm Vào, cộng thêm	\$8,120	\$ 8,120–\$10,150

* Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

Các Chương Trình Và Dịch Vụ Hữu Ích Khác

Chương Trình Energy Savings Assistance Program

pge.com/ESA • 1-800-989-9744

Chương trình này cung cấp các cải thiện để gia đình sử dụng năng lượng hiệu quả và cung cấp các thiết bị gia dụng miễn phí cho khách hàng đủ điều kiện đối với chương trình CARE hoặc khách hàng thuê hay sở hữu nhà có tuổi thọ ít nhất là 5 năm.

Energy Savings Assistance Program™

Medical Baseline

pge.com/MedicalBaseline

Nếu quý vị phải phụ thuộc vào thiết bị hỗ trợ sự sống hoặc thiết bị khác do nhu cầu sức khỏe, quý vị có thể hội đủ điều kiện nhận thêm năng lượng với giá thấp nhất qua Chương Trình Medical Baseline.

Low Income Home Energy Assistance Program (LIHEAP)

1-866-675-6623

Nếu quý vị cần phải sử dụng một phần lớn thu nhập của mình để trả hóa đơn năng lượng, quý vị có thể hội đủ điều kiện để nhận trợ giúp tài chính và những dịch vụ điều hòa thời tiết qua chương trình này được điều hành bởi Sở Dịch Vụ và Phát Triển Cộng Đồng California.

Universal Lifeline Telephone Service (ULTS)

Nhận giảm giá điện thoại khi quý vị đủ điều kiện về thu nhập tương tự như chương trình CARE. Hãy liên hệ với nhà cung cấp dịch vụ điện thoại tại địa phương để tìm hiểu thêm.

1B Quý Vị Và Gia Đình Của Quý vị

Tên Quý Vị

(Phải sử dụng tên của quý vị và giống với tên trên hóa đơn năng lượng từ chủ nhà của quý vị.)

Địa Chỉ Nhà Của Quý Vị

Số Căn Hộ #

(Địa chỉ phải là nơi cư ngụ chính của quý vị.
KHÔNG được sử dụng hộp thư bưu điện P.O. Box.)

Thành phố/Bang/Số Zip

Địa Chỉ Liên Lạc Bằng Thư

Số Căn Hộ #

Thành phố/Bang/Số Zip

Địa chỉ email

Số Điện Thoại Chính

Nhà

Nơi làm việc

Di động

Số Điện Thoại Thay Thế

Nhà

Nơi làm việc

Di động

Quý vị muốn trao đổi bằng hình thức nào? (Hãy chọn một)

Bằng thư Bằng email Bằng điện thoại

Bằng tin nhắn (Có thể áp dụng phí dữ liệu và tin nhắn)

Quý vị muốn sử dụng ngôn ngữ nào trong tương lai khi trao đổi với CARE và FERA? (Hãy chọn một)

Tiếng Anh

Tiếng H'Mông

Tiếng Tagalog

Tiếng Quan Thoại

Tiếng Quảng Đông

Tiếng Nga

Tiếng Hàn

Tiếng Việt

Tiếng Tây Ban Nha

Số người sống trong nhà quý vị tại địa chỉ này:

Người lớn + Trẻ nhỏ (dưới 18 tuổi) =

2 Hộ Gia Đình Đủ Tiêu Chuẩn

Nếu hộ gia đình của quý vị đủ tiêu chuẩn đối với Chỉ Dẫn về Thu Nhập Chương Trình, quý vị nên điền Phần 2A **HOẶC** Phần 2B. Quý vị không cần phải điền vào cả hai phần. Quý vị sẽ được ghi danh vào Chương Trình CARE hoặc FERA tùy thuộc vào lợi tức của hộ gia đình và số người trong gia đình quý vị.

2A Các Chương Trình Trợ Cấp Xã Hội

Đánh dấu tất cả các chương trình mà quý vị hoặc người trong gia đình quý vị đang được nhận.

- | | |
|---|---|
| <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> CalFresh/SNAP (Food stamps) |
| <input type="checkbox"/> Bureau of Indian Affairs General Assistance | <input type="checkbox"/> Women, Infants and Children (WIC) |
| <input type="checkbox"/> National School Lunch Program (NSLP) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> CalWORKs (TANF) or Tribal TANF | <input type="checkbox"/> Medicaid/Medi-Cal (dưới 65 tuổi) |
| <input type="checkbox"/> Head Start Income Eligible (chỉ dành cho bộ lạc) | <input type="checkbox"/> Medicaid/Medi-Cal (65 tuổi hoặc hơn) |
| <input type="checkbox"/> Medi-Cal for Families (Healthy Families A&B) | |

Nếu quý vị đánh dấu bất cứ chương trình nào trong phần này, xin quý vị bỏ phần sau và tiếp theo ở Phần 3.

HOẶC

2B Thu Nhập Hộ Gia Đình

Nếu quý vị hiện không có tham gia vào bất cứ chương trình nào được liệt kê ở trên, xin vui lòng cộng lại tất cả các khoản thu nhập từ mỗi thành viên hộ gia đình và đánh dấu vào ô trùng với tổng thu nhập hộ gia đình của quý vị. Xin quý vị lưu ý khoảng lợi tức ghi dưới đây tăng lên KHÔNG đều, do vậy quý vị nên xem xét cẩn thận từng khoảng lợi tức trước khi chọn ô thích hợp.

Thu nhập hộ gia đình tôi là:

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0-\$31,460 | <input type="checkbox"/> \$55,821-\$59,625 | <input type="checkbox"/> \$79,926-\$80,180 |
| <input type="checkbox"/> \$31,461-\$39,580 | <input type="checkbox"/> \$59,626-\$63,940 | <input type="checkbox"/> \$80,181-\$88,300 |
| <input type="checkbox"/> \$39,581-\$47,700 | <input type="checkbox"/> \$63,941-\$69,775 | <input type="checkbox"/> \$88,301-\$90,075 |
| <input type="checkbox"/> \$47,701-\$49,475 | <input type="checkbox"/> \$69,776-\$72,060 | <input type="checkbox"/> \$90,076-\$96,420 |
| <input type="checkbox"/> \$49,476-\$55,820 | <input type="checkbox"/> \$72,061-\$79,925 | <input type="checkbox"/> \$96,421-\$100,225 |
| | | <input type="checkbox"/> Khác \$ _____ |

Tôi hiện có thu nhập cố định và nhận thu nhập hoặc phúc lợi từ một hoặc nhiều nguồn sau: lương hưu, An Sinh Xã Hội, SSP hoặc SSDI, lãi/cổ tức từ tài khoản hưu trí, Medicaid/ Medi-Cal (65 tuổi hoặc hơn) hoặc SSI.

3**Cam Đoan**

Khi ký vào bản cam đoan này, tôi xác nhận rằng tôi hội đủ điều kiện tham gia chương trình CARE hoặc FERA dựa trên số người và thu nhập hộ gia đình của tôi.

Tôi cũng đồng ý với các điều khoản và điều kiện sau đây của chương trình để hội đủ điều kiện tham gia chương trình CARE hoặc FERA:

1. Thông tin tôi đã cung cấp là thật và chính xác.
2. Tôi đứng tên trên hóa đơn năng lượng từ chủ nhà, và tôi sinh sống tại địa chỉ được nhận giảm giá này.
3. Tôi không là người phụ thuộc trên tờ khai thuế thu nhập của người nào khác ngoài vợ/chồng của tôi.
4. Tôi không dùng chung đồng hồ năng lượng với gia đình khác.
5. Tôi sẽ gia hạn việc hội đủ điều kiện của mình sau mỗi hai năm và/hoặc thông báo cho PG&E biết khi gia đình tôi không còn đủ điều kiện tham gia chương trình CARE hoặc FERA nữa.
6. Sau khi đăng ký, tôi hiểu rằng tôi có thể được yêu cầu cung cấp bằng chứng về thu nhập hộ gia đình đủ tiêu chuẩn, trong đó có thể yêu cầu cung cấp Bản Sao Tờ Khai Thuế của Sở Thuế Vụ (IRS), và đồng ý tham gia Chương Trình Energy Savings Assistance Program.
7. Tôi hiểu rằng lượng điện sử dụng hàng tháng không được vượt quá sáu lần hạn mức của Bạc 1, đây là bậc có mức giá thấp nhất trong Gói Cơ Bản Theo Bạc (Tiered Base Plan) chuẩn của PG&E.
8. Tôi sẽ trả lại tiền giảm giá nếu thông tin tôi cung cấp ở đây không phải là sự thật.
9. Tôi sẽ cho phép PG&E chia sẻ thông tin của tôi với các cơ quan của thành phố, các cơ quan thuộc tiểu bang hay liên bang, cũng như các công ty tiện ích khác và nhân viên của họ để tạo điều kiện ghi danh trong các chương trình hỗ trợ của họ.

X**Chữ Ký Khách Hàng****Ngày**

○ Điền vào ô tròn nếu quý vị là người giám hộ hoặc quý vị có giấy ủy quyền

FOR INTERNAL USE ONLY



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 3471-G
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



California Alternate Rates for Energy (CARE)

pge.com/CARE • 1-866-743-2273

The CARE Program offers a monthly discount on PG&E bills for qualifying households and housing facilities. Review the CARE Income Guidelines listed here to see if you qualify. Apply at pge.com/CARE.

Family Electric Rate Assistance (FERA)
pge.com/FERA • 1-800-743-5000

If you do not qualify for the CARE Program, your household may still qualify for the FERA Program, which offers a monthly discount on electric bills for households of three or more people with a slightly higher income than required for CARE. Check out the FERA Income Guidelines listed here to see if you qualify. Apply at pge.com/FERA.

How to Determine Your Total Gross Annual Income

Your total gross annual household income includes all taxable and nontaxable revenues from all people living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.

CARE/FERA Income Guidelines (good until May 31, 2015)		
Number of People in Household	Total Gross Annual Household Income*	
	CARE	FERA
1-2	\$31,460 or less	Not Applicable
3	\$39,580 or less	\$39,581-\$49,475
4	\$47,700 or less	\$47,701-\$59,625
5	\$55,820 or less	\$55,821-\$69,775
6	\$63,940 or less	\$63,941-\$79,925
7	\$72,060 or less	\$72,061-\$90,075
8	\$80,180 or less	\$80,181-\$100,225
Each Additional Person, add	\$8,120	\$ 8,120-\$10,150

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

Speech or hearing impaired? TDD/TTY is available at **1-800-652-4712** (9 a.m. to 11 p.m., Monday-Friday). **Can't use the TDD line?** Call **1-800-735-2929**



California Alternate Rates for Energy (CARE)

pge.com/CARE • 1-866-743-2273

El Programa CARE ofrece un descuento mensual en las facturas de PG&E a hogares que cumplen con los requisitos por sus ingresos. Revise los requisitos de ingreso que se encuentran en esta lista para ver si califica. Inscríbese en pge.com/CARE.

Family Electric Rate Assistance (FERA)

pge.com/FERA • 1-800-743-5000

Si usted no cumple con los requisitos para el Programa CARE, su hogar tal vez califique para el Programa FERA, que ofrece un descuento en las facturas mensuales de electricidad a familias de tres o más personas que reciban un ingreso ligeramente más alto que el requerido para CARE. Vea los requisitos de ingreso de FERA que incluimos aquí para comprobar que califica. Inscríbese en pge.com/FERA.

Cómo determinar su ingreso bruto total anual

El ingreso bruto total anual de su hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, de cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ganancias de su propio negocio y toda ganancia proveniente de un empleo no pagado en efectivo.

Requisitos de ingreso CARE/FERA (válido hasta el 31 de mayo, 2015)		
Número de personas en el hogar	Ingreso bruto total anual del hogar*	
	CARE	FERA
1-2	\$31,460 o menos	No aplica
3	\$39,580 o menos	\$39,581-\$49,475
4	\$47,700 o menos	\$47,701-\$59,625
5	\$55,820 o menos	\$55,821-\$69,775
6	\$63,940 o menos	\$63,941-\$79,925
7	\$72,060 o menos	\$72,061-\$90,075
8	\$80,180 o menos	\$80,181-\$100,225
Por cada persona adicional, añadida	\$8,120	\$ 8,120-\$10,150

* Antes de impuestos, basado en fuentes actuales de ingreso. Usted puede estar inscrito en uno de los Programas CARE o FERA pero no en ambos.

¿Discapacidad auditiva o del habla? TDD/TTY disponible llamando al **1-800-652-4712** (lunes a viernes de 9 a.m. a 11 p.m.). **¿No puede usar la línea TDD?** Llame al **1-800-735-2929**



California Alternate Rates for Energy (CARE)

pge.com/CARE • 1-866-743-2273

CARE 計劃為符合申請條件的家庭與住房設施提供 PG&E 帳單每月折扣優惠。請查閱所列 CARE 收入資格標準，了解自己是否符合申請條件。請到 pge.com/CARE 申請。

Family Electric Rate Assistance (FERA)

pge.com/FERA • 1-800-743-5000

即使您不符合 CARE 計劃申請資格，您的家庭仍可能有資格申請 Family Electric Rate Assistance (家庭電費補助，簡稱 FERA) 計劃。該計劃為三人及以上家庭提供每月電費帳單折扣，收入要求比 CARE 略為寬鬆。請查閱這裡所列 FERA 收入資格標準，了解自己是否符合申請條件。請到 pge.com/FERA 申請。

如何確定全家年收入總計

全家年收入總計包括全家人所有繳稅與不需繳稅的收入，且涵蓋所有收入來源，包括(但不限於)工資、月薪、利息、股利、配偶和子女贍養費、社會補助款項、社安金、退休金、住宅補貼、軍人補貼、租金收入、自營收入和所有與聘僱工作有關的非現金收入。

CARE/FERA 收入標準 (有效期至 2015 年 5 月 31 日止)		
家庭人數	全家年收入總計*	
	CARE	FERA
1-2	\$31,460 或以下	不符資格
3	\$39,580 或以下	\$39,581-\$49,475
4	\$47,700 或以下	\$47,701-\$59,625
5	\$55,820 或以下	\$55,821-\$69,775
6	\$63,940 或以下	\$63,941-\$79,925
7	\$72,060 或以下	\$72,061-\$90,075
8	\$80,180 或以下	\$80,181-\$100,225
每多一人即增加	\$8,120	\$ 8,120-\$10,150

*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，但不得同時加入這兩項計劃。

您有語言或聽力障礙嗎？請撥 TDD/TTY 專線 1-800-652-4712

(星期一至星期五上午 9 點至晚上 11 點)。**無法使用 TDD 專線嗎？請撥 1-800-735-2929**



California Alternate Rates for Energy (CARE)

pge.com/CARE • 1-866-743-2273

Chương trình CARE giảm giá hàng tháng trên hóa đơn PG&E cho các gia đình và các cơ sở gia cư hội đủ điều kiện về lợi tức. Vui lòng xem qua chỉ dẫn về thu nhập của chương trình CARE được liệt kê tại đây để xem quý vị có hội đủ điều kiện không. Ghi danh tại **pge.com/CARE**.

Family Electric Rate Assistance (FERA)
pge.com/FERA • 1-800-743-5000

Nếu quý vị không hội đủ điều kiện vào chương trình CARE, gia đình quý vị vẫn có thể hội đủ điều kiện cho chương trình FERA, chương trình này giảm giá trên hóa đơn điện hàng tháng cho các gia đình có từ ba người trở lên với lợi tức hơi cao hơn so với yêu cầu của chương trình CARE. Vui lòng xem chỉ dẫn về thu nhập của chương trình FERA được liệt kê tại đây để xem quý vị có hội đủ điều kiện không. Ghi danh tại **pge.com/FERA**.

Cách Xác Định Tổng Thu Nhập Của Quý Vị

Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

Chỉ dẫn về thu nhập của CARE/FERA (có hiệu lực đến ngày 31 tháng Năm, 2015)		
Số Người Trong Gia Đình	Tổng Thu Nhập Hộ Gia Đình Hàng Năm*	
	CARE	FERA
1-2	\$31,460 hoặc ít hơn	Không áp dụng
3	\$39,580 hoặc ít hơn	\$39,581–\$49,475
4	\$47,700 hoặc ít hơn	\$47,701–\$59,625
5	\$55,820 hoặc ít hơn	\$55,821–\$69,775
6	\$63,940 hoặc ít hơn	\$63,941–\$79,925
7	\$72,060 hoặc ít hơn	\$72,061–\$90,075
8	\$80,180 hoặc ít hơn	\$80,181–\$100,225
Với Mỗi Người Thêm Vào, cộng thêm	\$8,120	\$ 8,120–\$10,150

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

Quý vị miễn thanh hoặc miễn thính? TDD/TTY hiện có theo số 1-800-652-4712 (9 giờ sáng đến 11 giờ đêm, từ Thứ Hai–Thứ Sáu).

Không thể sử dụng đường dây TDD? Hãy gọi 1-800-735-2929

PG&E dùng để nói đến Pacific Gas and Electric Company, một công ty trực thuộc của PG&E Corporation. ©2014 Pacific Gas and Electric Company. Đã đăng ký bản quyền. Những chương trình này được khách hàng của dịch vụ tiện ích của California tài trợ và PG&E điều hành dưới sự bảo trợ của California Public Utilities Commission.



GAS TABLE OF CONTENTS

Sheet 1

TITLE OF SHEET	CAL P.U.C. SHEET NO.	
Title Page	31243*-G	(T)
Rate Schedules	31181,31153-G	
Preliminary Statements.....	31154,30517-G	
Rules	31244-G	(T)
Maps, Contracts and Deviations.....	29288-G	
Sample Forms	30592,31245*,30324,30325,30326,30439-G	(T)

(Continued)

Advice Letter No: 3471-G
 Decision No.

Issued by
Brian K. Cherry
 Vice President
 Regulatory Relations

Date Filed May 1, 2014
 Effective _____
 Resolution No. _____



GAS TABLE OF CONTENTS

Sheet 6

RULE	TITLE OF SHEET	CAL P.U.C. SHEET NO.
Rules		
Rule 01	Definitions.....	31083,26782,25123,18197,26823,26824,24120,18200, 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.....	22126,30687,28653-G
Rule 07	Deposits.....	28654,28655-G
Rule 08	Notices.....	21928,17580,30688,30689,15728-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.....	18231-18235,30690-30698,28283, 30699-30702, 29787, 28289,28290,30703,28292-G
Rule 15	Gas Main Extensions.....	21543,18802-18803,31117,20350,29271,29272,26827,21544, 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.....	31214,31215 ,30445,28210-G (T)
Rule 19.2	California Alternate Rates for Energy for Nonprofit Group-Living Facilities.....	24609, 31216 ,17035, 31217 ,30448-G (T)
Rule 19.3	California Alternate Rates for Energy for Qualified Agricultural Employee Housing Facilities.....	24138, 31218,31219 ,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.....	18284,18285,18633,30704-G

(Continued)

Advice Letter No: 3471-G
 Decision No.

Issued by
Brian K. Cherry
 Vice President
 Regulatory Relations

Date Filed May 1, 2014
 Effective June 1, 2014
 Resolution No. _____



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			
01-9077	CARE/FERA Program Application for Residential Customers	31220-G	(T)
01-9285	CARE/FERA Program Application for Sub-Metered Residential Customers.....	31221-G	(T)
61-0535	CARE Program Application for Migrant Farm Worker Housing Centers	31222-G	(T)
62-0156	CARE Program Application for Nonprofit Group Living Facilities	31223-G	(T)
62-1198	CARE Program Application for Agricultural Employee Housing Facilities	31231-G	(T)
61-0522	Application for Farm Workers Residential Single Family Customers.....	23989-G	
62-1477	CARE/FERA Program Income Guidelines	31232-G	(T)
03-006	Postage-Paid Application	23991-G	
Sample Forms: Rule 21			
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			
79-1047	Authorization to Change Residential Rate NGV Home Refueling	30766-G	
62-0972	CARE/FERA Program Application for Residential Customers (English/Chinese)	31229-G	(T)
62-0973	CARE/FERA Program Application for Residential Customers (English/Vietnamese).....	31230-G	(T)
62-0939	CARE/FERA Program Application for Residential Customers (Pre-Printed Application Instruction).....	31227-G	(T)
62-0919	CARE/FERA Program Application for Residential Customers (Pre-Printed Application)....	31226-G	(T)
62-0940	CARE Program Re-Certification Instructions - Residential Customers	31228-G	(T)
62-1509	CARE Program Renewal Application -- Residential Customers	31233-G	(T)
62-0672	CARE/FERA Program Application for Sub-Metered Residential Customers (English/Chinese).....	31224-G	(T)
62-0673	CARE/FERA Program Application for Sub-Metered Residential Customers (English/Vietnamese)	31225-G	(T)
79-1051	CARE/FERA Program Application for Residential Customers (English) Large Print Application	31234-G	(T)
79-1052	CARE/FERA Program Application for Residential Customers (Spanish) – Large Print Application	31235-G	(T)
79-1053	CARE/FERA Program Application for Residential Customers (Chinese) – Large Print Application	31236-G	(T)
79-1054	CARE/FERA Program Application for Residential Customers (Vietnamese) – Large Print Application	31237-G	(T)
79-1055	CARE/FERA Program Application for Sub-Metered Residential Customers (English) – Large Print Application	31238-G	(T)
79-1056	CARE/FERA Program Application for Sub-Metered Residential Customers (Spanish) – Large Print Application	31239-G	(T)
79-1057	CARE/FERA Program Application for Sub-Metered Residential Customers (Chinese) – Large Print Application	31240-G	(T)
79-1058	CARE/FERA Program Application for Sub-Metered Residential Customers (Vietnamese) – Large Print Application	31241-G	(T)
79-1059	CARE/FERA Program Income Guidelines - Large Print.....	31242-G	(T)
79-1119	Tenant Rights Letter.....	28298-G	

(Continued)

Advice Letter No: 3471-G
 Decision No.

Issued by
Brian K. Cherry
 Vice President
 Regulatory Relations

Date Filed May 1, 2014
 Effective _____
 Resolution No. _____

Cal P.U.C.
Sheet No.

Title of Sheet

Cancelling Cal
P.U.C. Sheet No.

33842-E	ELECTRIC SCHEDULE E-FERA FAMILY ELECTRIC RATE ASSISTANCE Sheet 1	33783-E
33843-E	ELECTRIC SCHEDULE E-FERA FAMILY ELECTRIC RATE ASSISTANCE Sheet 2	32653-E
33844-E	ELECTRIC RULE NO. 19.1 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER- METERED CUSTOMERS Sheet 1	32654-E
33845-E	ELECTRIC RULE NO. 19.1 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER- METERED CUSTOMERS Sheet 2	33223-E
33846-E	ELECTRIC RULE NO. 19.2 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES Sheet 2	33224-E
33847-E	ELECTRIC RULE NO. 19.2 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES Sheet 4	32658-E
33848-E	ELECTRIC RULE NO. 19.3 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES Sheet 2	33225-E
33849-E	ELECTRIC RULE NO. 19.3 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES Sheet 3	32661-E

**ATTACHMENT 1
Advice 4406-E**

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
33850-E	Electric Sample Form No. 01-9077 CARE/FERA Program Application for Residential Customers	33226-E
33851-E	Electric Sample Form No. 01-9285 CARE/FERA Program Application for Sub-Metered Residential Customers	33227-E
33852-E	Electric Sample Form No. 61-0535 CARE Program Application for Migrant Farm Worker Housing Centers	32664-E
33853-E	Electric Sample Form No. 62-0156 CARE Program Application for Nonprofit Group Living Facilities	32665-E
33854-E	Electric Sample Form No. 62-0672 CARE/FERA Program Application for Sub-Metered Residential Customers (English/Chinese)	33228-E
33855-E	Electric Sample Form No. 62-0673 CARE/FERA Program Application for Sub-Metered Residential Customers (English/Vietnamese)	33229-E
33856-E	Electric Sample Form No. 62-0919 CARE/FERA Program Application for Residential Customers (Pre-Printed Application)	32668-E
33857-E	Electric Sample Form No. 62-0939 CARE/FERA Program Application for Residential Customers (Pre-Printed Application Instruction)	33230-E
33858-E	Electric Sample Form No. 62-0940 CARE Program Re-Certification Instructions - Residential Customers	33231-E
33859-E	Electric Sample Form No. 62-0972 CARE/FERA Program Application for Residential Customers (English/Chinese)	33232-E
33860-E	Electric Sample Form No. 62-0973 CARE/FERA Program Application for Residential Customers (English/Vietnamese)	33233-E

**ATTACHMENT 1
Advice 4406-E**

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
33861-E	Electric Sample Form No. 62-1198 CARE Program Application for Agricultural Employee Housing Facilities	32673-E
33862-E	Electric Sample Form No. 62-1477 CARE/FERA Program Income Guidelines	33234-E
33863-E	Electric Sample Form No. 62-1509 CARE Program Renewal Application -- Residential Customers	32675-E
33864-E	Electric Sample Form No. 79-1051 CARE/FERA Program Application for Residential Customers (English) Large Print Application	33235-E
33865-E	Electric Sample Form No. 79-1052 CARE/FERA Program Application for Residential Customers (Spanish) - Large Print Application	33236-E
33866-E	Electric Sample Form No. 79-1053 CARE/FERA Program Application for Residential Customers (Chinese) - Large Print Application	33237-E
33867-E	Electric Sample Form No. 79-1054 CARE/FERA Program Application for Residential Customers (Vietnamese) - Large Print Application	33238-E
33868-E	Electric Sample Form No. 79-1055 CARE/FERA Program Application for Sub-Metered Residential Customers (English) - Large Print Application	33239-E
33869-E	Electric Sample Form No. 79-1056 CARE/FERA Program Application for Sub-Metered Residential Customers (Spanish) - Large Print Application	33240-E
33870-E	Electric Sample Form No. 79-1057 CARE/FERA Program Application Sub-Metered Residential Customers (Chinese) - Large Print Application	33241-E
33871-E	Electric Sample Form No. 79-1058 CARE/FERA Program Application for Sub-Metered Residential Customers (Vietnamese) - Large Print Application	33242-E

**ATTACHMENT 1
Advice 4406-E**

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
33872-E	Electric Sample Form No. 79-1059 CARE/FERA Program Income Guidelines - Large Print	33243-E
33873-E	Electric Sample Form No. 79-1072 FERA Program Renewal Instructions -- Residential Customers	32685-E
33874-E	Electric Sample Form No. 79-1073 FERA Program Renewal Application -- Residential Customers	32686-E
33875-E*	ELECTRIC TABLE OF CONTENTS Sheet 1	33832-E
33876-E	ELECTRIC TABLE OF CONTENTS RATE SCHEDULES Sheet 3	33834-E
33877-E	ELECTRIC TABLE OF CONTENTS RULES Sheet 20	33245-E
33878-E*	ELECTRIC TABLE OF CONTENTS SAMPLE FORMS Sheet 24	33031-E
33879-E*	ELECTRIC TABLE OF CONTENTS SAMPLE FORMS Sheet 27	33247-E



ELECTRIC SCHEDULE E-FERA
FAMILY ELECTRIC RATE ASSISTANCE

Sheet 1

APPLICABILITY: This schedule is applicable to single-phase and polyphase residential bundled service in single-family dwellings and in flats and apartments separately metered by PG&E and domestic submetered tenants residing in multifamily accommodations, mobilehome parks and to qualifying recreational vehicle parks and marinas and to farm service on the premises operated by the person who's residence is supplied through the same meter where the applicant qualified for Family Electric Rate Assistance (FERA) under the eligibility and certification criteria set forth below in Special Conditions 2 and 3.

All individually meter customers and submetered tenants must have a total gross annual household income of between 200%+1 and 250% of federal poverty guidelines and have three or more persons residing full time in their household for that household to receive benefit of Schedule E-FERA. (T)
 (T)

TERRITORY: This rate schedule applies everywhere PG&E provides electric service.

RATES: The rate of the customer's otherwise applicable Rate Schedule; E-1, E-6, E-7, E-8, E-9 and NEM or other applicable rate will apply with the following two exceptions: (1) all Tier 1 through Tier 5 rates will be billed at the otherwise applicable rate schedule's Tier 1 through Tier 5 rates less the California Solar Initiative (CSI) adjustment; and (2) all Tier 3 baseline usage will be billed at Tier 2 baseline rates less the CSI adjustment. The CSI adjustment will be applied as a percentage of distribution energy charges. These conditions also apply to master-metered customers and to qualified sub-metered tenants where the master-meter customer is served under PG&E's Rate Schedule ES, ESL, ESR, ESRL, ET, or ETL.

The percentages to be applied to distribution energy charges for qualifying usage are:

	Discount Factor
E-1, ES, ESR, ET, ESL, ESRL, and ETL	1.32%
E-6	1.67%
E-7	2.41%
E-8	5.29%
E-9	2.41%

For master-metered customers, the FERA discount is equal to the Tier 3 usage assigned to non-CARE units on a prorated basis times the difference between Tier 2 and Tier 3 rates described above, multiplied by the number of FERA units divided by the number of non-CARE units.

- SPECIAL CONDITIONS:**
1. **OTHERWISE APPLICABLE SCHEDULE:** The Special Conditions of the Customer's otherwise applicable rate schedule will apply to this schedule.
 2. **ELIGIBILITY:** To be eligible to receive E-FERA the applicant must qualify under the criteria set forth below and meet the certification requirements thereof to the satisfaction of PG&E. Qualifying Direct Access, Community Choice Aggregation Service, and Transitional Bundled Service customers are also eligible to take service on Schedule E-FERA. Applicants may qualify for E-FERA at their primary residence only. Customers or sub-metered tenants participating in the California Alternate Rates for Energy (CARE) program cannot concurrently participate in the FERA program. Master-metered customers without sub-metering on Schedule EM or EM TOU are ineligible to participate in the FERA program. In addition, non-residential customers taking service on Schedule E-CARE are categorically ineligible to take service on Schedule E-FERA.

(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 annual income from all sources is within the ranges shown on the table below based on the number of persons in the household. Total gross annual household 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. (T)

Number Of Persons In Household	Total Gross Annual Household Income (Effective June 1, 2013 to May 31, 2014)	(T)
1-2	Not Eligible	
3	\$39,581 – \$49,475	(T)
4	\$47,701 – \$59,625	
5	\$55,821 – \$69,775	
6	\$63,941 – \$79,925	
7	\$72,061 – \$90,075	
8	\$80,181 – \$100,225	
Each Additional Person Add	\$ 8,120 – \$ 10,150	(T)

Households where total gross annual 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. (T)

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).

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.

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

Sheet 1

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 sub-metered tenants, sub-metered tenants of master-metered PG&E customers, or any permanent resident in an individually metered residential dwelling unit, except non sub-metered tenants of master-metered customers and any applicant/customer currently receiving service under Schedule EE. (T)

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. (T)

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.

(Continued)



ELECTRIC RULE NO. 19.1
 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL
 CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED
 CUSTOMERS

Sheet 2

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	Total Gross Annual Household Income (Effective June 1, 2014 to May 31, 2015)	(T)
<hr/>	<hr/>	(T)
1-2	\$31,460	(T)
3	\$39,580	
4	\$47,700	
5	\$55,820	
6	\$63,940	
7	\$72,060	
8	\$80,180	
Each additional member, add:	\$ 8,120	(T)

C. 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).

- 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.

(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 annual income for all persons residing at a Facility may not exceed the following:

Number of Persons in Household	Total Gross Annual Household Income (Effective June 1, 2014 to May 31, 2015)	(T)
1-2	\$31,460	(T)
3	\$39,580	
4	\$47,700	
5	\$55,820	
6	\$63,940	
7	\$72,060	
8	\$80,180	
Each additional member, add:	\$ 8,120	(T)

(Continued)



ELECTRIC RULE NO. 19.2 Sheet 4
 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-
 LIVING FACILITIES

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 Nonprofit Group-Living Facilities. (D)
2. Each Application for Nonprofit Group-Living Facilities must be accompanied by the following documentation: (D)
 - 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. 19.3
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 annual income for all persons residing at a Facility may not exceed the following: (T)

Number of Persons in Household	Total Gross Annual Household Income (Effective June 1, 2014 to May 31, 2015)	(T)
1-2	\$31,460	(T)
3	\$39,580	
4	\$47,700	
5	\$55,820	
6	\$63,940	
7	\$72,060	
8	\$80,180	
Each additional member, add:	\$ 8,120	(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 Agricultural Employee Housing Facilities, and Form No. 61-0535 for Migrant Farm Worker Housing Centers. (D)
(D)
2. Each Application for Agricultural Employee Housing Facilities and Migrant Farm Worker Housing Center must be accompanied by the following documentation: (D)
 - a. A copy of the documentation from the appropriate agency shown in Section B.1 through B.3.
 - 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.
 - 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)



Electric Sample Form No. 01-9077
CARE/FERA Program Application for Residential Customers

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4406-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory and Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



CARE/FERA PROGRAM APPLICATION Residential Customers

01-9077
Rev. 6.14

Apply for a monthly discount on your PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273

The CARE Program offers a monthly discount on PG&E bills for qualifying households. Qualification is based on the total income of everyone living in the home **OR** participation in qualifying public assistance programs.

Please look over the CARE Income Guidelines listed here to see if you qualify. On the application form, you can enroll by:

- Checking all the qualifying public assistance programs from which you, or someone in your household, receive benefits **OR**
- Checking the box that matches your household's total gross annual income.*

CARE Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	\$31,460 or less
3	\$39,580 or less
4	\$47,700 or less
5	\$55,820 or less
6	\$63,940 or less
7	\$72,060 or less
8	\$80,180 or less
Each Additional Person, add	\$8,120

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

If you do not qualify for the CARE Program, you may still qualify for the FERA Program, which offers a monthly discount on electric bills for households of three or more people with a slightly higher income than required for CARE.

See the FERA Income Guidelines listed above to find out if you qualify, and enroll by completing the included application.

FERA Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	Not Applicable
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Each Additional Person, add	\$ 8,120-\$10,150

*Total gross annual household income includes all taxable and nontaxable revenues from all people living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.

How You Can Apply

Online: Apply online for faster enrollment at pge.com/CARE

Phone: Apply by calling 1-866-743-2273

Email: Take a picture or scan completed application and email this image to CAREandFERA@pge.com

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

Fax: Send completed application to **1-877-302-7563**

Other Helpful Programs and Services

Energy Savings Assistance Program

pge.com/ESA
1-800-989-9744



This program provides energy-efficient home improvements and appliances at no cost to customers who qualify for CARE and rent or own a home that is at least five years old.

My Energy

pge.com/MyEnergy

Log on to My Energy to sign up for billing and payment alerts, analyze your household's energy usage, pay your bills and learn more about your rate plan options.

Balanced Payment Plan

pge.com/BalancedPayment
1-800-743-5000

Your monthly payments will be averaged out to allow you to budget your energy costs and minimize big payment swings.

Medical Baseline

pge.com/MedicalBaseline

If you depend on life-support or other equipment due to medical needs, you may be eligible for additional energy at the lowest price through the Medical Baseline Program.

Low Income Home Energy Assistance Program (LIHEAP)

1-866-675-6623

If you spend a high percentage of your income on energy bills, you may be eligible to receive financial assistance and weatherproofing services through this program administered by the California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Get discounted telephone access when you meet similar income guidelines as the CARE Program. To learn more, contact your local phone service provider.



SOLICITUD PARA EL PROGRAMA CARE/FERA Clientes residenciales

Solicite un descuento mensual en su factura de PG&E

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273

El Programa CARE ofrece un descuento mensual en las facturas de PG&E a hogares que cumplen con los requisitos por sus ingresos. La calificación está basada en el ingreso total de todas las personas en el hogar **O** en la participación en programas de asistencia pública calificados.

Requisitos de ingreso CARE
(válido hasta el 31 de mayo, 2015)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$31,460 o menos
3	\$39,580 o menos
4	\$47,700 o menos
5	\$55,820 o menos
6	\$63,940 o menos
7	\$72,060 o menos
8	\$80,180 o menos
Por cada persona adicional, añada	\$8,120

Por favor verifique los requisitos de ingreso de CARE para ver si califica. En el formulario de solicitud, usted puede inscribirse:

- Marcando todos los programas de asistencia pública calificados por los que usted o alguien en su hogar recibe beneficios, **O**
- Marcando la casilla que coincide con el ingreso bruto total anual del hogar.*

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

Si usted no cumple con los requisitos para el Programa CARE, tal vez califique para el Programa FERA, que ofrece un descuento en las facturas mensuales de electricidad a familias de tres o más personas que reciban un ingreso ligeramente más alto que el requerido para CARE.

Requisitos de ingreso FERA
(válido hasta el 31 de mayo, 2015)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	No aplica
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Por cada persona adicional, añada	\$ 8,120-\$10,150

Vea los requisitos de ingreso de FERA que incluimos en esta tabla para ver si cumple con los requisitos e inscribese completando la solicitud incluida.

*El ingreso bruto total anual del hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ganancias de su propio negocio y toda ganancia proveniente de un empleo no pagado en efectivo.

Cómo puede inscribirse

Internet: Solicite por Internet para inscribirse más rápidamente visitando pge.com/CARE

Email: Saque una foto o escanee su solicitud completa y envíe la imagen a: CAREandFERA@pge.com

Correo: Envíe la solicitud completa a **CARE/FERA Program**
P.O. Box 7979
San Francisco, CA 94120-7979

Fax: Envíe la solicitud completa al **1-877-302-7563**

Teléfono: Inscríbese llamando al **1-866-743-2273**

Otros programas y servicios útiles

Energy Savings Assistance Program
pge.com/ESA
1-800-989-9744



Este programa provee de mejoras en el hogar relativas al uso eficiente de la energía y de electrodomésticos sin costo para aquellos clientes que cumplan con los requisitos para CARE y alquilan o son dueños de una vivienda construida hace más de cinco años.

Balanced Payment Plan
pge.com/BalancedPayment
1-800-743-5000

Se basa en el promedio de sus pagos mensuales para que usted maneje sus costos de energía, minimizando grandes variaciones de pago.

Medical Baseline
pge.com/MedicalBaseline

Si debido a necesidades médicas usted depende de equipos de soporte vital o de otro tipo de equipos, usted podría ser elegible para obtener energía adicional al precio base más bajo a través del Programa Medical Baseline.

My Energy
pge.com/MyEnergy

Visite My Energy en el sitio de PG&E y regístrese para recibir alertas de facturación y pagos, analizar el consumo de energía de su hogar, pagar sus facturas e informarse más acerca de sus opciones de plan de tarifas.

Low Income Home Energy Assistance Program (LIHEAP)
1-866-675-6623

Si usted destina un alto porcentaje de su ingreso al pago de las facturas de energía, podría reunir las condiciones para recibir asistencia económica y servicios de aislamiento térmico a través de este programa administrado por el California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Obtenga acceso telefónico a bajo precio cuando reúna los requisitos de ingreso similares al Programa CARE. Para más información, contacte a su compañía local de teléfonos.

¿Discapacidad auditiva o del habla? TDD/TTY disponible llamando al **1-800-652-4712** (lunes a viernes de 9 a.m. a 11 p.m.).

¿No puede usar la línea TDD? Llame al **1-800-735-2929**



Electric Sample Form No. 01-9285
CARE/FERA Program Application for Sub-Metered Residential Customers (T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4406-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory and Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



CARE/FERA PROGRAM APPLICATION Sub-Metered Residential Customers

Apply for a monthly discount on your energy bill

If your landlord bills you directly for gas and electricity, you are a "sub-metered" customer. While you are not a direct PG&E customer, you may still be eligible for programs and services to help you lower your energy bills, including the CARE and the FERA Programs.

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273

The CARE Program offers a monthly discount on PG&E bills for qualifying households. Qualification is based on the total income of everyone living in the home **OR** participation in qualifying public assistance programs.

Please look over the CARE Income Guidelines listed here to see if you qualify. On the application form, you can enroll by:

- Checking all the qualifying public assistance agencies from which you, or someone in your household, receives benefits **OR**
- Checking the box that matches your household's total gross annual income.*

You will also need to have your landlord or facility manager complete Section 1A of this application. If your landlord has questions, have him or her call us on the Sub-Metered Hotline at **415-972-5732**.

CARE Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	\$31,460 or less
3	\$39,580 or less
4	\$47,700 or less
5	\$55,820 or less
6	\$63,940 or less
7	\$72,060 or less
8	\$80,180 or less
Each Additional Person, add	\$8,120

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

FERA Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	Not Applicable
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Each Additional Person, add	\$ 8,120-\$10,150

If you do not qualify for the CARE Program, you may still qualify for the FERA Program, which offers a monthly discount on electric bills for households of three or more people with a slightly higher income than required for CARE.

See the FERA Income Guidelines listed above to find out if you qualify, and enroll by completing the included application.

*Total gross annual household income includes all taxable and nontaxable revenues from all persons living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.

How You Can Apply

Email: Take a picture or scan completed application and email this image to CAREandFERA@pge.com

Fax: Send completed application to 1-877-302-7563

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

Other Helpful Programs and Services

Energy Savings Assistance Program
pge.com/ESA
1-800-989-9744

This program provides energy-efficient home improvements and appliances at no cost to customers who qualify for CARE and rent or own a home that is at least five years old.

Energy Savings Assistance Program

Medical Baseline
pge.com/MedicalBaseline

If you depend on life-support or other equipment due to medical needs, you may be eligible for additional energy at the lowest price through the Medical Baseline Program.

Low Income Home Energy Assistance Program (LIHEAP)
1-866-675-6623

If you spend a high percentage of your income on energy bills, you may be eligible to receive financial assistance and weatherproofing services through this program administered by the California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Get discounted telephone access when you meet similar income guidelines as the CARE Program. To learn more, contact your local phone service provider.



SOLICITUD PARA EL PROGRAMA CARE/FERA

Cientes residenciales con sub-medidor

Solicite un descuento mensual en su factura de energía

Si su arrendador le factura directamente por el consumo de gas y electricidad, usted es considerado como un cliente con "sub-medidor". A pesar de que usted no es cliente directo de PG&E, usted podría calificar para programas que lo ayuden a reducir el monto de su factura de energía, incluyendo los Programas CARE y FERA.

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273

El Programa CARE ofrece un descuento mensual en las facturas de PG&E a hogares que cumplen con los requisitos por sus ingresos. La calificación está basada en el ingreso total de todas las personas en el hogar **O** en la participación en programas de asistencia pública calificados.

Por favor verifique los requisitos de ingreso de CARE para ver si califica. En el formulario de solicitud, usted puede inscribirse:

- Marcando todas las agencias de asistencia pública calificadas de las cuales usted o alguien en su hogar recibe beneficios, **O**
- Marcando la casilla que coincide con el ingreso bruto total anual del hogar.*

Usted necesitará que su arrendador o administrador complete la sección 1A de esta solicitud. Si su arrendador tiene preguntas, dígame que nos llame a la línea especial de "sub-medidores" al **415-972-5732**.

Requisitos de ingreso CARE (válido hasta el 31 de mayo, 2015)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$31,460 o menos
3	\$39,580 o menos
4	\$47,700 o menos
5	\$55,820 o menos
6	\$63,940 o menos
7	\$72,060 o menos
8	\$80,180 o menos
Por cada persona adicional, añada	\$8,120

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

Si usted no cumple con los requisitos para el Programa CARE, tal vez califique para el Programa FERA, que ofrece un descuento en las facturas mensuales de electricidad a familias de tres o más personas que reciban un ingreso ligeramente más alto que el requerido para CARE.

Vea los requisitos de ingreso de FERA que incluimos en esta tabla para ver si cumple con los requisitos e inscribese completando la solicitud incluida.

Requisitos de ingreso FERA (válido hasta el 31 de mayo, 2015)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	No aplica
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Por cada persona adicional, añada	\$ 8,120-\$10,150

*El ingreso bruto total anual del hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ganancias de su propio negocio y toda ganancia proveniente de un empleo no pagado en efectivo.

Cómo puede inscribirse

<p>Email: Saque una foto o escanee su solicitud completa y envíe la imagen a CAREandFERA@pge.com</p>	<p>Fax: Envíe la solicitud completa al 1-877-302-7563</p>	<p>Correo: Envíe la solicitud completa a CARE/FERA Program P.O. Box 7979 San Francisco, CA 94120-7979</p>
--	---	---

Otros programas y servicios útiles

<p>Energy Savings Assistance Program pge.com/ESA 1-800-989-9744</p> <p>Este programa provee de mejoras en el hogar relativas al uso eficiente de la energía y de electrodomésticos sin costo para aquellos clientes que cumplan con los requisitos para CARE y alquilan o son dueños de una vivienda construida hace más de cinco años.</p>	<p>Medical Baseline pge.com/MedicalBaseline</p> <p>Si debido a necesidades médicas usted depende de equipos de soporte vital o de otro tipo de equipos, usted podría ser elegible para obtener energía adicional al precio base más bajo a través del Programa Medical Baseline.</p>	<p>Low Income Home Energy Assistance Program (LIHEAP) 1-866-675-6623</p> <p>Si usted destina un alto porcentaje de su ingreso al pago de las facturas de energía, podría reunir las condiciones para recibir asistencia económica y servicios de aislamiento térmico a través de este programa administrado por el California Department of Community Services and Development.</p>
<p>Energy Savings Assistance Program™</p>	<p>Universal Lifeline Telephone Service (ULTS)</p> <p>Obtenga acceso telefónico a bajo precio cuando reúna los requisitos de ingreso similares al programa CARE. Para más información, contacte a su compañía local de teléfonos.</p>	



Electric Sample Form No. 61-0535
CARE Program Application for Migrant Farm Worker Housing Centers

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4406-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory and Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



Apply for a monthly discount on your PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/CARE

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

How You Can Apply

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

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

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

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

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

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

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

Eligible Facilities

- **Migrant Farm Worker Housing Centers, operated by the Office of Migrant Services through the Department of Housing and Community Development**, provide housing pursuant to Section 50710 of the California Health and Safety Code.
- **Migrant Farm Worker Housing Centers, operated by non-profit entities**, as defined in Subdivision (b) of Section 1140.4 of the Labor Code, is exempt from local property taxes pursuant to Subdivision (g) of Section 214 of the Revenue and Taxation Code.

Eligibility Criteria for Organizations

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

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

Migrant Farm Worker Housing Centers' (MFHC) Responsibilities

As the applicant, you are required to:

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

5

Your PG&E Facility Account(s)

For individual facilities of the same type, please attach a separate sheet for more than eight addresses.

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Type of metering at this facility: Individually metered Master metered

Total number of residents: _____ (Excluding on-site manager)

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Type of metering at this facility: Individually metered Master metered

Total number of residents: _____ (Excluding on-site manager)

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Type of metering at this facility: Individually metered Master metered

Total number of residents: _____ (Excluding on-site manager)

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Type of metering at this facility: Individually metered Master metered

Total number of residents: _____ (Excluding on-site manager)



Electric Sample Form No. 62-0156
CARE Program Application for Nonprofit Group Living Facilities

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4406-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory and Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



CARE PROGRAM APPLICATION Nonprofit Group Living Facilities

62-0156
Rev. 6.14

Apply for a monthly discount on your PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/CARE

The CARE Program offers a monthly discount on PG&E bills for qualifying nonprofit group living facilities based on criteria established by the California Public Utilities Commission. Please review this application carefully to see if your facility qualifies. If you have questions, email CAREprogram@pge.com or call the Hotline at **415-973-7288**, 8 a.m. to 4 p.m., Monday–Friday, excluding holidays.

How You Can Apply

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

Determine if your facility meets the definition of a qualified nonprofit group living facility. The facility must meet all criteria to qualify for a monthly CARE discount.

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

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

- A copy of a current Federal 501(c)(3) tax exemption document with the same name as the PG&E account(s)
- A copy of your license to provide social service by the appropriate agency
- A complete list of your facility's PG&E accounts (See Section 5 of the application.)

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

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

Eligible Facilities

Homeless Shelters, Hospices and Women's Shelters

- Lodging must be the facility's primary function.
- Facility must be open with at least six beds for a minimum of 180 days and/or nights per year at each facility's service address.
- Satellite facilities in the name of the licensed organization are also eligible, as long as 70 percent of the energy supplied is used for residential purposes. *NOTE: Applications for satellite facilities must be completed by the organization that holds the documentation required.*

Required Supporting Documentation

Copy of a current Federal 501(c)(3) tax exemption document with the same name as the PG&E account(s).

Group Living Facilities

These facilities are 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 people, or other nonprofit group living facilities.

- Each facility must provide a special-needs social service, such as meals or rehabilitation, in addition to lodging.
- Satellite facilities in the name of the licensed organization are also eligible, as long as 70 percent of the energy supplied is used for residential purposes **and** the facility also provides special-needs social services. *NOTE: Applications for satellite facilities must be completed by the organization that holds the documentation that shows the special needs social services that are provided.*

Required Supporting Documentation

- Copy of your current Federal 501(c)(3) tax exemption document with the same name as the PG&E account(s).
- Copy of a license to provide service by the appropriate agency, such as the State Department of Social Services, Department of Drug and Alcohol program or the Department of Health Services **OR** be able to show some other proof of service that meets with PG&E's satisfaction.

See other side for more information

Facilities NOT Eligible

- Nonprofit facilities that only provide social services
- Group living facilities that only provide lodging
- Government-owned and/or -operated facilities
- Government-subsidized facilities that only provide lodging

Eligibility Criteria for Organizations

Each facility MUST meet ALL of the following:

- Organization operating the facility must be able to prove its Federal 501(c)(3) status.
- Name on the PG&E account(s) must match the name on the Federal 501(c)(3) tax exemption.
- Seventy percent of the energy supplied to each PG&E account, including common use areas, must be used for residential purposes.
- Organization must verify that all of the facility's residents and/or households, at any given time, meet the current CARE income eligibility guidelines. *NOTE: This excludes any employee operating or managing the facility who lives on the premises. Please see the enclosed sheet for the current CARE income guidelines.*
- Organization is required to renew its CARE eligibility by completing a new application, attaching all required documentation (updated as necessary) and providing an explanation as to how the previous year's CARE discount was used to directly benefit its residents.

Organization's Responsibilities

As the applicant, your organization is required to:

- Provide proof of the facility's eligibility (see *Eligible Facilities*), and submit required documentation with their CARE application.
- Verify that all of your facility's residents and/or households, at any given time, meet the current CARE income guidelines (see *CARE Income Guidelines* sheet) and make a certification to that effect, under the penalty of perjury, under the laws of the state of California.
- Maintain records of your residents' income eligibility, as demonstrated by Federal tax returns, payroll stubs or similar records acceptable to PG&E. These records must be retained for three years from the date of the initial CARE application and/or renewal.
- Show at renewal how the previous year's CARE discount directly benefited your residents.
- Maintain accounting entries and supporting documentation that demonstrates how the previous year's CARE discount directly benefited your residents. These records must be retained for three years from the date of the initial CARE application and/or renewal.
- Upon request from PG&E, provide documentation for your residents' income eligibility and/or documentation that shows how the CARE discount directly benefited the residents.
- Provide all information requested by PG&E. Failure to do so will result in denial or removal from the CARE Program. In addition, your organization may be subject to rebilling for the period it was ineligible for the discount, as determined by PG&E.

5

Your PG&E Facility Account(s)

For individual facilities of the same type (such as a Group Living Facility or Homeless Shelter), please attach a separate sheet for more than four addresses.

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Satellite facility? Yes No
Common Use Area Account? Yes No

Number of days this facility is occupied each year: _____
Total number of residents (Excluding on-site manager): _____

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Satellite facility? Yes No
Common Use Area Account? Yes No

Number of days this facility is occupied each year: _____
Total number of residents (Excluding on-site manager): _____

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Satellite facility? Yes No
Common Use Area Account? Yes No

Number of days this facility is occupied each year: _____
Total number of residents (Excluding on-site manager): _____

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Satellite facility? Yes No
Common Use Area Account? Yes No

Number of days this facility is occupied each year: _____
Total number of residents (Excluding on-site manager): _____



Electric Sample Form No. 62-0672 (T)
CARE/FERA Program Application for Sub-Metered Residential Customers
(English/Chinese)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4406-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory and Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



CARE/FERA PROGRAM APPLICATION Sub-Metered Residential Customers

Apply for a monthly discount on your energy bill

If your landlord bills you directly for gas and electricity, you are a "sub-metered" customer. While you are not a direct PG&E customer, you may still be eligible for programs and services to help you lower your energy bills, including the CARE and the FERA Programs.

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273

The CARE Program offers a monthly discount on PG&E bills for qualifying households. Qualification is based on the total income of everyone living in the home **OR** participation in qualifying public assistance programs.

Please look over the CARE Income Guidelines listed here to see if you qualify. On the application form, you can enroll by:

- Checking all the qualifying public assistance agencies from which you, or someone in your household, receive benefits **OR**
- Checking the box that matches your household's total gross annual income.*

You will also need to have your landlord or facility manager complete Section 1A of this application. If your landlord has questions, have him or her call us on the Sub-Metered Hotline at **415-972-5732**.

CARE Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	\$31,460 or less
3	\$39,580 or less
4	\$47,700 or less
5	\$55,820 or less
6	\$63,940 or less
7	\$72,060 or less
8	\$80,180 or less
Each Additional Person, add	\$8,120

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

FERA Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	Not Applicable
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Each Additional Person, add	\$ 8,120-\$10,150

If you do not qualify for the CARE Program, you may still qualify for the FERA Program, which offers a monthly discount on electric bills for households of three or more people with a slightly higher income than required for CARE.

See the FERA Income Guidelines listed above to find out if you qualify, and enroll by completing the included application.

*Total gross annual household income includes all taxable and nontaxable revenues from all persons living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.

How You Can Apply

Email: Take a picture or scan completed application and email this image to CAREandFERA@pge.com

Fax: Send completed application to **1-877-302-7563**

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

Other Helpful Programs and Services

Energy Savings Assistance Program
pge.com/ESA
1-800-989-9744

This program provides energy-efficient home improvements and appliances at no cost to customers who qualify for CARE and rent or own a home that is at least five years old.

Energy Savings Assistance Program

Medical Baseline
pge.com/MedicalBaseline

If you depend on life-support or other equipment due to medical needs, you may be eligible for additional energy at the lowest price through the Medical Baseline Program.

Low Income Home Energy Assistance Program (LIHEAP)
1-866-675-6623

If you spend a high percentage of your income on energy bills, you may be eligible to receive financial assistance and weatherproofing services through this program administered by the California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Get discounted telephone access when you meet similar income guidelines as the CARE Program. To learn more, contact your local phone service provider.



CARE/FERA 計劃申請表 使用分錶的住宅用戶

62-0672
Rev. 6.14

申請能源帳單每月折扣優惠

如果您的房東直接向您收取煤電費用，您即屬於「使用分錶」的用戶。雖然您不是 PG&E 的直屬用戶，但您仍可能有資格參加降低能源帳單的計劃，其中包含 CARE 及 FERA 計劃。

California Alternate Rates for Energy (CARE)計劃

pge.com/CARE
1-866-743-2273

CARE 計劃為符合申請條件的家庭提供 PG&E 帳單每月折扣優惠。申請資格以每戶家庭成員總收入或有無參加符合申請條件的社會補助福利計劃為準。

請詳讀這裡所列 CARE 收入標準，了解自己是否符合申請條件。如果您想加入，請在申請表上填寫以下欄位：

- 勾選您或任何家人目前接受福利所參加的全部社會補助計劃；或
- 勾選符合您全家年收入總計的方格*。

您還要求房東或住宅設施經理填寫本申請表 1A 節。如果您的房東有任何疑問，請他或她致電與「分錶用戶專線」(Sub-Metered Hotline) 聯絡，電話為 415-972-5732。

CARE 收入資格標準
(有效期至 2015 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	\$31,460 或以下
3	\$39,580 或以下
4	\$47,700 或以下
5	\$55,820 或以下
6	\$63,940 或以下
7	\$72,060 或以下
8	\$80,180 或以下
每多一人即增加	\$8,120

Family Electric Rate Assistance (FERA)計劃

pge.com/FERA
1-800-743-5000

FERA 收入標準
(有效期至 2015 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	不符資格
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
每多一人即增加	\$ 8,120-\$10,150

如果您不符合 CARE 申請資格，仍可能有資格參加 Family Electric Rate Assistance (家庭電費補助，簡稱 FERA) 計劃。該計劃為三人以上的家庭提供每月電費帳單折扣，而申請資格的收入上限較高。

請參考以上所列 FERA 收入標準，了解自己是否符合申請資格，並填寫附頁申請表申請加入 FERA 計劃。

*全家年收入總計包括居於此地址之家庭成員所有繳稅與不需繳稅的收入，且涵蓋所有收入來源，包括(但不限於)工資、月薪、利息、股利、配偶和子女贍養費、社會補助款項、社安金、退休金、住宅補貼、軍人補貼、租金收入、自營收入和所有與聘僱工作有關的非現金收入。

申請方式

電郵地址: 將填好的申請表拍照或掃描後透過電子郵件寄到
CAREandFERA@pge.com

傳真: 將填好的申請表傳真到
1-877-302-7563

郵寄:
將填好的申請表寄到
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

其他補助計劃和服務

Energy Savings Assistance Program
pge.com/ESA
1-800-989-9744

凡是符合 CARE 條件且租賃或自購屋屋齡至少五年的客戶，本計劃皆免費提供住家節能改善工程與設備。

Energy Savings Assistance Program

MedicalBaseline
pge.com/MedicalBaseline

如果您有醫療上的需求，要依賴維生系統或其他設備，就可能有資格透過「基本醫療底線」計劃以最低價格使用額外能源。

Universal Lifeline Telephone Service (ULTS)

您只要符合 CARE 計劃的相同收入標準，就能獲得電話費折扣優惠。如要進一步瞭解，請聯絡您當地電話服務公司。

低收入家庭能源協助計劃 (Low Income Home Energy Assistance Program)
1-866-675-6623

透過加州社區服務與發展部所主持的這項計劃，若您在能源帳單上的支出在您的收入中佔相當高的比例，您可能會有資格獲得財務援助及防水服務。



請要求您的房東或住宅設施經理填寫 1A 節；您本人則需填寫 1B 節有關您個人和家人的資訊，並填寫 2A 或 2B 節的資訊。在表格中簽名並註明日期，填寫後儘快繳回 PG&E。如果您符合申請條件，PG&E 會通知您和您的房東或住宅設施經理，他們會代轉為您提供 CARE 或 FERA 折扣。

1 1A 您的房東和住宅設施

申請狀態： 新加入 退出 繼續參加 移到其他地方

PG&E 帳號 電氣 煤氣

您的流動屋園區/住宅設施名稱

您的流動屋園區/住宅設施地址 (城市/州別/郵遞區號)

您的房東或經理姓名

主要電話號碼

住宅 工作 手機

您房東或經理的郵寄地址 (城市/州別/郵遞區號)

電子郵件地址

1B 您和家人

您的姓名(請使用由您的房東所提供能源帳單上顯示的姓名，必須和您的姓名相同)。

電子郵件地址

您的住家地址(地址必須是主要住處。請勿使用郵政信箱)

公寓單位#/城市/州別/郵遞區號

郵寄地址(公寓單位#/城市/州別/郵遞區號)

主要電話號碼

住宅 工作 手機

未來如果要討論 CARE 和 FERA 計劃的相關事宜，您希望使用何種語言？(選一項)

英語 苗語 他加祿語 國語 粵語
 俄語 韓語 越南語 西班牙語

其他電話號碼

住宅 工作 手機

您希望以何種方式進行溝通？(選一項)

郵寄 電子郵件 電話 簡訊(可能需支付簡訊或數據流量費用)

居住於此地址的家庭人數：

成人 + 兒童 =
(未滿 18 歲)

2 家庭資格

如果您的家庭符合計劃收入標準，請填寫 2A 或 2B 一節。您無需兩節都填寫。我們會按照您的家庭收入和家人數目讓您加入 CARE 或 FERA 計劃。

2A 社會補助計劃

勾選您或家中其他人加入的所有計劃。

- 低收入家庭能源協助計劃 (LIHEAP) CalFresh/SNAP (糧食券)
 印地安事務局一般補助計劃 婦女、嬰兒及兒童 (WIC)
 全國營養午餐計劃 (NSLP) 社會安全生活補助金 (SSI)
 CalWORKs (TANF) 或 Tribal TANF Medicaid/Medi-Cal (未滿 65 歲)
 Head Start Income Eligible (僅限部落) Medicaid/Medi-Cal (65 歲以上)
 Medi-Cal for Families (Healthy Families A&B)

如果您勾選本節中的任何方格，請直接前往第 3 節。

2B 全家收入

如果您未參加任何上述計劃，請將每位家人收入加總，並勾選符合您全家年收入總計的方格。請注意，以下所列的收入範圍並非固定累積金額，所以在選擇適當方格以前，請小心檢視每個收入範圍。

我的全家收入：

- \$0-\$31,460 \$49,476-\$55,820 \$69,776-\$72,060 \$88,301-\$90,075
 \$31,461-\$39,580 \$55,821-\$59,625 \$72,061-\$79,925 \$90,076-\$96,420
 \$39,581-\$47,700 \$59,626-\$63,940 \$79,926-\$80,180 \$96,421-\$100,225
 \$47,701-\$49,475 \$63,941-\$69,775 \$80,181-\$88,300 其他 \$ _____

我目前領取固定收入，或擁有以下收入或福利：退休金、社安金、SSP 或 SSDI、退休帳戶的利息/股利、Medicaid/Medi-Cal (65 歲以上) 或 SSI。

3 聲明

本人保證家庭人數與收入符合 CARE 或 FERA 計劃資格，特此聲明。

為符合 CARE 或 FERA 計劃資格，本人也同意下列的計劃條款和條件：

- 本人在此提供的資料完全屬實並正確無誤。
- 由我的房東所提供能源帳單上有本人的姓名，而且本人住在可獲得折扣優惠的地址。
- 除了本人配偶外，本人未在他人所得稅表上申報為受扶養人。
- 本人沒有和其他家庭共用電錶/煤氣錶。
- 本人至少每兩年必須重新辦理資格審查程序，並在不符 CARE 或 FERA 折扣優惠時主動通知 PG&E。
- 登記參加後，本人了解自己必須提供家庭收入資格證明(包括 IRS 報稅記錄)，且同意參加 Energy Savings Assistance Program。
- 本人了解自己每月用電量必須低於第一級額定量的六倍，也就是 PG&E 標準 Tiered Base Plan 的最低價位額定量。
- 以上提供資訊如有任何不實，本人願退回折扣款項。
- 本人允許 PG&E 將本人資料提供給市政機構、州或聯邦機構，以及/或其他公用事業公司或其代理人，以便使本人參加前述機構的補助計劃。

X
客戶簽名

如果您是監護人或有授權書，請將圖章塗滿

FOR INTERNAL USE ONLY

日期



Electric Sample Form No. 62-0673 (T)
CARE/FERA Program Application for Sub-Metered Residential Customers
(English/Vietnamese)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4406-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory and Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



CARE/FERA PROGRAM APPLICATION Residential Customers

62-0973
Rev. 6.14

Apply for a monthly discount on your PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273

The CARE Program offers a monthly discount on PG&E bills for qualifying households. Qualification is based on the total income of everyone living in the home **OR** participation in qualifying public assistance programs.

Please look over the CARE Income Guidelines listed here to see if you qualify. On the application form, you can enroll by:

- Checking all the qualifying public assistance programs from which you, or someone in your household, receive benefits **OR**
- Checking the box that matches your household's total gross annual income.*

CARE Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	\$31,460 or less
3	\$39,580 or less
4	\$47,700 or less
5	\$55,820 or less
6	\$63,940 or less
7	\$72,060 or less
8	\$80,180 or less
Each Additional Person, add	\$8,120

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

If you do not qualify for the CARE Program, you may still qualify for the FERA Program, which offers a monthly discount on electric bills for households of three or more people with a slightly higher income than required for CARE.

See the FERA Income Guidelines listed above to find out if you qualify, and enroll by completing the included application.

FERA Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	Not Applicable
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Each Additional Person, add	\$ 8,120-\$10,150

*Total gross annual household income includes all taxable and nontaxable revenues from all people living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.

How You Can Apply

Online: Apply online for faster enrollment at pge.com/CARE

Phone: Apply by calling 1-866-743-2273

Email: Take a picture or scan completed application and email this image to CAREandFERA@pge.com

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

Fax: Send completed application to **1-877-302-7563**

Other Helpful Programs and Services

Energy Savings Assistance Program

pge.com/ESA
1-800-989-9744



This program provides energy-efficient home improvements and appliances at no cost to customers who qualify for CARE and rent or own a home that is at least five years old.

My Energy

pge.com/MyEnergy

Log on to My Energy to sign up for billing and payment alerts, analyze your household's energy usage, pay your bills and learn more about your rate plan options.

Balanced Payment Plan

pge.com/BalancedPayment
1-800-743-5000

Your monthly payments will be averaged out to allow you to budget your energy costs and minimize big payment swings.

Medical Baseline

pge.com/MedicalBaseline

If you depend on life-support or other equipment due to medical needs, you may be eligible for additional energy at the lowest price through the Medical Baseline Program.

Low Income Home Energy Assistance Program (LIHEAP)

1-866-675-6623

If you spend a high percentage of your income on energy bills, you may be eligible to receive financial assistance and weatherproofing services through this program administered by the California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Get discounted telephone access when you meet similar income guidelines as the CARE Program. To learn more, contact your local phone service provider.



MẪU ĐƠN CHƯƠNG TRÌNH CARE/FERA
Khách Hàng Gia Cư

62-0973
Rev. 6.14

Đăng ký nhận giảm giá hàng tháng trên hóa đơn PG&E của quý vị

Chương Trình California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273

Chương trình CARE giảm giá hàng tháng trên hóa đơn PG&E cho các gia đình đủ điều kiện. Điều kiện dựa trên tổng thu nhập của tất cả mọi người sống trong nhà **HOẶC** các chương trình trợ cấp xã hội đủ điều kiện đang được nhận.

Vui lòng xem qua chỉ dẫn về thu nhập của chương trình CARE được liệt kê tại đây để xem quý vị có đủ điều kiện không.

Trên mẫu đơn đăng ký, quý vị có thể đăng ký bằng cách:

- Đánh dấu tất cả các chương trình trợ cấp xã hội đủ điều kiện mà quý vị hoặc ai đó trong gia đình đang được nhận **HOẶC**
- Đánh dấu vào ô trùng với tổng thu nhập hộ gia đình hàng năm của quý vị.*

Chỉ dẫn về thu nhập của chương trình CARE
(có hiệu lực đến ngày 31 tháng Năm, 2015)

Số Người Trong Gia Đình	Tổng Thu Nhập Hộ Gia Đình Hàng Năm*
1-2	\$31,460 hoặc ít hơn
3	\$39,580 hoặc ít hơn
4	\$47,700 hoặc ít hơn
5	\$55,820 hoặc ít hơn
6	\$63,940 hoặc ít hơn
7	\$72,060 hoặc ít hơn
8	\$80,180 hoặc ít hơn
Với Mỗi Người Thêm Vào, cộng thêm	\$8,120

Chương Trình Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

Nếu quý vị không hội đủ điều kiện vào chương trình CARE, quý vị vẫn có thể hội đủ điều kiện cho chương trình FERA. Chương trình này giảm giá trên hóa đơn hàng tháng cho các gia đình có từ ba người trở lên với lợi tức hơi cao hơn so với yêu cầu của chương trình CARE.

Xem Chỉ Dẫn về Thu Nhập của chương trình FERA được liệt kê ở trên để xem quý vị có đủ điều kiện không và đăng ký bằng cách hoàn tất đơn đăng ký đính kèm.

Chỉ dẫn về thu nhập của chương trình FERA
(có hiệu lực đến ngày 31 tháng Năm, 2015)

Số Người Trong Gia Đình	Tổng Thu Nhập Hộ Gia Đình Hàng Năm*
1-2	Không áp dụng
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Với Mỗi Người Thêm Vào, cộng thêm	\$ 8,120-\$10,150

*Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

Cách Đăng Ký

Trực tuyến: Đăng ký trực tuyến nhanh tại
pge.com/CARE

Bằng điện thoại: Đăng ký bằng cách gọi đến số **1-866-743-2273**

Bằng email: Chụp ảnh hoặc scan đơn đăng ký hoàn chỉnh của quý vị và gửi email ảnh này đến địa chỉ CAREandFERA@pge.com

Bằng thư:
Gửi đơn đăng ký hoàn chỉnh đến
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

Fax: Gửi đơn đăng ký hoàn chỉnh đến **1-877-302-7563**

Các Chương Trình Và Dịch Vụ Hữu Ích Khác

Chương Trình Energy Savings Assistance Program
pge.com/ESA
1-800-989-9744

Energy Savings Assistance Program

Chương trình này cung cấp các cải thiện để gia đình sử dụng năng lượng hiệu quả và cung cấp các thiết bị gia dụng miễn phí cho khách hàng đủ điều kiện đối với chương trình CARE hoặc khách hàng thuê hay sở hữu nhà có tuổi thọ ít nhất là 5 năm.

Medical Baseline
pge.com/MedicalBaseline

Nếu quý vị phải phụ thuộc vào thiết bị hỗ trợ sự sống hoặc thiết bị khác do nhu cầu sức khỏe, quý vị có thể hội đủ điều kiện nhận thêm năng lượng với giá thấp nhất qua Chương Trình Medical Baseline.

Kế Hoạch Thanh Toán Quân Bình
pge.com/BalancedPayment
1-800-743-5000

Các khoản thanh toán hàng tháng của quý vị sẽ được tính trung bình cho phép quý vị điều chỉnh ngân sách cho chi phí năng lượng và tránh được những khoản thanh toán bị thay đổi lớn.

My Energy
pge.com/MyEnergy

Đăng nhập vào My Energy để đăng ký thông báo hóa đơn và thanh toán, phân tích việc sử dụng năng lượng hộ gia đình của quý vị, thanh toán hóa đơn và tìm hiểu thêm về các lựa chọn cho gói giá.

Low Income Home Energy Assistance Program (LIHEAP)
1-866-675-6623

Nếu quý vị cần phải sử dụng một phần lớn thu nhập của mình để trả hóa đơn năng lượng, quý vị có thể hội đủ điều kiện để nhận trợ giúp tài chính và những dịch vụ điều hòa thời tiết qua chương trình này được điều hành bởi Sở Dịch Vụ và Phát Triển Cộng Đồng California.

Universal Lifeline Telephone Service (ULTS)

Nhận giảm giá điện thoại khi quý vị đủ điều kiện về thu nhập tương tự như chương trình CARE. Hãy liên hệ với nhà cung cấp dịch vụ điện thoại tại địa phương để tìm hiểu thêm.

Khách hàng kiểm thanh hoặc kiểm thính? TDD/TTY hiện có theo số **1-800-652-4712** (9 giờ sáng đến 11 giờ tối, từ Thứ Hai-Thứ Sáu).
Không thể sử dụng đường dây TDD? Hãy gọi **1-800-735-2929**



Electric Sample Form No. 62-0919
CARE/FERA Program Application for Residential Customers
(Pre-Printed Application)

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4406-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory and Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



Please fill out the information below about you and your household, and then the information for EITHER Section 2A **OR** 2B. Sign and date this form and return it to PG&E as soon as possible. **If you qualify, your CARE or FERA discount will appear on the first page of your PG&E bill within the next two billing cycles.**

1 You and Your Household

Email Address

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

Preferred Phone Number Home Work Mobile

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

Alternative Phone Number Home Work Mobile

What language do you prefer for future CARE and FERA communications? (Choose one)

- English Hmong Tagalog Mandarin Cantonese
 Russian Korean Vietnamese Spanish

What's your preferred method of communication? (Choose one)

- Mail Email Phone Text
(Message and data rates may apply.)

Number of people in your household at this address:

Adults + Children =
(under 18)

2 Household Qualification

If your household meets the Program Income Guidelines, either fill out Section 2A **OR** Section 2B. You do not need to complete both sections. You will be enrolled in either the CARE or FERA Program, depending on your household income and household size.

2A Public Assistance Programs

Check all the programs in which you, or someone in your household, participate.

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

If you checked any of the boxes in this section, skip to Section 3.

OR

2B Household Income

If you do not participate in any of the above programs, please add up all the income from every household member and check the box below that matches your household's total annual gross income. Please note the income ranges listed below ARE NOT fixed incremental amounts, so carefully review each income range before selecting the appropriate box.

My household income is:

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0-\$31,460 | <input type="checkbox"/> \$59,626-\$63,940 | <input type="checkbox"/> \$80,181-\$88,300 |
| <input type="checkbox"/> \$31,461-\$39,580 | <input type="checkbox"/> \$63,941-\$69,775 | <input type="checkbox"/> \$88,301-\$90,075 |
| <input type="checkbox"/> \$39,581-\$47,700 | <input type="checkbox"/> \$69,776-\$72,060 | <input type="checkbox"/> \$90,076-\$96,420 |
| <input type="checkbox"/> \$47,701-\$49,475 | <input type="checkbox"/> \$72,061-\$79,925 | <input type="checkbox"/> \$96,421-\$100,225 |
| <input type="checkbox"/> \$49,476-\$55,820 | <input type="checkbox"/> \$79,926-\$80,180 | <input type="checkbox"/> Other \$ _____ |
| <input type="checkbox"/> \$55,821-\$59,625 | | |

I am currently on a fixed income and receive income or benefits from one or more of the following: pensions, Social Security, SSP or SSDI, interest/dividends from retirement accounts, Medicaid/Medi-Cal (age 65 and over) or SSI.

3 Your Declaration

By signing this declaration, I certify that based on my household size and household income I qualify for either the CARE or the FERA Program.

I also agree to the following program terms and conditions in order to remain eligible for the CARE or the FERA Program:

- The information I have provided here is true and correct.
- The PG&E bill is in my name, and I live at the address where the discount will be received.
- I am not claimed as a dependent on another person's income tax return other than my spouse.
- I do not share an energy meter with another home.
- I will renew my eligibility at least every two years and/or notify PG&E if my household is no longer eligible for the CARE or FERA discount.
- Following enrollment, I understand I may be required to provide proof of qualifying household income which, in some cases, may require providing IRS Tax Return Transcripts and agreeing to participate in the Energy Savings Assistance Program.
- I understand my monthly electric usage must not exceed six times the Tier 1 allowance, which is the lowest-priced rate tier within PG&E's standard Tiered Base Plan.
- I will pay back the discount if any of the information provided above is untrue.
- I will allow PG&E to share my information with municipal, state or federal agencies, and/or other utilities or their agents, for the sole purpose of facilitating enrollment in their assistance programs.

X

Customer Signature

Fill in circle if you're a guardian or you have power of attorney

FOR INTERNAL USE ONLY

Date



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

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4406-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory and Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



CARE/FERA PROGRAM APPLICATION Residential Customers

62-0939
Rev. 6.14

Apply for a monthly discount on your PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273

The CARE Program offers a monthly discount on PG&E bills for qualifying households. Qualification is based on the total income of everyone living in the home **OR** participation in qualifying public assistance programs.

Please look over the CARE Income Guidelines listed here to see if you qualify. On the application form, you can enroll by:

- Checking all the qualifying public assistance programs from which you, or someone in your household, receive benefits **OR**
- Checking the box that matches your household's total gross annual income.*

CARE Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	\$31,460 or less
3	\$39,580 or less
4	\$47,700 or less
5	\$55,820 or less
6	\$63,940 or less
7	\$72,060 or less
8	\$80,180 or less
Each Additional Person, add	\$8,120

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

If you do not qualify for the CARE Program, you may still qualify for the FERA Program, which offers a monthly discount on electric bills for households of three or more people with a slightly higher income than required for CARE.

See the FERA Income Guidelines listed above to find out if you qualify, and enroll by completing the included application.

FERA Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	Not Applicable
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Each Additional Person, add	\$ 8,120-\$10,150

*Total gross annual household income includes all taxable and nontaxable revenues from all people living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.

How You Can Apply

Online: Apply online for faster enrollment at pge.com/CARE

Phone: Apply by calling 1-866-743-2273

Email: Take a picture or scan completed application and email this image to CAREandFERA@pge.com

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

Fax: Send completed application to **1-877-302-7563**

Other Helpful Programs and Services

Energy Savings Assistance Program

pge.com/ESA
1-800-989-9744



This program provides energy-efficient home improvements and appliances at no cost to customers who qualify for CARE and rent or own a home that is at least five years old.

My Energy

pge.com/MyEnergy

Log on to My Energy to sign up for billing and payment alerts, analyze your household's energy usage, pay your bills and learn more about your rate plan options.

Balanced Payment Plan

pge.com/BalancedPayment
1-800-743-5000

Your monthly payments will be averaged out to allow you to budget your energy costs and minimize big payment swings.

Medical Baseline

pge.com/MedicalBaseline

If you depend on life-support or other equipment due to medical needs, you may be eligible for additional energy at the lowest price through the Medical Baseline Program.

Low Income Home Energy Assistance Program (LIHEAP)

1-866-675-6623

If you spend a high percentage of your income on energy bills, you may be eligible to receive financial assistance and weatherproofing services through this program administered by the California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Get discounted telephone access when you meet similar income guidelines as the CARE Program. To learn more, contact your local phone service provider.



SOLICITUD PARA EL PROGRAMA CARE/FERA

Clientes residenciales

62-0939
Rev. 6.14

Solicite un descuento mensual en su factura de PG&E

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273

El Programa CARE ofrece un descuento mensual en las facturas de PG&E a hogares que cumplen con los requisitos por sus ingresos. La calificación está basada en el ingreso total de todas las personas en el hogar **O** en la participación en programas de asistencia pública calificados.

Por favor verifique los requisitos de ingreso de CARE para ver si califica. En el formulario de solicitud, usted puede inscribirse:

- Marcando todos los programas de asistencia pública calificados por los que usted o alguien en su hogar recibe beneficios, **O**
- Marcando la casilla que coincide con el ingreso bruto total anual del hogar.*

Requisitos de ingreso CARE
(válido hasta el 31 de mayo, 2015)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$31,460 o menos
3	\$39,580 o menos
4	\$47,700 o menos
5	\$55,820 o menos
6	\$63,940 o menos
7	\$72,060 o menos
8	\$80,180 o menos
Por cada persona adicional, añada	\$8,120

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

Si usted no cumple con los requisitos para el Programa CARE, tal vez califique para el Programa FERA, que ofrece un descuento en las facturas mensuales de electricidad a familias de tres o más personas que reciban un ingreso ligeramente más alto que el requerido para CARE.

Vea los requisitos de ingreso de FERA que incluimos en esta tabla para ver si cumple con los requisitos e inscribese completando la solicitud incluida.

Requisitos de ingreso FERA
(válido hasta el 31 de mayo, 2015)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	No aplica
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Por cada persona adicional, añada	\$ 8,120-\$10,150

*El ingreso bruto total anual del hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ganancias de su propio negocio y toda ganancia proveniente de un empleo no pagado en efectivo.

Cómo puede inscribirse

Internet: Solicite por Internet para inscribirse más rápidamente visitando pge.com/CARE

Teléfono: Inscríbese llamando al 1-866-743-2273

Email: Saque una foto o escanee su solicitud completa y envíe la imagen a: CAREandFERA@pge.com

Correo: Envíe la solicitud completa a **CARE/FERA Program**
P.O. Box 7979
San Francisco, CA 94120-7979

Fax: Envíe la solicitud completa al 1-877-302-7563

Otros programas y servicios útiles

Energy Savings Assistance Program
pge.com/ESA
1-800-989-9744

Este programa provee de mejoras en el hogar relativas al uso eficiente de la energía y de electrodomésticos sin costo para aquellos clientes que cumplan con los requisitos para CARE y alquilan o son dueños de una vivienda construida hace más de cinco años.



Balanced Payment Plan
pge.com/BalancedPayment
1-800-743-5000

Se basa en el promedio de sus pagos mensuales para que usted maneje sus costos de energía, minimizando grandes variaciones de pago.

Medical Baseline
pge.com/MedicalBaseline

Si debido a necesidades médicas usted depende de equipos de soporte vital o de otro tipo de equipos, usted podría ser elegible para obtener energía adicional al precio base más bajo a través del Programa Medical Baseline.

My Energy
pge.com/MyEnergy

Visite My Energy en el sitio de PG&E y regístrese para recibir alertas de facturación y pagos, analizar el consumo de energía de su hogar, pagar sus facturas e informarse más acerca de sus opciones de plan de tarifas.

Low Income Home Energy Assistance Program (LIHEAP)
1-866-675-6623

Si usted destina un alto porcentaje de su ingreso al pago de las facturas de energía, podría reunir las condiciones para recibir asistencia económica y servicios de aislamiento térmico a través de este programa administrado por el California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Obtenga acceso telefónico a bajo precio cuando reúna los requisitos de ingreso similares al Programa CARE. Para más información, contacte a su compañía local de teléfonos.

¿Discapacidad auditiva o del habla? TDD/TTY disponible llamando al 1-800-652-4712 (lunes a viernes de 9 a.m. a 11 p.m.).

¿No puede usar la línea TDD? Llame al 1-800-735-2929



Electric Sample Form No. 62-0940
CARE Program Re-Certification Instructions - Residential Customers

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4406-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory and Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



Residential Customers • Clientes residenciales

Reapply for your monthly CARE discount

We have been pleased to provide you with a monthly discount through the California Alternative Rates for Energy (CARE) Program (as noted on the first page of your Pacific Gas and Electric bill). However, it is now time to renew your participation.

To continue to receive this discount you need to:

Verify Your Household Qualification

Look over the updated CARE Income Guidelines listed here to verify that you still qualify. If you do, use the enclosed Renewal Application to reapply by:

- Checking all the qualifying public assistance programs from which you, or someone in your household, receives benefits **OR**
- Checking the box that matches your household's total gross annual income

CARE Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	\$31,460 or less
3	\$39,580 or less
4	\$47,700 or less
5	\$55,820 or less
6	\$63,940 or less
7	\$72,060 or less
8	\$80,180 or less
Each Additional Person, add	\$8,120

*Total gross annual household income includes all taxable and nontaxable revenues from all people living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.

Return Your Renewal Application

Use the **postage-paid envelope** we have provided or one of the following methods:

Online: Reapply online for faster renewal at pge.com/CARE.

Email: Take a picture or scan completed Renewal Application and email this image to CARE@pge.com.

Fax: Send your completed Renewal Form to **1-877-302-7563**.

Phone: Reapply by calling **1-866-743-2273**.

Speech or hearing impaired? TDD/TTY is available at **1-800-652-4712** (9 a.m. to 11 p.m., Monday-Friday). **Can't use the TDD line?** Call **1-800-735-2929**

Vuelva a solicitar su descuento mensual de CARE

Nos complace haberle brindado un descuento mensual a través del Programa California Alternative Rates for Energy (CARE, por sus siglas en inglés) (como se indicó en la primera página de su factura de PG&E). Pero ahora, debe renovar su participación.

Para continuar recibiendo este descuento, usted necesita:

Verificar la calificación de su hogar

Mire la lista de requisitos de ingreso actualizados de CARE que presentamos aquí para verificar que usted todavía califica. De ser así, use la solicitud de renovación para:

- Marcar todos los programas de asistencia pública calificados por los que usted o alguien en su hogar recibe beneficios, **0**
- Marcar la casilla que coincide con el ingreso bruto total anual del hogar.

Requisitos de ingreso CARE (válido hasta el 31 de mayo, 2015)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$31,460 o menos
3	\$39,580 o menos
4	\$47,700 o menos
5	\$55,820 o menos
6	\$63,940 o menos
7	\$72,060 o menos
8	\$80,180 o menos
Por cada persona adicional, añada	\$8,120

*El ingreso bruto total anual del hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ganancias de su propio negocio y toda ganancia proveniente de un empleo no pagado en efectivo.

Devolver su solicitud de renovación

Utilice el **sobre adjunto con franqueo pago** o uno de los siguientes métodos:

Internet: Solicite su renovación por Internet más rápidamente visitando el sitio pge.com/CARE.

Email: Saque una foto o escanee su solicitud de renovación completa y envíe la imagen a CARE@pge.com.

Fax: Envíe la solicitud de renovación completa al **1-877-302-7563**.

Teléfono: Vuelva a solicitar llamando al **1-866-743-2273**.

¿Discapacidad auditiva o del habla? TDD/TTY disponible llamando al **1-800-652-4712** (lunes a viernes de 9 a.m. a 11 p.m.).
¿No puede usar la línea TDD? Llame al **1-800-735-2929**



即時為每月 CARE 折扣 優惠續期

我們很榮幸能透過 California Alternate Rates for Energy (CARE) 計劃為您提供每月折扣優惠。(見於您的 PG&E 月結單第一頁) 然而, 現在是您要續期的時候了。如欲繼續獲得這項優惠, 您必須:

核實您的家庭資格

請詳閱所列的最新 CARE 收入標準, 核實您仍然符合資格。若符合資格, 請以所附的續期申請表再次註冊:

- 勾選您本人或任何目前接受福利的家人所參與的一切合格社會補助計劃; 或
- 勾選符合您全家年度總收入的方格*。

CARE 收入資格標準 (有效期至 2015 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	\$31,460 或以下
3	\$39,580 或以下
4	\$47,700 或以下
5	\$55,820 或以下
6	\$63,940 或以下
7	\$72,060 或以下
8	\$80,180 或以下
每多一人即增加	\$8,120

*全家年收入總計包括全家人所有繳稅與不需繳稅的收入, 請涵蓋所有收入來源, 包括 (但不限於) 工資、月薪、利息、股利、配偶和子女贍養費、社會補助款項、社安金、退休金、住宅補貼、軍人補貼、租金收入、自營收入和所有與聘僱工作有關的收入、非現金收入。

交回您的續期申請表

請使用我們所提供的已付郵資信封, 或下列任何一種方式:

上網: 上網續期, 方便快捷, 網址是 pge.com/CARE。

電郵地址: 請拍照或掃描填妥的續期申請表, 透過電子郵件寄到 CARE@pge.com。

傳真: 請將填妥的續期表格傳真至 1-877-302-7563。

電話: 續期請撥 1-866-743-2273。

需要 CARE 中文更新申請表?

請撥打 1-866-743-2273 索取申請表, 或在電話中更新資料。您亦可前往 pge.com/CARE, 在網上更新資料或下載更新申請表, 填妥後請將表格郵寄給我們。

Hãy ghi danh lại để nhận giảm giá chương trình CARE hàng tháng của quý vị

Chúng tôi rất vui mừng được cung cấp giảm giá hàng tháng qua Chương Trình California Alternate Rates for Energy (CARE) (như được ghi ở trang đầu tiên của hóa đơn Pacific Gas and Electric của quý vị). Tuy nhiên, giờ đã đến lúc quý vị nên ghi danh lại để tham gia chương trình. **Để tiếp tục nhận chương trình giảm giá này, quý vị cần:**

Kiểm tra gia đình quý vị có hội đủ điều kiện

Vui lòng xem qua chỉ dẫn về thu nhập của chương trình CARE được liệt kê tại đây để kiểm tra xem quý vị vẫn hội đủ điều kiện hay không. Nếu quý vị vẫn hội đủ điều kiện, hãy dùng mẫu Đơn Ghi Danh Lại đính kèm để ghi danh lại bằng cách:

- Đánh dấu tất cả các chương trình trợ cấp xã hội đủ điều kiện mà quý vị hoặc ai đó trong gia đình đang được nhận **HOẶC**
- Đánh dấu vào ô trùng với tổng thu nhập hộ gia đình hàng năm của quý vị.*

Chỉ dẫn về thu nhập của chương trình CARE

(có hiệu lực đến ngày 31 tháng Năm, 2015)

Số Người Trong Gia Đình	Tổng Thu Nhập Hộ Gia Đình Hàng Năm*
1-2	\$31,460 hoặc ít hơn
3	\$39,580 hoặc ít hơn
4	\$47,700 hoặc ít hơn
5	\$55,820 hoặc ít hơn
6	\$63,940 hoặc ít hơn
7	\$72,060 hoặc ít hơn
8	\$80,180 hoặc ít hơn
Với Mỗi Người Thêm Vào, cộng thêm	\$8,120

*Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

Gửi Đơn Ghi Danh Lại của quý vị

Dùng **phong bì có tem trả trước** chúng tôi đã cung cấp hoặc một trong những hình thức sau đây:

Trực tuyến: Ghi danh trực tuyến nhanh tại pge.com/CARE.

Bằng email: Chụp ảnh hoặc scan đơn đăng ký hoàn chỉnh của quý vị và gửi email ảnh này đến địa chỉ CAREprogram@pge.com

Fax: Gửi Mẫu Đơn Ghi Danh Lại hoàn chỉnh tới số **1-877-302-7563**.

Bằng Điện Thoại: Ghi danh lại bằng cách gọi đến số **1-866-743-2273**.

Quý vị cần mẫu Đơn Ghi Danh Lại chương trình CARE bằng tiếng Việt?

Xin vui lòng gọi **1-866-743-2273** để yêu cầu gửi đơn ghi danh hoặc quý vị có thể ghi danh lại qua điện thoại. Quý vị cũng có thể truy cập pge.com/CARE để ghi danh lại trực tuyến hoặc tải xuống mẫu đơn ghi danh lại, điền vào và gửi lại cho chúng tôi qua đường bưu điện.



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 4406-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory and Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



CARE/FERA PROGRAM APPLICATION Residential Customers

62-0972
Rev. 6.14

Apply for a monthly discount on your PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273

The CARE Program offers a monthly discount on PG&E bills for qualifying households. Qualification is based on the total income of everyone living in the home **OR** participation in qualifying public assistance programs.

Please look over the CARE Income Guidelines listed here to see if you qualify. On the application form, you can enroll by:

- Checking all the qualifying public assistance programs from which you, or someone in your household, receive benefits **OR**
- Checking the box that matches your household's total gross annual income.*

CARE Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	\$31,460 or less
3	\$39,580 or less
4	\$47,700 or less
5	\$55,820 or less
6	\$63,940 or less
7	\$72,060 or less
8	\$80,180 or less
Each Additional Person, add	\$8,120

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

If you do not qualify for the CARE Program, you may still qualify for the FERA Program, which offers a monthly discount on electric bills for households of three or more people with a slightly higher income than required for CARE.

See the FERA Income Guidelines listed above to find out if you qualify, and enroll by completing the included application.

FERA Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	Not Applicable
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Each Additional Person, add	\$ 8,120-\$10,150

*Total gross annual household income includes all taxable and nontaxable revenues from all people living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.

How You Can Apply

Online: Apply online for faster enrollment at pge.com/CARE

Phone: Apply by calling 1-866-743-2273

Email: Take a picture or scan completed application and email this image to CAREandFERA@pge.com

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

Fax: Send completed application to **1-877-302-7563**

Other Helpful Programs and Services

Energy Savings Assistance Program

pge.com/ESA
1-800-989-9744



This program provides energy-efficient home improvements and appliances at no cost to customers who qualify for CARE and rent or own a home that is at least five years old.

My Energy

pge.com/MyEnergy

Log on to My Energy to sign up for billing and payment alerts, analyze your household's energy usage, pay your bills and learn more about your rate plan options.

Balanced Payment Plan

pge.com/BalancedPayment
1-800-743-5000

Your monthly payments will be averaged out to allow you to budget your energy costs and minimize big payment swings.

Medical Baseline

pge.com/MedicalBaseline

If you depend on life-support or other equipment due to medical needs, you may be eligible for additional energy at the lowest price through the Medical Baseline Program.

Low Income Home Energy Assistance Program (LIHEAP)

1-866-675-6623

If you spend a high percentage of your income on energy bills, you may be eligible to receive financial assistance and weatherproofing services through this program administered by the California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Get discounted telephone access when you meet similar income guidelines as the CARE Program. To learn more, contact your local phone service provider.



申請 PG&E 帳單每月折扣優惠

California Alternate Rates for Energy (CARE)計劃

pge.com/CARE
1-866-743-2273

CARE 計劃為符合申請條件的家庭提供 PG&E 帳單每月折扣優惠。申請資格以每戶家庭成員總收入或有無參加符合申請條件的社會補助福利計劃為準。

請詳讀這裡所列 CARE 收入標準，了解自己是否符合申請條件。如果您想加入，請在申請表上填寫以下欄位：

- 勾選您或任何家人目前接受福利所參加的全部社會補助計劃；或
- 勾選符合您全家年收入總計的方格*。

CARE 收入標準
(有效期至 2015 年 5 月 31 日止)

家庭人數	全家年收入總計*
1-2	\$31,460 或以下
3	\$39,580 或以下
4	\$47,700 或以下
5	\$55,820 或以下
6	\$63,940 或以下
7	\$72,060 或以下
8	\$80,180 或以下
每多一人即增加	\$8,120

Family Electric Rate Assistance (FERA)計劃

pge.com/FERA
1-800-743-5000

FERA 收入標準
(有效期至 2015 年 5 月 31 日止)

家庭人數	全家年收入總計*
1-2	不符資格
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
每多一人即增加	\$ 8,120-\$10,150

如果您不符合 CARE 申請資格，仍可能有資格參加 Family Electric Rate Assistance (家庭電費補助，簡稱 FERA) 計劃。該計劃為三人以上的家庭提供每月電費帳單折扣，而申請資格的收入上限較高。

請參考以上所列 FERA 收入標準，了解自己是否符合申請資格，並填寫附頁申請表以申請加入計劃。

*全家年收入總計包括居於此地址之家庭成員所有繳稅與不需繳稅的收入，且涵蓋所有收入來源，包括 (但不限於) 工資、月薪、利息、股利、配偶和子女贍養費、社會補助款項、社安金、退休金、住宅補貼、軍人補貼、租金收入、自營收入和所有與僱傭工作有關的非現金收入。

申請方式

上網: 上網申請速度更快
pge.com/CARE

電話: 電話申請
1-866-743-2273

電郵地址: 將填好的申請表拍照或掃描後透過電子郵件寄到
CAREandFERA@pge.com

郵寄:
將填好的申請表寄到
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

傳真: 將填好的申請表傳真到
1-877-302-7563

其他補助計劃和服務

Energy Savings Assistance Program
pge.com/ESA
1-800-989-9744

Energy Savings Assistance Program

凡是符合 CARE 條件且租賃或自購屋屋齡至少五年的客戶，本計劃皆免費提供住家節能改善工程與設備。

MedicalBaseline
pge.com/MedicalBaseline

如果您有醫療上的需求，要依賴維生系統或其他設備，就可能有資格透過「基本醫療底線」計劃以最低價格使用額外能源。

低收入家庭能源協助計劃 (Low Income Home Energy Assistance Program)
1-866-675-6623

透過加州社區服務與發展部所主持的這項計劃，若您在能源帳單上的支出在您的收入中佔相當高的比例，您可能會有資格獲得財務援助及防水服務。

平衡付款計劃
pge.com/BalancedPayment
1-800-743-5000

讓您每月平均分攤費用，妥善安排能源開支預算，避免帳單出現大幅變動。

My Energy
pge.com/MyEnergy

登入 My Energy 網站，即可登記使用帳單和付款通知服務、分析全家能源用量、繳交費用，並且進一步瞭解費率選項。

Universal Lifeline Telephone Service (ULTS)

您只要符合 CARE 計劃的相同收入標準，就能獲得電話費折扣優惠。如要進一步瞭解，請聯絡您當地電話服務公司。



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 4406-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory and Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



CARE/FERA PROGRAM APPLICATION Residential Customers

62-0973
Rev. 6.14

Apply for a monthly discount on your PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273

The CARE Program offers a monthly discount on PG&E bills for qualifying households. Qualification is based on the total income of everyone living in the home **OR** participation in qualifying public assistance programs.

Please look over the CARE Income Guidelines listed here to see if you qualify. On the application form, you can enroll by:

- Checking all the qualifying public assistance programs from which you, or someone in your household, receive benefits **OR**
- Checking the box that matches your household's total gross annual income.*

CARE Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	\$31,460 or less
3	\$39,580 or less
4	\$47,700 or less
5	\$55,820 or less
6	\$63,940 or less
7	\$72,060 or less
8	\$80,180 or less
Each Additional Person, add	\$8,120

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

If you do not qualify for the CARE Program, you may still qualify for the FERA Program, which offers a monthly discount on electric bills for households of three or more people with a slightly higher income than required for CARE.

See the FERA Income Guidelines listed above to find out if you qualify, and enroll by completing the included application.

FERA Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	Not Applicable
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Each Additional Person, add	\$ 8,120-\$10,150

*Total gross annual household income includes all taxable and nontaxable revenues from all people living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.

How You Can Apply

Online: Apply online for faster enrollment at pge.com/CARE

Phone: Apply by calling 1-866-743-2273

Email: Take a picture or scan completed application and email this image to CAREandFERA@pge.com

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

Fax: Send completed application to **1-877-302-7563**

Other Helpful Programs and Services

Energy Savings Assistance Program

pge.com/ESA
1-800-989-9744



This program provides energy-efficient home improvements and appliances at no cost to customers who qualify for CARE and rent or own a home that is at least five years old.

My Energy

pge.com/MyEnergy

Log on to My Energy to sign up for billing and payment alerts, analyze your household's energy usage, pay your bills and learn more about your rate plan options.

Balanced Payment Plan

pge.com/BalancedPayment
1-800-743-5000

Your monthly payments will be averaged out to allow you to budget your energy costs and minimize big payment swings.

Medical Baseline

pge.com/MedicalBaseline

If you depend on life-support or other equipment due to medical needs, you may be eligible for additional energy at the lowest price through the Medical Baseline Program.

Low Income Home Energy Assistance Program (LIHEAP)

1-866-675-6623

If you spend a high percentage of your income on energy bills, you may be eligible to receive financial assistance and weatherproofing services through this program administered by the California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Get discounted telephone access when you meet similar income guidelines as the CARE Program. To learn more, contact your local phone service provider.



MẪU ĐƠN CHƯƠNG TRÌNH CARE/FERA
Khách Hàng Gia Cư

62-0973
Rev. 6.14

Đăng ký nhận giảm giá hàng tháng trên hóa đơn PG&E của quý vị

Chương Trình California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273

Chương trình CARE giảm giá hàng tháng trên hóa đơn PG&E cho các gia đình đủ điều kiện. Điều kiện dựa trên tổng thu nhập của tất cả mọi người sống trong nhà **HOẶC** các chương trình trợ cấp xã hội đủ điều kiện đang được nhận.

Vui lòng xem qua chỉ dẫn về thu nhập của chương trình CARE được liệt kê tại đây để xem quý vị có đủ điều kiện không.

Trên mẫu đơn đăng ký, quý vị có thể đăng ký bằng cách:

- Đánh dấu tất cả các chương trình trợ cấp xã hội đủ điều kiện mà quý vị hoặc ai đó trong gia đình đang được nhận **HOẶC**
- Đánh dấu vào ô trùng với tổng thu nhập hộ gia đình hàng năm của quý vị.*

Chỉ dẫn về thu nhập của chương trình CARE
(có hiệu lực đến ngày 31 tháng Năm, 2015)

Số Người Trong Gia Đình	Tổng Thu Nhập Hộ Gia Đình Hàng Năm*
1-2	\$31,460 hoặc ít hơn
3	\$39,580 hoặc ít hơn
4	\$47,700 hoặc ít hơn
5	\$55,820 hoặc ít hơn
6	\$63,940 hoặc ít hơn
7	\$72,060 hoặc ít hơn
8	\$80,180 hoặc ít hơn
Với Mỗi Người Thêm Vào, cộng thêm	\$8,120

Chương Trình Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

Nếu quý vị không hội đủ điều kiện vào chương trình CARE, quý vị vẫn có thể hội đủ điều kiện cho chương trình FERA. Chương trình này giảm giá trên hóa đơn hàng tháng cho các gia đình có từ ba người trở lên với lợi tức hơi cao hơn so với yêu cầu của chương trình CARE.

Xem Chỉ Dẫn về Thu Nhập của chương trình FERA được liệt kê ở trên để xem quý vị có đủ điều kiện không và đăng ký bằng cách hoàn tất đơn đăng ký đính kèm.

Chỉ dẫn về thu nhập của chương trình FERA
(có hiệu lực đến ngày 31 tháng Năm, 2015)

Số Người Trong Gia Đình	Tổng Thu Nhập Hộ Gia Đình Hàng Năm*
1-2	Không áp dụng
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Với Mỗi Người Thêm Vào, cộng thêm	\$ 8,120-\$10,150

*Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

Cách Đăng Ký

Trực tuyến: Đăng ký trực tuyến nhanh tại
pge.com/CARE

Bằng điện thoại: Đăng ký bằng cách gọi đến số **1-866-743-2273**

Bằng email: Chụp ảnh hoặc scan đơn đăng ký hoàn chỉnh của quý vị và gửi email ảnh này đến địa chỉ CAREandFERA@pge.com

Bằng thư: Gửi đơn đăng ký hoàn chỉnh đến
CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

Fax: Gửi đơn đăng ký hoàn chỉnh đến **1-877-302-7563**

Các Chương Trình Và Dịch Vụ Hữu Ích Khác

Chương Trình Energy Savings Assistance Program
pge.com/ESA
1-800-989-9744

Energy Savings Assistance Program

Chương trình này cung cấp các cải thiện để gia đình sử dụng năng lượng hiệu quả và cung cấp các thiết bị gia dụng miễn phí cho khách hàng đủ điều kiện đối với chương trình CARE hoặc khách hàng thuê hay sở hữu nhà có tuổi thọ ít nhất là 5 năm.

Medical Baseline
pge.com/MedicalBaseline

Nếu quý vị phải phụ thuộc vào thiết bị hỗ trợ sự sống hoặc thiết bị khác do nhu cầu sức khỏe, quý vị có thể hội đủ điều kiện nhận thêm năng lượng với giá thấp nhất qua Chương Trình Medical Baseline.

Kế Hoạch Thanh Toán Quân Bình
pge.com/BalancedPayment
1-800-743-5000

Các khoản thanh toán hàng tháng của quý vị sẽ được tính trung bình cho phép quý vị điều chỉnh ngân sách cho chi phí năng lượng và tránh được những khoản thanh toán bị thay đổi lớn.

My Energy
pge.com/MyEnergy

Đăng nhập vào My Energy để đăng ký thông báo hóa đơn và thanh toán, phân tích việc sử dụng năng lượng hộ gia đình của quý vị, thanh toán hóa đơn và tìm hiểu thêm về các lựa chọn cho gói giá.

Low Income Home Energy Assistance Program (LIHEAP)
1-866-675-6623

Nếu quý vị cần phải sử dụng một phần lớn thu nhập của mình để trả hóa đơn năng lượng, quý vị có thể hội đủ điều kiện để nhận trợ giúp tài chính và những dịch vụ điều hòa thời tiết qua chương trình này được điều hành bởi Sở Dịch Vụ và Phát Triển Cộng Đồng California.

Universal Lifeline Telephone Service (ULTS)

Nhận giảm giá điện thoại khi quý vị đủ điều kiện về thu nhập tương tự như chương trình CARE. Hãy liên hệ với nhà cung cấp dịch vụ điện thoại tại địa phương để tìm hiểu thêm.

Khách hàng kiểm thanh hoặc kiểm thính? TDD/TTY hiện có theo số **1-800-652-4712** (9 giờ sáng đến 11 giờ tối, từ Thứ Hai-Thứ Sáu).
Không thể sử dụng đường dây TDD? Hãy gọi **1-800-735-2929**



Electric Sample Form No. 62-1198
CARE Program Application for Agricultural Employee Housing Facilities

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4406-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory and Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



CARE PROGRAM APPLICATION Agricultural Employee Housing Facilities

Apply for a monthly discount on your PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/CARE

The CARE Program offers a monthly discount on PG&E bills for qualifying agricultural employee housing facilities based on criteria established by the California Public Utilities Commission. Please review this application carefully to see if your facility qualifies. If you have questions, email CAREprogram@pge.com or call the Hotline at **415-973-7288**, 8 a.m. to 4 p.m., Monday–Friday, excluding holidays.

How You Can Apply

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

Determine if your facility meets the definition of a qualified agricultural employee housing facility. The facility must meet all criteria to qualify for a monthly CARE discount.

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

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

- A copy of a current **permit** issued by the Department of Housing and Community Development **OR** your Federal 501(c)(3) tax exemption **OR** your state tax exemption form along with your local property tax exemption form (Documents must be in the same name as the PG&E account(s).)
- A complete list of your facility's PG&E accounts (See Section 5 of the application.)

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

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

Eligible Facilities

Employee Housing (Privately owned)

These facilities, as defined in Section 17008 of the Health and Safety Code, are licensed and inspected by state and/or local agencies pursuant to Part 1 (commencing with Section 17000) of Division 13.

Required Supporting Documentation

Copy of a current **permit** issued by the Department of Housing and Community Development with the same name as the PG&E account(s).

Required Energy Usage

Total energy used in these facilities must be 100 percent residential.

Housing for Agricultural Employees (Non-migrant and operated by nonprofit entities)

These facilities, as defined in Subdivision (b) of Section 1140.4 of the Labor Code, are exempt from local property taxes pursuant to Subdivision (g) of Section 214 of the Revenue and Taxation Code.

Required Supporting Documentation

Copy of current Federal 501(c)(3) tax exemption document **OR** copy of state tax exemption form, along with a current copy of local property tax exemption form. Documents must be in the same name as the PG&E account(s).

Required Energy Usage

- Master-metered facilities must be 70 percent residential use.
- Individual metered units must be 100 percent residential use.

See other side for more information

Eligibility Criteria for Organizations

Each facility MUST meet ALL of the following:

- Organization operating the facility must be the PG&E customer of record.
- Organization must verify that all of the facility's residents and/or households at any given time meet the current CARE income eligibility guidelines. *NOTE: This excludes any employee operating or managing the facility who lives on the premises. Please see the enclosed sheet for the current CARE income guidelines.*
- Organization is required to renew its CARE eligibility by completing a new application, attaching all required documentation (updated as necessary) and providing an explanation as to how the previous year's CARE discount was used to directly benefit its residents.

Applicant's Responsibilities

As the applicant, you are required to:

- Provide proof of the facility's eligibility (see *Eligible Facilities*), and submit required documentation with the CARE application.
- Verify that all your facility's residents and/or households meet the current CARE income guidelines (See *CARE Income Guidelines* sheet) and make a certification to that effect, under the penalty of perjury, under the laws of the state of California.
- Maintain records of your residents' income eligibility, as demonstrated by Federal tax returns, payroll stubs or similar records acceptable to PG&E. These records must be retained for three years from the date of the initial CARE application and/or renewal.
- Show at renewal how the previous year's CARE discount directly benefited your residents.
- Maintain accounting entries and supporting documentation that demonstrate how the previous year's CARE discount directly benefited your residents. These records must be retained for three years from the date of the initial CARE application and/or renewal.
- Upon request from PG&E, provide documentation for your residents' income eligibility and/or documentation that shows how the CARE discount directly benefited the residents.
- Provide all information requested by PG&E. Failure to do so will result in denial or removal from the CARE Program. In addition, your organization may be subject to rebilling for the period it was ineligible for the discount, as determined by PG&E.

5

Your PG&E Facility Account(s)

For individual facilities of the same type, please attach a separate sheet for more than four addresses.

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Type of metering at this facility: Individually metered Master metered

Total number of residents: _____ (Excluding on-site manager)

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Type of metering at this facility: Individually metered Master metered

Total number of residents: _____ (Excluding on-site manager)

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Type of metering at this facility: Individually metered Master metered

Total number of residents: _____ (Excluding on-site manager)

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Type of metering at this facility: Individually metered Master metered

Total number of residents: _____ (Excluding on-site manager)



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 4406-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory and Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



CARE/FERA PROGRAM • PROGRAMA CARE/FERA

Income Guidelines • Requisitos de ingreso

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273
CAREprogram@pge.com

The CARE Program offers a monthly discount on PG&E bills for qualifying households and housing facilities. Review the CARE Income Guidelines listed here to see if you qualify. Apply at pge.com/CARE.

CARE Income Guidelines
(good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	\$31,460 or less
3	\$39,580 or less
4	\$47,700 or less
5	\$55,820 or less
6	\$63,940 or less
7	\$72,060 or less
8	\$80,180 or less
Each Additional Person, add	\$8,120

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000
FERAprogram@pge.com

If you do not qualify for the CARE Program, your household may still qualify for the FERA Program, which offers a monthly discount on electric bills for households of three or more people with a slightly higher income than required for CARE. Check out the FERA Income Guidelines listed here to see if you qualify. Apply at pge.com/FERA.

FERA Income Guidelines
(good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	Not Applicable
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Each Additional Person, add	\$ 8,120-\$10,150

How to Determine Your Total Gross Annual Income

Your total gross annual household income includes all taxable and nontaxable revenues from all people living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.

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

Speech or hearing impaired? TDD/TTY is available at 1-800-652-4712 (9 a.m. to 11 p.m., Monday-Friday). **Can't use the TDD line?** Call 1-800-735-2929

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273
CAREprogram@pge.com

El Programa CARE ofrece un descuento mensual en las facturas de PG&E a hogares que cumplen con los requisitos por sus ingresos. Revise los requisitos de ingreso que se encuentran en esta lista para ver si califica. Inscríbese en pge.com/CARE.

Requisitos de ingreso CARE
(válido hasta el 31 de mayo, 2015)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$31,460 o menos
3	\$39,580 o menos
4	\$47,700 o menos
5	\$55,820 o menos
6	\$63,940 o menos
7	\$72,060 o menos
8	\$80,180 o menos
Por cada persona adicional, añada	\$8,120

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000
FERAprogram@pge.com

Si usted no cumple con los requisitos para el Programa CARE, su hogar tal vez califique para el Programa FERA, que ofrece un descuento en las facturas mensuales de electricidad a familias de tres o más personas que reciban un ingreso ligeramente más alto que el requerido para CARE. Vea los requisitos de ingreso de FERA que incluimos aquí para comprobar que califica. Inscríbese en pge.com/FERA.

Requisitos de ingreso FERA
(válido hasta el 31 de mayo, 2015)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	No aplica
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Por cada persona adicional, añada	\$ 8,120-\$10,150

Cómo determinar su ingreso bruto total anual

El ingreso bruto total anual de su hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ganancias de su propio negocio y toda ganancia proveniente de un empleo no pagado en efectivo.

*Antes de impuestos, basado en fuentes actuales de ingreso. Usted puede estar inscrito en uno de los Programas CARE o FERA pero no en ambos.

¿Discapacidad auditiva o del habla? TDD/TTY disponible llamando al 1-800-652-4712 (lunes a viernes de 9 a.m. a 11 p.m.).

¿No puede usar la línea TDD? Llame al 1-800-735-2929



CARE/FERA 計劃 • CHƯƠNG TRÌNH CARE/FERA 收入資格標準 • Chỉ Dẫn Về Thu Nhập

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273
CAREprogram@pge.com

CARE 計劃為符合申請條件的家庭與住房設施提供 PG&E 帳單每月折扣優惠。請查閱所列 CARE 收入資格標準，了解自己是否符合申請條件。請到 pge.com/CARE 申請。

CARE 收入資格標準
(有效期至 2015 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	\$31,460 或以下
3	\$39,580 或以下
4	\$47,700 或以下
5	\$55,820 或以下
6	\$63,940 或以下
7	\$72,060 或以下
8	\$80,180 或以下
每多一人即增加	\$8,120

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000
FERAprogram@pge.com

即使您不符合 CARE 計劃申請資格，您的家庭仍可能有資格申請 Family Electric Rate Assistance (家庭電費補助，簡稱 FERA) 計劃。該計劃為三人及以上家庭提供每月電費帳單折扣，收入要求比 CARE 略為寬鬆。請查閱這裡所列 FERA 收入資格標準，了解自己是否符合申請條件。請到 pge.com/FERA 申請。

FERA 收入標準
(有效期至 2015 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	不符資格
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
每多一人即增加	\$ 8,120-\$10,150

如何確定全家年收入總計

全家年收入總計包括全家人所有繳稅與不需繳稅的收入，且涵蓋所有收入來源，包括 (但不限於) 工資、月薪、利息、股利、配偶和子女贍養費、社會補助款項、社安金、退休金、住宅補貼、軍人補貼、租金收入、自營收入和所有與聘僱工作有關的非現金收入。

*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，但不得同時加入這兩項計劃。

您有語言或聽力障礙嗎？請撥 TDD/TTY 專線 1-800-652-4712 (星期一至星期五上午 9 點至晚上 11 點)。無法使用 TDD 專線嗎？請撥 1-800-735-2929

California Alternate Rates for Energy (CARE)

pge.com/CARE
1-866-743-2273
CAREprogram@pge.com

Chương trình CARE giảm giá hàng tháng trên hóa đơn PG&E cho các gia đình và các cơ sở gia cư hội đủ điều kiện về lợi tức. Vui lòng xem qua chỉ dẫn về thu nhập của chương trình CARE được liệt kê tại đây để xem quý vị có hội đủ điều kiện không. Ghi danh tại pge.com/CARE.

Chỉ dẫn về thu nhập của chương trình CARE
(có hiệu lực đến ngày 31 tháng Năm, 2015)

Số Người Trong Gia Đình	Tổng Thu Nhập Hộ Gia Đình Hàng Năm*
1-2	\$31,460 hoặc ít hơn
3	\$39,580 hoặc ít hơn
4	\$47,700 hoặc ít hơn
5	\$55,820 hoặc ít hơn
6	\$63,940 hoặc ít hơn
7	\$72,060 hoặc ít hơn
8	\$80,180 hoặc ít hơn
Với Mỗi Người Thêm Vào, cộng thêm	\$8,120

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000
FERAprogram@pge.com

Nếu quý vị không hội đủ điều kiện vào chương trình CARE, gia đình quý vị vẫn có thể hội đủ điều kiện cho chương trình FERA, chương trình này giảm giá trên hóa đơn điện hàng tháng cho các gia đình có từ ba người trở lên với lợi tức hơi cao hơn so với yêu cầu của chương trình CARE. Vui lòng xem chỉ dẫn về thu nhập của chương trình FERA được liệt kê tại đây để xem quý vị có hội đủ điều kiện không. Ghi danh tại pge.com/FERA.

Chỉ dẫn về thu nhập của chương trình FERA
(có hiệu lực đến ngày 31 tháng Năm, 2015)

Số Người Trong Gia Đình	Tổng Thu Nhập Hộ Gia Đình Hàng Năm*
1-2	Không áp dụng
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Với Mỗi Người Thêm Vào, cộng thêm	\$ 8,120-\$10,150

Cách Xác Định Tổng Thu Nhập Của Quý Vị

Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

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

Quý vị **kiểm thanh hoặc kiểm thính?** TDD/TTY hiện có theo số 1-800-652-4712 (9 giờ sáng đến 11 giờ đêm, từ Thứ Hai-Thứ Sáu).
Không thể sử dụng đường dây TDD? Hãy gọi 1-800-735-2929



Electric Sample Form No. 62-1509
CARE Program Renewal Application -- Residential Customers

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4406-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory and Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



CARE PROGRAM RENEWAL APPLICATION Residential Customers

62-1509
Rev. 6.14

Please fill out the information below about you and your household, and then the information for EITHER Section 2A **OR** 2B. Sign and date this form and return it to PG&E before your CARE discount expires.

Check if you no longer qualify or do not want to participate in the CARE Program.

1 You and Your Household

Email Address

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

Preferred Phone Number Home Work Mobile

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

Alternative Phone Number Home Work Mobile

What language do you prefer for future CARE communications? (Choose one)

- English Hmong Tagalog Mandarin Cantonese
 Russian Korean Vietnamese Spanish

What's your preferred method of communication? (Choose one)

- Mail Email Phone Text
(Message and data rates may apply.)

Number of people in your household at this address:

Adults + Children =
(under 18)

2 Household Qualification

If your household meets the Program Income Guidelines, either fill out Section 2A **OR** Section 2B. You do not need to complete both sections. You will be enrolled in either the CARE or the FERA Program, depending on your household income and household size.

2A Public Assistance Programs

Check all the programs in which you, or someone in your household, participate.

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

If you checked any of the boxes in this section, skip to Section 3.

OR

2B Household Income

If you do not participate in any of the above programs, please add up all the income from every household member and check the box below that matches your household's total annual gross income. Please note the income ranges listed below ARE NOT fixed incremental amounts, so carefully review each income range before selecting the appropriate box.

My household income is:

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0-\$31,460 | <input type="checkbox"/> \$59,626-\$63,940 | <input type="checkbox"/> \$80,181-\$88,300 |
| <input type="checkbox"/> \$31,461-\$39,580 | <input type="checkbox"/> \$63,941-\$69,775 | <input type="checkbox"/> \$88,301-\$90,075 |
| <input type="checkbox"/> \$39,581-\$47,700 | <input type="checkbox"/> \$69,776-\$72,060 | <input type="checkbox"/> \$90,076-\$96,420 |
| <input type="checkbox"/> \$47,701-\$49,475 | <input type="checkbox"/> \$72,061-\$79,925 | <input type="checkbox"/> \$96,421-\$100,225 |
| <input type="checkbox"/> \$49,476-\$55,820 | <input type="checkbox"/> \$79,926-\$80,180 | <input type="checkbox"/> Other \$ _____ |
| <input type="checkbox"/> \$55,821-\$59,625 | | |

I am currently on a fixed income and receive income or benefits from one or more of the following: pensions, Social Security, SSP or SSDI, interest/dividends from retirement accounts, Medicaid/Medi-Cal (age 65 and over) or SSI.

3 Your Declaration

By signing this declaration, I certify that based on my household size and household income I qualify for the CARE or the FERA Program.

I also agree to the following program terms and conditions in order to remain eligible for the CARE or the FERA Program:

- The information I have provided here is true and correct.
- The PG&E bill is in my name, and I live at the address where the discount will be received.
- I am not claimed as a dependent on another person's income tax return other than my spouse.
- I do not share an energy meter with another home.
- I will renew my eligibility at least every two years and/or notify PG&E if my household is no longer eligible for the CARE or FERA discount.
- Following enrollment, I understand I may be required to provide proof of qualifying household income which, in some cases, may require providing IRS Tax Return Transcripts and agreeing to participate in the Energy Savings Assistance Program.
- I understand my monthly electric usage must not exceed six times the Tier 1 allowance, which is the lowest-priced rate tier within PG&E's standard Tiered Base Plan.
- I will pay back the discount if any of the information provided above is untrue.
- I will allow PG&E to share my information with municipal, state or federal agencies, and/or other utilities or their agents, for the sole purpose of facilitating enrollment in their assistance programs.

X

Customer Signature

Fill in circle if you're a guardian or you have power of attorney

FOR INTERNAL USE ONLY

Date



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 4406-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory and Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



Apply for a monthly discount on your PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/CARE • 1-866-743-2273

The CARE Program offers a monthly discount on PG&E bills for qualifying households. Qualification is based on the total income of everyone living in the home **OR** participation in qualifying public assistance programs.

Please look over the CARE Income Guidelines listed here to see if you qualify. On the application form, you can enroll by:

- Checking all the qualifying public assistance programs from which you, or someone in your household, receives benefits **OR**
- Checking the box that matches your household's total gross annual income.*

Family Electric Rate Assistance (FERA)

pge.com/FERA • 1-800-743-5000

If you do not qualify for the CARE Program, you may still qualify for the FERA Program, which offers a monthly discount on electric bills for households of three or more people with a slightly higher income than required for CARE.

See the FERA Income Guidelines listed here to find out if you qualify, and enroll by completing the included application.

CARE/FERA Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*	
	CARE	FERA
1-2	\$31,460 or less	Not Applicable
3	\$39,580 or less	\$39,581-\$49,475
4	\$47,700 or less	\$47,701-\$59,625
5	\$55,820 or less	\$55,821-\$69,775
6	\$63,940 or less	\$63,941-\$79,925
7	\$72,060 or less	\$72,061-\$90,075
8	\$80,180 or less	\$80,181-\$100,225
Each Additional Person, add	\$8,120	\$ 8,120-\$10,150

*Total gross annual household income includes all taxable and nontaxable revenues from all people living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.

How You Can Apply

Online: Apply online for faster enrollment at pge.com/CARE

Phone: Apply by calling **1-866-743-2273**

Email: Take a picture or scan completed application and email this image to CAREandFERA@pge.com

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

Fax: Send completed application to **1-877-302-7563**

Speech or hearing impaired?

TDD/TTY is available at **1-800-652-4712** (9 a.m. to 11 p.m., Monday-Friday).

Can't use the TDD line?
Call **1-800-735-2929**

Other Helpful Programs and Services

Energy Savings Assistance Program pge.com/ESA • 1-800-989-9744

This program provides energy-efficient home improvements and appliances at no cost to customers who qualify for CARE and rent or own a home that is at least five years old.

**Energy Savings
Assistance ProgramSM**

My Energy pge.com/MyEnergy

Log on to My Energy to sign up for billing and payment alerts, analyze your household's energy usage, pay your bills and learn more about your rate plan options.

Balanced Payment Plan pge.com/BalancedPayment • 1-800-743-5000

Your monthly payments will be averaged out to allow you to budget your energy costs and minimize big payment swings.

Medical Baseline pge.com/MedicalBaseline

If you depend on life-support or other equipment due to medical needs, you may be eligible for additional energy at the lowest price through the Medical Baseline Program.

Low Income Home Energy Assistance Program (LIHEAP) • 1-866-675-6623

If you spend a high percentage of your income on energy bills, you may be eligible to receive financial assistance and weatherproofing services through this program administered by the California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Get discounted telephone access when you meet similar income guidelines as the CARE Program. To learn more, contact your local phone service provider.

OR

2B Household Income: If you do not participate in any programs in Section 2A, please add up all the income from every household member and check the box below that matches your household's total annual gross income. Please note the income ranges listed below ARE NOT fixed incremental amounts, so carefully review each income range before selecting the appropriate box.

My household income is:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$0-\$31,460 | <input type="checkbox"/> \$49,476-\$55,820 | <input type="checkbox"/> \$69,776-\$72,060 | <input type="checkbox"/> \$88,301-\$90,075 |
| <input type="checkbox"/> \$31,461-\$39,580 | <input type="checkbox"/> \$55,821-\$59,625 | <input type="checkbox"/> \$72,061-\$79,925 | <input type="checkbox"/> \$90,076-\$96,420 |
| <input type="checkbox"/> \$39,581-\$47,700 | <input type="checkbox"/> \$59,626-\$63,940 | <input type="checkbox"/> \$79,926-\$80,180 | <input type="checkbox"/> \$96,421-\$100,225 |
| <input type="checkbox"/> \$47,701-\$49,475 | <input type="checkbox"/> \$63,941-\$69,775 | <input type="checkbox"/> \$80,181-\$88,300 | <input type="checkbox"/> Other \$ _____ |

I am currently on a fixed income and receive income or benefits from one or more of the following: pensions, Social Security, SSP or SSDI, interest/dividends from retirement accounts, Medicaid/Medi-Cal (age 65 and over) or SSI.

3

Your Declaration

By signing this declaration, I certify that based on my household size and household income I qualify for either the CARE or the FERA Program.

I also agree to the following program terms and conditions in order to remain eligible for the CARE or the FERA Program:

- The information I have provided here is true and correct.
- The PG&E bill is in my name, and I live at the address where the discount will be received.
- I am not claimed as a dependent on another person's income tax return other than my spouse.
- I do not share an energy meter with another home.
- I will renew my eligibility at least every two years and/or notify PG&E if my household is no longer eligible for the CARE or FERA discount.
- Following enrollment, I understand I may be required to provide proof of qualifying household income which, in some cases, may require providing IRS Tax Return Transcripts and agreeing to participate in the Energy Savings Assistance Program.
- I understand my monthly electric usage must not exceed six times the Tier 1 allowance, which is the lowest-priced rate tier within PG&E's standard Tiered Base Plan.
- I will pay back the discount if any of the information provided above is untrue.
- I will allow PG&E to share my information with municipal, state or federal agencies, and/or other utilities or their agents, for the sole purpose of facilitating enrollment in their assistance programs.

X

Customer Signature _____

Date _____

FOR INTERNAL USE ONLY

Fill in circle if you're a guardian or you have power of attorney



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 4406-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory and Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



Solicite un descuento mensual en su factura de PG&E

California Alternate Rates for Energy (CARE)

pge.com/CARE • 1-866-743-2273

El Programa CARE ofrece un descuento mensual en las facturas de PG&E a hogares que cumplen con los requisitos por sus ingresos. La calificación está basada en el ingreso total de todas las personas en el hogar **0** en la participación en programas de asistencia pública calificados.

Por favor verifique los requisitos de ingreso de CARE para ver si califica. En el formulario de solicitud, usted puede inscribirse:

- Marcando todos los programas de asistencia pública calificados por los que usted o alguien en su hogar recibe beneficios, **0**
- Marcando la casilla que coincide con el ingreso bruto total anual del hogar.*

Family Electric Rate Assistance (FERA)

pge.com/FERA • 1-800-743-5000

Si usted no cumple con los requisitos para el Programa CARE, tal vez califique para el Programa FERA, que ofrece un descuento en las facturas mensuales de electricidad a familias de tres o más personas que reciban un ingreso ligeramente más alto que el requerido para CARE.

Vea los requisitos de ingreso de FERA que incluimos en esta tabla para ver si cumple con los requisitos e inscribese completando la solicitud incluida.

Requisitos de ingreso CARE/FERA (válido hasta el 31 de mayo, 2015)		
Número de personas en el hogar	Ingreso bruto total anual del hogar*	
	CARE	FERA
1-2	\$31,460 o menos	No aplica
3	\$39,580 o menos	\$39,581-\$49,475
4	\$47,700 o menos	\$47,701-\$59,625
5	\$55,820 o menos	\$55,821-\$69,775
6	\$63,940 o menos	\$63,941-\$79,925
7	\$72,060 o menos	\$72,061-\$90,075
8	\$80,180 o menos	\$80,181-\$100,225
Por cada persona adicional, añadida	\$8,120	\$ 8,120-\$10,150

*El ingreso bruto total anual del hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ganancias de su propio negocio y toda ganancia proveniente de un empleo no pagado en efectivo.

Cómo puede inscribirse

Internet: Solicite por Internet para inscribirse más rápidamente visitando pge.com/CARE

Teléfono: Inscríbese llamando al **1-866-743-2273**

Email: Saque una foto o escanee su solicitud completa y envíe la imagen a CAREandFERA@pge.com

Correo: Envíe la solicitud completa a **CARE/FERA Program**
P.O. Box 7979
San Francisco, CA
94120-7979

Fax: Envíe la solicitud completa al **1-877-302-7563**

¿Discapacidad auditiva o del habla?

TDD/TTY disponible llamando al **1-800-652-4712** (lunes a viernes de 9 a.m. a 11 p.m.).

¿No puede usar la línea TDD?

Llame al **1-800-735-2929**

Otros programas y servicios útiles

Energy Savings Assistance Program pge.com/ESA • 1-800-989-9744

Este programa provee de mejoras en el hogar relativas al uso eficiente de la energía y de electrodomésticos sin costo para aquellos clientes que cumplan con los requisitos para CARE y alquilan o son dueños de una vivienda construida hace más de cinco años.

Energy Savings
.....
Assistance ProgramSM

My Energy • pge.com/MyEnergy

Visite My Energy en el sitio de PG&E y regístrese para recibir alertas de facturación y pagos, analizar el consumo de energía de su hogar, pagar sus facturas e informarse más acerca de sus opciones de plan de tarifas.

Balanced Payment Plan

pge.com/BalancedPayment • 1-800-743-5000

Se basa en el promedio de sus pagos mensuales para que usted maneje sus costos de energía, minimizando grandes variaciones de pago.

Medical Baseline • pge.com/MedicalBaseline

Si debido a necesidades médicas usted depende de equipos de soporte vital o de otro tipo de equipos, usted podría ser elegible para obtener energía adicional al precio base más bajo a través del Programa Medical Baseline.

Low Income Home Energy Assistance Program (LIHEAP) • 1-866-675-6623

Si usted destina un alto porcentaje de su ingreso al pago de las facturas de energía, podría reunir las condiciones para recibir asistencia económica y servicios de aislamiento térmico a través de este programa administrado por el California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Obtenga acceso telefónico a bajo precio cuando reúna los requisitos de ingreso similares al Programa CARE. Para más información, contacte a su compañía local de teléfonos.

2B Ingreso del hogar: Si usted no participa en ninguno de los programas listados anteriormente en la sección 2A, por favor sume todos los ingresos de cada miembro del hogar y marque la casilla que coincide con su ingreso bruto total anual. Por favor tenga en cuenta que los rangos de ingreso que listamos a continuación NO SON montos fijos incrementales, así que revise cuidadosamente cada rango de ingreso antes de seleccionar la casilla adecuada.

El ingreso de mi hogar es:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$0-\$31,460 | <input type="checkbox"/> \$49,476-\$55,820 | <input type="checkbox"/> \$69,776-\$72,060 | <input type="checkbox"/> \$88,301-\$90,075 |
| <input type="checkbox"/> \$31,461-\$39,580 | <input type="checkbox"/> \$55,821-\$59,625 | <input type="checkbox"/> \$72,061-\$79,925 | <input type="checkbox"/> \$90,076-\$96,420 |
| <input type="checkbox"/> \$39,581-\$47,700 | <input type="checkbox"/> \$59,626-\$63,940 | <input type="checkbox"/> \$79,926-\$80,180 | <input type="checkbox"/> \$96,421-\$100,225 |
| <input type="checkbox"/> \$47,701-\$49,475 | <input type="checkbox"/> \$63,941-\$69,775 | <input type="checkbox"/> \$80,181-\$88,300 | <input type="checkbox"/> Otro \$ _____ |

Mi ingreso es fijo actualmente y recibo ingresos o beneficios de uno o más de lo siguiente: pensiones, Seguro Social, SSP o SSDI, intereses/dividendos de cuentas de retiro, Medicaid/Medi-Cal (65 años o más) o SSI.

3

Su declaración

Al firmar esta declaración, certifico que basado en el tamaño y el ingreso de mi hogar cumplo con los requisitos para el Programa CARE o FERA.

También estoy de acuerdo con los siguientes términos y condiciones para permanecer elegible para el Programa CARE o FERA:

1. La información que he facilitado es veraz y correcta.
2. La factura de PG&E está a mi nombre y resido en la dirección donde se recibirá el descuento.
3. No figuro como dependiente en la declaración de impuestos de otra persona que no sea mi esposo/a.
4. No comparto el medidor de energía con ningún otro hogar.
5. Renovaré mi elegibilidad por lo menos cada dos años y/o notificaré a PG&E si mi hogar deja de cumplir con los requisitos para el descuento de CARE o FERA.
6. Después de la inscripción, entiendo que se me puede pedir que muestre pruebas de ingresos del hogar, lo que en ciertos casos puede requerir presentar transcripciones de mi declaración de impuestos al IRS, y también estar de acuerdo en participar en el Programa Energy Savings Assistance.
7. Entiendo que mi consumo mensual de electricidad no debe exceder seis veces el valor del Nivel 1 (Tier 1) el cual es el nivel de tarifa más bajo dentro del estándar Tiered Base Plan de PG&E.
8. Devolveré el monto del descuento si parte de la información provista anteriormente no fuera veraz.
9. Le permitiré a PG&E compartir mi información con agencias municipales, estatales o federales, y/u otras compañías de servicios públicos o sus agentes, con el solo propósito de facilitar la inscripción a sus programas de asistencia.

X

Firma del cliente

Fecha

○ Rellene el círculo si es tutor o tiene carta de poder

FOR INTERNAL USE ONLY



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 4406-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory and Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



申請 PG&E 帳單每月折扣優惠

California Alternate Rates for Energy (CARE) 計劃

pge.com/CARE • 1-866-743-2273

CARE 計劃為符合申請條件的家庭提供 PG&E 帳單每月折扣優惠。申請資格以每戶家庭成員總收入**或有無**參加符合申請條件的社會補助福利計劃為準。

請詳讀這裡所列 CARE 收入標準，了解自己是否符合申請條件。如果您想加入，請在申請表上填寫以下欄位：

- 勾選您或任何家人目前接受福利所參加的全部社會補助計劃；**或**
- 勾選符合您全家年收入總計的方格*。

Family Electric Rate Assistance (FERA) 計劃

pge.com/FERA • 1-800-743-5000

如果您不符合 CARE 申請資格，仍可能有資格參加 Family Electric Rate Assistance (家庭電費補助，簡稱 FERA) 計劃。該計劃為三人以上的家庭提供每月電費帳單折扣，而且申請資格的收入限制比 CARE 寬鬆。

請參考以上所列 FERA 收入標準，了解自己是否符合申請資格，並填寫附頁申請表以申請加入計劃。

CARE/FERA 收入標準 (有效期至 2015 年 5 月 31 日止)		
家庭人數	全家年收入總計*	
	CARE	FERA
1-2	\$31,460 或以下	不符資格
3	\$39,580 或以下	\$39,581-\$49,475
4	\$47,700 或以下	\$47,701-\$59,625
5	\$55,820 或以下	\$55,821-\$69,775
6	\$63,940 或以下	\$63,941-\$79,925
7	\$72,060 或以下	\$72,061-\$90,075
8	\$80,180 或以下	\$80,181-\$100,225
每多一人即增加	\$8,120	\$ 8,120-\$10,150

*全家年收入總計包括居於此地址之家庭成員所有繳稅與不需繳稅的收入，且涵蓋所有收入來源，包括(但不限於)工資、月薪、利息、股利、配偶和子女贍養費、社會補助款項、社安金、退休金、住宅補貼、軍人補貼、租金收入、自營收入和所有與聘僱工作有關的非現金收入。

申請方式

上網:上網申請速度更快
pge.com/CARE

電話:電話申請
1-866-743-2273

電郵地址:將填好的申請表拍照或掃描後透過電子郵件寄到
CAREandFERA@pge.com

郵寄:
將填好的申請表寄到
CARE/FERA Program
P.O. Box 7979
San Francisco, CA
94120-7979

傳真:將填好的申請表傳真到
1-877-302-7563

您有語言或聽力障礙嗎？

請撥TDD/TTY專線
1-800-652-4712
(星期一至星期五上午
9點至晚上11點)。

無法使用TDD專線嗎？
請撥 1-800-735-2929

其他補助計劃和服務

Energy Savings Assistance Program
pge.com/ESA • 1-800-989-9744

凡是符合 CARE 條件且租賃或自購屋屋齡至少五年的客戶，本計劃皆免費提供住家節能改善工程與設備。

**Energy Savings
Assistance Program™**

My Energy
pge.com/MyEnergy

登入 My Energy 網站，即可登記使用帳單和付款通知服務、分析全家能源用量、繳交費用，並且進一步瞭解費率選項。

平衡付款計劃
pge.com/BalancedPayment • 1-800-743-5000

讓您每月平均分攤費用，妥善安排能源開支預算，避免帳單出現大幅變動。

Medical Baseline
pge.com/MedicalBaseline

如果您有醫療上的需求，要依賴維生系統或其他設備，就可能有資格透過「基本醫療底線」計劃以最低價格使用額外能源。

**低收入家庭能源協助計劃
(Low Income Home Energy Assistance Program)**
1-866-675-6623

透過加州社區服務與發展部所主持的這項計劃，若您在能源帳單上的支出在您的收入中佔相當高的比例，您可能有資格獲得財務援助及防水服務。

Universal Lifeline Telephone Service (ULTS)

您只要符合 CARE 計劃的相同收入標準，就能獲得電話費折扣優惠。如要進一步瞭解，請聯絡您當地電話服務公司。

2B 全家收入：如果您未參加 2A 部份的任何計劃，請將每位家人收入加總，並勾選下面符合您全家年收入總計的方格。請注意，以下所列的收入範圍並非固定累積金額，所以在選擇適當方格以前，請小心檢視每個收入範圍。

我的全家收入：

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$0-\$31,460 | <input type="checkbox"/> \$49,476-\$55,820 | <input type="checkbox"/> \$69,776-\$72,060 | <input type="checkbox"/> \$88,301-\$90,075 |
| <input type="checkbox"/> \$31,461-\$39,580 | <input type="checkbox"/> \$55,821-\$59,625 | <input type="checkbox"/> \$72,061-\$79,925 | <input type="checkbox"/> \$90,076-\$96,420 |
| <input type="checkbox"/> \$39,581-\$47,700 | <input type="checkbox"/> \$59,626-\$63,940 | <input type="checkbox"/> \$79,926-\$80,180 | <input type="checkbox"/> \$96,421-\$100,225 |
| <input type="checkbox"/> \$47,701-\$49,475 | <input type="checkbox"/> \$63,941-\$69,775 | <input type="checkbox"/> \$80,181-\$88,300 | <input type="checkbox"/> 其他 \$ |

我目前領取固定收入，或擁有以下收入或福利：退休金、社安金、SSP 或 SSDI、退休帳戶的利息/股利、Medicaid/Medi-Cal (65 歲以上) 或 SSI。

3

聲明

本人保證家庭人數與收入符合 CARE 或 FERA 計劃資格，特此聲明。

為符合 CARE 或 FERA 計劃資格，本人同意下列的計劃條款和條件：

1. 本人在此提供的資料完全屬實並正確無誤。
2. PG&E 帳單上有本人姓名，而且本人住在可獲得折扣優惠的地址。
3. 除了本人配偶外，本人未在他人所得稅表上申報為受扶養人。
4. 本人沒有和其他家庭共用電錶/煤氣錶。
5. 本人至少每兩年必須重新辦理資格審查程序，並在不符 CARE 或 FERA 折扣優惠時主動通知 PG&E。
6. 登記 CARE 或 FERA 計劃後，本人了解自己必須提供家庭收入資格證明 (包括 IRS 報稅記錄)，且同意參加 Energy Savings Assistance Program。
7. 本人了解自己每月用電量必須低於第一級額定量的六倍，也就是 PG&E 標準 Tiered Base Plan 的最低價位額定量。
8. 以上提供資訊如有任何不實，本人願退回折扣款項。
9. 本人允許 PG&E 將本人資料提供給市政機構、州或聯邦機構，以及/或其他公用事業公司或其代理人，以便使本人參加前述機構的輔助計劃。

X

客戶簽名

日期

○如果您是監護人或有授權書，請將圓圈塗滿

FOR INTERNAL USE ONLY



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 4406-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory and Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



Đăng ký nhận giảm giá hàng tháng trên hóa đơn PG&E của quý vị

Chương Trình California Alternate Rates for Energy (CARE)

pge.com/CARE • 1-866-743-2273

Chương trình CARE giảm giá hàng tháng trên hóa đơn PG&E cho các gia đình đủ điều kiện. Điều kiện dựa trên tổng thu nhập của tất cả mọi người sống trong nhà **HOẶC** các chương trình trợ cấp xã hội đủ điều kiện đang được nhận.

Vui lòng xem qua chỉ dẫn về thu nhập của chương trình CARE được liệt kê tại đây để xem quý vị có đủ điều kiện không. Trên mẫu đơn đăng ký, quý vị có thể đăng ký bằng cách:

- Đánh dấu tất cả các chương trình trợ cấp xã hội đủ điều kiện mà quý vị hoặc ai đó trong gia đình đang được nhận **HOẶC**
- Đánh dấu vào ô trùng với tổng thu nhập hộ gia đình hàng năm của quý vị.*

Chương Trình Family Electric Rate Assistance (FERA)

pge.com/FERA • 1-800-743-5000

Nếu quý vị không hội đủ điều kiện vào chương trình CARE, quý vị vẫn có thể hội đủ điều kiện cho chương trình FERA. Chương trình này giảm giá trên hóa đơn hàng tháng cho các gia đình có từ ba người trở lên với lợi tức hơi cao hơn so với yêu cầu của chương trình CARE.

Xem Chỉ Dẫn về Thu Nhập của chương trình FERA được liệt kê tại đây để xem quý vị có đủ điều kiện không và đăng ký bằng cách hoàn tất đơn đăng ký đính kèm.

Chỉ dẫn về thu nhập của CARE/FERA (có hiệu lực đến ngày 31 tháng Năm, 2015)

Số Người Trong Gia Đình	Tổng Thu Nhập Hộ Gia Đình Hàng Năm*	
	CARE	FERA
1-2	\$31,460 hoặc ít hơn	Không áp dụng
3	\$39,580 hoặc ít hơn	\$39,581–\$49,475
4	\$47,700 hoặc ít hơn	\$47,701–\$59,625
5	\$55,820 hoặc ít hơn	\$55,821–\$69,775
6	\$63,940 hoặc ít hơn	\$63,941–\$79,925
7	\$72,060 hoặc ít hơn	\$72,061–\$90,075
8	\$80,180 hoặc ít hơn	\$80,181–\$100,225
Với Mỗi Người Thêm Vào, cộng thêm	\$8,120	\$ 8,120–\$10,150

*Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

Cách Đăng Ký

Trực tuyến: Đăng ký trực tuyến nhanh tại pge.com/CARE

Bằng điện thoại: Đăng ký bằng cách gọi đến số **1-866-743-2273**

Bằng email: Chụp ảnh hoặc scan đơn đăng ký hoàn chỉnh của quý vị và gửi email ảnh này đến địa chỉ CAREandFERA@pge.com

Bằng thư:

Gửi đơn đăng ký hoàn chỉnh đến

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

Fax: Gửi đơn đăng ký hoàn chỉnh đến **1-877-302-7563**

Khách hàng khiếm thanh hoặc khiếm thính?

TDD/TTY hiện có theo số **1-800-652-4712**

(9 giờ sáng đến 11 giờ tối, từ Thứ Hai–Thứ Sáu).

Không thể sử dụng đường dây TDD?

Hãy gọi **1-800-735-2929**

Các Chương Trình Và Dịch Vụ Hữu Ích Khác

Chương Trình Energy Savings Assistance Program pge.com/ESA • 1-800-989-9744

Chương trình này cung cấp các cải thiện để gia đình sử dụng năng lượng hiệu quả và cung cấp các thiết bị gia dụng miễn phí cho khách hàng đủ điều kiện đối với chương trình CARE hoặc khách hàng thuê hay sở hữu nhà có tuổi thọ ít nhất là 5 năm.

Energy Savings
.....
Assistance ProgramSM

My Energy • pge.com/MyEnergy

Đăng nhập vào My Energy để đăng ký thông báo hóa đơn và thanh toán, phân tích việc sử dụng năng lượng hộ gia đình của quý vị, thanh toán hóa đơn và tìm hiểu thêm về các lựa chọn cho gói giá.

Kế Hoạch Thanh Toán Quân Bình

pge.com/BalancedPayment • 1-800-743-5000

Các khoản thanh toán hàng tháng của quý vị sẽ được tính trung bình cho phép quý vị điều chỉnh ngân sách cho chi phí năng lượng và tránh được những khoản thanh toán bị thay đổi lớn.

Medical Baseline • pge.com/MedicalBaseline

Nếu quý vị phải phụ thuộc vào thiết bị hỗ trợ sự sống hoặc thiết bị khác do nhu cầu sức khỏe, quý vị có thể hội đủ điều kiện nhận thêm năng lượng với giá thấp nhất qua Chương Trình Medical Baseline.

Low Income Home Energy Assistance Program (LIHEAP) 1-866-675-6623

Nếu quý vị cần phải sử dụng một phần lớn thu nhập của mình để trả hóa đơn năng lượng, quý vị có thể hội đủ điều kiện để nhận trợ giúp tài chính và những dịch vụ điều hòa thời tiết qua chương trình này được điều hành bởi Sở Dịch Vụ và Phát Triển Cộng Đồng California.

Universal Lifeline Telephone Service (ULTS)

Nhận giảm giá điện thoại khi quý vị đủ điều kiện về thu nhập tương tự như chương trình CARE. Hãy liên hệ với nhà cung cấp dịch vụ điện thoại tại địa phương để tìm hiểu thêm.

2B Thu Nhập Hộ Gia Đình: Nếu quý vị hiện không có tham gia vào bất cứ chương trình nào trong Phần 2A, xin vui lòng cộng lại tất cả các khoản thu nhập từ mỗi thành viên hộ gia đình và đánh dấu vào ô trùng với tổng thu nhập hộ gia đình của quý vị. Xin quý vị lưu ý khoảng lợi tức ghi dưới đây tăng lên KHÔNG đều, do vậy quý vị nên xem xét cẩn thận từng khoảng lợi tức trước khi chọn ô thích hợp.

Thu nhập hộ gia đình tôi là:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$0–\$31,460 | <input type="checkbox"/> \$49,476–\$55,820 | <input type="checkbox"/> \$69,776–\$72,060 | <input type="checkbox"/> \$88,301–\$90,075 |
| <input type="checkbox"/> \$31,461–\$39,580 | <input type="checkbox"/> \$55,821–\$59,625 | <input type="checkbox"/> \$72,061–\$79,925 | <input type="checkbox"/> \$90,076–\$96,420 |
| <input type="checkbox"/> \$39,581–\$47,700 | <input type="checkbox"/> \$59,626–\$63,940 | <input type="checkbox"/> \$79,926–\$80,180 | <input type="checkbox"/> \$96,421–\$100,225 |
| <input type="checkbox"/> \$47,701–\$49,475 | <input type="checkbox"/> \$63,941–\$69,775 | <input type="checkbox"/> \$80,181–\$88,300 | <input type="checkbox"/> Khác \$ _____ |

Tôi hiện có thu nhập cố định và nhận thu nhập hoặc phúc lợi từ một hoặc nhiều nguồn sau: lương hưu, An Sinh Xã Hội, SSP hoặc SSDI, lãi/cổ tức từ tài khoản hưu trí, Medicaid/Medi-Cal (65 tuổi hoặc hơn) hoặc SSI.

3

Cam Đoan

Khi ký vào bản cam đoan này, tôi xác nhận rằng tôi hội đủ điều kiện tham gia chương trình CARE hoặc FERA dựa trên số người và thu nhập hộ gia đình của tôi.

Tôi cũng đồng ý với các điều khoản và điều kiện sau đây của chương trình để hội đủ điều kiện tham gia chương trình CARE hoặc FERA:

- Thông tin tôi đã cung cấp là thật và chính xác.
- Tôi đứng tên trên hóa đơn PG&E và tôi sinh sống tại địa chỉ sẽ nhận giảm giá.
- Tôi không là người phụ thuộc trên tờ khai thuế thu nhập của người nào khác ngoài vợ/chồng của tôi.
- Tôi không dùng chung đồng hồ năng lượng với gia đình khác.
- Tôi sẽ gia hạn việc hội đủ điều kiện của mình sau mỗi hai năm và/hoặc thông báo cho PG&E biết khi gia đình tôi không còn đủ điều kiện tham gia chương trình CARE hoặc FERA nữa.
- Sau khi đăng ký, tôi hiểu rằng tôi có thể được yêu cầu cung cấp bằng chứng về thu nhập hộ gia đình đủ tiêu chuẩn, trong đó có thể yêu cầu cung cấp Bản Sao Tờ Khai Thuế của Sở Thuế Vụ (IRS), và đồng ý tham gia Chương Trình Energy Savings Assistance Program.
- Tôi hiểu rằng lượng điện sử dụng hàng tháng không được vượt quá sáu lần hạn mức của Bậc 1, đây là bậc có mức giá thấp nhất trong Gói Cơ Bản Theo Bậc (Tiered Base Plan) chuẩn của PG&E.
- Tôi sẽ trả lại tiền giảm giá nếu thông tin tôi cung cấp ở đây không phải là sự thật.
- Tôi sẽ cho phép PG&E chia sẻ thông tin của tôi với các cơ quan của thành phố, các cơ quan thuộc tiểu bang hay liên bang, cũng như các công ty tiện ích khác và nhân viên của họ để tạo điều kiện ghi danh trong các chương trình hỗ trợ của họ.

X

Chữ Ký Khách Hàng

Ngày

○ Điền vào ô tròn nếu quý vị là người giám hộ hoặc quý vị có giấy ủy quyền

FOR INTERNAL USE ONLY



Electric Sample Form No. 79-1055 (T)
CARE/FERA Program Application for Sub-Metered Residential Customers
(English) - Large Print Application

**Please Refer to Attached
Sample Form**



CARE/FERA PROGRAM APPLICATION Sub-Metered Residential Customers

79-1055
Rev. 6.14

Apply for a monthly discount on your energy bill

If your landlord bills you directly for gas and electricity, you are a “sub-metered” customer. While you are not a direct PG&E customer, you may still be eligible for programs and services to help you lower your energy bills, including the CARE and the FERA Programs.

California Alternate Rates for Energy (CARE) pge.com/CARE • 1-866-743-2273

The CARE Program offers a monthly discount on PG&E bills for qualifying households.

Qualification is based on the total income of everyone living in the home **OR** participation in qualifying public assistance programs.

Please look over the CARE Income Guidelines listed here to see if you qualify. On the application form, you can enroll by:

- Checking all the qualifying public assistance programs from from which you, or someone in your household, receive benefits **OR**
- Checking the box that matches your household’s total gross annual income.*

You will also need to have your landlord or facility manager complete Section 1A of this application. If your landlord has questions, have him or her call us on the Sub-Metered Hotline at **415-972-5732**.

Family Electric Rate Assistance (FERA) pge.com/FERA

1-800-743-5000

If you do not qualify for the CARE Program, you may still qualify for the FERA Program, which offers a monthly discount on electric bills for households of three or more people with a slightly higher income than required for CARE.

See the FERA Income Guidelines listed here to find out if you qualify, and enroll by completing the included application.

How You Can Apply

Email: Take a picture or scan completed application and email this image to **CAREandFERA@pge.com**

Fax: Send completed application to **1-877-302-7563**

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

Speech or hearing impaired?

TDD/TTY is available at **1-800-652-4712** (9 a.m. to 11 p.m., Monday–Friday).

Can't use the TDD line? Call 1-800-735-2929

CARE/FERA Income Guidelines (good until May 31, 2015)		
Number of People in Household	Total Gross Annual Household Income*	
	CARE	FERA
1-2	\$31,460 or less	Not Applicable
3	\$39,580 or less	\$39,581–\$49,475
4	\$47,700 or less	\$47,701–\$59,625
5	\$55,820 or less	\$55,821–\$69,775
6	\$63,940 or less	\$63,941–\$79,925
7	\$72,060 or less	\$72,061–\$90,075
8	\$80,180 or less	\$80,181–\$100,225
Each Additional Person, add	\$8,120	\$ 8,120–\$10,150

*Total gross annual household income includes all taxable and nontaxable revenues from all persons living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.

Other Helpful Programs and Services

Energy Savings Assistance Program

pge.com/ESA

1-800-989-9744

This program provides energy-efficient home improvements and appliances at no cost to customers who qualify for CARE and rent or own a home that is at least five years old.

Energy Savings

Assistance ProgramSM

Medical Baseline

pge.com/MedicalBaseline

If you depend on life-support or other equipment due to medical needs, you may be eligible for additional energy at the lowest price through the Medical Baseline Program.

Low Income Home Energy Assistance Program (LIHEAP)

1-866-675-6623

If you spend a high percentage of your income on energy bills, you may be eligible to receive financial assistance and weatherproofing services through this program administered by the California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Get discounted telephone access when you meet similar income guidelines as the CARE Program. To learn more, contact your local phone service provider.

1B You and Your Household

Your Name

(Use the name as it appears on the energy bill from your landlord, which must be in your name.)

Your Home Address

Unit#

(Address must be your primary residence. Do NOT use a P.O. Box.)

City/State/Zip Code

Mailing Address

Unit#

City/State/Zip Code

Email

Preferred Phone Number Home Work Mobile

Alternative Phone Number Home Work Mobile

What's your preferred method of communication? (Choose one)

Mail Email Phone Text (Message and data rates may apply.)

What language do you prefer for future CARE and FERA communications?

(Choose one)

English Hmong Tagalog Mandarin Cantonese

Russian Korean Vietnamese Spanish

Number of people in your household at this address:

Adults + Children (under 18) =

2 Household Qualification

If your household meets the Program Income Guidelines, either fill out Section 2A **OR** Section 2B. You do not need to complete both sections. You will be enrolled in either the CARE or the FERA Program, depending on your household income and household size.

2A Public Assistance Programs: Check all the programs in which you, or someone in your household, participate.

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

If you checked any of the boxes in this section, skip to Section 3.

OR

2B Household Income

If you do not participate in any of the above programs, please add up all the income from every household member and check the box below that matches your household's total annual gross income. Please note the income ranges listed below ARE NOT fixed incremental amounts, so carefully review each income range before selecting the appropriate box.

My household income is:

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0-\$31,460 | <input type="checkbox"/> \$55,821-\$59,625 | <input type="checkbox"/> \$79,926-\$80,180 |
| <input type="checkbox"/> \$31,461-\$39,580 | <input type="checkbox"/> \$59,626-\$63,940 | <input type="checkbox"/> \$80,181-\$88,300 |
| <input type="checkbox"/> \$39,581-\$47,700 | <input type="checkbox"/> \$63,941-\$69,775 | <input type="checkbox"/> \$88,301-\$90,075 |
| <input type="checkbox"/> \$47,701-\$49,475 | <input type="checkbox"/> \$69,776-\$72,060 | <input type="checkbox"/> \$90,076-\$96,420 |
| <input type="checkbox"/> \$49,476-\$55,820 | <input type="checkbox"/> \$72,061-\$79,925 | <input type="checkbox"/> \$96,421-\$100,225 |
| | | <input type="checkbox"/> Other \$ _____ |

I am currently on a fixed income and receive income or benefits from one or more of the following: pensions, Social Security, SSP or SSDI, interest/dividends from retirement accounts, Medicaid/Medi-Cal (age 65 and over) or SSI.

3**Your Declaration**

By signing this declaration, I certify that based on my household size and household income I qualify for either the CARE or the FERA Program.

I also agree to the following program terms and conditions in order to remain eligible for the CARE or the FERA Program:

1. The information I have provided here is true and correct.
2. The energy bill from my landlord is in my name, and I live at the address where the discount will be received.
3. I am not claimed as a dependent on another person's income tax return other than my spouse.
4. I do not share an energy meter with another home.
5. I will renew my eligibility at least every two years and/or notify PG&E if my household is no longer eligible for the CARE or FERA discount.
6. Following enrollment, I understand I may be required to provide proof of qualifying household income which, in some cases, may require providing IRS Tax Return Transcripts and agreeing to participate in the Energy Savings Assistance Program.
7. I understand my monthly electric usage must not exceed six times the Tier 1 allowance, which is the lowest-priced rate tier within PG&E's standard Tiered Base Plan.
8. I will pay back the discount if any of the information provided above is untrue.
9. I will allow PG&E to share my information with municipal, state or federal agencies, and/or other utilities or their agents, for the sole purpose of facilitating enrollment in their assistance programs.

X**Customer Signature****Date**

FOR INTERNAL USE ONLY

Fill in circle if you're a guardian or you have power of attorney



Electric Sample Form No. 79-1056 (T)
CARE/FERA Program Application for Sub-Metered Residential Customers
(Spanish) - Large Print Application

**Please Refer to Attached
Sample Form**



SOLICITUD PARA EL PROGRAMA CARE/FERA
Cientes residenciales con sub-medidor

79-1056
Rev. 6.14

Solicite un descuento mensual en su factura de energía

Si su arrendador le factura directamente por el consumo de gas y electricidad, usted es considerado como un cliente con “sub-medidor”. A pesar de que usted no es cliente directo de PG&E, usted podría calificar para programas que lo ayuden a reducir el monto de su factura de energía, incluyendo los Programas CARE y FERA.

California Alternate Rates for Energy (CARE) pge.com/CARE • 1-866-743-2273

El Programa CARE ofrece un descuento mensual en las facturas de PG&E a hogares que cumplen con los requisitos por sus ingresos. La calificación está basada en el ingreso total de todas las personas en el hogar **0** en la participación en programas de asistencia pública calificados.

Por favor verifique los requisitos de ingreso de CARE para ver si califica. En el formulario de solicitud, usted puede inscribirse:

- Marcando todas las agencias de asistencia pública calificadas de las cuales usted o alguien en su hogar recibe beneficios, **0**
- Marcando la casilla que coincide con el ingreso bruto total anual del hogar.*

Usted necesitará que su arrendador o administrador complete la sección 1A de esta solicitud. Si su arrendador tiene preguntas, dígame que nos llame a la línea especial de “sub-medidores” al **415-972-5732**.

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

Si usted no cumple con los requisitos para el Programa CARE, tal vez califique para el Programa FERA, que ofrece un descuento en las facturas mensuales de electricidad a familias de tres o más personas que reciban un ingreso ligeramente más alto que el requerido para CARE.

Vea los requisitos de ingreso de FERA que incluimos aquí para ver si cumple con los requisitos e inscribese completando la solicitud incluida.

Cómo puede inscribirse

Email: Saque una foto o escanee su solicitud completa y envíe la imagen a
CAREandFERA@pge.com

Fax: Envíe la solicitud completa al
1-877-302-7563

Correo: Envíe la solicitud completa a
CARE/FERA Program
P.O. Box 7979
San Francisco, CA
94120-7979

¿Discapacidad auditiva o del habla?

TDD/TTY disponible llamando al **1-800-652-4712** (lunes a viernes de 9 a.m. a 11 p.m.).

¿No puede usar la línea TDD? Llame al **1-800-735-2929**

Requisitos de ingreso CARE/FERA (válido hasta el 31 de mayo, 2015)		
Número de personas en el hogar	Ingreso bruto total anual del hogar*	
	CARE	FERA
1-2	\$31,460 o menos	No aplica
3	\$39,580 o menos	\$39,581–\$49,475
4	\$47,700 o menos	\$47,701–\$59,625
5	\$55,820 o menos	\$55,821–\$69,775
6	\$63,940 o menos	\$63,941–\$79,925
7	\$72,060 o menos	\$72,061–\$90,075
8	\$80,180 o menos	\$80,181–\$100,225
Por cada persona adicional, añadida	\$8,120	\$ 8,120–\$10,150

*El ingreso bruto total anual del hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ganancias de su propio negocio y toda ganancia proveniente de un empleo no pagado en efectivo.

Otros programas y servicios útiles

Energy Savings Assistance Program pge.com/ESA • 1-800-989-9744

Este programa provee de mejoras en el hogar relativas al uso eficiente de la energía y de electrodomésticos sin costo para aquellos clientes que cumplan con los requisitos para CARE y alquilan o son dueños de una vivienda construida hace más de cinco años.

Energy Savings
.....
Assistance ProgramSM

Medical Baseline pge.com/MedicalBaseline

Si debido a necesidades médicas usted depende de equipos de soporte vital o de otro tipo de equipos, usted podría ser elegible para obtener energía adicional al precio base más bajo a través del Programa Medical Baseline.

Low Income Home Energy Assistance Program (LIHEAP) • 1-866-675-6623

Si usted destina un alto porcentaje de su ingreso al pago de las facturas de energía, podría reunir las condiciones para recibir asistencia económica y servicios de aislamiento térmico a través de este programa administrado por el California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Obtenga acceso telefónico a bajo precio cuando reúna los requisitos de ingreso similares al programa CARE. Para más información, contacte a su compañía local de teléfonos.

1B Usted y su hogar

Su nombre

(Como aparece en la factura de energía de su arrendador, la cual debe estar a su nombre.)

La dirección de su hogar (La dirección debe ser su residencia principal. NO utilice casilla de correo (P.O. Box).)

Ciudad/Estado/Código postal

Su dirección postal

Unidad #

Ciudad/Estado/Código postal

Su dirección de email

Número de teléfono preferido Casa Trabajo Móvil

Número de teléfono alternativo Casa Trabajo Móvil

¿Qué idioma prefiere para comunicaciones futuras de CARE y FERA?

(Elija uno)

- Correo Email Teléfono
 Texto (Podría haber cargos por mensaje y datos.)

¿Cuál es su método de comunicación preferido? (Elija uno)

- Inglés Hmong Tagalo Mandarín Cantonés
 Ruso Coreano Vietnamita Español

Número de personas en el hogar en esta dirección:

Adultos + **Niños** (menores de 18) =

2 Cumplimiento de los requisitos del hogar

Si su hogar cumple con los requisitos de ingreso del programa, complete la sección 2A **O** la sección 2B. Usted no necesita completar ambas secciones. Usted será inscrito en el Programa CARE o FERA dependiendo del ingreso y tamaño de su hogar.

2A Programas de asistencia pública

Marque todos los programas en los que usted o alguien en su hogar participa.

- | | |
|---|---|
| <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> CalFresh/SNAP (estampillas de alimentos) |
| <input type="checkbox"/> Bureau of Indian Affairs General Assistance | <input type="checkbox"/> Women, Infants, and Children (WIC) |
| <input type="checkbox"/> National School Lunch Program (NSLP) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> CalWORKs (TANF) or Tribal TANF | <input type="checkbox"/> Medicaid/Medi-Cal (menor de 65 años) |
| <input type="checkbox"/> Head Start Income Eligible (solo tribus indígenas) | <input type="checkbox"/> Medicaid/Medi-Cal (65 años o más) |
| <input type="checkbox"/> Medi-Cal for Families (Healthy Families A&B) | |

Si usted marcó alguna de estas casillas, salte a la sección 3.

0

2B Ingreso del hogar

Si usted no participa en ninguno de los programas listados anteriormente en la sección 2A, por favor sume todos los ingresos de cada miembro del hogar y marque la casilla que coincide con su ingreso bruto total anual. Por favor tenga en cuenta que los rangos de ingreso que listamos a continuación **NO SON** montos fijos incrementales, así que revise cuidadosamente cada rango de ingreso antes de seleccionar la casilla adecuada.

El ingreso de mi hogar es:

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0-\$31,460 | <input type="checkbox"/> \$55,821-\$59,625 | <input type="checkbox"/> \$79,926-\$80,180 |
| <input type="checkbox"/> \$31,461-\$39,580 | <input type="checkbox"/> \$59,626-\$63,940 | <input type="checkbox"/> \$80,181-\$88,300 |
| <input type="checkbox"/> \$39,581-\$47,700 | <input type="checkbox"/> \$63,941-\$69,775 | <input type="checkbox"/> \$88,301-\$90,075 |
| <input type="checkbox"/> \$47,701-\$49,475 | <input type="checkbox"/> \$69,776-\$72,060 | <input type="checkbox"/> \$90,076-\$96,420 |
| <input type="checkbox"/> \$49,476-\$55,820 | <input type="checkbox"/> \$72,061-\$79,925 | <input type="checkbox"/> \$96,421-\$100,225 |
| | | <input type="checkbox"/> Otro \$ _____ |

- Mi ingreso es fijo actualmente y recibo ingresos o beneficios de uno o más de lo siguiente: pensiones, Seguro Social, SSP o SSDI, intereses/dividendos de cuentas de retiro, Medicaid/Medi-Cal (65 años o más) o SSI.

3**Su declaración**

Al firmar esta declaración, certifico que basado en el tamaño y el ingreso de mi hogar cumpla con los requisitos para el Programa CARE o FERA. Al firmar esta declaración, certifico que basado en el tamaño y el ingreso de mi hogar cumpla con los requisitos para el Programa CARE o FERA.

También estoy de acuerdo con los siguientes términos y condiciones para permanecer elegible para el Programa CARE o FERA:

1. La información que he facilitado es veraz y correcta.
2. La factura de energía de mi arrendador está a mi nombre y resido en la dirección donde se recibirá el descuento.
3. No figuro como dependiente en la declaración de impuestos de otra persona que no sea mi esposo/a.
4. No comparto el medidor de energía con ningún otro hogar.
5. Renovaré mi elegibilidad por lo menos cada dos años y/o notificaré a PG&E si mi hogar deja de cumplir con los requisitos para el descuento de CARE o FERA.
6. Después de la inscripción, entiendo que se me puede pedir que muestre pruebas de ingresos del hogar, lo que en ciertos casos puede requerir presentar transcripciones de mi declaración de impuestos al IRS, y también estar de acuerdo en participar en el Programa Energy Savings Assistance.
7. Entiendo que mi consumo mensual de electricidad no debe exceder seis veces el valor del Nivel 1 (Tier 1) el cual es el nivel de tarifa más bajo dentro del estándar Tiered Base Plan de PG&E.
8. Devolveré el monto del descuento si parte de la información provista anteriormente no fuera veraz.
9. Le permitiré a PG&E compartir mi información con agencias municipales, estatales o federales, y/u otras compañías de servicios públicos o sus agentes, con el solo propósito de facilitar la inscripción a sus programas de asistencia.

X**Firma del cliente****Fecha**

FOR INTERNAL USE ONLY

Rellene el círculo si es tutor o tiene carta de poder



Electric Sample Form No. 79-1057
CARE/FERA Program Application Sub-Metered Residential Customers
(Chinese) - Large Print Application

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4406-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory and Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



申請能源帳單每月折扣優惠

如果您的房東直接向您收取煤電費用，您即屬於「使用分錶」的用戶。雖然您不是 PG&E 的直屬用戶，但您仍可能有資格參加降低能源帳單的計劃，其中包含 CARE 及 FERA 計劃。

California Alternate Rates for Energy (CARE) 計劃

pge.com/CARE • 1-866-743-2273

CARE 計劃為符合申請條件的家庭提供 PG&E 帳單每月折扣優惠。申請資格以每戶家庭成員總收入**或**有無參加符合申請條件的社會補助福利計劃為準。

請詳讀這裡所列 CARE 收入標準，了解自己是否符合申請條件。如果您想加入，請在申請表上填寫以下欄位：

- 勾選您或任何家人目前接受福利所參加的全部社會補助計劃；**或**
- 勾選符合您全家年收入總計的方格*。

您還需要求房東或住宅設施經理填寫本申請表 1A 節。如果您的房東有任何疑問，請他或她致電與「分錶用戶專線」(Sub-Metered Hotline) 聯絡，電話為 415-972-5732。

Family Electric Rate Assistance (FERA)

pge.com/FERA
1-800-743-5000

如果您不符合 CARE 申請資格，仍可能有資格參加 Family Electric Rate Assistance (家庭電費補助，簡稱 FERA) 計劃。該計劃為三人以上的家庭提供每月電費帳單折扣，而申請資格的收入上限較高。

請參考以上所列 FERA 收入標準，了解自己是否符合申請資格，並填寫附頁申請表申請加入 FERA 計劃。

申請方式

電郵地址：將填好的申請表拍照或掃描後透過電子郵件寄到
CAREandFERA@pge.com

傳真：將填好的申請表傳真到
1-877-302-7563

郵寄：將填好的申請表寄到
CARE/FERA Program
P.O. Box 7979
San Francisco, CA
94120-7979

您有語言或聽力障礙嗎？請撥 TDD/TTY 專線 1-800-652-4712 (星期一至星期五上午 9 點至晚上 11 點)。無法使用 TDD 專線嗎？請撥 1-800-735-2929

CARE/FERA 收入標準 (有效期至 2015 年 5 月 31 日止)

家庭人數	全家年收入總計*	
	CARE	FERA
1-2	\$31,460 或以下	不符資格
3	\$39,580 或以下	\$39,581-\$49,475
4	\$47,700 或以下	\$47,701-\$59,625
5	\$55,820 或以下	\$55,821-\$69,775
6	\$63,940 或以下	\$63,941-\$79,925
7	\$72,060 或以下	\$72,061-\$90,075
8	\$80,180 或以下	\$80,181-\$100,225
每多一人即增加	\$8,120	\$ 8,120-\$10,150

*全家年收入總計包括居於此地址之家庭成員所有繳稅與不需繳稅的收入，且涵蓋所有收入來源，包括 (但不限於) 工資、月薪、利息、股利、配偶和子女贍養費、社會補助款項、社安金、退休金、住宅補貼、軍人補貼、租金收入、自營收入和所有與聘僱工作有關的非現金收入。

其他補助計劃和服務

Energy Savings Assistance Program

pge.com/ESA

1-800-989-9744

凡是符合 CARE 條件且租賃或自購屋屋齡至少五年的客戶，本計劃皆免費提供住家節能改善工程與設備。

Energy Savings

.....
Assistance Program™

Medical Baseline

pge.com/MedicalBaseline

如果您有醫療上的需求，要依賴維生系統或其他設備，就可能有資格透過「基本醫療底線」計劃以最低價格使用額外能源。

低收入家庭能源協助計劃 (Low Income Home Energy Assistance Program)

1-866-675-6623

透過加州社區服務與發展部所主持的這項計劃，若您在能源帳單上的支出在您的收入中佔相當高的比例，您可能會有資格獲得財務援助及防水服務。

Universal Lifeline Telephone Service (ULTS)

您只要符合 CARE 計劃的相同收入標準，就能獲得電話費折扣優惠。如要進一步瞭解，請聯絡您當地電話服務公司。

1B 您和家人

您的姓名

(請使用由您的房東所提供能源帳單上顯示的姓名，必須和您的姓名相同)。

您的住家地址

(地址必須是主要住處。請勿使用郵政信箱)

公寓單位 #

城市/州別/郵遞區號

郵寄地址

公寓單位 #

城市/州別/郵遞區號

電子郵件地址

主要電話號碼

住宅 工作 手機

其他電話號碼

住宅 工作 手機

未來如果要討論 CARE 和 FERA 計劃的相關事宜，您希望使用何種語言？
(選一項)

- 英語 苗語 他加祿語 國語 粵語
 俄語 韓語 越南語 西班牙語

您希望以何種方式進行溝通？(選一項)

- 郵寄 電子郵件 電話 簡訊 (可能需支付簡訊或數據流量費用)

居住於此地址的家庭人數： 成人 + 兒童 (未滿 18 歲) =

2

家庭資格

如果您的家庭符合計劃收入標準，請填寫 2A 或 2B 一節。您無需兩節都填寫。我們會按照您的家庭收入和家人數目讓您加入 CARE 或 FERA 計劃。

2A 社會補助計劃

如果您的家庭符合計劃收入標準，請填寫 2A 或 2B 一節。您無需兩節都填寫。我們會按照您的家庭收入和家人數目讓您加入 CARE 或 FERA 計劃。

- | | |
|--|--|
| <input type="checkbox"/> 低收入家庭能源協助計劃 (LIHEAP) | <input type="checkbox"/> CalFresh/SNAP (糧食券) |
| <input type="checkbox"/> 印地安事務局一般補助計劃 | <input type="checkbox"/> 婦女、嬰兒及兒童 (WIC) |
| <input type="checkbox"/> 全國營養午餐計劃 (NSLP) | <input type="checkbox"/> 社會安全生活補助金 (SSI) |
| <input type="checkbox"/> CalWORKs (TANF) 或 Tribal TANF | <input type="checkbox"/> Medicaid/Medi-Cal (未滿 65 歲) |
| <input type="checkbox"/> Head Start Income Eligible (僅限部落) | <input type="checkbox"/> Medicaid/Medi-Cal (65 歲以上) |
| <input type="checkbox"/> Medi-Cal for Families
(Healthy Families A&B) | |

如果您勾選本節中的任何方格，請直接前往第 3 節。

或

2B 全家收入

如果您未參加任何上述計劃，請將每位家人收入加總，並勾選符合您全家年收入總計的方格。請注意，以下所列的收入範圍並非固定累積金額，所以在選擇適當方格以前，請小心檢視每個收入範圍。

我的全家收入：

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0-\$31,460 | <input type="checkbox"/> \$55,821-\$59,625 | <input type="checkbox"/> \$79,926-\$80,180 |
| <input type="checkbox"/> \$31,461-\$39,580 | <input type="checkbox"/> \$59,626-\$63,940 | <input type="checkbox"/> \$80,181-\$88,300 |
| <input type="checkbox"/> \$39,581-\$47,700 | <input type="checkbox"/> \$63,941-\$69,775 | <input type="checkbox"/> \$88,301-\$90,075 |
| <input type="checkbox"/> \$47,701-\$49,475 | <input type="checkbox"/> \$69,776-\$72,060 | <input type="checkbox"/> \$90,076-\$96,420 |
| <input type="checkbox"/> \$49,476-\$55,820 | <input type="checkbox"/> \$72,061-\$79,925 | <input type="checkbox"/> \$96,421-\$100,225 |
| | | <input type="checkbox"/> 其他 \$ _____ |

我目前領取固定收入，或擁有以下收入或福利：退休金、社安金、SSP 或 SSDI、退休帳戶的利息/股利、Medicaid/Medi-Cal (65 歲以上) 或 SSI。

3

聲明

本人保證家庭人數與收入符合 CARE 或 FERA 計劃資格，特此聲明。

為符合 CARE 或 FERA 計劃資格，本人也同意下列的計劃條款和條件：

1. 本人在此提供的資料完全屬實並正確無誤。
2. 由我的房東所提供能源帳單上有本人的姓名，而且本人住在可獲得折扣優惠的地址。
3. 除了本人配偶外，本人未在他入所得稅表上申報為受扶養人。
4. 本人沒有和其他家庭共用電錶/煤氣錶。
5. 本人至少每兩年必須重新辦理資格審查程序，並在不符 CARE 或 FERA 折扣優惠時主動通知 PG&E。
6. 登記參加後，本人了解自己必須提供家庭收入資格證明（包括 IRS 報稅記錄），且同意參加 Energy Savings Assistance Program。
7. 本人了解自己每月用電量必須低於第一級額定量的六倍，也就是 PG&E 標準 Tiered Base Plan 的最低價位額定量。
8. 以上提供資訊如有任何不實，本人願退回折扣款項。
9. 本人允許 PG&E 將本人資料提供給市政機構、州或聯邦機構，以及/或其他公用事業公司或其代理人，以便使本人參加前述機構的輔助計劃。

X

客戶簽名

日期

FOR INTERNAL USE ONLY

○如果您是監護人或有授權書，請將圓圈塗滿



Electric Sample Form No. 79-1058 (T)
CARE/FERA Program Application for Sub-Metered Residential Customers
(Vietnamese) - Large Print Application

**Please Refer to Attached
Sample Form**

Advice Letter No: 4406-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory and Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____

**Khách Hàng Gia Cư Có Đồng Hồ Đo Phụ**

Hãy ghi danh để nhận giảm giá hàng tháng trên hóa đơn năng lượng của quý vị

Nếu chủ nhà của quý vị là người gửi hóa đơn điện và khí đốt trực tiếp đến quý vị, thì quý vị là khách hàng có “đồng hồ đo phụ.” Dù quý vị không phải là khách hàng trực tiếp của PG&E, quý vị vẫn có thể hội đủ điều kiện cho các chương trình và dịch vụ giúp giảm hóa đơn năng lượng của quý vị, bao gồm Chương Trình CARE và FERA.

California Alternate Rates for Energy (CARE)

pge.com/CARE • 1-866-743-2273

Chương trình CARE giảm giá hàng tháng trên hóa đơn PG&E cho các gia đình đủ điều kiện. Điều kiện dựa trên tổng thu nhập của tất cả mọi người sống trong nhà **HOẶC** các chương trình trợ cấp xã hội đủ điều kiện đang được nhận.

Vui lòng xem qua chỉ dẫn về thu nhập của chương trình CARE được liệt kê tại đây để xem quý vị có đủ điều kiện không. Trên mẫu đơn đăng ký, quý vị có thể đăng ký bằng cách:

- Đánh dấu tất cả các chương trình trợ cấp xã hội đủ điều kiện mà quý vị hoặc ai đó trong gia đình đang được nhận **HOẶC**
- Đánh dấu vào ô trùng với tổng thu nhập hộ gia đình hàng năm của quý vị.*

Quý vị cũng sẽ cần nhờ chủ nhà hoặc người quản lý khu nhà điện vào Phần 1A của mẫu đơn này. Nếu chủ nhà có thắc mắc, xin nhờ họ gọi Đường Dây Nóng Đồng Hồ Đo Phụ tại số **415-972-5732**.

Family Electric Rate Assistance (FERA)

pge.com/FERA • 1-800-743-5000

Nếu quý vị không hội đủ điều kiện vào chương trình CARE, quý vị vẫn có thể hội đủ điều kiện cho chương trình FERA. Chương trình này giảm giá trên hóa đơn hàng tháng cho các gia đình có từ ba người trở lên với lợi tức hơi cao hơn so với yêu cầu của chương trình CARE.

Xem Chỉ Dẫn về Thu Nhập của chương trình FERA được liệt kê tại đây để xem quý vị có đủ điều kiện không và đăng ký bằng cách hoàn tất đơn đăng ký đính kèm.

Cách Đăng Ký

Bằng email: Chụp ảnh hoặc scan đơn đăng ký hoàn chỉnh của quý vị và gửi email ảnh này đến địa chỉ CAREandFERA@pge.com

Fax: Gửi đơn đăng ký hoàn chỉnh đến **1-877-302-7563**

Bằng thư: Gửi đơn đăng ký hoàn chỉnh đến **CARE/FERA Program**
P.O. Box 7979
San Francisco, CA
94120-7979

Khách hàng khiếm thanh hoặc khiếm thính? TDD/TTY hiện có theo số **1-800-652-4712** (9 giờ sáng đến 11 giờ tối, từ Thứ Hai–Thứ Sáu).

Không thể sử dụng đường dây TDD? Hãy gọi **1-800-735-2929**

Chỉ dẫn về thu nhập của CARE/FERA (có hiệu lực đến ngày 31 tháng Năm, 2015)

Số Người Trong Gia Đình	Tổng Thu Nhập Hộ Gia Đình Hàng Năm*	
	CARE	FERA
1-2	\$31,460 hoặc ít hơn	Không áp dụng
3	\$39,580 hoặc ít hơn	\$39,581–\$49,475
4	\$47,700 hoặc ít hơn	\$47,701–\$59,625
5	\$55,820 hoặc ít hơn	\$55,821–\$69,775
6	\$63,940 hoặc ít hơn	\$63,941–\$79,925
7	\$72,060 hoặc ít hơn	\$72,061–\$90,075
8	\$80,180 hoặc ít hơn	\$80,181–\$100,225
Với Mỗi Người Thêm Vào, cộng thêm	\$8,120	\$ 8,120–\$10,150

* Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

Các Chương Trình Và Dịch Vụ Hữu Ích Khác

Chương Trình Energy Savings Assistance Program

pge.com/ESA • 1-800-989-9744

Chương trình này cung cấp các cải thiện để gia đình sử dụng năng lượng hiệu quả và cung cấp các thiết bị gia dụng miễn phí cho khách hàng đủ điều kiện đối với chương trình CARE hoặc khách hàng thuê hay sở hữu nhà có tuổi thọ ít nhất là 5 năm.

Energy Savings Assistance Program™

Medical Baseline

pge.com/MedicalBaseline

Nếu quý vị phải phụ thuộc vào thiết bị hỗ trợ sự sống hoặc thiết bị khác do nhu cầu sức khỏe, quý vị có thể hội đủ điều kiện nhận thêm năng lượng với giá thấp nhất qua Chương Trình Medical Baseline.

Low Income Home Energy Assistance Program (LIHEAP)

1-866-675-6623

Nếu quý vị cần phải sử dụng một phần lớn thu nhập của mình để trả hóa đơn năng lượng, quý vị có thể hội đủ điều kiện để nhận trợ giúp tài chính và những dịch vụ điều hòa thời tiết qua chương trình này được điều hành bởi Sở Dịch Vụ và Phát Triển Cộng Đồng California.

Universal Lifeline Telephone Service (ULTS)

Nhận giảm giá điện thoại khi quý vị đủ điều kiện về thu nhập tương tự như chương trình CARE. Hãy liên hệ với nhà cung cấp dịch vụ điện thoại tại địa phương để tìm hiểu thêm.

1B Quý Vị Và Gia Đình Của Quý vị

Tên Quý Vị

(Phải sử dụng tên của quý vị và giống với tên trên hóa đơn năng lượng từ chủ nhà của quý vị.)

Địa Chỉ Nhà Của Quý Vị

Số Căn Hộ #

(Địa chỉ phải là nơi cư ngụ chính của quý vị.
KHÔNG được sử dụng hộp thư bưu điện P.O. Box.)

Thành phố/Bang/Số Zip

Địa Chỉ Liên Lạc Bằng Thư

Số Căn Hộ #

Thành phố/Bang/Số Zip

Địa chỉ email

Số Điện Thoại Chính

Nhà

Nơi làm việc

Di động

Số Điện Thoại Thay Thế

Nhà

Nơi làm việc

Di động

Quý vị muốn trao đổi bằng hình thức nào? (Hãy chọn một)

Bằng thư Bằng email Bằng điện thoại

Bằng tin nhắn (Có thể áp dụng phí dữ liệu và tin nhắn)

Quý vị muốn sử dụng ngôn ngữ nào trong tương lai khi trao đổi với CARE và FERA? (Hãy chọn một)

Tiếng Anh

Tiếng H'Mông

Tiếng Tagalog

Tiếng Quan Thoại

Tiếng Quảng Đông

Tiếng Nga

Tiếng Hàn

Tiếng Việt

Tiếng Tây Ban Nha

Số người sống trong nhà quý vị tại địa chỉ này:

Người lớn + Trẻ nhỏ (dưới 18 tuổi) =

2 Hộ Gia Đình Đủ Tiêu Chuẩn

Nếu hộ gia đình của quý vị đủ tiêu chuẩn đối với Chỉ Dẫn về Thu Nhập Chương Trình, quý vị nên điền Phần 2A **HOẶC** Phần 2B. Quý vị không cần phải điền vào cả hai phần. Quý vị sẽ được ghi danh vào Chương Trình CARE hoặc FERA tùy thuộc vào lợi tức của hộ gia đình và số người trong gia đình quý vị.

2A Các Chương Trình Trợ Cấp Xã Hội

Đánh dấu tất cả các chương trình mà quý vị hoặc người trong gia đình quý vị đang được nhận.

- | | |
|---|---|
| <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> CalFresh/SNAP (Food stamps) |
| <input type="checkbox"/> Bureau of Indian Affairs General Assistance | <input type="checkbox"/> Women, Infants and Children (WIC) |
| <input type="checkbox"/> National School Lunch Program (NSLP) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> CalWORKs (TANF) or Tribal TANF | <input type="checkbox"/> Medicaid/Medi-Cal (dưới 65 tuổi) |
| <input type="checkbox"/> Head Start Income Eligible (chỉ dành cho bộ lạc) | <input type="checkbox"/> Medicaid/Medi-Cal (65 tuổi hoặc hơn) |
| <input type="checkbox"/> Medi-Cal for Families (Healthy Families A&B) | |

Nếu quý vị đánh dấu bất cứ chương trình nào trong phần này, xin quý vị bỏ phần sau và tiếp theo ở Phần 3.

HOẶC

2B Thu Nhập Hộ Gia Đình

Nếu quý vị hiện không có tham gia vào bất cứ chương trình nào được liệt kê ở trên, xin vui lòng cộng lại tất cả các khoản thu nhập từ mỗi thành viên hộ gia đình và đánh dấu vào ô trùng với tổng thu nhập hộ gia đình của quý vị. Xin quý vị lưu ý khoảng lợi tức ghi dưới đây tăng lên KHÔNG đều, do vậy quý vị nên xem xét cẩn thận từng khoảng lợi tức trước khi chọn ô thích hợp.

Thu nhập hộ gia đình tôi là:

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0-\$31,460 | <input type="checkbox"/> \$55,821-\$59,625 | <input type="checkbox"/> \$79,926-\$80,180 |
| <input type="checkbox"/> \$31,461-\$39,580 | <input type="checkbox"/> \$59,626-\$63,940 | <input type="checkbox"/> \$80,181-\$88,300 |
| <input type="checkbox"/> \$39,581-\$47,700 | <input type="checkbox"/> \$63,941-\$69,775 | <input type="checkbox"/> \$88,301-\$90,075 |
| <input type="checkbox"/> \$47,701-\$49,475 | <input type="checkbox"/> \$69,776-\$72,060 | <input type="checkbox"/> \$90,076-\$96,420 |
| <input type="checkbox"/> \$49,476-\$55,820 | <input type="checkbox"/> \$72,061-\$79,925 | <input type="checkbox"/> \$96,421-\$100,225 |
| | | <input type="checkbox"/> Khác \$ _____ |

Tôi hiện có thu nhập cố định và nhận thu nhập hoặc phúc lợi từ một hoặc nhiều nguồn sau: lương hưu, An Sinh Xã Hội, SSP hoặc SSDI, lãi/cổ tức từ tài khoản hưu trí, Medicaid/ Medi-Cal (65 tuổi hoặc hơn) hoặc SSI.

3**Cam Đoan**

Khi ký vào bản cam đoan này, tôi xác nhận rằng tôi hội đủ điều kiện tham gia chương trình CARE hoặc FERA dựa trên số người và thu nhập hộ gia đình của tôi.

Tôi cũng đồng ý với các điều khoản và điều kiện sau đây của chương trình để hội đủ điều kiện tham gia chương trình CARE hoặc FERA:

1. Thông tin tôi đã cung cấp là thật và chính xác.
2. Tôi đứng tên trên hóa đơn năng lượng từ chủ nhà, và tôi sinh sống tại địa chỉ được nhận giảm giá này.
3. Tôi không là người phụ thuộc trên tờ khai thuế thu nhập của người nào khác ngoài vợ/chồng của tôi.
4. Tôi không dùng chung đồng hồ năng lượng với gia đình khác.
5. Tôi sẽ gia hạn việc hội đủ điều kiện của mình sau mỗi hai năm và/hoặc thông báo cho PG&E biết khi gia đình tôi không còn đủ điều kiện tham gia chương trình CARE hoặc FERA nữa.
6. Sau khi đăng ký, tôi hiểu rằng tôi có thể được yêu cầu cung cấp bằng chứng về thu nhập hộ gia đình đủ tiêu chuẩn, trong đó có thể yêu cầu cung cấp Bản Sao Tờ Khai Thuế của Sở Thuế Vụ (IRS), và đồng ý tham gia Chương Trình Energy Savings Assistance Program.
7. Tôi hiểu rằng lượng điện sử dụng hàng tháng không được vượt quá sáu lần hạn mức của Bạc 1, đây là bậc có mức giá thấp nhất trong Gói Cơ Bản Theo Bạc (Tiered Base Plan) chuẩn của PG&E.
8. Tôi sẽ trả lại tiền giảm giá nếu thông tin tôi cung cấp ở đây không phải là sự thật.
9. Tôi sẽ cho phép PG&E chia sẻ thông tin của tôi với các cơ quan của thành phố, các cơ quan thuộc tiểu bang hay liên bang, cũng như các công ty tiện ích khác và nhân viên của họ để tạo điều kiện ghi danh trong các chương trình hỗ trợ của họ.

X**Chữ Ký Khách Hàng****Ngày**

○ Điền vào ô tròn nếu quý vị là người giám hộ hoặc quý vị có giấy ủy quyền

FOR INTERNAL USE ONLY



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

**Please Refer to Attached
Sample Form**

Advice Letter No: 4406-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory and Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



California Alternate Rates for Energy (CARE)

pge.com/CARE • 1-866-743-2273

The CARE Program offers a monthly discount on PG&E bills for qualifying households and housing facilities. Review the CARE Income Guidelines listed here to see if you qualify. Apply at pge.com/CARE.

Family Electric Rate Assistance (FERA)
pge.com/FERA • 1-800-743-5000

If you do not qualify for the CARE Program, your household may still qualify for the FERA Program, which offers a monthly discount on electric bills for households of three or more people with a slightly higher income than required for CARE. Check out the FERA Income Guidelines listed here to see if you qualify. Apply at pge.com/FERA.

How to Determine Your Total Gross Annual Income

Your total gross annual household income includes all taxable and nontaxable revenues from all people living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.

CARE/FERA Income Guidelines (good until May 31, 2015)		
Number of People in Household	Total Gross Annual Household Income*	
	CARE	FERA
1-2	\$31,460 or less	Not Applicable
3	\$39,580 or less	\$39,581–\$49,475
4	\$47,700 or less	\$47,701–\$59,625
5	\$55,820 or less	\$55,821–\$69,775
6	\$63,940 or less	\$63,941–\$79,925
7	\$72,060 or less	\$72,061–\$90,075
8	\$80,180 or less	\$80,181–\$100,225
Each Additional Person, add	\$8,120	\$ 8,120–\$10,150

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

Speech or hearing impaired? TDD/TTY is available at **1-800-652-4712** (9 a.m. to 11 p.m., Monday–Friday). **Can't use the TDD line?** Call **1-800-735-2929**



California Alternate Rates for Energy (CARE)

pge.com/CARE • 1-866-743-2273

El Programa CARE ofrece un descuento mensual en las facturas de PG&E a hogares que cumplen con los requisitos por sus ingresos. Revise los requisitos de ingreso que se encuentran en esta lista para ver si califica. Inscríbese en pge.com/CARE.

Family Electric Rate Assistance (FERA)

pge.com/FERA • 1-800-743-5000

Si usted no cumple con los requisitos para el Programa CARE, su hogar tal vez califique para el Programa FERA, que ofrece un descuento en las facturas mensuales de electricidad a familias de tres o más personas que reciban un ingreso ligeramente más alto que el requerido para CARE. Vea los requisitos de ingreso de FERA que incluimos aquí para comprobar que califica. Inscríbese en pge.com/FERA.

Cómo determinar su ingreso bruto total anual

El ingreso bruto total anual de su hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, de cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ganancias de su propio negocio y toda ganancia proveniente de un empleo no pagado en efectivo.

Requisitos de ingreso CARE/FERA (válido hasta el 31 de mayo, 2015)		
Número de personas en el hogar	Ingreso bruto total anual del hogar*	
	CARE	FERA
1-2	\$31,460 o menos	No aplica
3	\$39,580 o menos	\$39,581-\$49,475
4	\$47,700 o menos	\$47,701-\$59,625
5	\$55,820 o menos	\$55,821-\$69,775
6	\$63,940 o menos	\$63,941-\$79,925
7	\$72,060 o menos	\$72,061-\$90,075
8	\$80,180 o menos	\$80,181-\$100,225
Por cada persona adicional, añadida	\$8,120	\$ 8,120-\$10,150

* Antes de impuestos, basado en fuentes actuales de ingreso. Usted puede estar inscrito en uno de los Programas CARE o FERA pero no en ambos.

¿Discapacidad auditiva o del habla? TDD/TTY disponible llamando al **1-800-652-4712** (lunes a viernes de 9 a.m. a 11 p.m.). **¿No puede usar la línea TDD?** Llame al **1-800-735-2929**



California Alternate Rates for Energy (CARE)

pge.com/CARE • 1-866-743-2273

CARE 計劃為符合申請條件的家庭與住房設施提供 PG&E 帳單每月折扣優惠。請查閱所列 CARE 收入資格標準，了解自己是否符合申請條件。請到 pge.com/CARE 申請。

Family Electric Rate Assistance (FERA)

pge.com/FERA • 1-800-743-5000

即使您不符合 CARE 計劃申請資格，您的家庭仍可能有資格申請 Family Electric Rate Assistance (家庭電費補助，簡稱 FERA) 計劃。該計劃為三人及以上家庭提供每月電費帳單折扣，收入要求比 CARE 略為寬鬆。請查閱這裡所列 FERA 收入資格標準，了解自己是否符合申請條件。請到 pge.com/FERA 申請。

如何確定全家年收入總計

全家年收入總計包括全家人所有繳稅與不需繳稅的收入，且涵蓋所有收入來源，包括(但不限於)工資、月薪、利息、股利、配偶和子女贍養費、社會補助款項、社安金、退休金、住宅補貼、軍人補貼、租金收入、自營收入和所有與聘僱工作有關的非現金收入。

CARE/FERA 收入標準 (有效期至 2015 年 5 月 31 日止)		
家庭人數	全家年收入總計*	
	CARE	FERA
1-2	\$31,460 或以下	不符資格
3	\$39,580 或以下	\$39,581-\$49,475
4	\$47,700 或以下	\$47,701-\$59,625
5	\$55,820 或以下	\$55,821-\$69,775
6	\$63,940 或以下	\$63,941-\$79,925
7	\$72,060 或以下	\$72,061-\$90,075
8	\$80,180 或以下	\$80,181-\$100,225
每多一人即增加	\$8,120	\$ 8,120-\$10,150

*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，但不得同時加入這兩項計劃。

您有語言或聽力障礙嗎？請撥 TDD/TTY 專線 1-800-652-4712

(星期一至星期五上午 9 點至晚上 11 點)。**無法使用 TDD 專線嗎？請撥 1-800-735-2929**



California Alternate Rates for Energy (CARE)

pge.com/CARE • 1-866-743-2273

Chương trình CARE giảm giá hàng tháng trên hóa đơn PG&E cho các gia đình và các cơ sở gia cư hội đủ điều kiện về lợi tức. Vui lòng xem qua chỉ dẫn về thu nhập của chương trình CARE được liệt kê tại đây để xem quý vị có hội đủ điều kiện không. Ghi danh tại **pge.com/CARE**.

Family Electric Rate Assistance (FERA)
pge.com/FERA • 1-800-743-5000

Nếu quý vị không hội đủ điều kiện vào chương trình CARE, gia đình quý vị vẫn có thể hội đủ điều kiện cho chương trình FERA, chương trình này giảm giá trên hóa đơn điện hàng tháng cho các gia đình có từ ba người trở lên với lợi tức hơi cao hơn so với yêu cầu của chương trình CARE. Vui lòng xem chỉ dẫn về thu nhập của chương trình FERA được liệt kê tại đây để xem quý vị có hội đủ điều kiện không. Ghi danh tại **pge.com/FERA**.

Cách Xác Định Tổng Thu Nhập Của Quý Vị

Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

Chỉ dẫn về thu nhập của CARE/FERA (có hiệu lực đến ngày 31 tháng Năm, 2015)		
Số Người Trong Gia Đình	Tổng Thu Nhập Hộ Gia Đình Hàng Năm*	
	CARE	FERA
1-2	\$31,460 hoặc ít hơn	Không áp dụng
3	\$39,580 hoặc ít hơn	\$39,581–\$49,475
4	\$47,700 hoặc ít hơn	\$47,701–\$59,625
5	\$55,820 hoặc ít hơn	\$55,821–\$69,775
6	\$63,940 hoặc ít hơn	\$63,941–\$79,925
7	\$72,060 hoặc ít hơn	\$72,061–\$90,075
8	\$80,180 hoặc ít hơn	\$80,181–\$100,225
Với Mỗi Người Thêm Vào, cộng thêm	\$8,120	\$ 8,120–\$10,150

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

Quý vị miễn thanh hoặc miễn thính? TDD/TTY hiện có theo số 1-800-652-4712 (9 giờ sáng đến 11 giờ đêm, từ Thứ Hai–Thứ Sáu).

Không thể sử dụng đường dây TDD? Hãy gọi 1-800-735-2929

PG&E dùng để nói đến Pacific Gas and Electric Company, một công ty trực thuộc của PG&E Corporation. ©2014 Pacific Gas and Electric Company. Đã đăng ký bản quyền. Những chương trình này được khách hàng của dịch vụ tiện ích của California tài trợ và PG&E điều hành dưới sự bảo trợ của California Public Utilities Commission.



Electric Sample Form No. 79-1072
FERA Program Renewal Instructions -- Residential Customers

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4406-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory and Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



Reapply for your monthly FERA discount

We have been pleased to provide you with a monthly discount through the Family Electric Rate Assistance (FERA) Program (as noted on the first page of your Pacific Gas and Electric bill). However, it is now time to renew your participation.

To continue to receive this discount you need to:

Verify Your Household Qualification

Look over the updated FERA Income Guidelines listed here to verify that you still qualify. If you do, use the enclosed Renewal Application to reapply by:

- Checking all the qualifying public assistance programs from which you, or someone in your household, receives benefits **OR**
- Checking the box that matches your household's total gross annual income

FERA Income Guidelines (good until May 31, 2015)

Number of People in Household	Total Gross Annual Household Income*
1-2	Not Applicable
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Each Additional Person, add	\$ 8,120-\$10,150

*Total gross annual household income includes all taxable and nontaxable revenues from all people living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.

Return Your Renewal Application

Use the **postage-paid envelope** we have provided or one of the following methods:

Online: Reapply online for faster renewal at pge.com/FERA.

Email: Take a picture or scan completed Renewal Application and email this image to FERA@pge.com.

Fax: Send your completed Renewal Form to **1-877-302-7563**.

Phone: Reapply by calling **1-866-743-2273**.

Speech or hearing impaired? TDD/TTY is available at **1-800-652-4712** (9 a.m. to 11 p.m., Monday-Friday). **Can't use the TDD line?** Call **1-800-735-2929**

Vuelva a solicitar su descuento mensual de FERA

Nos complace haberle brindado un descuento mensual a través del Programa Family Electric Rate Assistance (FERA, por sus siglas en inglés) (como se indicó en la primera página de su factura de PG&E). Pero ahora, debe renovar su participación.

Para continuar recibiendo este descuento, usted necesita:

Verificar la calificación de su hogar

Mire la lista de requisitos de ingreso actualizados de FERA que presentamos aquí para verificar que usted todavía califica. De ser así, use la solicitud de renovación para:

- Marcar todos los programas de asistencia pública calificados por los que usted o alguien en su hogar recibe beneficios, **O**
- Marcar la casilla que coincide con el ingreso bruto total anual del hogar.

Requisitos de ingreso FERA (válido hasta el 31 de mayo, 2015)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	No aplica
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Por cada persona adicional, añada	\$ 8,120-\$10,150

*El ingreso bruto total anual del hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ganancias de su propio negocio y toda ganancia proveniente de un empleo no pagado en efectivo.

Devolver su solicitud de renovación

Utilice el **sobre adjunto con franqueo pago** o uno de los siguientes métodos:

Internet: Solicite su renovación por Internet más rápidamente visitando el sitio pge.com/FERA.

Email: Saque una foto o escanee su solicitud de renovación completa y envíe la imagen a FERA@pge.com.

Fax: Envíe la solicitud de renovación completa al **1-877-302-7563**.

Teléfono: Vuelva a solicitar llamando al **1-866-743-2273**.

¿Discapacidad auditiva o del habla? TDD/TTY disponible llamando al **1-800-652-4712** (lunes a viernes de 9 a.m. a 11 p.m.).

¿No puede usar la línea TDD? Llame al **1-800-735-2929**



即時為每月 FERA 折扣 優惠續期

我們很榮幸能透過 Family Electric Rate Assistance (FERA) 計劃為您提供每月折扣優惠。(見於您的 PG&E 月結單第一頁) 然而，現在是您要續期的時候了。如欲繼續獲得這項優惠，您必須：

核實您的家庭資格

請詳閱所列的最新 FERA 收入標準，核實您仍然符合資格。若符合資格，請以所附的續期申請表再次註冊：

- 勾選您本人或任何目前接受福利的家人所參與的一切合格社會補助計劃；或
- 勾選符合您全家年度總收入的方格*。

FERA 收入標準 (有效期至 2015 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	不符資格
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
每多一人即增加	\$ 8,120-\$10,150

*全家年收入總計包括全家人所有繳稅與不需繳稅的收入，請涵蓋所有收入來源，包括 (但不限於) 工資、月薪、利息、股利、配偶和子女贍養費、社會補助款項、社安金、退休金、住宅補貼、軍人補貼、租金收入、自營收入和所有與聘僱工作有關的收入、非現金收入。

交回您的續期申請表

請使用我們所提供的已付郵資信封，或下列任何一種方式：

上網：上網續期，方便快捷，網址是 pge.com/FERA。

電郵地址：請拍照或掃描填妥的續期申請表，透過電子郵件寄到 FERA@pge.com。

傳真：請將填妥的續期表格傳真至 1-877-302-7563。

電話：續期請撥 1-866-743-2273。

需要 FERA 中文更新申請表？

請撥打 1-800-743-5000 索取申請表，或在電話中更新資料。您亦可前往 pge.com/FERA，在網上更新資料或下載更新申請表，填妥後請將表格郵寄給我們。

Hãy ghi danh lại để nhận giảm giá chương trình FERA hàng tháng của quý vị

Chúng tôi rất vui mừng được cung cấp giảm giá hàng tháng qua Chương Trình Family Electric Rate Assistance (FERA) (như được ghi ở trang đầu tiên của hóa đơn Pacific Gas and Electric của quý vị). Tuy nhiên, giờ đã đến lúc quý vị nên ghi danh lại để tham gia chương trình. **Để tiếp tục nhận chương trình giảm giá này, quý vị cần:**

Kiểm tra gia đình quý vị có hội đủ điều kiện

Vui lòng xem qua chỉ dẫn về thu nhập của chương trình FERA được liệt kê tại đây để kiểm tra xem quý vị vẫn hội đủ điều kiện hay không. Nếu quý vị vẫn hội đủ điều kiện, hãy dùng mẫu Đơn Ghi Danh Lại đính kèm để ghi danh lại bằng cách:

- Đánh dấu tất cả các chương trình trợ cấp xã hội hội đủ điều kiện mà quý vị hoặc ai đó trong gia đình đang được nhận **HOẶC**
- Đánh dấu vào ô trùng với tổng thu nhập hộ gia đình hàng năm của quý vị.

Chỉ dẫn về thu nhập của chương trình FERA

(có hiệu lực đến ngày 31 tháng Năm, 2015)

Số Người Trong Gia Đình	Tổng Thu Nhập Hộ Gia Đình Hàng Năm*
1-2	Không áp dụng
3	\$39,581-\$49,475
4	\$47,701-\$59,625
5	\$55,821-\$69,775
6	\$63,941-\$79,925
7	\$72,061-\$90,075
8	\$80,181-\$100,225
Với Mỗi Người Thêm Vào, cộng thêm	\$ 8,120-\$10,150

*Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phôi ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

Gửi Đơn Ghi Danh Lại của quý vị

Dùng **phong bì có tem trả trước** chúng tôi đã cung cấp hoặc một trong những hình thức sau đây:

Trực tuyến: Ghi danh trực tuyến nhanh tại pge.com/FERA.

Bằng email: Chụp ảnh hoặc scan đơn đăng ký hoàn chỉnh của quý vị và gửi email ảnh này đến địa chỉ FERAprogram@pge.com

Fax: Gửi Mẫu Đơn Ghi Danh Lại hoàn chỉnh tới số **1-877-302-7563**.

Bằng Điện Thoại: Ghi danh lại bằng cách gọi đến số **1-866-743-2273**.

Quý vị cần mẫu Đơn Ghi Danh Lại chương trình FERA bằng tiếng Việt?

Xin vui lòng gọi **1-800-743-5000** để yêu cầu gửi đơn ghi danh hoặc quý vị có thể ghi danh lại qua điện thoại. Quý vị cũng có thể truy cập pge.com/FERA để ghi danh lại trực tuyến hoặc tải xuống mẫu đơn ghi danh lại, điền vào và gửi lại cho chúng tôi qua đường bưu điện.



Electric Sample Form No. 79-1073
FERA Program Renewal Application -- Residential Customers

(T)

**Please Refer to Attached
Sample Form**

Advice Letter No: 4406-E
Decision No.

Issued by
Brian K. Cherry
Vice President
Regulatory and Relations

Date Filed May 1, 2014
Effective June 1, 2014
Resolution No. _____



Please fill out the information below about you and your household, and then the information for EITHER Section 2A **OR** 2B. Sign and date this form and return it to PG&E before your FERA discount expires.

Check if you no longer qualify or do not want to participate in the FERA Program.

1 You and Your Household

Email Address

Preferred Phone Number Home Work Mobile

Alternative Phone Number Home Work Mobile

What language do you prefer for future FERA communications?
(Choose one)

- English Hmong Tagalog Mandarin Cantonese
 Russian Korean Vietnamese Spanish

What's your preferred method of communication? (Choose one)

- Mail Email Phone Text
(Message and data rates may apply.)

Number of people in your household at this address:

Adults + Children (under 18) =

2 Household Qualification

If your household meets the Program Income Guidelines, either fill out Section 2A **OR** Section 2B. You do not need to complete both sections. You will be enrolled in either the CARE or the FERA Program, depending on your household income and household size.

2A Public Assistance Programs

Check all the programs in which you, or someone in your household, participate.

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

If you checked any of the boxes in this section, skip to Section 3.

OR

2B Household Income

If you do not participate in any of the above programs, please add up all the income from every household member and check the box below that matches your household's total annual gross income. Please note the income ranges listed below ARE NOT fixed incremental amounts, so carefully review each income range before selecting the appropriate box.

My household income is:

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0-\$31,460 | <input type="checkbox"/> \$59,626-\$63,940 | <input type="checkbox"/> \$80,181-\$88,300 |
| <input type="checkbox"/> \$31,461-\$39,580 | <input type="checkbox"/> \$63,941-\$69,775 | <input type="checkbox"/> \$88,301-\$90,075 |
| <input type="checkbox"/> \$39,581-\$47,700 | <input type="checkbox"/> \$69,776-\$72,060 | <input type="checkbox"/> \$90,076-\$96,420 |
| <input type="checkbox"/> \$47,701-\$49,475 | <input type="checkbox"/> \$72,061-\$79,925 | <input type="checkbox"/> \$96,421-\$100,225 |
| <input type="checkbox"/> \$49,476-\$55,820 | <input type="checkbox"/> \$79,926-\$80,180 | <input type="checkbox"/> Other \$ _____ |
| <input type="checkbox"/> \$55,821-\$59,625 | | |

I am currently on a fixed income and receive income or benefits from one or more of the following: pensions, Social Security, SSP or SSDI, interest/dividends from retirement accounts, Medicaid/Medi-Cal (age 65 and over) or SSI.

3 Your Declaration

By signing this declaration, I certify that based on my household size and household income I qualify for either the CARE or the FERA Program.

I also agree to the following program terms and conditions in order to remain eligible for the CARE or the FERA Program:

- The information I have provided here is true and correct.
- The PG&E bill is in my name, and I live at the address where the discount will be received.
- I am not claimed as a dependent on another person's income tax return other than my spouse.
- I do not share an energy meter with another home.
- I will renew my eligibility at least every two years and/or notify PG&E if my household is no longer eligible for the CARE or FERA discount.
- Following enrollment, I understand I may be required to provide proof of qualifying household income which, in some cases, may require providing IRS Tax Return Transcripts and agreeing to participate in the Energy Savings Assistance Program.
- I understand my monthly electric usage must not exceed six times the Tier 1 allowance, which is the lowest-priced rate tier within PG&E's standard Tiered Base Plan.
- I will pay back the discount if any of the information provided above is untrue.
- I will allow PG&E to share my information with municipal, state or federal agencies, and/or other utilities or their agents, for the sole purpose of facilitating enrollment in their assistance programs.

X

Customer Signature

Fill in circle if you're a guardian or you have power of attorney

FOR INTERNAL USE ONLY

Date



ELECTRIC TABLE OF CONTENTS

Sheet 1

TABLE OF CONTENTS

SCHEDULE	TITLE OF SHEET	CAL P.U.C. SHEET NO.	
	Title Page	33875*-E	(T)
	Rate Schedules	33833, 33876 ,33835,33836,33837,33838,32705,31541,33839-E	(T)
	Preliminary Statements	33840,32706,30376,32544,32398,30846,33670,33138-E	
	Rules	33841, 33877 ,33725-E	(T)
	Maps, Contracts and Deviations.....	33253-E	
	Sample Forms	32777, 33878* ,32726,33726, 33879* ,33654,33209,32506,32648,32437,32508,32439-E	(T)

(Continued)



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	33842,33843 ,29288-E (T)
E-RSMART	Residential SMARTRATE Program	26390,26391,26392,26393,26394-E
EE	Service to Company Employees.....	24091-E
EL-1	Residential CARE Program Service	33591,33787,30428,31771,33369-E
EL-6	Residential CARE Time-of-Use Service	28199, 33593,33788,30431,31774,33371,28788-E
EL-7	Residential CARE Program Time-of-Use Service	29706,33595,33789,30433,33373,29711-E
EL-8	Residential Seasonal CARE Program Service Option.....	33597,33790,33375,28797-E
EM	Master-Metered Multifamily Service	33791,33792,30439,20648,33378,28723-E
EM-TOU	Residential Time of Use Service.....	28209,33793,33794,30442,31785,33381-E
EML	Master-Metered Multifamily CARE Program Service.....	32603,33795,30444,33383,28768-E
EML-TOU	Residential CARE Program Time of Use.....	28217,33605,33796,30447,31790,33385-E
ES	Multifamily Service.....	33797,33798,30450,28207,33388,28727-E
ESL	Multifamily CARE Program Service	33799,33800,30453,31797,33391,28773-E
ESR	Residential RV Park and Residential Marina Service	33801,33802,30456,20657,33394,28731-E
ESRL	Residential RV Park and Residential Marina CARE Program Service.....	33803,33804,30459,31804,33397,28778-E
ET	Mobilehome Park Service.....	33805,33806,30462,28208,33400,28735, 28736-E
ETL	Mobilehome Park CARE Program Service	33807,33808,30465,28216, 33403,28782,28783-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.....	33844,33845 ,29291-E (T)
Rule 19.2	California Alternate Rates for Energy for Nonprofit Group-Living Facilities	25729, 33224, 33846 ,32658, 33847 -E (T)
Rule 19.3	California Alternate Rates for Energy for Qualified Agricultural Employee Housing Facilities.....	25153, 33848,33849 ,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.....	33003-E	
62-3481	Medical Baseline Allowance Application	33006-E	
Sample Forms			
Rules 19.1, 19.2, and 19.3 California Alternative Rates for Energy			
01-9077	CARE/FERA Program Application for Residential Customers	33850-E	(T)
01-9285	CARE/FERA Program Application for Sub-Metered Residential Customers.....	33851-E	(T)
03-006	CARE Program Postage-Paid Application.....	21626-E	
62-0156	CARE Program Application for Nonprofit Group Living Facilities	33853-E	(T)
62-1198	CARE Program Application for Agricultural Employee Housing Facilities	33861-E	(T)
62-1477	CARE/FERA Program Income Guidelines	33862-E	(T)
61-0535	CARE Program Application for Migrant Farm Worker Housing Centers	33852-E	(T)

(Continued)



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 Sub-Metered Residential Customers (English/Vietnamese)	33855-E	(T)
62-0939	CARE/FERA Program Application for Residential Customers (Pre-Printed Application Instruction)	33857-E	(T)
62-0919	CARE/FERA Program Application for Residential Customers (Pre-Printed Application)	33856-E	(T)
62-0672	CARE/FERA Program Application for Sub-Metered Residential Customers (English/Chinese)	33854-E	(T)
62-0940	CARE Program Re-Certification Instructions - Residential Customers	33858-E	(T)
62-0972	CARE/FERA Program Application for Residential Customers (English/Chinese)	33859-E	(T)
62-0973	CARE/FERA Program Application for Residential Customers (English/Vietnamese)	33860-E	(T)
62-1509	CARE Program Renewal Application – Residential Customers	33863-E	(T)
79-1051	CARE/FERA Program Application for Residential Customers (English) Large Print Application	33864-E	(T)
79-1052	CARE/FERA Program Application for Residential Customers (Spanish) – Large Print Application	33865-E	(T)
79-1053	CARE/FERA Program Application for Residential Customers (Chinese) – Large Print Application	33866-E	(T)
79-1054	CARE/FERA Program Application for Residential Customers (Vietnamese) – Large Print Application	33867-E	(T)
79-1055	CARE/FERA Program Application for Sub-Metered Residential Customers (English) – Large Print Application	33868-E	(T)
79-1056	CARE/FERA Program Application for Sub-Metered Residential Customers (Spanish) – Large Print Application	33869-E	(T)
79-1057	CARE/FERA Program Application Sub-Metered Residential Customers (Chinese) – Large Print Application	33870-E	(T)
79-1058	CARE/FERA Program Application for Sub-Metered Residential Customers (Vietnamese) – Large Print Application	33871-E	(T)
79-1059	CARE/FERA Program Income Guidelines – Large Print	33872-E	(T)
79-1072	FERA Program Renewal Instructions – Residential Customers	33873-E	(T)
79-1073	FERA Program Renewal Application – Residential Customers	33874-E	(T)
79-1124	Eligible Low-Income Development Virtual Net Energy Metering Application and Interconnection Agreement for Multi-Family Affordable Housing With Solar Generation Totaling 1 Megawatt or Less	29613-E	

(Continued)

Advice Letter No: 4406-E
 Decision No.

Issued by
Brian K. Cherry
 Vice President
 Regulatory and Relations

Date Filed May 1, 2014
 Effective June 1, 2014
 Resolution No. _____

**PG&E Gas and Electric
Advice Filing List
General Order 96-B, Section IV**

1st Light Energy	Douglass & Liddell	Occidental Energy Marketing, Inc.
AT&T	Downey & Brand	OnGrid Solar
Alcantar & Kahl LLP	Ellison Schneider & Harris LLP	Pacific Gas and Electric Company
Anderson & Poole	G. A. Krause & Assoc.	Praxair
BART	GenOn Energy Inc.	Regulatory & Cogeneration Service, Inc.
Barkovich & Yap, Inc.	GenOn Energy, Inc.	SCD Energy Solutions
Bartle Wells Associates	Goodin, MacBride, Squeri, Schlotz & Ritchie	SCE
Braun Blaising McLaughlin, P.C.	Green Power Institute	SDG&E and SoCalGas
California Cotton Ginners & Growers Assn	Hanna & Morton	SPURR
California Energy Commission	In House Energy	San Francisco Public Utilities Commission
California Public Utilities Commission	International Power Technology	Seattle City Light
California State Association of Counties	Intestate Gas Services, Inc.	Sempra Utilities
Calpine	K&L Gates LLP	SoCalGas
Casner, Steve	Kelly Group	Southern California Edison Company
Cenergy Power	Linde	Spark Energy
Center for Biological Diversity	Los Angeles County Integrated Waste Management Task Force	Sun Light & Power
City of Palo Alto	Los Angeles Dept of Water & Power	Sunshine Design
City of San Jose	MRW & Associates	Tecogen, Inc.
Clean Power	Manatt Phelps Phillips	Tiger Natural Gas, Inc.
Coast Economic Consulting	Marin Energy Authority	TransCanada
Commercial Energy	McKenna Long & Aldridge LLP	Utility Cost Management
County of Tehama - Department of Public Works	McKenzie & Associates	Utility Power Solutions
Crossborder Energy	Modesto Irrigation District	Utility Specialists
Davis Wright Tremaine LLP	Morgan Stanley	Verizon
Day Carter Murphy	NLine Energy, Inc.	Water and Energy Consulting
Defense Energy Support Center	NRG Solar	Wellhead Electric Company
Dept of General Services	Nexant, Inc.	Western Manufactured Housing Communities Association (WMA)
Division of Ratepayer Advocates	North America Power Partners	