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

Customer Name

Address City Zip

Account Number (listed at the top of the letter)

Email (optional) Phone

By entering your email address, you are authorizing PG&E to send you information from time to time regarding your PG&E utility service and PG&E programs and services that may be available to you.

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

High Usage Verification

Name of each adult household member with income (including you)*

Number of people living in your household: Adults _____ Children (under 18) _____

Declaration: I acknowledge that I have read and understood the contents of this application and will have the opportunity to ask questions at any time. I also agree to the following program terms and conditions in order to remain eligible for the CARE program. I will notify PG&E if my household is no longer eligible for the CARE program discount. I understand I may be required to provide proof of household income and also to participate in the Energy Savings Assistance Program. I will allow PG&E to share my information with municipal, state or federal agencies, and/or other utilities or their agents, for the sole purpose of facilitating enrollment in their assistance programs. I will pay back the discount if any of the information provided above is untrue. The information I have provided here is true and correct.

Signature Date

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

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

Energy Savings Assistance Program Participation

By submitting the signed CARE High Usage Form you are agreeing to fulfill your participation in the Energy Savings Assistance Program. The Energy Savings Assistance Program provides energy-efficient home improvements and appliances at no cost to customers who qualify for the CARE program and rent or own a home that is at least five years old. Completion of the Energy Savings Assistance Program is necessary to remain in the CARE program.

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

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