

Customer Name		
PG&E Account Number		
Address	City	Zip
Email (optional)		Phone
By entering your email address, you are authorizing PG&E to send you information from time to time regarding your PG&E utility service and PG&E programs and services that may be available to you.		

URGENT REPLY NEEDED
 Proof of household income verification is required.

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

Instructions to complete this form:

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

Upload to YourAccount:

pge.com

Sign-in to YourAccount, then click on the notification shown at the top of the page.

Mail (envelope provided):

CARE Program

P.O. Box 7979
 San Francisco, CA 94120-7979

Fax:

1-877-302-7563

List the name of every household member receiving income or public assistance
 List any additional members on a separate piece of paper.

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

Declaration: By signing this declaration, I certify that the information I have provided in this application is true and correct. I acknowledge that I have read and understood the contents of this application. I also agree to follow the terms and conditions of the CARE or the FERA program.

Signature _____ Date _____

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