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

Instructions to complete this form:

1. You must provide proof that you qualify for this program. Attach copies of document(s) for every household member receiving income or public assistance.

2. MUST review attached document guides for acceptable forms of verification.

3. Submit your completed form and copies of acceptable document(s) using one of the following:
   - Upload to YourAccount: pge.com
     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. ____________________________