



# CARE PROGRAM APPLICATION

## Migrant Farm Worker Housing Centers

Please complete all sections of this application, including Section 5 on the next page. Then sign and date this form and return it to PG&E as soon as possible. **If you qualify, your CARE discount will appear on the first page of your next PG&E bill.**

### 1 Your Organization and Facility

**Your Organization's Name** (Must be the name on the PG&E bill.)

**Your Facility's Name** (If different from the name on the PG&E bill.)

**Facility Address**

City/State/Zip Code

**Facility Mailing Address (If different)** City/State/Zip Code

<p><b>Primary Contact</b></p> <p>Phone Number</p> <p>Fax Number</p> <p>Email Address</p>	<p><b>Secondary Contact</b></p> <p>Phone Number</p> <p>Fax Number</p> <p>Email Address</p>
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### 2 Facility Information

Please use a separate application for each TYPE of facility.

- Migrant Farm Worker Housing Center, operated by the Office of Migrant Services**, provides housing pursuant to Section 50710 of the California Health and Safety Code.
- Migrant Farm Worker Housing Center operated by a non-profit entity**, 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.

### 3 CARE Program Renewal

If you are looking to renew your facility's CARE eligibility, please explain how you used the savings from last year's CARE discount to directly benefit your residents:

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Also tell us how this year's CARE discount will be used:

\_\_\_\_\_

\_\_\_\_\_

### 4 Your Declaration

By signing this declaration, I certify that both my organization and facility qualify for CARE. I also agree to the following program terms and conditions in order to remain eligible for the CARE program:

- The information I have provided here is true and correct.
- The organization is a PG&E customer of record.
- I will renew our organization's eligibility at least every two years and notify PG&E of any changes that may affect our CARE eligibility.
- PG&E reserves the right to request verification of records demonstrating eligibility at any time and may rebill the organization at the applicable rate, if appropriate.
- I understand that PG&E may share our facility's name and address with other utilities or their agents, for the sole purpose of facilitating enrollment in their assistance programs.

**X** \_\_\_\_\_  
 Authorized Representative's Signature      Date

**X** \_\_\_\_\_  
 Authorized Representative's Name      Date

FOR INTERNAL USE ONLY  
**W**

Please complete this application by providing your PG&E account information in Section 5 on the next page.

