



# CARE/FERA PROGRAM APPLICATION Residential Customers



## Save on your monthly PG&E bill

### California Alternate Rates for Energy (CARE)

[pge.com/care](http://pge.com/care)  
1-866-743-2273

The CARE program offers a monthly discount on PG&E bills for qualifying households. 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.\*

Other qualifications include:

- Your monthly electric usage does not exceed six times the Tier 1 allowance.
- You are not claimed as a dependent on another person's income tax return other than your spouse.
- You do not share an energy meter with another home.
- You will renew your eligibility at least every two years.

#### CARE Income Guidelines (good until May 31, 2021)

Number of People in Household	Total Gross Annual Household Income*
1-2	\$34,480 or less
3	\$43,440 or less
4	\$52,400 or less
5	\$61,360 or less
6	\$70,320 or less
7	\$79,280 or less
8	\$88,240 or less
Each Additional Person, add	\$8,960

### Family Electric Rate Assistance (FERA)

[pge.com/fera](http://pge.com/fera)  
1-800-743-5000

#### FERA Income Guidelines (good until May 31, 2021)

Number of People in Household	Total Gross Annual Household Income*
1-2	Not Eligible
3	\$43,441-\$54,300
4	\$52,401-\$65,500
5	\$61,361-\$76,700
6	\$70,321-\$87,900
7	\$79,281-\$99,100
8	\$88,241-\$110,300
Each Additional Person, add	\$8,960-\$11,200

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 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.

†Learn more and get a personalized rate analysis at [pge.com/findrates](http://pge.com/findrates)

### How You Can Apply

**Online:** Apply online for faster enrollment at [pge.com/care](http://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](mailto: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/energysavings](http://pge.com/energysavings)  
1-800-933-9555

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 Account**  
[pge.com/myaccount](http://pge.com/myaccount)

Log in to My Account 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.

**Budget Billing**  
[pge.com/budgetbilling](http://pge.com/budgetbilling)  
1-800-743-5000

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

**Medical Baseline**  
[pge.com/medicalbaseline](http://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.



選擇最適合您的費率計劃。深入了解<sup>+</sup>。

# 您每月的 PG&E 帳單可獲得省錢優惠

## California Alternate Rates for Energy (CARE) 計劃

[pge.com/care-ch](http://pge.com/care-ch)  
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。您可透過以下方式註冊：

- 勾選您或您家中其他人符合資格獲得福利的所有公共援助計劃，或
- 勾選符合您全家總年收入的方格。\*

其他資格條件包括：

- 您每月的用電量不超過第一級 (Tier 1) 容許量的六倍。
- 除了您的配偶外，您未在他人的所得稅表上被申報為受扶養人。
- 您並未與其他家庭共用電錶/煤氣錶。
- 您至少每兩年將更新一次您的資格條件。

### CARE 收入資格標準

(有效期至 2021 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	\$34,480 或以下
3	\$43,440 或以下
4	\$52,400 或以下
5	\$61,360 或以下
6	\$70,320 或以下
7	\$79,280 或以下
8	\$88,240 或以下
每多一人即增加	\$8,960

## Family Electric Rate Assistance (FERA) 計劃

[pge.com/fera-ch](http://pge.com/fera-ch)  
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。

### FERA 收入標準

(有效期至 2021 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	不符合資格
3	\$43,441-\$54,300
4	\$52,401-\$65,500
5	\$61,361-\$76,700
6	\$70,321-\$87,900
7	\$79,281-\$99,100
8	\$88,241-\$110,300
每多一人即增加	\$8,960-\$11,200

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、自營收入和所有與聘僱工作有關的非現金收入。

†了解更多並取得個人化費率分析：[pge.com/findrates](http://pge.com/findrates)

## 申請方式

**上網：**上網申請速度更快  
[pge.com/care-ch](http://pge.com/care-ch)

**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](mailto: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/energysavings-ch](http://pge.com/energysavings-ch)  
1-800-933-9555

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](http://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」(Medical Baseline) 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，您可能符合資格獲得財務援助及防水服務。

### Budget Billing

[pge.com/budgetbilling](http://pge.com/budgetbilling)  
1-800-743-5000

您的每月帳單將平均分攤，讓您可安排能源開支預算，避免帳單出現大幅變動。

### My Account

[pge.com/myaccount](http://pge.com/myaccount)

登入 My Account 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)

您只要符合近似的 CARE 計劃收入標準，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。



- 1. Fill out Section 1.
- 2. Fill out Section 2A OR Section 2B.
- 3. Sign and Date this form and mail to PG&E.

If you qualify, your CARE or FERA discount will appear on the first page of your next PG&E bill.

1

You and Your Household

PG&E Account Number grid with a minus sign in the last box.

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

Account Holder's Name grid

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

Your Home Address grid

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

Unit #

City/State/Zip Code grid

City/State/Zip Code

Email Address

(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.)

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

- English  Spanish  Mandarin  Cantonese  Vietnamese
- Russian  Korean  Tagalog  Hmong

What is your preferred method of communication? (Choose one)

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

Preferred Phone Number grid

Preferred Phone Number Home Work Mobile

Alternative Phone Number grid

Alternative Phone Number Home Work Mobile

Number of people in your household at this address:

Adults + Children = grid

2

Household Qualification

Fill out Section 2A OR Section 2B.

2A Public Assistance Programs

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

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

OR

2B Household Income

If you did not check any of the boxes 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.

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.

My household income is:

- \$0-\$34,480  \$65,501-\$70,320  \$88,241-\$97,200
- \$34,481-\$43,440  \$70,321-\$76,700  \$97,201-\$99,100
- \$43,441-\$52,400  \$76,701-\$79,280  \$99,101-\$106,160
- \$52,401-\$54,300  \$79,281-\$87,900  \$106,161-\$110,300
- \$54,301-\$61,360  \$87,901-\$88,240  Other \$ \_\_\_\_\_
- \$61,361-\$65,500

3

Your 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, including the following:

- 1. I am not claimed as a dependent on another person's income tax return other than my spouse.
- 2. I am not knowingly sharing an energy meter with another home.
- 3. I will notify PG&E if my household is no longer eligible for the CARE or FERA discount.
- 4. I understand I may be required to provide proof of household income.
- 5. I understand I may be required to participate in the Energy Savings Assistance Program.
- 6. I understand I may be removed from the CARE program if my monthly electric usage exceeds six times the Tier 1 allowance.
- 7. I authorize PG&E to share my information with other utilities in order to facilitate enrollment in available energy management assistance and discount programs.
- 8. I will pay back the discount I have received if I provided false information to support my application for the CARE or the FERA program.

Customer Signature

Fill in circle if you are a guardian or you have power of attorney.

Date





1. 填寫 1 一節。
2. 填寫 2A 或 2B 一節。
3. 在表格中簽名並註明日期，然後郵寄至 PG&E。

如果您符合資格，您的 CARE 或 FERA 折扣將出現在下一次 PG&E 帳單的第一頁。

## 1 您和家人

您的 PG&E 帳號 (在 PG&E 帳單第 1 頁)

帳戶持有人姓名(請使用 PG&E 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

電子郵件地址 (一旦輸入電郵地址，即表示您授權 PG&E 可不定期寄送 PG&E 公用事業服務、PG&E 計劃以及您可能適用的服務等相關資訊給您。)

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)

其他電話號碼  住宅  工作  手機

- 英語  西班牙語  國語  粵語  越南語  
 俄語  韓語  他加祿語  苗語

居住於此地址的家庭人數：

您希望以何種方式進行溝通？(選一項)

成人  + 兒童  (未滿 18 歲) =

- 郵寄  電子郵件  電話  簡訊  
(可能需支付簡訊或數據流量費用)

## 2 家庭資格

請填寫 2A 或 2B 一節。

### 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)  Medi-Cal for Families (Healthy Families A&B)  
 婦女、嬰兒及兒童 (WIC)  全國營養午餐計劃 (NSLP)  
 CalFresh/SNAP (糧食券)  印地安事務局一般補助計劃  
 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)  
 社會安全生活補助金 (SSI)

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

如果您未勾選 2A 部份的任何方格，請將每位家人收入加總，並勾選下面符合您全家總年收入的方格。

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。

我的全家收入：

- \$0-\$34,480  \$65,501-\$70,320  \$88,241-\$97,200  
 \$34,481-\$43,440  \$70,321-\$76,700  \$97,201-\$99,100  
 \$43,441-\$52,400  \$76,701-\$79,280  \$99,101-\$106,160  
 \$52,401-\$54,300  \$79,281-\$87,900  \$106,161-\$110,300  
 \$54,301-\$61,360  \$87,901-\$88,240  其他 \$ \_\_\_\_\_  
 \$61,361-\$65,500

## 3 聲明

本人在這份聲明書上簽名，保證此申請表提供的資料皆真實、正確。

本人確認已閱讀並了解本申請書內容。本人也同意遵守 CARE 或 FERA 計劃的條件和條款。為符合 CARE 或 FERA 計劃資格，我也同意下列計劃使用條款：

1. 除了本人配偶外，本人未在他人所得稅表上被申報為受扶養人。
2. 本人沒有特意和其他家庭共用電錶/煤氣錶。
3. 當我的家庭不再符合 CARE 或 FERA 折扣資格時，我將通知 PG&E。
4. 本人了解我可能需要提供家庭收入證明。
5. 本人了解我可能必須參加 Energy Savings Assistance Program。
6. 本人了解我的每月用電量超出第一級額定量的六倍時，我可能會被取消參加 CARE 計劃的資格。
7. 本人授權 PG&E 讓其他公用事業公司分享我的資訊，以便安排我參加適用的能源管理協助和折扣優惠計劃。
8. 如果本人提供不實資訊來證明我申請 CARE 或 FERA 計劃的資格，本人會償還已獲得的折扣優惠金額。

X

客戶簽名

如果您是監護人或有授權書，請將圓圈塗滿。

日期

FOR INTERNAL USE ONLY

W