

PUBLIC UTILITIES COMMISSION
505 Van Ness Avenue
San Francisco CA 94102-3298



Pacific Gas & Electric Company
GAS (Corp ID 39)
Status of Advice Letter 5066G/7594E
As of June 9, 2025

Subject: Revised Household Income Requirements for the California Alternate Rates for Energy (CARE) and Family Electric Rate Assistance (FERA) Programs and Modification of Applicable Forms, and Pacific Gas

Division Assigned: Energy

Date Filed: 05-07-2025

Date to Calendar: 05-14-2025

Authorizing Documents: E-5200

Authorizing Documents: E-3524

Disposition:	Accepted
Effective Date:	06-01-2025

PUBLIC UTILITIES COMMISSION
505 Van Ness Avenue
San Francisco CA 94102-3298



Resolution Required: No

Resolution Number: None

Commission Meeting Date: None

CPUC Contact Information:

edtariffunit@cpuc.ca.gov

AL Certificate Contact Information:

Michael Finnerty

(279) 789-6216

PGETariffs@pge.com

PUBLIC UTILITIES COMMISSION
505 Van Ness Avenue
San Francisco CA 94102-3298



To: Energy Company Filing Advice Letter

From: Energy Division PAL Coordinator

Subject: Your Advice Letter Filing

The Energy Division of the California Public Utilities Commission has processed your recent Advice Letter (AL) filing and is returning an AL status certificate for your records.

The AL status certificate indicates:

- Advice Letter Number
- Name of Filer
- CPUC Corporate ID number of Filer
- Subject of Filing
- Date Filed
- Disposition of Filing (Accepted, Rejected, Withdrawn, etc.)
- Effective Date of Filing
- Other Miscellaneous Information (e.g., Resolution, if applicable, etc.)

The Energy Division has made no changes to your copy of the Advice Letter Filing; please review your Advice Letter Filing with the information contained in the AL status certificate, and update your Advice Letter and tariff records accordingly.

All inquiries to the California Public Utilities Commission on the status of your Advice Letter Filing will be answered by Energy Division staff based on the information contained in the Energy Division's PAL database from which the AL status certificate is generated. If you have any questions on this matter please contact the:

Energy Division's Tariff Unit by e-mail to
edtariffunit@cpuc.ca.gov



May 7, 2025

Advice 5066-G/7594-E

(Pacific Gas and Electric Company ID U 39 M)

Public Utilities Commission of the State of California

Subject: Revised Household Income Requirements for the California Alternate Rates for Energy (CARE) and Family Electric Rate Assistance (FERA) Programs and Modification of Applicable Forms, and Pacific Gas and Electric Company's Percentage of Income Payment Plan (PIPP) Bill Cap Update and Tariff Changes in Compliance with Resolution E-5200

Pacific Gas and Electric Company (PG&E) hereby submits filing revisions to its gas and electric tariffs and forms. The affected tariff sheets and forms are listed on the enclosed Attachment 1.

Purpose

The purpose of this submittal is to update PG&E's tariffs and forms regarding customer income eligibility for the California Alternate Rates for Energy (CARE) and Family Electric Rate Assistance (FERA) programs. These revisions are submitted to update the maximum household income thresholds for a customer to be eligible for the CARE and FERA programs, between June 1, 2025, and May 31, 2026.

In addition, and in accordance with Decision (D.) 21-10-012¹, and Ordering Paragraph (OP) 4 of Resolution (Res.) E-5200², PG&E hereby submits this advice letter (AL) to update the Percentage of Income Payment Plan (PIPP) annual bill caps based on the June 1, 2025 CARE income guidelines.

This filing is in accordance with California Public Utilities (P.U.) Code Section 739.1(a)³ and the Energy Division's (ED's) *Notice to Update the Income Guidelines to Investor*

¹ D.21-10-012, p. 42:

<https://docs.cpuc.ca.gov/PublishedDocs/Published/G000/M413/K823/413823568.PDF> (Last accessed on April 15, 2025).

² Res. E-5200, pp. 43-44:

<https://docs.cpuc.ca.gov/PublishedDocs/Published/G000/M500/K017/500017273.PDF> (Last accessed on April 15, 2025).

³ California PU Code Section 739.1(a) states: "The commission shall continue a program of assistance to low-income electric and gas customers with annual household incomes that are no greater than 200 percent of the federal poverty guideline levels, the cost of which shall not

Owned and Small Multi-Jurisdictional Utilities providing services under the California Alternate Rates for Energy (CARE), Family Electric Rate Assistance (FERA) and Energy Savings Assistance (ESA) Programs (Notice) dated March 24, 2025.

Background

CARE Program

In accordance with the ED's Notice dated March 24, 2025, PG&E hereby submits its tariffs with revised household income limits for the CARE program.

CARE is applicable to residential customers residing in individually metered single-family accommodations, or domestic sub-metered tenants residing in multifamily master-metered accommodations, as well as qualifying nonprofit group living facilities, agricultural employee housing facilities, and migrant farm worker housing centers based on criteria established by the California Public Utilities Commission (CPUC).

Additionally, starting January 1, 2025, CARE eligibility was expanded to people living in Homekey housing facilities which are intended for individuals who are experiencing homelessness.⁴

In compliance with the Notice, PG&E is revising the Total Gross Annual Household Income Levels, effective from June 1, 2025 until May 31, 2026, are as follows:

Household Size	Total Gross Annual Household Income
1-2	\$42,300
3	\$53,300
4	\$64,300
5	\$75,300
6	\$86,300
7	\$97,300
8	\$108,300
Each Additional Person	\$11,000

be borne solely by any single class of customer. For one-person households, program eligibility shall be based on two-person household guideline levels. The program shall be referred to as the California Alternate Rates for Energy or CARE program. The commission shall ensure that the level of discount for low-income electric and gas customers correctly reflects the level of need."

⁴ On September 27, 2024, Governor Newsom signed into law AB 2672, which amended Section 739.1 of the P.U. Code. AB 2672 expands CARE eligibility to people living in Homekey housing facilities who are experiencing homelessness. P.U. Code Section 739.1(i).

The following three PG&E gas and electric tariffs are affected by this revision:

- (1) Gas and electric Rule 19.1 - California Alternate Rates for Energy for Individual Customers and Sub-Metered Tenants of Master-Metered Customers;
- (2) Gas and electric Rule 19.2 - California Alternate Rates for Energy for Nonprofit Group-Living Facilities and Homekey Housing Facilities; and
- (3) Gas and electric Rule 19.3 - California Alternate Rates for Energy for Qualified Agricultural Employee Housing Facilities.

PG&E also updates 22 of its gas and electric forms to include the maximum household income limits that are eligible for the CARE and FERA programs. These forms are listed on page three (3) and four (4) of this AL and in Attachment 1.

FERA Program

In accordance with the ED's Notice dated March 24, 2025, PG&E submits revised income guidelines for the FERA program.

FERA is applicable to residential customers with households of one or more⁵ members residing in individually metered single-family accommodations, or domestic sub-metered tenants residing in multifamily master-metered accommodations. Qualifying Direct Access, Community Choice Aggregation, and Transitional Bundled Services customers are also eligible for the FERA program. Customers or sub-metered tenants participating in the CARE program cannot concurrently participate in the FERA program.

In compliance with the Notice, PG&E is revising the Total Gross Annual Income Levels on page two (2) of electric Rate Schedule E-FERA--*Family Electric Rate Assistance*. The household income levels, effective from June 1, 2025 until May 31, 2026, are as follows:

Household Size	Total Gross Annual Household Income
1-2	\$42,301-\$52,875
3	\$53,301 - \$66,625
4	\$64,301 - \$80,375
5	\$75,301 - \$94,125
6	\$86,301 - \$107,875
7	\$97,301 - \$121,625
8	\$108,301 - \$135,375
Each Additional Person	\$11,000 - \$13,750

In addition to the income revisions to tariff rate Schedule E-FERA, PG&E is also revising the income levels on the standard forms as listed on page three (3) and four (4) of this AL and in Attachment 1.

⁵ On September 27, 2024, Governor Newsom signed into law SB 1130, which amended P.U. Code Section 739.12. SB 1130 removed FERA's household income eligibility requirement of three or more persons and requires the FERA IOUs to report enrollment efforts.

PIPP Pilot Program

D.21-10-012 authorized PG&E, Southern California Edison Company (SCE), San Diego Gas and Electric Company (SDG&E), and Southern California Gas Company (SoCalGas) (collectively, the Investor-Owned Utilities or IOUs) to establish PIPP pilot programs which set utility bill payment amounts at a percentage of participating customers' monthly income. Monthly bill caps are standardized for households in two income tiers: 0-100 percent, and 101-200 percent of Federal Poverty Guidelines (FPG). D.21-10-012 and Res. E-5200 required the Joint Utilities to update bill caps annually to reflect current income guidelines, concurrently with the CARE program income guideline updates.

PG&E respectfully submits this AL to update the PIPP bill caps, consistent with the updated 2025 CARE income guidelines, as follows:

2025/2026 IOU Bill Caps	Ratio 75% / 25% – Statewide Cap
0-100% of FPG (Lower Level)	\$44.00
Electric Bill Cap	\$33.00
Gas Bill Cap	\$11.00
101-200% of FPG (Upper Level)	\$133.00
Electric Bill Cap	\$100.00
Gas Bill Cap	\$33.00

Furthermore, PG&E has revised the generation and non-generation ratio to align with the updated Electric Bill Caps as follows:

2025-2026 PG&E's Generation & Non-Generation Costs for Electric Bill Cap	Ratio 38% / 62%
0-100% of FPG (Lower Level)	\$33.00
Electric Generation Bill Cap (CCA Charges)	\$13.00
Electric Non-Generation Bill Cap (PG&E Charges)	\$20.00
101-200% of FPG (Upper Level)	\$100.00
Electric Generation Bill Cap (CCA Charges)	\$38.00
Electric Non-Generation Bill Cap	\$62.00

To be eligible to participate in the PIPP pilot, individually metered applicants/customers must be enrolled in CARE. Additionally, PG&E has discretion on how to fill the limited 5,000 PIPP slots as set forth in Schedule E-PIPP.

Effective June 1, 2025 to May 31, 2026, the total gross annual income for all persons in the applicant's household may not exceed the following:

Household Size	Total Gross Annual Household Income
1	\$31,300
2	\$42,300
3	\$53,300
4	\$64,300
5	\$75,300
6	\$86,300
7	\$97,300
8	\$108,300
Each Additional Person	\$11,000

The above income cutoffs by the number of persons in the household are set at 200% of FPG guidelines. To qualify for the PIPP 0-100% of the FPG category, a household must provide proof of income of one-half or less of the income cutoffs shown above.

Tariff Revisions

PG&E hereby updates the following tariffs:

1. Gas and electric Rules 19.1 — *California Alternate Rates for Energy for Individual Customers and Sub-Metered Tenants of Master-Metered Customers*: Section B is revised to update the maximum annual household income levels.
2. Gas and electric Rules 19.2 — *California Alternate Rates for Energy for Nonprofit Group-Living Facilities and Homekey Housing Facilities*: Section B.4 is revised to update the maximum annual household income levels.
3. Gas and electric Rules 19.3 — *California Alternate Rates for Energy for Qualified Agricultural Employee Housing Facilities*: Section B.4 is revised to update the maximum annual household income levels.
4. Electric Rate Schedule E-FERA — *Family Electric Rate Assistance*: Special Condition 2 is revised to update the total gross annual income and include all household sizes.
5. E-PIPP – Updated tables C (Statewide electric and gas bill caps), D (PG&E Electric Generation and Non-Generation PIPP bill caps)
6. G-PIPP – Updated tables C (Statewide electric and gas bill caps), D (PG&E Electric Generation and Non-Generation PIPP bill caps)

7. PIPP ELEC Rule 19.5 – Updated CARE gross annual household income Table
8. PIPP GAS Rule 19.5 – Updated CARE gross annual household income table
9. Electric Rule No. 1 – Updated CARE to include Homekey Housing Facilities as a qualifying group.
10. Gas Rule No. 1 - Updated CARE to include Homekey Housing Facilities as a qualifying group.
11. The following is the list of CARE/FERA forms being revised:
 - (1) 01-9077 CARE/FERA Residential Customers Application (English/Spanish)
 - (2) 62-0972 CARE/FERA Residential Customers Application (English/Chinese)
 - (3) 62-0973 CARE/FERA Residential Customers Application (English/Vietnamese)
 - (4) 62-0939 CARE/FERA Residential Customers Application (instruction for the pre-print application in English/Spanish)
 - (5) 62-0919 CARE/FERA Residential Customers Application (pre-printed application in English/Spanish)
 - (6) 62-0940 CARE Residential Customers Renewal Instruction (English/Spanish/Chinese/Vietnamese)
 - (7) 62-1509 CARE Residential Customers Renewal Application (English/Spanish)
 - (8) 79-1072 FERA Residential Customers Renewal Instruction (English/Spanish/Chinese/Vietnamese)
 - (9) 79-1073 FERA Residential Customers Renewal Application (English/Spanish)
 - (10) 79-1051 Large Print CARE/FERA Residential Customers Application (English)
 - (11) 79-1052 Large Print CARE/FERA Residential Customers Application (Spanish)
 - (12) 79-1053 Large Print CARE/FERA Residential Customers Application (Chinese)
 - (13) 79-1054 Large Print CARE/FERA Residential Customers Application (Vietnamese)
 - (14) 01-9285 CARE/FERA Sub-Metered Residential Customers Application (English/Spanish)
 - (15) 62-0672 CARE/FERA Sub-Metered Residential Customers Application (English/Chinese)
 - (16) 62-0673 CARE/FERA Sub-Metered Residential Customers Application (English/Vietnamese)

- (17) 79-1055 Large Print CARE/FERA Sub-Metered Residential Customers Application (English)
- (18) 79-1056 Large Print CARE/FERA Sub-Metered Residential Customers Application (Spanish)
- (19) 79-1057 Large Print CARE/FERA Sub-Metered Residential Customers Application (Chinese)
- (20) 79-1058 Large Print CARE/FERA Sub-Metered Residential Customers Application (Vietnamese)
- (21) 62-1477 CARE/FERA Income Guidelines (English/Spanish/Chinese/Vietnamese)
- (22) 79-1059 Large Print CARE/FERA Income Guidelines (English/Spanish/Chinese/Vietnamese)
- (23) 62-1198 CARE Agricultural Employee Housing Facilities Application (English)
- (24) 62-0156 CARE Nonprofit Group Living Facilities and Homekey Housing Facilities Application (English)
- (25) 61-0535 CARE Migrant Farm Worker Housing Centers Application (English)

Revisions made to the above-mentioned forms to align with the new income guidelines include:

- Updating the CARE and FERA income guidelines charts
- Updating FERA household size to be inclusive of 1- and 2-person households
- Updating CARE eligibility to include Homekey Housing Facilities
- Updating the customer-signed declaration in Section 3.

PG&E is updating all tariffs, its website, and printed materials about the CARE and FERA programs and PIPP pilot to reflect the revised income levels, and revised CARE/FERA and PIPP pilot enrollment forms.⁶

Protests

Anyone wishing to protest this submittal may do so by letter sent electronically via E-mail, no later than **May 27, 2025**, which is 20 days after the date of this submittal. Protests must be submitted to:

CPUC Energy Division
ED Tariff Unit
E-mail: EDTariffUnit@cpuc.ca.gov

⁶ PG&E is also updating its ESA program website and printed materials to reflect the revised income eligibility guidelines and their effective dates.

The protest shall also be electronically sent to PG&E via E-mail at the address shown below on the same date it is electronically delivered to the Commission:

Sidney Bob Dietz II
Director, Regulatory Relations
c/o Megan Lawson
E-mail: PGETariffs@pge.com

Any person (including individuals, groups, or organizations) may protest or respond to an advice letter (General Order 96-B, Section 7.4). The protest shall contain the following information: specification of the advice letter protested; grounds for the protest; supporting factual information or legal argument; name and e-mail address of the protestant; and statement that the protest was sent to the utility no later than the day on which the protest was submitted to the reviewing Industry Division (General Order 96-B, Section 3.11).

Effective Date

Pursuant to General Order (GO) 96-B, Rule 5.1 and Res. E-3524 and E-5200, this advice letter is submitted with a Tier 1 designation. PG&E requests that this Tier 1 advice submittal become effective on **June 1, 2025**, subject to Energy Division review.

Notice

In accordance with General Order 96-B, Section IV, a copy of this advice letter is being sent electronically to parties shown on the attached list and the parties on the service list for A.19-11-003, A.19-11-004, A.19-11-005, A.19-11-006, A.19-11-007 and R.18-07-005. Address changes to the General Order 96-B service list should be directed to PG&E at email address PGETariffs@pge.com. For changes to any other service list, please contact the Commission's Process Office at (415) 703-2021 or at Process_Office@cpuc.ca.gov. Send all electronic approvals to PGETariffs@pge.com. Advice letter submittals can also be accessed electronically at: <http://www.pge.com/tariffs/>.

/S/

Sidney Bob Dietz II
Director, Regulatory Relations
CPUC Communications

Attachments:

Attachment 1 – Clean Tariffs
Attachment 2 – Redline Tariff Revisions

cc: Service List R.18-07-005 and A.19-11-003, et al.



ADVICE LETTER SUMMARY

ENERGY UTILITY



MUST BE COMPLETED BY UTILITY (Attach additional pages as needed)

Company name/CPUC Utility No.: Pacific Gas and Electric Company (U 39 M)

Utility type:

☒ ELC ☒ GAS ☐ WATER
☐ PLC ☐ HEAT

Contact Person: Michael Finnerty

Phone #: (279) 789-6216

E-mail: PGETariffs@pge.com

E-mail Disposition Notice to: michael.finnerty@pge.com

EXPLANATION OF UTILITY TYPE

ELC = Electric GAS = Gas WATER = Water
PLC = Pipeline HEAT = Heat

(Date Submitted / Received Stamp by CPUC)

Advice Letter (AL) #: 5066-G/7594-E

Tier Designation: 1

Subject of AL: Revised Household Income Requirements for the California Alternate Rates for Energy (CARE) and Family Electric Rate Assistance (FERA) Programs and Modification of Applicable Forms, and Pacific Gas and Electric Company's Percentage of Income Payment Plan (PIPP) Bill Cap Update and Tariff Changes...

Keywords (choose from CPUC listing): Compliance, CARE

AL Type: ☐ Monthly ☐ Quarterly ☒ Annual ☐ One-Time ☐ Other:

If AL submitted in compliance with a Commission order, indicate relevant Decision/Resolution #: E-5200 and E-3524

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL: No

Summarize differences between the AL and the prior withdrawn or rejected AL: N/A

Confidential treatment requested? ☐ Yes ☒ No

If yes, specification of confidential information:

Confidential information will be made available to appropriate parties who execute a nondisclosure agreement. Name and contact information to request nondisclosure agreement/ access to confidential information:

Resolution required? ☐ Yes ☒ No

Requested effective date: 6/1/25

No. of tariff sheets: 90

Estimated system annual revenue effect (%): N/A

Estimated system average rate effect (%): N/A

When rates are affected by AL, include attachment in AL showing average rate effects on customer classes (residential, small commercial, large C/I, agricultural, lighting).

Tariff schedules affected: See Attachment 1

Service affected and changes proposed¹: N/A

Pending advice letters that revise the same tariff sheets: N/A

¹Discuss in AL if more space is needed.

Protests and correspondence regarding this AL are to be sent via email and are due no later than 20 days after the date of this submittal, unless otherwise authorized by the Commission, and shall be sent to:

California Public Utilities Commission
Energy Division Tariff Unit Email:
EDTariffUnit@cpuc.ca.gov

Contact Name: Sidnev Bob Dietz II. c/o Megan Lawson
Title: Director, Regulatory Relations
Utility/Entity Name: Pacific Gas and Electric Company

Telephone (xxx) xxx-xxxx:
Facsimile (xxx) xxx-xxxx:
Email: PGETariffs@pge.com

Contact Name:
Title:
Utility/Entity Name:

Telephone (xxx) xxx-xxxx:
Facsimile (xxx) xxx-xxxx:
Email:

CPUC
Energy Division Tariff Unit
505 Van Ness Avenue
San Francisco, CA 94102

Clear Form

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
40106-G	Gas Sample Form No. 01-9077 CARE/FERA Program Application for Residential Customers Sheet 1	39368-G
40107-G	Gas Sample Form No. 01-9285 CARE/FERA Program Application for Sub-Metered Residential Customers Sheet 1	39369-G
40108-G	Gas Sample Form No. 61-0535 CARE Program Application for Migrant Farm Worker Housing Centers Sheet 1	34199-G
40109-G	Gas Sample Form No. 62-0156 CARE Program Application for Nonprofit Group Living Facilities Sheet 1	34200-G
40110-G	Gas Sample Form No. 62-0672 CARE/FERA Program Application for Sub-Metered Residential Customers (English/Chinese) Sheet 1	39370-G
40111-G	Gas Sample Form No. 62-0673 CARE/FERA Program Application for Sub-Metered Residential Customers (English/Vietnamese) Sheet 1	39371-G
40112-G	Gas Sample Form No. 62-0919 CARE/FERA Program Application for Residential Customers (Pre-Printed Application) Sheet 1	39372-G
40113-G	Gas Sample Form No. 62-0939 CARE/FERA Program Application for Residential Customers (Pre-Printed Application Instruction) Sheet 1	39373-G
40114-G	Gas Sample Form No. 62-0940 CARE Program Renewal Instructions - Residential Customers Sheet 1	39374-G
40115-G	Gas Sample Form No. 62-0972 CARE/FERA Program Application for Residential Customers (English/Chinese) Sheet 1	39375-G
40116-G	Gas Sample Form No. 62-0973 CARE/FERA Program Application for Residential Customers (English/Vietnamese) Sheet 1	39376-G
40117-G	Gas Sample Form No. 62-1198 CARE Program Application for Agricultural Employee Housing Facilities Sheet 1	34208-G

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
40118-G	Gas Sample Form No. 62-1477 CARE/FERA Program Income Guidelines Sheet 1	39377-G
40119-G	Gas Sample Form No. 62-1509 CARE Program Renewal Application -- Residential Customers Sheet 1	39378-G
40120-G	Gas Sample Form No. 79-1051 CARE/FERA Program Application for Residential Customers (English) Large Print Application Sheet 1	39379-G
40121-G	Gas Sample Form No. 79-1052 CARE/FERA Program Application for Residential Customers (Spanish) - Large Print Application Sheet 1	39380-G
40122-G	Gas Sample Form No. 79-1053 CARE/FERA Program Application for Residential Customers (Chinese) - Large Print Application Sheet 1	39381-G
40123-G	Gas Sample Form No. 79-1054 CARE/FERA Program Application for Residential Customers (Vietnamese) - Large Print Application Sheet 1	39382-G
40124-G	Gas Sample Form No. 79-1055 CARE/FERA Program Application for Sub-Metered Residential Customers (English) - Large Print Application Sheet 1	39383-G
40125-G	Gas Sample Form No. 79-1056 CARE/FERA Program Application for Sub-Metered Residential Customers (Spanish) - Large Print Application Sheet 1	39384-G
40126-G	Gas Sample Form No. 79-1057 CARE/FERA Program Application for Sub-Metered Residential Customers (Chinese) - Large Print Application Sheet 1	39385-G
40127-G	Gas Sample Form No. 79-1058 CARE/FERA Program Application for Sub-Metered Residential Customers (Vietnamese) - Large Print Application Sheet 1	39386-G
40128-G	Gas Sample Form No. 79-1059 CARE/FERA Program Income Guidelines - Large Print Sheet 1	39387-G

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
40129-G	GAS SCHEDULE G-PIPP PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT Sheet 1	38871-G*
40130-G	GAS SCHEDULE G-PIPP PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT Sheet 4	39388-G
40131-G	GAS SCHEDULE G-PIPP PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT Sheet 5	39389-G
40132-G	GAS RULE NO. 1 DEFINITIONS Sheet 16	38005-G
40133-G	GAS RULE NO. 19.1 CALIF ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER- METERED CUSTOMERS Sheet 1	38578-G
40134-G	GAS RULE NO. 19.1 CALIF ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER- METERED CUSTOMERS Sheet 2	39390-G
40135-G	GAS RULE NO. 19.2 CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES AND HOMEKEY HOUSING FACILITIES Sheet 1	38582-G
40136-G	GAS RULE NO. 19.2 CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES AND HOMEKEY HOUSING FACILITIES Sheet 2	39391-G
40137-G	GAS RULE NO. 19.2 CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES AND HOMEKEY HOUSING FACILITIES Sheet 3	38584-G
40138-G	GAS RULE NO. 19.2 CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES AND HOMEKEY HOUSING FACILITIES Sheet 4	38585-G
40139-G	GAS RULE NO. 19.2 CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES AND HOMEKEY HOUSING FACILITIES Sheet 5	38586-G

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
40140-G	GAS RULE NO. 19.3 CALIF ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRI EMPLOYEE HOUSING FACILITIES Sheet 2	39392-G
40141-G	GAS RULE NO. 19.5 PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT PROGRAM ELIGIBILITY AND CERTIFICATION RULES FOR INDIVIDUALLY METERED GAS CUSTOMERS Sheet 1	38878-G*
40142-G	GAS RULE NO. 19.5 PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT PROGRAM ELIGIBILITY AND CERTIFICATION RULES FOR INDIVIDUALLY METERED GAS CUSTOMERS Sheet 2	39393-G
40143-G	GAS TABLE OF CONTENTS Sheet 1	40028-G
40144-G	GAS TABLE OF CONTENTS Sheet 2	40103-G
40145-G	GAS TABLE OF CONTENTS Sheet 6	40029-G
40146-G	GAS TABLE OF CONTENTS Sheet 7	39801-G
40147-G	GAS TABLE OF CONTENTS Sheet 10	39397-G
40148-G	GAS TABLE OF CONTENTS Sheet 11	39323-G



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	40106-G
Cancelling	Revised	Cal. P.U.C. Sheet No.	39368-G

Gas Sample Form No. 01-9077
CARE/FERA Program Application for Residential Customers

Sheet 1

**Please Refer to Attached
Sample Form**

Advice
Decision

5066-G

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted	<u>May 7, 2025</u>
Effective	<u>June 1, 2025</u>
Resolution	<u>E-5200 and E-3524</u>



CARE/FERA PROGRAM APPLICATION Residential Customers

Choose the
best rate
plan for you.
Learn more†.

Save on your monthly PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/care
1-866-743-2273

The CARE program offers a monthly discount on PG&E bills for qualifying households. To enroll:

- Check all the qualifying public assistance programs in Section 2A from which you, or someone in your household, receive benefits **OR**
- Complete Section 2B which includes 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
(valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,300 or less
3	\$53,300 or less
4	\$64,300 or less
5	\$75,300 or less
6	\$86,300 or less
7	\$97,300 or less
8	\$108,300 or less
Each additional person, add	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera
1-800-743-5000

FERA Income Guidelines
(valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,301–\$52,875
3	\$53,301–\$66,625
4	\$64,301–\$80,375
5	\$75,301–\$94,125
6	\$86,301–\$107,875
7	\$97,301–\$121,625
8	\$108,301–\$135,375
Each additional person, add	\$11,000–\$13,750

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 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 non-taxable 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

How you can apply

Online: Apply online for faster enrollment at 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

Mail:
Send completed application to
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

Fax:
Send completed application to
1-877-302-7563

Other helpful programs and services

Energy Savings Assistance Program
pge.com/energysavings
1-800-933-9555

This program provides energy-efficient home improvements and appliances at no cost to customers who are income qualified. Property owners and renters are eligible to participate.

**Energy Savings
Assistance Program**

Your Account
pge.com/youraccount

Log in to Your 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
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

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.



SOLICITUD PARA EL PROGRAMA CARE/FERA

Clientes Residenciales

Elija el mejor plan de tarifas para usted. Obtenga información adicional†.

Ahorre en su factura mensual de PG&E

California Alternate Rates for Energy (CARE)

pge.com/care-es
1-866-743-2273

El programa CARE ofrece un descuento mensual en las facturas de PG&E de los hogares que reúnan los requisitos. Para inscribirse:

- Marque todos los programas de asistencia pública que reúnan los requisitos en la Sección 2A de los que usted o alguna persona de su hogar reciban beneficios **O BIEN**
- Llene la Sección 2B que incluye los ingresos brutos anuales totales de su hogar.*

Otras calificaciones incluyen que:

- Su consumo eléctrico mensual no exceda seis veces lo permitido por el Nivel 1.
- Usted no sea reclamado como dependiente en la declaración de impuestos de otra persona que no sea su esposo(a).
- Usted no comparta el medidor de energía con otra vivienda.
- Usted renovará su elegibilidad por lo menos cada dos años.

Requisitos de ingreso CARE
(válido hasta el 31 de mayo, 2026)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$42,300 o menos
3	\$53,300 o menos
4	\$64,300 o menos
5	\$75,300 o menos
6	\$86,300 o menos
7	\$97,300 o menos
8	\$108,300 o menos
Por cada persona adicional, añada	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera-es
1-800-743-5000

Requisitos de ingreso FERA
(válido hasta el 31 de mayo, 2026)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
Por cada persona adicional, añada	\$11,000-\$13,750

Si usted no cumple con los requisitos para el programa CARE, tal vez califique para el programa FERA, que ofrece un descuento en las facturas mensuales

de electricidad a familias que reciban un ingreso ligeramente más alto que el requerido para CARE.

Vea los requisitos de ingreso de FERA que incluimos en esta tabla para ver si cumple con los requisitos e inscribese completando la solicitud incluida.

*El ingreso bruto total anual del hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ingreso por trabajo autónomo y relativo a cualquier empleo, ingreso no pagado en efectivo.

†Información de cambios de tarifas en pge.com/findrates

Cómo puede inscribirse

Internet: Solicite por Internet para inscribirse más rápidamente visitando pge.com/care-es

Teléfono: Inscribese llamando al 1-866-743-2273

Email: Saque una foto o escanee su solicitud completa y envíe la imagen a: CAREandFERA@pge.com

Correo: Envíe la solicitud completa a CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

Fax: Envíe la solicitud completa al 1-877-302-7563

Otros programas y servicios útiles

Energy Savings Assistance Program
pge.com/energysavings-es
1-800-933-9555

Este programa proporciona mejoras al hogar y electrodomésticos para el consumo eficiente de energía sin costo alguno a los clientes que reúnan los requisitos de ingresos. Los dueños de propiedades y los inquilinos pueden participar.

Energy Savings Assistance Program

Budget Billing
pge.com/budgetbilling
1-800-743-5000

Se basa en el promedio de su factura mensual para que usted maneje sus costos de energía, y elimine grandes variaciones de pago.

Medical Baseline
pge.com/medicalbaseline

Si debido a necesidades médicas usted depende de equipos de soporte vital o de otro tipo de equipos, usted podría ser elegible para obtener energía adicional al precio base más bajo a través del programa Medical Baseline.

Your Account
pge.com/youraccount

Visite Your Account en el sitio de PG&E y regístrese para recibir alertas de facturación y pagos, analizar el consumo de energía de su hogar, pagar sus facturas e informarse más acerca de sus opciones de plan de tarifas.

Low Income Home Energy Assistance Program (LIHEAP)
1-866-675-6623

Si usted destina un alto porcentaje de su ingreso al pago de las facturas de energía, podría reunir las condiciones para recibir asistencia económica y servicios de aislamiento térmico a través de este programa administrado por el California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Obtenga acceso telefónico a bajo precio cuando reúna los requisitos de ingreso similares al programa CARE. Para más información, contacte a su compañía local de teléfonos.



Si usted cumple con los requisitos, su descuento CARE o FERA aparecerá en la primera página de su próxima factura de PG&E.

[illegible]

Número de teléfono alternativo ☐ Hogar ☐ Trabajo ☐ Móvil

- Número de personas en el hogar en esta dirección:**

Adultos **+ Niños** **=**
(menores de 18)

- ☐ Correo ☐ Email ☐ Teléfono ☐ Texto (Podría haber cargos por mensaje y datos.)

3 Su declaración

Al firmar esta declaración, certifico que la información que he proporcionado en esta solicitud es verdadera y correcta.

Reconozco que he leído y comprendido el contenido de esta solicitud.
Asimismo, convengo en respetar los términos y condiciones del programa
CARE o del programa FERA, incluyendo los siguientes:

1. No he sido designado como dependiente en la declaración de impuestos de otra persona con excepción de mi cónyuge.

- ☐ Low Income Home Energy Assistance Program (LIHEAP)
 - ☐ Women, Infants, and Children (WIC)
 - ☐ CalFresh/SNAP
(estampillas de alimentos)
 - ☐ CalWORKs (TANF) o Tribal TANF
 - ☐ Head Start Income Eligible
(solo tribus indígenas)
 - ☐ 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
(menor de 65 años)
 - ☐ Medicaid/Medi-Cal
(65 años o más)

2. No comparto intencionalmente un medidor de energía con otra vivienda.
3. Notificaré a PG&E si mi hogar deja de reunir los requisitos para recibir el descuento de CARE o FERA.
4. Comprendo que se me puede requerir que proporcione un comprobante de los ingresos de mi hogar.
5. Comprendo que se me puede requerir que participe en el Energy Savings Assistance Program.
6. Comprendo que yo podría ser retirado del programa CARE si mi consumo eléctrico mensual excede seis veces el límite de consumo permitido del Nivel 1.
7. Entiendo que me pueden cambiar o darme de baja del programa CARE o FERA si presento información o PG&E recibe información de otros programas que consideran que no reúno los requisitos.
8. Autorizo a PG&E a compartir mi información con el fin de seguir reuniendo los requisitos de la asistencia disponible para la administración de la energía, y los programas de reducción de precios y tarifas residenciales con otras empresas de servicios públicos, agencias estatales y entidades designadas por la CPUC.
9. Reembolsaré el descuento que yo haya recibido si proporcioné información falsa para apoyar mi solicitud a los programas CARE o FERA.

☐ Actualmente tengo ingresos fijos y recibo ingresos o beneficios de uno o más de los siguientes programas: pensiones, Seguro social, SSP o SSDI, intereses/dividendos de cuentas de jubilación, Medicaid/Medi-Cal (65 años o más) o SSI.

Los ingresos de mi hogar son:

Total de ingresos anuales brutos del hogar \$.00

(por favor, incluya todos los ingresos de todos los miembros del hogar)

X

Firma del cliente

☐ Rellene el círculo si es tutor o tiene carta de poder.

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Fecha



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Oakland, California

	Revised	Cal. P.U.C. Sheet No.	40107-G
Cancelling	Revised	Cal. P.U.C. Sheet No.	39369-G

Gas Sample Form No. 01-9285
CARE/FERA Program Application for Sub-Metered Residential Customers

Sheet 1

**Please Refer to Attached
Sample Form**

Advice
Decision

5066-G

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted	<u>May 7, 2025</u>
Effective	<u>June 1, 2025</u>
Resolution	<u>E-5200 and E-3524</u>



CARE/FERA PROGRAM APPLICATION Sub-Metered Residential Customers

Choose the
best rate
plan for you.
Learn more†.

Save on your monthly PG&E bill

If your landlord bills you directly for gas and electricity, you are a “sub-metered” customer. While you are not a direct PG&E customer, you may still be eligible for programs and services to help you lower your energy bills, including the CARE and the FERA programs.

California Alternate Rates for Energy (CARE)

pge.com/care

1-800-468-4743

The CARE program offers a monthly discount on PG&E bills for qualifying households. To enroll:

- Check all the qualifying public assistance programs in Section 2A from which you, or someone in your household, receive benefits **OR**
- Complete Section 2B which includes 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.

You will also need to have your landlord or facility manager complete Section 1A of this application. If your landlord has questions, have him or her email CAREandFERA@pge.com.

CARE Income Guidelines

(valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,300 or less
3	\$53,300 or less
4	\$64,300 or less
5	\$75,300 or less
6	\$86,300 or less
7	\$97,300 or less
8	\$108,300 or less
Each additional person, add	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera

1-800-743-5000

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 with a slightly higher income than required for CARE.

FERA Income Guidelines

(valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,301–\$52,875
3	\$53,301–\$66,625
4	\$64,301–\$80,375
5	\$75,301–\$94,125
6	\$86,301–\$107,875
7	\$97,301–\$121,625
8	\$108,301–\$135,375
Each additional person, add	\$11,000–\$13,750

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 non-taxable 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

How you can apply

Email: Take a picture or scan completed application and email this image to CAREandFERA@pge.com

Mail: Send completed application to
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

Fax: Send completed application to 1-877-302-7563

Other helpful programs and services

Energy Savings Assistance Program

pge.com/energysavings
1-800-933-9555

This program provides energy-efficient home improvements and appliances at no cost to customers who are income qualified. Property owners and renters are eligible to participate.

**Energy Savings
.....
Assistance Program™**

Medical Baseline

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.

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.

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.



SOLICITUD PARA EL PROGRAMA CARE/FERA

Cientes residenciales con sub-medidor

Elija el mejor plan de tarifas para usted. Obtenga información adicional†.

Ahorre en su factura mensual de PG&E

Si su arrendador le factura directamente por el consumo de gas y electricidad, usted es considerado como un cliente con "sub-medidor". A pesar de que usted no es cliente directo de PG&E, usted podría calificar para programas que lo ayuden a reducir el monto de su factura de energía, incluyendo los programas CARE y FERA.

California Alternate Rates for Energy (CARE)

pge.com/care-es

1-866-743-2273

El programa CARE ofrece un descuento mensual en las facturas de PG&E de los hogares que reúnan los requisitos. Para inscribirse:

- Marque todos los programas de asistencia pública que reúnan los requisitos en la Sección 2A de los que usted o alguna persona de su hogar reciban beneficios **O BIEN**
- Llene la Sección 2B que incluye los ingresos brutos anuales totales de su hogar.*

Otras calificaciones incluyen que:

- Su consumo eléctrico mensual no exceda seis veces lo permitido por el Nivel 1.
- Usted no sea reclamado como dependiente en la declaración de impuestos de otra persona que no sea su esposo(a).
- Usted no comparta el medidor de energía con otra vivienda.
- Usted renovará su elegibilidad por lo menos cada dos años.

Usted necesitará que su arrendador(a) o administrador(a) complete la sección 1A de esta solicitud. Si su arrendador(a) tiene preguntas, dígame que nos envíe un correo electrónico a CAREandFERA@pge.com.

Requisitos de ingreso CARE (válido hasta el 31 de mayo, 2026)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$42,300 o menos
3	\$53,300 o menos
4	\$64,300 o menos
5	\$75,300 o menos
6	\$86,300 o menos
7	\$97,300 o menos
8	\$108,300 o menos
Por cada persona adicional, añada	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera-es

1-800-743-5000

Requisitos de ingreso FERA (válido hasta el 31 de mayo, 2026)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
Por cada persona adicional, añada	\$11,000-\$13,750

Si usted no cumple con los requisitos para el programa CARE, tal vez califique para el programa FERA, que ofrece un descuento en las facturas mensuales de electricidad a familias que reciban un ingreso ligeramente más alto que el requerido para CARE.

Vea los requisitos de ingreso de FERA que incluimos en esta tabla para ver si cumple con los requisitos e inscribese completando la solicitud incluida.

*El ingreso bruto total anual del hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ingreso por trabajo autónomo y relativo a cualquier empleo, ingreso no pagado en efectivo.

†Obtenga información adicional y un análisis personalizado de su tarifa en pge.com/findrates

Cómo puede inscribirse

Email: Saque una foto o escanee su solicitud completa y envíe la imagen a: CAREandFERA@pge.com

Correo: Envíe la solicitud completa a **CARE/FERA Program**
P.O. Box 29647
Oakland, CA 94604-7563

Fax: Envíe la solicitud completa al **1-877-302-7563**

Otros programas y servicios útiles

Energy Savings Assistance Program
pge.com/energysavings-es
1-800-933-9555

Este programa proporciona mejoras al hogar y electrodomésticos para el consumo eficiente de energía sin costo alguno a los clientes que reúnan los requisitos de ingresos. Los dueños de propiedades y los inquilinos pueden participar.

Energy Savings
.....
Assistance Program

Medical Baseline
pge.com/medicalbaseline

Si debido a necesidades médicas usted depende de equipos de soporte vital o de otro tipo de equipos, usted podría ser elegible para obtener energía adicional al precio base más bajo a través del programa Medical Baseline.

Universal Lifeline Telephone Service (ULTS)
Obtenga acceso telefónico a bajo precio cuando reúna los requisitos de ingreso similares al programa CARE. Para más información, contacte a su compañía local de teléfonos.

Low Income Home Energy Assistance Program (LIHEAP)
1-866-675-6623

Si usted destina un alto porcentaje de su ingreso al pago de las facturas de energía, podría reunir las condiciones para recibir asistencia económica y servicios de aislamiento térmico a través de este programa administrado por el California Department of Community Services and Development.



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Oakland, California

	Revised	Cal. P.U.C. Sheet No.	40108-G
Cancelling	Revised	Cal. P.U.C. Sheet No.	34199-G

Gas Sample Form No. 61-0535
CARE Program Application for Migrant Farm Worker Housing Centers

Sheet 1

**Please Refer to Attached
Sample Form**

Advice
Decision

5066-G

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted	<u>May 7, 2025</u>
Effective	<u>June 1, 2025</u>
Resolution	<u>E-5200 and E-3524</u>



CARE PROGRAM APPLICATION

Migrant Farm Worker Housing Centers

Choose the
best rate
plan for you.
Learn more†.

Save on your monthly PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/care

The CARE program offers a monthly discount on PG&E bills for qualifying migrant farm worker housing centers (MFHC) based on criteria established by the California Public Utilities Commission. Please review this application carefully to see if your facility qualifies. If you have questions, email CAREandFERA@pge.com.

How You Can Apply

Read all the information, including the eligibility criteria for both organizations and facilities, before you complete this application.

Determine if your facility meets the definition of a qualified migrant farm worker housing center. The facility must meet all criteria to qualify for a monthly CARE discount.

Complete the entire application, making sure to fill out a separate application for each type of qualified facility.

Attach all required documents; otherwise your application will be considered incomplete. Required documents include:

- A copy of your current contract with the Office of Migrant Services **OR** your Federal 501(c)(3) tax exemption **OR** your state tax exemption form along with your local property tax exemption form
- A complete list of your facility's PG&E accounts (See Section 5 of the application.)

Return your completed application using **one** of the following methods:

- **Email:** Take clear pictures of your completed application and required documentation or scan these materials; convert these images into a PDF (portable document file) and email it to CAREandFERA@pge.com.
- **Fax:** Send completed application and required documentation to **1-877-302-7563**.
- **Mail to:** Pacific Gas and Electric Company
CARE Program
P. O. Box 29647
Oakland, CA 94604-7563

Eligible Facilities

- **Migrant Farm Worker Housing Centers, operated by the Office of Migrant Services through the Department of Housing and Community Development**, provide housing pursuant to Section 50710 of the California Health and Safety Code.
- **Migrant Farm Worker Housing Centers, operated by non-profit entities**, 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.

Eligibility Criteria for Organizations

Each facility **MUST** meet ALL of the following:

- The migrant farm worker housing center (MFHC) must be the PG&E customer of record.
- MFHC must verify that the energy supplied to each account listed in this application is used for residential purposes.
- MFHC must agree to use all CARE savings (from reduced energy rates) for the direct benefit of its housing center residents.
- MFHC is required to renew its CARE eligibility by completing a new application, attaching all required documentation (updated as necessary) and providing an explanation as to how the previous year's CARE discount was used to directly benefit its residents.

Migrant Farm Worker Housing Centers' (MFHC) Responsibilities

As the applicant, you are required to:

- Provide a copy of your current contract with the Office of Migrant Services or a copy of your Federal 501(c)(3) tax exemption or a copy of your state tax exemption form, along with a current copy of your local property tax exemption form.
- Maintain supporting records and documentation that demonstrate how the previous year's CARE discount directly benefited your residents.
- Notify PG&E of any changes in the eligible service agreements listed in this application. Your organization may be subject to rebilling for any of the service agreements in this application that are no longer eligible for the CARE discount.



1 Your Organization and Facility

2 Facility Information

☐ **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

Your Declaration

1. The information I have provided here is true and correct.
2. The organization is a PG&E customer of record.
3. I will renew our organization's eligibility at least every four years and notify PG&E of any changes that may affect our CARE eligibility.
4. 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.
5. 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

X

FOR INTERNAL
USE ONLY

Rev. 6.25 CRS-0625-4803

Your PG&E Facility Account(s)

Total number of residents: _____
(Excluding on-site manager)

PG&E Account Number (Find yours on page 1 of your PG&E bill.)Electric Service ID#Gas Service ID#Service AddressCity/State/Zip Code

Total number of residents: _____
(Excluding on-site manager)

PG&E Account Number (Find yours on page 1 of your PG&E bill.)Electric Service ID#Gas Service ID#Service AddressCity/State/Zip Code

Total number of residents: _____
(Excluding on-site manager)

PG&E Account Number (Find yours on page 1 of your PG&E bill.)Electric Service ID#Gas Service ID#Service AddressCity/State/Zip Code

Total number of residents: _____
(Excluding on-site manager)

PG&E Account Number (Find yours on page 1 of your PG&E bill.)Electric Service ID#Gas Service ID#Service AddressCity/State/Zip Code

Total number of residents: _____
(Excluding on-site manager)



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Oakland, California

	Revised	Cal. P.U.C. Sheet No.	40109-G
Cancelling	Revised	Cal. P.U.C. Sheet No.	34200-G

Gas Sample Form No. 62-0156

Sheet 1

CARE Program Application for Nonprofit Group Living Facilities

**Please Refer to Attached
Sample Form**

Advice
Decision

5066-G

Issued by
Shilpa Ramaiya
Vice President

Regulatory Proceedings and Rates

Submitted
Effective
Resolution

May 7, 2025
June 1, 2025
E-5200 and E-3524



Nonprofit Group Living Facilities and Homekey Housing Facilities

Choose the
best rate
plan for you.
Learn more†.

Save on your monthly PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/care

The CARE program offers a monthly discount on PG&E bills for qualifying nonprofit group living facilities and Homekey housing facilities based on criteria established by the California Public Utilities Commission. Please review this application carefully to see if your facility qualifies. If you have questions, email CAREandFERA@pge.com.

How You Can Apply

Read all the information, including the eligibility criteria for both organizations and facilities, before you complete this application.

Determine if your facility meets the definition of a qualified nonprofit group living facility or Homekey housing facility. The facility must meet all criteria to qualify for a monthly CARE discount.

Complete the entire application, making sure to fill out a separate application for each type of qualified facility.

Attach all required documents; otherwise your application will be considered incomplete.

Required documents include:

- A copy of a valid Federal 501(c)(3) tax exemption form or Government Agency Taxpayer ID Form **with the same name as the utility account(s)**; and
- A copy of a valid California state tax exemption form; and
- A proof of the Homekey award (i.e., Standard Agreement and published list of the award from HCD's website).
- A copy of your license to provide social service by the appropriate agency or license to provide housing support
- A complete list of your facility's PG&E accounts (See Section 5 of the application.)

Return your completed application using **one** of the following methods:

- **Email:** Take clear pictures of your completed application and required documentation or scan these materials; convert these images into a PDF (portable document file) and email it to CAREandFERA@pge.com.
- **Fax:** Send completed application and required documentation to **1-877-302-7563**.
- **Mail to:** Pacific Gas and Electric Company
CARE Program
P.O. Box 29647
Oakland, CA 94604-7563

Eligible Facilities

Homeless Shelters, Hospices and Women's Shelters

- Lodging must be the facility's primary function.
- Facility must be open with at least six beds for a minimum of 180 days and/or nights per year at each facility's service address.
- Satellite facilities (facilities associated with the headquarter) in the name of the licensed organization are also eligible, as long as 70 percent of the energy supplied is used for residential purposes. **NOTE:** Applications for satellite facilities must be completed by the organization that holds the documentation required.

Required Supporting Documentation

Copy of a currently valid Federal 501(c)(3) tax exemption document with the same name as the PG&E account(s).

Group Living Facilities

These facilities are defined as transitional housing (such as drug rehabilitation or half-way houses), short- or long-term care facilities (such as hospice, nursing home, children's and seniors' homes), group homes for physically or mentally challenged people, or other nonprofit group living facilities.

- Each facility must provide a special-needs social service, such as meals or rehabilitation, in addition to lodging.
- Satellite facilities in the name of the licensed organization are also eligible, as long as 70 percent of the energy supplied is used for residential purposes **and** the facility also provides special-needs social services. **NOTE:** Applications for satellite facilities must be completed by the organization that holds the documentation that shows the special needs social services that are provided.

Required Supporting Documentation

- Copy of your currently valid Federal 501(c)(3) tax exemption document with the same name as the PG&E account(s).
- Copy of a license to provide service by the appropriate agency, such as the State Department of Social Services, Department of Drug and Alcohol program or the Department of Health Services **OR** be able to show some other proof of service that meets with PG&E's satisfaction.

Homekey Housing Facilities

These facilities are permanent supportive housing for individuals at risk of or experiencing homelessness and who are inherently impacted by or at increased risk for medical diseases or conditions.

Required Supporting Documentation

- A copy of a valid Federal 501(c)(3) tax exemption form or Government Agency Taxpayer ID Form **with the same name as the utility account(s)**; and
- A copy of a valid California state tax exemption form; and
- A proof of the Homekey award (i.e., Standard Agreement and published list of the award from HCD's website).
- Each facility must provide a special-needs social service, such as meals or rehabilitation, in addition to lodging.
- Satellite facilities in the name of the licensed organization are also eligible, as long as 70 percent of the energy supplied is used for residential purposes **and** the facility also provides special-needs social services. *NOTE: Applications for satellite facilities must be completed by the organization that holds the documentation that shows the special needs social services that are provided.*

Facilities NOT Eligible

- Nonprofit facilities that only provide social services
- Group living facilities that only provide lodging

Eligibility Criteria for Organizations

Each facility **MUST** meet ALL of the following:

- A copy of a valid Federal 501(c)(3) tax exemption form or Government Agency Taxpayer ID Form **with the same name as the utility account(s)**; and
- A copy of a valid California state tax exemption form; and
- A proof of the Homekey award (i.e., Standard Agreement and published list of the award from HCD's website).
- Homekey housing facilities must be listed on the hcd.ca.gov Homekey website
- Name on the PG&E account(s) must match the name on the Federal 501(c)(3) tax exemption.
- Seventy percent of the energy supplied to each PG&E account, including common use areas, must be used for residential purposes.
- Organization must verify that total gross annual income of all facility's residents and/or households, at any given time, meet the current CARE income eligibility guidelines. *NOTE: This excludes any employee operating or managing the facility who lives on the premises. Please see the enclosed sheet for the current CARE income guidelines.*
- Organization is required to renew its CARE eligibility by completing a new application, attaching all required documentation (updated as necessary) and providing an explanation as to how the previous year's CARE discount was used to directly benefit its residents.

Organization's Responsibilities

As the applicant, your organization is required to:

- Provide proof of the facility's eligibility (see *Eligible Facilities*), and submit required documentation with their CARE application.
- Verify that total gross annual income of all your facility's residents and/or households, at any given time, meet the current CARE income guidelines (see *CARE Income Guidelines* sheet) and make a certification to that effect, under the penalty of perjury, under the laws of the state of California.
- Maintain records of your residents' income eligibility, as demonstrated by Federal tax returns, payroll stubs or similar records acceptable to PG&E. These records must be retained for three years from the date of the initial CARE application and/or renewal.
- Show at renewal how the previous year's CARE discount directly benefited your residents.
- Maintain accounting entries and supporting documentation that demonstrates how the previous year's CARE discount directly benefited your residents. These records must be retained for three years from the date of the initial CARE application and/or renewal.
- Upon request from PG&E, provide documentation for your residents' income eligibility and/or documentation that shows how the CARE discount directly benefited the residents.
- Provide all information requested by PG&E. Failure to do so will result in denial or removal from the CARE program. In addition, your organization may be subject to rebilling for the period it was ineligible for the discount, as determined by PG&E.

Nonprofit Group Living Facilities and Homekey Housing Facilities

Please complete all sections of this application, including the reverse side of this 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 organization with the IRS tax exemption or Government Agency Taxpayer ID Form.)

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

Primary Contact

-

Phone Number

Email Address

Secondary Contact

-

Phone Number

Email Address

Facility Information

Please use a separate application
for each TYPE of facility.

2A. Type of Facility

- ☐ Group Living Facility
☐ Homeless Shelter
☐ Hospice
☐ Women's Shelter
☐ Homekey Housing Facility

2B. Facility Services

Please check all services that apply.

- ☐ Lodging ☐ Training
☐ Counseling ☐ Other (Please describe): _____
☐ Meals
☐ Rehabilitation

3 CARE Program Renewal

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

Your Declaration

By signing this declaration, I certify that our Nonprofit or Homekey Housing Facility also agree to the following program terms and conditions in order to remain eligible for the CARE program:

1. The information I have provided here is true and correct.
2. The organization is a PG&E customer of record.
3. Total gross annual income of all facility's residents and/or households meet the current CARE income guidelines, and documentation is available to substantiate this statement.
4. Each PG&E account meets the 70 percent residential energy usage criteria as described on this application.
5. I will renew our organization's eligibility at least every four years and notify PG&E of any changes that may affect our CARE eligibility.
6. 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.
7. 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

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

For individual facilities of the same type (such as a Group Living Facility, Homeless Shelter, and Homekey Housing Facility), please attach a separate sheet for more than four addresses.

Total number of residents (Excluding on-site manager): _____

Total number of residents (Excluding on-site manager): _____

Total number of residents (Excluding on-site manager): _____

Total number of residents (Excluding on-site manager): _____



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	40110-G
Cancelling	Revised	Cal. P.U.C. Sheet No.	39370-G

Gas Sample Form No. 62-0672 Sheet 1
CARE/FERA Program Application for Sub-Metered Residential Customers (English/Chinese)

**Please Refer to Attached
Sample Form**

Advice
Decision

5066-G

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted	<u>May 7, 2025</u>
Effective	<u>June 1, 2025</u>
Resolution	<u>E-5200 and E-3524</u>



CARE/FERA PROGRAM APPLICATION Sub-Metered Residential Customers

Choose the
best rate
plan for you.
Learn more†.

Save on your monthly PG&E bill

If your landlord bills you directly for gas and electricity, you are a “sub-metered” customer. While you are not a direct PG&E customer, you may still be eligible for programs and services to help you lower your energy bills, including the CARE and the FERA programs.

California Alternate Rates for Energy (CARE)

pge.com/care
1-800-468-4743

The CARE program offers a monthly discount on PG&E bills for qualifying households. To enroll:

- Check all the qualifying public assistance programs in Section 2A from which you, or someone in your household, receive benefits **OR**
- Complete Section 2B which includes 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.

You will also need to have your landlord or facility manager complete Section 1A of this application. If your landlord has questions, have him or her email CAREandFERA@pge.com.

CARE Income Guidelines (valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,300 or less
3	\$53,300 or less
4	\$64,300 or less
5	\$75,300 or less
6	\$86,300 or less
7	\$97,300 or less
8	\$108,300 or less
Each additional person, add	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera
1-800-743-5000

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 with a slightly higher income than required for CARE.

FERA Income Guidelines (valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,301–\$52,875
3	\$53,301–\$66,625
4	\$64,301–\$80,375
5	\$75,301–\$94,125
6	\$86,301–\$107,875
7	\$97,301–\$121,625
8	\$108,301–\$135,375
Each additional person, add	\$11,000–\$13,750

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 non-taxable 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

How you can apply

Email: Take a picture or scan completed application and email this image to CAREandFERA@pge.com

Mail: Send completed application to
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

Fax: Send completed application to 1-877-302-7563

Other helpful programs and services

Energy Savings Assistance Program
pge.com/energysavings
1-800-933-9555

This program provides energy-efficient home improvements and appliances at no cost to customers who are income qualified. Property owners and renters are eligible to participate.

**Energy Savings
Assistance Program**

Medical Baseline
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.

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.

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.



CARE/FERA 計劃申請表 使用分錶的住宅用戶

選擇最適合您的費率計劃。
深入了解⁺。

您每月的 PG&E 帳單可獲得省錢優惠

如果您的房東直接向您收取煤電費用，您即屬於「使用分錶」的用戶。雖然您不是 PG&E 的直屬用戶，但您仍可能有資格參加降低能源帳單的計劃，其中包含 CARE 及 FERA 計劃。

California Alternate Rates for Energy (CARE) 計劃

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：

- 勾選第 2A 節中您或家中其他人參加並獲得福利的所有符合條件的公共補助計劃或
- 填妥第 2B 節（當中包括您的全家總年收入）。*

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。

您還需要房東或住宅設施經理填寫本申請表 1A 節。如果您的房東有任何疑問，請他或她致電郵地 CAREandFERA@pge.com。

*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

CARE 收入標準

(有效期至 2026 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	\$42,300 或以下
3	\$53,300 或以下
4	\$64,300 或以下
5	\$75,300 或以下
6	\$86,300 或以下
7	\$97,300 或以下
8	\$108,300 或以下
每多一人即增加	\$11,000

Family Electric Rate Assistance (FERA) 計劃

pge.com/fera-ch
1-800-743-5000

FERA 收入標準

(有效期至 2026 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
每多一人即增加	\$11,000-\$13,750

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。該計劃為收入稍高於 CARE 規定的家庭提供每月電費帳單折扣。

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。

申請方式

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

郵寄：將填好的申請表寄到
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

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

1-800-933-9555

此計劃為收入符合資格的客戶免費提供住宅節能改善工程與家電設備。業主和租客符合參與資格。

**Energy Savings
Assistance Program™**

Medical Baseline

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。

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。

低收入家庭能源協助計劃 (LIHEAP)

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，您可能也有資格獲得財務援助及防水服務。



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	40111-G
Cancelling	Revised	Cal. P.U.C. Sheet No.	39371-G

Gas Sample Form No. 62-0673 Sheet 1
CARE/FERA Program Application for Sub-Metered Residential Customers (English/Vietnamese)

**Please Refer to Attached
Sample Form**

Advice
Decision

5066-G

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted	<u>May 7, 2025</u>
Effective	<u>June 1, 2025</u>
Resolution	<u>E-5200 and E-3524</u>



CARE/FERA PROGRAM APPLICATION Sub-Metered Residential Customers

Choose the
best rate
plan for you.
Learn more†.

Save on your monthly PG&E bill

If your landlord bills you directly for gas and electricity, you are a "sub-metered" customer. While you are not a direct PG&E customer, you may still be eligible for programs and services to help you lower your energy bills, including the CARE and the FERA programs.

California Alternate Rates for Energy (CARE)

pge.com/care
1-800-468-4743

The CARE program offers a monthly discount on PG&E bills for qualifying households. To enroll:

- Check all the qualifying public assistance programs in Section 2A from which you, or someone in your household, receive benefits **OR**
- Complete Section 2B which includes 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.

You will also need to have your landlord or facility manager complete Section 1A of this application. If your landlord has questions, have him or her email CAREandFERA@pge.com.

CARE Income Guidelines
(valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,300 or less
3	\$53,300 or less
4	\$64,300 or less
5	\$75,300 or less
6	\$86,300 or less
7	\$97,300 or less
8	\$108,300 or less
Each additional person, add	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera
1-800-743-5000

FERA Income Guidelines
(valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
Each additional person, add	\$11,000-\$13,750

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 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 non-taxable 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

How you can apply

Email: Take a picture or scan completed application and email this image to CAREandFERA@pge.com

Mail: Send completed application to
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

Fax: Send completed application to **1-877-302-7563**

Other helpful programs and services

Energy Savings Assistance Program

pge.com/energysavings
1-800-933-9555

This program provides energy-efficient home improvements and appliances at no cost to customers who are income qualified. Property owners and renters are eligible to participate.

Energy Savings
.....
Assistance Program™

Medical Baseline

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.

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.

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.



MẪU ĐƠN CHƯƠNG TRÌNH CARE/FERA

Khách Hàng Gia Cư Có Đồng Hồ Đo Phụ

Chọn chương trình mức giá phù hợp nhất với quý vị. Tìm hiểu thêm†.

Tiết kiệm trên hóa đơn PG&E hàng tháng của quý vị

Nếu chủ nhà của quý vị là người gửi hóa đơn điện và khí đốt trực tiếp đến quý vị, thì quý vị là khách hàng có “đồng hồ đo phụ.” Dù quý vị không phải là khách hàng trực tiếp của PG&E, quý vị vẫn có thể hội đủ điều kiện cho các chương trình và dịch vụ giúp giảm hóa đơn năng lượng của quý vị, bao gồm chương trình CARE và FERA.

California Alternate Rates for Energy (CARE)

pge.com/care
1-866-743-2273

Chương trình CARE giảm giá hàng tháng trên hóa đơn PG&E cho các gia đình hội đủ điều kiện. Để ghi danh:

- Đánh dấu tất cả các chương trình trợ cấp xã hội hội đủ điều kiện trong Phần 2A mà quý vị hoặc ai đó trong gia đình đang được nhận quyền lợi **HOẶC**
- Hoàn thành Phần 2B bao gồm tổng thu nhập hàng năm của gia đình quý vị.*

Các điều kiện hợp lệ khác gồm có:

- Quý vị sử dụng điện hàng tháng không quá sáu lần mức Tier 1 cho phép.
- Quý vị không là người phụ thuộc trên tờ khai thuế thu nhập của người nào khác ngoài vợ/chồng của quý vị.
- Quý vị không dùng chung đồng hồ năng lượng với gia đình khác.
- Quý vị sẽ tái gia hạn việc hội đủ điều kiện được giảm giá ít nhất hai năm một lần.

Quý vị cũng sẽ cần nhờ chủ nhà hoặc người quản lý khu nhà điền vào Phần 1A của mẫu đơn ghi danh này. Nếu chủ nhà của quý vị có thắc mắc, hãy bảo họ gửi email tới CAREandFERA@pge.com.

Chỉ dẫn về thu nhập của chương trình CARE

(có hiệu lực đến ngày 31 tháng Năm, 2026)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1-2	\$42,300 hoặc ít hơn
3	\$53,300 hoặc ít hơn
4	\$64,300 hoặc ít hơn
5	\$75,300 hoặc ít hơn
6	\$86,300 hoặc ít hơn
7	\$97,300 hoặc ít hơn
8	\$108,300 hoặc ít hơn
Với mỗi người thêm vào, cộng thêm	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera
1-800-743-5000

Chỉ dẫn về thu nhập của chương trình FERA

(có hiệu lực đến ngày 31 tháng Năm, 2026)

Nếu quý vị không hội đủ điều kiện tham gia chương trình CARE, quý vị vẫn có thể hội đủ điều kiện cho chương trình FERA. Chương trình này giảm giá trên hóa đơn điện hàng tháng

cho các gia đình có lợi tức cao hơn một chút so với yêu cầu của chương trình CARE.

Xem Chỉ Dẫn về Thu Nhập của chương trình FERA được liệt kê ở trên để xem quý vị có đủ điều kiện không và đăng ký bằng cách hoàn tất đơn đăng ký đính kèm.

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1-2	\$42,301–\$52,875
3	\$53,301–\$66,625
4	\$64,301–\$80,375
5	\$75,301–\$94,125
6	\$86,301–\$107,875
7	\$97,301–\$121,625
8	\$108,301–\$135,375
Với mỗi người thêm vào, cộng thêm	\$11,000–\$13,750

*Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

†Tìm hiểu thêm và được phân tích mức giá riêng cho cá nhân tại pge.com/findrates

Cách đăng ký

Bằng email: Chụp ảnh hoặc scan đơn đăng ký hoàn chỉnh của quý vị và gửi email ảnh này đến địa chỉ CAREandFERA@pge.com

Bằng thư: Gửi đơn đăng ký hoàn chỉnh đến
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

Fax: Gửi đơn đăng ký hoàn chỉnh đến
1-877-302-7563

Các chương trình và dịch vụ hữu ích khác

Energy Savings Assistance Program
pge.com/energysavings
1-800-933-9555

Chương trình này cung cấp các biện pháp nâng cấp nhà và các thiết bị gia dụng tiết kiệm năng lượng miễn phí cho khách hàng hội đủ điều kiện về thu nhập. Chủ sở hữu và người thuê bất động sản hội đủ điều kiện tham gia.

Energy Savings
Assistance Program

Medical Baseline
pge.com/medicalbaseline

Nếu quý vị phải phụ thuộc vào thiết bị hỗ trợ sự sống hoặc thiết bị khác do nhu cầu sức khỏe, quý vị có thể hội đủ điều kiện nhận thêm năng lượng với giá thấp nhất qua chương trình Medical Baseline.

Universal Lifeline Telephone Service (ULTS)

Nhận giảm giá điện thoại khi quý vị đủ điều kiện về thu nhập tương tự như chương trình CARE. Hãy liên hệ với nhà cung cấp dịch vụ điện thoại tại địa phương để tìm hiểu thêm.

Low Income Home Energy Assistance Program (LIHEAP)
1-866-675-6623

Nếu quý vị cần phải sử dụng một phần lớn thu nhập của mình để trả hóa đơn năng lượng, quý vị có thể hội đủ điều kiện để nhận trợ giúp tài chính và những dịch vụ điều hòa thời tiết qua chương trình này được điều hành bởi Sở Dịch Vụ và Phát Triển Cộng Đồng California.



CARE/FERA PROGRAM APPLICATION

Sub-Metered Residential Customers

Form 62-0673

1. Have your landlord or facility manager fill out Section 1A.
2. Fill out Section 1B.
3. Fill out Section 2A **OR** Section 2B. **Only one section (A or B) is required** to qualify for this program.

4. Sign and date this form and return to PG&E as soon as possible. **By signing this application you agree to make available to your landlord or facility manager PG&E's determination of your eligibility to participate in CARE or FERA for them to pass along the discount if you qualify.**

1

1A Your landlord and facility

Applicant status: ● ADD NEW ● DROP ● RENEW ● MOVE TO DIFFERENT SPACE

PG&E account numbers:

Electricity

Gas

Your mobile home park/facility name

Your mobile home park/facility address (City/State/Zip Code)

Your landlord or manager's name

Preferred phone number ☐ Home ☐ Work ☐ Mobile

Your landlord or manager's mailing address (City/State/Zip Code)

Email

1B You and your household

Your name [Use the name as it appears on the energy bill from your landlord, which must be in your name.]

Email [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.]

Your home address [Address must be your primary residence. Do **NOT** use a P.O. Box.]

Unit #/City/State/Zip Code

Mailing address Unit #/City/State/Zip Code

Preferred phone number ☐ Home ☐ Work ☐ Mobile

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

- ☐ English ☐ Spanish ☐ Mandarin ☐ Cantonese ☐ Vietnamese
☐ Russian ☐ Korean ☐ Tagalog ☐ Hmong

Alternative phone number ☐ Home ☐ Work ☐ Mobile

What is your preferred method of communication? (Choose one)
☐ Mail ☐ Email ☐ Phone ☐ Text [Message and data rates may apply.]

Number of people in your household at this address:

Adults + Children (under 18) =

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) | ☐ Medi-Cal for Families (Healthy Families A&B) |
| ☐ Women, Infants, and Children (WIC) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (Food stamps) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ CalWORKs (TANF) or Tribal TANF | ☐ Medicaid/Medi-Cal (under age 65) |
| ☐ Head Start Income Eligible (Tribal only) | ☐ Medicaid/Medi-Cal (age 65 and over) |
| ☐ Supplemental Security Income (SSI) | |

OR

2B Household 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:

Total gross annual household income \$.00
(please account for all income from every household member)

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 understand that I may be switched or dropped from the CARE or FERA program if I submit information or PG&E receives information from other programs which deem me ineligible.
8. I authorize PG&E to share my information in order to remain eligible for available energy management assistance, and price reduction and residential rate programs with other utilities, state agencies and entities designated by the CPUC.
9. 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.

SIGN HERE

Customer signature

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

Date

FOR INTERNAL USE ONLY



MẪU ĐƠN CHƯƠNG TRÌNH CARE/FERA

Khách Hàng Gia Cư Có Đồng Hồ Đo Phụ

Mẫu đơn 62-0673

- Đã được chủ nhà hoặc người quản lý khu nhà của quý vị điền thông tin vào Mục 1A.
- Điền thông tin vào Mục 1B.
- Điền thông tin vào Mục 2A **HOẶC** Mục 2B. **Chỉ cần một mục (A hoặc B)** để hội đủ điều kiện cho chương trình này.

- Vui lòng ký tên và ghi ngày tháng vào mẫu đơn này rồi gửi lại cho PG&E càng sớm càng tốt. **Khi ký vào đơn ghi danh này, quý vị đồng ý để chủ nhà và quản lý khu nhà biết quyết định của PG&E về tính hội đủ điều kiện tham gia CARE hoặc FERA của quý vị để họ chuyển giao khoản giảm giá nếu quý vị hội đủ điều kiện.**

1

1A Chủ nhà và khu nhà của quý vị

Tình trạng người nộp đơn:

☐ CỘNG THÊM MỚI ☐ BỎ ☐ TÁI XÁC NHẬN ☐ DỜI SANG CHỖ KHÁC

Số trường mục PG&E: Điện

Khí đốt

Tên khu nhà lưu động/khu nhà của quý vị

Địa chỉ khu nhà lưu động/khu nhà của quý vị (Thành phố/Bang/Số Zip)

Tên của chủ nhà hay quản lý

Số điện thoại chính ☐ Nhà ☐ Nơi làm việc ☐ Di động

Địa chỉ liên lạc bằng thư của chủ nhà hay quản lý (Thành phố/Bang/Số Zip)

Địa chỉ email

1B Quý vị và gia đình của quý vị

Tên quý vị (Phải sử dụng tên của quý vị và giống với tên trên hóa đơn năng lượng từ chủ nhà của quý vị.)

Địa chỉ email (Khi quý vị ghi địa chỉ email vào là quý vị đã cho phép PG&E thỉnh thoảng gửi cho quý vị thông tin về dịch vụ tiện ích PG&E và chương trình và dịch vụ PG&E mà quý vị có thể được hưởng.)

Địa chỉ nhà của quý vị (Địa chỉ phải là nơi cư ngụ chính của quý vị. **KHÔNG** được sử dụng hộp thư bưu điện P.O. Box.)

Số căn hộ #/Thành phố/Bang/Số Zip

Địa chỉ liên lạc bằng thư Số căn hộ #/Thành phố/Bang/Số Zip

Số điện thoại chính ☐ Nhà ☐ Nơi làm việc ☐ Di động

Quý vị muốn sử dụng ngôn ngữ nào trong tương lai khi trao đổi với CARE và FERA? (Hãy chọn một)

☐ Tiếng Anh ☐ Tiếng Tây Ban Nha ☐ Tiếng Quan Thoại ☐ Tiếng Quảng Đông ☐ Tiếng Việt ☐ Tiếng Nga ☐ Tiếng Hàn ☐ Tiếng Tagalog ☐ Tiếng H'mông

Số điện thoại thay thế ☐ Nhà ☐ Nơi làm việc ☐ Di động

Quý vị muốn trao đổi bằng hình thức nào? (Hãy chọn một)

☐ Bảng thư ☐ Bảng email ☐ Bảng điện thoại ☐ Bảng tin nhắn (Có thể áp dụng phí dữ liệu và tin nhắn)

Số người sống trong nhà quý vị tại địa chỉ này:

Người lớn + Trẻ nhỏ =
(dưới 18 tuổi)

2

Hộ gia đình đủ tiêu chuẩn

Quý vị nên điền Phần 2A **HOẶC** Phần 2B.

2A Các chương trình trợ cấp xã hội

Đánh dấu tất cả các chương trình mà quý vị hoặc người trong gia đình quý vị đang được nhận.

- | | |
|---|---|
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | ☐ Medi-Cal for Families (Healthy Families A&B) |
| ☐ Women, Infants, and Children (WIC) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (Food stamps) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ CalWORKs (TANF) hoặc Tribal TANF | ☐ Medicaid/Medi-Cal (dưới 65 tuổi) |
| ☐ Head Start Income Eligible (chỉ dành cho bộ lạc) | ☐ Medicaid/Medi-Cal (65 tuổi hoặc hơn) |
| ☐ Supplemental Security Income (SSI) | |

HOẶC

2B Thu nhập hộ gia đình

☐ Tôi hiện có thu nhập cố định và nhận thu nhập hoặc phúc lợi từ một hoặc nhiều nguồn sau: lương hưu, an sinh xã hội, SSP hoặc SSDI, lãi/cổ tức từ tài khoản hưu trí, Medicaid/Medi-Cal (65 tuổi hoặc hơn) hoặc SSI.

Thu nhập hộ gia đình của tôi là:

Tổng thu nhập hàng năm của hộ gia đình \$.00

(vui lòng tính tất cả thu nhập từ mọi thành viên trong gia đình)

3

Cam đoan

Qua việc ký giấy cam đoan này, tôi xác nhận rằng thông tin mà tôi cung cấp trong đơn xin này là đúng và trung thực.

Tôi xác nhận rằng tôi đã đọc và hiểu nội dung trong đơn xin này. Tôi cũng đồng ý tuân thủ các điều khoản và điều kiện của chương trình CARE hoặc FERA, bao gồm các điều khoản và điều kiện sau đây:

- Tôi không là người phụ thuộc trên tờ khai thuế thu nhập của người nào khác ngoài vợ/chồng của tôi.
- Tôi không cố ý dùng chung đồng hồ đo năng lượng với nhà khác.
- Tôi sẽ thông báo cho PG&E biết khi gia đình tôi không còn đủ điều kiện được giảm giá theo chương trình CARE hoặc FERA nữa.
- Tôi hiểu rằng tôi có thể phải cung cấp chứng từ thu nhập của hộ gia đình.
- Tôi hiểu rằng tôi có thể được yêu cầu tham gia Chương Trình Trợ Giúp Tiết Kiệm Năng Lượng (Energy Savings Assistance Program).
- Tôi hiểu rằng tôi có thể bị loại ra khỏi chương trình CARE nếu mức sử dụng điện hàng tháng của tôi vượt quá sáu lần định mức Hạng Mức 1.
- Tôi hiểu rằng tôi có thể bị chuyển sang hoặc bị loại khỏi chương trình CARE hoặc FERA nếu tôi gửi thông tin hoặc PG&E nhận được thông tin từ các chương trình khác cho rằng tôi không đủ điều kiện.
- Tôi cho phép PG&E chia sẻ thông tin của tôi để duy trì tình trạng hội đủ điều kiện nhận hỗ trợ quản lý năng lượng hiện có, các chương trình giảm giá và giá sinh hoạt với các tiện ích khác, cơ quan tiểu bang và tổ chức do CPUC chỉ định.
- Tôi sẽ hoàn trả lại khoản giảm giá mà tôi nhận được nếu tôi cung cấp thông tin giả mạo để hỗ trợ cho việc tôi xin tham gia chương trình CARE hoặc FERA.

KÝ TÊN TẠI ĐÂY

Chữ ký khách hàng

☐ Điền vào ô tròn nếu quý vị là người giám hộ hoặc quý vị có giấy ủy quyền.

FOR INTERNAL USE ONLY

Ngày



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	40112-G
Cancelling	Revised	Cal. P.U.C. Sheet No.	39372-G

Gas Sample Form No. 62-0919
CARE/FERA Program Application for Residential Customers
(Pre-Printed Application)

Sheet 1

**Please Refer to Attached
Sample Form**

Advice
Decision

5066-G

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted
Effective
Resolution

May 7, 2025
June 1, 2025
E-5200 and E-3524

1. Fill out **Section 1**.
2. Fill out **Section 2A OR Section 2B**. **Only one section (A or B) is required** to qualify for this program.
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

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.)

Preferred phone number

☐ Home ☐ Work ☐ Mobile

Alternative phone number

☐ Home ☐ Work ☐ Mobile

What language do you prefer for future CARE 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.)

Number of people in your household at this address:

Adults + Children =
(under 18)

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)

OR

2B Household 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:

Total gross annual household income \$.00
(please account for all income from every household member)

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 understand that I may be switched or dropped from the CARE or FERA program if I submit information or PG&E receives information from other programs which deem me ineligible.
8. I authorize PG&E to share my information in order to remain eligible for available energy management assistance, and price reduction and residential rate programs with other utilities, state agencies and entities designated by the CPUC.
9. 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.

X

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

FOR INTERNAL USE ONLY

Date _____



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	40113-G
Cancelling	Revised	Cal. P.U.C. Sheet No.	39373-G

Gas Sample Form No. 62-0939
CARE/FERA Program Application for Residential Customers
(Pre-Printed Application Instruction)

Sheet 1

**Please Refer to Attached
Sample Form**

Advice
Decision

5066-G

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted
Effective
Resolution

May 7, 2025
June 1, 2025
E-5200 and E-3524



CARE/FERA PROGRAM APPLICATION Residential Customers

Choose the
best rate
plan for you.
Learn more†.

Save on your monthly PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/care
1-866-743-2273

The CARE program offers a monthly discount on PG&E bills for qualifying households. To enroll:

- Check all the qualifying public assistance programs in Section 2A from which you, or someone in your household, receive benefits **OR**
- Complete Section 2B which includes 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
(valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,300 or less
3	\$53,300 or less
4	\$64,300 or less
5	\$75,300 or less
6	\$86,300 or less
7	\$97,300 or less
8	\$108,300 or less
Each additional person, add	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera
1-800-743-5000

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 with a slightly higher income than required for CARE.

FERA Income Guidelines
(valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
Each additional person, add	\$11,000-\$13,750

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 non-taxable 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

How you can apply

Online: Apply online for faster enrollment at 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

Mail:
Send completed application to
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

Fax:
Send completed application to
1-877-302-7563

Other helpful programs and services

Energy Savings Assistance Program

pge.com/energysavings
1-800-933-9555

This program provides energy-efficient home improvements and appliances at no cost to customers who are income qualified. Property owners and renters are eligible to participate.

**Energy Savings
Assistance Program**

Your Account

pge.com/youraccount

Log in to Your 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
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

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.

TTY is available at 711 or 1-800-735-2929.

Automated Document, Preliminary Statement, Part A

Information collected on this application is handled in accordance with PG&E's Privacy Policy. The Privacy Policy is available at pge.com/privacy.

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These offerings are funded by California utility customers and administered by PG&E under the auspices of the California Public Utilities Commission.



SOLICITUD PARA EL PROGRAMA CARE/FERA

Cientes Residenciales

Elija el mejor plan de tarifas para usted. Obtenga información adicional†.

Ahorre en su factura mensual de PG&E

California Alternate Rates for Energy (CARE)

pge.com/care-es
1-866-743-2273

El programa CARE ofrece un descuento mensual en las facturas de PG&E de los hogares que reúnan los requisitos. Para inscribirse:

- Marque todos los programas de asistencia pública que reúnan los requisitos en la Sección 2A de los que usted o alguna persona de su hogar reciban beneficios **O BIEN**
- Llene la Sección 2B que incluye los ingresos brutos anuales totales de su hogar.*

Otras calificaciones incluyen que:

- Su consumo eléctrico mensual no exceda seis veces lo permitido por el Nivel 1.
- Usted no sea reclamado como dependiente en la declaración de impuestos de otra persona que no sea su esposo(a).
- Usted no comparta el medidor de energía con otra vivienda.
- Usted renovará su elegibilidad por lo menos cada dos años.

*El ingreso bruto total anual del hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ingreso por trabajo autónomo y relativo a cualquier empleo, ingreso no pagado en efectivo.

†Información de cambios de tarifas en pge.com/findrates

Requisitos de ingreso CARE (válido hasta el 31 de mayo, 2026)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$42,300 o menos
3	\$53,300 o menos
4	\$64,300 o menos
5	\$75,300 o menos
6	\$86,300 o menos
7	\$97,300 o menos
8	\$108,300 o menos
Por cada persona adicional, añada	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera-es
1-800-743-5000

Requisitos de ingreso FERA (válido hasta el 31 de mayo, 2026)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
Por cada persona adicional, añada	\$11,000-\$13,750

Si usted no cumple con los requisitos para el programa CARE, tal vez califique para el programa FERA, que ofrece un descuento en las facturas mensuales

de electricidad a familias que reciban un ingreso ligeramente más alto que el requerido para CARE.

Vea los requisitos de ingreso de FERA que incluimos en esta tabla para ver si cumple con los requisitos e inscribese completando la solicitud incluida.

Cómo puede inscribirse

Internet: Solicite por Internet para inscribirse más rápidamente visitando pge.com/care-es

Teléfono: Inscribese llamando al 1-866-743-2273

Email: Saque una foto o escanee su solicitud completa y envíe la imagen a: CAREandFERA@pge.com

Correo: Envíe la solicitud completa a CARE/FERA Program P.O. Box 29647 Oakland, CA 94604-7563

Fax: Envíe la solicitud completa al 1-877-302-7563

Otros programas y servicios útiles

Energy Savings Assistance Program
pge.com/energysavings-es
1-800-933-9555

Este programa proporciona mejoras al hogar y electrodomésticos para el consumo eficiente de energía sin costo alguno a los clientes que reúnan los requisitos de ingresos. Los dueños de propiedades y los inquilinos pueden participar.

Energy Savings Assistance Program

Budget Billing
pge.com/budgetbilling
1-800-743-5000

Se basa en el promedio de su factura mensual para que usted maneje sus costos de energía, y elimine grandes variaciones de pago.

Medical Baseline
pge.com/medicalbaseline

Si debido a necesidades médicas usted depende de equipos de soporte vital o de otro tipo de equipos, usted podría ser elegible para obtener energía adicional al precio base más bajo a través del programa Medical Baseline.

Your Account
pge.com/youraccount

Visite Your Account en el sitio de PG&E y regístrese para recibir alertas de facturación y pagos, analizar el consumo de energía de su hogar, pagar sus facturas e informarse más acerca de sus opciones de plan de tarifas.

Low Income Home Energy Assistance Program (LIHEAP)
1-866-675-6623

Si usted destina un alto porcentaje de su ingreso al pago de las facturas de energía, podría reunir las condiciones para recibir asistencia económica y servicios de aislamiento térmico a través de este programa administrado por el California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Obtenga acceso telefónico a bajo precio cuando reúna los requisitos de ingreso similares al programa CARE. Para más información, contacte a su compañía local de teléfonos.



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	40114-G
Cancelling	Revised	Cal. P.U.C. Sheet No.	39374-G

Gas Sample Form No. 62-0940
CARE Program Renewal Instructions - Residential Customers

Sheet 1

**Please Refer to Attached
Sample Form**

Advice
Decision

5066-G

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted	<u>May 7, 2025</u>
Effective	<u>June 1, 2025</u>
Resolution	<u>E-5200 and E-3524</u>



CARE PROGRAM RENEWAL INSTRUCTIONS Residential Customers

Choose the best rate plan for you.
Learn more†.

SOLICITUD PARA RENOVACIÓN DEL PROGRAMA CARE

Form 62-0940

Cientes Residenciales

Elija el mejor plan de tarifas para usted.
Obtenga información adicional†.

Reapply for your monthly CARE discount

We have been pleased to provide you with a monthly discount through the California Alternate Rates for Energy (CARE) program (as noted on the first page of your Pacific Gas and Electric Company bill). However, it is now time to renew your participation.

To continue to receive this discount you need to:

Verify your household qualification

Look over the updated CARE Income Guidelines listed here to verify that you still qualify. If you do, use the enclosed Renewal Application to reapply by:

- Checking all the qualifying public assistance programs in Section 2A from which you, or someone in your household, receive benefits **OR**
- Completing Section 2B which includes 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 (valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,300 or less
3	\$53,300 or less
4	\$64,300 or less
5	\$75,300 or less
6	\$86,300 or less
7	\$97,300 or less
8	\$108,300 or less
Each additional person, add	\$11,000

*Total gross annual household income includes all taxable and non-taxable 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.

Return your renewal application

Use the **postage-paid envelope** we have provided or one of the following methods:

Online: Reapply online for faster renewal at pge.com/care.

Email: Take a picture or scan completed Renewal Application and email this image to CAREandFERA@pge.com.

Fax: Send your completed Renewal Form to **1-877-302-7563**.

Phone: Reapply by calling **1-866-743-2273**.

TTY is available at **711** or **1-800-735-2929**.

†Learn more and get a personalized rate analysis at pge.com/findrates

Vuelva a solicitar su descuento mensual de CARE

Nos complace haberle brindado un descuento mensual a través del programa California Alternate Rates for Energy (CARE, por sus siglas en inglés) (como se indicó en la primera página de su factura de PG&E). Pero ahora, debe renovar su participación.

Para continuar recibiendo este descuento, usted necesita:

Verificar la calificación de su hogar

Mire la lista de requisitos de ingreso actualizados de CARE que presentamos aquí para verificar que usted todavía califica. De ser así, use la solicitud de renovación incluida aquí para:

- Marcar todos los programas de asistencia pública que reúnan los requisitos en la Sección 2A de los que usted o alguna persona de su hogar reciban beneficios **O BIEN**
- Llenar la Sección 2B que incluye los ingresos brutos anuales totales de su hogar.*

Otras calificaciones incluyen que:

- Su consumo eléctrico mensual no exceda seis veces lo permitido por el Nivel 1.
- Usted no sea reclamado como dependiente en la declaración de impuestos de otra persona que no sea su esposo(a).
- Usted no comparta el medidor de energía con otra vivienda.
- Usted renovará su elegibilidad por lo menos cada dos años.

Requisitos de ingreso CARE (válido hasta el 31 de mayo, 2026)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$42,300 o menos
3	\$53,300 o menos
4	\$64,300 o menos
5	\$75,300 o menos
6	\$86,300 o menos
7	\$97,300 o menos
8	\$108,300 o menos
Por cada persona adicional, añada	\$11,000

*El ingreso bruto total anual del hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ingreso por trabajo autónomo y relativo a cualquier empleo, ingreso no pagado en efectivo.

Devolver su solicitud de renovación

Utilice el **sobre adjunto con franqueo pago** o uno de los siguientes métodos:

Internet: Solicite su renovación por Internet más rápidamente visitando el sitio pge.com/care-es.

Email: Saque una foto o escanee su solicitud de renovación completa y envíe la imagen a CAREandFERA@pge.com.

Fax: Envíe la solicitud de renovación completa al **1-877-302-7563**.

Teléfono: Vuelva a solicitar llamando al **1-866-743-2273**.

TTY disponible llamando al **711** o **1-800-735-2929**.

†Obtenga información adicional y un análisis personalizado de su tarifa en pge.com/findrates



選擇最適合您的費率計劃。
深入了解[†]。

Chọn chương trình mức giá phù hợp nhất với quý vị.
Tìm hiểu thêm[†].

即時為每月 CARE 折扣 優惠續期

我們很榮幸能透過 California Alternate Rates for Energy (CARE) 計劃為您提供每月折扣優惠。(見於您的 PG&E 月結單第一頁) 然而，現在是您要續期的時候了。如欲繼續獲得這項優惠，您必須：

核實您的家庭資格

請詳閱所列的最新 CARE 收入標準，核實您仍然符合資格。若符合資格，請以所附的續期申請表再次註冊：

- 勾選第 2A 節中您或家中其他人參加並獲得福利的所有符合條件的公共補助計劃或
- 填妥第 2B 節（當中包括您的全家總年收入）。*

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 收入標準 (有效期至 2026 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	\$42,300 或以下
3	\$53,300 或以下
4	\$64,300 或以下
5	\$75,300 或以下
6	\$86,300 或以下
7	\$97,300 或以下
8	\$108,300 或以下
每多一人即增加	\$11,000

*全家年收入總計包括全家人所有繳稅與不需繳稅的收入，請涵蓋所有收入來源，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收入、非現金收入。

交回您的續期申請表

請使用我們所提供的已付郵資信封，或下列任何一種方式：

上網：上網續期，方便快捷，網址是 pge.com/care-ch。

電郵地址：請拍照或掃描填妥的續期申請表，透過電子郵件寄到 CAREandFERA@pge.com。

傳真：請將填妥的續期表格傳真至 1-877-302-7563。

電話：續期請撥 1-866-743-2273。

需要 CARE 中文更新申請表？

請撥打 1-866-743-2273 索取申請表，或在電話中更新資料。您亦可前往 pge.com/care-ch，在網上更新資料或下載更新申請表，填妥後請將表格郵寄給我們。

Hãy ghi danh lại để nhận giảm giá chương trình CARE hàng tháng của quý vị

Chúng tôi rất vui mừng được cung cấp giảm giá hàng tháng qua chương trình California Alternate Rates for Energy (CARE) (như được ghi ở trang đầu tiên của hóa đơn Pacific Gas and Electric Company của quý vị). Tuy nhiên, giờ đã đến lúc quý vị nên ghi danh lại để tham gia chương trình. Để tiếp tục nhận chương trình giảm giá này, quý vị cần:

Kiểm tra gia đình quý vị có hội đủ điều kiện

Vui lòng xem qua Hướng Dẫn về Thu Nhập của chương trình CARE bản cập nhật được liệt kê tại đây để xem quý vị vẫn hội đủ điều kiện không. Nếu quý vị vẫn hội đủ điều kiện, hãy dùng mẫu Đơn Ghi Danh Lại đính kèm để ghi danh lại bằng cách:

- Đánh dấu tất cả các chương trình trợ cấp xã hội hội đủ điều kiện trong Phần 2A mà quý vị hoặc ai đó trong gia đình đang được nhận quyền lợi **HOẶC**
- Hoàn thành Phần 2B bao gồm tổng thu nhập hàng năm của gia đình quý vị.*

Các điều kiện hợp lệ khác gồm có:

- Quý vị sử dụng điện hàng tháng không quá sáu lần mức Tier 1 cho phép.
- Quý vị không là người phụ thuộc trên tờ khai thuế thu nhập của người nào khác ngoài vợ/chồng của quý vị.
- Quý vị không dùng chung đồng hồ năng lượng với gia đình khác.
- Quý vị sẽ tái gia hạn việc hội đủ điều kiện được giảm giá ít nhất hai năm một lần.

Chỉ dẫn về thu nhập của chương trình CARE

(có hiệu lực đến ngày 31 tháng Năm, 2026)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1-2	\$42,300 hoặc ít hơn
3	\$53,300 hoặc ít hơn
4	\$64,300 hoặc ít hơn
5	\$75,300 hoặc ít hơn
6	\$86,300 hoặc ít hơn
7	\$97,300 hoặc ít hơn
8	\$108,300 hoặc ít hơn
Với mỗi người thêm vào, cộng thêm	\$11,000

*Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

Gửi đơn ghi danh lại của quý vị

Dùng **phong bì có tem trả trước** chúng tôi đã cung cấp hoặc một trong những hình thức sau đây:

Trực tuyến: Ghi danh trực tuyến nhanh tại pge.com/care.

Bằng email: Chụp ảnh hoặc scan đơn đăng ký hoàn chỉnh của quý vị và gửi email ảnh này đến địa chỉ CAREandFERA@pge.com.

Fax: Gửi Mẫu Đơn Ghi Danh Lại hoàn chỉnh tới số 1-877-302-7563.

Bằng Điện Thoại: Ghi danh lại bằng cách gọi đến số 1-866-743-2273.

Quý vị cần mẫu Đơn Ghi Danh Lại chương trình CARE bằng tiếng Việt?

Xin vui lòng gọi 1-866-743-2273 để yêu cầu gửi đơn ghi danh hoặc quý vị có thể ghi danh lại qua điện thoại. Quý vị cũng có thể truy cập pge.com/care để ghi danh lại trực tuyến hoặc tải xuống mẫu đơn ghi danh lại, điền vào và gửi lại cho chúng tôi qua đường bưu điện.



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	40115-G
Cancelling	Revised	Cal. P.U.C. Sheet No.	39375-G

Gas Sample Form No. 62-0972

Sheet 1

CARE/FERA Program Application for Residential Customers (English/Chinese)

**Please Refer to Attached
Sample Form**

Advice
Decision

5066-G

Issued by
Shilpa Ramaiya
Vice President

Regulatory Proceedings and Rates

Submitted
Effective
Resolution

May 7, 2025
June 1, 2025
E-5200 and E-3524



CARE/FERA PROGRAM APPLICATION Residential Customers

Choose the
best rate
plan for you.
Learn more†.

Save on your monthly PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/care
1-866-743-2273

The CARE program offers a monthly discount on PG&E bills for qualifying households. To enroll:

- Check all the qualifying public assistance programs in Section 2A from which you, or someone in your household, receive benefits **OR**
- Complete Section 2B which includes 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
(valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,300 or less
3	\$53,300 or less
4	\$64,300 or less
5	\$75,300 or less
6	\$86,300 or less
7	\$97,300 or less
8	\$108,300 or less
Each additional person, add	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera
1-800-743-5000

FERA Income Guidelines
(valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,301–\$52,875
3	\$53,301–\$66,625
4	\$64,301–\$80,375
5	\$75,301–\$94,125
6	\$86,301–\$107,875
7	\$97,301–\$121,625
8	\$108,301–\$135,375
Each additional person, add	\$11,000–\$13,750

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 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 non-taxable 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

How you can apply

Online: Apply online for faster enrollment at 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

Mail:
Send completed application to
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

Fax:
Send completed application to
1-877-302-7563

Other helpful programs and services

Energy Savings Assistance Program
pge.com/energysavings
1-800-933-9555

This program provides energy-efficient home improvements and appliances at no cost to customers who are income qualified. Property owners and renters are eligible to participate.

**Energy Savings
Assistance Program**

Your Account
pge.com/youraccount

Log in to Your 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
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

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.



CARE/FERA 計劃申請書 住宅用戶

62-0972 表格

選擇最適合您的費率計劃。深入了解[†]。

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
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：

- 勾選第 2A 節中您或家中其他人參加並獲得福利的所有符合條件的公共補助計劃或
- 填妥第 2B 節（當中包括您的全家總年收入）。*

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。

*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

CARE 收入標準

(有效期至 2026 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	\$42,300 或以下
3	\$53,300 或以下
4	\$64,300 或以下
5	\$75,300 或以下
6	\$86,300 或以下
7	\$97,300 或以下
8	\$108,300 或以下
每多一人即增加	\$11,000

Family Electric Rate Assistance (FERA) 計劃

pge.com/fera-ch
1-800-743-5000

FERA 收入標準

(有效期至 2026 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
每多一人即增加	\$11,000-\$13,750

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。該計劃為收入稍高於 CARE 規定的家庭提供每月電費帳單折扣。

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。

申請方式

上網：上網申請速度更快
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

郵寄：
將填好的申請表寄到
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

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
1-800-933-9555

此計劃為收入符合資格的客戶免費提供住家節能改善工程與家電設備。業主和租客符合參與資格。

**Energy Savings
Assistance Program**

Medical Baseline

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 (LIHEAP)

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，您可能資格獲得財務援助及防水服務。

Budget Billing

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。

Your Account

pge.com/youraccount

登入 Your 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。



- 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。

您的 PG&E 帳號 (在 PG&E 帳單第 1 頁。)

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	
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☐ 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

您希望以何種方式進行溝通？(選一項)

居住於此地址的家庭人數：

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。)

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)
- ☐ 婦女、嬰兒及兒童 (WIC)
- ☐ CalFresh/SNAP (糧食券)
- ☐ CalWORKs (TANF) 或 Tribal TANF
- ☐ Head Start Income Eligible (僅限部落)
- ☐ 社會安全生活補助金 (SSI)
- ☐ Medi-Cal for Families (Healthy Families A&B)
- ☐ 全國營養午餐計劃 (NSLP)
- ☐ 印地安事務局一般補助計劃
- ☐ Medicaid/Medi-Cal (未滿 65 歲)
- ☐ Medicaid/Medi-Cal (65 歲以上)

或

2B 家庭收入

- ☐ 我目前領取固定收入，並擁有以下一項或多項收入或福利：
退休金、社安金、SSP 或 SSDI、退休帳戶的利息/股息、
Medicaid/Medi-Cal (65 歲以上) 或 SSI。

我的家庭收入：

家庭年度總收入 \$.00

(請計算每位家庭成員的所有收入)

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：

1. 除了本人配偶外，本人未在他入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. 本人了解，如果本人因提交的資訊或 PG&E 從其他計劃收到的資訊而被認為不合資格，本人可能會被調出或逐出 CARE 或 FERA 計劃。
8. 本人授權 PG&E 與其他公用事業、州行政機關和 CPUC 指定的實體分享本人的資訊，以繼續符合可用能源管理援助與價格折扣和住宅費率計劃的資格。
9. 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



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	40116-G
Cancelling	Revised	Cal. P.U.C. Sheet No.	39376-G

Gas Sample Form No. 62-0973 Sheet 1
CARE/FERA Program Application for Residential Customers (English/Vietnamese)

**Please Refer to Attached
Sample Form**

Advice
Decision

5066-G

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted	<u>May 7, 2025</u>
Effective	<u>June 1, 2025</u>
Resolution	<u>E-5200 and E-3524</u>



CARE/FERA PROGRAM APPLICATION Residential Customers

Choose the
best rate
plan for you.
Learn more†.

Save on your monthly PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/care
1-866-743-2273

The CARE program offers a monthly discount on PG&E bills for qualifying households. To enroll:

- Check all the qualifying public assistance programs in Section 2A from which you, or someone in your household, receive benefits **OR**
- Complete Section 2B which includes 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
(valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,300 or less
3	\$53,300 or less
4	\$64,300 or less
5	\$75,300 or less
6	\$86,300 or less
7	\$97,300 or less
8	\$108,300 or less
Each additional person, add	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera
1-800-743-5000

FERA Income Guidelines
(valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
Each additional person, add	\$11,000-\$13,750

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 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 non-taxable 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

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CAREandFERA@pge.com

Mail:
Send completed application to
CARE/FERA Program
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Oakland, CA 94604-7563

Fax:
Send completed application to
1-877-302-7563

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Energy Savings Assistance Program
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1-800-933-9555

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Assistance Program™**

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1-800-743-5000

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Medical Baseline
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.

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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.



MẪU ĐƠN CHƯƠNG TRÌNH CARE/FERA

Khách Hàng Gia Cư

Chọn chương trình mức giá phù hợp nhất với quý vị.
Tìm hiểu thêm†.

Tiết kiệm trên hóa đơn PG&E hàng tháng của quý vị

Chương Trình California Alternate Rates for Energy (CARE)

pge.com/care
1-866-743-2273

Chỉ dẫn về thu nhập của chương trình CARE
(có hiệu lực đến ngày 31 tháng Năm, 2026)

Chương trình CARE giảm giá hàng tháng trên hóa đơn PG&E cho các gia đình hội đủ điều kiện. Để ghi danh:

- Đánh dấu tất cả các chương trình trợ cấp xã hội hội đủ điều kiện trong Phần 2A mà quý vị hoặc ai đó trong gia đình đang được nhận quyền lợi **HOẶC**
- Hoàn thành Phần 2B bao gồm tổng thu nhập hàng năm của gia đình quý vị.*

Các điều kiện hợp lệ khác gồm có:

- Quý vị sử dụng điện hàng tháng không quá sáu lần mức Tier 1 cho phép.
- Quý vị không là người phụ thuộc trên tờ khai thuế thu nhập của người nào khác ngoài vợ/chồng của quý vị.
- Quý vị không dùng chung đồng hồ năng lượng với gia đình khác.
- Quý vị sẽ tái gia hạn việc hội đủ điều kiện được giảm giá ít nhất hai năm một lần.

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1-2	\$42,300 hoặc ít hơn
3	\$53,300 hoặc ít hơn
4	\$64,300 hoặc ít hơn
5	\$75,300 hoặc ít hơn
6	\$86,300 hoặc ít hơn
7	\$97,300 hoặc ít hơn
8	\$108,300 hoặc ít hơn
Với mỗi người thêm vào, cộng thêm	\$11,000

Chương Trình Family Electric Rate Assistance (FERA)

pge.com/fera
1-800-743-5000

Chỉ dẫn về thu nhập của chương trình FERA
(có hiệu lực đến ngày 31 tháng Năm, 2026)

Nếu quý vị không hội đủ điều kiện tham gia chương trình CARE, quý vị vẫn có thể hội đủ điều kiện cho chương trình FERA. Chương trình này giảm giá trên hóa đơn điện hàng tháng cho các gia đình có lợi tức cao hơn một chút so với yêu cầu của chương trình CARE.

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
Với mỗi người thêm vào, cộng thêm	\$11,000-\$13,750

Xem Chỉ Dẫn về Thu Nhập của chương trình FERA được liệt kê ở trên để xem quý vị có đủ điều kiện không và đăng ký bằng cách hoàn tất đơn đăng ký đính kèm.

*Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

†Tìm hiểu thêm và được phân tích mức giá riêng cho cá nhân tại pge.com/findrates

Cách đăng ký

Trực tuyến: Đăng ký trực tuyến nhanh hơn tại pge.com/care

Bằng điện thoại: Đăng ký bằng cách gọi đến số 1-866-743-2273

Bằng email:

Chụp ảnh hoặc scan đơn đăng ký hoàn chỉnh của quý vị và gửi email ảnh này đến địa chỉ CAREandFERA@pge.com

Bằng thư:

Gửi đơn đăng ký hoàn chỉnh đến **CARE/FERA Program**
P.O. Box 29647
Oakland, CA 94604-7563

Fax:

Gửi đơn đăng ký hoàn chỉnh đến **1-877-302-7563**

Các chương trình và dịch vụ hữu ích khác

Energy Savings Assistance Program
pge.com/energysavings
1-800-933-9555

Chương trình này cung cấp các biện pháp nâng cấp nhà và các thiết bị gia dụng tiết kiệm năng lượng miễn phí cho khách hàng hội đủ điều kiện về thu nhập. Chủ sở hữu và người thuê bất động sản hội đủ điều kiện tham gia.

Energy Savings Assistance Program

Medical Baseline
pge.com/medicalbaseline

Nếu quý vị phải phụ thuộc vào thiết bị hỗ trợ sự sống hoặc thiết bị khác do nhu cầu sức khỏe, quý vị có thể hội đủ điều kiện nhận thêm năng lượng với giá thấp nhất qua chương trình Medical Baseline.

Budget Billing
pge.com/budgetbilling
1-800-743-5000

Hóa đơn hàng tháng của quý vị sẽ được tính trung bình cho phép quý vị điều chỉnh ngân sách cho chi phí năng lượng và loại bỏ được những khoản thanh toán bị thay đổi lớn.

Your Account
pge.com/youraccount

Đăng nhập vào Your Account để đăng ký thông báo hóa đơn và thanh toán, phân tích việc sử dụng năng lượng hộ gia đình của quý vị, thanh toán hóa đơn và tìm hiểu thêm về các lựa chọn cho gói giá.

Low Income Home Energy Assistance Program (LIHEAP)
1-866-675-6623

Nếu quý vị cần phải sử dụng một phần lớn thu nhập của mình để trả hóa đơn năng lượng, quý vị có thể hội đủ điều kiện để nhận trợ giúp tài chính và những dịch vụ điều hòa hành bởi Sở Dịch Vụ và Phát Triển Cộng Đồng California.

Universal Lifeline Telephone Service (ULTS)

Nhận giảm giá điện thoại khi quý vị đủ điều kiện về thu nhập tương tự như chương trình CARE. Hãy liên hệ với nhà cung cấp dịch vụ điện thoại tại địa phương để tìm hiểu thêm.



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	40117-G
Cancelling	Revised	Cal. P.U.C. Sheet No.	34208-G

Gas Sample Form No. 62-1198
CARE Program Application for Agricultural Employee Housing Facilities

Sheet 1

**Please Refer to Attached
Sample Form**

Advice
Decision

5066-G

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted
Effective
Resolution

May 7, 2025
June 1, 2025
E-5200 and E-3524



CARE PROGRAM APPLICATION Agricultural Employee Housing Facilities

Choose the
best rate
plan for you.
Learn more†.

Save on your monthly PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/care

The CARE program offers a monthly discount on PG&E bills for qualifying agricultural employee housing facilities based on criteria established by the California Public Utilities Commission. Please review this application carefully to see if your facility qualifies. If you have questions, email CAREandFERA@pge.com.

How You Can Apply

Read all the information, including the eligibility criteria for both organizations and facilities, before you complete this application.

Determine if your facility meets the definition of a qualified agricultural employee housing facility. The facility must meet all criteria to qualify for a monthly CARE discount.

Complete the entire application, making sure to fill out a separate application for each type of qualified facility.

Attach all required documents; otherwise your application will be considered incomplete. Required documents include:

- A copy of a current **permit** issued by the Department of Housing and Community Development **OR** your Federal 501(c)(3) tax exemption **OR** your state tax exemption form along with your local property tax exemption form (Documents must be in the same name as the PG&E account(s).)
- A complete list of your facility's PG&E accounts (See Section 5 of the application.)

Return your completed application using **one** of the following methods:

- **Email:** Take clear pictures of your completed application and required documentation or scan these materials; convert these images into a PDF (portable document file) and email it to CAREandFERA@pge.com.
- **Fax:** Send completed application and required documentation to **1-877-302-7563**.
- **Mail to:** Pacific Gas and Electric Company
CARE Program
P.O. Box 29647
Oakland, CA 94604-7563

Eligible Facilities

Employee Housing (Privately owned)

These facilities, as defined in Section 17008 of the Health and Safety Code, are licensed and inspected by state and/or local agencies pursuant to Part 1 (commencing with Section 17000) of Division 13.

Required Supporting Documentation

Copy of a current **permit** issued by the Department of Housing and Community Development with the same name as the PG&E account(s).

Required Energy Usage

Total energy used in these facilities must be 100 percent residential.

Housing for Agricultural Employees (Non-migrant and operated by nonprofit entities)

These facilities, as defined in Subdivision (b) of Section 1140.4 of the Labor Code, are exempt from local property taxes pursuant to Subdivision (g) of Section 214 of the Revenue and Taxation Code.

Required Supporting Documentation

Copy of a currently valid Federal 501(c)(3) tax exemption document **OR** copy of state tax exemption form, along with a current copy of local property tax exemption form. Documents must be in the same name as the PG&E account(s).

Required Energy Usage

- Master-metered facilities must be 70 percent residential use.
- Individual metered units must be 100 percent residential use.

Eligibility Criteria for Organizations

Each facility MUST meet ALL of the following:

- Organization operating the facility must be the PG&E customer of record.
- Organization must verify that total gross annual income of all facility's residents and/or households, at any given time, meet the current CARE income eligibility guidelines. *NOTE: This excludes any employee operating or managing the facility who lives on the premises. Please see the enclosed sheet for the current CARE income guidelines.*
- Organization is required to renew its CARE eligibility by completing a new application, attaching all required documentation (updated as necessary) and providing an explanation as to how the previous year's CARE discount was used to directly benefit its residents.

Applicant's Responsibilities

As the applicant, you are required to:

- Provide proof of the facility's eligibility (see *Eligible Facilities*), and submit required documentation with the CARE application.
- Verify that total gross annual income of all your facility's residents and/or households, at any given time, meet the current CARE income guidelines (See *CARE Income Guidelines* sheet) and make a certification to that effect, under the penalty of perjury, under the laws of the state of California.
- Maintain records of your residents' income eligibility, as demonstrated by Federal tax returns, payroll stubs or similar records acceptable to PG&E. These records must be retained for three years from the date of the initial CARE application and/or renewal.
- Show at renewal how the previous year's CARE discount directly benefited your residents.
- Maintain accounting entries and supporting documentation that demonstrate how the previous year's CARE discount directly benefited your residents. These records must be retained for three years from the date of the initial CARE application and/or renewal.
- Upon request from PG&E, provide documentation for your residents' income eligibility and/or documentation that shows how the CARE discount directly benefited the residents.
- Provide all information requested by PG&E. Failure to do so will result in denial or removal from the CARE program. In addition, your organization may be subject to rebilling for the period it was ineligible for the discount, as determined by PG&E.



Email Address

□ **Housing for Agricultural Employees** (non-migrant and operated by nonprofit entities), 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.

FOR INTERNAL
USE ONLY

Rev. 6.25 CRS-0625-4805

Your PG&E Facility Account(s)



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

Revised
Cancelling Revised

Cal. P.U.C. Sheet No. 40118-G
Cal. P.U.C. Sheet No. 39377-G

Gas Sample Form No. 62-1477
CARE/FERA Program Income Guidelines

Sheet 1

**Please Refer to Attached
Sample Form**

Advice 5066-G
Decision

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted May 7, 2025
Effective June 1, 2025
Resolution E-5200 and E-3524



CARE/FERA PROGRAM • PROGRAMA CARE/FERA

Income Guidelines • Requisitos de ingreso

California Alternate Rates for Energy (CARE)

pge.com/care
1-866-743-2273
CAREandFERA@pge.com

The CARE program offers a monthly discount on PG&E bills for qualifying households and housing facilities. Review the CARE Income Guidelines listed here to see if you qualify. Apply at pge.com/care.

CARE Income Guidelines

(valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,300 or less
3	\$53,300 or less
4	\$64,300 or less
5	\$75,300 or less
6	\$86,300 or less
7	\$97,300 or less
8	\$108,300 or less
Each additional person, add	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera
1-800-743-5000
CAREandFERA@pge.com

If you do not qualify for the CARE program, your household may still qualify for the FERA program, which offers a monthly discount on electric bills for households with a slightly higher income than required for CARE. Check out the FERA Income Guidelines listed here to see if you qualify. Apply at pge.com/fera.

FERA Income Guidelines

(valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
Each additional person, add	\$11,000-\$13,750

How to determine your total gross annual income

Your total gross annual household income includes all taxable and non-taxable 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.

*Before taxes based on current income sources. You may be enrolled in either the CARE or the FERA program, but not in both.

TTY is available at 711 or 1-800-735-2929.

California Alternate Rates for Energy (CARE)

pge.com/care-es
1-866-743-2273
CAREandFERA@pge.com

El programa CARE ofrece un descuento mensual en las facturas de PG&E a hogares que cumplen con los requisitos por sus ingresos. Revise los requisitos de ingreso de CARE que incluimos aquí para comprobar que califica. Inscribese en pge.com/care-es.

Requisitos de ingreso CARE

(válido hasta el 31 de mayo, 2026)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$42,300 o menos
3	\$53,300 o menos
4	\$64,300 o menos
5	\$75,300 o menos
6	\$86,300 o menos
7	\$97,300 o menos
8	\$108,300 o menos
Por cada persona adicional, añada	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera-es
1-800-743-5000
CAREandFERA@pge.com

Si usted no cumple con los requisitos para el programa CARE, su hogar tal vez califique para el programa FERA, que ofrece un descuento en las facturas mensuales de electricidad a familias que reciban un ingreso ligeramente más alto que el requerido para CARE. Vea los requisitos de ingreso de FERA que incluimos aquí para comprobar que califica. Inscribese en pge.com/fera-es.

Requisitos de ingreso FERA

(válido hasta el 31 de mayo, 2026)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
Por cada persona adicional, añada	\$11,000-\$13,750

Cómo determinar su ingreso bruto total anual

El ingreso bruto total anual de su hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ingreso por trabajo autónomo y relativo a cualquier empleo, ingreso no pagado en efectivo.

*Antes de impuestos, basado en fuentes actuales de ingreso. Usted puede estar inscrito en uno de los programas CARE o FERA pero no en ambos.

TTY disponible llamando al 711 o 1-800-735-2929.



CARE/FERA 計劃 • CHƯƠNG TRÌNH CARE/FERA 收入標準 • Chỉ Dẫn Về Thu Nhập

California Alternate Rates for Energy (CARE)

pge.com/care-ch
1-866-743-2273
CAREandFERA@pge.com

CARE 計劃為符合申請條件的家庭與住房設施提供 PG&E 帳單每月折扣優惠。請查閱所列 CARE 收入資格標準，了解自已是否符合申請條件。請到 pge.com/care-ch 申請。

CARE 收入標準
(有效期至 2026 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	\$42,300 或以下
3	\$53,300 或以下
4	\$64,300 或以下
5	\$75,300 或以下
6	\$86,300 或以下
7	\$97,300 或以下
8	\$108,300 或以下
每多一人即增加	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera-ch
1-800-743-5000
CAREandFERA@pge.com

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。該計劃為收入稍高於 CARE 規定的家庭提供每月電費帳單折扣。請查閱這裡所列 FERA 收入資格標準，了解自已是否符合申請條件。請到 pge.com/fera-ch 申請。

FERA 收入標準
(有效期至 2026 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
每多一人即增加	\$11,000-\$13,750

如何確定全家年收入總計

全家年收入總計包括全家人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。

*根據目前收入來源計算的稅前收入。您也許有資格加入 CARE 或 FERA 計劃，但不得同時加入這兩項計劃。

TTY 可撥打 711 或 1-800-735-2929。

California Alternate Rates for Energy (CARE)

pge.com/care
1-866-743-2273
CAREandFERA@pge.com

Chương trình CARE giảm giá hàng tháng trên hóa đơn PG&E cho các gia đình và các cơ sở gia cư hội đủ điều kiện về lợi tức. Vui lòng xem qua chỉ dẫn về thu nhập của chương trình CARE được liệt kê tại đây để xem quý vị có hội đủ điều kiện không. Ghi danh tại pge.com/care.

Chỉ dẫn về thu nhập của chương trình CARE
(có hiệu lực đến ngày 31 tháng Năm, 2026)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1-2	\$42,300 hoặc ít hơn
3	\$53,300 hoặc ít hơn
4	\$64,300 hoặc ít hơn
5	\$75,300 hoặc ít hơn
6	\$86,300 hoặc ít hơn
7	\$97,300 hoặc ít hơn
8	\$108,300 hoặc ít hơn
Với mỗi người thêm vào, cộng thêm	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera
1-800-743-5000
CAREandFERA@pge.com

Nếu quý vị không hội đủ điều kiện tham gia chương trình CARE, quý vị vẫn có thể hội đủ điều kiện cho chương trình FERA. Chương trình này giảm giá trên hóa đơn điện hàng tháng cho các gia đình có lợi tức cao hơn một chút so với yêu cầu của chương trình CARE. Vui lòng xem chỉ dẫn về thu nhập của chương trình FERA được liệt kê tại đây để xem quý vị có hội đủ điều kiện không. Ghi danh tại pge.com/fera.

Chỉ dẫn về thu nhập của chương trình FERA
(có hiệu lực đến ngày 31 tháng Năm, 2026)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
Với mỗi người thêm vào, cộng thêm	\$11,000-\$13,750

Cách xác định tổng thu nhập của quý vị

Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

*Trước khi trừ thuế dựa theo các nguồn thu nhập hiện có. Quý vị có thể ghi danh tham gia chương trình CARE hoặc FERA nhưng không thể tham gia cả hai chương trình.

TTY hiện có theo số 711 hoặc 1-800-735-2929.



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	40119-G
Cancelling	Revised	Cal. P.U.C. Sheet No.	39378-G

Gas Sample Form No. 62-1509
CARE Program Renewal Application -- Residential Customers

Sheet 1

**Please Refer to Attached
Sample Form**

Advice
Decision

5066-G

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted	<u>May 7, 2025</u>
Effective	<u>June 1, 2025</u>
Resolution	<u>E-5200 and E-3524</u>

1. Fill out **Section 1**.
2. Fill out **Section 2A OR Section 2B**. **Only one section (A or B) is required** to qualify for this program.
3. Sign and date this form and mail to PG&E.

☐ Check if you no longer qualify or do not want to participate in the CARE program.

1 You and your household

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.]

Preferred phone number ☐ Home ☐ Work ☐ Mobile

Alternative phone number ☐ Home ☐ Work ☐ Mobile

What language do you prefer for future CARE 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.)

Number of people in your household at this address:

Adults + Children =
(under 18)

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)

OR

2B Household 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:

Total gross annual household income \$.00
(please account for all income from every household member)

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 understand that I may be switched or dropped from the CARE or FERA program if I submit information or PG&E receives information from other programs which deem me ineligible.
8. I authorize PG&E to share my information in order to remain eligible for available energy management assistance, and price reduction and residential rate programs with other utilities, state agencies and entities designated by the CPUC.
9. 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.

X

Customer signature

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

FOR INTERNAL USE ONLY

Date _____



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	40120-G
Cancelling	Revised	Cal. P.U.C. Sheet No.	39379-G

Gas Sample Form No. 79-1051 Sheet 1
CARE/FERA Program Application for Residential Customers (English) Large Print Application

**Please Refer to Attached
Sample Form**

Advice
Decision

5066-G

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted	<u>May 7, 2025</u>
Effective	<u>June 1, 2025</u>
Resolution	<u>E-5200 and E-3524</u>



Save on your monthly PG&E bill

Choose the best rate plan for you. Learn more[†].

California Alternate Rates for Energy (CARE) pge.com/care • 1-866-743-2273

The CARE program offers a monthly discount on PG&E bills for qualifying households. To enroll:

- Check all the qualifying public assistance programs in Section 2A from which you, or someone in your household, receive benefits **OR**
- Complete Section 2B which includes 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.

Family Electric Rate Assistance (FERA) pge.com/fera 1-800-743-5000

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 with a slightly higher income than required for CARE.

See the FERA Income Guidelines listed here to find out if you qualify, and enroll by completing the included application.

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

How you can apply

Online: Apply online for faster enrollment at 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

Fax: Send completed application to 1-877-302-7563

Mail: Send completed application to
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

TTY is available at 711 or 1-800-735-2929.

CARE/FERA Income Guidelines (valid through May 31, 2026)		
Number of people in household	Total gross annual household income*	
	CARE	FERA
1–2	\$42,300 or less	\$42,301–\$52,875
3	\$53,300 or less	\$53,301–\$66,625
4	\$64,300 or less	\$64,301–\$80,375
5	\$75,300 or less	\$75,301–\$94,125
6	\$86,300 or less	\$86,301–\$107,875
7	\$97,300 or less	\$97,301–\$121,625
8	\$108,300 or less	\$108,301–\$135,375
Each additional person, add	\$11,000	\$11,000–\$13,750

*Total gross annual household income includes all taxable and non-taxable 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.

Other helpful programs and services

Energy Savings Assistance Program

pge.com/energysavings • 1-800-933-9555

This program provides energy-efficient home improvements and appliances at no cost to customers who are income qualified. Property owners and renters are eligible to participate.

Energy Savings
.....
Assistance Program™

Your Account • pge.com/youraccount

Log in to Your 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 • 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

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.

1. Fill out **Section 1**.
2. Fill out **Section 2A OR Section 2B**. **Only one section (A or B) is required** to qualify for this program.
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

[illegible]

Your PG&E account number
(Find yours on page 1 of your PG&E bill.)

Account holder's name

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

Your home address

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

Unit #

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.)

Preferred phone number

☐ Home

☐ Work

☐ Mobile

Alternative phone number

[□ Home](#)

☐ Work

☐ Mobile

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.)

Number of people in your household at this address:

Adults + **Children** (under 18) =

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) | ☐ Medi-Cal for Families (Healthy Families A&B) |
| ☐ Women, Infants, and Children (WIC) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (Food stamps) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ CalWORKs (TANF) or Tribal TANF | ☐ Medicaid/Medi-Cal (under age 65) |
| ☐ Head Start Income Eligible (Tribal only) | ☐ Medicaid/Medi-Cal (age 65 and over) |
| ☐ Supplemental Security Income (SSI) | |

OR

2B Household 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:

Total gross annual household income \$.00

(please account for all income from every household member)

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 understand that I may be switched or dropped from the CARE or FERA program if I submit information or PG&E receives information from other programs which deem me ineligible.
8. I authorize PG&E to share my information in order to remain eligible for available energy management assistance, and price reduction and residential rate programs with other utilities, state agencies and entities designated by the CPUC.
9. 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.

X**Customer signature****Date**

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

FOR INTERNAL USE ONLY



Gas Sample Form No. 79-1052 Sheet 1
CARE/FERA Program Application for Residential Customers (Spanish) - Large Print Application

**Please Refer to Attached
Sample Form**



Ahorre en su factura mensual de PG&E

Elija el mejor plan de tarifas para usted. Obtenga información adicional[†].

California Alternate Rates for Energy (CARE)

pge.com/care-es • 1-866-743-2273

El programa CARE ofrece un descuento mensual en las facturas de PG&E de los hogares que reúnan los requisitos. Para inscribirse:

- Marque todos los programas de asistencia pública que reúnan los requisitos en la Sección 2A de los que usted o alguna persona de su hogar reciban beneficios **O BIEN**
- Llene la Sección 2B que incluye los ingresos brutos anuales totales de su hogar.*

Otras calificaciones incluyen que:

- Su consumo eléctrico mensual no exceda seis veces lo permitido por el Nivel 1.
- Usted no sea reclamado como dependiente en la declaración de impuestos de otra persona que no sea su esposo(a).
- Usted no comparta el medidor de energía con otra vivienda.
- Usted renovará su elegibilidad por lo menos cada dos años.

Family Electric Rate Assistance (FERA)

pge.com/fera-es
1-800-743-5000

Si usted no cumple con los requisitos para el programa CARE, tal vez califique para el programa FERA, que ofrece un descuento en las facturas mensuales de electricidad a familias que reciban un ingreso ligeramente más alto que el requerido para CARE.

Vea los requisitos de ingreso de FERA que incluimos en esta tabla para ver si cumple con los requisitos e inscribese completando la solicitud incluida.

[†]Información de cambios de tarifas en pge.com/findrates

Cómo puede inscribirse

Internet: Solicite por Internet para inscribirse más rápidamente visitando pge.com/care-es

Teléfono: Inscribese llamando al **1-866-743-2273**

Email: Saque una foto o escanee su solicitud completa y envíe la imagen a CAREandFERA@pge.com

Fax: Envíe la solicitud completa al **1-877-302-7563**

Correo: Envíe la solicitud completa a **CARE/FERA Program**
P.O. Box 29647
Oakland, CA 94604-7563

TTY disponible llamando al **711** o **1-800-735-2929**.

Requisitos de ingreso CARE/FERA (válido hasta el 31 de mayo, 2026)		
Número de personas en el hogar	Ingreso bruto total anual del hogar*	
	CARE	FERA
1-2	\$42,300 o menos	\$42,301-\$52,875
3	\$53,300 o menos	\$53,301-\$66,625
4	\$64,300 o menos	\$64,301-\$80,375
5	\$75,300 o menos	\$75,301-\$94,125
6	\$86,300 o menos	\$86,301-\$107,875
7	\$97,300 o menos	\$97,301-\$121,625
8	\$108,300 o menos	\$108,301-\$135,375
Por cada persona adicional, añada	\$11,000	\$11,000-\$13,750

*El ingreso bruto total anual del hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ingreso por trabajo autónomo y relativo a cualquier empleo, ingreso no pagado en efectivo.

Otros programas y servicios útiles

Energy Savings Assistance Program pge.com/energysavings-es • 1-800-933-9555

Este programa proporciona mejoras al hogar y electrodomésticos para el consumo eficiente de energía sin costo alguno a los clientes que reúnan los requisitos de ingresos. Los dueños de propiedades y los inquilinos pueden participar.



Your Account • pge.com/youraccount

Visite Your Account en el sitio de PG&E y regístrese para recibir alertas de facturación y pagos, analizar el consumo de energía de su hogar, pagar sus facturas e informarse más acerca de sus opciones de plan de tarifas.

Budget Billing pge.com/budgetbilling • 1-800-743-5000

Se basa en el promedio de su factura mensual para que usted maneje sus costos de energía, y elimine grandes variaciones de pago.

Medical Baseline • pge.com/medicalbaseline

Si debido a necesidades médicas usted depende de equipos de soporte vital o de otro tipo de equipos, usted podría ser elegible para obtener energía adicional al precio base más bajo a través del programa Medical Baseline.

Low Income Home Energy Assistance Program (LIHEAP) • 1-866-675-6623

Si usted destina un alto porcentaje de su ingreso al pago de las facturas de energía, podría reunir las condiciones para recibir asistencia económica y servicios de aislamiento térmico a través de este programa administrado por el California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Obtenga acceso telefónico a bajo precio cuando reúna los requisitos de ingreso similares al programa CARE. Para más información, contacte a su compañía local de teléfonos.

1. Llene la **Sección 1**.
2. Llene la **Sección 2A** O la **Sección 2B**.
Para reunir los requisitos de este programa,
solo se requiere una sección (A o B).
3. Firme y póngale la fecha a este formulario,
y envíelo por correo a PG&E.

Si usted cumple con los requisitos,
su descuento CARE o FERA aparecerá
en la primera página de su próxima
factura de PG&E.

1 Usted y su hogar

[illegible]

Su número de cuenta de PG&E

(Encuéntrelo en la primera página de su factura de PG&E.)

Nombre del titular de la cuenta

(Use el nombre que aparece en su factura de PG&E, la cual debe estar en su nombre.)

La dirección de su hogar

Unidad #

(La dirección debe ser su residencia principal. **NO** utilice casilla de correo (P.O. Box).)

Ciudad/estado/código postal

Dirección de email

(Al escribir su dirección de email, usted autoriza que PG&E le envíe información de vez en cuando, en relación a servicios y programas de PG&E que podrían estar disponibles para usted.)

Número de teléfono preferido

☐ Hogar☐ Trabajo☐ Móvil

Número de teléfono alternativo

☐ Hogar☐ Trabajo☐ Móvil

¿Qué idioma prefiere para comunicaciones futuras de CARE y FERA? (Elija uno)

☐ Inglés☐ Español☐ Mandarín☐ Cantonés☐ Vietnamita☐ Ruso☐ Coreano☐ Tagalo☐ Hmong

¿Cuál es su método de comunicación preferido? (Elija uno)

☐ Correo☐ Email☐ Teléfono

☐ Texto

(Podría haber cargos por mensaje y datos.)

Número de personas en el hogar en esta dirección:

Adultos + **Niños** (menores de 18) =

2

Cumplimiento de los requisitos del hogar

Complete la Sección 2A **O** la Sección 2B.

2A Programas de asistencia pública: Marque todos los programas en los que usted o alguien en su hogar participa.

- | | |
|---|---|
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | ☐ Medi-Cal for Families (Healthy Families A&B) |
| ☐ Women, Infants, and Children (WIC) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (estampillas de alimentos) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ CalWORKs (TANF) o Tribal TANF | ☐ Medicaid/Medi-Cal (menor de 65 años) |
| ☐ Head Start Income Eligible (solo tribus indígenas) | ☐ Medicaid/Medi-Cal (65 años o más) |
| ☐ Supplemental Security Income (SSI) | |

0

2B Ingresos del hogar

☐ Actualmente tengo ingresos fijos y recibo ingresos o beneficios de uno o más de los siguientes programas: pensiones, Seguro social, SSP o SSDI, intereses/dividendos de cuentas de jubilación, Medicaid/Medi-Cal (65 años o más) o SSI.

Los ingresos de mi hogar son:

**Total de ingresos
anuales brutos del hogar \$** **.00**

(por favor, incluya todos los ingresos de todos los miembros del hogar)

3

Su declaración

Al firmar esta declaración, certifico que la información que he proporcionado en esta solicitud es verdadera y correcta.

Reconozco que he leído y comprendido el contenido de esta solicitud. Asimismo, convengo en respetar los términos y condiciones del programa CARE o del programa FERA, incluyendo los siguientes:

1. No he sido designado como dependiente en la declaración de impuestos de otra persona con excepción de mi cónyuge.
2. No comparto intencionalmente un medidor de energía con otra vivienda.
3. Notificaré a PG&E si mi hogar deja de reunir los requisitos para recibir el descuento de CARE o FERA.
4. Comprendo que se me puede requerir que proporcione un comprobante de los ingresos de mi hogar.
5. Comprendo que se me puede requerir que participe en el Energy Savings Assistance Program.
6. Comprendo que yo podría ser retirado del programa CARE si mi consumo eléctrico mensual excede seis veces el límite de consumo permitido del Nivel 1.
7. Entiendo que me pueden cambiar o darme de baja del programa CARE o FERA si presento información o PG&E recibe información de otros programas que consideran que no reúno los requisitos.
8. Autorizo a PG&E a compartir mi información con el fin de seguir reuniendo los requisitos de la asistencia disponible para la administración de la energía, y los programas de reducción de precios y tarifas residenciales con otras empresas de servicios públicos, agencias estatales y entidades designadas por la CPUC.
9. Reembolsaré el descuento que yo haya recibido si proporcione información falsa para apoyar mi solicitud a los programas CARE o FERA.

X

Firma del cliente

Fecha

- ☐ Rellene el círculo si es tutor o tiene carta de poder.

FOR INTERNAL USE ONLY



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	40122-G
Cancelling	Revised	Cal. P.U.C. Sheet No.	39381-G

Gas Sample Form No. 79-1053

Sheet 1

CARE/FERA Program Application for Residential Customers (Chinese) - Large Print Application

**Please Refer to Attached
Sample Form**

Advice
Decision

5066-G

Issued by
Shilpa Ramaiya
Vice President

Regulatory Proceedings and Rates

Submitted
Effective
Resolution

May 7, 2025
June 1, 2025
E-5200 and E-3524



您每月的 PG&E 帳單可獲得省錢優惠

選擇最適合您的費率計劃。深入了解[†]。

California Alternate Rates for Energy (CARE) 計劃

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：

- 勾選第 2A 節中您或家中其他人參加並獲得福利的所有符合條件的公共補助計劃**或**
- 填妥第 2B 節（當中包括您的全家總年收入）。*

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。

Family Electric Rate Assistance (FERA) 計劃

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。該計劃為收入稍高於 CARE 規定的家庭提供每月電費帳單折扣。

請參考在下一頁所列 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。

[†]了解更多並取得個人化費率分析：pge.com/findrates

申請方式

上網：

上網申請速度更快
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

傳真：

將填好的申請表傳真到
1-877-302-7563

郵寄：

將填好的申請表寄到
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

CARE/FERA 收入標準 (有效期至 2026 年 5 月 31 日止)		
家庭人數	全家年收入總計*	
	CARE	FERA
1-2	\$42,300 或以下	\$42,301-\$52,875
3	\$53,300 或以下	\$53,301-\$66,625
4	\$64,300 或以下	\$64,301-\$80,375
5	\$75,300 或以下	\$75,301-\$94,125
6	\$86,300 或以下	\$86,301-\$107,875
7	\$97,300 或以下	\$97,301-\$121,625
8	\$108,300 或以下	\$108,301-\$135,375
每多一人即增加	\$11,000	\$11,000-\$13,750

*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。

其他補助計劃和服務

Energy Savings Assistance Program

pge.com/energysavings-ch

1-800-933-9555

此計劃為收入符合資格的客戶免費提供住家節能改善工程與家電設備。業主和租客符合參與資格。

Energy Savings
.....
Assistance Program™

Your Account • pge.com/youraccount

登入 Your 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。

Budget Billing

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。

Medical Baseline

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

(LIHEAP) • 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，您可能資格獲得財務援助及防水服務。

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。



- 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。

您的 PG&E 帳號 (在 PG&E 帳單第 1 頁。)

成人 + 兒童 (未滿18歲) =

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) | |

或**2B 家庭收入**

☐ 我目前領取固定收入，並擁有以下一項或多項收入或福利：退休金、社安金、SSP 或 SSDI、退休帳戶的利息/股息、Medicaid/Medi-Cal (65 歲以上) 或 SSI。

我的家庭收入：

家庭年度總收入 \$ **.00**

(請計算每位家庭成員的所有收入)

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：

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. 本人了解，如果本人因提交的資訊或 PG&E 從其他計劃收到的資訊而被認定為不合資格，本人可能會被調出或逐出 CARE 或 FERA 計劃。
8. 本人授權 PG&E 與其他公用事業、州行政機關和 CPUC 指定的實體分享本人的資訊，以繼續符合可用能源管理援助與價格折扣和住宅費率計劃的資格。
9. 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

日期

- ☐ 如果您是監護人或有授權書，請將圓圈塗滿。

FOR INTERNAL USE ONLY



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	40123-G
Cancelling	Revised	Cal. P.U.C. Sheet No.	39382-G

Gas Sample Form No. 79-1054

Sheet 1

CARE/FERA Program Application for Residential Customers (Vietnamese) - Large Print Application

**Please Refer to Attached
Sample Form**

Advice
Decision

5066-G

Issued by
Shilpa Ramaiya
Vice President

Regulatory Proceedings and Rates

Submitted
Effective
Resolution

May 7, 2025
June 1, 2025
E-5200 and E-3524



Tiết kiệm trên hóa đơn PG&E hàng tháng của quý vị Chọn chương trình mức giá phù hợp nhất với quý vị. Tìm hiểu thêm†

Chương Trình California Alternate Rates for Energy (CARE)

pge.com/care • 1-866-743-2273

Chương trình CARE giảm giá hàng tháng trên hóa đơn PG&E cho các gia đình hội đủ điều kiện. Để ghi danh:

- Đánh dấu tất cả các chương trình trợ cấp xã hội hội đủ điều kiện trong Phần 2A mà quý vị hoặc ai đó trong gia đình đang được nhận quyền lợi **HOẶC**
- Hoàn thành Phần 2B bao gồm tổng thu nhập hàng năm của gia đình quý vị.*

Các điều kiện hợp lệ khác gồm có:

- Quý vị sử dụng điện hàng tháng không quá sáu lần mức Tier 1 cho phép.
- Quý vị không là người phụ thuộc trên tờ khai thuế thu nhập của người nào khác ngoài vợ/chồng của quý vị.
- Quý vị không dùng chung đồng hồ năng lượng với gia đình khác.
- Quý vị sẽ tái gia hạn việc hội đủ điều kiện được giảm giá ít nhất hai năm một lần.

Chương Trình Family Electric Rate Assistance (FERA)

pge.com/fera • 1-800-743-5000

Nếu quý vị không hội đủ điều kiện tham gia chương trình CARE, quý vị vẫn có thể hội đủ điều kiện cho chương trình FERA. Chương trình này giảm giá trên hóa đơn điện hàng tháng cho các gia đình có lợi tức cao hơn một chút so với yêu cầu của chương trình CARE.

Xem Chỉ Dẫn về Thu Nhập của chương trình FERA được liệt kê tại đây để xem quý vị có đủ điều kiện không và đăng ký bằng cách hoàn tất đơn đăng ký đính kèm.

†Tìm hiểu thêm và được phân tích mức giá riêng cho cá nhân tại **pge.com/findrates**

Cách đăng ký

Trực tuyến: Đăng ký trực tuyến nhanh hơn tại **pge.com/care**

Bằng điện thoại: Đăng ký bằng cách gọi đến số **1-866-743-2273**

Bằng email: Chụp ảnh hoặc scan đơn đăng ký hoàn chỉnh của quý vị và gửi email ảnh này đến địa chỉ **CAREandFERA@pge.com**

Fax: Gửi đơn đăng ký hoàn chỉnh đến **1-877-302-7563**

Bằng thư: Gửi đơn đăng ký hoàn chỉnh đến **CARE/FERA Program P.O. Box 29647 Oakland, CA 94604-7563**

TTY hiện có theo số **711** hoặc **1-800-735-2929**.

Chỉ dẫn về thu nhập của CARE/FERA (có hiệu lực đến ngày 31 tháng Năm, 2026)		
Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*	
	CARE	FERA
1–2	\$42,300 hoặc ít hơn	\$42,301–\$52,875
3	\$53,300 hoặc ít hơn	\$53,301–\$66,625
4	\$64,300 hoặc ít hơn	\$64,301–\$80,375
5	\$75,300 hoặc ít hơn	\$75,301–\$94,125
6	\$86,300 hoặc ít hơn	\$86,301–\$107,875
7	\$97,300 hoặc ít hơn	\$97,301–\$121,625
8	\$108,300 hoặc ít hơn	\$108,301–\$135,375
Với mỗi người thêm vào, cộng thêm	\$11,000	\$11,000–\$13,750

* Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

Các chương trình và dịch vụ hữu ích khác

Chương Trình Energy Savings Assistance Program

pge.com/energysavings • 1-800-933-9555

Chương trình này cung cấp các biện pháp nâng cấp nhà và các thiết bị gia dụng tiết kiệm năng lượng miễn phí cho khách hàng hội đủ điều kiện về thu nhập. Chủ sở hữu và người thuê bất động sản hội đủ điều kiện tham gia.

**Energy Savings
Assistance Program™**

Your Account • pge.com/youraccount

Đăng nhập vào Your Account để đăng ký thông báo hóa đơn và thanh toán, phân tích việc sử dụng năng lượng hộ gia đình của quý vị, thanh toán hóa đơn và tìm hiểu thêm về các lựa chọn cho gói giá.

Budget Billing

pge.com/budgetbilling • 1-800-743-5000

Hóa đơn hàng tháng của quý vị sẽ được tính trung bình cho phép quý vị điều chỉnh ngân sách cho chi phí năng lượng và loại bỏ được những khoản thanh toán bị thay đổi lớn.

Medical Baseline

pge.com/medicalbaseline

Nếu quý vị phải phụ thuộc vào thiết bị hỗ trợ sự sống hoặc thiết bị khác do nhu cầu sức khỏe, quý vị có thể hội đủ điều kiện nhận thêm năng lượng với giá thấp nhất qua chương trình Medical Baseline.

Low Income Home Energy Assistance Program (LIHEAP) • 1-866-675-6623

Nếu quý vị cần phải sử dụng một phần lớn thu nhập của mình để trả hóa đơn năng lượng, quý vị có thể hội đủ điều kiện để nhận trợ giúp tài chính và những dịch vụ điều hòa thời tiết qua chương trình này được điều hành bởi Sở Dịch Vụ và Phát Triển Cộng Đồng California.

Universal Lifeline Telephone Service (ULTS)

Nhận giảm giá điện thoại khi quý vị đủ điều kiện về thu nhập tương tự như chương trình CARE. Hãy liên hệ với nhà cung cấp dịch vụ điện thoại tại địa phương để tìm hiểu thêm.

1. Điền thông tin vào **Mục 1**.
2. Điền thông tin vào **Mục 2A** HOẶC **Mục 2B**.
Chỉ cần một mục (A hoặc B) để hội đủ điều kiện cho chương trình này.
3. Vui lòng ký tên và ghi ngày tháng vào mẫu đơn này và gửi lại cho PG&E qua đường bưu điện.

Nếu quý vị hội đủ điều kiện, số tiền giảm giá của chương trình CARE hoặc FERA sẽ xuất hiện ở trang đầu trên hóa đơn PG&E tiếp theo của quý vị.

1 Quý vị và gia đình của quý vị

[illegible]

Số tài khoản PG&E của quý vị (Tìm số tài khoản trên trang 1 trong hóa đơn PG&E của quý vị)

Tên người đứng tên trương mục

(Phải sử dụng tên của quý vị và giống với tên trên hóa đơn PG&E của quý vị.)

Địa chỉ nhà của quý vị (Địa chỉ phải là nơi cư ngụ chính của quý vị. **KHÔNG** được sử dụng hộp thư bưu điện P.O. Box.) Số căn hộ #

Thành phố/Bang/Số Zip

Địa chỉ email

(Khi quý vị ghi địa chỉ email vào là quý vị đã cho phép PG&E thỉnh thoảng gửi cho quý vị thông tin về dịch vụ tiện ích PG&E và chương trình và dịch vụ PG&E mà quý vị có thể được hưởng.)

Số điện thoại chính

☐ Nhà ☐ Nơi làm việc ☐ Di động

Số điện thoại thay thế

☐ Nhà ☐ Nơi làm việc ☐ Di động

Quý vị muốn sử dụng ngôn ngữ nào trong tương lai khi trao đổi với CARE và FERA? (Hãy chọn một)

☐ Tiếng Anh ☐ Tiếng Tây Ban Nha ☐ Tiếng Quan Thoại ☐ Tiếng Quảng Đông ☐ Tiếng Việt
☐ Tiếng Nga ☐ Tiếng Hàn ☐ Tiếng Tagalog ☐ Tiếng H'mông

Quý vị muốn trao đổi bằng hình thức nào? (Hãy chọn một)

☐ Bằng thư ☐ Bằng email ☐ Bằng điện thoại ☐ Bằng tin nhắn

(Có thể áp dụng phí dữ liệu và tin nhắn)

Số người sống trong nhà quý vi tại địa chỉ này:

Người lớn + Trẻ nhỏ (dưới 18 tuổi) =

2**Hộ gia đình đủ tiêu chuẩn**

Quý vị nên điền Phần 2A **HOẶC** Phần 2B.

2A Các chương trình trợ cấp xã hội: Đánh dấu tất cả các chương trình mà quý vị hoặc người trong gia đình quý vị đang được nhận.

- | | |
|---|---|
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | ☐ Medi-Cal for Families (Healthy Families A&B) |
| ☐ Women, Infants and Children (WIC) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (Food stamps) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ CalWORKs (TANF) hoặc Tribal TANF | ☐ Medicaid/Medi-Cal (dưới 65 tuổi) |
| ☐ Head Start Income Eligible (chỉ dành cho bộ lạc) | ☐ Medicaid/Medi-Cal (65 tuổi hoặc hơn) |
| ☐ Supplemental Security Income (SSI) | |

HOẶC**2B Thu nhập hộ gia đình**

☐ Tôi hiện có thu nhập cố định và nhận thu nhập hoặc phúc lợi từ một hoặc nhiều nguồn sau: lương hưu, an sinh xã hội, SSP hoặc SSDI, lãi/cổ tức từ tài khoản hưu trí, Medicaid/Medi-Cal (65 tuổi hoặc hơn) hoặc SSI.

Thu nhập hộ gia đình của tôi là:

Tổng thu nhập hàng năm của hộ gia đình \$.00

(vui lòng tính tất cả thu nhập từ mọi thành viên trong gia đình)

3

Cam đoan

Qua việc ký giấy cam đoan này, tôi xác nhận rằng thông tin mà tôi cung cấp trong đơn xin này là đúng và trung thực.

Tôi xác nhận rằng tôi đã đọc và hiểu nội dung trong đơn xin này. Tôi cũng đồng ý tuân thủ các điều khoản và điều kiện của chương trình CARE hoặc FERA, bao gồm các điều khoản và điều kiện sau đây:

1. Tôi không là người phụ thuộc trên tờ khai thuế thu nhập của người nào khác ngoài vợ/chồng của tôi.
2. Tôi không cố ý dùng chung đồng hồ đo năng lượng với nhà khác.
3. Tôi sẽ thông báo cho PG&E biết khi gia đình tôi không còn đủ điều kiện được giảm giá theo chương trình CARE hoặc FERA nữa.
4. Tôi hiểu rằng tôi có thể phải cung cấp chứng từ thu nhập của hộ gia đình.
5. Tôi hiểu rằng tôi có thể được yêu cầu tham gia Chương Trình Trợ Giúp Tiết Kiệm Năng Lượng (Energy Savings Assistance Program).
6. Tôi hiểu rằng tôi có thể bị loại ra khỏi chương trình CARE nếu mức sử dụng điện hàng tháng của tôi vượt quá sáu lần định mức Hạng Mức 1.
7. Tôi hiểu rằng tôi có thể bị chuyển sang hoặc bị loại khỏi chương trình CARE hoặc FERA nếu tôi gửi thông tin hoặc PG&E nhận được thông tin từ các chương trình khác cho rằng tôi không đủ điều kiện.
8. Tôi cho phép PG&E chia sẻ thông tin của tôi để duy trì tình trạng hội đủ điều kiện nhận hỗ trợ quản lý năng lượng hiện có, các chương trình giảm giá và giá sinh hoạt với các tiện ích khác, cơ quan tiểu bang và tổ chức do CPUC chỉ định.
9. Tôi sẽ hoàn trả lại khoản giảm giá mà tôi nhận được nếu tôi cung cấp thông tin giả mạo để hỗ trợ cho việc tôi xin tham gia chương trình CARE hoặc FERA.

X

Chữ ký khách hàng

Ngày

- ☐ Điền vào ô tròn nếu quý vị là người giám hộ hoặc quý vị có giấy ủy quyền.

FOR INTERNAL USE ONLY



Gas Sample Form No. 79-1055

Sheet 1

CARE/FERA Program Application for Sub-Metered Residential Customers
(English) - Large Print Application

**Please Refer to Attached
Sample Form**



Save on your monthly PG&E bill

If your landlord bills you directly for gas and electricity, you are a “sub-metered” customer. While you are not a direct PG&E customer, you may still be eligible for programs and services to help you lower your energy bills, including the CARE and the FERA programs.

Choose the best rate plan for you. Learn more[†].

California Alternate Rates for Energy (CARE) pge.com/care • 1-800-468-4743

The CARE program offers a monthly discount on PG&E bills for qualifying households. To enroll:

- Check all the qualifying public assistance programs in Section 2A from which you, or someone in your household, receive benefits **OR**
- Complete Section 2B which includes 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.

You will also need to have your landlord or facility manager complete Section 1A of this application.

If your landlord has questions, have him or her email CAREandFERA@pge.com.

Family Electric Rate Assistance (FERA)

pge.com/fera
1-800-743-5000

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 with a slightly higher income than required for CARE.

See the FERA Income Guidelines listed here to find out if you qualify, and enroll by completing the included application.

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

How you can apply

Email:

Take a picture or scan completed application and email this image to CAREandFERA@pge.com

Mail:

Send completed application to
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

Fax:

Send completed application to
1-877-302-7563

CARE/FERA Income Guidelines (valid through May 31, 2026)		
Number of people in household	Total gross annual household income*	
	CARE	FERA
1–2	\$42,300 or less	\$42,301–\$52,875
3	\$53,300 or less	\$53,301–\$66,625
4	\$64,300 or less	\$64,301–\$80,375
5	\$75,300 or less	\$75,301–\$94,125
6	\$86,300 or less	\$86,301–\$107,875
7	\$97,300 or less	\$97,301–\$121,625
8	\$108,300 or less	\$108,301–\$135,375
Each additional person, add	\$11,000	\$11,000–\$13,750

*Total gross annual household income includes all taxable and non-taxable 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.

Other helpful programs and services

Energy Savings Assistance Program

pge.com/energysavings

1-800-933-9555

This program provides energy-efficient home improvements and appliances at no cost to customers who are income qualified. Property owners and renters are eligible to participate.

Energy Savings
.....
Assistance Program™

Medical Baseline

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.



- By signing this application you agree to make available to your landlord or facility manager PG&E's determination of your eligibility to participate in CARE or FERA for them to pass along the discount if you qualify.

1 1A Your landlord and facility

Gas

☐ Mobile

1B You and your household

Your name

(Use the name as it appears on the energy bill from your landlord, which must be in your name.)

Your home address

Unit #

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

City/State/Zip Code

Mailing address

Unit #

City/State/Zip Code

Email

(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.)

Preferred phone number

☐ Home

☐ Work

☐ Mobile

Alternative phone number

☐ Home

☐ Work

☐ Mobile

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.)

Number of people in your household at this address:

Adults + Children (under 18) =

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) | ☐ Medi-Cal for Families (Healthy Families A&B) |
| ☐ Women, Infants, and Children (WIC) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (Food stamps) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ CalWORKs (TANF) or Tribal TANF | ☐ Medicaid/Medi-Cal (under age 65) |
| ☐ Head Start Income Eligible (Tribal only) | ☐ Medicaid/Medi-Cal (age 65 and over) |
| ☐ Supplemental Security Income (SSI) | |

OR**2B Household 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:****Total gross annual household income** \$.00

(please account for all income from every household member)

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 understand that I may be switched or dropped from the CARE or FERA program if I submit information or PG&E receives information from other programs which deem me ineligible.
8. I authorize PG&E to share my information in order to remain eligible for available energy management assistance, and price reduction and residential rate programs with other utilities, state agencies and entities designated by the CPUC.
9. 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.

X**Customer signature****Date**

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

FOR INTERNAL USE ONLY



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	40125-G
Cancelling	Revised	Cal. P.U.C. Sheet No.	39384-G

Gas Sample Form No. 79-1056

Sheet 1

CARE/FERA Program Application for Sub-Metered Residential Customers
(Spanish) - Large Print Application

**Please Refer to Attached
Sample Form**

Advice
Decision

5066-G

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted
Effective
Resolution

May 7, 2025
June 1, 2025
E-5200 and E-3524



SOLICITUD PARA EL PROGRAMA CARE/FERA
Clientes residenciales con sub-medidor

Ahorre en su factura mensual de PG&E

Si su arrendador le factura directamente por el consumo de gas y electricidad, usted es considerado como un cliente con “sub-medidor”. A pesar de que usted no es cliente directo de PG&E, usted podría calificar para programas que lo ayuden a reducir el monto de su factura de energía, incluyendo los programas CARE y FERA.

Elija el mejor plan de tarifas para usted. Obtenga información adicional†.

California Alternate Rates for Energy (CARE) pge.com/care-es • 1-800-468-4743

El programa CARE ofrece un descuento mensual en las facturas de PG&E de los hogares que reúnan los requisitos. Para inscribirse:

- Marque todos los programas de asistencia pública que reúnan los requisitos en la Sección 2A de los que usted o alguna persona de su hogar reciban beneficios **O BIEN**
- Llene la Sección 2B que incluye los ingresos brutos anuales totales de su hogar.*

Otras calificaciones incluyen que:

- Su consumo eléctrico mensual no exceda seis veces lo permitido por el Nivel 1.
- Usted no sea reclamado como dependiente en la declaración de impuestos de otra persona que no sea su esposo(a).
- Usted no comparta el medidor de energía con otra vivienda.
- Usted renovará su elegibilidad por lo menos cada dos años.

Usted necesitará que su arrendador(a) o administrador(a) complete la sección 1A de esta solicitud. Si su arrendador(a) tiene preguntas, dígame que nos envíe un correo electrónico a **CAREandFERA@pge.com**.

Family Electric Rate Assistance (FERA) pge.com/fera-es 1-800-743-5000

Si usted no cumple con los requisitos para el programa CARE, tal vez califique para el programa FERA, que ofrece un descuento en las facturas mensuales de electricidad a familias que reciban un ingreso ligeramente más alto que el requerido para CARE.

Vea los requisitos de ingreso de FERA que incluimos aquí para ver si cumple con los requisitos e inscribese completando la solicitud incluida.

†Información de cambios de tarifas en pge.com/findrates

Cómo puede inscribirse

Email:

Saque una foto o escanee su solicitud completa y envíe la imagen a
CAREandFERA@pge.com

Correo:

Envíe la solicitud completa a
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

Fax:

Envíe la solicitud completa al
1-877-302-7563

TTY disponible llamando al **711** o **1-800-735-2929**.

Requisitos de ingreso CARE/FERA (válido hasta el 31 de mayo, 2026)		
Número de personas en el hogar	Ingreso bruto total anual del hogar*	
	CARE	FERA
1-2	\$42,300 o menos	\$42,301-\$52,875
3	\$53,300 o menos	\$53,301-\$66,625
4	\$64,300 o menos	\$64,301-\$80,375
5	\$75,300 o menos	\$75,301-\$94,125
6	\$86,300 o menos	\$86,301-\$107,875
7	\$97,300 o menos	\$97,301-\$121,625
8	\$108,300 o menos	\$108,301-\$135,375
Por cada persona adicional, añada	\$11,000	\$11,000-\$13,750

*El ingreso bruto total anual del hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ingreso por trabajo autónomo y relativo a cualquier empleo, ingreso no pagado en efectivo.

Otros programas y servicios útiles

Energy Savings Assistance Program

pge.com/energysavings-es

1-800-933-9555

Este programa proporciona mejoras al hogar y electrodomésticos para el consumo eficiente de energía sin costo alguno a los clientes que reúnan los requisitos de ingresos. Los dueños de propiedades y los inquilinos pueden participar.

Energy Savings
.....
Assistance Program™

Medical Baseline

pge.com/medicalbaseline

Si debido a necesidades médicas usted depende de equipos de soporte vital o de otro tipo de equipos, usted podría ser elegible para obtener energía adicional al precio base más bajo a través del programa Medical Baseline.

Low Income Home Energy Assistance Program (LIHEAP)

1-866-675-6623

Si usted destina un alto porcentaje de su ingreso al pago de las facturas de energía, podría reunir las condiciones para recibir asistencia económica y servicios de aislamiento térmico a través de este programa administrado por el California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Obtenga acceso telefónico a bajo precio cuando reúna los requisitos de ingreso similares al programa CARE. Para más información, contacte a su compañía local de teléfonos.



- Situación del solicitante:** ☐ NUEVO ☐ CANCELÓ EL PROGRAMA
☐ RE-INSCRIPCIÓN ☐ SE MUDÓ A OTRO LUGAR

Números de cuenta de PG&E:

[illegible]

Gas

Nombre de su parque de casas móviles/residencia

Dirección de su parque de casas móviles/residencia

Ciudad/estado/código postal

Nombre de su arrendador o administrador

Dirección de su arrendador o administrador

Ciudad/estado/código postal

Dirección de email

Número de teléfono preferido

☐ Casa☐ Trabajo☐ Móvil

1B Usted y su hogar

Su nombre (Como aparece en la factura de energía de su arrendador, la cual debe estar a su nombre.)

La dirección de su hogar (La dirección debe ser su residencia principal. **NO** utilice casilla de correo (P.O. Box).)

Unidad #

Ciudad/estado/código postal

Su dirección postal

Unidad #

Ciudad/estado/código postal

Su dirección de email (Al escribir su dirección de email, usted autoriza que PG&E le envíe información de vez en cuando, en relación a servicios y programas de PG&E que podrían estar disponibles para usted.)

Número de teléfono preferido

☐ Casa

☐ Trabajo

☐ Móvil

Número de teléfono alternativo

☐ Casa

☐ Trabajo

☐ Móvil

¿Cuál es su método de comunicación preferido? (Elija uno)

- ☐ Inglés ☐ Español ☐ Mandarín ☐ Cantonés ☐ Vietnamita
☐ Ruso ☐ Coreano ☐ Tagalo ☐ Hmong

¿Qué idioma prefiere para comunicaciones futuras de CARE y FERA? (Elija uno)

- ☐ Correo ☐ Email ☐ Teléfono
☐ Texto (Podría haber cargos por mensaje y datos.)

Número de personas en el hogar en esta dirección:

Adultos **+ Niños** (menores de 18) **=**

2

Cumplimiento de los requisitos del hogar

Complete la Sección 2A **o** la Sección 2B.

2A Programas de asistencia pública: Marque todos los programas en los que usted o alguien en su hogar participa.

- | | |
|---|---|
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | ☐ Medi-Cal for Families (Healthy Families A&B) |
| ☐ Women, Infants, and Children (WIC) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (estampillas de alimentos) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ CalWORKs (TANF) o Tribal TANF | ☐ Medicaid/Medi-Cal (menor de 65 años) |
| ☐ Head Start Income Eligible (solo tribus indígenas) | ☐ Medicaid/Medi-Cal (65 años o más) |
| ☐ Supplemental Security Income (SSI) | |

o

2B Ingresos del hogar

☐ Actualmente tengo ingresos fijos y recibo ingresos o beneficios de uno o más de los siguientes programas: pensiones, Seguro social, SSP o SSDI, intereses/dividendos de cuentas de jubilación, Medicaid/Medi-Cal (65 años o más) o SSI.

Los ingresos de mi hogar son:

Total de ingresos anuales brutos del hogar \$ **.00**

(por favor, incluya todos los ingresos de todos los miembros del hogar)

3 Su declaración

Al firmar esta declaración, certifico que la información que he proporcionado en esta solicitud es verdadera y correcta.

Reconozco que he leído y comprendido el contenido de esta solicitud. Asimismo, convengo en respetar los términos y condiciones del programa CARE o del programa FERA, incluyendo los siguientes:

1. No he sido designado como dependiente en la declaración de impuestos de otra persona con excepción de mi cónyuge.
2. No comparto intencionalmente un medidor de energía con otra vivienda.
3. Notificaré a PG&E si mi hogar deja de reunir los requisitos para recibir el descuento de CARE o FERA.
4. Comprendo que se me puede requerir que proporcione un comprobante de los ingresos de mi hogar.
5. Comprendo que se me puede requerir que participe en el Energy Savings Assistance Program.
6. Comprendo que yo podría ser retirado del programa CARE si mi consumo eléctrico mensual excede seis veces el límite de consumo permitido del Nivel 1.
7. Entiendo que me pueden cambiar o darme de baja del programa CARE o FERA si presento información o PG&E recibe información de otros programas que consideran que no reúno los requisitos.
8. Autorizo a PG&E a compartir mi información con el fin de seguir reuniendo los requisitos de la asistencia disponible para la administración de la energía, y los programas de reducción de precios y tarifas residenciales con otras empresas de servicios públicos, agencias estatales y entidades designadas por la CPUC.
9. Reembolsaré el descuento que yo haya recibido si proporcioné información falsa para apoyar mi solicitud a los programas CARE o FERA.

X

Firma del cliente

Fecha

- ☐ Rellene el círculo si es tutor o tiene carta de poder.

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**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	40126-G
Cancelling	Revised	Cal. P.U.C. Sheet No.	39385-G

Gas Sample Form No. 79-1057

Sheet 1

CARE/FERA Program Application for Sub-Metered Residential Customers
(Chinese) - Large Print Application

**Please Refer to Attached
Sample Form**

Advice
Decision

5066-G

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted	<u>May 7, 2025</u>
Effective	<u>June 1, 2025</u>
Resolution	<u>E-5200 and E-3524</u>



您每月的 PG&E 帳單可獲得省錢優惠

如果您的房東直接向您收取煤電費用，您即屬於「使用分錶」的用戶。雖然您不是 PG&E 的直屬用戶，但您仍可能有資格參加降低能源帳單的計劃，其中包含 CARE 及 FERA 計劃。

選擇最適合您的費率計劃。深入了解[†]。

California Alternate Rates for Energy (CARE) 計劃

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：

- 勾選第 2A 節中您或家中其他人參加並獲得福利的所有符合條件的公共補助計劃**或**
- 填妥第 2B 節（當中包括您的全家總年收入）。*

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。

您還需要求房東或住宅設施經理填寫本申請表 1A 節。

如果您的房東有任何疑問，請他或她致電郵地

CAREandFERA@pge.com。

Family Electric Rate Assistance (FERA) 計劃

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。該計劃為收入稍高於 CARE 規定的家庭提供每月電費帳單折扣。

請參考在下一頁所列 FERA 收入標準，了解自己是否符合申請資格，並填寫附頁申請表申請加入 FERA 計劃。

[†]了解更多並取得個人化費率分析：pge.com/findrates

申請方式

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

郵寄：

將填好的申請表寄到
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

傳真：

將填好的申請表
傳真到 1-877-302-7563

TTY 可撥打 711 或 1-800-735-2929。

CARE/FERA 收入標準 (有效期至 2026 年 5 月 31 日止)		
家庭人數	全家年收入總計*	
	CARE	FERA
1-2	\$42,300 或以下	\$42,301-\$52,875
3	\$53,300 或以下	\$53,301-\$66,625
4	\$64,300 或以下	\$64,301-\$80,375
5	\$75,300 或以下	\$75,301-\$94,125
6	\$86,300 或以下	\$86,301-\$107,875
7	\$97,300 或以下	\$97,301-\$121,625
8	\$108,300 或以下	\$108,301-\$135,375
每多一人即增加	\$11,000	\$11,000-\$13,750

*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。

其他補助計劃和服務

Energy Savings Assistance Program

pge.com/energysavings-ch

1-800-933-9555

此計劃為收入符合資格的客戶免費提供住家節能改善工程與家電設備。業主和租客符合參與資格。

Energy Savings

.....
Assistance Program™

Medical Baseline

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 (LIHEAP)

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，您可能資格獲得財務援助及防水服務。

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。



- 申請狀態：☐ 新加入 ☐ 退出 ☐ 繼續參加 ☐ 移到其他單位

PG&E 帳號：

電氣

煤氣

您的流動屋園區/住宅設施名稱

您的流動屋園區/住宅設施地址

(城市/州別/郵便區號)

您的房東或經理姓名

您房東或經理的郵寄地址

(城市/州別/郵便區號)

電子郵件地址

主要電話號碼

☐ 住宅☐ 工作☐ 手機

1B 您和家人

您的姓名

(請使用由您的房東所提供能源帳單上顯示的姓名，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

郵寄地址

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

其他電話號碼

☐ 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)

☐ 英語

☐ 西班牙語

☐ 國語

☐ 粵語

☐ 越南語

☐ 俄語

☐ 韓語

☐ 他加祿語

☐ 苗語

您希望以何種方式進行溝通？(選一項)

☐ 郵寄

☐ 電子郵件

☐ 電話

☐ 簡訊(可能需支付簡訊或數據流量費用。)

居住於此地址的家庭人數：成人 + 兒童(未滿18歲) =

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) | |

或

2B 家庭收入

☐ 我目前領取固定收入，並擁有以下一項或多項收入或福利：退休金、社安金、SSP 或 SSDI、退休帳戶的利息/股息、Medicaid/Medi-Cal (65 歲以上) 或 SSI。

我的家庭收入：

家庭年度總收入 \$ **.00**

(請計算每位家庭成員的所有收入)

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：

1. 除了本人配偶外，本人未在他人的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. 本人了解，如果本人因提交的資訊或 PG&E 從其他計劃收到的資訊而被認定為不合資格，本人可能會被調出或逐出 CARE 或 FERA 計劃。
8. 本人授權 PG&E 與其他公用事業、州行政機關和 CPUC 指定的實體分享本人的資訊，以繼續符合可用能源管理援助與價格折扣和住宅費率計劃的資格。
9. 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

日期

- ☐ 如果您是監護人或有授權書，請將圓圈塗滿。

FOR INTERNAL USE ONLY



Gas Sample Form No. 79-1058

Sheet 1

CARE/FERA Program Application for Sub-Metered Residential Customers
(Vietnamese) - Large Print Application

**Please Refer to Attached
Sample Form**

**Khách Hàng Gia Cư Có Đồng Hồ Đo Phụ****Tiết kiệm trên hóa đơn PG&E hàng tháng của quý vị**

Nếu chủ nhà của quý vị là người gửi hóa đơn điện và khí đốt trực tiếp đến quý vị, thì quý vị là khách hàng có “đồng hồ đo phụ.” Dù quý vị không phải là khách hàng trực tiếp của PG&E, quý vị vẫn có thể hội đủ điều kiện cho các chương trình và dịch vụ giúp giảm hóa đơn năng lượng của quý vị, bao gồm chương trình CARE và FERA.

Chọn chương trình mức giá phù hợp nhất với quý vị. Tìm hiểu thêm†.

California Alternate Rates for Energy (CARE)
pge.com/care • 1-866-743-2273

Chương trình CARE giảm giá hàng tháng trên hóa đơn PG&E cho các gia đình hội đủ điều kiện. Để ghi danh:

- Đánh dấu tất cả các chương trình trợ cấp xã hội hội đủ điều kiện trong Phần 2A mà quý vị hoặc ai đó trong gia đình đang được nhận quyền lợi **HOẶC**
- Hoàn thành Phần 2B bao gồm tổng thu nhập hàng năm của gia đình quý vị.*

Các điều kiện hợp lệ khác gồm có:

- Quý vị sử dụng điện hàng tháng không quá sáu lần mức Tier 1 cho phép.
- Quý vị không là người phụ thuộc trên tờ khai thuế thu nhập của người nào khác ngoài vợ/chồng của quý vị.
- Quý vị không dùng chung đồng hồ năng lượng với gia đình khác.
- Quý vị sẽ tái gia hạn việc hội đủ điều kiện được giảm giá ít nhất hai năm một lần.

Quý vị cũng sẽ cần nhờ chủ nhà hoặc người quản lý khu nhà điền vào Phần 1A của mẫu đơn ghi danh này. Nếu chủ nhà của quý vị có thắc mắc, hãy bảo họ gửi email tới **CAREandFERA@pge.com**.

Family Electric Rate Assistance (FERA)
pge.com/fera
1-800-743-5000

Nếu quý vị không hội đủ điều kiện tham gia chương trình CARE, quý vị vẫn có thể hội đủ điều kiện cho chương trình FERA. Chương trình này giảm giá trên hóa đơn điện hàng tháng cho các gia đình có lợi tức cao hơn một chút so với yêu cầu của chương trình CARE.

Xem Chỉ Dẫn về Thu Nhập của chương trình FERA được liệt kê tại đây để xem quý vị có đủ điều kiện không và đăng ký bằng cách hoàn tất đơn đăng ký đính kèm.

†Tìm hiểu thêm và được phân tích mức giá riêng cho cá nhân tại **pge.com/findrates**

Cách đăng ký**Bằng email:**

Chụp ảnh hoặc scan đơn đăng ký hoàn chỉnh của quý vị và gửi email ảnh này đến địa chỉ **CAREandFERA@pge.com**

Bằng thư: Gửi đơn đăng ký hoàn chỉnh đến **CARE/FERA Program**
P.O. Box 29647
Oakland, CA 94604-7563

Fax:

Gửi đơn đăng ký hoàn chỉnh đến
1-877-302-7563

TTY hiện có theo số **711** hoặc **1-800-735-2929**.

Chỉ dẫn về thu nhập của CARE/FERA (có hiệu lực đến ngày 31 tháng Năm, 2026)		
Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*	
	CARE	FERA
1–2	\$42,300 hoặc ít hơn	\$42,301–\$52,875
3	\$53,300 hoặc ít hơn	\$53,301–\$66,625
4	\$64,300 hoặc ít hơn	\$64,301–\$80,375
5	\$75,300 hoặc ít hơn	\$75,301–\$94,125
6	\$86,300 hoặc ít hơn	\$86,301–\$107,875
7	\$97,300 hoặc ít hơn	\$97,301–\$121,625
8	\$108,300 hoặc ít hơn	\$108,301–\$135,375
Với mỗi người thêm vào, cộng thêm	\$11,000	\$11,000–\$13,750

*Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

Các chương trình và dịch vụ hữu ích khác

Energy Savings Assistance Program
pge.com/energysavings •
1-800-933-9555

Chương trình này cung cấp các biện pháp nâng cấp nhà và các thiết bị gia dụng tiết kiệm năng lượng miễn phí cho khách hàng hội đủ điều kiện về thu nhập. Chủ sở hữu và người thuê bất động sản hội đủ điều kiện tham gia.

Energy Savings

Assistance Program™

Medical Baseline
pge.com/medicalbaseline

Nếu quý vị phải phụ thuộc vào thiết bị hỗ trợ sự sống hoặc thiết bị khác do nhu cầu sức khỏe, quý vị có thể hội đủ điều kiện nhận thêm năng lượng với giá thấp nhất qua chương trình Medical Baseline.

Low Income Home Energy Assistance Program (LIHEAP)
1-866-675-6623

Nếu quý vị cần phải sử dụng một phần lớn thu nhập của mình để trả hóa đơn năng lượng, quý vị có thể hội đủ điều kiện để nhận trợ giúp tài chính và những dịch vụ điều hòa thời tiết qua chương trình này được điều hành bởi Sở Dịch Vụ và Phát Triển Cộng Đồng California.

Universal Lifeline Telephone Service (ULTS)

Nhận giảm giá điện thoại khi quý vị đủ điều kiện về thu nhập tương tự như chương trình CARE. Hãy liên hệ với nhà cung cấp dịch vụ điện thoại tại địa phương để tìm hiểu thêm.



1B Quý vị và gia đình của quý vị

Tên quý vị (Phải sử dụng tên của quý vị và giống với tên trên hóa đơn năng lượng từ chủ nhà của quý vị.)

Địa chỉ nhà của quý vị (Địa chỉ phải là nơi cư ngụ chính của quý vị. **KHÔNG** được sử dụng hộp thư bưu điện P.O. Box.) **Số căn hộ #**

Thành phố/Bang/Số Zip

Địa chỉ liên lạc bằng thư **Số căn hộ #**

Thành phố/Bang/Số Zip

Địa chỉ email (Khi quý vị ghi địa chỉ email vào là quý vị đã cho phép PG&E thỉnh thoảng gửi cho quý vị thông tin về dịch vụ tiện ích PG&E và chương trình và dịch vụ PG&E mà quý vị có thể được hưởng.)

Số điện thoại chính ☐ Nhà ☐ Nơi làm việc ☐ Di động

Số điện thoại thay thế ☐ Nhà ☐ Nơi làm việc ☐ Di động

Quý vị muốn sử dụng ngôn ngữ nào trong tương lai khi trao đổi với CARE và FERA? (Hãy chọn một)

- | | | |
|---|--|---|
| ☐ Tiếng Anh | ☐ Tiếng Tây Ban Nha | ☐ Tiếng Quan Thoại |
| ☐ Tiếng Quảng Đông | ☐ Tiếng Việt | ☐ Tiếng Nga |
| ☐ Tiếng Hàn | ☐ Tiếng Tagalog | ☐ Tiếng H'Mông |

Quý vị muốn trao đổi bằng hình thức nào? (Hãy chọn một)

- ☐ Bằng thư ☐ Bằng email ☐ Bằng điện thoại ☐ Bằng tin nhắn
(Có thể áp dụng phí dữ liệu và tin nhắn)

Số người sống trong nhà quý vị tại địa chỉ này:

Người lớn **+ Trẻ nhỏ** (dưới 18 tuổi) **=**

2**Hộ gia đình đủ tiêu chuẩn**

Quý vị nên điền Phần 2A **HOẶC** Phần 2B.

2A Các chương trình trợ cấp xã hội: Đánh dấu tất cả các chương trình mà quý vị hoặc người trong gia đình quý vị đang được nhận.

- | | |
|---|---|
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | ☐ Medi-Cal for Families (Healthy Families A&B) |
| ☐ Women, Infants and Children (WIC) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (Food stamps) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ CalWORKs (TANF) hoặc Tribal TANF | ☐ Medicaid/Medi-Cal (dưới 65 tuổi) |
| ☐ Head Start Income Eligible (chỉ dành cho bộ lạc) | ☐ Medicaid/Medi-Cal (65 tuổi hoặc hơn) |
| ☐ Supplemental Security Income (SSI) | |

HOẶC**2B Thu nhập hộ gia đình**

☐ Tôi hiện có thu nhập cố định và nhận thu nhập hoặc phúc lợi từ một hoặc nhiều nguồn sau: lương hưu, an sinh xã hội, SSP hoặc SSDI, lãi/cổ tức từ tài khoản hưu trí, Medicaid/Medi-Cal (65 tuổi hoặc hơn) hoặc SSI.

Thu nhập hộ gia đình của tôi là:

Tổng thu nhập hàng năm của hộ gia đình \$ **.00**

(vui lòng tính tất cả thu nhập từ mọi thành viên trong gia đình)

Cam đoan

Qua việc ký giấy cam đoan này, tôi xác nhận rằng thông tin mà tôi cung cấp trong đơn xin này là đúng và trung thực.

Tôi xác nhận rằng tôi đã đọc và hiểu nội dung trong đơn xin này. Tôi cũng đồng ý tuân thủ các điều khoản và điều kiện của chương trình CARE hoặc FERA, bao gồm các điều khoản và điều kiện sau đây:

1. Tôi không là người phụ thuộc trên tờ khai thuế thu nhập của người nào khác ngoài vợ/chồng của tôi.
2. Tôi không cố ý dùng chung đồng hồ đo năng lượng với nhà khác.
3. Tôi sẽ thông báo cho PG&E biết khi gia đình tôi không còn đủ điều kiện được giảm giá theo chương trình CARE hoặc FERA nữa.
4. Tôi hiểu rằng tôi có thể phải cung cấp chứng từ thu nhập của hộ gia đình.
5. Tôi hiểu rằng tôi có thể được yêu cầu tham gia Chương Trình Trợ Giúp Tiết Kiệm Năng Lượng (Energy Savings Assistance Program).
6. Tôi hiểu rằng tôi có thể bị loại ra khỏi chương trình CARE nếu mức sử dụng điện hàng tháng của tôi vượt quá sáu lần định mức Hạng Mức 1.
7. Tôi hiểu rằng tôi có thể bị chuyển sang hoặc bị loại khỏi chương trình CARE hoặc FERA nếu tôi gửi thông tin hoặc PG&E nhận được thông tin từ các chương trình khác cho rằng tôi không đủ điều kiện.
8. Tôi cho phép PG&E chia sẻ thông tin của tôi để duy trì tình trạng hội đủ điều kiện nhận hỗ trợ quản lý năng lượng hiện có, các chương trình giảm giá và giá sinh hoạt với các tiện ích khác, cơ quan tiểu bang và tổ chức do CPUC chỉ định.
9. Tôi sẽ hoàn trả lại khoản giảm giá mà tôi nhận được nếu tôi cung cấp thông tin giả mạo để hỗ trợ cho việc tôi xin tham gia chương trình CARE hoặc FERA.

X

Chữ ký khách hàng

Ngày

- ☐ Điền vào ô tròn nếu quý vị là người giám hộ hoặc quý vị có giấy ủy quyền.

FOR INTERNAL USE ONLY



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	40128-G
Cancelling	Revised	Cal. P.U.C. Sheet No.	39387-G

Gas Sample Form No. 79-1059
CARE/FERA Program Income Guidelines - Large Print

Sheet 1

**Please Refer to Attached
Sample Form**

Advice
Decision

5066-G

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted
Effective
Resolution

May 7, 2025
June 1, 2025
E-5200 and E-3524



**California Alternate Rates
for Energy (CARE)**
pge.com/care • 1-866-743-2273

The CARE program offers a monthly discount on PG&E bills for qualifying households and housing facilities. Review the CARE Income Guidelines listed here to see if you qualify. Apply at **pge.com/care**.

**Family Electric Rate Assistance
(FERA)**
pge.com/fera • 1-800-743-5000

If you do not qualify for the CARE program, your household may still qualify for the FERA program, which offers a monthly discount on electric bills for households with a slightly higher income than required for CARE. Check out the FERA Income Guidelines listed here to see if you qualify. Apply at **pge.com/fera**.

How to determine your total gross annual income

Your total gross annual household income includes all taxable and non-taxable 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.

CARE/FERA Income Guidelines (valid through May 31, 2026)		
Number of people in household	Total gross annual household income*	
	CARE	FERA
1-2	\$42,300 or less	\$42,301-\$52,875
3	\$53,300 or less	\$53,301-\$66,625
4	\$64,300 or less	\$64,301-\$80,375
5	\$75,300 or less	\$75,301-\$94,125
6	\$86,300 or less	\$86,301-\$107,875
7	\$97,300 or less	\$97,301-\$121,625
8	\$108,300 or less	\$108,301-\$135,375
Each additional person, add	\$11,000	\$11,000-\$13,750

*Before taxes based on current income sources. You may be enrolled in either the CARE or the FERA program, but not in both.

TTY is available at **711** or **1-800-735-2929**.



**California Alternate Rates
for Energy (CARE)**
pge.com/care-es • 1-866-743-2273

El programa CARE ofrece un descuento mensual en las facturas de PG&E a hogares que cumplen con los requisitos por sus ingresos. Revise los requisitos de ingreso de CARE que incluimos aquí para comprobar que califica. Inscríbase en **pge.com/care-es**.

**Family Electric Rate Assistance
(FERA)**
pge.com/fera-es • 1-800-743-5000

Si usted no cumple con los requisitos para el programa CARE, su hogar tal vez califique para el programa FERA, que ofrece un descuento en las facturas mensuales de electricidad a familias que reciban un ingreso ligeramente más alto que el requerido para CARE. Vea los requisitos de ingreso de FERA que incluimos aquí para comprobar que califica. Inscríbase en **pge.com/fera-es**.

Cómo determinar su ingreso bruto total anual

El ingreso bruto total anual de su hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, de cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ingreso por trabajo autónomo y relativo a cualquier empleo, ingreso no pagado en efectivo.

Requisitos de ingreso CARE/FERA (válido hasta el 31 de mayo, 2026)		
Número de personas en el hogar	Ingreso bruto total anual del hogar*	
	CARE	FERA
1-2	\$42,300 o menos	\$42,301-\$52,875
3	\$53,300 o menos	\$53,301-\$66,625
4	\$64,300 o menos	\$64,301-\$80,375
5	\$75,300 o menos	\$75,301-\$94,125
6	\$86,300 o menos	\$86,301-\$107,875
7	\$97,300 o menos	\$97,301-\$121,625
8	\$108,300 o menos	\$108,301-\$135,375
Por cada persona adicional, añadida	\$11,000	\$11,000-\$13,750

*Antes de impuestos, basado en fuentes actuales de ingreso. Usted puede estar inscrito en uno de los programas CARE o FERA pero no en ambos.

TTY disponible llamando al **711** o **1-800-735-2929**.



California Alternate Rates for Energy (CARE)

pge.com/care-ch • 1-866-743-2273

CARE 計劃為符合申請條件的家庭與住房設施提供 PG&E 帳單每月折扣優惠。請查閱所列 CARE 收入資格標準，了解自己是否符合申請條件。請到 pge.com/care-ch 申請。

Family Electric Rate Assistance (FERA)

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。該計劃為收入稍高於 CARE 規定的家庭提供每月電費帳單折扣。請查閱這裡所列 FERA 收入資格標準，了解自己是否符合申請條件。請到 pge.com/fera-ch 申請。

如何確定全家年收入總計

全家年收入總計包括全家人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。

CARE/FERA 收入標準 (有效期至 2026 年 5 月 31 日止)		
家庭人數	全家年收入總計*	
	CARE	FERA
1-2	\$42,300 或以下	\$42,301-\$52,875
3	\$53,300 或以下	\$53,301-\$66,625
4	\$64,300 或以下	\$64,301-\$80,375
5	\$75,300 或以下	\$75,301-\$94,125
6	\$86,300 或以下	\$86,301-\$107,875
7	\$97,300 或以下	\$97,301-\$121,625
8	\$108,300 或以下	\$108,301-\$135,375
每多一人即增加	\$11,000	\$11,000-\$13,750

*根據目前收入來源計算的稅前收入。您也許有資格加入 CARE 或 FERA 計劃，但不得同時加入這兩項計劃。

TTY 可撥打 711 或 1-800-735-2929。



CHƯƠNG TRÌNH CARE/FERA Chỉ Dẫn Về Thu Nhập

Mẫu đơn 79-1059

California Alternate Rates for Energy (CARE)

pge.com/care • 1-866-743-2273

Chương trình CARE giảm giá hàng tháng trên hóa đơn PG&E cho các gia đình và các cơ sở gia cư hội đủ điều kiện về lợi tức. Vui lòng xem qua chỉ dẫn về thu nhập của chương trình CARE được liệt kê tại đây để xem quý vị có hội đủ điều kiện không. Ghi danh tại **pge.com/care**.

Family Electric Rate Assistance (FERA)

pge.com/fera • 1-800-743-5000

Nếu quý vị không hội đủ điều kiện tham gia chương trình CARE, quý vị vẫn có thể hội đủ điều kiện cho chương trình FERA. Chương trình này giảm giá trên hóa đơn điện hàng tháng cho các gia đình có lợi tức cao hơn một chút so với yêu cầu của chương trình CARE. Vui lòng xem chỉ dẫn về thu nhập của chương trình FERA được liệt kê tại đây để xem quý vị có hội đủ điều kiện không. Ghi danh tại **pge.com/fera**.

Cách xác định tổng thu nhập của quý vị

Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

Chỉ dẫn về thu nhập của CARE/FERA (có hiệu lực đến ngày 31 tháng Năm, 2026)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*	
	CARE	FERA
1–2	\$42,300 hoặc ít hơn	\$42,301–\$52,875
3	\$53,300 hoặc ít hơn	\$53,301–\$66,625
4	\$64,300 hoặc ít hơn	\$64,301–\$80,375
5	\$75,300 hoặc ít hơn	\$75,301–\$94,125
6	\$86,300 hoặc ít hơn	\$86,301–\$107,875
7	\$97,300 hoặc ít hơn	\$97,301–\$121,625
8	\$108,300 hoặc ít hơn	\$108,301–\$135,375
Với mỗi người thêm vào, cộng thêm	\$11,000	\$11,000–\$13,750

*Trước khi trừ thuế dựa theo các nguồn thu nhập hiện có. Quý vị có thể ghi danh tham gia chương trình CARE hoặc FERA nhưng không thể tham gia cả hai chương trình.

TTY hiện có theo số **711** hoặc **1-800-735-2929**.



GAS SCHEDULE G-PIPP
PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT

Sheet 1

APPLICABILITY: The Percentage of Income Payment Plan (PIPP) pilot program is a four-year pilot program subject to a maximum participation cap of 5,000 Pacific Gas and Electric (PG&E) residential gas or electric customers, as set forth in California Public Utilities Commission (CPUC or Commission) Decision (D.) 21-10-012. The purpose of the PIPP pilot is to test whether a PIPP program can (i) reduce the number of low-income households at risk of disconnection, (ii) encourage participation in energy saving and energy management programs, (iii) increase access to essential levels of energy service, and (iv) control PIPP program costs. (T)

The PIPP pilot program is applicable only to residential gas and electric customers of Pacific Gas and Electric Company (PG&E), Southern California Edison Company (SCE), San Diego Gas and Electric Company (SDG&E), and Southern California Gas Company (SoCalGas), as well as the Community Choice Aggregation (CCA) electric service providers in California who elect to participate in the PIPP pilot program in the service territories of the above investor-owned utilities (IOUs). (T)

Due to service territory differences across the investor-owned utilities, or the provision of gas versus electric service by each utility company, it is possible for a PIPP customer to be served by two separate utility companies. The overall capped PIPP energy bill will be split into separate gas versus electric bill caps, and separate CCA versus IOU capped portions of the electric bill. PIPP bill caps may not be available in local or municipal utility service areas. (T)

Statewide, up to 15,000 customers may participate in the pilots. The following pilot participation caps will apply by utility: PG&E 5,000; SoCalGas 5,000; SCE 4,000; and SDG&E 1,000. Target enrollment levels for each utility's pilot effective six months after pilot enrollment begins: PG&E 2,500; SoCalGas 2,500; SCE 2,000; and SDG&E 500. (T)

Schedule G-PIPP is applicable to residential gas service in single-family dwellings and in flats and apartments separately metered by PG&E, and to gas premises which meet the applicability criteria set forth in residential gas service Schedule G-1, where the applicant qualifies for California Alternate Rates for Energy (CARE) under gas Schedule GL-1 and the CARE eligibility and certification criteria set forth in Gas Rule 19.1, and the PIPP eligibility and certification criteria set forth in Gas Rule 19.5. CARE gas customers who procure gas supply from a party other than PG&E by taking Schedule GL-1 service in conjunction with Schedule G-CT—Core Gas Aggregation Service, are categorically ineligible for PIPP participation.

PIPP service is available only on Schedule GL-1 pursuant to D.21-10-012 directing that utilities may limit PIPP pilot participation to customers enrolled in the most commonly enrolled residential rates. Further, PIPP service is not available to a master metered operator and its sub-metered tenants, any customer without a Smart Meter, any customer billed in PG&E's Advanced Billing System (ABS), any customer on PG&E's Budget Billing program, or any customer enrolled in any other pilot. A PIPP customer terminating CARE service will be removed from the PIPP pilot.

(Continued)



GAS SCHEDULE G-PIPP
PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT

Sheet 4

RATES:

Customers taking service on this rate schedule will receive a maximum monthly PIPP bill cap as set forth in the table below, prior to any applicable taxes and fees. Based on the PIPP participant's household income level, and number of persons in the household, and subject to the PIPP eligibility and certification criteria set forth in Gas Rule 19.5, the PIPP participant will be categorized as falling into either the (a) 0% to 100% of Federal Poverty Guidelines (FPG) group, or (b) the 101% to 200% of FPG group.

Tables C and D below present the PIPP overall bill caps, as well as the breakdown of the overall PIPP bill cap into gas versus electric bill caps, in Table C, and of the electric bill into generation and non-generation bill caps, in Table D, for participating CCA electric customers.

The gas and electric PIPP bill splits shown in Table C will be used by all California utilities. Conversely, the electric generation and non-generation PIPP bill splits shown in Table D are specific to PG&E's territory, and other California electric utilities may use a different PIPP bill split for electric generation and non-generation bill caps. These bill caps are in effect from June 1, 2025 to May 31, 2026.

(T)
(T)

TABLE C
Statewide Electric & Gas PIPP Bill Caps

2025/2026 IOU Bill Caps	Ratio 75/25 – Statewide Cap
0-100% of FPG (Lower Level)	\$44.00
Electric Bill Cap	\$33.00
Gas Bill Cap	\$11.00
101-200% of FPG (Upper Level)	\$133.00
Electric Bill Cap	\$100.00
Gas Bill Cap	\$33.00

(T)
(T)
(T)
(T)
(T)
(T)
(T)

(Continued)



GAS SCHEDULE G-PIPP
PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT

Sheet 5

RATES (Cont'd):

TABLE D
PG&E Territory Electric Generation and Non-Generation PIPP Bill Caps

2025/2026 PG&E's Generation & Non-Generation Costs for Electric Bill Cap	Ratio 38/62
0-100% of FPG (Lower Level)	\$33.00
Electric Generation Cap (CCA Charges)	\$13.00
Electric Non-Generation Cap (PG&E Charges)	\$20.00
101-200% of FPG (Upper Level)	\$100.00
Electric Generation Cap (CCA Charges)	\$38.00
Electric Non-Generation Cap (PG&E Charges)	\$62.00

(T)

(T)

(T)

(T)

(T)

(T)

The above PIPP bill caps will be updated each year, starting in 2024, as CARE income guidelines set forth in Gas Rule 19.1 are updated. The overall CARE income guidelines for households of three persons are used to set the two PIPP bill caps shown above. The overall PIPP bill cap is \$44 for PIPP participants verifying household income of 0% to 100% of FPG and is \$133 for PIPP participants in the 101-200% of FPG category. All customers otherwise eligible for CARE by being 0% to 200% of FPG will be assumed to be in the 101% to 200% of FPG category unless proof is provided of 0-100% of FPG eligibility.

(T)

(T)

For the PIPP pilot, the maximum household energy bill is first established, and is then split between gas and electric service. The electric bill is then split into a PG&E portion and a CCA generation portion, where applicable for participating CCA PIPP pilot electric customers.

The PIPP customer's monthly bill will be the lower of the PIPP gas bill cap, or the customer's otherwise applicable monthly gas CARE bill.

Once per year, the otherwise applicable monthly CARE bill will be the bill after the application of the gas California Climate Credit.

The bill discount attributable to participation in the PIPP pilot is equal to the CARE bill prior to any utility user taxes or other taxes and fees, and the PIPP bill prior to any utility user taxes or other taxes and fees. The lower of the monthly PIPP bill or the monthly CARE bill will be the basis for the application of utility user taxes or other taxes and fees.

(Continued)



GAS RULE NO. 1
DEFINITIONS

Sheet 16

NATURAL GAS: See Gas.

NONCORE END-USE CUSTOMER: Noncore End-Use Customers are typically large commercial, industrial, cogeneration, wholesale or electric generation Customers who meet the usage requirements for service under a noncore rate schedule and who have executed a Natural Gas Service Agreement. Electric Generation, Enhanced Oil Recovery, Cogeneration, and Refinery Customers with historical or potential annual use exceeding 250,000 therms per year or rated generation capacity of five hundred kilowatts (500 kW) or larger, are permanently classified as Noncore End-Use Customers.

NONPROFIT GROUP-LIVING FACILITY OR HOMEKEY HOUSING FACILITY: A facility operated by a corporation that has received a letter of determination by the Internal Revenue Service that the corporation is tax-exempt due to its nonprofit status under IRS Code Section 501(c)3). The facility must be one of the following: (T)

1. A homeless shelter with 6 or more beds and open at least 180 days per year; (T)
2. Transitional housing, such as a half-way house or drug rehabilitation facility;
3. Short- or long-term care facility, such as a hospice, nursing home, seniors' home, or children's home; or
4. A group home for physically or mentally disabled persons; or (T)
5. Homekey Housing Facility: The facility must provide permanent supportive housing for individuals at risk of or experiencing homelessness and who are inherently impacted by or at increased risk for medical diseases or conditions. (N)
(N)

With the exception of homeless shelters, the nonprofit group-living facility must provide services such as meals or rehabilitation in addition to lodging. All of the residents of the facility must meet the CARE eligibility standard for a single-person household. At least 70 percent of the gas supplied to the facility's premises must be used for residential purposes, and the facility must be licensed by the appropriate state agency, with the exception of homeless shelters which must have the appropriate municipal or county conditional use permits. A Homekey Housing Facility is required to provide proof of the Homekey award and a copy of a valid California state tax exemption form. (T)
(T)

Facilities such as student housing/dormitories are excluded. For complete eligibility requirements see Rule 19.2.

OFF-SYSTEM DELIVERY POINT(S): Any interconnection for delivery outside of PG&E's service territory.

(Continued)



GAS RULE NO. 19.1

Sheet 1

**CALIF ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED
TENANTS OF MASTER-METERED CUSTOMERS**

A. GENERAL

The Low-Income Ratepayer Assistance (LIRA) program was established by the Commission in Decision (D.) 89-07-062 and D.89-09-044. The program was revised in D.94-12-049 and the name changed to California Alternate Rates for Energy (CARE). The purpose of the CARE program is to provide qualifying residential applicants with reduced energy charges. An application for the rate may be made by individually metered Pacific Gas and Electric (PG&E) customers, master-metered customers with qualifying sub-metered tenants, sub-metered tenants of master-metered PG&E customers, or any permanent resident in an individually-metered residential dwelling unit, except non sub-metered tenants of master-metered customers and any applicant/customer currently receiving service under Schedule G-10. (T)

Qualifying applicants for CARE shall be placed on the CARE rate starting with the first day of the Billing Cycle such application was processed in by PG&E.

A Nonprofit Group-Living Facility may qualify for CARE, if it meets the eligibility criteria set forth in Rule 19.2. A Qualified Agricultural Housing Facility may qualify for CARE, if it meets the eligibility criteria set forth in Rule 19.3.

B. ELIGIBILITY

To be eligible to receive CARE the applicant (except in the case where a master-metered Customer submeters qualifying CARE applicants) must qualify under the eligibility criteria set forth in either Section 1 or 2, below, and meet the certification requirements thereof to the satisfaction of PG&E. Individually metered applicants/customers may qualify for CARE at their primary residence only.

The completed application must be submitted to PG&E. PG&E will randomly verify the eligibility of applicants following enrollment.

Applicants with electric usage above 400% of baseline allowance must provide proof of qualifying household income, including Internal Revenue Services (IRS) Tax Return Transcripts, agree to participate in the Energy Savings Assistance (ESA) program, and keep their usage below 600% of baseline allowance to remain enrolled in CARE¹. Applicants may be removed from the CARE program if their monthly electric usage exceeds 600% of baseline allowance. (T)

¹ All CARE eligibility standard and high-usage Post Enrollment Verification (PEV) requests will be frozen for customers affected by a disaster as described in the Emergency Consumer Protection Plan definition in Gas Rule 1.

(Continued)



GAS RULE NO. 19.1

Sheet 2

**CALIF ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED
TENANTS OF MASTER-METERED CUSTOMERS**

B. ELIGIBILITY (Cont'd.)

Total gross annual income for all persons in the applicants household may not exceed the following:

<u>Number of Persons in Household</u>	<u>Total Gross Annual Household Income (Effective June 1, 2025 to May 31, 2026)</u>	<u>(T)</u>
1-2	\$42,300	(T)
3	\$53,300	
4	\$64,300	
5	\$75,300	
6	\$86,300	
7	\$97,300	
8	\$108,300	
Each additional member, add:	\$11,000	(T)

C. CERTIFICATION

1. Individually metered PG&E Customers, sub-metered tenants of master-metered PG&E customers, and other qualifying applicants in individually metered residential dwelling units:

All applicants for certification must fill out and provide to PG&E Application Form No. 01-9077 (English/Spanish), 62-0972 (English/Chinese), 62-0973 (English/Vietnamese).

2. Submetered tenants of master-metered PG&E customers:

Submetered tenants of master-metered customers will submit Application Form No. 01-9285 (English/Spanish), 62-0672 (English/Chinese), 62-0673 (English/Vietnamese) to PG&E, including their apartment/unit number and PG&E master-metered account number. PG&E will notify the master-metered customer of the tenant's certification. The master-metered customer, not PG&E, is responsible for extending CARE discounts to tenants certified to receive them.

(Continued)

Advice 5066-G
Decision

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted	May 7, 2025
Effective	June 1, 2025
Resolution	E-5200 and E-3524



GAS RULE NO. 19.2

Sheet 1

**CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES AND
HOMEKEY HOUSING FACILITIES**

(T)

A. GENERAL

The Low-Income Ratepayer Assistance (LIRA) program was established by the Commission in Decision (D.) 89-07-062 and D.89-09-044. It was expanded to qualifying Nonprofit Group-Living Facilities in D.92-04-024 and D.92-06-060 and to Homekey Housing Facilities in Assembly Bill (AB) 2672 (Statutes of 2024). The program was revised in D.94-12-049 and the name changed to California Alternate Rates for Energy (CARE). The purpose of the expanded CARE program is to provide qualifying Nonprofit Group-Living Facilities and Homekey Housing Facilities owned or administered by public housing authorities with reduced charges for electric service. D.06-12-038 clarifies that Common Use Areas as defined in Rule 1 qualify for CARE.

(T)

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(T)

(T)

(T)

Application for the rate may be made by master-metered customers who operate Nonprofit Group-Living Facilities or public housing authorities that own or administer Homekey Housing Facilities for qualifying residents.

(T)

(T)

Qualifying Nonprofit Group-Living Facilities or Homekey Housing Facilities for CARE shall be placed on the CARE rate starting with the first day of the Billing Cycle a complete application as specified in Section C was approved by PG&E.

(T)

B. ELIGIBILITY

To be eligible to receive CARE, the Nonprofit Group-Living Facility or Homekey Housing Facilities (facility) must meet the following conditions:

(T)

(T)

1. The facility must be operated by a corporation that has received a letter of determination by the Internal Revenue Service (IRS) that the corporation is tax-exempt due to its nonprofit status under IRS Code Section 501(c)(3). The facility must be one of the following:

(T)

- a. Homeless shelter: The shelter must provide at least 6 beds and must be open at least 180 days per year; or
- b. Transitional housing, such as a half-way house, drug rehabilitation facility, women's shelter; or
- c. Short- or Long-Term Care: The facility must be a hospice, nursing home, seniors' home, or children's home; or
- d. A group home for physically or mentally disabled people; or
- e. Homekey Housing Facility: The facility must provide permanent supportive housing for individuals at risk of or experiencing homelessness and who are inherently impacted by or at increased risk for medical diseases or conditions.

(T)

(N)

|

(N)

2. At least 70 percent of the energy supplied to the facility's premises must be used for residential purposes (eating and sleeping).

(Continued)



GAS RULE NO. 19.2 Sheet 2

CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES AND (T)

HOMEKEY HOUSING FACILITIES

B. ELIGIBILITY (Cont'd.)

3. The facility must also be licensed, or otherwise prove to PG&E's satisfaction, by the appropriate state agency. A homeless shelter is required to provide a copy of its municipal or county conditional use permit. A Homekey Housing Facility is required to provide proof of the Homekey award and a copy of a valid California state tax exemption form. (T)
- |
- (T)

4. The total gross income for all persons residing at a facility may not exceed the following:

Number of Persons in Household	Total Gross Annual Household Income (Effective June 1, 2025 to May 31, 2026)	(T)
1-2	\$42,300	(T)
3	\$53,300	
4	\$64,300	
5	\$75,300	
6	\$86,300	
7	\$97,300	
8	\$108,300	
Each additional member, add:	\$11,000	(T)

(Continued)



GAS RULE NO. 19.2

Sheet 3

**CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES AND
HOMEKEY HOUSING FACILITIES**

(T)

B. ELIGIBILITY (Cont'd.)

The following types of facilities do not qualify as Nonprofit Group-Living Facilities: student housing, or student dormitories.

(T)

Nonprofit Group Living Facilities which received government construction assistance in the form of a low interest mortgage, a direct cash grant, or a continuing rent subsidy may qualify for the CARE discount, provided these facilities meet the eligibility criteria listed in B.1 through B.4.

Homeless Shelters may qualify for the CARE discount even if they receive ongoing government subsidies or occupy a government building, provided that the corporation operating the homeless shelter is PG&E's customer of record and 70 percent of the gas consumed at the premises is used for residential purposes.

A Nonprofit Group-Living Facility which otherwise qualifies for CARE under the qualifications set forth above shall not be deemed ineligible because compensation for resident's room and board is provided by a government agency under a disability, Supplemental Security Income (SSI), Social Security Administration, or other governmental assistance program.

5. Nonprofit Group-Living Facilities and Homekey Housing Facilities, other than homeless shelters, must provide at least one service in addition to lodging (e.g., meals, rehabilitation, training, counseling, etc.).
6. A non-licensed, separately metered satellite facility qualifies for the CARE discount if it meets the following criteria:
 - a. The corporation owning the satellite facility is licensed by the appropriate state agency and otherwise meets the CARE criteria in B.1 through B.3;
 - b. The satellite facility and its residents meet the criteria listed in B.4 and B.5;
 - c. At least 70 percent of the energy used by the satellite facility must be for residential purposes (eating and sleeping); and

(T)

(Continued)



GAS RULE NO. 19.2

Sheet 4

**CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES AND
HOMEKEY HOUSING FACILITIES**

(T)

B. ELIGIBILITY (Cont'd.)

- d. The corporation owning the satellite facility is the customer of record for the satellite facility's premises.

Completed applications must be submitted to PG&E.

C. CERTIFICATION

1. All facilities applying for certification must complete and provide to PG&E an Application Form No. 62-0156 for Nonprofit Group-Living Facilities and Homekey Housing Facilities. (T)
(T)
2. Each Application for Nonprofit Group-Living Facilities and Homekey Housing Facilities must be accompanied by the following documentation: (T)
(T)
 - a. A copy of the IRS tax exempt status letter; Homekey Housing Facilities must also provide a copy of a valid California state tax exemption form; (T)
(T)
 - b. A copy of the license from the appropriate state agency, showing what services are provided in addition to lodging (homeless shelters do not need to provide a copy of a license);
 - c. A copy of the municipal or county conditional use permit for facilities providing shelter for the homeless or a proof of the Homekey award for Homekey Housing Facilities; and (T)
(T)
 - d. Documentation that all residents of the facility and any satellite facilities meet the CARE eligibility criteria shown in Section B. Homeless shelters need not provide income documentation; or
 - e. Otherwise prove to PG&E's satisfaction that the facility is eligible to participate in the CARE program.
3. Certification of Nonprofit Group-Living Facilities and Homekey Housing Facilities is valid for two years, except as provided in Section E. (T)

It is the responsibility of the facility to notify PG&E when it is no longer eligible for the CARE Program.

(Continued)



GAS RULE NO. 19.2 Sheet 5

CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES AND (T)

HOMEKEY HOUSING FACILITIES

D. RECERTIFICATION REQUIREMENTS

1. Facilities wishing to recertify must complete Form No. 62-0156 and provide the information listed in Section C.
2. Recertification shall include an explanation by the facility of how the annual CARE discount was used during the previous year for the direct benefit of qualifying residents.

Nonprofit Group-Living Facilities or Homekey Housing Facilities either suspected of or proven to have provided incorrect information in their application for CARE may be required to recertify at any time. Further, PG&E reserves the right to conduct random audits to determine facility eligibility¹. Failure by any party to provide proper proof of eligibility will result in the removal of the facility from the CARE rate. (T)

Upon PG&E's request that the facility recertify eligibility or 90 days before the regular expiration date of the facility 's eligibility, the facility will have 90 days to recertify, after which the facility not recertified may lose their eligibility under the CARE program. (T)

E. MISAPPLICATION OF CARE

Misapplication of CARE for the period during which the facility received CARE occurs when: 1) the facility certifies or recertifies using incorrect information, or 2) when the CARE discount funds were not spent for the benefit of the qualifying residents. PG&E may rebill the account at the customer's otherwise applicable rate schedule for misapplication of CARE. Such billing shall be for a period up to the most recent three months in accordance with Rule 17.1. However, nothing in Rule 19.2 shall be interpreted as limiting PG&E's rights under any provisions of any applicable law or tariff. (T)

¹ All CARE eligibility standard and high-usage Post Enrollment Verification (PEV) requests will be frozen for customers affected by a disaster as described in the Emergency Consumer Protection Plan definition in Gas Rule 1.



GAS RULE NO. 19.3 Sheet 2
**CALIF ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRI EMPLOYEE HOUSING
 FACILITIES**

B. ELIGIBILITY (Cont'd.)

2. PRIVATE-OWNED EMPLOYEE HOUSING FACILITIES

- a. Privately-Owned Employee Housing Facilities must provide proof of current compliance with Part 1 of Division 13 of the Health and Safety Code. Compliance must take the form of having a permit issued by the State Department of Housing and Community Development pursuant to Health and Safety Code §17030.
- b. For Privately-Owned Employee Housing Facilities, 100 percent of the energy supplied to the facility's premises must be used for residential purposes.

3. AGRICULTURAL EMPLOYEE HOUSING FACILITIES

- a. Agricultural Employee Housing Facilities must provide a letter of determination by the Internal Revenue Service (IRS) that the corporation is tax-exempt due to its non-profit status under IRS Code §501(c)(3) or proof that it is tax-exempt due to its non-profit status from the State of California. Additionally, the Facility must provide a copy of letter from the Assessor in the county where the Facility is located stating that the housing is exempt from local property taxes.
 - b. For Agricultural Employee Housing Facilities, 100 percent of the energy supplied to the facility's premises must be used for residential purposes, if each of the dwelling areas in the facility is individually metered. If a master meter serves the facility, not less than 70 percent of the energy supplied to the facility's premises must be used for residential purposes.
4. The total gross annual income for all persons residing at a Facility may not exceed the following:

Number of Persons in Household	Total Gross Annual Household Income (Effective June 1, 2025 to May 31, 2026)	(T)
1-2	\$42,300	(T)
3	\$53,300	
4	\$64,300	
5	\$75,300	
6	\$86,300	
7	\$97,300	
8	\$108,300	
Each additional member, add:	\$11,000	(T)

(Continued)



GAS RULE NO. 19.5

Sheet 1

**PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT PROGRAM ELIGIBILITY AND
CERTIFICATION RULES FOR INDIVIDUALLY METERED GAS CUSTOMERS**

A. GENERAL

The Percentage of Income Payment Plan (PIPP) pilot program was established by the Commission in Decision (D.) 21-10-012. The PIPP program is a four-year pilot program available only to a maximum of 5,000 PG&E participants, as set forth in Schedule G-PIPP. To be eligible for the PIPP pilot, customers must be individually metered by Pacific Gas and Electric (PG&E) and must participate in the California Alternate Rates for Energy (CARE) program. Please see Schedule G-PIPP for more details. (T)

Qualifying applicants for PIPP shall be placed into the PIPP pilot in accordance with Schedule G-PIPP starting with the first day of the next Billing Cycle after selection for the PIPP pilot program by PG&E, or as otherwise communicated by PG&E.

B. ELIGIBILITY

To be eligible to participate in the PIPP pilot, individually metered applicants/customers must be enrolled in CARE. Additionally, PG&E will have discretion on how to fill the limited 5,000 PIPP slots as set forth in Schedule G-PIPP.

While CARE requires applicants to verify only that household income and number of persons in the household is between 0-200% of the Federal Poverty Level (FPG) guidelines, PIPP participation has a special category for 0-100% of FPG. While PG&E will randomly verify the eligibility of CARE applicants following enrollment, special separate proof of income and eligibility verification must be provided within 90 days for all PIPP participants seeking to be categorized in the 0-100% of FPG group.

Participants who request a bill cap for 101-200% of FPG will be subject to the CARE post-enrollment verification processes. PIPP participants will not be required to verify their income if they have verified their income for CARE within the past two years. Utilities will contract with community-based organizations to provide upfront income verification services for PIPP pilots during pilot intake and enrollment if such community-based organizations currently provide upfront income verification services for CARE and/or Energy Savings Assistance Program (ESAP). The PIPP pilots will rely on the CARE income reverification processes and will not have separate income reverification requirements. (T)

Applicants on PIPP will also be subject to the CARE criteria that households with electric usage above 400% of baseline allowance must provide proof of qualifying household income, including Internal Revenue Services (IRS) Tax Return Transcripts, agree to participate in the Energy Savings Assistance program, and keep their usage below 600% of baseline allowance to remain enrolled in CARE¹. Applicants may be removed from the CARE program if their monthly electric usage exceeds 600% of baseline allowance. (T)

¹ All CARE eligibility standard and high-usage Post Enrollment Verification (PEV) requests will be frozen for customers affected by a disaster as described in the Emergency Consumer Protection Plan definition in Electric Rule 1.

(Continued)



GAS RULE NO. 19.5

Sheet 2

**PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT PROGRAM ELIGIBILITY AND
CERTIFICATION RULES FOR INDIVIDUALLY METERED GAS CUSTOMERS**

B. ELIGIBILITY (Cont'd.)

Total gross annual income for all persons in the applicant's household may not exceed the following:

Number of Persons in Household	Total Gross Annual Household Income (Effective June 1, 2025 to May 31, 2026)	(T)
1	\$15,650	(T)
2	\$21,150	(T)
3	\$26,650	(T)
4	\$32,150	(T)
5	\$37,650	(T)
6	\$43,150	(T)
7	\$48,650	(T)
8	\$54,150	(T)
Each additional member, add:	\$5,500	(T)

The above income cutoffs by the number of persons in the household are set at 200% of FPG guidelines. To qualify for the PIPP 0-100% of FPG category, a household must provide proof of income of one-half or less of the income cutoffs shown above.

C. CERTIFICATION

1. Individually metered PG&E customers, and other qualifying applicants in individually metered residential dwelling units:

All applicants for CARE certification must fill out and provide to PG&E Application Form No. 01-9077 (English/Spanish), 62-0972 (English/Chinese), 62-0973 (English/Vietnamese). There is no separate application required for the PIPP pilot program, but all PIPP participation will be as directed under the discretion of PIPP Pilot Implementers, based on the maximum cap of 5,000 PG&E PIPP participants, and other considerations as set forth in Schedule G-PIPP.

(Continued)

Advice	5066-G	Issued by	Submitted	May 7, 2025
Decision		Shilpa Ramaiya	Effective	June 1, 2025
		Vice President	Resolution	E-5200 and E-3524
		Regulatory Proceedings and Rates		



GAS TABLE OF CONTENTS

Sheet 1

TITLE OF SHEET	CAL P.U.C. SHEET NO.	
Title Page	40143-G	(T)
Rate Schedules	40144 , 40025-G	(T)
Preliminary Statements	40026, 37687-G	
Preliminary Statements, Rules	40145-G	(T)
Rules, Maps, Contracts and Deviations	40146-G	(T)
Sample Forms, Rules	38409, 39226, 40147 , 40148 , 37392, 39923, 38990-G	(T)

(Continued)

Advice 5066-G
Decision

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted May 7, 2025
Effective June 1, 2025
Resolution E-5200 and E-3524



GAS TABLE OF CONTENTS

Sheet 2

SCHEDULE TITLE OF SHEET

**CAL P.U.C.
SHEET NO.**

**Rate Schedules
Residential**

G-1	Residential Service	40085,37762-G	
G1-NGV	Residential Natural Gas Service for Compression on Customers' Premises	40091,23734-G	
G-AMDS	Experimental Access to Meter Data Services	36177-G	
GL-1	Residential CARE Program Service.....	40092,37771-G	
GL1-NGV	Residential CARE Program Natural Gas Service for Compression on Customers' Premises	40093,23740-G	
GM	Master-Metered Multifamily Service.....	34979, 40094,39253-G	
GML	Master-Metered Multifamily CARE Program Service	34980, 40095,39255-G	
GS	Multifamily Service	40096, 37778,35451-G	
GSL	Multifamily CARE Program Service.....	40097, 40098,37781-G	
GT	Mobilehome Park Service	40099, 35703,37783-G	
GTL	Mobilehome Park CARE Program Service.....	40100,40101, 37786,35460-G	
G-10	Service to Company Employees	11318-G	
G-EFLIC	Energy Financing Line Item Charge (EFLIC) Pilot	32214,32215,32216,32217,32218-G	
G-MHPS	Master-Metered Mobilehome Park Safety Surcharge	22034-G	
G-PIPP	Percentage of Income Payment Plan (PIPP) Pilot	40129,38345,	(T)
		38346,40130,40131,38349,8350-G	(T)

**Rate Schedules
Non-Residential**

G-NR1	Gas Service to Small Commercial Customers	35150, 40089-G
G-NR2	Gas Service to Large Commercial Customers	34151, 40090-G
G-CP	Gas Procurement Service to Core End-Use Customers	40086-G
G-CPX	Crossover Gas Procurement Service to Core End-Use Customers.....	40048-G
G-NT	Gas Transportation Service to Noncore End-Use Customers.....	39871, 39872, 34357,22038-G
G-EG	Gas Transportation Service to Electric Generation	34346, 39867,34348,34349,34350-G
G-ESISP	Exchange Service Through ISP Facilities	,24365-G
G-WSL	Gas Transportation Service to Wholesale/Resale Customers	39874, 39632,22045-G
G-BAL	Gas Balancing Service for Intrastate Transportation Customers	29782,24457, ... 36820, 39865,22048,24458,24459,24460,26610,24461,20042,24462,24463,27708-G
G-NFS	Negotiated Firm Storage Service	33948,30870-G
G-NAS	Negotiated As-Available Storage Service	33947-G
G-CFS	Core Firm Storage.....	39866,39622,32819,32820-G
G-AFT	Annual Firm Transportation On-System.....	39051,39863,36175-G

(Continued)



GAS TABLE OF CONTENTS

Sheet 6

PART	TITLE OF SHEET	CAL P.U.C. SHEET NO.
Preliminary Statements		
Part DT	Critical Document Program Memorandum Account (CDPMA)	32812-G
Part DU	Z-Factor Memorandum Account (ZFMA-G).....	33478,33479-G
Part DZ	New Environmental Regulations Balancing Account (NERBA)	34675,33812-G
Part EA	Natural Gas Leak Abatement Program Balancing Account (NGLAPBA).....	33695-G
Part EB	Natural Gas Leak Abatement Program Memorandum Account (NGLAPMA)	33600-G
Part EC	Emergency Consumer Protections Memorandum Account - Gas (ECPMA-G)	39503, 39504,39639, 39989,39641-G
Part ED	Dairy Biomethane Solicitation Memorandum Account (DBSMA)	33962-G
Part EE	Wildfire Expense Memorandum Account (WEMA-G)	34367-G
Part EF	Statewide Energy Efficiency Balancing Account – Gas (SWEESA-G)	36119,36120,36121-G
Part EG	Dairy Biomethane Pilots Balancing Account (DBPBA)	34715-G
Part EH	Dairy Biomethane Pilots Memorandum Account (DBPMA)	34716-G
Part FC	Rate Base Adjustment Memorandum Account (RBAMA)	35422-G
Part FD	California Consumer Privacy Act Memorandum Account – Gas (CCPAMA-G)	35320-G
Part FE	General Rate Case Gas Distribution Memorandum Account (GRCDMA)	37992-G
Part FH	Disconnections Memorandum Account – Gas (DMA-G)	36191*-G
Part FQ	General Office Sale Memorandum Account (GOSMA) (GAS)	40027, 38972-G
Part FT	Percentage of Income Payment Plan Balancing Account – Gas (PIPPBA-G)	37684-G
Part FU	Percentage of Income Payment Plan Memorandum Account – Gas (PIPPMA-G)	37685-G
Part FV	Biomethane Procurement Program and Pilots Administrative Balancing Account (BPPABA)	37822-G
Part FW	Yield Spread Adjustment Memorandum Account – Gas (YSAMA-G)	38357-G
Part GE	Establish the Hydrogen Compendium Report Memorandum Account	39755-G
RULE	TITLE OF SHEET	
Rules		
Rule 01	Definitions	36437,34051,36438,36439,36440,36441,36442,37267,37386,39642, 39990,36445,35479,39796,35481, 40132 ,35483,35484,35485,36447-G (T)
Rule 02	Description of Service	23062,23063,23064,23065,23066,37398-G
Rule 03	Application for Service	27248,27249-G
Rule 04	Contracts	17051-G
Rule 05	Special Information Required on Forms.....	30088,32872,32873-G
Rule 06	Establishment and Reestablishment of Credit	22126,30687,34524-G
Rule 07	Deposits.....	31330,28655-G
Rule 08	Notices.....	31924,17580,31925,30689,31926-G
Rule 09	Rendering and Payment of Bills.....	31914,34525,38555,33305,39811, 39314,31167,34972, 36250-G
Rule 10	Disputed Bills	18214,18215, 18216-G
Rule 11	Discontinuance and Restoration of Service	37071,36503,38554,34053,33494,33878, 34516,34678,34465,34632,34467,34470,34471,34472,34473,34474,34475-G
Rule 12	Rates and Optional Rates	18229,27253,24132,21981,21982,34520-G
Rule 13	Temporary Service	39072-G
Rule 14	Capacity Allocation and Constraint of Natural Gas Service	18231,18232,18233,18234, 18235,30690,30691,30692,30693,30694,30695,30696,30697,30698, 28283,30699,30700,30701,30702,29787,28289,28290,30703,28292-G
Rule 15	Gas Main Extensions	21543,18802,18803,39134,39135,39136,39137,39138,39139, 39140,39141,39142,39143,39144,39145,39146,39147,39148,39797,39150-G

(Continued)



GAS TABLE OF CONTENTS

Sheet 7

RULE	TITLE OF SHEET	CAL P.U.C. SHEET NO.
Rules		
Rule 16	Gas Service Extensions 21546,39151,39152,39153,39154,39155,39156,39157,59158, ...39159,39160,39161,39162,39163,39164,39165,39166,39798-G	
Rule 17	Meter Tests and Adjustment of Bills for Meter Error..... 14450,28656,28764,28770,28771, ... 28772,28773,28774-G	
Rule 17.1	Adjustment of Bills for Billing Error 22936,28657,29274-G	
Rule 17.2	Adjustment of Bills for Unauthorized Use 22937,14460,14461-G	
Rule 19	Medical Baseline Quantities.....37143,37144,37145-G	
Rule 19.1	California Alternate Rates for Energy for Individual Customers and Submetered Tenants of Master-Metered Customers..... 40133,40134 ,38580,38581-G	(T)
Rule 19.2	California Alternate Rates for Energy for Nonprofit Group-Living Facilities and Homekey Housing Facilities 40135,40136,40137,40138,40139 -G	(T)
Rule 19.3	California Alternate Rates for Energy for Qualified Agricultural Employee Housing Facilities..... 38587, 40140 ,31219,34523-G	(T)
Rule 19.4	California Alternate Rates for Energy for Qualified Food Bank Facilities 35059-G	
Rule 19.5	Percentage of Income Payment Plan (PIPP) Pilot Program Eligibility and Certification Rules for Individually Metered Gas Customers..... 40141,40142 ,38353-G	(T)
Rule 21	Transportation of Gas 27591,39658,39659,38398,32557,32558,32559,32560, ...32561,32562,32563,32564,32565,31955,29231,33640, ...31957,35069,35070,35071,35072, 35073,35074,35075, ...35076, 35077,35078,35079,35080,35081,35082,35083,35084-G	
Rule 23	Gas Aggregation Service for Core Transport Customers 34093,34094,34095,34096, ... 34097,37864,34099,34100,34101,34102,34103,34104,34105,34106,34107, ... 34655,37865,34110,34111,34657,34658,34659,34660,34661,34662,37328, ... 34664,34665,34666,34667,34123-G	
Rule 25	Gas Services-Customer Creditworthiness and Payment Terms 28816,28817,28818, ...28819,28820,28821,28822,28823,28824,28825,28826,28827,28828-G	
Rule 26	Standards of Conduct and Procedures Related to Transactions with Intracompany Departments, Reports of Negotiated Transactions, and Complaint Procedures. 29688,29689,29690,31933-G	
Rule 27	Privacy and Security Protection for Energy Usage..... 30095,30096,30097,30098,30099 30100,30101,30102,30103,30104,30105,30106,30107,30108,30109,30110,30111-G	
Rule 27.1	Access to Energy Usage and Usage-Related Data While Protecting Privacy of Personal Data 31387,31388,31389,31390,31391-G	
Rule 28	Mobilehome Park Utility Upgrade Program 36153,36261,36155,36156, ... 36157, 37278,36159,36160-G	

Maps, Contracts and Deviations

SERVICE AREA MAPS:

Gas Service Area Map	31641-G
----------------------------	---------

LIST OF CONTRACTS AND DEVIATIONS:

..... 20211,13247,13248,28466,17112,22437,29938,31542,13254,14426,13808,35193, ... 20390,16287,29333,29053,29334,14428,13263,14365,32879, 39655,16264,13267-G	
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(Continued)

Advice	5066-G	Issued by	Submitted	May 7, 2025
Decision		Shilpa Ramaiya	Effective	June 1, 2025
		Vice President	Resolution	E-5200 and E-3524
Regulatory Proceedings and Rates				



GAS TABLE OF CONTENTS

Sheet 10

FORM	TITLE OF SHEET	CAL P.U.C. SHEET NO.
------	----------------	-------------------------

**Sample Forms
Rules 15 and 16 Gas Main and Service Extensions**

62-0980	Distribution and Service Extension Agreement - Declarations	38679-G
62-0982	Distribution Service and Extension Agreement, Option 2-Competitive Bidding.....	38680-G
79-716	General Terms and Conditions for Gas and Electric Extension and Service Construction by Applicant.....	29280-G
79-1003	Statement of Applicant's Contract Anticipated Costs	36841-G
79-1004	Distribution and Service Extension Agreement Exhibit A Cost Summary	36842-G
79-1018	Residential Rule 16 Electric/Gas Single Service Extensions	38681-G
79-1169	Gas and Electric Extension Agreement.....	38682-G

**Sample Forms
Rule 19 Medical Baseline Quantities**

61-0502	Medical Baseline Allowance Self-Certification Request Form	39223-G
62-3481	Medical Baseline Allowance Application	39224-G

Sample Forms: Rules 19.1, 19.2, and 19.3

01-9077	CARE/FERA Program Application for Residential Single-Family Customers.....	40106-G	(T)
01-9285	CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities	40107-G	(T)
61-0535	CARE Program Application for OMS/Non-Profit Migrant Farm Worker Housing Centers	40108-G	(T)
62-0156	CARE Program Application for Qualified Nonprofit Group-Living Facilities.....	40109-G	(T)
62-1198	CARE Program Application for Qualified Agricultural Employee Housing Facilities	40117-G	(T)
62-1477	CARE/FERA Program Income Guidelines	40118-G	(T)

Sample Forms: Rule 27.1

79-1166	Non-Disclosure Agreement.....	36869-G
79-1167	Local Governments Terms of Service Acceptance Agreement.....	36870-G

Sample Forms: Rule 28

79-1164	Mobilehome Park Utility Conversion Program Application	68498-G
79-1165	Mobilehome Park Utility Conversion Program Agreement	68499-G

(Continued)

Advice 5066-G
Decision

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted
Effective
Resolution

May 7, 2025
June 1, 2025
E-5200 and E-3524



GAS TABLE OF CONTENTS

Sheet 11

FORM	TITLE OF SHEET	CAL P.U.C. SHEET NO.
Sample Forms: Residential		
79-1047	Authorization to Change Residential Rate NGV Home Refueling	36851-G
62-0972	CARE/FERA Program Application for Residential Single-Family Customers (Eng/Chinese)	40115-G (T)
62-0973	CARE/FERA Program Application for Residential Single-Family Customers (Eng/Vietn)	40116-G (T)
62-0939	CARE/FERA Program Application for Residential Single Family (Pre-Printed Application Instruction)	40113-G (T)
62-0919	CARE/FERA Program Application for Residential Single-Family Customer (Pre-Printed Application)	40112-G (T)
62-0940	CARE Program Renewal Instructions – Residential Single-Family Customers	40114-G (T)
62-1509	CARE Program Renewal Application – Residential Single-Family Customers	40119-G (T)
62-0672	CARE/FERA Program Application for Tenants of Sub-Metered Facilities (Eng/Chinese) ..	40110-G (T)
62-0673	CARE/FERA Program Application for Tenants of Sub-Metered Facilities (Eng/Vietn)	40111-G (T)
79-1051	CARE/FERA Program Application for Residential Single Family Customers (Eng) – Large Print Application	40120-G (T)
79-1052	CARE/FERA Program Application for Residential Single Family Customers (Spanish) – Large Print Application	40121-G (T)
79-1053	CARE/FERA Program Application for Residential Single Family Customers (Chinese) – Large Print Application	40122-G (T)
79-1054	CARE/FERA Program Application for Residential Single Family Customers (Vietnamese) – Large Print Application	40123-G (T)
79-1055	CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities (English) – Large Print Application	40124-G (T)
79-1056	CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities (Spanish) – Large Print Application	40125-G (T)
79-1057	CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities (Chinese) – Large Print Application	40126-G (T)
79-1058	CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities (Vietnamese) – Large Print Application	40127-G (T)
79-1059	CARE/FERA Program Income Guidelines – Large Print	40128-G (T)
79-1119	Tenant Rights Letter	38497-G
Sample Forms Non-Residential		
79-753	Compressed Natural Gas Fueling Agreement	37001-G
79-755	Agreement for Schedule G-NGV1 Core Gas Service	39315-G
79-756	Natural Gas Service Agreement	37002*-G
79-757	Natural Gas Service Agreement Modification Revised Exhibits	36880-G
79-759	Supplemental Agreement for As-Available Capacity	36881-G

(Continued)

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
59633-E	Electric Sample Form No. 01-9077 CARE/FERA Program Application for Residential Customers Sheet 1	58015-E
59634-E	Electric Sample Form No. 01-9285 CARE/FERA Program Application for Sub-Metered Residential Customers Sheet 1	58016-E
59635-E	Electric Sample Form No. 61-0535 CARE Program Application for Migrant Farm Worker Housing Centers Sheet 1	42178-E
59636-E	Electric Sample Form No. 62-0156 CARE Program Application for Nonprofit Group Living Facilities Sheet 1	42179-E
59637-E	Electric Sample Form No. 62-0672 CARE/FERA Program Application for Sub-Metered Residential Customers (English/Chinese) Sheet 1	58017-E
59638-E	Electric Sample Form No. 62-0673 CARE/FERA Program Application for Sub-Metered Residential Customers (English/Vietnamese) Sheet 1	58018-E
59639-E	Electric Sample Form No. 62-0919 CARE/FERA Program Application for Residential Customers (Pre-Printed Application) Sheet 1	58019-E
59640-E	Electric Sample Form No. 62-0939 CARE/FERA Program Application for Residential Customers (Pre-Printed Application Instruction) Sheet 1	58020-E
59641-E	Electric Sample Form No. 62-0940 CARE Program Renewal Instructions - Residential Customers Sheet 1	58021-E
59642-E	Electric Sample Form No. 62-0972 CARE/FERA Program Application for Residential Customers (English/Chinese) Sheet 1	58022-E
59643-E	Electric Sample Form No. 62-0973 CARE/FERA Program Application for Residential Customers (English/Vietnamese) Sheet 1	58023-E
59644-E	Electric Sample Form No. 62-1198 CARE Program Application for Agricultural Employee Housing Facilities Sheet 1	42187-E

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
59645-E	Electric Sample Form No. 62-1477 CARE/FERA Program Income Guidelines Sheet 1	58024-E
59646-E	Electric Sample Form No. 62-1509 CARE Program Renewal Application -- Residential Customers Sheet 1	58025-E
59647-E	Electric Sample Form No. 79-1051 CARE/FERA Program Application for Residential Customers (English) Large Print Application Sheet 1	58026-E
59648-E	Electric Sample Form No. 79-1052 CARE/FERA Program Application for Residential Customers (Spanish) - Large Print Application Sheet 1	58027-E
59649-E	Electric Sample Form No. 79-1053 CARE/FERA Program Application for Residential Customers (Chinese) - Large Print Application Sheet 1	58028-E
59650-E	Electric Sample Form No. 79-1054 CARE/FERA Program Application for Residential Customers (Vietnamese) - Large Print Application Sheet 1	58029-E
59651-E	Electric Sample Form No. 79-1055 CARE/FERA Program Application for Sub-Metered Residential Customers (English) - Large Print Application Sheet 1	58030-E
59652-E	Electric Sample Form No. 79-1056 CARE/FERA Program Application for Sub-Metered Residential Customers (Spanish) - Large Print Application Sheet 1	58031-E
59653-E	Electric Sample Form No. 79-1057 CARE/FERA Program Application Sub-Metered Residential Customers (Chinese) - Large Print Application Sheet 1	58032-E
59654-E	Electric Sample Form No. 79-1058 CARE/FERA Program Application for Sub-Metered Residential Customers (Vietnamese) - Large Print Application Sheet 1	58033-E
59655-E	Electric Sample Form No. 79-1059 CARE/FERA Program Income Guidelines - Large Print Sheet 1	58034-E

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
59656-E	Electric Sample Form No. 79-1072 FERA Program Renewal Instructions -- Residential Customers Sheet 1	58035-E
59657-E	Electric Sample Form No. 79-1073 FERA Program Renewal Application -- Residential Customers Sheet 1	58036-E
59658-E	ELECTRIC SCHEDULE E-FERA FAMILY ELECTRIC RATE ASSISTANCE Sheet 1	55921-E
59659-E	ELECTRIC SCHEDULE E-FERA FAMILY ELECTRIC RATE ASSISTANCE Sheet 2	58037-E
59660-E	ELECTRIC SCHEDULE E-PIPP PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT Sheet 1	56647-E*
59661-E	ELECTRIC SCHEDULE E-PIPP PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT Sheet 5	58038-E
59662-E	ELECTRIC SCHEDULE E-PIPP PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT Sheet 6	58039-E
59663-E	ELECTRIC RULE NO. 1 DEFINITIONS Sheet 8	46391-E
59664-E	ELECTRIC RULE NO. 19.1 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER- METERED CUSTOMERS CUSTOMERS AND SUBMETERED TENANTS OF MASTER- METERED CUSTOMERS Sheet 1	55924-E
59665-E	ELECTRIC RULE NO. 19.1 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER- METERED CUSTOMERS CUSTOMERS AND SUBMETERED TENANTS OF MASTER- METERED CUSTOMERS Sheet 2	58040-E
59666-E	ELECTRIC RULE NO. 19.2 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES AND HOMEKEY HOUSING FACILITIES Sheet 1	55928-E

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
59667-E	ELECTRIC RULE NO. 19.2 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES AND HOMEKEY HOUSING FACILITIES Sheet 2	58041-E
59668-E	ELECTRIC RULE NO. 19.2 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES AND HOMEKEY HOUSING FACILITIES Sheet 3	55930-E
59669-E	ELECTRIC RULE NO. 19.2 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES AND HOMEKEY HOUSING FACILITIES Sheet 4	55931-E
59670-E	ELECTRIC RULE NO. 19.2 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES AND HOMEKEY HOUSING FACILITIES Sheet 5	55932-E
59671-E	ELECTRIC RULE NO. 19.3 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES Sheet 1	55933-E
59672-E	ELECTRIC RULE NO. 19.3 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES Sheet 2	58042-E
59673-E	ELECTRIC RULE NO. 19.5 PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT PROGRAM ELIGIBILITY AND CERTIFICATION RULES FOR INDIVIDUALLY METERED ELECTRIC CUSTOMERS Sheet 1	56655-E*
59674-E	ELECTRIC RULE NO. 19.5 PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT PROGRAM ELIGIBILITY AND CERTIFICATION RULES FOR INDIVIDUALLY METERED ELECTRIC CUSTOMERS Sheet 2	58043-E
59675-E	ELECTRIC TABLE OF CONTENTS Sheet 1	59630-E
59676-E	ELECTRIC TABLE OF CONTENTS Sheet 3	58991-E
59677-E	ELECTRIC TABLE OF CONTENTS Sheet 19	59421-E
59678-E	ELECTRIC TABLE OF CONTENTS Sheet 23	58047-E

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
59679-E	ELECTRIC TABLE OF CONTENTS Sheet 27	58048-E



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	59633-E
Cancelling	Revised	Cal. P.U.C. Sheet No.	58015-E

Electric Sample Form No. 01-9077
CARE/FERA Program Application for Residential Customers

Sheet 1

**Please Refer to Attached
Sample Form**

Advice
Decision

7594-E

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted	<u>May 7, 2025</u>
Effective	<u>June 1, 2025</u>
Resolution	<u>E-5200 and E-3524</u>



CARE/FERA PROGRAM APPLICATION Residential Customers

Choose the
best rate
plan for you.
Learn more†.

Save on your monthly PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/care
1-866-743-2273

The CARE program offers a monthly discount on PG&E bills for qualifying households. To enroll:

- Check all the qualifying public assistance programs in Section 2A from which you, or someone in your household, receive benefits **OR**
- Complete Section 2B which includes 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
(valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,300 or less
3	\$53,300 or less
4	\$64,300 or less
5	\$75,300 or less
6	\$86,300 or less
7	\$97,300 or less
8	\$108,300 or less
Each additional person, add	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera
1-800-743-5000

FERA Income Guidelines
(valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,301–\$52,875
3	\$53,301–\$66,625
4	\$64,301–\$80,375
5	\$75,301–\$94,125
6	\$86,301–\$107,875
7	\$97,301–\$121,625
8	\$108,301–\$135,375
Each additional person, add	\$11,000–\$13,750

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 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 non-taxable 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

How you can apply

Online: Apply online for faster enrollment at 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

Mail:
Send completed application to
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

Fax:
Send completed application to
1-877-302-7563

Other helpful programs and services

Energy Savings Assistance Program
pge.com/energysavings
1-800-933-9555

This program provides energy-efficient home improvements and appliances at no cost to customers who are income qualified. Property owners and renters are eligible to participate.

**Energy Savings
Assistance Program**

Your Account
pge.com/youraccount

Log in to Your 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
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

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.



SOLICITUD PARA EL PROGRAMA CARE/FERA

Clientes Residenciales

Elija el mejor plan de tarifas para usted. Obtenga información adicional†.

Ahorre en su factura mensual de PG&E

California Alternate Rates for Energy (CARE)

pge.com/care-es
1-866-743-2273

El programa CARE ofrece un descuento mensual en las facturas de PG&E de los hogares que reúnan los requisitos. Para inscribirse:

- Marque todos los programas de asistencia pública que reúnan los requisitos en la Sección 2A de los que usted o alguna persona de su hogar reciban beneficios **O BIEN**
- Llene la Sección 2B que incluye los ingresos brutos anuales totales de su hogar.*

Otras calificaciones incluyen que:

- Su consumo eléctrico mensual no exceda seis veces lo permitido por el Nivel 1.
- Usted no sea reclamado como dependiente en la declaración de impuestos de otra persona que no sea su esposo(a).
- Usted no comparta el medidor de energía con otra vivienda.
- Usted renovará su elegibilidad por lo menos cada dos años.

Requisitos de ingreso CARE
(válido hasta el 31 de mayo, 2026)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$42,300 o menos
3	\$53,300 o menos
4	\$64,300 o menos
5	\$75,300 o menos
6	\$86,300 o menos
7	\$97,300 o menos
8	\$108,300 o menos
Por cada persona adicional, añada	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera-es
1-800-743-5000

Requisitos de ingreso FERA
(válido hasta el 31 de mayo, 2026)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
Por cada persona adicional, añada	\$11,000-\$13,750

Si usted no cumple con los requisitos para el programa CARE, tal vez califique para el programa FERA, que ofrece un descuento en las facturas mensuales

de electricidad a familias que reciban un ingreso ligeramente más alto que el requerido para CARE.

Vea los requisitos de ingreso de FERA que incluimos en esta tabla para ver si cumple con los requisitos e inscribese completando la solicitud incluida.

*El ingreso bruto total anual del hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ingreso por trabajo autónomo y relativo a cualquier empleo, ingreso no pagado en efectivo.

†Información de cambios de tarifas en pge.com/findrates

Cómo puede inscribirse

Internet: Solicite por Internet para inscribirse más rápidamente visitando pge.com/care-es

Teléfono: Inscribese llamando al 1-866-743-2273

Email: Saque una foto o escanee su solicitud completa y envíe la imagen a: CAREandFERA@pge.com

Correo: Envíe la solicitud completa a CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

Fax: Envíe la solicitud completa al 1-877-302-7563

Otros programas y servicios útiles

Energy Savings Assistance Program
pge.com/energysavings-es
1-800-933-9555

Este programa proporciona mejoras al hogar y electrodomésticos para el consumo eficiente de energía sin costo alguno a los clientes que reúnan los requisitos de ingresos. Los dueños de propiedades y los inquilinos pueden participar.

Energy Savings Assistance Program

Budget Billing
pge.com/budgetbilling
1-800-743-5000

Se basa en el promedio de su factura mensual para que usted maneje sus costos de energía, y elimine grandes variaciones de pago.

Medical Baseline
pge.com/medicalbaseline

Si debido a necesidades médicas usted depende de equipos de soporte vital o de otro tipo de equipos, usted podría ser elegible para obtener energía adicional al precio base más bajo a través del programa Medical Baseline.

Your Account
pge.com/youraccount

Visite Your Account en el sitio de PG&E y regístrese para recibir alertas de facturación y pagos, analizar el consumo de energía de su hogar, pagar sus facturas e informarse más acerca de sus opciones de plan de tarifas.

Low Income Home Energy Assistance Program (LIHEAP)
1-866-675-6623

Si usted destina un alto porcentaje de su ingreso al pago de las facturas de energía, podría reunir las condiciones para recibir asistencia económica y servicios de aislamiento térmico a través de este programa administrado por el California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Obtenga acceso telefónico a bajo precio cuando reúna los requisitos de ingreso similares al programa CARE. Para más información, contacte a su compañía local de teléfonos.



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	59634-E
Cancelling	Revised	Cal. P.U.C. Sheet No.	58016-E

Electric Sample Form No. 01-9285
CARE/FERA Program Application for Sub-Metered Residential Customers

Sheet 1

**Please Refer to Attached
Sample Form**

Advice
Decision

7594-E

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted	<u>May 7, 2025</u>
Effective	<u>June 1, 2025</u>
Resolution	<u>E-5200 and E-3524</u>



CARE/FERA PROGRAM APPLICATION Sub-Metered Residential Customers

Choose the
best rate
plan for you.
Learn more†.

Save on your monthly PG&E bill

If your landlord bills you directly for gas and electricity, you are a “sub-metered” customer. While you are not a direct PG&E customer, you may still be eligible for programs and services to help you lower your energy bills, including the CARE and the FERA programs.

California Alternate Rates for Energy (CARE)

pge.com/care
1-800-468-4743

The CARE program offers a monthly discount on PG&E bills for qualifying households. To enroll:

- Check all the qualifying public assistance programs in Section 2A from which you, or someone in your household, receive benefits **OR**
- Complete Section 2B which includes 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.

You will also need to have your landlord or facility manager complete Section 1A of this application. If your landlord has questions, have him or her email CAREandFERA@pge.com.

CARE Income Guidelines (valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,300 or less
3	\$53,300 or less
4	\$64,300 or less
5	\$75,300 or less
6	\$86,300 or less
7	\$97,300 or less
8	\$108,300 or less
Each additional person, add	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera
1-800-743-5000

FERA Income Guidelines (valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,301–\$52,875
3	\$53,301–\$66,625
4	\$64,301–\$80,375
5	\$75,301–\$94,125
6	\$86,301–\$107,875
7	\$97,301–\$121,625
8	\$108,301–\$135,375
Each additional person, add	\$11,000–\$13,750

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 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 non-taxable 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

How you can apply

Email: Take a picture or scan completed application and email this image to CAREandFERA@pge.com

Mail: Send completed application to
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

Fax: Send completed application to 1-877-302-7563

Other helpful programs and services

Energy Savings Assistance Program
pge.com/energysavings
1-800-933-9555

This program provides energy-efficient home improvements and appliances at no cost to customers who are income qualified. Property owners and renters are eligible to participate.

**Energy Savings
Assistance Program™**

Medical Baseline
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.

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.

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.



SOLICITUD PARA EL PROGRAMA CARE/FERA

Cientes residenciales con sub-medidor

Elija el mejor plan de tarifas para usted. Obtenga información adicional†.

Ahorre en su factura mensual de PG&E

Si su arrendador le factura directamente por el consumo de gas y electricidad, usted es considerado como un cliente con "sub-medidor". A pesar de que usted no es cliente directo de PG&E, usted podría calificar para programas que lo ayuden a reducir el monto de su factura de energía, incluyendo los programas CARE y FERA.

California Alternate Rates for Energy (CARE)

pge.com/care-es

1-866-743-2273

El programa CARE ofrece un descuento mensual en las facturas de PG&E de los hogares que reúnan los requisitos. Para inscribirse:

- Marque todos los programas de asistencia pública que reúnan los requisitos en la Sección 2A de los que usted o alguna persona de su hogar reciban beneficios **O BIEN**
- Llene la Sección 2B que incluye los ingresos brutos anuales totales de su hogar.*

Otras calificaciones incluyen que:

- Su consumo eléctrico mensual no exceda seis veces lo permitido por el Nivel 1.
- Usted no sea reclamado como dependiente en la declaración de impuestos de otra persona que no sea su esposo(a).
- Usted no comparta el medidor de energía con otra vivienda.
- Usted renovará su elegibilidad por lo menos cada dos años.

Usted necesitará que su arrendador(a) o administrador(a) complete la sección 1A de esta solicitud. Si su arrendador(a) tiene preguntas, dígame que nos envíe un correo electrónico a CAREandFERA@pge.com.

Requisitos de ingreso CARE (válido hasta el 31 de mayo, 2026)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$42,300 o menos
3	\$53,300 o menos
4	\$64,300 o menos
5	\$75,300 o menos
6	\$86,300 o menos
7	\$97,300 o menos
8	\$108,300 o menos
Por cada persona adicional, añada	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera-es

1-800-743-5000

Si usted no cumple con los requisitos para el programa CARE, tal vez califique para el programa FERA, que ofrece un descuento en las facturas mensuales de electricidad a familias que reciban un ingreso ligeramente más alto que el requerido para CARE.

Vea los requisitos de ingreso de FERA que incluimos en esta tabla para ver si cumple con los requisitos e inscribese completando la solicitud incluida.

Requisitos de ingreso FERA (válido hasta el 31 de mayo, 2026)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
Por cada persona adicional, añada	\$11,000-\$13,750

*El ingreso bruto total anual del hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ingreso por trabajo autónomo y relativo a cualquier empleo, ingreso no pagado en efectivo.

†Obtenga información adicional y un análisis personalizado de su tarifa en pge.com/findrates

Cómo puede inscribirse

Email: Saque una foto o escanee su solicitud completa y envíe la imagen a: CAREandFERA@pge.com

Correo: Envíe la solicitud completa a **CARE/FERA Program**
P.O. Box 29647
Oakland, CA 94604-7563

Fax: Envíe la solicitud completa al **1-877-302-7563**

Otros programas y servicios útiles

Energy Savings Assistance Program
pge.com/energysavings-es
1-800-933-9555

Este programa proporciona mejoras al hogar y electrodomésticos para el consumo eficiente de energía sin costo alguno a los clientes que reúnan los requisitos de ingresos. Los dueños de propiedades y los inquilinos pueden participar.

Energy Savings
.....
Assistance Program

Medical Baseline
pge.com/medicalbaseline

Si debido a necesidades médicas usted depende de equipos de soporte vital o de otro tipo de equipos, usted podría ser elegible para obtener energía adicional al precio base más bajo a través del programa Medical Baseline.

Universal Lifeline Telephone Service (ULTS)
Obtenga acceso telefónico a bajo precio cuando reúna los requisitos de ingreso similares al programa CARE. Para más información, contacte a su compañía local de teléfonos.

Low Income Home Energy Assistance Program (LIHEAP)
1-866-675-6623

Si usted destina un alto porcentaje de su ingreso al pago de las facturas de energía, podría reunir las condiciones para recibir asistencia económica y servicios de aislamiento térmico a través de este programa administrado por el California Department of Community Services and Development.



Electric Sample Form No. 61-0535
CARE Program Application for Migrant Farm Worker Housing Centers

Sheet 1

**Please Refer to Attached
Sample Form**



CARE PROGRAM APPLICATION Migrant Farm Worker Housing Centers

Choose the
best rate
plan for you.
Learn more†.

Save on your monthly PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/care

The CARE program offers a monthly discount on PG&E bills for qualifying migrant farm worker housing centers (MFHC) based on criteria established by the California Public Utilities Commission. Please review this application carefully to see if your facility qualifies. If you have questions, email CAREandFERA@pge.com.

How You Can Apply

Read all the information, including the eligibility criteria for both organizations and facilities, before you complete this application.

Determine if your facility meets the definition of a qualified migrant farm worker housing center. The facility must meet all criteria to qualify for a monthly CARE discount.

Complete the entire application, making sure to fill out a separate application for each type of qualified facility.

Attach all required documents; otherwise your application will be considered incomplete. Required documents include:

- A copy of your current contract with the Office of Migrant Services **OR** your Federal 501(c)(3) tax exemption **OR** your state tax exemption form along with your local property tax exemption form
- A complete list of your facility's PG&E accounts (See Section 5 of the application.)

Return your completed application using **one** of the following methods:

- **Email:** Take clear pictures of your completed application and required documentation or scan these materials; convert these images into a PDF (portable document file) and email it to CAREandFERA@pge.com.
- **Fax:** Send completed application and required documentation to **1-877-302-7563**.
- **Mail to:** Pacific Gas and Electric Company
CARE Program
P. O. Box 29647
Oakland, CA 94604-7563

Eligible Facilities

- **Migrant Farm Worker Housing Centers, operated by the Office of Migrant Services through the Department of Housing and Community Development**, provide housing pursuant to Section 50710 of the California Health and Safety Code.
- **Migrant Farm Worker Housing Centers, operated by non-profit entities**, 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.

Eligibility Criteria for Organizations

Each facility **MUST** meet ALL of the following:

- The migrant farm worker housing center (MFHC) must be the PG&E customer of record.
- MFHC must verify that the energy supplied to each account listed in this application is used for residential purposes.
- MFHC must agree to use all CARE savings (from reduced energy rates) for the direct benefit of its housing center residents.
- MFHC is required to renew its CARE eligibility by completing a new application, attaching all required documentation (updated as necessary) and providing an explanation as to how the previous year's CARE discount was used to directly benefit its residents.

Migrant Farm Worker Housing Centers' (MFHC) Responsibilities

As the applicant, you are required to:

- Provide a copy of your current contract with the Office of Migrant Services or a copy of your Federal 501(c)(3) tax exemption or a copy of your state tax exemption form, along with a current copy of your local property tax exemption form.
- Maintain supporting records and documentation that demonstrate how the previous year's CARE discount directly benefited your residents.
- Notify PG&E of any changes in the eligible service agreements listed in this application. Your organization may be subject to rebilling for any of the service agreements in this application that are no longer eligible for the CARE discount.



1 Your Organization and Facility

2 Facility Information

☐ **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

Your Declaration

1. The information I have provided here is true and correct.
2. The organization is a PG&E customer of record.
3. I will renew our organization's eligibility at least every four years and notify PG&E of any changes that may affect our CARE eligibility.
4. 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.
5. 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.

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

Your PG&E Facility Account(s)

Total number of residents: _____
(Excluding on-site manager)

PG&E Account Number (Find yours on page 1 of your PG&E bill.)Electric Service ID#Gas Service ID#Service AddressCity/State/Zip Code

Total number of residents: _____
(Excluding on-site manager)

PG&E Account Number (Find yours on page 1 of your PG&E bill.)Electric Service ID#Gas Service ID#Service AddressCity/State/Zip Code

Total number of residents: _____
(Excluding on-site manager)

PG&E Account Number (Find yours on page 1 of your PG&E bill.)Electric Service ID#Gas Service ID#Service AddressCity/State/Zip Code

Total number of residents: _____
(Excluding on-site manager)

PG&E Account Number (Find yours on page 1 of your PG&E bill.)Electric Service ID#Gas Service ID#Service AddressCity/State/Zip Code

Total number of residents: _____
(Excluding on-site manager)



Electric Sample Form No. 62-0156
CARE Program Application for Nonprofit Group Living Facilities

Sheet 1

**Please Refer to Attached
Sample Form**



Nonprofit Group Living Facilities and Homekey Housing Facilities

Choose the
best rate
plan for you.
Learn more†.

Save on your monthly PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/care

The CARE program offers a monthly discount on PG&E bills for qualifying nonprofit group living facilities and Homekey housing facilities based on criteria established by the California Public Utilities Commission. Please review this application carefully to see if your facility qualifies. If you have questions, email CAREandFERA@pge.com.

How You Can Apply

Read all the information, including the eligibility criteria for both organizations and facilities, before you complete this application.

Determine if your facility meets the definition of a qualified nonprofit group living facility or Homekey housing facility. The facility must meet all criteria to qualify for a monthly CARE discount.

Complete the entire application, making sure to fill out a separate application for each type of qualified facility.

Attach all required documents; otherwise your application will be considered incomplete.

Required documents include:

- A copy of a valid Federal 501(c)(3) tax exemption form or Government Agency Taxpayer ID Form **with the same name as the utility account(s)**; and
- A copy of a valid California state tax exemption form; and
- A proof of the Homekey award (i.e., Standard Agreement and published list of the award from HCD's website).
- A copy of your license to provide social service by the appropriate agency or license to provide housing support
- A complete list of your facility's PG&E accounts (See Section 5 of the application.)

Return your completed application using **one** of the following methods:

- **Email:** Take clear pictures of your completed application and required documentation or scan these materials; convert these images into a PDF (portable document file) and email it to CAREandFERA@pge.com.
- **Fax:** Send completed application and required documentation to **1-877-302-7563**.
- **Mail to:** Pacific Gas and Electric Company
CARE Program
P.O. Box 29647
Oakland, CA 94604-7563

Eligible Facilities

Homeless Shelters, Hospices and Women's Shelters

- Lodging must be the facility's primary function.
- Facility must be open with at least six beds for a minimum of 180 days and/or nights per year at each facility's service address.
- Satellite facilities (facilities associated with the headquarter) in the name of the licensed organization are also eligible, as long as 70 percent of the energy supplied is used for residential purposes. **NOTE:** Applications for satellite facilities must be completed by the organization that holds the documentation required.

Required Supporting Documentation

Copy of a currently valid Federal 501(c)(3) tax exemption document with the same name as the PG&E account(s).

Group Living Facilities

These facilities are defined as transitional housing (such as drug rehabilitation or half-way houses), short- or long-term care facilities (such as hospice, nursing home, children's and seniors' homes), group homes for physically or mentally challenged people, or other nonprofit group living facilities.

- Each facility must provide a special-needs social service, such as meals or rehabilitation, in addition to lodging.
- Satellite facilities in the name of the licensed organization are also eligible, as long as 70 percent of the energy supplied is used for residential purposes **and** the facility also provides special-needs social services. **NOTE:** Applications for satellite facilities must be completed by the organization that holds the documentation that shows the special needs social services that are provided.

Required Supporting Documentation

- Copy of your currently valid Federal 501(c)(3) tax exemption document with the same name as the PG&E account(s).
- Copy of a license to provide service by the appropriate agency, such as the State Department of Social Services, Department of Drug and Alcohol program or the Department of Health Services **OR** be able to show some other proof of service that meets with PG&E's satisfaction.

Homekey Housing Facilities

These facilities are permanent supportive housing for individuals at risk of or experiencing homelessness and who are inherently impacted by or at increased risk for medical diseases or conditions.

Required Supporting Documentation

- A copy of a valid Federal 501(c)(3) tax exemption form or Government Agency Taxpayer ID Form **with the same name as the utility account(s)**; and
- A copy of a valid California state tax exemption form; and
- A proof of the Homekey award (i.e., Standard Agreement and published list of the award from HCD's website).
- Each facility must provide a special-needs social service, such as meals or rehabilitation, in addition to lodging.
- Satellite facilities in the name of the licensed organization are also eligible, as long as 70 percent of the energy supplied is used for residential purposes **and** the facility also provides special-needs social services. *NOTE: Applications for satellite facilities must be completed by the organization that holds the documentation that shows the special needs social services that are provided.*

Facilities NOT Eligible

- Nonprofit facilities that only provide social services
- Group living facilities that only provide lodging

Eligibility Criteria for Organizations

Each facility **MUST** meet ALL of the following:

- A copy of a valid Federal 501(c)(3) tax exemption form or Government Agency Taxpayer ID Form **with the same name as the utility account(s)**; and
- A copy of a valid California state tax exemption form; and
- A proof of the Homekey award (i.e., Standard Agreement and published list of the award from HCD's website).
- Homekey housing facilities must be listed on the hcd.ca.gov Homekey website
- Name on the PG&E account(s) must match the name on the Federal 501(c)(3) tax exemption.
- Seventy percent of the energy supplied to each PG&E account, including common use areas, must be used for residential purposes.
- Organization must verify that total gross annual income of all facility's residents and/or households, at any given time, meet the current CARE income eligibility guidelines. *NOTE: This excludes any employee operating or managing the facility who lives on the premises. Please see the enclosed sheet for the current CARE income guidelines.*
- Organization is required to renew its CARE eligibility by completing a new application, attaching all required documentation (updated as necessary) and providing an explanation as to how the previous year's CARE discount was used to directly benefit its residents.

Organization's Responsibilities

As the applicant, your organization is required to:

- Provide proof of the facility's eligibility (see *Eligible Facilities*), and submit required documentation with their CARE application.
- Verify that total gross annual income of all your facility's residents and/or households, at any given time, meet the current CARE income guidelines (see *CARE Income Guidelines* sheet) and make a certification to that effect, under the penalty of perjury, under the laws of the state of California.
- Maintain records of your residents' income eligibility, as demonstrated by Federal tax returns, payroll stubs or similar records acceptable to PG&E. These records must be retained for three years from the date of the initial CARE application and/or renewal.
- Show at renewal how the previous year's CARE discount directly benefited your residents.
- Maintain accounting entries and supporting documentation that demonstrates how the previous year's CARE discount directly benefited your residents. These records must be retained for three years from the date of the initial CARE application and/or renewal.
- Upon request from PG&E, provide documentation for your residents' income eligibility and/or documentation that shows how the CARE discount directly benefited the residents.
- Provide all information requested by PG&E. Failure to do so will result in denial or removal from the CARE program. In addition, your organization may be subject to rebilling for the period it was ineligible for the discount, as determined by PG&E.

Nonprofit Group Living Facilities and Homekey Housing Facilities

Please complete all sections of this application, including the reverse side of this 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 organization with the IRS tax exemption or Government Agency Taxpayer ID Form.)																			
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																			
Primary Contact										Secondary Contact									
Phone Number										Phone Number									
Email Address										Email Address									

Facility Information

Please use a separate application
for each TYPE of facility.

2A. Type of Facility

- ☐ Group Living Facility
☐ Homeless Shelter
☐ Hospice
☐ Women's Shelter
☐ Homekey Housing Facility

2B. Facility Services

Please check all services that apply.

- ☐ Lodging ☐ Training
☐ Counseling ☐ Other (Please describe): _____
☐ Meals
☐ Rehabilitation

3 CARE Program Renewal

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

Your Declaration

By signing this declaration, I certify that our Nonprofit or Homekey Housing Facility also agree to the following program terms and conditions in order to remain eligible for the CARE program:

1. The information I have provided here is true and correct.
2. The organization is a PG&E customer of record.
3. Total gross annual income of all facility's residents and/or households meet the current CARE income guidelines, and documentation is available to substantiate this statement.
4. Each PG&E account meets the 70 percent residential energy usage criteria as described on this application.
5. I will renew our organization's eligibility at least every four years and notify PG&E of any changes that may affect our CARE eligibility.
6. 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.
7. 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

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

For individual facilities of the same type (such as a Group Living Facility, Homeless Shelter, and Homekey Housing Facility), please attach a separate sheet for more than four addresses.

Total number of residents (Excluding on-site manager): _____

Total number of residents (Excluding on-site manager): _____

Total number of residents (Excluding on-site manager): _____

Total number of residents (Excluding on-site manager): _____



Electric Sample Form No. 62-0672 Sheet 1
CARE/FERA Program Application for Sub-Metered Residential Customers (English/Chinese)

**Please Refer to Attached
Sample Form**



CARE/FERA PROGRAM APPLICATION Sub-Metered Residential Customers

Choose the
best rate
plan for you.
Learn more†.

Save on your monthly PG&E bill

If your landlord bills you directly for gas and electricity, you are a “sub-metered” customer. While you are not a direct PG&E customer, you may still be eligible for programs and services to help you lower your energy bills, including the CARE and the FERA programs.

California Alternate Rates for Energy (CARE)

pge.com/care
1-800-468-4743

The CARE program offers a monthly discount on PG&E bills for qualifying households. To enroll:

- Check all the qualifying public assistance programs in Section 2A from which you, or someone in your household, receive benefits **OR**
- Complete Section 2B which includes 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.

You will also need to have your landlord or facility manager complete Section 1A of this application. If your landlord has questions, have him or her email CAREandFERA@pge.com.

CARE Income Guidelines (valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,300 or less
3	\$53,300 or less
4	\$64,300 or less
5	\$75,300 or less
6	\$86,300 or less
7	\$97,300 or less
8	\$108,300 or less
Each additional person, add	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera
1-800-743-5000

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 with a slightly higher income than required for CARE.

FERA Income Guidelines (valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,301–\$52,875
3	\$53,301–\$66,625
4	\$64,301–\$80,375
5	\$75,301–\$94,125
6	\$86,301–\$107,875
7	\$97,301–\$121,625
8	\$108,301–\$135,375
Each additional person, add	\$11,000–\$13,750

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 non-taxable 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

How you can apply

Email: Take a picture or scan completed application and email this image to CAREandFERA@pge.com

Mail: Send completed application to
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

Fax: Send completed application to 1-877-302-7563

Other helpful programs and services

Energy Savings Assistance Program
pge.com/energysavings
1-800-933-9555

This program provides energy-efficient home improvements and appliances at no cost to customers who are income qualified. Property owners and renters are eligible to participate.

**Energy Savings
Assistance Program**

Medical Baseline
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.

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.

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.



CARE/FERA 計劃申請表 使用分錶的住宅用戶

選擇最適合您的費率計劃。深入了解⁺。

您每月的 PG&E 帳單可獲得省錢優惠

如果您的房東直接向您收取煤電費用，您即屬於「使用分錶」的用戶。雖然您不是 PG&E 的直屬用戶，但您仍可能有資格參加降低能源帳單的計劃，其中包含 CARE 及 FERA 計劃。

California Alternate Rates for Energy (CARE) 計劃

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：

- 勾選第 2A 節中您或家中其他人參加並獲得福利的所有符合條件的公共補助計劃或
- 填妥第 2B 節（當中包括您的全家總年收入）。*

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。

您還需要房東或住宅設施經理填寫本申請表 1A 節。如果您的房東有任何疑問，請他或她致電郵地 CAREandFERA@pge.com。

*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

CARE 收入標準

(有效期至 2026 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	\$42,300 或以下
3	\$53,300 或以下
4	\$64,300 或以下
5	\$75,300 或以下
6	\$86,300 或以下
7	\$97,300 或以下
8	\$108,300 或以下
每多一人即增加	\$11,000

Family Electric Rate Assistance (FERA) 計劃

pge.com/fera-ch
1-800-743-5000

FERA 收入標準

(有效期至 2026 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
每多一人即增加	\$11,000-\$13,750

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。該計劃為收入稍高於 CARE 規定的家庭提供每月電費帳單折扣。

請參考以上所列 FERA 收入標準，了解自已是否符合申請資格，並填寫附頁申請表以申請加入計劃。

申請方式

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

郵寄：將填好的申請表寄到
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

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

1-800-933-9555

此計劃為收入符合資格的客戶免費提供住宅節能改善工程與家電設備。業主和租客符合參與資格。

**Energy Savings
Assistance Program™**

Medical Baseline

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。

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。

低收入家庭能源協助計劃 (LIHEAP)

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，您可能也有資格獲得財務援助及防水服務。



Electric Sample Form No. 62-0673 Sheet 1
CARE/FERA Program Application for Sub-Metered Residential Customers (English/Vietnamese)

**Please Refer to Attached
Sample Form**



CARE/FERA PROGRAM APPLICATION Sub-Metered Residential Customers

Choose the
best rate
plan for you.
Learn more†.

Save on your monthly PG&E bill

If your landlord bills you directly for gas and electricity, you are a "sub-metered" customer. While you are not a direct PG&E customer, you may still be eligible for programs and services to help you lower your energy bills, including the CARE and the FERA programs.

California Alternate Rates for Energy (CARE)

pge.com/care
1-800-468-4743

The CARE program offers a monthly discount on PG&E bills for qualifying households. To enroll:

- Check all the qualifying public assistance programs in Section 2A from which you, or someone in your household, receive benefits **OR**
- Complete Section 2B which includes 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.

You will also need to have your landlord or facility manager complete Section 1A of this application. If your landlord has questions, have him or her email CAREandFERA@pge.com.

CARE Income Guidelines
(valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,300 or less
3	\$53,300 or less
4	\$64,300 or less
5	\$75,300 or less
6	\$86,300 or less
7	\$97,300 or less
8	\$108,300 or less
Each additional person, add	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera
1-800-743-5000

FERA Income Guidelines
(valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
Each additional person, add	\$11,000-\$13,750

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 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 non-taxable 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

How you can apply

Email: Take a picture or scan completed application and email this image to CAREandFERA@pge.com

Mail: Send completed application to
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

Fax: Send completed application to **1-877-302-7563**

Other helpful programs and services

Energy Savings Assistance Program

pge.com/energysavings
1-800-933-9555

This program provides energy-efficient home improvements and appliances at no cost to customers who are income qualified. Property owners and renters are eligible to participate.

Energy Savings
.....
Assistance Program™

Medical Baseline

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.

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.

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.



MẪU ĐƠN CHƯƠNG TRÌNH CARE/FERA

Khách Hàng Gia Cư Có Đồng Hồ Đo Phụ

Chọn chương trình mức giá phù hợp nhất với quý vị. Tìm hiểu thêm†.

Tiết kiệm trên hóa đơn PG&E hàng tháng của quý vị

Nếu chủ nhà của quý vị là người gửi hóa đơn điện và khí đốt trực tiếp đến quý vị, thì quý vị là khách hàng có “đồng hồ đo phụ.” Dù quý vị không phải là khách hàng trực tiếp của PG&E, quý vị vẫn có thể hội đủ điều kiện cho các chương trình và dịch vụ giúp giảm hóa đơn năng lượng của quý vị, bao gồm chương trình CARE và FERA.

California Alternate Rates for Energy (CARE)

pge.com/care
1-866-743-2273

Chương trình CARE giảm giá hàng tháng trên hóa đơn PG&E cho các gia đình hội đủ điều kiện. Để ghi danh:

- Đánh dấu tất cả các chương trình trợ cấp xã hội hội đủ điều kiện trong Phần 2A mà quý vị hoặc ai đó trong gia đình đang được nhận quyền lợi **HOẶC**
- Hoàn thành Phần 2B bao gồm tổng thu nhập hàng năm của gia đình quý vị.*

Các điều kiện hợp lệ khác gồm có:

- Quý vị sử dụng điện hàng tháng không quá sáu lần mức Tier 1 cho phép.
- Quý vị không là người phụ thuộc trên tờ khai thuế thu nhập của người nào khác ngoài vợ/chồng của quý vị.
- Quý vị không dùng chung đồng hồ năng lượng với gia đình khác.
- Quý vị sẽ tái gia hạn việc hội đủ điều kiện được giảm giá ít nhất hai năm một lần.

Quý vị cũng sẽ cần nhờ chủ nhà hoặc người quản lý khu nhà điền vào Phần 1A của mẫu đơn ghi danh này. Nếu chủ nhà của quý vị có thắc mắc, hãy bảo họ gửi email tới CAREandFERA@pge.com.

Chỉ dẫn về thu nhập của chương trình CARE
(có hiệu lực đến ngày 31 tháng Năm, 2026)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1-2	\$42,300 hoặc ít hơn
3	\$53,300 hoặc ít hơn
4	\$64,300 hoặc ít hơn
5	\$75,300 hoặc ít hơn
6	\$86,300 hoặc ít hơn
7	\$97,300 hoặc ít hơn
8	\$108,300 hoặc ít hơn
Với mỗi người thêm vào, cộng thêm	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera
1-800-743-5000

Chỉ dẫn về thu nhập của chương trình FERA
(có hiệu lực đến ngày 31 tháng Năm, 2026)

Nếu quý vị không hội đủ điều kiện tham gia chương trình CARE, quý vị vẫn có thể hội đủ điều kiện cho chương trình FERA. Chương trình này giảm giá trên hóa đơn điện hàng tháng

cho các gia đình có lợi tức cao hơn một chút so với yêu cầu của chương trình CARE.

Xem Chỉ Dẫn về Thu Nhập của chương trình FERA được liệt kê ở trên để xem quý vị có đủ điều kiện không và đăng ký bằng cách hoàn tất đơn đăng ký đính kèm.

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1-2	\$42,301–\$52,875
3	\$53,301–\$66,625
4	\$64,301–\$80,375
5	\$75,301–\$94,125
6	\$86,301–\$107,875
7	\$97,301–\$121,625
8	\$108,301–\$135,375
Với mỗi người thêm vào, cộng thêm	\$11,000–\$13,750

*Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

†Tìm hiểu thêm và được phân tích mức giá riêng cho cá nhân tại pge.com/findrates

Cách đăng ký

Bằng email: Chụp ảnh hoặc scan đơn đăng ký hoàn chỉnh của quý vị và gửi email ảnh này đến địa chỉ CAREandFERA@pge.com

Bằng thư: Gửi đơn đăng ký hoàn chỉnh đến
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

Fax: Gửi đơn đăng ký hoàn chỉnh đến
1-877-302-7563

Các chương trình và dịch vụ hữu ích khác

Energy Savings Assistance Program
pge.com/energysavings
1-800-933-9555

Chương trình này cung cấp các biện pháp nâng cấp nhà và các thiết bị gia dụng tiết kiệm năng lượng miễn phí cho khách hàng hội đủ điều kiện về thu nhập. Chủ sở hữu và người thuê bất động sản hội đủ điều kiện tham gia.

Energy Savings
Assistance Program

Medical Baseline
pge.com/medicalbaseline

Nếu quý vị phải phụ thuộc vào thiết bị hỗ trợ sự sống hoặc thiết bị khác do nhu cầu sức khỏe, quý vị có thể hội đủ điều kiện nhận thêm năng lượng với giá thấp nhất qua chương trình Medical Baseline.

Universal Lifeline Telephone Service (ULTS)

Nhận giảm giá điện thoại khi quý vị đủ điều kiện về thu nhập tương tự như chương trình CARE. Hãy liên hệ với nhà cung cấp dịch vụ điện thoại tại địa phương để tìm hiểu thêm.

Low Income Home Energy Assistance Program (LIHEAP)
1-866-675-6623

Nếu quý vị cần phải sử dụng một phần lớn thu nhập của mình để trả hóa đơn năng lượng, quý vị có thể hội đủ điều kiện để nhận trợ giúp tài chính và những dịch vụ điều hòa thời tiết qua chương trình này được điều hành bởi Sở Dịch Vụ và Phát Triển Cộng Đồng California.



MẪU ĐƠN CHƯƠNG TRÌNH CARE/FERA

Khách Hàng Gia Cư Có Đồng Hồ Đo Phụ

Mẫu đơn 62-0673

- Đã được chủ nhà hoặc người quản lý khu nhà của quý vị điền thông tin vào Mục 1A.
- Điền thông tin vào Mục 1B.
- Điền thông tin vào Mục 2A **HOẶC** Mục 2B. **Chỉ cần một mục (A hoặc B)** để hội đủ điều kiện cho chương trình này.

- Vui lòng ký tên và ghi ngày tháng vào mẫu đơn này rồi gửi lại cho PG&E càng sớm càng tốt. **Khi ký vào đơn ghi danh này, quý vị đồng ý để chủ nhà và quản lý khu nhà biết quyết định của PG&E về tính hội đủ điều kiện tham gia CARE hoặc FERA của quý vị để họ chuyển giao khoản giảm giá nếu quý vị hội đủ điều kiện.**

1

1A Chủ nhà và khu nhà của quý vị

Tình trạng người nộp đơn:

☐ CỘNG THÊM MỚI ☐ BỎ ☐ TÁI XÁC NHẬN ☐ DỜI SANG CHỖ KHÁC

Số trường mục PG&E: Điện

Khí đốt

Tên khu nhà lưu động/khu nhà của quý vị

Địa chỉ khu nhà lưu động/khu nhà của quý vị (Thành phố/Bang/Số Zip)

Tên của chủ nhà hay quản lý

Số điện thoại chính ☐ Nhà ☐ Nơi làm việc ☐ Di động

Địa chỉ liên lạc bằng thư của chủ nhà hay quản lý (Thành phố/Bang/Số Zip)

Địa chỉ email

1B Quý vị và gia đình của quý vị

Tên quý vị (Phải sử dụng tên của quý vị và giống với tên trên hóa đơn năng lượng từ chủ nhà của quý vị.)

Địa chỉ email (Khi quý vị ghi địa chỉ email vào là quý vị đã cho phép PG&E thỉnh thoảng gửi cho quý vị thông tin về dịch vụ tiện ích PG&E và chương trình và dịch vụ PG&E mà quý vị có thể được hưởng.)

Địa chỉ nhà của quý vị (Địa chỉ phải là nơi cư ngụ chính của quý vị. **KHÔNG** được sử dụng hộp thư bưu điện P.O. Box.)

Số căn hộ #/Thành phố/Bang/Số Zip

Địa chỉ liên lạc bằng thư Số căn hộ #/Thành phố/Bang/Số Zip

Số điện thoại chính ☐ Nhà ☐ Nơi làm việc ☐ Di động

Quý vị muốn sử dụng ngôn ngữ nào trong tương lai khi trao đổi với CARE và FERA? (Hãy chọn một)

☐ Tiếng Anh ☐ Tiếng Tây Ban Nha ☐ Tiếng Quan Thoại ☐ Tiếng Quảng Đông ☐ Tiếng Việt ☐ Tiếng Nga ☐ Tiếng Hàn ☐ Tiếng Tagalog ☐ Tiếng H'mông

Số điện thoại thay thế ☐ Nhà ☐ Nơi làm việc ☐ Di động

Quý vị muốn trao đổi bằng hình thức nào? (Hãy chọn một)

☐ Bảng thư ☐ Bảng email ☐ Bảng điện thoại ☐ Bảng tin nhắn (Có thể áp dụng phí dữ liệu và tin nhắn)

Số người sống trong nhà quý vị tại địa chỉ này:

Người lớn + Trẻ nhỏ =
(dưới 18 tuổi)

2

Hộ gia đình đủ tiêu chuẩn

Quý vị nên điền Phần 2A **HOẶC** Phần 2B.

2A Các chương trình trợ cấp xã hội

Đánh dấu tất cả các chương trình mà quý vị hoặc người trong gia đình quý vị đang được nhận.

- | | |
|---|---|
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | ☐ Medi-Cal for Families (Healthy Families A&B) |
| ☐ Women, Infants, and Children (WIC) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (Food stamps) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ CalWORKs (TANF) hoặc Tribal TANF | ☐ Medicaid/Medi-Cal (dưới 65 tuổi) |
| ☐ Head Start Income Eligible (chỉ dành cho bộ lạc) | ☐ Medicaid/Medi-Cal (65 tuổi hoặc hơn) |
| ☐ Supplemental Security Income (SSI) | |

HOẶC

2B Thu nhập hộ gia đình

☐ Tôi hiện có thu nhập cố định và nhận thu nhập hoặc phúc lợi từ một hoặc nhiều nguồn sau: lương hưu, an sinh xã hội, SSP hoặc SSDI, lãi/cổ tức từ tài khoản hưu trí, Medicaid/Medi-Cal (65 tuổi hoặc hơn) hoặc SSI.

Thu nhập hộ gia đình của tôi là:

Tổng thu nhập hàng năm của hộ gia đình \$.00

(vui lòng tính tất cả thu nhập từ mọi thành viên trong gia đình)

3

Cam đoan

Qua việc ký giấy cam đoan này, tôi xác nhận rằng thông tin mà tôi cung cấp trong đơn xin này là đúng và trung thực.

Tôi xác nhận rằng tôi đã đọc và hiểu nội dung trong đơn xin này. Tôi cũng đồng ý tuân thủ các điều khoản và điều kiện của chương trình CARE hoặc FERA, bao gồm các điều khoản và điều kiện sau đây:

- Tôi không là người phụ thuộc trên tờ khai thuế thu nhập của người nào khác ngoài vợ/chồng của tôi.
- Tôi không cố ý dùng chung đồng hồ đo năng lượng với nhà khác.
- Tôi sẽ thông báo cho PG&E biết khi gia đình tôi không còn đủ điều kiện được giảm giá theo chương trình CARE hoặc FERA nữa.
- Tôi hiểu rằng tôi có thể phải cung cấp chứng từ thu nhập của hộ gia đình.
- Tôi hiểu rằng tôi có thể được yêu cầu tham gia Chương Trình Trợ Giúp Tiết Kiệm Năng Lượng (Energy Savings Assistance Program).
- Tôi hiểu rằng tôi có thể bị loại ra khỏi chương trình CARE nếu mức sử dụng điện hàng tháng của tôi vượt quá sáu lần định mức Hạng Mức 1.
- Tôi hiểu rằng tôi có thể bị chuyển sang hoặc bị loại khỏi chương trình CARE hoặc FERA nếu tôi gửi thông tin hoặc PG&E nhận được thông tin từ các chương trình khác cho rằng tôi không đủ điều kiện.
- Tôi cho phép PG&E chia sẻ thông tin của tôi để duy trì tình trạng hội đủ điều kiện nhận hỗ trợ quản lý năng lượng hiện có, các chương trình giảm giá và giá sinh hoạt với các tiện ích khác, cơ quan tiểu bang và tổ chức do CPUC chỉ định.
- Tôi sẽ hoàn trả lại khoản giảm giá mà tôi nhận được nếu tôi cung cấp thông tin giả mạo để hỗ trợ cho việc tôi xin tham gia chương trình CARE hoặc FERA.

KÝ TÊN TẠI ĐÂY

Chữ ký khách hàng

☐ Điền vào ô tròn nếu quý vị là người giám hộ hoặc quý vị có giấy ủy quyền.

FOR INTERNAL USE ONLY

Ngày



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	59639-E
Cancelling	Revised	Cal. P.U.C. Sheet No.	58019-E

Electric Sample Form No. 62-0919
CARE/FERA Program Application for Residential Customers
(Pre-Printed Application)

Sheet 1

**Please Refer to Attached
Sample Form**

Advice
Decision

7594-E

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted
Effective
Resolution

May 7, 2025
June 1, 2025
E-5200 and E-3524

1. Fill out **Section 1**.
2. Fill out **Section 2A OR Section 2B**. **Only one section (A or B) is required** to qualify for this program.
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

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.)

Preferred phone number

☐ Home ☐ Work ☐ Mobile

Alternative phone number

☐ Home ☐ Work ☐ Mobile

What language do you prefer for future CARE 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.)

Number of people in your household at this address:

Adults + Children =
(under 18)

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)

OR

2B Household 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:

Total gross annual household income \$.00
(please account for all income from every household member)

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 understand that I may be switched or dropped from the CARE or FERA program if I submit information or PG&E receives information from other programs which deem me ineligible.
8. I authorize PG&E to share my information in order to remain eligible for available energy management assistance, and price reduction and residential rate programs with other utilities, state agencies and entities designated by the CPUC.
9. 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.

X

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

FOR INTERNAL USE ONLY

Date _____



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	59640-E
Cancelling	Revised	Cal. P.U.C. Sheet No.	58020-E

Electric Sample Form No. 62-0939
CARE/FERA Program Application for Residential Customers
(Pre-Printed Application Instruction)

Sheet 1

**Please Refer to Attached
Sample Form**

Advice
Decision

7594-E

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted	<u>May 7, 2025</u>
Effective	<u>June 1, 2025</u>
Resolution	<u>E-5200 and E-3524</u>



CARE/FERA PROGRAM APPLICATION Residential Customers

Choose the
best rate
plan for you.
Learn more†.

Save on your monthly PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/care
1-866-743-2273

The CARE program offers a monthly discount on PG&E bills for qualifying households. To enroll:

- Check all the qualifying public assistance programs in Section 2A from which you, or someone in your household, receive benefits **OR**
- Complete Section 2B which includes 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
(valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,300 or less
3	\$53,300 or less
4	\$64,300 or less
5	\$75,300 or less
6	\$86,300 or less
7	\$97,300 or less
8	\$108,300 or less
Each additional person, add	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera
1-800-743-5000

FERA Income Guidelines
(valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
Each additional person, add	\$11,000-\$13,750

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 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 non-taxable 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

How you can apply

Online: Apply online for faster enrollment at 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

Mail:
Send completed application to
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

Fax:
Send completed application to
1-877-302-7563

Other helpful programs and services

Energy Savings Assistance Program

pge.com/energysavings
1-800-933-9555

This program provides energy-efficient home improvements and appliances at no cost to customers who are income qualified. Property owners and renters are eligible to participate.

**Energy Savings
Assistance Program**

Your Account

pge.com/youraccount

Log in to Your 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
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

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.

TTY is available at 711 or 1-800-735-2929.

Automated Document, Preliminary Statement, Part A

Information collected on this application is handled in accordance with PG&E's Privacy Policy. The Privacy Policy is available at pge.com/privacy.

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SOLICITUD PARA EL PROGRAMA CARE/FERA

Clientes Residenciales

Elija el mejor plan de tarifas para usted. Obtenga información adicional†.

Ahorre en su factura mensual de PG&E

California Alternate Rates for Energy (CARE)

pge.com/care-es
1-866-743-2273

El programa CARE ofrece un descuento mensual en las facturas de PG&E de los hogares que reúnan los requisitos. Para inscribirse:

- Marque todos los programas de asistencia pública que reúnan los requisitos en la Sección 2A de los que usted o alguna persona de su hogar reciban beneficios **O BIEN**
- Llene la Sección 2B que incluye los ingresos brutos anuales totales de su hogar.*

Otras calificaciones incluyen que:

- Su consumo eléctrico mensual no exceda seis veces lo permitido por el Nivel 1.
- Usted no sea reclamado como dependiente en la declaración de impuestos de otra persona que no sea su esposo(a).
- Usted no comparta el medidor de energía con otra vivienda.
- Usted renovará su elegibilidad por lo menos cada dos años.

Requisitos de ingreso CARE
(válido hasta el 31 de mayo, 2026)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$42,300 o menos
3	\$53,300 o menos
4	\$64,300 o menos
5	\$75,300 o menos
6	\$86,300 o menos
7	\$97,300 o menos
8	\$108,300 o menos
Por cada persona adicional, añada	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera-es
1-800-743-5000

Requisitos de ingreso FERA
(válido hasta el 31 de mayo, 2026)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
Por cada persona adicional, añada	\$11,000-\$13,750

Si usted no cumple con los requisitos para el programa CARE, tal vez califique para el programa FERA, que ofrece un descuento en las facturas mensuales

de electricidad a familias que reciban un ingreso ligeramente más alto que el requerido para CARE.

Vea los requisitos de ingreso de FERA que incluimos en esta tabla para ver si cumple con los requisitos e inscribese completando la solicitud incluida.

*El ingreso bruto total anual del hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ingreso por trabajo autónomo y relativo a cualquier empleo, ingreso no pagado en efectivo.

†Información de cambios de tarifas en pge.com/findrates

Cómo puede inscribirse

Internet: Solicite por Internet para inscribirse más rápidamente visitando pge.com/care-es

Teléfono: Inscribese llamando al 1-866-743-2273

Email: Saque una foto o escanee su solicitud completa y envíe la imagen a: CAREandFERA@pge.com

Correo: Envíe la solicitud completa a CARE/FERA Program P.O. Box 29647 Oakland, CA 94604-7563

Fax: Envíe la solicitud completa al 1-877-302-7563

Otros programas y servicios útiles

Energy Savings Assistance Program
pge.com/energysavings-es
1-800-933-9555

Este programa proporciona mejoras al hogar y electrodomésticos para el consumo eficiente de energía sin costo alguno a los clientes que reúnan los requisitos de ingresos. Los dueños de propiedades y los inquilinos pueden participar.

Energy Savings Assistance Program

Budget Billing
pge.com/budgetbilling
1-800-743-5000

Se basa en el promedio de su factura mensual para que usted maneje sus costos de energía, y elimine grandes variaciones de pago.

Medical Baseline
pge.com/medicalbaseline

Si debido a necesidades médicas usted depende de equipos de soporte vital o de otro tipo de equipos, usted podría ser elegible para obtener energía adicional al precio base más bajo a través del programa Medical Baseline.

Your Account
pge.com/youraccount

Visite Your Account en el sitio de PG&E y regístrese para recibir alertas de facturación y pagos, analizar el consumo de energía de su hogar, pagar sus facturas e informarse más acerca de sus opciones de plan de tarifas.

Low Income Home Energy Assistance Program (LIHEAP)
1-866-675-6623

Si usted destina un alto porcentaje de su ingreso al pago de las facturas de energía, podría reunir las condiciones para recibir asistencia económica y servicios de aislamiento térmico a través de este programa administrado por el California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Obtenga acceso telefónico a bajo precio cuando reúna los requisitos de ingreso similares al programa CARE. Para más información, contacte a su compañía local de teléfonos.



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	59641-E
Cancelling	Revised	Cal. P.U.C. Sheet No.	58021-E

Electric Sample Form No. 62-0940
CARE Program Renewal Instructions - Residential Customers

Sheet 1

**Please Refer to Attached
Sample Form**

Advice
Decision

7594-E

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted	<u>May 7, 2025</u>
Effective	<u>June 1, 2025</u>
Resolution	<u>E-5200 and E-3524</u>



CARE PROGRAM RENEWAL INSTRUCTIONS Residential Customers

Choose the best rate plan for you.
Learn more†.

SOLICITUD PARA RENOVACIÓN DEL PROGRAMA CARE

Form 62-0940

Cientes Residenciales

Elija el mejor plan de tarifas para usted.
Obtenga información adicional†.

Reapply for your monthly CARE discount

We have been pleased to provide you with a monthly discount through the California Alternate Rates for Energy (CARE) program (as noted on the first page of your Pacific Gas and Electric Company bill). However, it is now time to renew your participation.

To continue to receive this discount you need to:

Verify your household qualification

Look over the updated CARE Income Guidelines listed here to verify that you still qualify. If you do, use the enclosed Renewal Application to reapply by:

- Checking all the qualifying public assistance programs in Section 2A from which you, or someone in your household, receive benefits **OR**
- Completing Section 2B which includes 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 (valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,300 or less
3	\$53,300 or less
4	\$64,300 or less
5	\$75,300 or less
6	\$86,300 or less
7	\$97,300 or less
8	\$108,300 or less
Each additional person, add	\$11,000

*Total gross annual household income includes all taxable and non-taxable 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.

Return your renewal application

Use the **postage-paid envelope** we have provided or one of the following methods:

Online: Reapply online for faster renewal at pge.com/care.

Email: Take a picture or scan completed Renewal Application and email this image to CAREandFERA@pge.com.

Fax: Send your completed Renewal Form to **1-877-302-7563**.

Phone: Reapply by calling **1-866-743-2273**.

TTY is available at **711** or **1-800-735-2929**.

†Learn more and get a personalized rate analysis at pge.com/findrates

Vuelva a solicitar su descuento mensual de CARE

Nos complace haberle brindado un descuento mensual a través del programa California Alternate Rates for Energy (CARE, por sus siglas en inglés) (como se indicó en la primera página de su factura de PG&E). Pero ahora, debe renovar su participación.

Para continuar recibiendo este descuento, usted necesita:

Verificar la calificación de su hogar

Mire la lista de requisitos de ingreso actualizados de CARE que presentamos aquí para verificar que usted todavía califica. De ser así, use la solicitud de renovación incluida aquí para:

- Marcar todos los programas de asistencia pública que reúnan los requisitos en la Sección 2A de los que usted o alguna persona de su hogar reciban beneficios **O BIEN**
- Llenar la Sección 2B que incluye los ingresos brutos anuales totales de su hogar.*

Otras calificaciones incluyen que:

- Su consumo eléctrico mensual no exceda seis veces lo permitido por el Nivel 1.
- Usted no sea reclamado como dependiente en la declaración de impuestos de otra persona que no sea su esposo(a).
- Usted no comparta el medidor de energía con otra vivienda.
- Usted renovará su elegibilidad por lo menos cada dos años.

Requisitos de ingreso CARE (válido hasta el 31 de mayo, 2026)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$42,300 o menos
3	\$53,300 o menos
4	\$64,300 o menos
5	\$75,300 o menos
6	\$86,300 o menos
7	\$97,300 o menos
8	\$108,300 o menos
Por cada persona adicional, añada	\$11,000

*El ingreso bruto total anual del hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ingreso por trabajo autónomo y relativo a cualquier empleo, ingreso no pagado en efectivo.

Devolver su solicitud de renovación

Utilice el **sobre adjunto con franqueo pago** o uno de los siguientes métodos:

Internet: Solicite su renovación por Internet más rápidamente visitando el sitio pge.com/care-es.

Email: Saque una foto o escanee su solicitud de renovación completa y envíe la imagen a CAREandFERA@pge.com.

Fax: Envíe la solicitud de renovación completa al **1-877-302-7563**.

Teléfono: Vuelva a solicitar llamando al **1-866-743-2273**.

TTY disponible llamando al **711** o **1-800-735-2929**.

†Obtenga información adicional y un análisis personalizado de su tarifa en pge.com/findrates

Automated Document, Preliminary Statement, Part A • Documento automatizado, Declaración preliminar, Parte A • 自動化程序文件、初步聲明、A 部份 • Tài Liệu Được Tạo Tự Động, Bản Trình Bày Sơ Bộ, Phần A
Information collected on this application is handled in accordance with PG&E's Privacy Policy. The Privacy Policy is available at pge.com/privacy.

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These offerings are funded by California utility customers and administered by PG&E under the auspices of the California Public Utilities Commission.

Rev. 6.25 CRS-0625-4772



選擇最適合您的費率計劃。
深入了解[†]。

Chọn chương trình mức giá phù hợp nhất với quý vị.
Tìm hiểu thêm[†].

即時為每月 CARE 折扣 優惠續期

我們很榮幸能透過 California Alternate Rates for Energy (CARE) 計劃為您提供每月折扣優惠。(見於您的 PG&E 月結單第一頁) 然而，現在是您要續期的時候了。如欲繼續獲得這項優惠，您必須：

核實您的家庭資格

請詳閱所列的最新 CARE 收入標準，核實您仍然符合資格。若符合資格，請以所附的續期申請表再次註冊：

- 勾選第 2A 節中您或家中其他人參加並獲得福利的所有符合條件的公共補助計劃或
- 填妥第 2B 節（當中包括您的全家總年收入）。*

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 收入標準 (有效期至 2026 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	\$42,300 或以下
3	\$53,300 或以下
4	\$64,300 或以下
5	\$75,300 或以下
6	\$86,300 或以下
7	\$97,300 或以下
8	\$108,300 或以下
每多一人即增加	\$11,000

*全家年收入總計包括全家人所有繳稅與不需繳稅的收入，請涵蓋所有收入來源，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收入、非現金收入。

交回您的續期申請表

請使用我們所提供的已付郵資信封，或下列任何一種方式：

上網：上網續期，方便快捷，網址是 pge.com/care-ch。

電郵地址：請拍照或掃描填妥的續期申請表，透過電子郵件寄到 CAREandFERA@pge.com。

傳真：請將填妥的續期表格傳真至 1-877-302-7563。

電話：續期請撥 1-866-743-2273。

需要 CARE 中文更新申請表？

請撥打 1-866-743-2273 索取申請表，或在電話中更新資料。您亦可前往 pge.com/care-ch，在網上更新資料或下載更新申請表，填妥後請將表格郵寄給我們。

Hãy ghi danh lại để nhận giảm giá chương trình CARE hàng tháng của quý vị

Chúng tôi rất vui mừng được cung cấp giảm giá hàng tháng qua chương trình California Alternate Rates for Energy (CARE) (như được ghi ở trang đầu tiên của hóa đơn Pacific Gas and Electric Company của quý vị). Tuy nhiên, giờ đã đến lúc quý vị nên ghi danh lại để tham gia chương trình. Để tiếp tục nhận chương trình giảm giá này, quý vị cần:

Kiểm tra gia đình quý vị có hội đủ điều kiện

Vui lòng xem qua Hướng Dẫn về Thu Nhập của chương trình CARE bản cập nhật được liệt kê tại đây để xem quý vị vẫn hội đủ điều kiện không. Nếu quý vị vẫn hội đủ điều kiện, hãy dùng mẫu Đơn Ghi Danh Lại đính kèm để ghi danh lại bằng cách:

- Đánh dấu tất cả các chương trình trợ cấp xã hội hội đủ điều kiện trong Phần 2A mà quý vị hoặc ai đó trong gia đình đang được nhận quyền lợi **HOẶC**
- Hoàn thành Phần 2B bao gồm tổng thu nhập hàng năm của gia đình quý vị.*

Các điều kiện hợp lệ khác gồm có:

- Quý vị sử dụng điện hàng tháng không quá sáu lần mức Tier 1 cho phép.
- Quý vị không là người phụ thuộc trên tờ khai thuế thu nhập của người nào khác ngoài vợ/chồng của quý vị.
- Quý vị không dùng chung đồng hồ năng lượng với gia đình khác.
- Quý vị sẽ tái gia hạn việc hội đủ điều kiện được giảm giá ít nhất hai năm một lần.

Chỉ dẫn về thu nhập của chương trình CARE

(có hiệu lực đến ngày 31 tháng Năm, 2026)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1-2	\$42,300 hoặc ít hơn
3	\$53,300 hoặc ít hơn
4	\$64,300 hoặc ít hơn
5	\$75,300 hoặc ít hơn
6	\$86,300 hoặc ít hơn
7	\$97,300 hoặc ít hơn
8	\$108,300 hoặc ít hơn
Với mỗi người thêm vào, cộng thêm	\$11,000

*Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

Gửi đơn ghi danh lại của quý vị

Dùng **phong bì có tem trả trước** chúng tôi đã cung cấp hoặc một trong những hình thức sau đây:

Trực tuyến: Ghi danh trực tuyến nhanh tại pge.com/care.

Bằng email: Chụp ảnh hoặc scan đơn đăng ký hoàn chỉnh của quý vị và gửi email ảnh này đến địa chỉ CAREandFERA@pge.com.

Fax: Gửi Mẫu Đơn Ghi Danh Lại hoàn chỉnh tới số 1-877-302-7563.

Bằng Điện Thoại: Ghi danh lại bằng cách gọi đến số 1-866-743-2273.

Quý vị cần mẫu Đơn Ghi Danh Lại chương trình CARE bằng tiếng Việt?

Xin vui lòng gọi 1-866-743-2273 để yêu cầu gửi đơn ghi danh hoặc quý vị có thể ghi danh lại qua điện thoại. Quý vị cũng có thể truy cập pge.com/care để ghi danh lại trực tuyến hoặc tải xuống mẫu đơn ghi danh lại, điền vào và gửi lại cho chúng tôi qua đường bưu điện.



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	59642-E
Cancelling	Revised	Cal. P.U.C. Sheet No.	58022-E

Electric Sample Form No. 62-0972 Sheet 1
CARE/FERA Program Application for Residential Customers (English/Chinese)

**Please Refer to Attached
Sample Form**

Advice
Decision

7594-E

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted	<u>May 7, 2025</u>
Effective	<u>June 1, 2025</u>
Resolution	<u>E-5200 and E-3524</u>



CARE/FERA PROGRAM APPLICATION Residential Customers

Choose the
best rate
plan for you.
Learn more†.

Save on your monthly PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/care
1-866-743-2273

The CARE program offers a monthly discount on PG&E bills for qualifying households. To enroll:

- Check all the qualifying public assistance programs in Section 2A from which you, or someone in your household, receive benefits **OR**
- Complete Section 2B which includes 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
(valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,300 or less
3	\$53,300 or less
4	\$64,300 or less
5	\$75,300 or less
6	\$86,300 or less
7	\$97,300 or less
8	\$108,300 or less
Each additional person, add	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera
1-800-743-5000

FERA Income Guidelines
(valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
Each additional person, add	\$11,000-\$13,750

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 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 non-taxable 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

How you can apply

Online: Apply online for faster enrollment at 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

Mail:
Send completed application to
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

Fax:
Send completed application to
1-877-302-7563

Other helpful programs and services

Energy Savings Assistance Program
pge.com/energysavings
1-800-933-9555

This program provides energy-efficient home improvements and appliances at no cost to customers who are income qualified. Property owners and renters are eligible to participate.

**Energy Savings
Assistance Program**

Your Account
pge.com/youraccount

Log in to Your 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
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

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.



CARE/FERA 計劃申請書 住宅用戶

62-0972 表格

選擇最適合您的費率計劃。深入了解[†]。

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
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：

- 勾選第 2A 節中您或家中其他人參加並獲得福利的所有符合條件的公共補助計劃或
- 填妥第 2B 節（當中包括您的全家總年收入）。*

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。

*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

CARE 收入標準

(有效期至 2026 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	\$42,300 或以下
3	\$53,300 或以下
4	\$64,300 或以下
5	\$75,300 或以下
6	\$86,300 或以下
7	\$97,300 或以下
8	\$108,300 或以下
每多一人即增加	\$11,000

Family Electric Rate Assistance (FERA) 計劃

pge.com/fera-ch
1-800-743-5000

FERA 收入標準

(有效期至 2026 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
每多一人即增加	\$11,000-\$13,750

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。該計劃為收入稍高於 CARE 規定的家庭提供每月電費帳單折扣。

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。

申請方式

上網：上網申請速度更快
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

郵寄：
將填好的申請表寄到
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

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
1-800-933-9555

此計劃為收入符合資格的客戶免費提供住家節能改善工程與家電設備。業主和租客符合參與資格。

Energy Savings Assistance Program

Medical Baseline

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 (LIHEAP)

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，您可能資格獲得財務援助及防水服務。

Budget Billing

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。

Your Account

pge.com/youraccount

登入 Your 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。



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。

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

您希望以何種方式進行溝通？(選一項)

居住於此地址的家庭人數：

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。)

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)
- ☐ 婦女、嬰兒及兒童 (WIC)
- ☐ CalFresh/SNAP (糧食券)
- ☐ CalWORKs (TANF) 或 Tribal TANF
- ☐ Head Start Income Eligible (僅限部落)
- ☐ 社會安全生活補助金 (SSI)
- ☐ Medi-Cal for Families (Healthy Families A&B)
- ☐ 全國營養午餐計劃 (NSLP)
- ☐ 印地安事務局一般補助計劃
- ☐ Medicaid/Medi-Cal (未滿 65 歲)
- ☐ Medicaid/Medi-Cal (65 歲以上)

或

2B 家庭收入

☐ 我目前領取固定收入，並擁有以下一項或多項收入或福利：
退休金、社安金、SSP 或 SSDI、退休帳戶的利息/股息、
Medicaid/Medi-Cal (65 歲以上) 或 SSI。

我的家庭收入：

家庭年度總收入 \$.00

(請計算每位家庭成員的所有收入)

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：

1. 除了本人配偶外，本人未在他入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. 本人了解，如果本人因提交的資訊或 PG&E 從其他計劃收到的資訊而被認為不合資格，本人可能會被調出或逐出 CARE 或 FERA 計劃。
8. 本人授權 PG&E 與其他公用事業、州行政機關和 CPUC 指定的實體分享本人的資訊，以繼續符合可用能源管理援助與價格折扣和住宅費率計劃的資格。
9. 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



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	59643-E
Cancelling	Revised	Cal. P.U.C. Sheet No.	58023-E

Electric Sample Form No. 62-0973 Sheet 1
CARE/FERA Program Application for Residential Customers (English/Vietnamese)

**Please Refer to Attached
Sample Form**

Advice
Decision

7594-E

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted	<u>May 7, 2025</u>
Effective	<u>June 1, 2025</u>
Resolution	<u>E-5200 and E-3524</u>



CARE/FERA PROGRAM APPLICATION Residential Customers

Choose the
best rate
plan for you.
Learn more†.

Save on your monthly PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/care
1-866-743-2273

The CARE program offers a monthly discount on PG&E bills for qualifying households. To enroll:

- Check all the qualifying public assistance programs in Section 2A from which you, or someone in your household, receive benefits **OR**
- Complete Section 2B which includes 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
(valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,300 or less
3	\$53,300 or less
4	\$64,300 or less
5	\$75,300 or less
6	\$86,300 or less
7	\$97,300 or less
8	\$108,300 or less
Each additional person, add	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera
1-800-743-5000

FERA Income Guidelines
(valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
Each additional person, add	\$11,000-\$13,750

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 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 non-taxable 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

How you can apply

Online: Apply online for faster enrollment at 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

Mail:
Send completed application to
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

Fax:
Send completed application to
1-877-302-7563

Other helpful programs and services

Energy Savings Assistance Program
pge.com/energysavings
1-800-933-9555

This program provides energy-efficient home improvements and appliances at no cost to customers who are income qualified. Property owners and renters are eligible to participate.

**Energy Savings
Assistance Program™**

Your Account
pge.com/youraccount

Log in to Your 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
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

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.



MẪU ĐƠN CHƯƠNG TRÌNH CARE/FERA

Khách Hàng Gia Cư

Chọn chương trình mức giá phù hợp nhất với quý vị.
Tìm hiểu thêm†.

Tiết kiệm trên hóa đơn PG&E hàng tháng của quý vị

Chương Trình California Alternate Rates for Energy (CARE)

pge.com/care
1-866-743-2273

Chỉ dẫn về thu nhập của chương trình CARE
(có hiệu lực đến ngày 31 tháng Năm, 2026)

Chương trình CARE giảm giá hàng tháng trên hóa đơn PG&E cho các gia đình hội đủ điều kiện. Để ghi danh:

- Đánh dấu tất cả các chương trình trợ cấp xã hội hội đủ điều kiện trong Phần 2A mà quý vị hoặc ai đó trong gia đình đang được nhận quyền lợi **HOẶC**
- Hoàn thành Phần 2B bao gồm tổng thu nhập hàng năm của gia đình quý vị.*

Các điều kiện hợp lệ khác gồm có:

- Quý vị sử dụng điện hàng tháng không quá sáu lần mức Tier 1 cho phép.
- Quý vị không là người phụ thuộc trên tờ khai thuế thu nhập của người nào khác ngoài vợ/chồng của quý vị.
- Quý vị không dùng chung đồng hồ năng lượng với gia đình khác.
- Quý vị sẽ tái gia hạn việc hội đủ điều kiện được giảm giá ít nhất hai năm một lần.

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1-2	\$42,300 hoặc ít hơn
3	\$53,300 hoặc ít hơn
4	\$64,300 hoặc ít hơn
5	\$75,300 hoặc ít hơn
6	\$86,300 hoặc ít hơn
7	\$97,300 hoặc ít hơn
8	\$108,300 hoặc ít hơn
Với mỗi người thêm vào, cộng thêm	\$11,000

Chương Trình Family Electric Rate Assistance (FERA)

pge.com/fera
1-800-743-5000

Chỉ dẫn về thu nhập của chương trình FERA
(có hiệu lực đến ngày 31 tháng Năm, 2026)

Nếu quý vị không hội đủ điều kiện tham gia chương trình CARE, quý vị vẫn có thể hội đủ điều kiện cho chương trình FERA. Chương trình này giảm giá trên hóa đơn điện hàng tháng cho các gia đình có lợi tức cao hơn một chút so với yêu cầu của chương trình CARE.

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
Với mỗi người thêm vào, cộng thêm	\$11,000-\$13,750

Xem Chỉ Dẫn về Thu Nhập của chương trình FERA được liệt kê ở trên để xem quý vị có đủ điều kiện không và đăng ký bằng cách hoàn tất đơn đăng ký đính kèm.

*Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

†Tìm hiểu thêm và được phân tích mức giá riêng cho cá nhân tại pge.com/findrates

Cách đăng ký

Trực tuyến: Đăng ký trực tuyến nhanh hơn tại pge.com/care

Bằng điện thoại: Đăng ký bằng cách gọi đến số 1-866-743-2273

Bằng email:

Chụp ảnh hoặc scan đơn đăng ký hoàn chỉnh của quý vị và gửi email ảnh này đến địa chỉ CAREandFERA@pge.com

Bằng thư:

Gửi đơn đăng ký hoàn chỉnh đến **CARE/FERA Program**
P.O. Box 29647
Oakland, CA 94604-7563

Fax:

Gửi đơn đăng ký hoàn chỉnh đến **1-877-302-7563**

Các chương trình và dịch vụ hữu ích khác

Energy Savings Assistance Program
pge.com/energysavings
1-800-933-9555

Chương trình này cung cấp các biện pháp nâng cấp nhà và các thiết bị gia dụng tiết kiệm năng lượng miễn phí cho khách hàng hội đủ điều kiện về thu nhập. Chủ sở hữu và người thuê bất động sản hội đủ điều kiện tham gia.

Energy Savings Assistance Program

Medical Baseline
pge.com/medicalbaseline

Nếu quý vị phải phụ thuộc vào thiết bị hỗ trợ sự sống hoặc thiết bị khác do nhu cầu sức khỏe, quý vị có thể hội đủ điều kiện nhận thêm năng lượng với giá thấp nhất qua chương trình Medical Baseline.

Budget Billing
pge.com/budgetbilling
1-800-743-5000

Hóa đơn hàng tháng của quý vị sẽ được tính trung bình cho phép quý vị điều chỉnh ngân sách cho chi phí năng lượng và loại bỏ được những khoản thanh toán bị thay đổi lớn.

Your Account
pge.com/youraccount

Đăng nhập vào Your Account để đăng ký thông báo hóa đơn và thanh toán, phân tích việc sử dụng năng lượng hộ gia đình của quý vị, thanh toán hóa đơn và tìm hiểu thêm về các lựa chọn cho gói giá.

Low Income Home Energy Assistance Program (LIHEAP)
1-866-675-6623

Nếu quý vị cần phải sử dụng một phần lớn thu nhập của mình để trả hóa đơn năng lượng, quý vị có thể hội đủ điều kiện để nhận trợ giúp tài chính và những dịch vụ điều hòa hành bởi Sở Dịch Vụ và Phát Triển Cộng Đồng California.

Universal Lifeline Telephone Service (ULTS)

Nhận giảm giá điện thoại khi quý vị đủ điều kiện về thu nhập tương tự như chương trình CARE. Hãy liên hệ với nhà cung cấp dịch vụ điện thoại tại địa phương để tìm hiểu thêm.



Electric Sample Form No. 62-1198
CARE Program Application for Agricultural Employee Housing Facilities

Sheet 1

**Please Refer to Attached
Sample Form**



CARE PROGRAM APPLICATION Agricultural Employee Housing Facilities

Choose the
best rate
plan for you.
Learn more†.

Save on your monthly PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/care

The CARE program offers a monthly discount on PG&E bills for qualifying agricultural employee housing facilities based on criteria established by the California Public Utilities Commission. Please review this application carefully to see if your facility qualifies. If you have questions, email CAREandFERA@pge.com.

How You Can Apply

Read all the information, including the eligibility criteria for both organizations and facilities, before you complete this application.

Determine if your facility meets the definition of a qualified agricultural employee housing facility. The facility must meet all criteria to qualify for a monthly CARE discount.

Complete the entire application, making sure to fill out a separate application for each type of qualified facility.

Attach all required documents; otherwise your application will be considered incomplete. Required documents include:

- A copy of a current **permit** issued by the Department of Housing and Community Development **OR** your Federal 501(c)(3) tax exemption **OR** your state tax exemption form along with your local property tax exemption form (Documents must be in the same name as the PG&E account(s).)
- A complete list of your facility's PG&E accounts (See Section 5 of the application.)

Return your completed application using **one** of the following methods:

- **Email:** Take clear pictures of your completed application and required documentation or scan these materials; convert these images into a PDF (portable document file) and email it to CAREandFERA@pge.com.
- **Fax:** Send completed application and required documentation to **1-877-302-7563**.
- **Mail to:** Pacific Gas and Electric Company
CARE Program
P.O. Box 29647
Oakland, CA 94604-7563

Eligible Facilities

Employee Housing (Privately owned)

These facilities, as defined in Section 17008 of the Health and Safety Code, are licensed and inspected by state and/or local agencies pursuant to Part 1 (commencing with Section 17000) of Division 13.

Required Supporting Documentation

Copy of a current **permit** issued by the Department of Housing and Community Development with the same name as the PG&E account(s).

Required Energy Usage

Total energy used in these facilities must be 100 percent residential.

Housing for Agricultural Employees (Non-migrant and operated by nonprofit entities)

These facilities, as defined in Subdivision (b) of Section 1140.4 of the Labor Code, are exempt from local property taxes pursuant to Subdivision (g) of Section 214 of the Revenue and Taxation Code.

Required Supporting Documentation

Copy of a currently valid Federal 501(c)(3) tax exemption document **OR** copy of state tax exemption form, along with a current copy of local property tax exemption form. Documents must be in the same name as the PG&E account(s).

Required Energy Usage

- Master-metered facilities must be 70 percent residential use.
- Individual metered units must be 100 percent residential use.

Eligibility Criteria for Organizations

Each facility MUST meet ALL of the following:

- Organization operating the facility must be the PG&E customer of record.
- Organization must verify that total gross annual income of all facility's residents and/or households, at any given time, meet the current CARE income eligibility guidelines. *NOTE: This excludes any employee operating or managing the facility who lives on the premises. Please see the enclosed sheet for the current CARE income guidelines.*
- Organization is required to renew its CARE eligibility by completing a new application, attaching all required documentation (updated as necessary) and providing an explanation as to how the previous year's CARE discount was used to directly benefit its residents.

Applicant's Responsibilities

As the applicant, you are required to:

- Provide proof of the facility's eligibility (see *Eligible Facilities*), and submit required documentation with the CARE application.
- Verify that total gross annual income of all your facility's residents and/or households, at any given time, meet the current CARE income guidelines (See *CARE Income Guidelines* sheet) and make a certification to that effect, under the penalty of perjury, under the laws of the state of California.
- Maintain records of your residents' income eligibility, as demonstrated by Federal tax returns, payroll stubs or similar records acceptable to PG&E. These records must be retained for three years from the date of the initial CARE application and/or renewal.
- Show at renewal how the previous year's CARE discount directly benefited your residents.
- Maintain accounting entries and supporting documentation that demonstrate how the previous year's CARE discount directly benefited your residents. These records must be retained for three years from the date of the initial CARE application and/or renewal.
- Upon request from PG&E, provide documentation for your residents' income eligibility and/or documentation that shows how the CARE discount directly benefited the residents.
- Provide all information requested by PG&E. Failure to do so will result in denial or removal from the CARE program. In addition, your organization may be subject to rebilling for the period it was ineligible for the discount, as determined by PG&E.



Email Address

☐ **Housing for Agricultural Employees** (non-migrant and operated by nonprofit entities), 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.

FOR INTERNAL
USE ONLY

Rev. 6.25 CRS-0625-4805

Your PG&E Facility Account(s)



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

Revised
Cancelling Revised

Cal. P.U.C. Sheet No. 59645-E
Cal. P.U.C. Sheet No. 58024-E

Electric Sample Form No. 62-1477
CARE/FERA Program Income Guidelines

Sheet 1

**Please Refer to Attached
Sample Form**

Advice 7594-E
Decision

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted May 7, 2025
Effective June 1, 2025
Resolution E-5200 and E-3524



CARE/FERA PROGRAM • PROGRAMA CARE/FERA

Income Guidelines • Requisitos de ingreso

California Alternate Rates for Energy (CARE)

pge.com/care
1-866-743-2273
CAREandFERA@pge.com

The CARE program offers a monthly discount on PG&E bills for qualifying households and housing facilities. Review the CARE Income Guidelines listed here to see if you qualify. Apply at pge.com/care.

CARE Income Guidelines (valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,300 or less
3	\$53,300 or less
4	\$64,300 or less
5	\$75,300 or less
6	\$86,300 or less
7	\$97,300 or less
8	\$108,300 or less
Each additional person, add	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera
1-800-743-5000
CAREandFERA@pge.com

If you do not qualify for the CARE program, your household may still qualify for the FERA program, which offers a monthly discount on electric bills for households with a slightly higher income than required for CARE. Check out the FERA Income Guidelines listed here to see if you qualify. Apply at pge.com/fera.

FERA Income Guidelines (valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
Each additional person, add	\$11,000-\$13,750

How to determine your total gross annual income

Your total gross annual household income includes all taxable and non-taxable 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.

*Before taxes based on current income sources. You may be enrolled in either the CARE or the FERA program, but not in both.

TTY is available at 711 or 1-800-735-2929.

California Alternate Rates for Energy (CARE)

pge.com/care-es
1-866-743-2273
CAREandFERA@pge.com

El programa CARE ofrece un descuento mensual en las facturas de PG&E a hogares que cumplen con los requisitos por sus ingresos. Revise los requisitos de ingreso de CARE que incluimos aquí para comprobar que califica. Inscribese en pge.com/care-es.

Requisitos de ingreso CARE (válido hasta el 31 de mayo, 2026)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$42,300 o menos
3	\$53,300 o menos
4	\$64,300 o menos
5	\$75,300 o menos
6	\$86,300 o menos
7	\$97,300 o menos
8	\$108,300 o menos
Por cada persona adicional, añada	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera-es
1-800-743-5000
CAREandFERA@pge.com

Si usted no cumple con los requisitos para el programa CARE, su hogar tal vez califique para el programa FERA, que ofrece un descuento en las facturas mensuales de electricidad a familias que reciban un ingreso ligeramente más alto que el requerido para CARE. Vea los requisitos de ingreso de FERA que incluimos aquí para comprobar que califica. Inscribese en pge.com/fera-es.

Requisitos de ingreso FERA (válido hasta el 31 de mayo, 2026)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
Por cada persona adicional, añada	\$11,000-\$13,750

Cómo determinar su ingreso bruto total anual

El ingreso bruto total anual de su hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ingreso por trabajo autónomo y relativo a cualquier empleo, ingreso no pagado en efectivo.

*Antes de impuestos, basado en fuentes actuales de ingreso. Usted puede estar inscrito en uno de los programas CARE o FERA pero no en ambos.

TTY disponible llamando al 711 o 1-800-735-2929.



CARE/FERA 計劃 • CHƯƠNG TRÌNH CARE/FERA 收入標準 • Chỉ Dẫn Về Thu Nhập

California Alternate Rates for Energy (CARE)

pge.com/care-ch
1-866-743-2273
CAREandFERA@pge.com

CARE 計劃為符合申請條件的家庭與住房設施提供 PG&E 帳單每月折扣優惠。請查閱所列 CARE 收入資格標準，了解自已是否符合申請條件。請到 pge.com/care-ch 申請。

CARE 收入標準
(有效期至 2026 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	\$42,300 或以下
3	\$53,300 或以下
4	\$64,300 或以下
5	\$75,300 或以下
6	\$86,300 或以下
7	\$97,300 或以下
8	\$108,300 或以下
每多一人即增加	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera-ch
1-800-743-5000
CAREandFERA@pge.com

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。該計劃為收入稍高於 CARE 規定的家庭提供每月電費帳單折扣。請查閱這裡所列 FERA 收入資格標準，了解自已是否符合申請條件。請到 pge.com/fera-ch 申請。

FERA 收入標準
(有效期至 2026 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
每多一人即增加	\$11,000-\$13,750

如何確定全家年收入總計

全家年收入總計包括全家人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。

*根據目前收入來源計算的稅前收入。您也許有資格加入 CARE 或 FERA 計劃，但不得同時加入這兩項計劃。

TTY 可撥打 711 或 1-800-735-2929。

California Alternate Rates for Energy (CARE)

pge.com/care
1-866-743-2273
CAREandFERA@pge.com

Chương trình CARE giảm giá hàng tháng trên hóa đơn PG&E cho các gia đình và các cơ sở gia cư hội đủ điều kiện về lợi tức. Vui lòng xem qua chỉ dẫn về thu nhập của chương trình CARE được liệt kê tại đây để xem quý vị có hội đủ điều kiện không. Ghi danh tại pge.com/care.

Chỉ dẫn về thu nhập của chương trình CARE
(có hiệu lực đến ngày 31 tháng Năm, 2026)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1-2	\$42,300 hoặc ít hơn
3	\$53,300 hoặc ít hơn
4	\$64,300 hoặc ít hơn
5	\$75,300 hoặc ít hơn
6	\$86,300 hoặc ít hơn
7	\$97,300 hoặc ít hơn
8	\$108,300 hoặc ít hơn
Với mỗi người thêm vào, cộng thêm	\$11,000

Family Electric Rate Assistance (FERA)

pge.com/fera
1-800-743-5000
CAREandFERA@pge.com

Nếu quý vị không hội đủ điều kiện tham gia chương trình CARE, quý vị vẫn có thể hội đủ điều kiện cho chương trình FERA. Chương trình này giảm giá trên hóa đơn điện hàng tháng cho các gia đình có lợi tức cao hơn một chút so với yêu cầu của chương trình CARE. Vui lòng xem chỉ dẫn về thu nhập của chương trình FERA được liệt kê tại đây để xem quý vị có hội đủ điều kiện không. Ghi danh tại pge.com/fera.

Chỉ dẫn về thu nhập của chương trình FERA
(có hiệu lực đến ngày 31 tháng Năm, 2026)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
Với mỗi người thêm vào, cộng thêm	\$11,000-\$13,750

Cách xác định tổng thu nhập của quý vị

Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

*Trước khi trừ thuế dựa theo các nguồn thu nhập hiện có. Quý vị có thể ghi danh tham gia chương trình CARE hoặc FERA nhưng không thể tham gia cả hai chương trình.

TTY hiện có theo số 711 hoặc 1-800-735-2929.



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	59646-E
Cancelling	Revised	Cal. P.U.C. Sheet No.	58025-E

Electric Sample Form No. 62-1509
CARE Program Renewal Application -- Residential Customers

Sheet 1

**Please Refer to Attached
Sample Form**

Advice
Decision

7594-E

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted	<u>May 7, 2025</u>
Effective	<u>June 1, 2025</u>
Resolution	<u>E-5200 and E-3524</u>

1. Fill out **Section 1**.
2. Fill out **Section 2A OR Section 2B**. **Only one section (A or B) is required** to qualify for this program.
3. Sign and date this form and mail to PG&E.

☐ Check if you no longer qualify or do not want to participate in the CARE program.

1 You and your household

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.]

Preferred phone number ☐ Home ☐ Work ☐ Mobile

Alternative phone number ☐ Home ☐ Work ☐ Mobile

What language do you prefer for future CARE 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.)

Number of people in your household at this address:

Adults + Children =
(under 18)

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)

OR

2B Household 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:

Total gross annual household income \$.00
(please account for all income from every household member)

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 understand that I may be switched or dropped from the CARE or FERA program if I submit information or PG&E receives information from other programs which deem me ineligible.
8. I authorize PG&E to share my information in order to remain eligible for available energy management assistance, and price reduction and residential rate programs with other utilities, state agencies and entities designated by the CPUC.
9. 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.

X

Customer signature

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

FOR INTERNAL USE ONLY

Date _____



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	59647-E
Cancelling	Revised	Cal. P.U.C. Sheet No.	58026-E

Electric Sample Form No. 79-1051 Sheet 1
CARE/FERA Program Application for Residential Customers (English) Large Print Application

**Please Refer to Attached
Sample Form**

Advice
Decision

7594-E

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted	<u>May 7, 2025</u>
Effective	<u>June 1, 2025</u>
Resolution	<u>E-5200 and E-3524</u>



Save on your monthly PG&E bill

Choose the best rate plan for you. Learn more[†].

California Alternate Rates for Energy (CARE) pge.com/care • 1-866-743-2273

The CARE program offers a monthly discount on PG&E bills for qualifying households. To enroll:

- Check all the qualifying public assistance programs in Section 2A from which you, or someone in your household, receive benefits **OR**
- Complete Section 2B which includes 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.

Family Electric Rate Assistance (FERA) pge.com/fera 1-800-743-5000

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 with a slightly higher income than required for CARE.

See the FERA Income Guidelines listed here to find out if you qualify, and enroll by completing the included application.

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

How you can apply

Online: Apply online for faster enrollment at 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

Fax: Send completed application to 1-877-302-7563

Mail: Send completed application to
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

TTY is available at 711 or 1-800-735-2929.

CARE/FERA Income Guidelines (valid through May 31, 2026)		
Number of people in household	Total gross annual household income*	
	CARE	FERA
1–2	\$42,300 or less	\$42,301–\$52,875
3	\$53,300 or less	\$53,301–\$66,625
4	\$64,300 or less	\$64,301–\$80,375
5	\$75,300 or less	\$75,301–\$94,125
6	\$86,300 or less	\$86,301–\$107,875
7	\$97,300 or less	\$97,301–\$121,625
8	\$108,300 or less	\$108,301–\$135,375
Each additional person, add	\$11,000	\$11,000–\$13,750

*Total gross annual household income includes all taxable and non-taxable 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.

Other helpful programs and services

Energy Savings Assistance Program

pge.com/energysavings • 1-800-933-9555

This program provides energy-efficient home improvements and appliances at no cost to customers who are income qualified. Property owners and renters are eligible to participate.

**Energy Savings
.....
Assistance Program**

Your Account • pge.com/youraccount

Log in to Your 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 • 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

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.



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

[illegible]

Account holder's name

Your home address

Unit #

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.)

Preferred phone number

☐ Home

☐ Work

☐ Mobile

Alternative phone number

[□ Home](#)

☐ Work

☐ Mobile

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.)

Number of people in your household at this address:

Adults + **Children** (under 18) =

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) | ☐ Medi-Cal for Families (Healthy Families A&B) |
| ☐ Women, Infants, and Children (WIC) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (Food stamps) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ CalWORKs (TANF) or Tribal TANF | ☐ Medicaid/Medi-Cal (under age 65) |
| ☐ Head Start Income Eligible (Tribal only) | ☐ Medicaid/Medi-Cal (age 65 and over) |
| ☐ Supplemental Security Income (SSI) | |

OR

2B Household 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:

Total gross annual household income \$.00

(please account for all income from every household member)

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 understand that I may be switched or dropped from the CARE or FERA program if I submit information or PG&E receives information from other programs which deem me ineligible.
8. I authorize PG&E to share my information in order to remain eligible for available energy management assistance, and price reduction and residential rate programs with other utilities, state agencies and entities designated by the CPUC.
9. 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.

X**Customer signature****Date**

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

FOR INTERNAL USE ONLY



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	59648-E
Cancelling	Revised	Cal. P.U.C. Sheet No.	58027-E

Electric Sample Form No. 79-1052 Sheet 1
CARE/FERA Program Application for Residential Customers (Spanish) - Large Print Application

**Please Refer to Attached
Sample Form**

Advice
Decision

7594-E

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted	<u>May 7, 2025</u>
Effective	<u>June 1, 2025</u>
Resolution	<u>E-5200 and E-3524</u>



Ahorre en su factura mensual de PG&E

Elija el mejor plan de tarifas para usted. Obtenga información adicional†.

California Alternate Rates for Energy (CARE)

pge.com/care-es • 1-866-743-2273

El programa CARE ofrece un descuento mensual en las facturas de PG&E de los hogares que reúnan los requisitos. Para inscribirse:

- Marque todos los programas de asistencia pública que reúnan los requisitos en la Sección 2A de los que usted o alguna persona de su hogar reciban beneficios **O BIEN**
- Llene la Sección 2B que incluye los ingresos brutos anuales totales de su hogar.*

Otras calificaciones incluyen que:

- Su consumo eléctrico mensual no exceda seis veces lo permitido por el Nivel 1.
- Usted no sea reclamado como dependiente en la declaración de impuestos de otra persona que no sea su esposo(a).
- Usted no comparta el medidor de energía con otra vivienda.
- Usted renovará su elegibilidad por lo menos cada dos años.

Family Electric Rate Assistance (FERA)

pge.com/fera-es
1-800-743-5000

Si usted no cumple con los requisitos para el programa CARE, tal vez califique para el programa FERA, que ofrece un descuento en las facturas mensuales de electricidad a familias que reciban un ingreso ligeramente más alto que el requerido para CARE.

Vea los requisitos de ingreso de FERA que incluimos en esta tabla para ver si cumple con los requisitos e inscribese completando la solicitud incluida.

†Información de cambios de tarifas en pge.com/findrates

Cómo puede inscribirse

Internet: Solicite por Internet para inscribirse más rápidamente visitando pge.com/care-es

Teléfono: Inscribese llamando al **1-866-743-2273**

Email: Saque una foto o escanee su solicitud completa y envíe la imagen a CAREandFERA@pge.com

Fax: Envíe la solicitud completa al **1-877-302-7563**

Correo: Envíe la solicitud completa a **CARE/FERA Program**
P.O. Box 29647
Oakland, CA 94604-7563

Requisitos de ingreso CARE/FERA (válido hasta el 31 de mayo, 2026)		
Número de personas en el hogar	Ingreso bruto total anual del hogar*	
	CARE	FERA
1-2	\$42,300 o menos	\$42,301-\$52,875
3	\$53,300 o menos	\$53,301-\$66,625
4	\$64,300 o menos	\$64,301-\$80,375
5	\$75,300 o menos	\$75,301-\$94,125
6	\$86,300 o menos	\$86,301-\$107,875
7	\$97,300 o menos	\$97,301-\$121,625
8	\$108,300 o menos	\$108,301-\$135,375
Por cada persona adicional, añada	\$11,000	\$11,000-\$13,750

*El ingreso bruto total anual del hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ingreso por trabajo autónomo y relativo a cualquier empleo, ingreso no pagado en efectivo.

Otros programas y servicios útiles

Energy Savings Assistance Program pge.com/energysavings-es • 1-800-933-9555

Este programa proporciona mejoras al hogar y electrodomésticos para el consumo eficiente de energía sin costo alguno a los clientes que reúnan los requisitos de ingresos. Los dueños de propiedades y los inquilinos pueden participar.



Your Account • pge.com/youraccount

Visite Your Account en el sitio de PG&E y regístrese para recibir alertas de facturación y pagos, analizar el consumo de energía de su hogar, pagar sus facturas e informarse más acerca de sus opciones de plan de tarifas.

Budget Billing pge.com/budgetbilling • 1-800-743-5000

Se basa en el promedio de su factura mensual para que usted maneje sus costos de energía, y elimine grandes variaciones de pago.

Medical Baseline • pge.com/medicalbaseline

Si debido a necesidades médicas usted depende de equipos de soporte vital o de otro tipo de equipos, usted podría ser elegible para obtener energía adicional al precio base más bajo a través del programa Medical Baseline.

Low Income Home Energy Assistance Program (LIHEAP) • 1-866-675-6623

Si usted destina un alto porcentaje de su ingreso al pago de las facturas de energía, podría reunir las condiciones para recibir asistencia económica y servicios de aislamiento térmico a través de este programa administrado por el California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Obtenga acceso telefónico a bajo precio cuando reúna los requisitos de ingreso similares al programa CARE. Para más información, contacte a su compañía local de teléfonos.

1. Llene la **Sección 1**.
2. Llene la **Sección 2A** O la **Sección 2B**.
Para reunir los requisitos de este programa,
solo se requiere una sección (A o B).
3. Firme y póngale la fecha a este formulario,
y envíelo por correo a PG&E.

Si usted cumple con los requisitos,
su descuento CARE o FERA aparecerá
en la primera página de su próxima
factura de PG&E.

1 Usted y su hogar

[illegible]

Su número de cuenta de PG&E

(Encuéntrelo en la primera página de su factura de PG&E.)

Nombre del titular de la cuenta

(Use el nombre que aparece en su factura de PG&E, la cual debe estar en su nombre.)

La dirección de su hogar

Unidad #

(La dirección debe ser su residencia principal. **NO** utilice casilla de correo (P.O. Box).)

Ciudad/estado/código postal

Dirección de email

(Al escribir su dirección de email, usted autoriza que PG&E le envíe información de vez en cuando, en relación a servicios y programas de PG&E que podrían estar disponibles para usted.)

Número de teléfono preferido

☐ Hogar☐ Trabajo☐ Móvil

Número de teléfono alternativo

☐ Hogar☐ Trabajo☐ Móvil

¿Qué idioma prefiere para comunicaciones futuras de CARE y FERA? (Elija uno)

☐ Inglés☐ Español☐ Mandarín☐ Cantonés☐ Vietnamita☐ Ruso☐ Coreano☐ Tagalo☐ Hmong

¿Cuál es su método de comunicación preferido? (Elija uno)

☐ Correo☐ Email☐ Teléfono

☐ Texto

(Podría haber cargos por mensaje y datos.)

Número de personas en el hogar en esta dirección:

Adultos + **Niños** (menores de 18) =

2

Cumplimiento de los requisitos del hogar

Complete la Sección 2A **O** la Sección 2B.

2A Programas de asistencia pública: Marque todos los programas en los que usted o alguien en su hogar participa.

- | | |
|---|---|
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | ☐ Medi-Cal for Families (Healthy Families A&B) |
| ☐ Women, Infants, and Children (WIC) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (estampillas de alimentos) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ CalWORKs (TANF) o Tribal TANF | ☐ Medicaid/Medi-Cal (menor de 65 años) |
| ☐ Head Start Income Eligible (solo tribus indígenas) | ☐ Medicaid/Medi-Cal (65 años o más) |
| ☐ Supplemental Security Income (SSI) | |

0

2B Ingresos del hogar

☐ Actualmente tengo ingresos fijos y recibo ingresos o beneficios de uno o más de los siguientes programas: pensiones, Seguro social, SSP o SSDI, intereses/dividendos de cuentas de jubilación, Medicaid/Medi-Cal (65 años o más) o SSI.

Los ingresos de mi hogar son:

**Total de ingresos
anuales brutos del hogar \$** **.00**

(por favor, incluya todos los ingresos de todos los miembros del hogar)

3

Su declaración

Al firmar esta declaración, certifico que la información que he proporcionado en esta solicitud es verdadera y correcta.

Reconozco que he leído y comprendido el contenido de esta solicitud. Asimismo, convengo en respetar los términos y condiciones del programa CARE o del programa FERA, incluyendo los siguientes:

1. No he sido designado como dependiente en la declaración de impuestos de otra persona con excepción de mi cónyuge.
2. No comparto intencionalmente un medidor de energía con otra vivienda.
3. Notificaré a PG&E si mi hogar deja de reunir los requisitos para recibir el descuento de CARE o FERA.
4. Comprendo que se me puede requerir que proporcione un comprobante de los ingresos de mi hogar.
5. Comprendo que se me puede requerir que participe en el Energy Savings Assistance Program.
6. Comprendo que yo podría ser retirado del programa CARE si mi consumo eléctrico mensual excede seis veces el límite de consumo permitido del Nivel 1.
7. Entiendo que me pueden cambiar o darme de baja del programa CARE o FERA si presento información o PG&E recibe información de otros programas que consideran que no reúno los requisitos.
8. Autorizo a PG&E a compartir mi información con el fin de seguir reuniendo los requisitos de la asistencia disponible para la administración de la energía, y los programas de reducción de precios y tarifas residenciales con otras empresas de servicios públicos, agencias estatales y entidades designadas por la CPUC.
9. Reembolsaré el descuento que yo haya recibido si proporcioné información falsa para apoyar mi solicitud a los programas CARE o FERA.

X

Firma del cliente

Fecha

- ☐ Rellene el círculo si es tutor o tiene carta de poder.

FOR INTERNAL USE ONLY



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	59649-E
Cancelling	Revised	Cal. P.U.C. Sheet No.	58028-E

Electric Sample Form No. 79-1053 Sheet 1
CARE/FERA Program Application for Residential Customers (Chinese) - Large Print Application

**Please Refer to Attached
Sample Form**

Advice 7594-E
Decision

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted	<u>May 7, 2025</u>
Effective	<u>June 1, 2025</u>
Resolution	<u>E-5200 and E-3524</u>



您每月的 PG&E 帳單可獲得省錢優惠

選擇最適合您的費率計劃。深入了解[†]。

California Alternate Rates for Energy (CARE) 計劃

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：

- 勾選第 2A 節中您或家中其他人參加並獲得福利的所有符合條件的公共補助計劃**或**
- 填妥第 2B 節（當中包括您的全家總年收入）。*

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。

Family Electric Rate Assistance (FERA) 計劃

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。該計劃為收入稍高於 CARE 規定的家庭提供每月電費帳單折扣。

請參考在下一頁所列 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。

[†]了解更多並取得個人化費率分析：pge.com/findrates

申請方式

上網：

上網申請速度更快
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

傳真：

將填好的申請表傳真到
1-877-302-7563

郵寄：

將填好的申請表寄到
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

CARE/FERA 收入標準 (有效期至 2026 年 5 月 31 日止)		
家庭人數	全家年收入總計*	
	CARE	FERA
1-2	\$42,300 或以下	\$42,301-\$52,875
3	\$53,300 或以下	\$53,301-\$66,625
4	\$64,300 或以下	\$64,301-\$80,375
5	\$75,300 或以下	\$75,301-\$94,125
6	\$86,300 或以下	\$86,301-\$107,875
7	\$97,300 或以下	\$97,301-\$121,625
8	\$108,300 或以下	\$108,301-\$135,375
每多一人即增加	\$11,000	\$11,000-\$13,750

*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。

其他補助計劃和服務

Energy Savings Assistance Program

pge.com/energysavings-ch

1-800-933-9555

此計劃為收入符合資格的客戶免費提供住家節能改善工程與家電設備。業主和租客符合參與資格。

Energy Savings
.....
Assistance Program™

Your Account • pge.com/youraccount

登入 Your 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。

Budget Billing

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。

Medical Baseline

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

(LIHEAP) • 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，您可能資格獲得財務援助及防水服務。

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。



- 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。

您的 PG&E 帳號 (在 PG&E 帳單第 1 頁。)

成人 + 兒童 (未滿18歲) =

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) | |

或**2B 家庭收入**

☐ 我目前領取固定收入，並擁有以下一項或多項收入或福利：退休金、社安金、SSP 或 SSDI、退休帳戶的利息/股息、Medicaid/Medi-Cal (65 歲以上) 或 SSI。

我的家庭收入：

家庭年度總收入 \$ **.00**

(請計算每位家庭成員的所有收入)

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：

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. 本人了解，如果本人因提交的資訊或 PG&E 從其他計劃收到的資訊而被認定為不合資格，本人可能會被調出或逐出 CARE 或 FERA 計劃。
8. 本人授權 PG&E 與其他公用事業、州行政機關和 CPUC 指定的實體分享本人的資訊，以繼續符合可用能源管理援助與價格折扣和住宅費率計劃的資格。
9. 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

日期

- ☐ 如果您是監護人或有授權書，請將圓圈塗滿。

FOR INTERNAL USE ONLY



Electric Sample Form No. 79-1054 Sheet 1
CARE/FERA Program Application for Residential Customers (Vietnamese) - Large Print Application

**Please Refer to Attached
Sample Form**



Tiết kiệm trên hóa đơn PG&E hàng tháng của quý vị Chọn chương trình mức giá phù hợp nhất với quý vị. Tìm hiểu thêm†

Chương Trình California Alternate Rates for Energy (CARE)

pge.com/care • 1-866-743-2273

Chương trình CARE giảm giá hàng tháng trên hóa đơn PG&E cho các gia đình hội đủ điều kiện. Để ghi danh:

- Đánh dấu tất cả các chương trình trợ cấp xã hội hội đủ điều kiện trong Phần 2A mà quý vị hoặc ai đó trong gia đình đang được nhận quyền lợi **HOẶC**
- Hoàn thành Phần 2B bao gồm tổng thu nhập hàng năm của gia đình quý vị.*

Các điều kiện hợp lệ khác gồm có:

- Quý vị sử dụng điện hàng tháng không quá sáu lần mức Tier 1 cho phép.
- Quý vị không là người phụ thuộc trên tờ khai thuế thu nhập của người nào khác ngoài vợ/chồng của quý vị.
- Quý vị không dùng chung đồng hồ năng lượng với gia đình khác.
- Quý vị sẽ tái gia hạn việc hội đủ điều kiện được giảm giá ít nhất hai năm một lần.

Chương Trình Family Electric Rate Assistance (FERA)

pge.com/fera • 1-800-743-5000

Nếu quý vị không hội đủ điều kiện tham gia chương trình CARE, quý vị vẫn có thể hội đủ điều kiện cho chương trình FERA. Chương trình này giảm giá trên hóa đơn điện hàng tháng cho các gia đình có lợi tức cao hơn một chút so với yêu cầu của chương trình CARE.

Xem Chỉ Dẫn về Thu Nhập của chương trình FERA được liệt kê tại đây để xem quý vị có đủ điều kiện không và đăng ký bằng cách hoàn tất đơn đăng ký đính kèm.

†Tìm hiểu thêm và được phân tích mức giá riêng cho cá nhân tại **pge.com/findrates**

Cách đăng ký

Trực tuyến: Đăng ký trực tuyến nhanh hơn tại **pge.com/care**

Bằng điện thoại: Đăng ký bằng cách gọi đến số **1-866-743-2273**

Bằng email: Chụp ảnh hoặc scan đơn đăng ký hoàn chỉnh của quý vị và gửi email ảnh này đến địa chỉ **CAREandFERA@pge.com**

Fax: Gửi đơn đăng ký hoàn chỉnh đến **1-877-302-7563**

Bằng thư: Gửi đơn đăng ký hoàn chỉnh đến **CARE/FERA Program P.O. Box 29647 Oakland, CA 94604-7563**

TTY hiện có theo số **711** hoặc **1-800-735-2929**.

Chỉ dẫn về thu nhập của CARE/FERA (có hiệu lực đến ngày 31 tháng Năm, 2026)		
Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*	
	CARE	FERA
1–2	\$42,300 hoặc ít hơn	\$42,301–\$52,875
3	\$53,300 hoặc ít hơn	\$53,301–\$66,625
4	\$64,300 hoặc ít hơn	\$64,301–\$80,375
5	\$75,300 hoặc ít hơn	\$75,301–\$94,125
6	\$86,300 hoặc ít hơn	\$86,301–\$107,875
7	\$97,300 hoặc ít hơn	\$97,301–\$121,625
8	\$108,300 hoặc ít hơn	\$108,301–\$135,375
Với mỗi người thêm vào, cộng thêm	\$11,000	\$11,000–\$13,750

* Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

Các chương trình và dịch vụ hữu ích khác

Chương Trình Energy Savings Assistance Program

pge.com/energysavings • 1-800-933-9555

Chương trình này cung cấp các biện pháp nâng cấp nhà và các thiết bị gia dụng tiết kiệm năng lượng miễn phí cho khách hàng hội đủ điều kiện về thu nhập. Chủ sở hữu và người thuê bất động sản hội đủ điều kiện tham gia.

**Energy Savings
Assistance Program™**

Your Account • pge.com/youraccount

Đăng nhập vào Your Account để đăng ký thông báo hóa đơn và thanh toán, phân tích việc sử dụng năng lượng hộ gia đình của quý vị, thanh toán hóa đơn và tìm hiểu thêm về các lựa chọn cho gói giá.

Budget Billing

pge.com/budgetbilling • 1-800-743-5000

Hóa đơn hàng tháng của quý vị sẽ được tính trung bình cho phép quý vị điều chỉnh ngân sách cho chi phí năng lượng và loại bỏ được những khoản thanh toán bị thay đổi lớn.

Medical Baseline

pge.com/medicalbaseline

Nếu quý vị phải phụ thuộc vào thiết bị hỗ trợ sự sống hoặc thiết bị khác do nhu cầu sức khỏe, quý vị có thể hội đủ điều kiện nhận thêm năng lượng với giá thấp nhất qua chương trình Medical Baseline.

Low Income Home Energy Assistance Program (LIHEAP) • 1-866-675-6623

Nếu quý vị cần phải sử dụng một phần lớn thu nhập của mình để trả hóa đơn năng lượng, quý vị có thể hội đủ điều kiện để nhận trợ giúp tài chính và những dịch vụ điều hòa thời tiết qua chương trình này được điều hành bởi Sở Dịch Vụ và Phát Triển Cộng Đồng California.

Universal Lifeline Telephone Service (ULTS)

Nhận giảm giá điện thoại khi quý vị đủ điều kiện về thu nhập tương tự như chương trình CARE. Hãy liên hệ với nhà cung cấp dịch vụ điện thoại tại địa phương để tìm hiểu thêm.

1. Điền thông tin vào **Mục 1**.
2. Điền thông tin vào **Mục 2A** HOẶC **Mục 2B**.
Chỉ cần một mục (A hoặc B) để hội đủ điều kiện cho chương trình này.
3. Vui lòng ký tên và ghi ngày tháng vào mẫu đơn này và gửi lại cho PG&E qua đường bưu điện.

Nếu quý vị hội đủ điều kiện, số tiền giảm giá của chương trình CARE hoặc FERA sẽ xuất hiện ở trang đầu trên hóa đơn PG&E tiếp theo của quý vị.

1 Quý vị và gia đình của quý vị

[illegible]

Số tài khoản PG&E của quý vị (Tìm số tài khoản trên trang 1 trong hóa đơn PG&E của quý vị)

Tên người đứng tên trương mục

(Phải sử dụng tên của quý vị và giống với tên trên hóa đơn PG&E của quý vị.)

Địa chỉ nhà của quý vị (Địa chỉ phải là nơi cư ngụ chính của quý vị. **KHÔNG** được sử dụng hộp thư bưu điện P.O. Box.) **Số căn hộ #**

Thành phố/Bang/Số Zip

Địa chỉ email

(Khi quý vị ghi địa chỉ email vào là quý vị đã cho phép PG&E thỉnh thoảng gửi cho quý vị thông tin về dịch vụ tiện ích PG&E và chương trình và dịch vụ PG&E mà quý vị có thể được hưởng.)

Số điện thoại chính

☐ Nhà ☐ Nơi làm việc ☐ Di động

Số điện thoại thay thế

☐ Nhà ☐ Nơi làm việc ☐ Di động

Quý vị muốn sử dụng ngôn ngữ nào trong tương lai khi trao đổi với CARE và FERA? (Hãy chọn một)

☐ Tiếng Anh ☐ Tiếng Tây Ban Nha ☐ Tiếng Quan Thoại ☐ Tiếng Quảng Đông ☐ Tiếng Việt
☐ Tiếng Nga ☐ Tiếng Hàn ☐ Tiếng Tagalog ☐ Tiếng H'mông

Quý vị muốn trao đổi bằng hình thức nào? (Hãy chọn một)

☐ Bằng thư ☐ Bằng email ☐ Bằng điện thoại ☐ Bằng tin nhắn
(Có thể áp dụng phí dữ liệu và tin nhắn)

Số người sống trong nhà quý vi tại địa chỉ này:

Người lớn + Trẻ nhỏ (dưới 18 tuổi) =

2**Hộ gia đình đủ tiêu chuẩn**

Quý vị nên điền Phần 2A **HOẶC** Phần 2B.

2A Các chương trình trợ cấp xã hội: Đánh dấu tất cả các chương trình mà quý vị hoặc người trong gia đình quý vị đang được nhận.

- | | |
|---|---|
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | ☐ Medi-Cal for Families (Healthy Families A&B) |
| ☐ Women, Infants and Children (WIC) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (Food stamps) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ CalWORKs (TANF) hoặc Tribal TANF | ☐ Medicaid/Medi-Cal (dưới 65 tuổi) |
| ☐ Head Start Income Eligible (chỉ dành cho bộ lạc) | ☐ Medicaid/Medi-Cal (65 tuổi hoặc hơn) |
| ☐ Supplemental Security Income (SSI) | |

HOẶC**2B Thu nhập hộ gia đình**

☐ Tôi hiện có thu nhập cố định và nhận thu nhập hoặc phúc lợi từ một hoặc nhiều nguồn sau: lương hưu, an sinh xã hội, SSP hoặc SSDI, lãi/cổ tức từ tài khoản hưu trí, Medicaid/Medi-Cal (65 tuổi hoặc hơn) hoặc SSI.

Thu nhập hộ gia đình của tôi là:

Tổng thu nhập hàng năm của hộ gia đình \$.00

(vui lòng tính tất cả thu nhập từ mọi thành viên trong gia đình)

3

Cam đoan

Qua việc ký giấy cam đoan này, tôi xác nhận rằng thông tin mà tôi cung cấp trong đơn xin này là đúng và trung thực.

Tôi xác nhận rằng tôi đã đọc và hiểu nội dung trong đơn xin này. Tôi cũng đồng ý tuân thủ các điều khoản và điều kiện của chương trình CARE hoặc FERA, bao gồm các điều khoản và điều kiện sau đây:

1. Tôi không là người phụ thuộc trên tờ khai thuế thu nhập của người nào khác ngoài vợ/chồng của tôi.
2. Tôi không cố ý dùng chung đồng hồ đo năng lượng với nhà khác.
3. Tôi sẽ thông báo cho PG&E biết khi gia đình tôi không còn đủ điều kiện được giảm giá theo chương trình CARE hoặc FERA nữa.
4. Tôi hiểu rằng tôi có thể phải cung cấp chứng từ thu nhập của hộ gia đình.
5. Tôi hiểu rằng tôi có thể được yêu cầu tham gia Chương Trình Trợ Giúp Tiết Kiệm Năng Lượng (Energy Savings Assistance Program).
6. Tôi hiểu rằng tôi có thể bị loại ra khỏi chương trình CARE nếu mức sử dụng điện hàng tháng của tôi vượt quá sáu lần định mức Hạng Mức 1.
7. Tôi hiểu rằng tôi có thể bị chuyển sang hoặc bị loại khỏi chương trình CARE hoặc FERA nếu tôi gửi thông tin hoặc PG&E nhận được thông tin từ các chương trình khác cho rằng tôi không đủ điều kiện.
8. Tôi cho phép PG&E chia sẻ thông tin của tôi để duy trì tình trạng hội đủ điều kiện nhận hỗ trợ quản lý năng lượng hiện có, các chương trình giảm giá và giá sinh hoạt với các tiện ích khác, cơ quan tiểu bang và tổ chức do CPUC chỉ định.
9. Tôi sẽ hoàn trả lại khoản giảm giá mà tôi nhận được nếu tôi cung cấp thông tin giả mạo để hỗ trợ cho việc tôi xin tham gia chương trình CARE hoặc FERA.

X

Chữ ký khách hàng

Ngày

- ☐ Điền vào ô tròn nếu quý vị là người giám hộ hoặc quý vị có giấy ủy quyền.

FOR INTERNAL USE ONLY



Electric Sample Form No. 79-1055 Sheet 1
CARE/FERA Program Application for Sub-Metered Residential Customers
(English) - Large Print Application

**Please Refer to Attached
Sample Form**



CARE/FERA PROGRAM APPLICATION
Sub-Metered Residential Customers

Save on your monthly PG&E bill

If your landlord bills you directly for gas and electricity, you are a “sub-metered” customer. While you are not a direct PG&E customer, you may still be eligible for programs and services to help you lower your energy bills, including the CARE and the FERA programs.

Choose the best rate plan for you. Learn more[†].

California Alternate Rates for Energy (CARE) pge.com/care • 1-800-468-4743

The CARE program offers a monthly discount on PG&E bills for qualifying households. To enroll:

- Check all the qualifying public assistance programs in Section 2A from which you, or someone in your household, receive benefits **OR**
- Complete Section 2B which includes 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.

You will also need to have your landlord or facility manager complete Section 1A of this application.

If your landlord has questions, have him or her email CAREandFERA@pge.com.

Family Electric Rate Assistance (FERA)

pge.com/fera
1-800-743-5000

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 with a slightly higher income than required for CARE.

See the FERA Income Guidelines listed here to find out if you qualify, and enroll by completing the included application.

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

How you can apply

Email:

Take a picture or scan completed application and email this image to CAREandFERA@pge.com

Mail:

Send completed application to
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

Fax:

Send completed application to
1-877-302-7563

TTY is available at **711** or **1-800-735-2929**.

CARE/FERA Income Guidelines (valid through May 31, 2026)		
Number of people in household	Total gross annual household income*	
	CARE	FERA
1–2	\$42,300 or less	\$42,301–\$52,875
3	\$53,300 or less	\$53,301–\$66,625
4	\$64,300 or less	\$64,301–\$80,375
5	\$75,300 or less	\$75,301–\$94,125
6	\$86,300 or less	\$86,301–\$107,875
7	\$97,300 or less	\$97,301–\$121,625
8	\$108,300 or less	\$108,301–\$135,375
Each additional person, add	\$11,000	\$11,000–\$13,750

*Total gross annual household income includes all taxable and non-taxable 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.

Other helpful programs and services

Energy Savings Assistance Program

pge.com/energysavings

1-800-933-9555

This program provides energy-efficient home improvements and appliances at no cost to customers who are income qualified. Property owners and renters are eligible to participate.

Energy Savings
.....
Assistance Program™

Medical Baseline

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.



- By signing this application you agree to make available to your landlord or facility manager PG&E's determination of your eligibility to participate in CARE or FERA for them to pass along the discount if you qualify.

1 1A Your landlord and facility

Gas

☐ Mobile

1B You and your household

Your name

(Use the name as it appears on the energy bill from your landlord, which must be in your name.)

Your home address

Unit #

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

City/State/Zip Code

Mailing address

Unit #

City/State/Zip Code

Email

(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.)

Preferred phone number

☐ Home

☐ Work

☐ Mobile

Alternative phone number

☐ Home

☐ Work

☐ Mobile

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.)

Number of people in your household at this address:

Adults + Children (under 18) =

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) | ☐ Medi-Cal for Families (Healthy Families A&B) |
| ☐ Women, Infants, and Children (WIC) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (Food stamps) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ CalWORKs (TANF) or Tribal TANF | ☐ Medicaid/Medi-Cal (under age 65) |
| ☐ Head Start Income Eligible (Tribal only) | ☐ Medicaid/Medi-Cal (age 65 and over) |
| ☐ Supplemental Security Income (SSI) | |

OR**2B Household 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:****Total gross annual household income** \$.00

(please account for all income from every household member)

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 understand that I may be switched or dropped from the CARE or FERA program if I submit information or PG&E receives information from other programs which deem me ineligible.
8. I authorize PG&E to share my information in order to remain eligible for available energy management assistance, and price reduction and residential rate programs with other utilities, state agencies and entities designated by the CPUC.
9. 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.

X**Customer signature****Date**

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

FOR INTERNAL USE ONLY



Electric Sample Form No. 79-1056

Sheet 1

CARE/FERA Program Application for Sub-Metered Residential Customers
(Spanish) - Large Print Application

**Please Refer to Attached
Sample Form**



SOLICITUD PARA EL PROGRAMA CARE/FERA
Cientes residenciales con sub-medidor

Ahorre en su factura mensual de PG&E

Si su arrendador le factura directamente por el consumo de gas y electricidad, usted es considerado como un cliente con “sub-medidor”. A pesar de que usted no es cliente directo de PG&E, usted podría calificar para programas que lo ayuden a reducir el monto de su factura de energía, incluyendo los programas CARE y FERA.

Elija el mejor plan de tarifas para usted. Obtenga información adicional†.

California Alternate Rates for Energy (CARE) pge.com/care-es • 1-800-468-4743

El programa CARE ofrece un descuento mensual en las facturas de PG&E de los hogares que reúnan los requisitos. Para inscribirse:

- Marque todos los programas de asistencia pública que reúnan los requisitos en la Sección 2A de los que usted o alguna persona de su hogar reciban beneficios **O BIEN**
- Llene la Sección 2B que incluye los ingresos brutos anuales totales de su hogar.*

Otras calificaciones incluyen que:

- Su consumo eléctrico mensual no exceda seis veces lo permitido por el Nivel 1.
- Usted no sea reclamado como dependiente en la declaración de impuestos de otra persona que no sea su esposo(a).
- Usted no comparta el medidor de energía con otra vivienda.
- Usted renovará su elegibilidad por lo menos cada dos años.

Usted necesitará que su arrendador(a) o administrador(a) complete la sección 1A de esta solicitud. Si su arrendador(a) tiene preguntas, dígame que nos envíe un correo electrónico a **CAREandFERA@pge.com**.

Family Electric Rate Assistance (FERA) pge.com/fera-es 1-800-743-5000

Si usted no cumple con los requisitos para el programa CARE, tal vez califique para el programa FERA, que ofrece un descuento en las facturas mensuales de electricidad a familias que reciban un ingreso ligeramente más alto que el requerido para CARE.

Vea los requisitos de ingreso de FERA que incluimos aquí para ver si cumple con los requisitos e inscribese completando la solicitud incluida.

†Información de cambios de tarifas en pge.com/findrates

Cómo puede inscribirse

Email:

Saque una foto o escanee su solicitud completa y envíe la imagen a
CAREandFERA@pge.com

Correo:

Envíe la solicitud completa a
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

Fax:

Envíe la solicitud completa al
1-877-302-7563

TTY disponible llamando al **711** o **1-800-735-2929**.

Requisitos de ingreso CARE/FERA (válido hasta el 31 de mayo, 2026)		
Número de personas en el hogar	Ingreso bruto total anual del hogar*	
	CARE	FERA
1-2	\$42,300 o menos	\$42,301-\$52,875
3	\$53,300 o menos	\$53,301-\$66,625
4	\$64,300 o menos	\$64,301-\$80,375
5	\$75,300 o menos	\$75,301-\$94,125
6	\$86,300 o menos	\$86,301-\$107,875
7	\$97,300 o menos	\$97,301-\$121,625
8	\$108,300 o menos	\$108,301-\$135,375
Por cada persona adicional, añada	\$11,000	\$11,000-\$13,750

*El ingreso bruto total anual del hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ingreso por trabajo autónomo y relativo a cualquier empleo, ingreso no pagado en efectivo.

Otros programas y servicios útiles

Energy Savings Assistance Program

pge.com/energysavings-es

1-800-933-9555

Este programa proporciona mejoras al hogar y electrodomésticos para el consumo eficiente de energía sin costo alguno a los clientes que reúnan los requisitos de ingresos. Los dueños de propiedades y los inquilinos pueden participar.

Energy Savings
.....
Assistance Program™

Medical Baseline

pge.com/medicalbaseline

Si debido a necesidades médicas usted depende de equipos de soporte vital o de otro tipo de equipos, usted podría ser elegible para obtener energía adicional al precio base más bajo a través del programa Medical Baseline.

Low Income Home Energy Assistance Program (LIHEAP)

1-866-675-6623

Si usted destina un alto porcentaje de su ingreso al pago de las facturas de energía, podría reunir las condiciones para recibir asistencia económica y servicios de aislamiento térmico a través de este programa administrado por el California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Obtenga acceso telefónico a bajo precio cuando reúna los requisitos de ingreso similares al programa CARE. Para más información, contacte a su compañía local de teléfonos.



- Situación del solicitante:** ☐ NUEVO ☐ CANCELÓ EL PROGRAMA
☐ RE-INSCRIPCIÓN ☐ SE MUDÓ A OTRO LUGAR

Números de cuenta de PG&E:

[illegible]

Gas

Nombre de su parque de casas móviles/residencia

Dirección de su parque de casas móviles/residencia

Ciudad/estado/código postal

Nombre de su arrendador o administrador

Dirección de su arrendador o administrador

Ciudad/estado/código postal

Dirección de email

Número de teléfono preferido

☐ Casa☐ Trabajo☐ Móvil

1B Usted y su hogar

Su nombre (Como aparece en la factura de energía de su arrendador, la cual debe estar a su nombre.)

La dirección de su hogar (La dirección debe ser su residencia principal. **NO** utilice casilla de correo (P.O. Box).)

Unidad #

Ciudad/estado/código postal

Su dirección postal

Unidad #

Ciudad/estado/código postal

Su dirección de email (Al escribir su dirección de email, usted autoriza que PG&E le envíe información de vez en cuando, en relación a servicios y programas de PG&E que podrían estar disponibles para usted.)

Número de teléfono preferido

☐ Casa

☐ Trabajo

☐ Móvil

Número de teléfono alternativo

☐ Casa

☐ Trabajo

☐ Móvil

¿Cuál es su método de comunicación preferido? (Elija uno)

- ☐ Inglés ☐ Español ☐ Mandarín ☐ Cantonés ☐ Vietnamita
☐ Ruso ☐ Coreano ☐ Tagalo ☐ Hmong

¿Qué idioma prefiere para comunicaciones futuras de CARE y FERA? (Elija uno)

- ☐ Correo ☐ Email ☐ Teléfono
☐ Texto (Podría haber cargos por mensaje y datos.)

Número de personas en el hogar en esta dirección:

Adultos **+ Niños** (menores de 18) **=**

2

Cumplimiento de los requisitos del hogar

Complete la Sección 2A **o** la Sección 2B.

2A Programas de asistencia pública: Marque todos los programas en los que usted o alguien en su hogar participa.

- | | |
|---|---|
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | ☐ Medi-Cal for Families (Healthy Families A&B) |
| ☐ Women, Infants, and Children (WIC) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (estampillas de alimentos) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ CalWORKs (TANF) o Tribal TANF | ☐ Medicaid/Medi-Cal (menor de 65 años) |
| ☐ Head Start Income Eligible (solo tribus indígenas) | ☐ Medicaid/Medi-Cal (65 años o más) |
| ☐ Supplemental Security Income (SSI) | |

o

2B Ingresos del hogar

☐ Actualmente tengo ingresos fijos y recibo ingresos o beneficios de uno o más de los siguientes programas: pensiones, Seguro social, SSP o SSDI, intereses/dividendos de cuentas de jubilación, Medicaid/Medi-Cal (65 años o más) o SSI.

Los ingresos de mi hogar son:

Total de ingresos anuales brutos del hogar \$ **.00**

(por favor, incluya todos los ingresos de todos los miembros del hogar)

3 Su declaración

Al firmar esta declaración, certifico que la información que he proporcionado en esta solicitud es verdadera y correcta.

Reconozco que he leído y comprendido el contenido de esta solicitud. Asimismo, convengo en respetar los términos y condiciones del programa CARE o del programa FERA, incluyendo los siguientes:

1. No he sido designado como dependiente en la declaración de impuestos de otra persona con excepción de mi cónyuge.
2. No comparto intencionalmente un medidor de energía con otra vivienda.
3. Notificaré a PG&E si mi hogar deja de reunir los requisitos para recibir el descuento de CARE o FERA.
4. Comprendo que se me puede requerir que proporcione un comprobante de los ingresos de mi hogar.
5. Comprendo que se me puede requerir que participe en el Energy Savings Assistance Program.
6. Comprendo que yo podría ser retirado del programa CARE si mi consumo eléctrico mensual excede seis veces el límite de consumo permitido del Nivel 1.
7. Entiendo que me pueden cambiar o darme de baja del programa CARE o FERA si presento información o PG&E recibe información de otros programas que consideran que no reúno los requisitos.
8. Autorizo a PG&E a compartir mi información con el fin de seguir reuniendo los requisitos de la asistencia disponible para la administración de la energía, y los programas de reducción de precios y tarifas residenciales con otras empresas de servicios públicos, agencias estatales y entidades designadas por la CPUC.
9. Reembolsaré el descuento que yo haya recibido si proporcioné información falsa para apoyar mi solicitud a los programas CARE o FERA.

X

Firma del cliente

Fecha

- ☐ Rellene el círculo si es tutor o tiene carta de poder.

FOR INTERNAL USE ONLY



Electric Sample Form No. 79-1057

Sheet 1

CARE/FERA Program Application Sub-Metered Residential Customers
(Chinese) - Large Print Application

**Please Refer to Attached
Sample Form**



您每月的 PG&E 帳單可獲得省錢優惠

如果您的房東直接向您收取煤電費用，您即屬於「使用分錶」的用戶。雖然您不是 PG&E 的直屬用戶，但您仍可能有資格參加降低能源帳單的計劃，其中包含 CARE 及 FERA 計劃。

選擇最適合您的費率計劃。深入了解[†]。

California Alternate Rates for Energy (CARE) 計劃

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：

- 勾選第 2A 節中您或家中其他人參加並獲得福利的所有符合條件的公共補助計劃**或**
- 填妥第 2B 節（當中包括您的全家總年收入）。*

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。

您還需要求房東或住宅設施經理填寫本申請表 1A 節。

如果您的房東有任何疑問，請他或她致電郵地

CAREandFERA@pge.com。

Family Electric Rate Assistance (FERA) 計劃

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。該計劃為收入稍高於 CARE 規定的家庭提供每月電費帳單折扣。

請參考在下一頁所列 FERA 收入標準，了解自己是否符合申請資格，並填寫附頁申請表申請加入 FERA 計劃。

[†]了解更多並取得個人化費率分析：pge.com/findrates

申請方式

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

郵寄：

將填好的申請表寄到
CARE/FERA Program
P.O. Box 29647
Oakland, CA 94604-7563

傳真：

將填好的申請表
傳真到 1-877-302-7563

TTY 可撥打 711 或 1-800-735-2929。

CARE/FERA 收入標準 (有效期至 2026 年 5 月 31 日止)		
家庭人數	全家年收入總計*	
	CARE	FERA
1-2	\$42,300 或以下	\$42,301-\$52,875
3	\$53,300 或以下	\$53,301-\$66,625
4	\$64,300 或以下	\$64,301-\$80,375
5	\$75,300 或以下	\$75,301-\$94,125
6	\$86,300 或以下	\$86,301-\$107,875
7	\$97,300 或以下	\$97,301-\$121,625
8	\$108,300 或以下	\$108,301-\$135,375
每多一人即增加	\$11,000	\$11,000-\$13,750

*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。

其他補助計劃和服務

Energy Savings Assistance Program

pge.com/energysavings-ch

1-800-933-9555

此計劃為收入符合資格的客戶免費提供住家節能改善工程與家電設備。業主和租客符合參與資格。

Energy Savings

.....
Assistance Program™

Medical Baseline

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 (LIHEAP)

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，您可能資格獲得財務援助及防水服務。

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。



- 申請狀態：☐ 新加入 ☐ 退出 ☐ 繼續參加 ☐ 移到其他單位

PG&E 帳號：

電氣

煤氣

您的流動屋園區/住宅設施名稱

您的流動屋園區/住宅設施地址

(城市/州別/郵便區號)

您的房東或經理姓名

您房東或經理的郵寄地址

(城市/州別/郵便區號)

電子郵件地址

主要電話號碼

☐ 住宅☐ 工作☐ 手機

1B 您和家人

您的姓名

(請使用由您的房東所提供能源帳單上顯示的姓名，必須和您的姓名相同。)

您的住家地址

公寓單位 #

(地址必須是主要住處。請勿使用郵政信箱。)

城市/州別/郵遞區號

郵寄地址

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

其他電話號碼

☐ 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)

☐ 英語

☐ 西班牙語

☐ 國語

☐ 粵語

☐ 越南語

☐ 俄語

☐ 韓語

☐ 他加祿語

☐ 苗語

您希望以何種方式進行溝通？(選一項)

☐ 郵寄

☐ 電子郵件

☐ 電話

☐ 簡訊(可能需支付簡訊或數據流量費用。)

居住於此地址的家庭人數：成人 + 兒童(未滿18歲) =

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) | |

或

2B 家庭收入

☐ 我目前領取固定收入，並擁有以下一項或多項收入或福利：退休金、社安金、SSP 或 SSDI、退休帳戶的利息/股息、Medicaid/Medi-Cal (65 歲以上) 或 SSI。

我的家庭收入：

家庭年度總收入 \$ **.00**

(請計算每位家庭成員的所有收入)

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：

1. 除了本人配偶外，本人未在他人的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. 本人了解，如果本人因提交的資訊或 PG&E 從其他計劃收到的資訊而被認定為不合資格，本人可能會被調出或逐出 CARE 或 FERA 計劃。
8. 本人授權 PG&E 與其他公用事業、州行政機關和 CPUC 指定的實體分享本人的資訊，以繼續符合可用能源管理援助與價格折扣和住宅費率計劃的資格。
9. 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

日期

- ☐ 如果您是監護人或有授權書，請將圓圈塗滿。

FOR INTERNAL USE ONLY



Electric Sample Form No. 79-1058
CARE/FERA Program Application for Sub-Metered Residential Customers
(Vietnamese) - Large Print Application

Sheet 1

**Please Refer to Attached
Sample Form**

**Khách Hàng Gia Cư Có Đồng Hồ Đo Phụ****Tiết kiệm trên hóa đơn PG&E hàng tháng của quý vị**

Nếu chủ nhà của quý vị là người gửi hóa đơn điện và khí đốt trực tiếp đến quý vị, thì quý vị là khách hàng có “đồng hồ đo phụ.” Dù quý vị không phải là khách hàng trực tiếp của PG&E, quý vị vẫn có thể hội đủ điều kiện cho các chương trình và dịch vụ giúp giảm hóa đơn năng lượng của quý vị, bao gồm chương trình CARE và FERA.

Chọn chương trình mức giá phù hợp nhất với quý vị. Tìm hiểu thêm†

California Alternate Rates for Energy (CARE)
pge.com/care • 1-866-743-2273

Chương trình CARE giảm giá hàng tháng trên hóa đơn PG&E cho các gia đình hội đủ điều kiện. Để ghi danh:

- Đánh dấu tất cả các chương trình trợ cấp xã hội hội đủ điều kiện trong Phần 2A mà quý vị hoặc ai đó trong gia đình đang được nhận quyền lợi **HOẶC**
- Hoàn thành Phần 2B bao gồm tổng thu nhập hàng năm của gia đình quý vị.*

Các điều kiện hợp lệ khác gồm có:

- Quý vị sử dụng điện hàng tháng không quá sáu lần mức Tier 1 cho phép.
- Quý vị không là người phụ thuộc trên tờ khai thuế thu nhập của người nào khác ngoài vợ/chồng của quý vị.
- Quý vị không dùng chung đồng hồ năng lượng với gia đình khác.
- Quý vị sẽ tái gia hạn việc hội đủ điều kiện được giảm giá ít nhất hai năm một lần.

Quý vị cũng sẽ cần nhờ chủ nhà hoặc người quản lý khu nhà điền vào Phần 1A của mẫu đơn ghi danh này. Nếu chủ nhà của quý vị có thắc mắc, hãy bảo họ gửi email tới **CAREandFERA@pge.com**.

Family Electric Rate Assistance (FERA)
pge.com/fera
1-800-743-5000

Nếu quý vị không hội đủ điều kiện tham gia chương trình CARE, quý vị vẫn có thể hội đủ điều kiện cho chương trình FERA. Chương trình này giảm giá trên hóa đơn điện hàng tháng cho các gia đình có lợi tức cao hơn một chút so với yêu cầu của chương trình CARE.

Xem Chỉ Dẫn về Thu Nhập của chương trình FERA được liệt kê tại đây để xem quý vị có đủ điều kiện không và đăng ký bằng cách hoàn tất đơn đăng ký đính kèm.

†Tìm hiểu thêm và được phân tích mức giá riêng cho cá nhân tại **pge.com/findrates**

Cách đăng ký**Bằng email:**

Chụp ảnh hoặc scan đơn đăng ký hoàn chỉnh của quý vị và gửi email ảnh này đến địa chỉ **CAREandFERA@pge.com**

Bằng thư: Gửi đơn đăng ký hoàn chỉnh đến **CARE/FERA Program**
P.O. Box 29647
Oakland, CA 94604-7563

Fax:

Gửi đơn đăng ký hoàn chỉnh đến
1-877-302-7563

Chỉ dẫn về thu nhập của CARE/FERA (có hiệu lực đến ngày 31 tháng Năm, 2026)		
Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*	
	CARE	FERA
1–2	\$42,300 hoặc ít hơn	\$42,301–\$52,875
3	\$53,300 hoặc ít hơn	\$53,301–\$66,625
4	\$64,300 hoặc ít hơn	\$64,301–\$80,375
5	\$75,300 hoặc ít hơn	\$75,301–\$94,125
6	\$86,300 hoặc ít hơn	\$86,301–\$107,875
7	\$97,300 hoặc ít hơn	\$97,301–\$121,625
8	\$108,300 hoặc ít hơn	\$108,301–\$135,375
Với mỗi người thêm vào, cộng thêm	\$11,000	\$11,000–\$13,750

*Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

Các chương trình và dịch vụ hữu ích khác

Energy Savings Assistance Program
pge.com/energysavings •
1-800-933-9555

Chương trình này cung cấp các biện pháp nâng cấp nhà và các thiết bị gia dụng tiết kiệm năng lượng miễn phí cho khách hàng hội đủ điều kiện về thu nhập. Chủ sở hữu và người thuê bất động sản hội đủ điều kiện tham gia.

Energy Savings

Assistance ProgramSM

Medical Baseline
pge.com/medicalbaseline

Nếu quý vị phải phụ thuộc vào thiết bị hỗ trợ sự sống hoặc thiết bị khác do nhu cầu sức khỏe, quý vị có thể hội đủ điều kiện nhận thêm năng lượng với giá thấp nhất qua chương trình Medical Baseline.

Low Income Home Energy Assistance Program (LIHEAP)
1-866-675-6623

Nếu quý vị cần phải sử dụng một phần lớn thu nhập của mình để trả hóa đơn năng lượng, quý vị có thể hội đủ điều kiện để nhận trợ giúp tài chính và những dịch vụ điều hòa thời tiết qua chương trình này được điều hành bởi Sở Dịch Vụ và Phát Triển Cộng Đồng California.

Universal Lifeline Telephone Service (ULTS)

Nhận giảm giá điện thoại khi quý vị đủ điều kiện về thu nhập tương tự như chương trình CARE. Hãy liên hệ với nhà cung cấp dịch vụ điện thoại tại địa phương để tìm hiểu thêm.



1B Quý vị và gia đình của quý vị

Tên quý vị (Phải sử dụng tên của quý vị và giống với tên trên hóa đơn năng lượng từ chủ nhà của quý vị.)

Địa chỉ nhà của quý vị (Địa chỉ phải là nơi cư ngụ chính của quý vị. **KHÔNG** được sử dụng hộp thư bưu điện P.O. Box.) **Số căn hộ #**

Thành phố/Bang/Số Zip

Địa chỉ liên lạc bằng thư **Số căn hộ #**

Thành phố/Bang/Số Zip

Địa chỉ email (Khi quý vị ghi địa chỉ email vào là quý vị đã cho phép PG&E thỉnh thoảng gửi cho quý vị thông tin về dịch vụ tiện ích PG&E và chương trình và dịch vụ PG&E mà quý vị có thể được hưởng.)

Số điện thoại chính ☐ Nhà ☐ Nơi làm việc ☐ Di động

Số điện thoại thay thế ☐ Nhà ☐ Nơi làm việc ☐ Di động

Quý vị muốn sử dụng ngôn ngữ nào trong tương lai khi trao đổi với CARE và FERA? (Hãy chọn một)

- | | | |
|---|--|---|
| ☐ Tiếng Anh | ☐ Tiếng Tây Ban Nha | ☐ Tiếng Quan Thoại |
| ☐ Tiếng Quảng Đông | ☐ Tiếng Việt | ☐ Tiếng Nga |
| ☐ Tiếng Hàn | ☐ Tiếng Tagalog | ☐ Tiếng H'Mông |

Quý vị muốn trao đổi bằng hình thức nào? (Hãy chọn một)

- ☐ Bằng thư ☐ Bằng email ☐ Bằng điện thoại ☐ Bằng tin nhắn
(Có thể áp dụng phí dữ liệu và tin nhắn)

Số người sống trong nhà quý vị tại địa chỉ này:

Người lớn **+ Trẻ nhỏ** (dưới 18 tuổi) **=**

2**Hộ gia đình đủ tiêu chuẩn**

Quý vị nên điền Phần 2A **HOẶC** Phần 2B.

2A Các chương trình trợ cấp xã hội: Đánh dấu tất cả các chương trình mà quý vị hoặc người trong gia đình quý vị đang được nhận.

- | | |
|---|---|
| ☐ Low Income Home Energy Assistance Program (LIHEAP) | ☐ Medi-Cal for Families (Healthy Families A&B) |
| ☐ Women, Infants and Children (WIC) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (Food stamps) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ CalWORKs (TANF) hoặc Tribal TANF | ☐ Medicaid/Medi-Cal (dưới 65 tuổi) |
| ☐ Head Start Income Eligible (chỉ dành cho bộ lạc) | ☐ Medicaid/Medi-Cal (65 tuổi hoặc hơn) |
| ☐ Supplemental Security Income (SSI) | |

HOẶC**2B Thu nhập hộ gia đình**

☐ Tôi hiện có thu nhập cố định và nhận thu nhập hoặc phúc lợi từ một hoặc nhiều nguồn sau: lương hưu, an sinh xã hội, SSP hoặc SSDI, lãi/cổ tức từ tài khoản hưu trí, Medicaid/Medi-Cal (65 tuổi hoặc hơn) hoặc SSI.

Thu nhập hộ gia đình của tôi là:

Tổng thu nhập hàng năm của hộ gia đình \$ **.00**

(vui lòng tính tất cả thu nhập từ mọi thành viên trong gia đình)

Cam đoan

Qua việc ký giấy cam đoan này, tôi xác nhận rằng thông tin mà tôi cung cấp trong đơn xin này là đúng và trung thực.

Tôi xác nhận rằng tôi đã đọc và hiểu nội dung trong đơn xin này. Tôi cũng đồng ý tuân thủ các điều khoản và điều kiện của chương trình CARE hoặc FERA, bao gồm các điều khoản và điều kiện sau đây:

1. Tôi không là người phụ thuộc trên tờ khai thuế thu nhập của người nào khác ngoài vợ/chồng của tôi.
2. Tôi không cố ý dùng chung đồng hồ đo năng lượng với nhà khác.
3. Tôi sẽ thông báo cho PG&E biết khi gia đình tôi không còn đủ điều kiện được giảm giá theo chương trình CARE hoặc FERA nữa.
4. Tôi hiểu rằng tôi có thể phải cung cấp chứng từ thu nhập của hộ gia đình.
5. Tôi hiểu rằng tôi có thể được yêu cầu tham gia Chương Trình Trợ Giúp Tiết Kiệm Năng Lượng (Energy Savings Assistance Program).
6. Tôi hiểu rằng tôi có thể bị loại ra khỏi chương trình CARE nếu mức sử dụng điện hàng tháng của tôi vượt quá sáu lần định mức Hạng Mức 1.
7. Tôi hiểu rằng tôi có thể bị chuyển sang hoặc bị loại khỏi chương trình CARE hoặc FERA nếu tôi gửi thông tin hoặc PG&E nhận được thông tin từ các chương trình khác cho rằng tôi không đủ điều kiện.
8. Tôi cho phép PG&E chia sẻ thông tin của tôi để duy trì tình trạng hội đủ điều kiện nhận hỗ trợ quản lý năng lượng hiện có, các chương trình giảm giá và giá sinh hoạt với các tiện ích khác, cơ quan tiểu bang và tổ chức do CPUC chỉ định.
9. Tôi sẽ hoàn trả lại khoản giảm giá mà tôi nhận được nếu tôi cung cấp thông tin giả mạo để hỗ trợ cho việc tôi xin tham gia chương trình CARE hoặc FERA.

X

Chữ ký khách hàng

Ngày

- ☐ Điền vào ô tròn nếu quý vị là người giám hộ hoặc quý vị có giấy ủy quyền.

FOR INTERNAL USE ONLY



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	59655-E
Cancelling	Revised	Cal. P.U.C. Sheet No.	58034-E

Electric Sample Form No. 79-1059
CARE/FERA Program Income Guidelines - Large Print

Sheet 1

**Please Refer to Attached
Sample Form**

Advice
Decision

7594-E

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted	<u>May 7, 2025</u>
Effective	<u>June 1, 2025</u>
Resolution	<u>E-5200 and E-3524</u>



**California Alternate Rates
for Energy (CARE)**
pge.com/care • 1-866-743-2273

The CARE program offers a monthly discount on PG&E bills for qualifying households and housing facilities. Review the CARE Income Guidelines listed here to see if you qualify. Apply at **pge.com/care**.

**Family Electric Rate Assistance
(FERA)**
pge.com/fera • 1-800-743-5000

If you do not qualify for the CARE program, your household may still qualify for the FERA program, which offers a monthly discount on electric bills for households with a slightly higher income than required for CARE. Check out the FERA Income Guidelines listed here to see if you qualify. Apply at **pge.com/fera**.

How to determine your total gross annual income

Your total gross annual household income includes all taxable and non-taxable 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.

CARE/FERA Income Guidelines (valid through May 31, 2026)		
Number of people in household	Total gross annual household income*	
	CARE	FERA
1-2	\$42,300 or less	\$42,301-\$52,875
3	\$53,300 or less	\$53,301-\$66,625
4	\$64,300 or less	\$64,301-\$80,375
5	\$75,300 or less	\$75,301-\$94,125
6	\$86,300 or less	\$86,301-\$107,875
7	\$97,300 or less	\$97,301-\$121,625
8	\$108,300 or less	\$108,301-\$135,375
Each additional person, add	\$11,000	\$11,000-\$13,750

*Before taxes based on current income sources. You may be enrolled in either the CARE or the FERA program, but not in both.

TTY is available at **711** or **1-800-735-2929**.



California Alternate Rates for Energy (CARE)

pge.com/care-es • 1-866-743-2273

El programa CARE ofrece un descuento mensual en las facturas de PG&E a hogares que cumplen con los requisitos por sus ingresos. Revise los requisitos de ingreso de CARE que incluimos aquí para comprobar que califica. Inscríbese en pge.com/care-es.

Family Electric Rate Assistance (FERA)

pge.com/fera-es • 1-800-743-5000

Si usted no cumple con los requisitos para el programa CARE, su hogar tal vez califique para el programa FERA, que ofrece un descuento en las facturas mensuales de electricidad a familias que reciban un ingreso ligeramente más alto que el requerido para CARE. Vea los requisitos de ingreso de FERA que incluimos aquí para comprobar que califica. Inscríbese en pge.com/fera-es.

Cómo determinar su ingreso bruto total anual

El ingreso bruto total anual de su hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, de cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ingreso por trabajo autónomo y relativo a cualquier empleo, ingreso no pagado en efectivo.

Requisitos de ingreso CARE/FERA (válido hasta el 31 de mayo, 2026)		
Número de personas en el hogar	Ingreso bruto total anual del hogar*	
	CARE	FERA
1-2	\$42,300 o menos	\$42,301-\$52,875
3	\$53,300 o menos	\$53,301-\$66,625
4	\$64,300 o menos	\$64,301-\$80,375
5	\$75,300 o menos	\$75,301-\$94,125
6	\$86,300 o menos	\$86,301-\$107,875
7	\$97,300 o menos	\$97,301-\$121,625
8	\$108,300 o menos	\$108,301-\$135,375
Por cada persona adicional, añadida	\$11,000	\$11,000-\$13,750

*Antes de impuestos, basado en fuentes actuales de ingreso. Usted puede estar inscrito en uno de los programas CARE o FERA pero no en ambos.

TTY disponible llamando al **711** o **1-800-735-2929**.



California Alternate Rates for Energy (CARE)

pge.com/care-ch • 1-866-743-2273

CARE 計劃為符合申請條件的家庭與住房設施提供 PG&E 帳單每月折扣優惠。請查閱所列 CARE 收入資格標準，了解自己是否符合申請條件。請到 pge.com/care-ch 申請。

Family Electric Rate Assistance (FERA)

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。該計劃為收入稍高於 CARE 規定的家庭提供每月電費帳單折扣。請查閱這裡所列 FERA 收入資格標準，了解自己是否符合申請條件。請到 pge.com/fera-ch 申請。

如何確定全家年收入總計

全家年收入總計包括全家人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。

CARE/FERA 收入標準 (有效期至 2026 年 5 月 31 日止)		
家庭人數	全家年收入總計*	
	CARE	FERA
1-2	\$42,300 或以下	\$42,301-\$52,875
3	\$53,300 或以下	\$53,301-\$66,625
4	\$64,300 或以下	\$64,301-\$80,375
5	\$75,300 或以下	\$75,301-\$94,125
6	\$86,300 或以下	\$86,301-\$107,875
7	\$97,300 或以下	\$97,301-\$121,625
8	\$108,300 或以下	\$108,301-\$135,375
每多一人即增加	\$11,000	\$11,000-\$13,750

*根據目前收入來源計算的稅前收入。您也許有資格加入 CARE 或 FERA 計劃，但不得同時加入這兩項計劃。

TTY 可撥打 711 或 1-800-735-2929。



CHƯƠNG TRÌNH CARE/FERA Chỉ Dẫn Về Thu Nhập

Mẫu đơn 79-1059

California Alternate Rates for Energy (CARE)

pge.com/care • 1-866-743-2273

Chương trình CARE giảm giá hàng tháng trên hóa đơn PG&E cho các gia đình và các cơ sở gia cư hội đủ điều kiện về lợi tức. Vui lòng xem qua chỉ dẫn về thu nhập của chương trình CARE được liệt kê tại đây để xem quý vị có hội đủ điều kiện không. Ghi danh tại **pge.com/care**.

Family Electric Rate Assistance (FERA)

pge.com/fera • 1-800-743-5000

Nếu quý vị không hội đủ điều kiện tham gia chương trình CARE, quý vị vẫn có thể hội đủ điều kiện cho chương trình FERA. Chương trình này giảm giá trên hóa đơn điện hàng tháng cho các gia đình có lợi tức cao hơn một chút so với yêu cầu của chương trình CARE. Vui lòng xem chỉ dẫn về thu nhập của chương trình FERA được liệt kê tại đây để xem quý vị có hội đủ điều kiện không. Ghi danh tại **pge.com/fera**.

Cách xác định tổng thu nhập của quý vị

Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phối ngẫu, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

Chỉ dẫn về thu nhập của CARE/FERA (có hiệu lực đến ngày 31 tháng Năm, 2026)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*	
	CARE	FERA
1–2	\$42,300 hoặc ít hơn	\$42,301–\$52,875
3	\$53,300 hoặc ít hơn	\$53,301–\$66,625
4	\$64,300 hoặc ít hơn	\$64,301–\$80,375
5	\$75,300 hoặc ít hơn	\$75,301–\$94,125
6	\$86,300 hoặc ít hơn	\$86,301–\$107,875
7	\$97,300 hoặc ít hơn	\$97,301–\$121,625
8	\$108,300 hoặc ít hơn	\$108,301–\$135,375
Với mỗi người thêm vào, cộng thêm	\$11,000	\$11,000–\$13,750

*Trước khi trừ thuế dựa theo các nguồn thu nhập hiện có. Quý vị có thể ghi danh tham gia chương trình CARE hoặc FERA nhưng không thể tham gia cả hai chương trình.

TTY hiện có theo số **711** hoặc **1-800-735-2929**.



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	59656-E
Cancelling	Revised	Cal. P.U.C. Sheet No.	58035-E

Electric Sample Form No. 79-1072
FERA Program Renewal Instructions -- Residential Customers

Sheet 1

**Please Refer to Attached
Sample Form**

Advice
Decision

7594-E

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted	<u>May 7, 2025</u>
Effective	<u>June 1, 2025</u>
Resolution	<u>E-5200 and E-3524</u>



FERA PROGRAM RENEWAL INSTRUCTIONS Residential Customers

Choose the best rate plan for you.
Learn more†.

SOLICITUD PARA RENOVACIÓN DEL PROGRAMA FERA Clientes Residenciales

Form 79-1072

Elija el mejor plan de tarifas para usted.
Obtenga información adicional†.

Reapply for your monthly FERA discount

We have been pleased to provide you with a monthly discount through the Family Electric Rate Assistance (FERA) program (as noted on the first page of your Pacific Gas and Electric Company bill). However, it is now time to renew your participation. **To continue to receive this discount you need to:**

Verify your household qualification

Look over the updated FERA Income Guidelines listed here to verify that you still qualify. If you do, use the enclosed Renewal Application to reapply by:

- Checking all the qualifying public assistance programs in Section 2A from which you, or someone in your household, receive benefits **OR**
- Completing Section 2B which includes your household's total gross annual income.*

Other qualifications include:

- 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.

FERA Income Guidelines (valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
Each additional person, add	\$11,000-\$13,750

*Total gross annual household income includes all taxable and non-taxable 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.

Return your renewal application

Use the **postage-paid envelope** we have provided or one of the following methods:

Online: Reapply online for faster renewal at pge.com/fera.

Email: Take a picture or scan completed Renewal Application and email this image to CAREandFERA@pge.com.

Fax: Send your completed Renewal Form to **1-877-302-7563**.

Phone: Reapply by calling **1-866-743-2273**.

TTY is available at **711** or **1-800-735-2929**.

†Learn more and get a personalized rate analysis at pge.com/findrates

Vuelva a solicitar su descuento mensual de FERA

Nos complace haberle brindado un descuento mensual a través del programa Family Electric Rate Assistance (FERA, por sus siglas en inglés) (como se indicó en la primera página de su factura de PG&E). Pero ahora, debe renovar su participación. **Para continuar recibiendo este descuento, usted necesita:**

Verificar la calificación de su hogar

Mire la lista de requisitos de ingreso actualizados de FERA que presentamos aquí para verificar que usted todavía califica. De ser así, use la solicitud de renovación incluida aquí para:

- Marcar todos los programas de asistencia pública que reúnan los requisitos en la Sección 2A de los que usted o alguna persona de su hogar reciban beneficios **O BIEN**
- Llenar la Sección 2B que incluye los ingresos brutos anuales totales de su hogar.*

Otras calificaciones incluyen que:

- Usted no sea reclamado como dependiente en la declaración de impuestos de otra persona que no sea su esposo(a).
- Usted no comparta el medidor de energía con otra vivienda.
- Usted renovará su elegibilidad por lo menos cada dos años.

Requisitos de ingreso FERA (válido hasta el 31 de mayo, 2026)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
Por cada persona adicional, añada	\$11,000-\$13,750

*El ingreso bruto total anual del hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ingreso por trabajo autónomo y relativo a cualquier empleo, ingreso no pagado en efectivo.

Devolver su solicitud de renovación

Utilice el **sobre adjunto con franqueo pago** o uno de los siguientes métodos:

Internet: Solicite su renovación por Internet más rápidamente visitando el sitio pge.com/fera-es.

Email: Saque una foto o escanee su solicitud de renovación completa y envíe la imagen a CAREandFERA@pge.com.

Fax: Envíe la solicitud de renovación completa al **1-877-302-7563**.

Teléfono: Vuelva a solicitar llamando al **1-866-743-2273**.

TTY disponible llamando al **711** o **1-800-735-2929**.

†Obtenga información adicional y un análisis personalizado de su tarifa en pge.com/findrates



選擇最適合您的費率計劃。
深入了解[†]。

Chọn chương trình mức giá phù hợp nhất với quý vị.
Tìm hiểu thêm[†].

即時為每月 FERA 折扣 優惠續期

我們很榮幸能透過 Family Electric Rate Assistance (FERA) 計劃為您提供每月折扣優惠。(見於您的 PG&E 月結單第一頁) 然而，現在是您要續期的時候了。如欲繼續獲得這項優惠，您必須：

核實您的家庭資格

請詳閱所列的最新 FERA 收入標準，核實您仍然符合資格。若符合資格，請以所附的續期申請表再次註冊：

- 勾選第 2A 節中您或家中其他人參加並獲得福利的所有符合條件的公共補助計劃或
- 填妥第 2B 節（當中包括您的全家總年收入）。*

其他資格條件包括：

- 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。

FERA 收入標準 (有效期至 2026 年 5 月 31 日為止)

家庭人數	全家年收入總計*	*全家年收入總計包括全家人所有繳稅與不需繳稅的收入，請涵蓋所有收入來源，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收入、非現金收入。
1-2	\$42,301-\$52,875	
3	\$53,301-\$66,625	
4	\$64,301-\$80,375	
5	\$75,301-\$94,125	
6	\$86,301-\$107,875	
7	\$97,301-\$121,625	
8	\$108,301-\$135,375	
每多一人即增加	\$11,000-\$13,750	

交回您的續期申請表

請使用我們所提供的已付郵資信封，或下列任何一種方式：

上網：上網續期，方便快捷，網址是 pge.com/fera-ch。

電郵地址：請拍照或掃描填妥的續期申請表，透過電子郵件寄到 CAREandFERA@pge.com。

傳真：請將填妥的續期表格傳真至 1-877-302-7563。

電話：續期請撥 1-866-743-2273。

需要 FERA 中文更新申請表？

請撥打 1-800-743-5000 索取申請表，或在電話中更新資料。您亦可前往 pge.com/fera-ch，在網上更新資料或下載更新申請表，填妥後請將表格郵寄給我們。

TTY 可撥打 711 或 1-800-735-2929。

[†]了解更多並取得個人化費率分析：pge.com/findrates

Hãy ghi danh lại để nhận giảm giá chương trình FERA hàng tháng của quý vị

Chúng tôi rất vui mừng được cung cấp giảm giá hàng tháng qua chương trình Family Electric Rate Assistance (FERA) (như được ghi ở trang đầu tiên của hóa đơn Pacific Gas and Electric Company của quý vị). Tuy nhiên, giờ đã đến lúc quý vị nên ghi danh lại để tham gia chương trình. Để tiếp tục nhận chương trình giảm giá này, quý vị cần:

Kiểm tra gia đình quý vị có hội đủ điều kiện

Vui lòng xem qua chỉ dẫn về thu nhập của chương trình FERA bản cập nhật được liệt kê tại đây để kiểm tra xem quý vị vẫn hội đủ điều kiện hay không. Nếu quý vị vẫn hội đủ điều kiện, hãy dùng mẫu Đơn Ghi Danh Lại đính kèm để ghi danh lại bằng cách:

- Đánh dấu tất cả các chương trình trợ cấp xã hội hội đủ điều kiện trong Phần 2A mà quý vị hoặc ai đó trong gia đình đang được nhận quyền lợi HOẶC
- Hoàn thành Phần 2B bao gồm tổng thu nhập hàng năm của gia đình quý vị.*

Các điều kiện hợp lệ khác gồm có:

- Quý vị không là người phụ thuộc trên tờ khai thuế thu nhập của người nào khác ngoài vợ/chồng của quý vị.
- Quý vị không dùng chung đồng hồ năng lượng với gia đình khác.
- Quý vị sẽ tái gia hạn việc hội đủ điều kiện được giảm giá ít nhất hai năm một lần.

Chỉ dẫn về thu nhập của chương trình FERA

(có hiệu lực đến ngày 31 tháng Năm, 2026)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
Với mỗi người thêm vào, cộng thêm	\$11,000-\$13,750

*Tổng thu nhập hộ gia đình hàng năm bao gồm tất cả các khoản thu nhập chịu thuế và không chịu thuế, từ tất cả mọi người sống trong nhà, từ bất kỳ nguồn nào, bao gồm nhưng không giới hạn: tiền công, tiền lương, lãi, cổ tức, các khoản tiền cấp dưỡng trẻ em và cấp dưỡng cho phôi thai, các khoản tiền trợ cấp xã hội, an sinh xã hội và lương hưu, trợ cấp nhà ở và quân sự, khoản thu nhập từ việc cho thuê, thu nhập từ kinh doanh và tất cả các khoản thu nhập không dùng tiền mặt liên quan đến lao động.

Gửi đơn ghi danh lại của quý vị

Dùng phong bì có tem trả trước chúng tôi đã cung cấp hoặc một trong những hình thức sau đây:

Trực tuyến: Ghi danh trực tuyến nhanh tại pge.com/fera.

Bằng email: Chụp ảnh hoặc scan đơn đăng ký hoàn chỉnh của quý vị và gửi email ảnh này đến địa chỉ CAREandFERA@pge.com.

Fax: Gửi Mẫu Đơn Ghi Danh Lại hoàn chỉnh tới số 1-877-302-7563.

Bằng Điện Thoại: Ghi danh lại bằng cách gọi đến số 1-866-743-2273.

Quý vị cần mẫu Đơn Ghi Danh Lại chương trình FERA bằng tiếng Việt?

Xin vui lòng gọi 1-800-743-5000 để yêu cầu gửi đơn ghi danh hoặc quý vị có thể ghi danh lại qua điện thoại. Quý vị cũng có thể truy cập pge.com/fera để ghi danh lại trực tuyến hoặc tải xuống mẫu đơn ghi danh lại, điền vào và gửi lại cho chúng tôi qua đường bưu điện.

TTY hiện có theo số 711 hoặc 1-800-735-2929.

[†]Tìm hiểu thêm và được phân tích mức giá riêng cho cá nhân tại pge.com/findrates



**Pacific Gas and
Electric Company®**

U 39

Oakland, California

	Revised	Cal. P.U.C. Sheet No.	59657-E
Cancelling	Revised	Cal. P.U.C. Sheet No.	58036-E

Electric Sample Form No. 79-1073
FERA Program Renewal Application -- Residential Customers

Sheet 1

**Please Refer to Attached
Sample Form**

Advice
Decision

7594-E

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted	<u>May 7, 2025</u>
Effective	<u>June 1, 2025</u>
Resolution	<u>E-5200 and E-3524</u>



1. Fill out **Section 1**.
2. Fill out **Section 2A OR Section 2B**. **Only one section (A or B) is required** to qualify for this program.
3. Sign and date this form and mail to PG&E.

☐ Check if you no longer qualify or do not want to participate in the FERA program.

1 You and your household

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.)

--	--	--	--	--	--	--	--	--	--

Preferred phone number ☐ Home ☐ Work ☐ Mobile

--	--	--	--	--	--	--	--	--	--

Alternative phone number ☐ Home ☐ Work ☐ Mobile

What language do you prefer for future 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.)

Number of people in your household at this address:

Adults + Children =
(under 18)

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) | ☐ Medi-Cal for Families (Healthy Families A&B) |
| ☐ Women, Infants, and Children (WIC) | ☐ National School Lunch Program (NSLP) |
| ☐ CalFresh/SNAP (Food stamps) | ☐ Bureau of Indian Affairs General Assistance |
| ☐ CalWORKs (TANF) or Tribal TANF | ☐ Medicaid/Medi-Cal (under age 65) |
| ☐ Head Start Income Eligible (Tribal only) | ☐ Medicaid/Medi-Cal (age 65 and over) |
| ☐ Supplemental Security Income (SSI) | |

OR

2B Household 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:

Total gross annual household income \$.00
(please account for all income from every household member)

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 understand that I may be switched or dropped from the CARE or FERA program if I submit information or PG&E receives information from other programs which deem me ineligible.
8. I authorize PG&E to share my information in order to remain eligible for available energy management assistance, and price reduction and residential rate programs with other utilities, state agencies and entities designated by the CPUC.
9. 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.

X

Customer signature

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

FOR INTERNAL USE ONLY

Date



ELECTRIC SCHEDULE E-FERA
FAMILY ELECTRIC RATE ASSISTANCE

Sheet 1

APPLICABILITY: This schedule is applicable to single-phase and polyphase residential service in single-family dwellings and flats and apartments separately metered by PG&E, domestic sub-metered tenants residing in multifamily accommodations, mobile home parks (MHP), qualifying recreational vehicle parks and marinas, and to farm service on the premises operated by the person whose residence is supplied through the same meter where the applicant qualified for Family Electric Rate Assistance (FERA) under the eligibility and certification criteria set forth below in Special Conditions 2 and 3. (T)

All individually metered customers and sub-metered tenants must have a total gross annual household income of between 200%+\$1, be below 250% of federal poverty guidelines, and have three or more persons residing full time in their household for that household to receive benefit of Schedule E-FERA.

TERRITORY: This rate schedule applies everywhere Pacific Gas and Electric (PG&E) provides electric service. (T)

RATES: Customers taking service on this rate schedule will receive an 18 percent discount on their total bundled charges on their otherwise applicable rate schedule. In addition, customers will receive a 50 percent discount on the delivery minimum bill amount, if applicable, and a discount amount equal to 18 percent of the associated generation charges. The FERA discount will be calculated for direct access and community choice aggregation customers based on the total charges as if they were subject to bundled service rates. Discounts will be applied as a residual reduction to distribution charges, after FERA customers are exempted from the Recovery Bond Charge, and the Recovery Bond Credit. These conditions also apply to master-metered customers and to qualified sub-metered tenants where the master-meter customer is served under PG&E's Rate Schedule ES, ESL, ESR, ESRL, ET, or ETL.

For master-metered customers, the FERA discount is equal to 18 percent of the total non-CARE portion of bundled charges, multiplied by the number of FERA units divided by the number of non-CARE units.

- SPECIAL CONDITIONS:**
1. **OTHERWISE APPLICABLE SCHEDULE:** The Special Conditions of the Customer's otherwise applicable rate schedule will apply to this schedule.
 2. **ELIGIBILITY:** To be eligible to receive E-FERA, the applicant must qualify under the criteria set forth below and meet the certification requirements thereof to the satisfaction of PG&E. Qualifying Direct Access, Community Choice Aggregation Service, and Transitional Bundled Service customers are also eligible to take service on Schedule E-FERA. Applicants may qualify for E-FERA at their primary residence only. Customers or sub-metered tenants participating in the California Alternate Rates for Energy (CARE) program cannot concurrently participate in the FERA program. Master-metered customers without sub-metering on Schedule EM or EM TOU are ineligible to participate in the FERA program. In addition, non-residential customers taking service on Schedule E-CARE are categorically ineligible to take service on Schedule E-FERA.

(Continued)



**ELECTRIC SCHEDULE E-FERA
FAMILY ELECTRIC RATE ASSISTANCE**

Sheet 2

**SPECIAL
CONDITIONS:
(Cont'd.)**

A Schedule E-FERA household is a household consisting of one or more where the total gross annual income from all sources is within the ranges shown on the table below based on the number of persons in the household. Total gross annual household income shall include income from all sources, both taxable and nontaxable. Persons who are claimed as a dependent on another person's income tax return are not eligible.

(T)

Number Of Persons In Household	Total Gross Annual Household Income (Effective June 1, 2025 to May 31, 2026)	(T)
1-2	\$42,301 - \$52,875	
3	\$53,301 - \$66,625	
4	\$64,301 - \$80,375	
5	\$75,301 - \$94,125	
6	\$86,301 - \$107,875	
7	\$97, 301 - \$121,625	
8	\$108,301 - \$135,375	
Each additional person, add:	\$11,000 - \$13,750	(T)

Households where total gross annual income from all sources is below the lower end of the annual income ranges shown above may qualify to participate in the CARE program.

(T)

3. CERTIFICATION:

Individually metered PG&E customers, submetered tenants of master-metered PG&E customers, and other qualifying applicants in individually metered residential dwelling units:

All applicants for certification must fill out and provide to PG&E Application Form No. 01-9077 (English/Spanish), 62-0972 (English/Chinese), 62-0973 (English/Vietnamese).

Submetered tenants of master-metered PG&E customers:

Submetered tenants of master-metered customers will submit Application Form No. 01-9285 (English/Spanish), 62-0672 (English/Chinese), 62-0673 (English/Vietnamese) to PG&E, including their tenant's apartment/unit number and PG&E account number. PG&E will notify the master-metered customer of the tenant's certification. The master-metered customer, not PG&E, is responsible for extending E-FERA discounts to tenants certified to receive them.

Self-certification will be used to determine income eligibility for the E-FERA program. Customers must sign a statement upon application indicating that PG&E may verify the customer's eligibility at any time. If verification establishes that the customer is ineligible, the customer will be removed from the program and PG&E may render corrective billings in accordance with Rule 17.1.

(Continued)



ELECTRIC SCHEDULE E-PIPP
PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT

Sheet 1

APPLICABILITY: The Percentage of Income Payment Plan (PIPP) pilot program is a four-year pilot program subject to a maximum participation cap of 5,000 Pacific Gas and Electric (PG&E) residential gas or electric customers, as set forth in California Public Utilities Commission (CPUC or Commission) Decision (D.) 21-10-012. The purpose of the PIPP pilot is to test whether a PIPP program can (i) reduce the number of low-income households at risk of disconnection, (ii) encourage participation in energy saving and energy management programs, (iii) increase access to essential levels of energy service, and (iv) control PIPP program costs. (T)

The PIPP pilot program is applicable only to residential gas and electric customers of Pacific Gas and Electric Company (PG&E), Southern California Edison Company (SCE), San Diego Gas and Electric Company (SDG&E), and Southern California Gas Company (SoCalGas), as well as the Community Choice Aggregation (CCA) service providers in California who elect to participate in the PIPP pilot program in the service territories of the above investor-owned utilities (IOUs). (T)

Due to service territory differences across the investor-owned utilities, or the provision of gas versus electric service by each utility company, it is possible for a PIPP customer to be served by two separate utility companies. The overall capped PIPP energy bill will be split into separate gas versus electric bill caps, and separate CCA versus IOU capped portions of the bill. PIPP bill caps may not be available in local or municipal utility service areas. (T)

Statewide, up to 15,000 customers may participate in the pilots. The following pilot participation caps will apply by utility: PG&E 5,000; SoCalGas 5,000; SCE 4,000; and SDG&E 1,000. Target enrollment levels for each utility's pilot effective six months after pilot enrollment begins: PG&E 2,500; SoCalGas 2,500; SCE 2,000; and SDG&E 500. (T)

Schedule E-PIPP is applicable to single-phase and polyphase residential service in single-family dwellings and in flats and apartments separately metered by PG&E, and to farm service on the premises operated by the person whose residence is supplied through the same meter, where the applicant qualifies for California Alternate Rates for Energy (CARE) under Schedule D-CARE and the CARE eligibility and certification criteria set forth in Electric Rule 19.1, and the PIPP eligibility and certification criteria set forth in Electric Rule 19.5. (T)

(Continued)



ELECTRIC SCHEDULE E-PIPP
PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT

Sheet 5

RATES:

Customers taking service on this rate schedule will receive a maximum monthly PIPP bill cap as set forth in the table below, prior to any applicable taxes and fees. Based on the PIPP participant's household income level, and number of persons in the household, and subject to the PIPP eligibility and certification criteria set forth in Electric Rule 19.5, the PIPP participant will be categorized as falling into either the (a) 0% to 100% of Federal Poverty Guidelines (FPG) group, or (b) the 101% to 200% of FPG group.

Tables C and D below present the PIPP overall bill caps, as well as the breakdown of the overall PIPP bill cap into gas versus electric bill caps, in Table C, and of the electric bill into generation and non-generation bill caps, in Table D, for participating CCA customers.

The gas and electric PIPP bill splits shown in Table C will be used by all California utilities. Conversely, the electric generation and non-generation PIPP bill splits shown in Table D are specific to PG&E's territory, and other California electric utilities may use a different PIPP bill split for electric generation and non-generation bill caps. These bill caps are in effect from June 1, 2025 to May 31, 2026.

(T)
(T)

TABLE C
Statewide Electric & Gas PIPP Bill Caps

2025/2026 IOU Bill Caps	Ratio 75/25 – Statewide Cap
0-100% of FPG PIPP Cap (Lower Level)	\$44.00
Electric Bill Cap	\$33.00
Gas Bill Cap	\$11.00
101-200% of FPG PIPP Cap (Upper Level)	\$133.00
Electric Bill Cap	\$100.00
Gas Bill Cap	\$33.00

(T)

(T)

(Continued)



ELECTRIC SCHEDULE E-PIPP
PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT

Sheet 6

RATES (Cont'd):

TABLE D
PG&E Territory Electric Generation and Non-Generation PIPP Bill Caps

2025/2026 PG&E's Generation & Non-Generation Costs for Electric Bill Cap	Ratio 38/62
0-100% of FPG (Lower Level)	\$33.00
Electric Generation Cap (CCA Charges)	\$13.00
Electric Non-Generation Cap (PG&E Charges)	\$20.00
101-200% of FPG (Upper Level)	\$100.00
Electric Generation Cap (CCA Charges)	\$38.00
Electric Non-Generation Cap (PG&E Charges)	\$62.00

(T)

(T)

The above PIPP bill caps will be updated each year, starting in 2024, as CARE income guidelines set forth in Electric Rule 19.1 are updated. The overall CARE income guidelines for households of three persons are used to set the two PIPP bill caps shown above. The overall PIPP bill cap is \$44 for PIPP participants verifying household income of 0% to 100% of FPG and is \$133 for PIPP participants in the 101-200% of FPG category. All customers otherwise eligible for CARE by being 0% to 200% of FPG will be assumed to be in the 101% to 200% of FPG category unless proof is provided of 0-100% of FPG eligibility.

(T)
(T)

For the PIPP pilot, the maximum household energy bill is first established, and is then split between gas and electric service. The electric bill is then split into a PG&E portion and a CCA generation portion, where applicable for participating CCA PIPP pilot customers.

The PIPP customer's monthly bill will be the lower of the PIPP electric bill cap, or the customer's otherwise applicable monthly CARE bill.

Two times per year, the otherwise applicable monthly CARE bill will be the bill after the application of the electric California Climate Credit.

The CARE discount will be calculated for CCA customers based on the total charges as if they were subject to bundled service rates.

The bill discount attributable to participation in the PIPP pilot is equal to the CARE bill prior to any utility user taxes or other taxes and fees, and the PIPP bill prior to any utility user taxes or other taxes and fees. The lower of the monthly PIPP bill or the monthly CARE bill will be the basis for the application of utility user taxes or other taxes and fees.

(Continued)



ELECTRIC RULE NO. 1
DEFINITIONS

Sheet 8

CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) (Cont'd)

1. Individually metered customers;
2. Master-metered customers with qualifying low-income submetered tenants;
3. Submetered tenants of master-metered PG&E customers;
4. Qualifying residents in individually metered residential dwelling units; and
5. Qualifying Nonprofit Group-Living Facilities or Homekey Housing Facilities (T)

CARE NONPROFIT GROUP-LIVING FACILITY OR HOMEKEY HOUSING FACILITY: A facility operated by a corporation that has received a letter of determination by the Internal Revenue Service that the corporation is tax-exempt due to its nonprofit status under IRS Code Section 501(c)(3). The facility must be one of the following: (T)

1. A homeless shelter with 6 or more beds and open at least 180 days per year; (T)
2. Transitional housing, such as a half-way house or drug rehabilitation facility;
3. Short- or long-term care facility, such as a hospice, nursing home, seniors' home, or children's home; or
4. A group home for physically or mentally disabled persons; or (T)
5. Homekey Housing Facility: The facility must provide permanent supportive housing for individuals at risk of or experiencing homelessness and who are inherently impacted by or at increased risk for medical diseases or conditions. (N)
(N)

With the exception of homeless shelters, the nonprofit group-living facility must provide services such as meals or rehabilitation in addition to lodging. All of the residents of the facility must meet the CARE eligibility standard for a single-person household. At least 70 percent of the electricity supplied to the facility's premises must be used for residential purposes, and the facility must be licensed by the appropriate state agency, with the exception of homeless shelters which must have the appropriate municipal or county conditional use permits. A Homekey Housing Facility is required to provide proof of the Homekey award and a copy of a valid California state tax exemption form. (T)
(T)

COMMISSION: The Public Utilities Commission of the State of California sometimes referred to as the Public Utilities Commission (PUC) or the CPUC.

COMMON USE AREAS: Those areas that may be shared or used by occupants within a multifamily accommodation, including, but not limited to, laundry room, recreation room, swimming pool, tennis courts, gardens, hall/outdoor lighting. Excludes lighting under Rate Schedules OL-1, LS-1, LS-2, and LS-3

COMPANY: Pacific Gas and Electric Company (PG&E).

(Continued)



ELECTRIC RULE NO. 19.1

Sheet 1

**CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND
SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS
CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS**

A. GENERAL

The Low-Income Ratepayer Assistance (LIRA) program was established by the Commission in Decision (D.) 89-07-062 and D.89-09-044. The program was revised in D.94-12-049, and the name of the program changed to California Alternate Rates for Energy (CARE). The purpose of the CARE program is to provide qualifying residential applicants with reduced energy charges. An application for the CARE rate may be made by individually metered Pacific Gas and Electric (PG&E) customers, master-metered customers with qualifying sub-metered tenants, sub-metered tenants of master-metered PG&E customers, or any permanent resident in an individually metered residential dwelling unit, except non sub-metered tenants of master-metered customers and any applicant/customer currently receiving service under Schedule EE.

(T)

Qualifying applicants for CARE shall be placed on the CARE rate starting with the first day of the Billing Cycle such application was processed in by PG&E.

A Nonprofit Group-Living Facility may qualify for CARE if it meets the eligibility criteria set forth in Rule 19.2. A Qualified Agricultural Housing Facility may qualify for CARE if it meets the eligibility criteria set forth in Rule 19.3.

B. ELIGIBILITY

To be eligible to receive CARE, the applicant (except in the case where a master-metered customer submeters qualifying CARE applicants) must qualify under the eligibility criteria set forth in either Section 1 or 2 below, and meet the certification requirements thereof to the satisfaction of PG&E. Individually metered applicants/customers may qualify for CARE at their primary residence only.

The completed application must be submitted to PG&E. PG&E will randomly verify the eligibility of applicants following enrollment.

Applicants with electric usage above 400% of baseline allowance must provide proof of qualifying household income, including Internal Revenue Services (IRS) Tax Return Transcripts, agree to participate in the Energy Savings Assistance program, and keep their usage below 600% of baseline allowance to remain enrolled in CARE¹. Applicants may be removed from the CARE program if their monthly electric usage exceeds 600% of baseline allowance.

(T)

¹ All CARE eligibility standard and high-usage Post Enrollment Verification (PEV) requests will be frozen for customers affected by a disaster as described in the Emergency Consumer Protection Plan definition in Electric Rule 1.

(Continued)



ELECTRIC RULE NO. 19.1

Sheet 2

CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND
SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS
CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS

B. ELIGIBILITY (Cont'd.)

Total gross annual income for all persons in the applicants household may not exceed the following:

Number of Persons in Household	Total Gross Annual Household Income (Effective June 1, 2025 to May 31, 2026)	(T)
1-2	\$42,300	(T)
3	\$53,300	
4	\$64,300	
5	\$75,300	
6	\$86,300	
7	\$97,300	
8	\$108,300	
Each additional member, add:	\$11,000	(T)

C. CERTIFICATION

1. Individually metered PG&E customers, sub-metered tenants of master-metered PG&E customers, and other qualifying applicants in individually metered residential dwelling units:

All applicants for certification must fill out and provide to PG&E Application Form No. 01-9077 (English/Spanish), 62-0972 (English/Chinese), 62-0973 (English/Vietnamese).

2. Sub-metered tenants of master-metered PG&E Customers:

Sub-metered tenants of master-metered customers will submit Application Form No. 01-9285 (English/Spanish), 62-0672 (English/Chinese), 62-0673 (English/Vietnamese) to PG&E, including their tenant's apartment/unit number and PG&E account number. PG&E will notify the master-metered customer of the tenant's certification. The master-metered customer, not PG&E, is responsible for extending CARE discounts to tenants certified to receive them.

(Continued)



ELECTRIC RULE NO. 19.2	Sheet 1
CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES AND HOMEKEY HOUSING FACILITIES	(T)

A. GENERAL

The Low-Income Ratepayer Assistance (LIRA) program was established by the Commission in Decision (D.) 89-07-062 and D.89-09-044. It was expanded to qualifying Nonprofit Group-Living Facilities in D.92-04-024 and D.92-06-060 and to Homekey Housing Facilities in Assembly Bill (AB) 2672 (Statutes of 2024). The program was revised in D.94-12-049, and the name changed to California Alternate Rates for Energy (CARE). The purpose of the expanded CARE program is to provide qualifying Nonprofit Group-Living Facilities and Homekey Housing Facilities owned or administered by public housing authorities with reduced charges for electric service. D.06-12-038 clarifies that Common Use Areas as defined in Rule 1 qualify for CARE.

An application for the CARE rate may be made by master-metered customers who operate Nonprofit Group-Living Facilities or public housing authorities that own administer Homekey Housing Facilities for qualifying residents.

Qualifying Nonprofit Group-Living Facilities or Homekey Housing Facilities for CARE shall be placed on the CARE rate starting with the first day of the Billing Cycle a complete application as specified in Section C was approved by PG&E.

B. ELIGIBILITY

To be eligible to receive CARE, the Nonprofit Group-Living Facility or Homekey Housing Facility (facility) must meet the following conditions:

1. The facility must be operated by a corporation that has received a letter of determination by the Internal Revenue Service (IRS) that the corporation is tax-exempt due to its nonprofit status under IRS Code Section 501(c)(3). The facility must be one of the following:
 - a. Homeless shelter: The shelter must provide at least 6 beds and must be open at least 180 days per year; or
 - b. Transitional housing, such as a half-way house, drug rehabilitation facility, women's shelter; or
 - c. Short- or Long-Term Care: The facility must be a hospice, nursing home, seniors' home, or children's home; or
 - d. A group home for physically or mentally disabled people; or
 - e. Homekey Housing Facility: The facility must provide permanent supportive housing for individuals at risk of or experiencing homelessness and who are inherently impacted by or at increased risk for medical diseases or conditions.
2. At least 70 percent of the energy supplied to the facility's premises must be used for residential purposes (eating and sleeping).

(Continued)



ELECTRIC RULE NO. 19.2	Sheet 2
CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES AND HOMEKEY HOUSING FACILITIES	(T)

B. ELIGIBILITY (Cont'd.)

3. The facility must also be licensed, or otherwise prove to PG&E's satisfaction, by the appropriate state agency. A homeless shelter is required to provide a copy of its municipal or county conditional use permit. A Homekey Housing Facility is required to provide proof of the Homekey award and a copy of a valid California state tax exemption form. (T)

4. The total gross annual income for all persons residing at a facility may not exceed the following:

Number of Persons in Household	Total Gross Annual Household Income (Effective June 1, 2025 to May 31, 2026)	(T)
1-2	\$42,300	(T)
3	\$53,300	I
4	\$64,300	I
5	\$75,300	I
6	\$86,300	I
7	\$97,300	I
8	\$108,300	I
Each additional member, add:	\$11,000	(T)

(Continued)



ELECTRIC RULE NO. 19.2	Sheet 3
CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES AND HOMEKEY HOUSING FACILITIES	(T)

B. ELIGIBILITY (Cont'd.)

The following types of facilities do not qualify as Nonprofit Group-Living Facilities:
student housing, or student dormitories. (T)

Nonprofit Group-Living Facilities which received government construction assistance in the form of a low interest mortgage, a direct cash grant, or a continuing rent subsidy may qualify for the CARE discount, provided these facilities meet the eligibility criteria listed in B.1 through B.4.

Homeless Shelters may qualify for the CARE discount even if they receive ongoing government subsidies or occupy a government building, provided that the corporation operating the homeless shelter is PG&E's customer of record and 70 percent of the electricity consumed at the premises is used for residential purposes.

A facility which otherwise qualifies for CARE under the qualifications set forth above shall not be deemed ineligible because compensation for resident's room and board is provided by a government agency under a disability, Supplemental Security Income (SSI), Social Security Administration, or other governmental assistance program.

5. Nonprofit Group-Living Facilities and Homekey Housing Facilities, other than homeless shelters, must provide at least one service in addition to lodging (e.g., meals, rehabilitation, training, counseling, etc.) (T)

6. A nonlicensed, separately metered satellite facility qualifies for the CARE discount if it meets the following criteria:
- a. The corporation owning the satellite facility is licensed by the appropriate state agency and otherwise meets the CARE criteria in B.1 through B.3;
 - b. The satellite facility and its residents meet the criteria in B.4 and B.5;
 - c. At least 70 percent of the energy used by the satellite facility must be used for residential purposes (eating and sleeping); and

(Continued)



ELECTRIC RULE NO. 19.2 Sheet 4
CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES (T)
AND HOMEKEY HOUSING FACILITIES

B. ELIGIBILITY (Cont'd.)

- d. The corporation owning the satellite facility is the customer of record for the satellite facility's premises.

Completed applications must be submitted to PG&E.

C. CERTIFICATION

1. All facilities applying for certification must complete and provide to PG&E an Application Form No. 62-0156 for Nonprofit Group-Living Facilities and Homekey Housing Facilities. (T)
2. Each Application for Nonprofit Group-Living Facilities and Homekey Housing Facilities must be accompanied by the following documentation: (T)
 - a. A copy of the IRS tax exempt status letter; Homekey Housing Facilities must also provide a copy of a valid California state tax exemption form; (T)
 - b. A copy of the license from the appropriate state agency, showing what services are provided in addition to lodging (homeless shelters do not need to provide a copy of a license); (T)
 - c. A copy of the municipal or county conditional use permit for facilities providing shelter for the homeless or a proof of the Homekey award for Homekey Housing Facilities; and (T)
 - d. Documentation that all residents of the facility and any satellite facilities meet the CARE eligibility criteria shown in Section B. Homeless shelters need not provide income documentation; or (T)
 - e. Otherwise prove to PG&E's satisfaction that the facility is eligible to participate in the CARE program.
3. Certification of Nonprofit Group-Living Facilities and Homekey Housing Facilities is valid for two years, except as provided in Section E. (T)

It is the responsibility of the facility to notify PG&E when it is no longer eligible for the CARE Program.

(Continued)



ELECTRIC RULE NO. 19.2

Sheet 5

CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES (T)
AND HOMEKEY HOUSING FACILITIES

D. RECERTIFICATION REQUIREMENTS

1. Facilities wishing to recertify must complete Form No. 62-0156 and provide the information listed in Section C.
2. Recertification shall include an explanation by the facility of how the annual CARE discount was used during the previous year for the direct benefit of qualifying residents.

Nonprofit Group-Living Facilities or Homekey Housing Facilities either suspected of or proven to have provided incorrect information in their application for CARE may be required to recertify at any time. Further, PG&E reserves the right to conduct random audits to determine facility eligibility¹. Failure by any party to provide proper proof of eligibility will result in the removal of the facility from the CARE rate. (T)

Upon PG&E's request that the facility recertify eligibility or 90 days before the regular expiration date of the facility's eligibility, the facility will have 90 days to recertify, after which the facility not recertified may lose their eligibility under the CARE program. (T)

E. MISAPPLICATION OF CARE

Misapplication of CARE for the period during which the facility received CARE occurs when: 1) the facility certifies or recertifies using incorrect information, or 2) when the CARE discount funds were not spent for the benefit of the qualifying residents. PG&E may rebill the account at the customer's otherwise applicable rate schedule for misapplication of CARE. Such billing shall be for a period up to the most recent three months in accordance with Rule 17.1. However, nothing in Rule 19.2 shall be interpreted as limiting PG&E's rights under any provisions of any applicable law or tariff. (T)

¹ All CARE eligibility standard and high-usage Post Enrollment Verification (PEV) requests will be frozen for customers affected by a disaster as described in the Emergency Consumer Protection Plan definition in Electric Rule 1.



ELECTRIC RULE NO. 19.3 Sheet 1
CALIFORNIA ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRICULTURAL EMPLOYEE
HOUSING FACILITIES

A. GENERAL

The Low-Income Ratepayer Assistance (LIRA) program was established by the Commission in Decision (D.) 89-07-062 and D.89-09-044. The program was revised in D.94-12-049 and the name changed to California Alternate Rates for Energy (CARE). The program was expanded to migrant centers, privately-owned employee housing and agricultural employee housing operated by a non-profit agency (collectively referred to as Facilities) in D.95-10-047. D.05-04-052 expanded CARE qualifying facilities to include Migrant Farm Worker Housing Centers operated by the office of Migrant Services, and Migrant Farm Worker Housing Centers operated by qualifying non-profit entities. The purpose of this CARE program is to provide qualifying Facilities with reduced charges for electric service. Application for the rate may be made by master-metered customers who operate Facilities for qualifying residents.

Qualifying Special Employee Housing Facilities for CARE shall be placed on the CARE rate starting with the first day of the Billing Cycle a complete application as specified in Section C was approved by Pacific Gas and Electric (PG&E).

(T)

B. ELIGIBILITY

To be eligible to receive CARE, the Facility must meet the following conditions:

1. MIGRANT CENTERS

- a. Migrant Centers must have a current contract with the Office of Migrant Services, Department of Housing and Community Development to provide housing pursuant to Health and Safety Code §50710.
- b. Migrant Farm Workers Housing Centers, operated by the Office of Migrant Services (OMS), Department of Housing and Community Development, to provide a current contract in accordance with IRS Code Section 501(c)(3), pursuant to Section 50710 of the Health and Safety Code.
- c. Migrant Farm Worker Housing Centers, operated by non-profit entities, as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code.
- d. For Migrant Centers, 100 percent of the energy supplied to the facility's premises must be used for residential purposes, if each of the dwelling areas in the facility is individually metered. If a master meter serves the facility, not less than 70 percent of the energy supplied to the facility's premises must be used for residential purposes.

(Continued)



ELECTRIC RULE NO. 19.3

Sheet 2

**CALIFORNIA ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRICULTURAL EMPLOYEE
HOUSING FACILITIES**

B. ELIGIBILITY (Cont'd.)

2. PRIVATELY-OWNED EMPLOYEE HOUSING FACILITIES

- a. Privately-Owned Employee Housing Facilities must provide proof of current compliance with Part 1 of Division 13 of the Health and Safety Code. Compliance must take the form of having a permit issued by the State Department of Housing and Community Development pursuant to Health and Safety Code §17030.
- b. For Privately-Owned Employee Housing Facilities, 100 percent of the energy supplied to the facility's premises must be used for residential purposes.

3. AGRICULTURAL EMPLOYEE HOUSING FACILITIES

- a. Agricultural Employee Housing Facilities must provide a letter of determination by the Internal Revenue Service (IRS) that the corporation is tax-exempt due to its non-profit status under IRS Code §501(c)(3) or proof that it is tax-exempt due to its non-profit status from the State of California. Additionally, the Facility must provide a copy of letter from the Assessor in the county where the Facility is located stating that the housing is exempt from local property taxes.
 - b. For Agricultural Employee Housing Facilities, 100 percent of the energy supplied to the facility's premises must be used for residential purposes, if each of the dwelling areas in the facility is individually metered. If a master meter serves the facility, not less than 70 percent of the energy supplied to the facility's premises must be used for residential purposes.
4. The total gross annual income for all persons residing at a Facility may not exceed the following:

Number of Persons in Household	Total Gross Annual Household Income (Effective June 1, 2025 to May 31, 2026)	(T)
1-2	\$42,300	(T)
3	\$53,300	
4	\$64,300	
5	\$75,300	
6	\$86,300	
7	\$97,300	
8	\$108,300	
Each additional member, add:	\$11,000	(T)

(Continued)



ELECTRIC RULE NO. 19.5

Sheet 1

**PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT PROGRAM ELIGIBILITY AND
CERTIFICATION RULES FOR INDIVIDUALLY METERED ELECTRIC CUSTOMERS**

A. GENERAL

The Percentage of Income Payment Plan (PIPP) pilot program was established by the Commission in Decision (D.) 21-10-012. The PIPP program is a four-year pilot program available only to a maximum of 5,000 PG&E participants, as set forth in Schedule E-PIPP. To be eligible for the PIPP pilot, customers must be individually metered by Pacific Gas and Electric Company (PG&E) and must participate in the California Alternate Rates for Energy (CARE) program. Please see Schedule E-PIPP for more details.

(T)
(T)

Qualifying applicants for PIPP shall be placed into the PIPP pilot in accordance with Schedule E-PIPP starting with the first day of the next Billing Cycle after selection for the PIPP pilot program by PG&E, or as otherwise communicated by PG&E.

B. ELIGIBILITY

To be eligible to participate in the PIPP pilot, individually metered applicants/customers must be enrolled in CARE. Additionally, PG&E will have discretion on how to fill the limited 5,000 PIPP slots as set forth in Schedule E-PIPP.

While CARE requires applicants to verify only that household income and number of persons in the household is between 0-200% of the Federal Poverty Guidelines (FPG), PIPP participation has a special category for 0-100% of FPG. While PG&E will randomly verify the eligibility of CARE applicants following enrollment, special separate proof of income and eligibility verification must be provided within 90 days for all PIPP participants seeking to be categorized in the 0-100% of FPG group.

Participants who request a bill cap for 101-200% of FPG will be subject to the CARE post-enrollment verification processes. PIPP participants will not be required to verify their income if they have verified their income for CARE within the past two years. Utilities will contract with community-based organizations to provide upfront income verification services for PIPP pilots during pilot intake and enrollment if such community-based organizations currently provide upfront income verification services for CARE and/or Energy Savings Assistance Program (ESAP). The PIPP pilots will rely on the CARE income reverification processes and will not have separate income reverification requirements.

Applicants on PIPP will also be subject to the CARE criteria that households with electric usage above 400% of baseline allowance must provide proof of qualifying household income, including IRS Tax Return Transcripts, agree to participate in the Energy Savings Assistance program, and keep their usage below 600% of baseline allowance to remain enrolled in CARE¹. Applicants may be removed from the CARE program if their monthly electric usage exceeds 600% of baseline allowance.

¹All CARE eligibility standard and high-usage Post Enrollment Verification (PEV) requests will be frozen for customers affected by a disaster as described in the Emergency Consumer Protection Plan definition in Electric Rule 1.

(Continued)



ELECTRIC RULE NO. 19.5 Sheet 2
**PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT PROGRAM ELIGIBILITY AND
 CERTIFICATION RULES FOR INDIVIDUALLY METERED ELECTRIC CUSTOMERS**

B. ELIGIBILITY (Cont'd.)

Total gross annual income for all persons in the applicant's household may not exceed the following:

Number of Persons in Household	Total Gross Annual Household Income (Effective June 1, 2025 to May 31, 2026)	(T)
1	\$15,650	(T)
2	\$21,150	(T)
3	\$26,650	(T)
4	\$32,150	(T)
5	\$37,650	(T)
6	\$43,150	(T)
7	\$48,650	(T)
8	\$54,150	(T)
Each additional member, add:	\$ 5,500	(T)

The above income cutoffs by the number of persons in the household are set at 200% of FPG guidelines. To qualify for the PIPP 0-100% of FPG category, a household must provide proof of income of one-half or less of the income cutoffs shown above.

C. CERTIFICATION

1. Individually metered PG&E customers, and other qualifying applicants in individually metered residential dwelling units:

All applicants for CARE certification must fill out and provide to PG&E Application Form No. 01-9077 (English/Spanish), 62-0972 (English/Chinese), 62-0973 (English/Vietnamese). There is no separate application required for the PIPP pilot program, but all PIPP participation will be as directed under the discretion of PIPP Pilot Implementers, based on the maximum cap of 5,000 PG&E PIPP participants, and other considerations as set forth in Schedule E-PIPP.

(Continued)



ELECTRIC TABLE OF CONTENTS

Sheet 1

TABLE OF CONTENTS

SCHEDULE	TITLE OF SHEET	CAL P.U.C. SHEET NO.
Title Page		59675-E (T)
Rate Schedules.....	58802, 59676 , 58804, 58805, 59536, 59631, 59632, 58826, 52770-E	(T)
Preliminary Statements.....	52771, 48064, 58835, 41723, 57693, 54450, 58831-E	
Preliminary Statements, Rules.....		58888-E
Rules		59677 , 57982-E (T)
Maps, Contracts and Deviations		57773-E
Sample Forms.....	57694, 59678 , 57695, 57696, 49303, 59679 ,	(T)
	57697, 57698, 58827, 58057, 49309, 56114, 49311-E	

(Continued)

Advice 7594-E
Decision

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

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Resolution E-5200 and E-3524



ELECTRIC TABLE OF CONTENTS

Sheet 3

SCHEDULE	TITLE OF SHEET	CAL P.U.C. SHEET NO.
	Rate Schedules Residential (Cont'd)	
D-CARE	Line-Item Discount For California Alternate Rates For Energy (Care) Customers	57520, 58198-E
D-MEDICAL	Line-Item Discount For Medical Customers.....	56880-E
DAC-GT	Disadvantaged Community Green Tariff Program.....	58679,58680,58681-E
E-AMDS	Experimental Access to Meter Data Services.....	28367-E
E-FERA	Family Electric Rate Assistance	59658,59659 ,29288-E (T)
E-RSMART	Residential SMARTRATE Program.....	55702,52874,52875,52876,52877-E
EE	Service to Company Employees	24091-E
E-EFLIC	Energy Financing Line Item Charge (EFLIC) Pilot.....	35599,35600,35601,35602,35603-E
E-SDL	Split-Wheeling Departing Load.....	47531,28866,27457,47532,26511
		24622*,24623*,26424*,24625*,24626-E*
E-TOU-B	Residential Time-of-Use Service	47536, 58589,47538, 57558,
		43413,36504,40864,47540-E
E-TOU-C	Residential Time-Of-Use (Peak Pricing 4 - 9 p.m. Every Day)	52102,58590,58591,
		53474,50176, 54824, 53476,43056,52500-E
E-TOU-D	Residential Time-of-Use Peak Pricing 5 - 8 p.m. Non-Holiday Weekdays	
		46542,58592,46544, 53478, 57563-E
EL-TOU	Residential CARE Program Time-of-Use Service	36507,45333,45334,45335,
		43418,36512,40873,44613-E
EM	Master-Metered Multifamily Service	58593,58594,53482,50181, 57566,52014 -E
EM-TOU	Residential Time of Use Service	52107, 58595,58596,53486,52409, 53487, 57569,52412-E
E-PIPP	Percentage of Income Payment Plan (PIPP) Pilot.....	59660 ,55107,55108,58989, (T)
		59661,59662 ,55112,55113-E (T)
ES	Multifamily Service	58597, 58598, 53491,50187, 57032,47558-E
ESR	Residential RV Park and Residential Marina Service.....	
		58599, 58600, 53495,50190, 57575,47561-E
ET	Mobilehome Park Service.....	58601,58602,53499,50193, 57578,52018,47565-E

(Continued)



ELECTRIC TABLE OF CONTENTS

Sheet 19

RULE	TITLE OF SHEET	CAL P.U.C. SHEET NO.
Rules		
Rule 01	Definitions 25914,50028,50029,50030,50031,50032,50033, 59663 ,46392, ...43251,43252,43253,58300,58301,58302,58516,59418,53687, ...58901,53689,53690,53691,53692,53693,53694,53695,53696, ...53697,53698,53699,53700,53701,59257,59258,59259-E	(T)
Rule 02	Description of Service 11257,11896*,11611,14079,11261,11262,11263,31319,27764,27765, ... 27766,27767,11269,11270,11271,11272,27768,11274,11275,27769, ...27770,11278,51558,50622,45471,45472,45473,45474,45475-E	
Rule 03	Application for Service..... 27798,46817,46818-E	
Rule 04	Contracts..... 34614-E	
Rule 05	Special Information Required on Forms 32168,14192,37150-E	
Rule 06	Establishment and Reestablishment of Credit..... 46819,46820-E	
Rule 07	Deposits 46821,46822-E	
Rule 08	Notices 46823,46824,46825,14146,35236-E	
Rule 09	Rendering and Payment of Bills ..41048,43019,46804,49760,49761,47337,47338,47339,47340-E	
Rule 10	Disputed Bills 11308,11309,11310-E	
Rule 11	Discontinuance and Restoration of Service..... 46810,47627,46812,46813,46814,46815,13146, ...13147,13148,54758,13150,35241,46816,42111,42112-E	
Rule 12	Rates and Optional Rates 16872,27804,43013-E	
Rule 13	Temporary Service..... 57198-E	
Rule 14	Shortage of Supply and Interruption of Delivery 19762,15527, ... 52983,35395,35396,35397,35398-E	
Rule 15	Distribution Line Extensions 57199,57200,57201,57202,57203,57204,57205, ... 57206,57207,57208,57209,57210,57211,57212, ...57213,57214,57215,57216,57217,57218,57219,58902,57221,57222-E	
Rule 16	Service Extensions..... 47819,57223,57224,57225,57226,57227,57228,57229, ... 57230,57231,57232,57233,57234,57235,57236,57237, ...57238,57239,57240,57241,57242,57243,57244,58903,57246-E	
Rule 17	Meter Tests and Adjustment of Bills for Meter Error..... 20099,29723,29955,25149-E	
Rule 17.1	Adjustment of Bills for Billing Error 33679,29724-E	
Rule 17.2	Adjustment of Bills for Unauthorized Use 22707*,12056,12057,12058-E	
Rule 18	Supply to Separate Premises and Submetering of Electric Energy 14329*,54760,54761,54762,48373-E	
Rule 19	Medical Baseline Quantities 49738,49739,52984-E	
Rule 19.1	California Alternate Rates for Energy for Individual Customers and Submetered Tenants of Master-Metered Customers..... 59664,59665 ,32656,29291-E	(T)
Rule 19.2	California Alternate Rates for Energy for Nonprofit Group-Living Facilities and Homekey Housing Facilities 59666 , ... 59667,59668,59669, 59670-E	(T) (T)
Rule 19.3	California Alternate Rates for Energy for Qualified Agricultural Employee Housing Facilities..... 59671,59672 ,33849,43017-E	(T)
Rule 19.5	Percentage of Income Payment Plan (PIPP) Pilot Program Eligibility and Certification Rules for Individually Metered Electric Customers..... 59673,59674 ,56657*-E	(T)
Rule 20	Replacement of Overhead with Underground Electric Facilities.....50545, ... 50546,41083,41084,41085-E	

(Continued)



ELECTRIC TABLE OF CONTENTS

Sheet 23

FORM	TITLE OF SHEET	CAL P.U.C. SHEET NO.
	Sample Forms	
	Rules 19 Medical Baseline Quantities	
61-0502	Medical Baseline Allowance Self-Certification	57767-E
62-3481	Medical Baseline Allowance Application	57768-E
	Sample Forms	
	Rules 19.1, 19.2, and 19.3 California Alternative Rates for Energy	
01-9077	CARE/FERA Program Application for Residential Customers	59633-E (T)
01-9285	CARE/FERA Program Application for Sub-Metered Residential Customers.....	59634-E (T)
62-0156	CARE Program Application for Nonprofit Group Living Facilities	59636-E (T)
62-1198	CARE Program Application for Agricultural Employee Housing Facilities	59644-E (T)
62-1477	CARE/FERA Program Income Guidelines	59645-E (T)
61-0535	CARE Program Application for Migrant Farm Worker Housing Centers	59635-E (T)

(Continued)

Advice 7594-E
Decision

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted May 7, 2025
Effective June 1, 2025
Resolution E-5200 and E-3524



ELECTRIC TABLE OF CONTENTS

Sheet 27

FORM	TITLE OF SHEET	CAL P.U.C. SHEET NO.
Sample Forms		
Residential Family Electric Rate Assistance		
62-0672	CARE/FERA Program Application for Sub-Metered Residential Customers (English/Chinese)	59637-E (T)
62-0673	CARE/FERA Program Application for Sub-Metered Residential Customers (English/Vietnamese)	59638-E (T)
62-0919	CARE/FERA Program Application for Residential Customers (Pre-Printed Application)	59639-E (T)
62-0939	CARE/FERA Program Application for Residential Customers (Pre-Printed Application Instruction)	59640-E (T)
62-0940	CARE Program Renewal Instructions - Residential Customers	59641-E (T)
62-0972	CARE/FERA Program Application for Residential Customers (English/Chinese)	59642-E (T)
62-0973	CARE/FERA Program Application for Residential Customers (English/Vietnamese)	59643-E (T)
62-1509	CARE Program Renewal Application – Residential Customers	59646-E (T)
79-1051	CARE/FERA Program Application for Residential Customers (English) Large Print Application	59647-E (T)
79-1052	CARE/FERA Program Application for Residential Customers (Spanish) – Large Print Application	59648-E (T)
79-1053	CARE/FERA Program Application for Residential Customers (Chinese) – Large Print Application	59649-E (T)
79-1054	CARE/FERA Program Application for Residential Customers (Vietnamese) – Large Print Application	59650-E (T)
79-1055	CARE/FERA Program Application for Sub-Metered Residential Customers (English) – Large Print Application	59651-E (T)
79-1056	CARE/FERA Program Application for Sub-Metered Residential Customers (Spanish) – Large Print Application	59652-E (T)
79-1057	CARE/FERA Program Application Sub-Metered Residential Customers (Chinese) – Large Print Application	59653-E (T)
79-1058	CARE/FERA Program Application for Sub-Metered Residential Customers (Vietnamese) – Large Print Application	59654-E (T)
79-1059	CARE/FERA Program Income Guidelines – Large Print	59655-E (T)
79-1072	FERA Program Renewal Instructions – Residential Customers	59656-E (T)
79-1073	FERA Program Renewal Application – Residential Customers	59657-E (T)

(Continued)

Attachment 2

Redline Tariff Revisions



GAS SCHEDULE G-PIPP

Sheet 1

PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT

APPLICABILITY: The Percentage of Income Payment Plan (PIPP) pilot program is a four-year pilot program subject to a maximum participation cap of 5,000 Pacific Gas and Electric (PG&E) residential gas or electric customers, as set forth in California Public Utilities Commission (CPUC or Commission) Decision (D.) 21-10-012. The purpose of the PIPP pilot is to test whether a PIPP program can (i) reduce the number of low-income households at risk of disconnection, (ii) encourage participation in energy saving and energy management programs, (iii) increase access to essential levels of energy service, and (iv) control PIPP program costs.

(N)

The PIPP pilot program is applicable only to residential gas and electric customers of Pacific Gas and Electric Company (PG&E), Southern California Edison Company (SCE), San Diego Gas and Electric Company (SDG&E), and Southern California Gas Company (SoCalGas), as well as the Community Choice Aggregation (CCA) electric service providers in California who elect to participate in the PIPP pilot program in the service territories of the above investor-owned utilities (IOUs).

Due to service territory differences across the investor-owned utilities, or the provision of gas versus electric service by each utility company, it is possible for a PIPP customer to be served by two separate utility companies. The overall capped PIPP energy bill will be split into separate gas versus electric bill caps, and separate CCA versus ~~investor-owned utility~~IOU capped portions of the electric bill. PIPP bill caps may not be available in local or municipal utility service areas.

Statewide, up to 15,000 customers may participate in the pilots. The following pilot participation caps will apply by utility: ~~Pacific Gas and Electric Company~~PG&E (PG&E) 5,000; ~~Southern California Gas Company~~ (SoCalGas) 5,000; ~~Southern California Edison Company~~ (SCE) 4,000; and ~~San Diego Gas & Electric Company~~ (SDG&E) 1,000. Target enrollment levels for each utility's pilot effective six months after pilot enrollment begins: PG&E 2,500; SoCalGas 2,500; SCE 2,000; and SDG&E 500.

Schedule G-PIPP is applicable to residential gas service in single-family dwellings and in flats and apartments separately metered by PG&E, and to gas premises which meet the applicability criteria set forth in residential gas service Schedule G-1, where the applicant qualifies for California Alternate Rates for Energy (CARE) under gas Schedule GL-1 and the CARE eligibility and certification criteria set forth in Gas Rule 19.1, and the PIPP eligibility and certification criteria set forth in Gas Rule 19.5. CARE gas customers who procure gas supply from a party other than PG&E by taking Schedule GL-1 service in conjunction with Schedule G-CT—Core Gas Aggregation Service, are categorically ineligible for PIPP participation.

PIPP service is available only on Schedule GL-1 pursuant to D.21-10-012 directing that utilities may limit PIPP pilot participation to customers enrolled in the most commonly enrolled residential rates. Further, PIPP service is not available to a master metered operator and its sub-metered tenants, any customer without a Smart Meter, any customer billed in PG&E's Advanced Billing System (ABS), any customer on PG&E's Budget Billing program, or any customer enrolled in any other pilot. A PIPP customer terminating CARE service will be removed from the PIPP pilot.

(N)

(Continued)

Advice	4807-G	Issued by	Submitted	<u>October 10,</u> <u>2023</u> <u>May 7, 2025</u>
Decision	D.21-10-012	Meredith Allen	Effective	<u>January 17,</u> <u>2023</u> <u>June 1, 2025</u>



GAS SCHEDULE G-PIPP
PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT

Sheet 4

RATES:

Customers taking service on this rate schedule will receive a maximum monthly PIPP bill cap as set forth in the table below, prior to any applicable taxes and fees. Based on the PIPP participant's household income level, and number of persons in the household, and subject to the PIPP eligibility and certification criteria set forth in Gas Rule 19.5, the PIPP participant will be categorized as falling into either the (a) 0% to 100% of Federal Poverty Guidelines (FPG) group, or (b) the 101% to 200% of FPG group.

Tables C and D below present the PIPP overall bill caps, as well as the breakdown of the overall PIPP bill cap into gas versus electric bill caps, in Table C, and of the electric bill into generation and non-generation bill caps, in Table D, for participating CCA electric customers.

The gas and electric PIPP bill splits shown in Table C will be used by all California utilities. Conversely, the electric generation and non-generation PIPP bill splits shown in Table D are specific to PG&E's territory, and other California electric utilities may use a different PIPP bill split for electric generation and non-generation bill caps. These bill caps are in effect from ~~June 1, 2024 to May 31, 2025~~ June 1, 2025 to May 31, 2026.

(T)

TABLE C
Statewide Electric & Gas PIPP Bill Caps

~~2024/2025~~ <u>2025/2026</u> IOU Bill Caps	Ratio 75/25 – Statewide Cap
0-100% of FPG (Lower Level)	\$ ~~443.00~~ <u>44.00</u>
Electric Bill Cap	\$ ~~342.00~~ <u>33.00</u>
Gas Bill Cap	\$11.00
101-200% of FPG (Upper Level)	\$ ~~429~~ <u>133.00</u>
Electric Bill Cap	\$ ~~97.00~~ <u>100.00</u>
Gas Bill Cap	\$ ~~332.00~~ <u>33.00</u>

(T)

(T)

(Continued)



GAS SCHEDULE G-PIPP
PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT

Sheet 5

RATES (Cont'd):

TABLE D
PG&E Territory Electric Generation and Non-Generation PIPP Bill Caps

~~2024/2025~~ 2025/2026 PG&E's Generation & Non-Generation Costs for Electric Bill Cap	Ratio 38/62
0-100% of FPG (Lower Level)	\$ ~~332.00~~ <u>33.0</u> 0
Electric Generation Cap (CCA Charges)	\$ ~~132.00~~ <u>13.0</u> 0
Electric Non-Generation Cap (PG&E Charges)	\$20.00
101-200% of FPG (Upper Level)	\$ ~~97~~ <u>100</u> .00
Electric Generation Cap (CCA Charges)	\$ ~~387.00~~ <u>38.0</u> 0
Electric Non-Generation Cap (PG&E Charges)	\$ ~~620.00~~ <u>62.0</u> 0

(T)

(T)

The above PIPP bill caps will be updated each year, starting in 2024, as CARE income guidelines set forth in Gas Rule 19.1 are updated. The overall CARE income guidelines for households of three persons are used to set the two PIPP bill caps shown above. The overall PIPP bill cap is ~~\$43.44~~ for PIPP participants verifying household income of 0% to 100% of FPG and is ~~\$129.133~~ for PIPP participants in the 101-200% of FPG category. All customers otherwise eligible for CARE by being 0% to 200% of FPG will be assumed to be in the 101% to 200% of FPG category unless proof is provided of 0-100% of FPG eligibility.

(T)

(T)

For the PIPP pilot, the maximum household energy bill is first established, and is then split between gas and electric service. The electric bill is then split into a PG&E portion and a CCA generation portion, where applicable for participating CCA PIPP pilot electric customers.

The PIPP customer's monthly bill will be the lower of the PIPP gas bill cap, or the customer's otherwise applicable monthly gas CARE bill.

Once per year, the otherwise applicable monthly CARE bill will be the bill after the application of the gas California Climate Credit.

The bill discount attributable to participation in the PIPP pilot is equal to the CARE bill prior to any utility user taxes or other taxes and fees, and the PIPP bill prior to any utility user taxes or other taxes and fees. The lower of the monthly PIPP bill or the monthly CARE bill will be the basis for the application of utility user taxes or other taxes and fees.

(Continued)



**GAS RULE NO. 1
DEFINITIONS**

Sheet 16

NATURAL GAS: See Gas.

(L)

NONCORE END-USE CUSTOMER: Noncore End-Use Customers are typically large commercial, industrial, cogeneration, wholesale or electric generation Customers who meet the usage requirements for service under a noncore rate schedule and who have executed a Natural Gas Service Agreement. Electric Generation, Enhanced Oil Recovery, Cogeneration, and Refinery Customers with historical or potential annual use exceeding 250,000 therms per year or rated generation capacity of five hundred kilowatts (500 kW) or larger, are permanently classified as Noncore End-Use Customers.

NONPROFIT GROUP-LIVING FACILITY OR HOMEKEY HOUSING FACILITY: A facility operated by a corporation that has received a letter of determination by the Internal Revenue Service that the corporation is tax-exempt due to its nonprofit status under IRS Code Section 501(c)(3). The facility must be one of the following:

1. A homeless shelter with ~~10-6~~ or more beds and open at least 180 days per year;
2. Transitional housing, such as a half-way house or drug rehabilitation facility;
3. Short- or long-term care facility, such as a hospice, nursing home, seniors' home, or children's home; or
4. A group home for physically or mentally disabled persons; or

5. - Homekey Housing Facility: The facility must provide permanent supportive housing for individuals at risk of or experiencing homelessness and who are inherently impacted by or at increased risk for medical diseases or conditions.

With the exception of homeless shelters, the nonprofit group-living facility must provide services such as meals or rehabilitation in addition to lodging. All of the residents of the facility must meet the CARE eligibility standard for a single-person household. At least 70 percent of the gas supplied to the facility's premises must be used for residential purposes, and the facility must be licensed by the appropriate state agency, with the exception of homeless shelters which must have the appropriate municipal or county conditional use permits. A Homekey Housing Facility is required to provide proof of the Homekey award and a copy of a valid California state tax exemption form.

(L)

Facilities such as student housing/dormitories are excluded. For complete eligibility requirements see Rule 19.2.

OFF-SYSTEM DELIVERY POINT(S): Any interconnection for delivery outside of PG&E's service territory.

(Continued)



GAS RULE NO. 19.1

Sheet 1

**CALIF ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED
TENANTS OF MASTER-METERED CUSTOMERS**

A. GENERAL

The Low-Income Ratepayer Assistance (LIRA) program was established by the Commission in Decision (D.) 89-07-062 and D.89-09-044. The program was revised in D.94-12-049 and the name changed to California Alternate Rates for Energy (CARE). The purpose of the CARE program is to provide qualifying residential applicants with reduced energy charges. An application for the rate may be made by individually metered Pacific Gas & Electric (PG&E) customers, master-metered customers with qualifying sub-metered tenants, sub-metered tenants of master-metered PG&E customers, or any permanent resident in an individually-metered residential dwelling unit, except non sub-metered tenants of master-metered customers and any applicant/customer currently receiving service under Schedule G-10.

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(T)
(T)
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(T)

Qualifying applicants for CARE shall be placed on the CARE rate starting with the first day of the Billing Cycle such application was processed in by PG&E.

A Nonprofit Group-Living Facility may qualify for CARE, if it meets the eligibility criteria set forth in Rule 19.2. A Qualified Agricultural Housing Facility may qualify for CARE, if it meets the eligibility criteria set forth in Rule 19.3.

B. ELIGIBILITY

To be eligible to receive CARE the applicant (except in the case where a master-metered Customer submeters qualifying CARE applicants) must qualify under the eligibility criteria set forth in either Section 1 or 2, below, and meet the certification requirements thereof to the satisfaction of PG&E. Individually metered applicants/customers may qualify for CARE at their primary residence only.

(T)

The completed application must be submitted to PG&E. PG&E will randomly verify the eligibility of applicants following enrollment.

Applicants with electric usage above 400% of baseline allowance must provide proof of qualifying household income, including Internal Revenue Services (IRS) Tax Return Transcripts, agree to participate in the Energy Savings Assistance (ESA) program, and keep their usage below 600% of baseline allowance to remain enrolled in CARE¹. Applicants may be removed from the CARE program if their monthly electric usage exceeds 600% of baseline allowance.

(T)

¹ All CARE eligibility standard and high-usage Post Enrollment Verification (PEV) requests will be frozen for customers affected by a disaster as described in the Emergency Consumer Protection Plan definition in Gas Rule 1.

(Continued)



GAS RULE NO. 19.1

Sheet 2

**CALIF ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED
TENANTS OF MASTER-METERED CUSTOMERS**

B. ELIGIBILITY (Cont'd.)

Total gross annual income for all persons in the applicants household may not exceed the following:

Number of Persons in Household	Total Gross Annual Household Income (Effective June 1, 202 ~~5~~ ⁴ to May 31, 202 ~~6~~ ⁵)	(T)
1-2	\$ ~~40,880~~ ^{42,300}	(T)
3	\$ ~~51,640~~ ^{53,300}	
4	\$ ~~62,400~~ ^{64,300}	
5	\$ ~~73,160~~ ^{75,300}	
6	\$ ~~83,920~~ ^{86,300}	
7	\$ ~~94,680~~ ^{97,300}	
8	\$ ~~105,440~~ ^{108,300}	
Each additional member, add:	\$ ~~10,760~~ ^{11,000}	(T)

C. CERTIFICATION

- Individually metered PG&E Customers, sub-metered tenants of master-metered PG&E customers, and other qualifying applicants in individually metered residential dwelling units:

All applicants for certification must fill out and provide to PG&E Application Form No. 01-9077 (English/Spanish), 62-0972 (English/Chinese), 62-0973 (English/Vietnamese).

- Submetered tenants of master-metered PG&E customers:

Submetered tenants of master-metered customers will submit Application Form No. 01-9285 (English/Spanish), 62-0672 (English/Chinese), 62-0673 (English/Vietnamese) to PG&E, including their apartment/unit number and PG&E master-metered account number. PG&E will notify the master-metered customer of the tenant's certification. The master-metered customer, not PG&E, is responsible for extending CARE discounts to tenants certified to receive them.

(Continued)

Advice 4911-G
Decision

Issued by
Shilpa Ramaiya
Vice President

Regulatory Proceedings and Rates

Submitted
Effective
Resolution

May ~~7~~⁷, 202~~5~~⁴
June 1, 202~~5~~⁴
E-5200 and E-3524



GAS RULE NO. 19.2

Sheet 1

**CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES AND
HOMEKEY HOUSING FACILITIES**

A. GENERAL

The Low-Income Ratepayer Assistance (LIRA) program was established by the Commission in Decision (D.) 89-07-062 and D.89-09-044, ~~and~~ and It was expanded to qualifying Nonprofit Group-Living Facilities in D.92-04-024 and D.92-06-060 and to Homekey Housing Facilities in Assembly Bill (AB) 2672 (Statutes of 2024). The program was revised in D.94-12-049 and the name changed to California Alternate Rates for Energy (CARE). The purpose of the expanded CARE program is to provide qualifying Nonprofit Group-Living Facilities and Homekey Housing Facilities owned or administered by public housing authorities with reduced charges for electric service. D.06-12-038 clarifies that Common Use Areas as defined in Rule 1 qualify for CARE.

(T)
|
(T)

(T)

Application for the rate may be made by master-metered customers who operate Nonprofit Group-Living Facilities or public housing authorities that own or administer Homekey Housing Facilities for qualifying residents.

Qualifying Nonprofit Group-Living Facilities or Homekey Housing Facilities for CARE shall be placed on the CARE rate starting with the first day of the Billing Cycle a complete application as specified in Section C was approved by PG&E.

B. ELIGIBILITY

To be eligible to receive CARE, the Nonprofit Group-Living Facility or Homekey Housing Facilities (facility) must meet the following conditions:

1. The facility must be operated by a corporation that has received a letter of determination by the Internal Revenue Service (IRS) that the corporation is tax-exempt due to its nonprofit status under IRS Code Section 501(c)(3). The facility must ~~provide one of the following services~~ be one of the following:
 - a. Homeless shelter: The shelter must provide at least 6 beds and must be open at least 180 days per year; or
 - b. Transitional housing, such as a half-way house, drug rehabilitation facility, women's shelter; or
 - c. Short- or Long-Term Care: The facility must be a hospice, nursing home, seniors' home, or children's home; or
 - d. A group home for physically or mentally disabled people; or-
 - e. Homekey Housing Facility: The facility must provide permanent supportive housing for individuals at risk of or experiencing homelessness and who are inherently impacted by or at increased risk for medical diseases or conditions.

2. At least 70 percent of the energy supplied to the facility's premises must be used

(Continued)



GAS RULE NO. 19.2

Sheet 2

**CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES AND
HOMEKEY HOUSING FACILITIES**

B. ELIGIBILITY (Cont'd.)

3. The facility must also be licensed, or otherwise prove to PG&E's satisfaction, by the appropriate state agency. A homeless shelter is required to provide a copy of its municipal or county conditional use permit. A Homekey Housing Facility is required to provide proof of the Homekey award and a copy of a valid California state tax exemption form.
4. The total gross income for all persons residing at a facility may not exceed the following:

Number of Persons in Household	Total Gross Annual Household Income (Effective June 1, 202 ~~5~~ ⁴ to May 31, 202 ~~5~~ ⁴)	(T)
1-2	~~\$40,880~~ <u>\$42,300</u>	(T)
3	~~\$51,640~~ <u>\$53,300</u>	
4	~~\$62,400~~ <u>\$64,300</u>	
5	~~\$73,160~~ <u>\$75,300</u>	
6	~~\$83,920~~ <u>\$86,300</u>	
7	~~\$94,680~~ <u>\$97,300</u>	
8	~~\$105,440~~ <u>\$108,300</u>	
Each additional member, add:	~~\$10,760~~ <u>\$11,000</u>	(T)

(Continued)



GAS RULE NO. 19.2

Sheet 3

**CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES AND
HOMEKEY HOUSING FACILITIES**

B. ELIGIBILITY (Cont'd.)

The following types of facilities do not qualify as Nonprofit Group-Living Facilities:
~~Government-owned or subsidized housing, that provides lodging only,~~ student
housing, or student dormitories.

Nonprofit Group Living Facilities which received government construction
assistance in the form of a low interest mortgage, a direct cash grant, or a
continuing rent subsidy may qualify for the CARE discount, provided these
facilities meet the eligibility criteria listed in B.1 through B.4.

Homeless Shelters may qualify for the CARE discount even if they receive
ongoing government subsidies or occupy a government building, provided that
the corporation operating the homeless shelter is PG&E's customer of record and
70 percent of the gas consumed at the premises is used for residential purposes.

A Nonprofit Group-Living Facility which otherwise qualifies for CARE under the
qualifications set forth above shall not be deemed ineligible because
compensation for resident's room and board is provided by a government agency
under a disability, Supplemental Security Income (SSI), Social Security
Administration, or other governmental assistance program.

5. Nonprofit Group-Living Facilities and Homekey Housing Facilities, other than
homeless shelters, must provide at least one service in addition to lodging (e.g.,
meals, rehabilitation, training, counseling, etc.).
6. A non-licensed, separately metered satellite facility qualifies for the CARE discount if it meets the following criteria: (T)
 - a. The corporation owning the satellite facility is licensed by the appropriate
state agency and otherwise meets the CARE criteria in B.1 through B.3;
 - b. The satellite facility and its residents meet the criteria listed in B.4 and B.5;
 - c. At least 70 percent of the energy used by the satellite facility must be for
residential purposes (eating and sleeping); and

(Continued)



GAS RULE NO. 19.2

Sheet 4

**CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES AND
HOMEKEY HOUSING FACILITIES**

B. ELIGIBILITY (Cont'd.)

- d. The corporation owning the satellite facility is the customer of record for the satellite facility's premises.

Completed applications must be submitted to PG&E.

C. CERTIFICATION

1. All facilities applying for certification must complete and provide to PG&E an Application Form No. 62-0156 for Nonprofit Group-Living Facilities and Homekey Housing Facilities.
2. Each Application for Nonprofit Group-Living Facilities and Homekey Housing Facilities must be accompanied by the following documentation:
 - a. A copy of the IRS tax exempt status letter; Homekey Housing Facilities must also provide a copy of a valid California state tax exemption form;
 - b. A copy of the license from the appropriate state agency, showing what services are provided in addition to lodging (homeless shelters do not need to provide a copy of a license);
 - c. A copy of the municipal or county conditional use permit for facilities providing shelter for the homeless or a proof of the Homekey award for Homekey Housing Facilities; and (T)
 - d. Documentation that all residents of the facility and any satellite facilities meet the CARE eligibility criteria shown in Section B. Homeless shelters need not provide income documentation; or (T)
 - e. Otherwise prove to PG&E's satisfaction that the facility is eligible to participate in the CARE program.
3. Certification of Nonprofit Group-Living Facilities and Homekey Housing Facilities is valid for two years, except as provided in Section E. (T)

It is the responsibility of the facility to notify PG&E when it is no longer eligible for the CARE Program.

(Continued)



GAS RULE NO. 19.2

Sheet 5

**CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES AND
HOMEKEY HOUSING FACILITIES**

D. RECERTIFICATION REQUIREMENTS

1. Facilities wishing to recertify must complete Form No. 62-0156 and provide the information listed in Section C.
2. Recertification shall include an explanation by the facility of how the annual CARE discount was used during the previous year for the direct benefit of qualifying residents. (T)

Nonprofit Group-Living Facilities or Homekey Housing Facilities either suspected of or proven to have provided incorrect information in their application for CARE may be required to recertify at any time. Further, PG&E reserves the right to conduct random audits to determine facility eligibility¹. Failure by any party to provide proper proof of eligibility will result in the removal of the facility from the CARE rate. (T)

Upon PG&E's request that the facility recertify eligibility or 90 days before the regular expiration date of the facility 's eligibility, the facility will have 90 days to recertify, after which ~~Nonprofit Group-Living Facilities~~ the facility not recertified may lose their eligibility under the CARE program. (T)

E. MISAPPLICATION OF CARE

Misapplication of CARE for the period during which the facility received CARE occurs when: 1) the facility certifies or recertifies using incorrect information, or 2) when the CARE discount funds were not spent for the benefit of the qualifying residents. PG&E may rebill the account at the customer's otherwise applicable rate schedule for misapplication of CARE. Such billing shall be for a period up to the most recent three years-months in accordance with Rule 17.1. However, nothing in Rule 19.2 shall be interpreted as limiting PG&E's rights under any provisions of any applicable law or tariff. (T)

¹ All CARE eligibility standard and high-usage Post Enrollment Verification (PEV) requests will be frozen for customers affected by a disaster as described in the Emergency Consumer Protection Plan definition in Gas Rule 1.



GAS RULE NO. 19.3 Sheet 2
CALIF ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRI EMPLOYEE HOUSING
FACILITIES

B. ELIGIBILITY (Cont'd.)

2. PRIVATE-OWNED EMPLOYEE HOUSING FACILITIES

- a. Privately-Owned Employee Housing Facilities must provide proof of current compliance with Part 1 of Division 13 of the Health and Safety Code. Compliance must take the form of having a permit issued by the State Department of Housing and Community Development pursuant to Health and Safety Code §17030.
- b. For Privately-Owned Employee Housing Facilities, 100 percent of the energy supplied to the facility's premises must be used for residential purposes.

3. AGRICULTURAL EMPLOYEE HOUSING FACILITIES

- a. Agricultural Employee Housing Facilities must provide a letter of determination by the Internal Revenue Service (IRS) that the corporation is tax-exempt due to its non-profit status under IRS Code §501(c)(3) or proof that it is tax-exempt due to its non-profit status from the State of California. Additionally, the Facility must provide a copy of letter from the Assessor in the county where the Facility is located stating that the housing is exempt from local property taxes.
 - b. For Agricultural Employee Housing Facilities, 100 percent of the energy supplied to the facility's premises must be used for residential purposes, if each of the dwelling areas in the facility is individually metered. If a master meter serves the facility, not less than 70 percent of the energy supplied to the facility's premises must be used for residential purposes.
4. The total gross annual income for all persons residing at a Facility may not exceed the following:

Number of Persons in Household	Total Gross Annual Household Income (Effective June 1, 202 ~~5~~ ⁴ to May 31, 202 ~~5~~ ⁴)	(T)
1-2	~~\$40,880~~ <u>\$42,300</u>	(T)
3	~~\$51,640~~ <u>\$53,300</u>	
4	~~\$62,400~~ <u>\$64,300</u>	
5	~~\$73,160~~ <u>\$75,300</u>	
6	~~\$83,920~~ <u>\$86,300</u>	
7	~~\$94,680~~ <u>\$97,300</u>	
8	~~\$105,440~~ <u>\$108,300</u>	
Each additional member, add:	~~\$10,760~~ <u>\$11,000</u>	(T)

(Continued)



GAS RULE NO. 19.5

Sheet 1

**PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT PROGRAM ELIGIBILITY AND
CERTIFICATION RULES FOR INDIVIDUALLY METERED GAS CUSTOMERS**

A. GENERAL

(N)

The Percentage of Income Payment Plan (PIPP) pilot program was established by the Commission in Decision (D.) 21-10-012. The PIPP program is a four-year pilot program available only to a maximum of 5,000 PG&E participants, as set forth in Schedule G-PIPP. To be eligible for the PIPP pilot, customers must be individually metered by Pacific Gas and Electric (PG&E) and must participate in the California Alternate Rates for Energy (CARE) program. Please see Schedule G-PIPP for more details.

Qualifying applicants for PIPP shall be placed into the PIPP pilot in accordance with Schedule G-PIPP starting with the first day of the next Billing Cycle after selection for the PIPP pilot program by PG&E, or as otherwise communicated by PG&E.

B. ELIGIBILITY

To be eligible to participate in the PIPP pilot, individually metered applicants/customers must be enrolled in CARE. Additionally, PG&E will have discretion on how to fill the limited 5,000 PIPP slots as set forth in Schedule G-PIPP.

While CARE requires applicants to verify only that household income and number of persons in the household is between 0-200% of the Federal Poverty Level (FPG) guidelines, PIPP participation has a special category for 0-100% of FPG. While PG&E will randomly verify the eligibility of CARE applicants following enrollment, special separate proof of income and eligibility verification must be provided within 90 days for all PIPP participants seeking to be categorized in the 0-100% of FPG group.

Participants who request a bill cap for 101-200% of ~~Federal Poverty Guidelines~~ FPG will be subject to the CARE post-enrollment verification processes. PIPP participants will not be required to verify their income if they have verified their income for CARE within the past two years. Utilities will contract with community-based organizations to provide upfront income verification services for PIPP pilots during pilot intake and enrollment if such community-based organizations currently provide upfront income verification services for CARE and/or Energy Savings Assistance Program (ESAP). The PIPP pilots will rely on the CARE income reverification processes and will not have separate income reverification requirements.

Applicants on PIPP will also be subject to the CARE criteria that households with electric usage above 400% of baseline allowance must provide proof of qualifying household income, including Internal Revenue Services (IRS) Tax Return Transcripts, agree to participate in the Energy Savings Assistance program, and keep their usage below 600% of baseline allowance to remain enrolled in CARE¹. Applicants may be removed from the CARE program if their monthly electric usage exceeds 600% of baseline allowance.

¹ All CARE eligibility standard and high-usage Post Enrollment Verification (PEV) requests will be frozen for customers affected by a disaster as described in the Emergency Consumer Protection Plan definition in Electric Rule 1.

(N)

(Continued)

Advice	4807-G	Issued by	Submitted	<u>October 10,</u> <u>2023</u> <u>May 7, 2025</u>
Decision	D.21-10-012	Meredith Allen	Effective	<u>January 17,</u> <u>2023</u> <u>June 1, 2025</u>



GAS RULE NO. 19.5

Sheet 2

**PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT PROGRAM ELIGIBILITY AND
CERTIFICATION RULES FOR INDIVIDUALLY METERED GAS CUSTOMERS**

B. ELIGIBILITY (Cont'd.)

Total gross annual income for all persons in the applicant's household may not exceed the following:

Number of Persons in Household	Total Gross Annual Household Income (Effective June 1, 202 ~~54~~ to May 31, 202 ~~65~~)	(T)
1	~~\$30,120~~ 15,650	(N)
2	~~\$40,880~~ 21,150	(T)
3	~~\$51,640~~ 26,650	(T)
4	~~\$62,400~~ 32,150	(T)
5	~~\$73,160~~ 37,650	(T)
6	~~\$83,920~~ 43,150	(T)
7	~~\$94,680~~ 48,650	(T)
8	~~\$105,440~~ 54,150	(T)
Each additional member, add:	~~\$5,500~~ 10,760	(T)

The above income cutoffs by the number of persons in the household are set at 200% of FPG guidelines. To qualify for the PIPP 0-100% of FPG category, a household must provide proof of income of one-half or less of the income cutoffs shown above.

C. CERTIFICATION

1. Individually metered PG&E customers, and other qualifying applicants in individually metered residential dwelling units:

All applicants for CARE certification must fill out and provide to PG&E Application Form No. 01-9077 (English/Spanish), 62-0972 (English/Chinese), 62-0973 (English/Vietnamese). There is no separate application required for the PIPP pilot program, but all PIPP participation will be as directed under the discretion of PIPP Pilot Implementers, based on the maximum cap of 5,000 PG&E PIPP participants, and other considerations as set forth in Schedule G-PIPP.

(Continued)

Advice	4911-G	Issued by	Submitted	~~May 7, 2024~~ May 7, 2025
Decision		Shilpa Ramaiya Vice President	Effective Resolution	June 1, 202 ~~54~~ E-5200 and E-3524



**ELECTRIC SCHEDULE E-FERA
FAMILY ELECTRIC RATE ASSISTANCE**

Sheet 1

APPLICABILITY: This schedule is applicable to single-phase and polyphase residential service in single-family dwellings and flats and apartments separately metered by PG&E, domestic sub-metered tenants residing in multifamily accommodations, mobile home parks (MHP), qualifying recreational vehicle parks and marinas, and to farm service on the premises operated by the person whose residence is supplied through the same meter where the applicant qualified for Family Electric Rate Assistance (FERA) under the eligibility and certification criteria set forth below in Special Conditions 2 and 3. (T)

All individually metered customers and sub-metered tenants must have a total gross annual household income of between 200%+\$1, be below 250% of federal poverty guidelines, and have three or more persons residing full time in their household for that household to receive benefit of Schedule E-FERA. (T)

TERRITORY: This rate schedule applies everywhere Pacific Gas and Electric (PG&E) provides electric service. (T)

RATES: Customers taking service on this rate schedule will receive an 18 percent discount on their total bundled charges on their otherwise applicable rate schedule. In addition, customers will receive a 50 percent discount on the delivery minimum bill amount, if applicable, and a discount amount equal to 18 percent of the associated generation charges. The FERA discount will be calculated for direct access and community choice aggregation customers based on the total charges as if they were subject to bundled service rates. Discounts will be applied as a residual reduction to distribution charges, after FERA customers are exempted from the Recovery Bond Charge, and the Recovery Bond Credit. These conditions also apply to master-metered customers and to qualified sub-metered tenants where the master-meter customer is served under PG&E's Rate Schedule ES, ESL, ESR, ESRL, ET, or ETL.

For master-metered customers, the FERA discount is equal to 18 percent of the total non-CARE portion of bundled charges, multiplied by the number of FERA units divided by the number of non-CARE units.

- SPECIAL CONDITIONS:
1. OTHERWISE APPLICABLE SCHEDULE: The Special Conditions of the Customer's otherwise applicable rate schedule will apply to this schedule.
 2. ELIGIBILITY: To be eligible to receive E-FERA, the applicant must qualify under the criteria set forth below and meet the certification requirements thereof to the satisfaction of PG&E. Qualifying Direct Access, Community Choice Aggregation Service, and Transitional Bundled Service customers are also eligible to take service on Schedule E-FERA. Applicants may qualify for E-FERA at their primary residence only. Customers or sub-metered tenants participating in the California Alternate Rates for Energy (CARE) program cannot concurrently participate in the FERA program. Master-metered customers without sub-metering on Schedule EM or EM TOU are ineligible to participate in the FERA program. In addition, non-residential customers taking service on Schedule E-CARE are categorically ineligible to take service on Schedule E-FERA. (T)

(Continued)

Advice 6937-E
Decision E-3524

Issued by
Meredith Allen
Vice President, Regulatory Affairs

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May 7, 2025
June 1, 2025



**ELECTRIC SCHEDULE E-FERA
FAMILY ELECTRIC RATE ASSISTANCE**

Sheet 2

**SPECIAL
CONDITIONS:
(Cont'd.)**

A Schedule E-FERA household is a household consisting of one or more ~~consisting of three or more persons~~ where the total gross annual income from all sources is within the ranges shown on the table below based on the number of persons in the household. Total gross annual household income shall include income from all sources, both taxable and nontaxable. Persons who are claimed as a dependent on another person's income tax return are not eligible.

Number Of Persons In Household	Total Gross Annual Household Income (Effective June 1, 202 ~~5~~ ⁴ to May 31, 202 ~~6~~ ⁵)	(T)
1-2	~~Not Eligible~~ <u>\$42,301 - \$52,875</u>	(T)
3	~~\$51,641 - \$64,550~~ <u>\$53,301 - \$66,625</u>	
4	~~\$62,401 - \$78,000~~ <u>\$64,301 - \$80,375</u>	
5	~~\$73,161 - \$91,450~~ <u>\$75,301 - \$94,125</u>	
6	~~\$83,921 - \$104,900~~ <u>\$86,301 - \$107,875</u>	
7	~~\$94,681 - \$118,350~~ <u>\$97,301 - \$121,625</u>	
8	~~\$105,441 - \$131,800~~ <u>\$108,301 - \$135,375</u>	
Each additional person, add:	~~\$10,760 - \$13,450~~ <u>\$11,000 - \$13,750</u>	

Households where total gross annual income from all sources is below the lower end of the annual income ranges shown above may qualify to participate in the CARE program. ~~See Rule 19.1 for the CARE income guidelines applicable to one to two person households.~~

3. CERTIFICATION:

Individually metered PG&E customers, submetered tenants of master-metered PG&E customers, and other qualifying applicants in individually metered residential dwelling units:

All applicants for certification must fill out and provide to PG&E Application Form No. 01-9077 (English/Spanish), 62-0972 (English/Chinese), 62-0973 (English/Vietnamese).

Submetered tenants of master-metered PG&E customers:

Submetered tenants of master-metered customers will submit Application Form No. 01-9285 (English/Spanish), 62-0672 (English/Chinese), 62-0673 (English/Vietnamese) to PG&E, including their tenant's apartment/unit number and PG&E account number. PG&E will notify the master-metered customer of the tenant's certification. The master-metered customer, not PG&E, is responsible for extending E-FERA discounts to tenants certified to receive them.

Self-certification will be used to determine income eligibility for the E-FERA program. Customers must sign a statement upon application indicating that PG&E may verify the customer's eligibility at any time. If verification establishes that the customer is ineligible, the customer will be removed from the program and PG&E may render corrective billings in accordance with Rule 17.1.

(Continued)

Advice 7261-E
Decision

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted May 7, 202~~5~~⁴
Effective June 1, 202~~5~~⁴
Resolution E-5200 and E-3524



ELECTRIC SCHEDULE E-PIPP
PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT

Sheet 1

APPLICABILITY: The Percentage of Income Payment Plan (PIPP) pilot program is a four-year pilot program subject to a maximum participation cap of 5,000 Pacific Gas and Electric (PG&E) residential gas or electric customers, as set forth in California Public Utilities Commission (CPUC or Commission) Decision (D.) 21-10-012. The purpose of the PIPP pilot is to test whether a PIPP program can (i) reduce the number of low-income households at risk of disconnection, (ii) encourage participation in energy saving and energy management programs, (iii) increase access to essential levels of energy service, and (iv) control PIPP program costs.

The PIPP pilot program is applicable only to residential gas and electric customers of Pacific Gas and Electric Company (PG&E), Southern California Edison Company (SCE), San Diego Gas and Electric Company (SDG&E), and Southern California Gas Company (SoCalGas), as well as the Community Choice Aggregation (CCA) service providers in California who elect to participate in the PIPP pilot program in the service territories of the above investor-owned utilities (IOUs).

Due to service territory differences across the investor-owned utilities, or the provision of gas versus electric service by each utility company, it is possible for a PIPP customer to be served by two separate utility companies. The overall capped PIPP energy bill will be split into separate gas versus electric bill caps, and separate CCA versus ~~investor-owned utility IOU~~ capped portions of the bill. PIPP bill caps may not be available in local or municipal utility service areas.

Statewide, up to 15,000 customers may participate in the pilots. The following pilot participation caps will apply by utility: ~~Pacific Gas and Electric Company (PG&E)~~ 5,000; ~~Southern California Gas Company (SoCalGas)~~ 5,000; ~~Southern California Edison Company (SCE)~~ 4,000; and ~~San Diego Gas & Electric Company (SDG&E)~~ 1,000. Target enrollment levels for each utility's pilot effective six months after pilot enrollment begins: PG&E 2,500; SoCalGas 2,500; SCE 2,000; and SDG&E 500.

Schedule E-PIPP is applicable to single-phase and polyphase residential service in single-family dwellings and in flats and apartments separately metered by PG&E, and to farm service on the premises operated by the person whose residence is supplied through the same meter, where the applicant qualifies for California Alternate Rates for Energy (CARE) under Schedule D-CARE and the CARE eligibility and certification criteria set forth in Electric Rule 19.1, and the PIPP eligibility and certification criteria set forth in Electric Rule 19.5.

(N)

(N)

(Continued)

Advice	7038-E	Issued by	Submitted	<u>May 7, 2025</u> ~~October 10, 2023~~
Decision	D.21-10-012	Meredith Allen	Effective	<u>January 17, 2023</u> ~~June 1, 2025~~



ELECTRIC SCHEDULE E-PIPP
PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT

Sheet 5

RATES: Customers taking service on this rate schedule will receive a maximum monthly PIPP bill cap as set forth in the table below, prior to any applicable taxes and fees. Based on the PIPP participant's household income level, and number of persons in the household, and subject to the PIPP eligibility and certification criteria set forth in Electric Rule 19.5, the PIPP participant will be categorized as falling into either the (a) 0% to 100% of Federal Poverty Guidelines (FPG) group, or (b) the 101% to 200% of FPG group.

Tables C and D below present the PIPP overall bill caps, as well as the breakdown of the overall PIPP bill cap into gas versus electric bill caps, in Table C, and of the electric bill into generation and non-generation bill caps, in Table D, for participating CCA customers.

The gas and electric PIPP bill splits shown in Table C will be used by all California utilities. Conversely, the electric generation and non-generation PIPP bill splits shown in Table D are specific to PG&E's territory, and other California electric utilities may use a different PIPP bill split for electric generation and non-generation bill caps. These bill caps are in effect from ~~June 1, 2025~~ to ~~May 31, 2026~~ June 1, 2025 to May 31, 2026

(T)

TABLE C
Statewide Electric & Gas PIPP Bill Caps

~~2024~~ 2025/ ~~2025-2026~~ IOU Bill Caps	Ratio 75/25 – Statewide Cap
0-100% of FPG PIPP Cap (Lower Level)	~~\$43.00~~ 44.00
Electric Bill Cap	\$3 ~~32~~ .00
Gas Bill Cap	\$11.00
101-200% of FPG PIPP Cap (Upper Level)	~~\$129.00~~ 133.00
Electric Bill Cap	~~\$97.00~~ 100.00
Gas Bill Cap	\$3 ~~32~~ .00

(T)

(T)

(Continued)

Advice	7261-E	Issued by	Submitted	~~May 7, 2024~~ May 7, 2025
Decision		Shilpa Ramaiya Vice President	Effective Resolution	June 1, 20254 E-5200 and E-3524



ELECTRIC SCHEDULE E-PIPP
PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT

Sheet 6

RATES (Cont'd):

TABLE D
PG&E Territory Electric Generation and Non-Generation PIPP Bill Caps

2024/20252025/2026 PG&E's Generation & Non-Generation Costs for Electric Bill Cap	Ratio 38/62
0-100% of FPG (Lower Level)	\$3 ~~32~~ .00
Electric Generation Cap (CCA Charges)	\$1 ~~32~~ .00
Electric Non-Generation Cap (PG&E Charges)	\$20.00
101-200% of FPG (Upper Level)	\$ ~~97.00~~ <u>100.0</u> <u>0</u>
Electric Generation Cap (CCA Charges)	\$3 ~~87~~ .00
Electric Non-Generation Cap (PG&E Charges)	\$6 ~~29~~ .00

(T)

(T)

The above PIPP bill caps will be updated each year, starting in 2024, as CARE income guidelines set forth in Electric Rule 19.1 are updated. The overall CARE income guidelines for households of three persons are used to set the two PIPP bill caps shown above. The overall PIPP bill cap is \$~~43-44~~ for PIPP participants verifying household income of 0% to 100% of FPG and is \$~~129-133~~ for PIPP participants in the 101-200% of FPG category. All customers otherwise eligible for CARE by being 0% to 200% of FPG will be assumed to be in the 101% to 200% of FPG category unless proof is provided of 0-100% of FPG eligibility.

(T)

(T)

For the PIPP pilot, the maximum household energy bill is first established, and is then split between gas and electric service. The electric bill is then split into a PG&E portion and a CCA generation portion, where applicable for participating CCA PIPP pilot customers.

The PIPP customer's monthly bill will be the lower of the PIPP electric bill cap, or the customer's otherwise applicable monthly CARE bill.

Two times per year, the otherwise applicable monthly CARE bill will be the bill after the application of the electric California Climate Credit.

The CARE discount will be calculated for CCA customers based on the total charges as if they were subject to bundled service rates.

The bill discount attributable to participation in the PIPP pilot is equal to the CARE bill prior to any utility user taxes or other taxes and fees, and the PIPP bill prior to any utility user taxes or other taxes and fees. The lower of the monthly PIPP bill or the monthly CARE bill will be the basis for the application of utility user taxes or other taxes and fees.

(Continued)



**ELECTRIC RULE NO. 1
DEFINITIONS**

Sheet 8

CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) (Cont'd)

(L)

1. Individually metered customers;
2. Master-metered customers with qualifying low-income submetered tenants;
3. Submetered tenants of master-metered PG&E customers;
4. Qualifying residents in individually metered residential dwelling units; and
5. Qualifying Nonprofit Group-Living Facilities or Homekey Housing Facilities-

(L)

CARE NONPROFIT GROUP-LIVING FACILITY OR HOMEKEY HOUSING FACILITY: A facility operated by a corporation that has received a letter of determination by the Internal Revenue Service that the corporation is tax-exempt due to its nonprofit status under IRS Code Section 501(c)(3). The facility must be one of the following:

1. A homeless shelter with ~~10-6~~ or more beds and open at least 180 days per year;
2. Transitional housing, such as a half-way house or drug rehabilitation facility;
3. Short- or long-term care facility, such as a hospice, nursing home, seniors' home, or children's home; or
4. A group home for physically or mentally disabled persons; or-
5. Homekey Housing Facility: The facility must provide permanent supportive housing for individuals at risk of or experiencing homelessness and who are inherently impacted by or at increased risk for medical diseases or conditions.

With the exception of homeless shelters, the nonprofit group-living facility must provide services such as meals or rehabilitation in addition to lodging. All of the residents of the facility must meet the CARE eligibility standard for a single-person household. At least 70 percent of the electricity supplied to the facility's premises must be used for residential purposes, and the facility must be licensed by the appropriate state agency, with the exception of homeless shelters which must have the appropriate municipal or county conditional use permits. A Homekey Housing Facility is required to provide proof of the Homekey award and a copy of a valid California state tax exemption form.

COMMISSION: The Public Utilities Commission of the State of California sometimes referred to as the Public Utilities Commission (PUC) or the CPUC.

COMMON USE AREAS: Those areas that may be shared or used by occupants within a multifamily accommodation, including, but not limited to, laundry room, recreation room, swimming pool, tennis courts, gardens, hall/outdoor lighting. Excludes lighting under Rate Schedules OL-1, LS-1, LS-2, and LS-3

(Continued)



ELECTRIC RULE NO. 19.1

Sheet 1

**CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND
SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS
CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS**

A. GENERAL

The Low-Income Ratepayer Assistance (LIRA) program was established by the Commission in Decision (D.) 89-07-062 and D.89-09-044. The program was revised (T)
in D.94-12-049, and the name of the program changed to California Alternate Rates (T)
for Energy (CARE). The purpose of the CARE program is to provide qualifying (T)
residential applicants with reduced energy charges. An application for the CARE rate
may be made by individually metered Pacific Gas and Electric (PG&E) customers,
master-metered customers with qualifying sub-metered tenants, sub-metered tenants
of master-metered PG&E customers, or any permanent resident in an individually
metered residential dwelling unit, except non sub-metered tenants of master-metered
customers and any applicant/customer currently receiving service under
Schedule EE.

Qualifying applicants for CARE shall be placed on the CARE rate starting with the first
day of the Billing Cycle such application was processed in by PG&E.

A Nonprofit Group-Living Facility may qualify for CARE if it meets the eligibility criteria (T)
set forth in Rule 19.2. A Qualified Agricultural Housing Facility may qualify for CARE (T)
if it meets the eligibility criteria set forth in Rule 19.3.

B. ELIGIBILITY

To be eligible to receive CARE, the applicant (except in the case where a master- (T)
metered customer submeters qualifying CARE applicants) must qualify under the (T)
eligibility criteria set forth in either Section 1 or 2 below, and meet the certification
requirements thereof to the satisfaction of PG&E. Individually metered
applicants/customers may qualify for CARE at their primary residence only.

The completed application must be submitted to PG&E. PG&E will randomly verify
the eligibility of applicants following enrollment.

Applicants with electric usage above 400% of baseline allowance must provide proof
of qualifying household income, including Internal Revenue Services (IRS) Tax
Return Transcripts, agree to participate in the Energy Savings Assistance program,
and keep their usage below 600% of baseline allowance to remain enrolled in CARE¹.
Applicants may be removed from the CARE program if their monthly electric usage
exceeds 600% of baseline allowance.

¹ All CARE eligibility standard and high-usage Post Enrollment Verification (PEV) requests will be
frozen for customers affected by a disaster as described in the Emergency Consumer Protection
Plan definition in Electric Rule 1.

(Continued)



ELECTRIC RULE NO. 19.1

Sheet 2

CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND
SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS
CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS

B. ELIGIBILITY (Cont'd.)

Total gross annual income for all persons in the applicants household may not exceed the following:

Number of Persons in Household	Total Gross Annual Household Income (Effective June 1, 202 ~~5~~ ⁴ to May 31, 202 ~~6~~ ⁵)	(T)
1-2	~~\$40,880~~ <u>\$42,300</u>	(T)
3	~~\$51,640~~ <u>\$53,300</u>	
4	~~\$62,400~~ <u>\$64,300</u>	
5	~~\$73,160~~ <u>\$75,300</u>	
6	~~\$83,920~~ <u>\$86,300</u>	
7	~~\$94,680~~ <u>\$97,300</u>	
8	~~\$105,440~~ <u>\$108,300</u>	
Each additional member, add:	~~\$10,760~~ <u>\$11,000</u>	(T)

C. CERTIFICATION

- Individually metered PG&E customers, sub-metered tenants of master-metered PG&E customers, and other qualifying applicants in individually metered residential dwelling units:

All applicants for certification must fill out and provide to PG&E Application Form No. 01-9077 (English/Spanish), 62-0972 (English/Chinese), 62-0973 (English/Vietnamese).

- Sub-metered tenants of master-metered PG&E Customers:

Sub-metered tenants of master-metered customers will submit Application Form No. 01-9285 (English/Spanish), 62-0672 (English/Chinese), 62-0673 (English/Vietnamese) to PG&E, including their tenant's apartment/unit number and PG&E account number. PG&E will notify the master-metered customer of the tenant's certification. The master-metered customer, not PG&E, is responsible for extending CARE discounts to tenants certified to receive them.

(Continued)

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Decision

Issued by
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Vice President

Regulatory Proceedings and Rates

Submitted
Effective
Resolution

May 7, 202~~5~~⁴
June 1, 202~~5~~⁴
E-5200 and E-3524



ELECTRIC RULE NO. 19.2

Sheet 1

**CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES
AND HOMEKEY HOUSING FACILITIES**

A. GENERAL

The Low-Income Ratepayer Assistance (LIRA) program was established by the Commission in Decision (D.) 89-07-062 and D.89-09-044, ~~and~~ It was expanded to qualifying Nonprofit Group-Living Facilities in D.92-04-024 and D.92-06-060 and to Homekey Housing Facilities in Assembly Bill (AB) 2672 (Statutes of 2024). The program was revised in D.94-12-049, and the name changed to California Alternate Rates for Energy (CARE). The purpose of the expanded CARE program is to provide qualifying Nonprofit Group-Living Facilities and Homekey Housing Facilities owned or administered by public housing authorities with reduced charges for electric service. D.06-12-038 clarifies that Common Use Areas as defined in Rule 1 qualify for CARE.

An application for the CARE rate may be made by master-metered customers who operate Nonprofit Group-Living Facilities or public housing authorities that own or administer Homekey Housing Facilities for qualifying residents.

Qualifying Nonprofit Group-Living Facilities or Homekey Housing Facilities for CARE shall be placed on the CARE rate starting with the first day of the Billing Cycle a complete application as specified in Section C was approved by PG&E.

B. ELIGIBILITY

To be eligible to receive CARE, the Nonprofit Group-Living Facility or Homekey Housing Facility (facility) ~~must~~ meet the following conditions:

1. The facility must be operated by a corporation that has received a letter of determination by the Internal Revenue Service (IRS) that the corporation is tax-exempt due to its nonprofit status under IRS Code Section 501(c)(3). The facility must ~~provide one of the following services~~ be one of the following:
 - a. Homeless shelter: The shelter must provide at least 6 beds and must be open at least 180 days per year; or
 - b. Transitional housing, such as a half-way house, drug rehabilitation facility, women's shelter; or
 - c. Short- or Long-Term Care: The facility must be a hospice, nursing home, seniors' home, or children's home; or
 - d. A group home for physically or mentally disabled people; ~~or~~
 - e. Homekey Housing Facility: The facility must provide permanent supportive housing for individuals at risk of or experiencing homelessness and who are inherently impacted by or at increased risk for medical diseases or conditions.

2. At least 70 percent of the energy supplied to the facility's premises must be used (Continued)



ELECTRIC RULE NO. 19.2

Sheet 2

**CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES
AND HOMEKEY HOUSING FACILITIES**

B. ELIGIBILITY (Cont'd.)

3. The facility must also be licensed, or otherwise prove to PG&E's satisfaction, by the appropriate state agency. A homeless shelter is required to provide a copy of its municipal or county conditional use permit. A Homekey Housing Facility is required to provide proof of the Homekey award and a copy of a valid California state tax exemption form.
4. The total gross annual income for all persons residing at a facility may not exceed the following:

Number of Persons in Household	Total Gross Annual Household Income (Effective June 1, 202 ~~54~~ to May 31, 202 ~~65~~)	(T)
1-2	<u>\$40,88042,300</u>	(T)
3	<u>\$51,64053,300</u>	I
4	<u>\$62,40064,300</u>	I
5	<u>\$73,16075,300</u>	I
6	<u>\$83,92086,300</u>	I
7	<u>\$94,68097,300</u>	I
8	<u>\$105,440108,300</u>	I
Each additional member, add:	<u>\$10,76011,000</u>	(T)

(Continued)

Advice 7261-E
Decision

Issued by
Shilpa Ramaiya
Vice President
Regulatory Proceedings and Rates

Submitted	May <u>7</u> , 202 ~~54~~
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Resolution	E-5200 and E-3524



ELECTRIC RULE NO. 19.2

Sheet 3

**CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES
AND HOMEKEY HOUSING FACILITIES**

B. ELIGIBILITY (Cont'd.)

The following types of facilities do not qualify as Nonprofit Group-Living Facilities:
~~Government owned or subsidized housing that provides lodging only~~, student
housing, or student dormitories.

Nonprofit Group-Living Facilities which received government construction assistance
in the form of a low interest mortgage, a direct cash grant, or a continuing rent
subsidy may qualify for the CARE discount, provided these facilities meet the
eligibility criteria listed in B.1 through B.4.

Homeless Shelters may qualify for the CARE discount even if they receive ongoing
government subsidies or occupy a government building, provided that the corporation
operating the homeless shelter is PG&E's customer of record and 70 percent of the
electricity consumed at the premises is used for residential purposes.

A facility which otherwise qualifies for CARE under the qualifications set forth above
shall not be deemed ineligible because compensation for resident's room and board
is provided by a government agency under a disability, Supplemental Security
Income (SSI), Social Security Administration, or other governmental assistance
program.

(T)

5. Nonprofit Group-Living Facilities and Homekey Housing Facilities, other than
homeless shelters, must provide at least one service in addition to lodging (e.g.,
meals, rehabilitation, training, counseling, etc.)
6. A nonlicensed, separately metered satellite facility qualifies for
the CARE discount if it meets the following criteria:
 - a. The corporation owning the satellite facility is licensed by
the appropriate state agency and otherwise meets the CARE criteria in B.1
through B.3;
 - b. The satellite facility and its residents meet the criteria in B.4 and B.5;
 - c. At least 70 percent of the energy used by the satellite facility must be used
for residential purposes (eating and sleeping); and

(Continued)



ELECTRIC RULE NO. 19.2

Sheet 4

**CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES
AND HOMEKEY HOUSING FACILITIES**

B. ELIGIBILITY (Cont'd.)

- d. The corporation owning the satellite facility is the customer of record for the satellite facility's premises.

Completed applications must be submitted to PG&E.

C. CERTIFICATION

1. All facilities applying for certification must complete and provide to PG&E an Application Form No. 62-0156 for Nonprofit Group-Living Facilities and Homekey Housing Facilities.
2. Each Application for Nonprofit Group-Living Facilities and Homekey Housing Facilities must be accompanied by the following documentation:
 - a. A copy of the IRS tax exempt status letter; Homekey Housing Facilities must also provide a copy of a valid California state tax exemption form;
 - b. A copy of the license from the appropriate state agency, showing what services are provided in addition to lodging (homeless shelters do not need to provide a copy of a license);
 - c. A copy of the municipal or county conditional use permit for facilities providing shelter for the homeless or a proof of the Homekey award for Homekey Housing Facilities; and (T)
 - d. Documentation that all residents of the facility and any satellite facilities meet the CARE eligibility criteria shown in Section B. Homeless shelters need not provide income documentation; or (T)
 - e. Otherwise prove to PG&E's satisfaction that the facility is eligible to participate in the CARE program.
3. Certification of Nonprofit Group-Living Facilities and Homekey Housing Facilities is valid for two years, except as provided in Section E. (T)

It is the responsibility of the facility to notify PG&E when it is no longer eligible for the CARE Program.

(Continued)



ELECTRIC RULE NO. 19.2 Sheet 5
 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES
AND HOMEKEY HOUSING FACILITIES

D. RECERTIFICATION REQUIREMENTS

1. Facilities wishing to recertify must complete Form No. 62-0156 and provide the information listed in Section C.
2. Recertification shall include an explanation by the facility of how the annual CARE discount was used during the previous year for the direct benefit of qualifying residents. (T)

Nonprofit Group-Living Facilities or Homekey Housing Facilities either suspected of or proven to have provided incorrect information in their application for CARE may be required to recertify at any time. Further, PG&E reserves the right to conduct random audits to determine facility eligibility¹. Failure by any party to provide proper proof of eligibility will result in the removal of the facility from the CARE rate. (T)

Upon PG&E's request that the facility recertify eligibility or 90 days before the regular expiration date of the facility's eligibility, the facility will have 90 days to recertify, after which ~~Nonprofit Group-Living Facilities~~ the facility not recertified may lose their eligibility under the CARE program. (T)

E. MISAPPLICATION OF CARE

Misapplication of CARE for the period during which the facility received CARE occurs when: 1) the facility certifies or recertifies using incorrect information, or 2) when the CARE discount funds were not spent for the benefit of the qualifying residents. (T)

PG&E may rebill the account at the customer's otherwise applicable rate schedule for misapplication of CARE. Such billing shall be for a period up to the most recent three years-months in accordance with Rule 17.1. However, nothing in Rule 19.2 shall be interpreted as limiting PG&E's rights under any provisions of any applicable law or tariff. (T)

¹ All CARE eligibility standard and high-usage Post Enrollment Verification (PEV) requests will be frozen for customers affected by a disaster as described in the Emergency Consumer Protection Plan definition in Electric Rule 1.



ELECTRIC RULE NO. 19.3 Sheet 1
CALIFORNIA ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRICULTURAL EMPLOYEE
HOUSING FACILITIES

A. GENERAL

The Low-Income Ratepayer Assistance (LIRA) program was established by the Commission in Decision (D.) 89-07-062 and D.89-09-044. The program was revised in (T)
D.94-12-049 and the name changed to California Alternate Rates for Energy (CARE). (T)
The program was expanded to migrant centers, privately-owned employee housing and agricultural employee housing operated by a non-profit agency (collectively referred to as Facilities) in D.95-10-047. D.05-04-052 expanded CARE qualifying facilities to include (T)
Migrant Farm Worker Housing Centers operated by the office of Migrant Services, and (T)
Migrant Farm Worker Housing Centers operated by qualifying non-profit entities. The purpose of this CARE program is to provide qualifying Facilities with reduced charges for electric service. Application for the rate may be made by master-metered customers who operate Facilities for qualifying residents.

Qualifying Special Employee Housing Facilities for CARE shall be placed on the CARE rate starting with the first day of the Billing Cycle a complete application as specified in Section C was approved by Pacific Gas and Electric (PG&E).

B. ELIGIBILITY

To be eligible to receive CARE, the Facility must meet the following conditions:

1. MIGRANT CENTERS

- a. Migrant Centers must have a current contract with the Office of Migrant Services, Department of Housing and Community Development to provide housing pursuant to Health and Safety Code §50710.
- b. Migrant Farm Workers Housing Centers, operated by the Office of Migrant Services (OMS), Department of Housing and Community Development, to provide a current contract in accordance with IRS Code Section 501(c)(3), pursuant to Section 50710 of the Health and Safety Code.
- c. Migrant Farm Worker Housing Centers, operated by non-profit entities, as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code.
- d. For Migrant Centers, 100 percent of the energy supplied to the facility's premises must be used for residential purposes, if each of the dwelling areas in the facility is individually metered. If a master meter serves the facility, not less than 70 percent of the energy supplied to the facility's premises must be used for residential purposes.

(Continued)



ELECTRIC RULE NO. 19.3 Sheet 2
CALIFORNIA ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRICULTURAL EMPLOYEE
HOUSING FACILITIES

B. ELIGIBILITY (Cont'd.)

2. PRIVATELY-OWNED EMPLOYEE HOUSING FACILITIES

- a. Privately-Owned Employee Housing Facilities must provide proof of current compliance with Part 1 of Division 13 of the Health and Safety Code. Compliance must take the form of having a permit issued by the State Department of Housing and Community Development pursuant to Health and Safety Code §17030.
- b. For Privately-Owned Employee Housing Facilities, 100 percent of the energy supplied to the facility's premises must be used for residential purposes.

3. AGRICULTURAL EMPLOYEE HOUSING FACILITIES

- a. Agricultural Employee Housing Facilities must provide a letter of determination by the Internal Revenue Service (IRS) that the corporation is tax-exempt due to its non-profit status under IRS Code §501(c)(3) or proof that it is tax-exempt due to its non-profit status from the State of California. Additionally, the Facility must provide a copy of letter from the Assessor in the county where the Facility is located stating that the housing is exempt from local property taxes.
 - b. For Agricultural Employee Housing Facilities, 100 percent of the energy supplied to the facility's premises must be used for residential purposes, if each of the dwelling areas in the facility is individually metered. If a master meter serves the facility, not less than 70 percent of the energy supplied to the facility's premises must be used for residential purposes.
4. The total gross annual income for all persons residing at a Facility may not exceed the following:

Number of Persons in Household	Total Gross Annual Household Income (Effective June 1, 202 ~~5~~ ⁴ to May 31, 202 ~~5~~ ⁴)	(T)
1-2	~~\$40,880~~ <u>\$42,300</u>	(T)
3	~~\$51,640~~ <u>\$53,300</u>	
4	~~\$62,400~~ <u>\$64,300</u>	
5	~~\$73,160~~ <u>\$75,300</u>	
6	~~\$83,920~~ <u>\$86,300</u>	
7	~~\$94,680~~ <u>\$97,300</u>	
8	~~\$105,440~~ <u>\$108,300</u>	
Each additional member, add:	~~\$10,760~~ <u>\$11,000</u>	(T)

(Continued)



ELECTRIC RULE NO. 19.5

Sheet 1

**PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT PROGRAM ELIGIBILITY AND
CERTIFICATION RULES FOR INDIVIDUALLY METERED ELECTRIC CUSTOMERS**

A. GENERAL

(N)

The Percentage of Income Payment Plan (PIPP) pilot program was established by the Commission in Decision (D.) 21-10-012. The PIPP program is a four-year pilot program available only to a maximum of 5,000 PG&E participants, as set forth in Schedule E-PIPP. To be eligible for the PIPP pilot, customers must be individually metered by Pacific Gas and Electric Company (PG&E) and must participate in the California Alternate Rates for Energy (CARE) program. Please see Schedule E-PIPP for more details.

Qualifying applicants for PIPP shall be placed into the PIPP pilot in accordance with Schedule E-PIPP starting with the first day of the next Billing Cycle after selection for the PIPP pilot program by PG&E, or as otherwise communicated by PG&E.

B. ELIGIBILITY

To be eligible to participate in the PIPP pilot, individually metered applicants/customers must be enrolled in CARE. Additionally, PG&E will have discretion on how to fill the limited 5,000 PIPP slots as set forth in Schedule E-PIPP.

While CARE requires applicants to verify only that household income and number of persons in the household is between 0-200% of the Federal Poverty Guidelines (FPG), PIPP participation has a special category for 0-100% of FPG. While PG&E will randomly verify the eligibility of CARE applicants following enrollment, special separate proof of income and eligibility verification must be provided within 90 days for all PIPP participants seeking to be categorized in the 0-100% of FPG group.

Participants who request a bill cap for 101-200% of FPG will be subject to the CARE post-enrollment verification processes. PIPP participants will not be required to verify their income if they have verified their income for CARE within the past two years. Utilities will contract with community-based organizations to provide upfront income verification services for PIPP pilots during pilot intake and enrollment if such community-based organizations currently provide upfront income verification services for CARE and/or Energy Savings Assistance Program (ESAP). The PIPP pilots will rely on the CARE income reverification processes and will not have separate income reverification requirements.

Applicants on PIPP will also be subject to the CARE criteria that households with electric usage above 400% of baseline allowance must provide proof of qualifying household income, including IRS Tax Return Transcripts, agree to participate in the Energy Savings Assistance program, and keep their usage below 600% of baseline allowance to remain enrolled in CARE¹. Applicants may be removed from the CARE program if their monthly electric usage exceeds 600% of baseline allowance.

¹All CARE eligibility standard and high-usage Post Enrollment Verification (PEV) requests will be frozen for customers affected by a disaster as described in the Emergency Consumer Protection Plan definition in Electric Rule 1.

(N)

(Continued)

Advice 7038-E
Decision D.21-10-012

Issued by
Meredith Allen

Vice President, Regulatory Affairs

Submitted
Effective

Resolution

May 7, 2025
May x,
January 17,
2023
June 1, 2025

E-5200



ELECTRIC RULE NO. 19.5

Sheet 2

**PERCENTAGE OF INCOME PAYMENT PLAN (PIPP) PILOT PROGRAM ELIGIBILITY AND
CERTIFICATION RULES FOR INDIVIDUALLY METERED ELECTRIC CUSTOMERS**

B. ELIGIBILITY (Cont'd.)

Total gross annual income for all persons in the applicant's household may not exceed the following:

Number of Persons in Household	Total Gross Annual Household Income (Effective June 1, 202 ~~5~~ ⁴ to May 31, 202 ~~6~~ ⁵)	(T)
1	\$ ~~30,120~~ ^{15,650}	(N)
2	\$ ~~40,880~~ ^{21,150}	(T)
3	\$ ~~51,640~~ ^{26,650}	(T)
4	\$ ~~62,400~~ ^{32,150}	(T)
5	\$ ~~73,160~~ ^{37,650}	(T)
6	\$ ~~83,920~~ ^{43,150}	(T)
7	\$ ~~94,680~~ ^{48,650}	(T)
8	\$ ~~105,440~~ ^{54,150}	(T)
Each additional member, add:	\$ ~~10,760~~ ^{5,500}	(T)

The above income cutoffs by the number of persons in the household are set at 200% of FPG guidelines. To qualify for the PIPP 0-100% of FPG category, a household must provide proof of income of one-half or less of the income cutoffs shown above.

C. CERTIFICATION

- Individually metered PG&E customers, and other qualifying applicants in individually metered residential dwelling units:

All applicants for CARE certification must fill out and provide to PG&E Application Form No. 01-9077 (English/Spanish), 62-0972 (English/Chinese), 62-0973 (English/Vietnamese). There is no separate application required for the PIPP pilot program, but all PIPP participation will be as directed under the discretion of PIPP Pilot Implementers, based on the maximum cap of 5,000 PG&E PIPP participants, and other considerations as set forth in Schedule E-PIPP.

(Continued)

Advice 7261-E
Decision

Issued by
Shilpa Ramaiya
Vice President

Regulatory Proceedings and Rates

Submitted
Effective
Resolution

May ~~7~~⁷, 202~~5~~⁴
June 1, 202~~5~~⁴
E-5200 and E-3524

**PG&E Gas and Electric
Advice Submittal List
General Order 96-B, Section IV**

AT&T	Ellison Schneider & Harris LLP	Pacific Gas and Electric Company
Albion Power Company		Peninsula Clean Energy
Alta Power Group, LLC	Electrical Power Systems, Inc. Fresno	Pioneer Community Energy
Anderson & Poole	Engie North America	Public Advocates Office
Atlas ReFuel BART	Engineers and Scientists of California	Redwood Coast Energy Authority
Ava Community Energy		Regulatory & Cogeneration Service, Inc.
BART		Resource Innovations
Buchalter	GenOn Energy, Inc.	Rockpoint Gas Storage
Barkovich & Yap, Inc.	Green Power Institute	
Biering & Brown LLP		
Braun Blaising Smith Wynne, P.C.	Hanna & Morton LLP	San Diego Gas & Electric Company
		SPURR
California Community Choice Association	ICF consulting	San Francisco Water Power and Sewer
California Cotton Ginners & Growers Association	iCommLaw	Sempra Utilities
California Energy Commission	International Power Technology	Sierra Telephone Company, Inc.
California Hub for Energy Efficiency	Intertie	Southern California Edison Company
California Alternative Energy and Advanced Transportation Financing Authority	Intestate Gas Services, Inc.	Southern California Gas Company
California Public Utilities Commission		Spark Energy
Calpine	Kaplan Kirsch LLP	Sun Light & Power
Cameron-Daniel, P.C.	Kelly Group	Sunshine Design
Casner, Steve	Ken Bohn Consulting	Stoel Rives LLP
Center for Biological Diversity	Keyes & Fox LLP	
Chevron Pipeline and Power		Tecogen, Inc.
City of Palo Alto	Leviton Manufacturing Co., Inc.	TerraVerde Renewable Partners
City of San Jose	Los Angeles County Integrated	Tiger Natural Gas, Inc.
Clean Power Research		TransCanada
Coast Economic Consulting	Waste Management Task Force	
Commercial Energy	MRW & Associates	Utility Cost Management
Crossborder Energy	Manatt Phelps Phillips	Utility Power Solutions
Crown Road Energy, LLC	Marin Energy Authority	
Communities Association (WMA)	McClintock IP	Water and Energy Consulting
	McKenzie & Associates	Wellhead Electric Company
Davis Wright Tremaine LLP	Modesto Irrigation District	Western Manufactured Housing Communities Association (WMA)
		Yep Energy
Day Carter Murphy	NOSSAMAN LLP	
Dept of General Services	NRG Energy Inc.	
Douglass & Liddell		
Downey Brand LLP		
Dish Wireless L.L.C.	OnGrid Solar	