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

Pacific Gas & Electric Company
GAS (Corp ID 39)
Status of Advice Letter 4751G/6937E
As of June 13, 2023

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

Division Assigned: Energy

Date Filed: 05-10-2023

Date to Calendar: 05-22-2023

Authorizing Documents: E-3524

Disposition:	**Accepted**
Effective Date:	**06-01-2023**

Resolution Required: No

Resolution Number: None

Commission Meeting Date: None

CPUC Contact Information:
edtariffunit@cpuc.ca.gov

AL Certificate Contact Information:
Kimberly Loo
(415)973-4587
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Disposition of Filing (Accepted, Rejected, Withdrawn, etc.)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

Pacific Gas and Electric Company

Sidney Bob Dietz II
Director
Regulatory Relations

Pacific Gas and Electric Company
300 Lakeside Drive
Oakland, CA 94612

May 10, 2023

Advice 4751-G/6937-E
(Pacific Gas and Electric Company 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**

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 eligibility for the CARE and FERA programs. These revisions are submitted to update the maximum household income thresholds for a customer to be eligible to apply for the CARE and FERA programs, between June 1, 2023, and May 31, 2024. The revisions also revise content within the CARE/FERA enrollment form as detailed in the Tariff Revisions section below.

Background

CARE Program

In accordance with California Public Utilities (P.U.) Code Section 739.1(a)[1] and the Energy Division's *Notice to Update the Income Guidelines to Investor 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*

[1] 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 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."

(ESA) Programs (Notice) dated March 22, 2023, PG&E hereby submits its tariffs with revised household income limits for the CARE program, effective June 1, 2023 to May 31, 2024, as follows:

Household Size	Total Gross Annual Household Income
1-2	$39,440
3	$49,720
4	$60,000
5	$70,280
6	$80,560
7	$90,840
8	$101,120
Each Additional Person	$10,280

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
(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 income limits that are eligible for the CARE and FERA programs. These forms are listed on page 3 and 4 of this advice letter and in Attachment 1.

FERA Program

In accordance with the Energy Division's Notice dated March 22, 2023, PG&E submits revised income guidelines for the FERA program.

FERA is applicable to residential customers 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 2 of electric Rate Schedule E-FERA--*Family Electric Rate Assistance*. The income levels, effective from June 1, 2023, until May 31, 2024, are as follows:

Household Size	Total Gross Annual Household Income
1-2	Not Eligible
3	$49,721 to $62,150
4	$60,001 to $75,000
5	$70,281 to $87,850
6	$80,561 to $100,700
7	$90,841 to $113,550
8	$101,121 to $126,400
Each Additional Person	$10,280 to $12,850

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 3 and 4 of this advice letter and in Attachment 1.

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 indicate monthly electric usage exceeds 600% of baseline allowance may be removed from the CARE program and 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*: 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.

5. 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)

Revisions to the above-mentioned forms include:

- Updating the income guidelines charts.
- Updating the income ranges in Section 2B to each form to align with the new income guidelines.
- Updating Section 3.

PG&E is updating all tariffs, its website, and printed materials about the CARE and FERA programs to reflect the revised income levels, and revised CARE/FERA enrollment forms.[2]

Protests

Anyone wishing to protest this submittal may do so by letter sent electronically via E-mail, no later than May 30, 2023, 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

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 Resolution E-3524, this advice letter is submitted with a Tier 1 designation. PG&E requests that this Tier 1 advice submittal become effective on June 1, 2023, 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 and the parties on the service lists for A.19-11-003, A.19-11-004, A.19-11-005, A.19-11-006 and A.19-11-007. 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

[2] PG&E is also updating Energy Savings Assistance (ESA) program website and printed materials to reflect the revised income eligibility guidelines and their effective dates.

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

Attachments

cc: Service Lists A.19-11-003, et al

California Public Utilities Commission

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 (ID U39 M)

Utility type:
☑ ELC ☑ GAS ☐ WATER
☐ PLC ☐ HEAT

Contact Person: Kimberly Loo
Phone #: (415)973-4587
E-mail: PGETariffs@pge.com
E-mail Disposition Notice to: KELM@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) #: 4751-G/6937-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

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-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:

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: 6/1/23

No. of tariff sheets: 76

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 proposed[1]: N/A

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

[1]Discuss in AL if more space is needed.

Clear Form

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: Sidney 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.
38558-G	Gas Sample Form No. 01-9077 CARE/FERA Program Application for Residential Customers Sheet 1	37868-G
38559-G	Gas Sample Form No. 01-9285 CARE/FERA Program Application for Sub-Metered Residential Customers Sheet 1	37869-G
38560-G	Gas Sample Form No. 62-0672 CARE/FERA Program Application for Sub-Metered Residential Customers (English/Chinese) Sheet 1	37870-G
38561-G	Gas Sample Form No. 62-0673 CARE/FERA Program Application for Sub-Metered Residential Customers (English/Vietnamese) Sheet 1	37871-G
38562-G	Gas Sample Form No. 62-0919 CARE/FERA Program Application for Residential Customers (Pre-Printed Application) Sheet 1	37872-G
38563-G	Gas Sample Form No. 62-0939 CARE/FERA Program Application for Residential Customers (Pre-Printed Application Instruction) Sheet 1	37873-G
38564-G	Gas Sample Form No. 62-0940 CARE Program Renewal Instructions - Residential Customers Sheet 1	37874-G
38565-G	Gas Sample Form No. 62-0972 CARE/FERA Program Application for Residential Customers (English/Chinese) Sheet 1	37875-G
38566-G	Gas Sample Form No. 62-0973 CARE/FERA Program Application for Residential Customers (English/Vietnamese) Sheet 1	37876-G
38567-G	Gas Sample Form No. 62-1477 CARE/FERA Program Income Guidelines Sheet 1	37877-G
38568-G	Gas Sample Form No. 62-1509 CARE Program Renewal Application -- Residential Customers Sheet 1	37878-G

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
38569-G	Gas Sample Form No. 79-1051 CARE/FERA Program Application for Residential Customers (English) Large Print Application Sheet 1	37879-G
38570-G	Gas Sample Form No. 79-1052 CARE/FERA Program Application for Residential Customers (Spanish) - Large Print Application Sheet 1	37880-G
38571-G	Gas Sample Form No. 79-1053 CARE/FERA Program Application for Residential Customers (Chinese) - Large Print Application Sheet 1	37881-G
38572-G	Gas Sample Form No. 79-1054 CARE/FERA Program Application for Residential Customers (Vietnamese) - Large Print Application Sheet 1	37882-G
38573-G	Gas Sample Form No. 79-1055 CARE/FERA Program Application for Sub-Metered Residential Customers (English) - Large Print Application Sheet 1	37883-G
38574-G	Gas Sample Form No. 79-1056 CARE/FERA Program Application for Sub-Metered Residential Customers (Spanish) - Large Print Application Sheet 1	37884-G
38575-G	Gas Sample Form No. 79-1057 CARE/FERA Program Application for Sub-Metered Residential Customers (Chinese) - Large Print Application Sheet 1	37885-G
38576-G	Gas Sample Form No. 79-1058 CARE/FERA Program Application for Sub-Metered Residential Customers (Vietnamese) - Large Print Application Sheet 1	37886-G
38577-G	Gas Sample Form No. 79-1059 CARE/FERA Program Income Guidelines - Large Print Sheet 1	37887-G
38578-G	GAS RULE NO. 19.1 CALIF ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS Sheet 1	35011-G

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
38579-G	GAS RULE NO. 19.1 CALIF ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS Sheet 2	37888-G
38580-G	GAS RULE NO. 19.1 CALIF ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS Sheet 3	30445-G
38581-G	GAS RULE NO. 19.1 CALIF ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS Sheet 4	28210-G
38582-G	GAS RULE NO. 19.2 CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES Sheet 1	32051-G
38583-G	GAS RULE NO. 19.2 CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES Sheet 2	37889-G
38584-G	GAS RULE NO. 19.2 CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES Sheet 3	17035-G
38585-G	GAS RULE NO. 19.2 CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES Sheet 4	31217-G
38586-G	GAS RULE NO. 19.2 CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES Sheet 5	34522-G
38587-G	GAS RULE NO. 19.3 CALIF ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRI EMPLOYEE HOUSING FACILITIES Sheet 1	32053-G
38588-G	GAS RULE NO. 19.3 CALIF ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRI EMPLOYEE HOUSING FACILITIES Sheet 2	37890-G
38589-G	GAS TABLE OF CONTENTS Sheet 1	38550-G

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
38590-G	GAS TABLE OF CONTENTS Sheet 7	38400-G
38591-G	GAS TABLE OF CONTENTS Sheet 9	38506-G
38592-G	GAS TABLE OF CONTENTS Sheet 10	38507-G

Gas Sample Form No. 01-9077 Sheet 1
CARE/FERA Program Application for Residential Customers

Please Refer to Attached
Sample Form

Form 01-9077

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
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	$39,440 or less
3	$49,720 or less
4	$60,000 or less
5	$70,280 or less
6	$80,560 or less
7	$90,840 or less
8	$101,120 or less
Each additional person, add	$10,280

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 of three or more people with a slightly higher income than required for CARE.

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

FERA Income Guidelines
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	Not eligible
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Each additional person, add	$10,280–$12,850

*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 7979
San Francisco, CA 94120–7979

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

Other helpful programs and services

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

Energy Savings Assistance Program™

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.

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**.

Forma 01-9077

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.*

Requisitos de ingreso CARE
(válido hasta el 31 de mayo, 2024)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1–2	$39,440 o menos
3	$49,720 o menos
4	$60,000 o menos
5	$70,280 o menos
6	$80,560 o menos
7	$90,840 o menos
8	$101,120 o menos
Por cada persona adicional, añada	$10,280

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 de tres o más personas que reciban un ingreso ligeramente más alto que el requerido para CARE.

Requisitos de ingreso FERA
(válido hasta el 31 de mayo, 2024)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1–2	No es elegible
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Por cada persona adicional, añada	$10,280–$12,850

Vea los requisitos de ingreso de FERA que incluimos en esta tabla para ver si cumple con los requisitos e inscríbase 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: Inscríbase 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 7979
San Francisco, CA 94120–7979

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.

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.

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

CARE/FERA PROGRAM APPLICATION

Residential Customers

Form 01-9077

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

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

1 You and your household

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)
☐ 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.

Date

FOR INTERNAL USE ONLY

Complete, cut off and return application to PG&E.

SOLICITUD PARA EL PROGRAMA CARE/FERA

Clientes Residenciales

Forma 01-9077

1. Complete la **Sección 1**.
2. Complete la **Sección 2A** o la **Sección 2B**.
3. Firme y ponga la fecha en esta solicitud y envíela 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

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

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)
- ☐ 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)

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 yo podría estar obligado a proporcionar un comprobante de los ingresos de mi hogar.
5. Comprendo que yo podría estar obligado a participar 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

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

Fecha

FOR INTERNAL USE ONLY

Complete, corte y devuelva la solicitud a PG&E.

Gas Sample Form No. 01-9285 Sheet 1
CARE/FERA Program Application for Sub-Metered Residential Customers

Please Refer to Attached Sample Form

Form 01-9285

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
1-866-743-2273

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.

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
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	$39,440 or less
3	$49,720 or less
4	$60,000 or less
5	$70,280 or less
6	$80,560 or less
7	$90,840 or less
8	$101,120 or less
Each additional person, add	$10,280

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 of three of more people with a slightly higher income than required for CARE.

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

FERA Income Guidelines
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	Not eligible
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Each additional person, add	$10,280–$12,850

*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 7979
San Francisco, CA 94120–7979

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

Other helpful programs and services

Energy Savings Assistance Program
pge.com/energysavings
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.

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

Forma 01-9285

SOLICITUD PARA EL PROGRAMA CARE/FERA

Clientes 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.*

Requisitos de ingreso CARE
(válido hasta el 31 de mayo, 2024)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1–2	$39,440 o menos
3	$49,720 o menos
4	$60,000 o menos
5	$70,280 o menos
6	$80,560 o menos
7	$90,840 o menos
8	$101,120 o menos
Por cada persona adicional, añada	$10,280

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, dígale 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 de tres o más personas 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 inscríbase completando la solicitud incluida.

Requisitos de ingreso FERA
(válido hasta el 31 de mayo, 2024)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1–2	No es elegible
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Por cada persona adicional, añada	$10,280–$12,850

*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 7979
San Francisco, CA 94120–7979

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.

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

CARE/FERA PROGRAM APPLICATION

Sub-Metered Residential Customers

Form 01-9285

Please have your landlord or facility manager fill out Section 1A, while you fill out Section 1B about you and your household, and then complete Sections 2A **OR** 2B. Sign, date, 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

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)
- ☐ 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.

Date

FOR INTERNAL USE ONLY

Complete, cut off and return application to PG&E.

SOLICITUD PARA EL PROGRAMA CARE/FERA

Clientes residenciales con sub-medidor

Forma 01-9285

Por favor, pídale a su arrendador o a su administrador de las instalaciones que llene la sección 1A, mientras usted llena la sección 1B relativa a usted y a su hogar, y luego llene las secciones 2A **O** 2B. Firme, ponga la fecha y envíe a PG&E lo antes posible. **Al firmar esta solicitud usted acepta poner a disposición de su arrendador o administrador de las instalaciones la determinación de PG&E sobre su elegibilidad para participar en CARE o FERA de forma que pase el descuento si usted reúne los requisitos.**

1 1A Su arrendador y su residencia

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

Números de cuenta de PG&E: Electricidad ☐☐☐☐☐☐☐☐☐☐–☐☐ 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

Número de teléfono preferido ☐ Casa ☐ Trabajo ☐ Móvil

Dirección de su arrendador o administrador (Ciudad/Estado/Código postal)

Dirección de email

1B Usted y su hogar

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

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.)

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

Número de teléfono preferido ☐ Casa ☐ Trabajo ☐ Móvil

Número de teléfono alternativo ☐ Casa ☐ 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)
- ☐ Women, Infants, and Children (WIC)
- ☐ CalFresh/SNAP (estampillas de alimentos)
- ☐ CalWORKs (TANF) or 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)

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 yo podría estar obligado a proporcionar un comprobante de los ingresos de mi hogar.
5. Comprendo que yo podría estar obligado a participar 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 ○ Rellene el círculo si es tutor o tiene carta de poder.

Fecha

FOR INTERNAL USE ONLY

Complete, corte y devuelva la solicitud a PG&E.

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

Form 62-0672

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
1-866-743-2273

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.

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
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	$39,440 or less
3	$49,720 or less
4	$60,000 or less
5	$70,280 or less
6	$80,560 or less
7	$90,840 or less
8	$101,120 or less
Each additional person, add	$10,280

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 of three of more people with a slightly higher income than required for CARE.

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

FERA Income Guidelines
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	Not eligible
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Each additional person, add	$10,280–$12,850

*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 7979
San Francisco, CA 94120–7979

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

Other helpful programs and services

Energy Savings Assistance Program
pge.com/energysavings
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.

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

62-0672 表格

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）。*

CARE 收入標準
（有效期至 2024 年 5 月 31 日為止）

家庭人數	全家年收入總計*
1–2	$39,440 或以下
3	$49,720 或以下
4	$60,000 或以下
5	$70,280 或以下
6	$80,560 或以下
7	$90,840 或以下
8	$101,120 或以下
每多一人即增加	$10,280

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。該計劃為三人以上的家庭提供每月電費帳單折扣，而申請資格的收入上限較高。

FERA 收入標準
（有效期至 2024 年 5 月 31 日為止）

家庭人數	全家年收入總計*
1–2	不符合資格
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
每多一人即增加	$10,280–$12,850

請參考以上所列 FERA 收入標準，了解自己是否符合申請資格，並填寫附頁申請表以申請加入計劃。

*全家年收入總計包括居於此地址之家庭成員所有繳稅與不需繳稅的收入，且涵蓋所有收入來源，包括（但不限於）工資、月薪、利息、股利、配偶和子女贍養費、社會補助款項、社安金、退休金、住宅補貼、軍人補貼、租金收入、自營收入和所有與聘僱工作有關的非現金收入。

†了解更多並取得個人化費率分析：**pge.com/findrates**

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 7979
San Francisco, CA 94120–7979

傳真：將填好的申請表傳真到
1-877-302-7563

其他補助計劃和服務

Energy Savings Assistance Program
pge.com/energysavings-ch
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。

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，您可能有資格獲得財務援助及防水服務。

TTY 可撥打 **711** 或 **1-800-735-2929**。

CARE/FERA PROGRAM APPLICATION

Sub-Metered Residential Customers

Form 62-0672

Please have your landlord or facility manager fill out Section 1A, while you fill out Section 1B about you and your household, and then complete Sections 2A **OR** 2B. Sign, date, 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

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)
- ☐ 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.

Date

FOR INTERNAL USE ONLY

Complete, cut off and return application to PG&E.

CARE/FERA 計劃申請表

使用分錶的住宅用戶

62-0672 表格

請要求您的房東或設施經理填寫 1A 節；您本人則需填寫 1B 節有關您個人和家人的資訊，並填寫 2A **或** 2B 節。請儘快在申請表中簽名、註明日期並交回 PG&E。**在本申請表中簽名，即表示您同意房東或設施經理得知 PG&E 對您 CARE 或 FERA 參與資格的決定，以便他們在您符合資格的情況下提供折扣。**

1 1A 您的房東和住宅設施

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/郵遞區號)

您的房東或經理姓名

主要電話號碼 ☐ 住宅 ☐ 工作 ☐ 手機

您房東或經理的郵寄地址 (城市/州別/郵遞區號)

電子郵件地址

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。)

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。)

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)

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)
☐ 婦女、嬰兒及兒童 (WIC)
☐ CalFresh/SNAP (糧食券)
☐ CalWORKs (TANF) 或 Tribal TANF
☐ Head Start IncomeEligible (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)

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 ○ 如果您是監護人或有授權書，請將圓圈塗滿。

日期

FOR INTERNAL USE ONLY

這些優惠計劃獲得 California Public Utilities Commission 的支持，由加州公用事業客戶出資贊助並 PG&E 負責管理。

自動化程序文件、初步聲明、A 部份

Rev. 6.23 CIQ-0623-5960

請填寫申請表並且剪下，然後寄回 PG&E。

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

Form 62-0673

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
1-866-743-2273

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.

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
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	$39,440 or less
3	$49,720 or less
4	$60,000 or less
5	$70,280 or less
6	$80,560 or less
7	$90,840 or less
8	$101,120 or less
Each additional person, add	$10,280

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 of three of more people with a slightly higher income than required for CARE.

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

FERA Income Guidelines
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	Not eligible
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Each additional person, add	$10,280–$12,850

*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 7979
San Francisco, CA 94120–7979

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

Other helpful programs and services

Energy Savings Assistance Program
pge.com/energysavings
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.

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

Mẫu đơn 62-0673

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.*

Chỉ dẫn về thu nhập của chương trình CARE
(có hiệu lực đến ngày 31 tháng Năm, 2024)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1–2	$39,440 hoặc ít hơn
3	$49,720 hoặc ít hơn
4	$60,000 hoặc ít hơn
5	$70,280 hoặc ít hơn
6	$80,560 hoặc ít hơn
7	$90,840 hoặc ít hơn
8	$101,120 hoặc ít hơn
Với mỗi người thêm vào, cộng thêm	$10,280

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

Chỉ dẫn về thu nhập của chương trình FERA
(có hiệu lực đến ngày 31 tháng Năm, 2024)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1–2	Không hội đủ điều kiện
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Với mỗi người thêm vào, cộng thêm	$10,280–$12,850

Nếu quý vị không hội đủ điều kiện vào 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 từ ba người trở lên với lợi tức hơi cao hơn 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.

*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 7979
San Francisco, CA 94120–7979

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.

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

CARE/FERA PROGRAM APPLICATION

Sub-Metered Residential Customers

Form 62-0673

Please have your landlord or facility manager fill out Section 1A, while you fill out Section 1B about you and your household, and then complete Sections 2A **OR** 2B. Sign, date, 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

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)
- ☐ 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.

Date

FOR INTERNAL USE ONLY

Complete, cut off and return application to PG&E.

MẪU ĐƠN CHƯƠNG TRÌNH CARE/FERA

Khách Hàng Gia Cư Có Đồng Hồ Đo Phụ

Mẫu đơn 62-0673

Vui lòng nhờ chủ nhà hoặc người quản lý khu nhà điền thông tin vào Phần 1A, quý vị điền vào Phần 1B về quý vị và hộ gia đình quý vị, và sau đó quý vị nên điền vào Phần 2A **HOẶC** 2B. Ký tên, 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 đã đồng ý rằng chủ nhà và quản lý khu nhà sẽ cho quý vị giảm giá nếu quý vị hội đủ điều kiện khi PG&E xác định tình trạng hội đủ điều kiện của quý vị tham gia CARE hoặc FERA.**

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 trương 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

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)
☐ Women, Infants, and Children (WIC)
☐ CalFresh/SNAP (Food stamps)
☐ CalWORKs (TANF) hoặc Tribal TANF
☐ Head Start Income Eligible (chỉ dành cho bộ lạc)
☐ 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 (dưới 65 tuổi)
☐ Medicaid/Medi-Cal (65 tuổi hoặc hơn)

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

Ngày

FOR INTERNAL USE ONLY

Hoàn thành, cắt bỏ và gửi đơn lại cho PG&E.

Gas Sample Form No. 62-0919 Sheet 1
CARE/FERA Program Application for Residential Customers
(Pre-Printed Application)

Please Refer to Attached
Sample Form

CARE/FERA PROGRAM APPLICATION

Residential Customers

Form 62-0919

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

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

1 You and your household

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.

Date

FOR INTERNAL USE ONLY

SOLICITUD PARA EL PROGRAMA CARE/FERA

Clientes Residenciales

Forma 62-0919

1. Complete la **Sección 1**.
2. Complete la **Sección 2A** o la **Sección 2B**.
3. Firme y ponga la fecha en esta solicitud y envíela 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

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

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)
☐ 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)

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 yo podría estar obligado a proporcionar un comprobante de los ingresos de mi hogar.
5. Comprendo que yo podría estar obligado a participar 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

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

Fecha

FOR INTERNAL USE ONLY

Gas Sample Form No. 62-0939 Sheet 1
CARE/FERA Program Application for Residential Customers
(Pre-Printed Application Instruction)

Please Refer to Attached
Sample Form

Form 62-0939

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.*

CARE Income Guidelines
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	$39,440 or less
3	$49,720 or less
4	$60,000 or less
5	$70,280 or less
6	$80,560 or less
7	$90,840 or less
8	$101,120 or less
Each additional person, add	$10,280

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 of three or more people with a slightly higher income than required for CARE.

FERA Income Guidelines
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	Not eligible
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Each additional person, add	$10,280–$12,850

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 7979
San Francisco, CA 94120–7979

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

Other helpful programs and services

Energy Savings Assistance Program
pge.com/energysavings
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.

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**.

Form 62-0939

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.*

Requisitos de ingreso CARE
(válido hasta el 31 de mayo, 2024)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1–2	$39,440 o menos
3	$49,720 o menos
4	$60,000 o menos
5	$70,280 o menos
6	$80,560 o menos
7	$90,840 o menos
8	$101,120 o menos
Por cada persona adicional, añada	$10,280

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 de tres o más personas 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 inscríbase completando la solicitud incluida.

Requisitos de ingreso FERA
(válido hasta el 31 de mayo, 2024)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1–2	No es elegible
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Por cada persona adicional, añada	$10,280–$12,850

*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: Inscríbase 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 7979
San Francisco, CA 94120–7979

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.

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.

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

Gas Sample Form No. 62-0940 Sheet 1
CARE Program Renewal Instructions - Residential Customers

Please Refer to Attached Sample Form

CARE PROGRAM
RENEWAL INSTRUCTIONS

Residential Customers

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

SOLICITUD PARA RENOVACIÓN
DEL PROGRAMA CARE

Form 62-0940

Clientes 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 (good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	$39,440 or less
3	$49,720 or less
4	$60,000 or less
5	$70,280 or less
6	$80,560 or less
7	$90,840 or less
8	$101,120 or less
Each additional person, add	$10,280

*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 incluída 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, 2024)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1–2	$39,440 o menos
3	$49,720 o menos
4	$60,000 o menos
5	$70,280 o menos
6	$80,560 o menos
7	$90,840 o menos
8	$101,120 o menos
Por cada persona adicional, añada	$10,280

*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**

Rev. 6.23 CIQ-0623-5978

CARE 計劃續期說明

住宅客戶

選擇最適合您的費率計劃。深入了解†。

HƯỚNG DẪN GHI DANH LẠI CHƯƠNG TRÌNH CARE

Form 62-0940

Khách Hàng Gia Cư

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 2024 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1–2	$39,440 或以下
3	$49,720 或以下
4	$60,000 或以下
5	$70,280 或以下
6	$80,560 或以下
7	$90,840 或以下
8	$101,120 或以下
每多一人即增加	$10,280

*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，方便快速，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。

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 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, 2024)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1–2	$39,440 hoặc ít hơn
3	$49,720 hoặc ít hơn
4	$60,000 hoặc ít hơn
5	$70,280 hoặc ít hơn
6	$80,560 hoặc ít hơn
7	$90,840 hoặc ít hơn
8	$101,120 hoặc ít hơn
Với mỗi người thêm vào, cộng thêm	$10,280

*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.

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**

Gas Sample Form No. 62-0972 Sheet 1
CARE/FERA Program Application for Residential Customers (English/Chinese)

Please Refer to Attached Sample Form

Form 62-0972

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
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	$39,440 or less
3	$49,720 or less
4	$60,000 or less
5	$70,280 or less
6	$80,560 or less
7	$90,840 or less
8	$101,120 or less
Each additional person, add	$10,280

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 of three or more people with a slightly higher income than required for CARE.

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

FERA Income Guidelines
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	Not eligible
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Each additional person, add	$10,280–$12,850

*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 7979
San Francisco, CA 94120–7979

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

Other helpful programs and services

Energy Savings Assistance Program
pge.com/energysavings
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.

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**.

62-0972 表格

CARE/FERA 計劃申請書

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

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）。*

CARE 收入標準
（有效期至 2024 年 5 月 31 日為止）

家庭人數	全家年收入總計*
1–2	$39,440 或以下
3	$49,720 或以下
4	$60,000 或以下
5	$70,280 或以下
6	$80,560 或以下
7	$90,840 或以下
8	$101,120 或以下
每多一人即增加	$10,280

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。該計劃為三人以上的家庭提供每月電費帳單折扣，而申請資格的收入上限較高。

FERA 收入標準
（有效期至 2024 年 5 月 31 日為止）

家庭人數	全家年收入總計*
1–2	不符合資格
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
每多一人即增加	$10,280–$12,850

請參考以上所列 FERA 收入標準，了解自己是否符合申請資格，並填寫附頁申請表以申請加入計劃。

*全家年收入總計包括居於此地址之家庭成員所有繳稅與不需繳稅的收入，且涵蓋所有收入來源，包括（但不限於）工資、月薪、利息、股利、配偶和子女贍養費、社會補助款項、社安金、退休金、住宅補貼、軍人補貼、租金收入、自營收入和所有與聘僱工作有關的非現金收入。

†了解更多並取得個人化費率分析：**pge.com/findrates**

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 7979
San Francisco, CA 94120–7979

傳真：
將填好的申請表傳真到
1-877-302-7563

其他補助計劃和服務

Energy Savings Assistance Program
pge.com/energysavings-ch
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。

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，您可能有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。

TTY 可撥打 **711** 或 **1-800-735-2929**。

CARE/FERA PROGRAM APPLICATION

Residential Customers

Form 62–0972

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

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

1 You and your household

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)
☐ 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.

Date

FOR INTERNAL USE ONLY

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

Automated Document, Preliminary Statement, Part A

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

Complete, cut off and return application to PG&E.

CARE/FERA 計劃申請書
住宅用戶

62-0972 表格

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

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

1 您和家人

您的 PG&E 帳號（在 PG&E 帳單第 1 頁。）

帳戶持有人姓名（請使用 PG&E 帳單上顯示的姓名，必須和您的姓名相同。）

您的住家地址（地址必須是主要住處。請**勿**使用郵政信箱。）　公寓單位 #

城市/州別/郵遞區號

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

主要電話號碼　☐ 住宅 ☐ 工作 ☐ 手機

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)
☐ 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）

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

○ 如果您是監護人或有授權書，請將圓圈塗滿。

FOR INTERNAL USE ONLY

日期

這些優惠計劃獲得 California Public Utilities Commission 的支持，由加州公用事業客戶出資贊助並 PG&E 負責管理。

請填寫申請表並且剪下，然後寄回 PG&E。

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

Please Refer to Attached
Sample Form

Form 62–0973

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
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	$39,440 or less
3	$49,720 or less
4	$60,000 or less
5	$70,280 or less
6	$80,560 or less
7	$90,840 or less
8	$101,120 or less
Each additional person, add	$10,280

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 of three or more people with a slightly higher income than required for CARE.

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

FERA Income Guidelines
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	Not eligible
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Each additional person, add	$10,280–$12,850

*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 7979
San Francisco, CA 94120–7979

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

Other helpful programs and services

Energy Savings Assistance Program
pge.com/energysavings
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.

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**.

Mẫu đơn 62-0973

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

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.*

Chỉ dẫn về thu nhập của chương trình CARE
(có hiệu lực đến ngày 31 tháng Năm, 2024)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1–2	$39,440 hoặc ít hơn
3	$49,720 hoặc ít hơn
4	$60,000 hoặc ít hơn
5	$70,280 hoặc ít hơn
6	$80,560 hoặc ít hơn
7	$90,840 hoặc ít hơn
8	$101,120 hoặc ít hơn
Với mỗi người thêm vào, cộng thêm	$10,280

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 vào 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 từ ba người trở lên với lợi tức hơi cao hơn so với yêu cầu của chương trình CARE.

Chỉ dẫn về thu nhập của chương trình FERA
(có hiệu lực đến ngày 31 tháng Năm, 2024)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1–2	Không hội đủ điều kiện
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Với mỗi người thêm vào, cộng thêm	$10,280–$12,850

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 7979
San Francisco, CA 94120–7979

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.

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 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.

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

CARE/FERA PROGRAM APPLICATION

Residential Customers

Form 62–0973

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

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

1 You and your household

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)
- ☐ 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.

Date

FOR INTERNAL USE ONLY

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

Automated Document, Preliminary Statement, Part A

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

Complete, cut off and return application to PG&E.

MẪU ĐƠN CHƯƠNG TRÌNH CARE/FERA

Khách Hàng Gia Cư

Mẫu đơn 62-0973

1. Điền **Phần 1**.
2. Điền **Phần 2A** HOẶC **Phần 2B**.
3. Ký tên và ghi ngày tháng vào mẫu điền này và gửi lại qua đường bưu điện tới cho PG&E.

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

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 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)
☐ Women, Infants, and Children (WIC)
☐ CalFresh/SNAP (Food stamps)
☐ CalWORKs (TANF) hoặc Tribal TANF
☐ Head Start Income Eligible (chỉ dành cho bộ lạc)
☐ 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 (dưới 65 tuổi)
☐ Medicaid/Medi-Cal (65 tuổi hoặc hơn)

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

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

FOR INTERNAL USE ONLY

Ngày

Hoàn thành, cắt bỏ và gửi đơn lại cho PG&E.

Gas Sample Form No. 62-1477 Sheet 1
CARE/FERA Program Income Guidelines

Please Refer to Attached
Sample Form

Form 62-1477

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
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	$39,440 or less
3	$49,720 or less
4	$60,000 or less
5	$70,280 or less
6	$80,560 or less
7	$90,840 or less
8	$101,120 or less
Each additional person, add	$10,280

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 of three of more people 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
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	Not eligible
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Each additional person, add	$10,280–$12,850

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. Inscríbase en **pge.com/care-es**.

Requisitos de ingreso CARE
(válido hasta el 31 de mayo, 2024)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1–2	$39,440 o menos
3	$49,720 o menos
4	$60,000 o menos
5	$70,280 o menos
6	$80,560 o menos
7	$90,840 o menos
8	$101,120 o menos
Por cada persona adicional, añada	$10,280

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 de tres o más personas 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**.

Requisitos de ingreso FERA
(válido hasta el 31 de mayo, 2024)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1–2	No es elegible
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Por cada persona adicional, añada	$10,280–$12,850

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**.

Rev. 6.23 CIQ-0623-5968

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，了解自己是否符合申請條件。請到 **pge.com/care-ch** 申請。

CARE 收入標準
(有效期至 2024 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1–2	$39,440 或以下
3	$49,720 或以下
4	$60,000 或以下
5	$70,280 或以下
6	$80,560 或以下
7	$90,840 或以下
8	$101,120 或以下
每多一人即增加	$10,280

Family Electric Rate Assistance (FERA)

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

即使您不符合 CARE 計劃申請資格，您的家庭仍可能有資格申請 Family Electric Rate Assistance (家庭電費補助，簡稱 FERA) 計劃。該計劃為三人及以上家庭提供每月電費帳單折扣，收入要求比 CARE 略為寬鬆。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。

FERA 收入標準
(有效期至 2024 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1–2	不符合資格
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
每多一人即增加	$10,280–$12,850

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, 2024)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1–2	$39,440 hoặc ít hơn
3	$49,720 hoặc ít hơn
4	$60,000 hoặc ít hơn
5	$70,280 hoặc ít hơn
6	$80,560 hoặc ít hơn
7	$90,840 hoặc ít hơn
8	$101,120 hoặc ít hơn
Với mỗi người thêm vào, cộng thêm	$10,280

Family Electric Rate Assistance (FERA)

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

Nếu quý vị không hội đủ điều kiện vào chương trình CARE, gia đình 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 từ ba người trở lên với lợi tức hơi cao hơn 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, 2024)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1–2	Không hội đủ điều kiện
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Với mỗi người thêm vào, cộng thêm	$10,280–$12,850

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**.

Gas Sample Form No. 62-1509 Sheet 1
CARE Program Renewal Application -- Residential Customers

Please Refer to Attached Sample Form

CARE PROGRAM RENEWAL APPLICATION

Residential Customers

Form 62-1509

Please fill out the information below about you and your household, and then the information for Sections 2A **OR** 2B. Sign and date this form and return it to PG&E before your CARE discount expires.

☐ **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.

Date

FOR INTERNAL USE ONLY

SOLICITUD DE RENOVACIÓN PARA EL PROGRAMA CARE

Clientes Residenciales

Forma 62-1509

Por favor complete la información a continuación sobre usted y su hogar y luego la información en las Secciones 2A **O** 2B. Firme y ponga la fecha en esta solicitud y devuélvala a PG&E antes de que venza su descuento CARE.

☐ **Ya no califico o ya no quiero participar en el programa CARE.**

1 Usted y su hogar

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

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)
- ☐ 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)

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 yo podría estar obligado a proporcionar un comprobante de los ingresos de mi hogar.
5. Comprendo que yo podría estar obligado a participar 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

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

Fecha

FOR INTERNAL USE ONLY

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

Form 79-1051

CARE/FERA PROGRAM APPLICATION
Residential Customers

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 of three or more people 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 7979
San Francisco, CA 94120–7979

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

CARE/FERA Income Guidelines (good until May 31, 2024)		
Number of people in household	**Total gross annual household income***	
	CARE	**FERA**
1–2	$39,440 or less	Not eligible
3	$49,720 or less	$49,721–$62,150
4	$60,000 or less	$60,001–$75,000
5	$70,280 or less	$70,281–$87,850
6	$80,560 or less	$80,561–$100,700
7	$90,840 or less	$90,841–$113,550
8	$101,120 or less	$101,121–$126,400
Each additional person, add	$10,280	$10,280–$12,850

*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.

Rev. 6.23 CIQ-0623-5955

CARE/FERA PROGRAM APPLICATION
Residential Customers

Form 79-1051

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

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

1 You and your household

										–	

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

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) ☐ **=** ☐

Complete, cut off and return application to PG&E.

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 **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

Forma 79-1052

SOLICITUD PARA EL PROGRAMA CARE/FERA
Clientes Residenciales

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 de tres o más personas 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 inscríbase 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: Inscríbase 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 7979
San Francisco, CA
94120–7979

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

Requisitos de ingreso CARE/FERA (válido hasta el 31 de mayo, 2024)		
Número de personas en el hogar	**Ingreso bruto total anual del hogar***	
	CARE	**FERA**
1–2	$39,440 o menos	No es elegible
3	$49,720 o menos	$49,721–$62,150
4	$60,000 o menos	$60,001–$75,000
5	$70,280 o menos	$70,281–$87,850
6	$80,560 o menos	$80,561–$100,700
7	$90,840 o menos	$90,841–$113,550
8	$101,120 o menos	$101,121–$126,400
Por cada persona adicional, añada	$10,280	$10,280–$12,850

*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℠

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.

Rev. 6.23 CIQ-0623-5956

SOLICITUD PARA EL PROGRAMA CARE/FERA

Clientes Residenciales

Forma 79-1052

1. Complete la **Sección 1**.
2. Complete la **Sección 2A** o la **Sección 2B**.
3. Firme y ponga la fecha en esta solicitud y envíela 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

										–	

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) ☐ **=** ☐

Complete, corte y devuelva la solicitud a PG&E.

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)
- ☐ 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)

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 yo podría estar obligado a proporcionar un comprobante de los ingresos de mi hogar.
5. Comprendo que yo podría estar obligado a participar 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

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

CARE/FERA 計劃申請表
住宅用戶

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。該計劃為三人以上的家庭提供每月電費帳單折扣，而且申請資格的收入限制比 CARE 寬鬆。

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 7979
San Francisco, CA
94120–7979

TTY 可撥打 **711** 或 **1-800-735-2929**。

CARE/FERA 收入標準（有效期至 2024 年 5 月 31 日止）		
家庭人數	**全家年收入總計***	
	CARE	**FERA**
1–2	$39,440 或以下	不符合資格
3	$49,720 或以下	$49,721–$62,150
4	$60,000 或以下	$60,001–$75,000
5	$70,280 或以下	$70,281–$87,850
6	$80,560 或以下	$80,561–$100,700
7	$90,840 或以下	$90,841–$113,550
8	$101,120 或以下	$101,121–$126,400
每多一人即增加	$10,280	$10,280–$12,850

*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，您可能有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。

Rev. 6.23 CIQ-0623-5957

CARE/FERA 計劃申請表

住宅用戶

79-1053 表格

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

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

1 您和家人

										–	

您的 PG&E 帳號（在 PG&E 帳單第 1 頁。）

帳戶持有人姓名（請使用 PG&E 帳單上顯示的姓名，必須和您的姓名相同。）

您的住家地址（地址必須是主要住處。請**勿**使用郵政信箱。） 公寓單位 #

城市/州別/郵遞區號

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

主要電話號碼 ☐ 住宅 ☐ 工作 ☐ 手機

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）☐ **=** ☐

請填寫申請表並且剪下，然後寄回 PG&E。

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)
- ☐ 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)

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

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

Mẫu đơn 79-1054

MẪU ĐƠN CHƯƠNG TRÌNH CARE/FERA
Khách Hàng Gia Cư

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 vào 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 từ ba người trở lên với lợi tức hơi cao hơn 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 7979
San Francisco, CA 94120–7979

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, 2024)		
Số người trong gia đình	**Tổng thu nhập hộ gia đình hàng năm***	
	CARE	**FERA**
1–2	$39,440 hoặc ít hơn	Không hội đủ điều kiện
3	$49,720 hoặc ít hơn	$49,721–$62,150
4	$60,000 hoặc ít hơn	$60,001–$75,000
5	$70,280 hoặc ít hơn	$70,281–$87,850
6	$80,560 hoặc ít hơn	$80,561–$100,700
7	$90,840 hoặc ít hơn	$90,841–$113,550
8	$101,120 hoặc ít hơn	$101,121–$126,400
Với mỗi người thêm vào, cộng thêm	$10,280	$10,280–$12,850

* 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.

MẪU ĐƠN CHƯƠNG TRÌNH CARE/FERA

Khách Hàng Gia Cư

Mẫu đơn 79-1054

1. Điền **Phần 1**.
2. Điền **Phần 2A** HOẶC **Phần 2B**.
3. Ký tên và ghi ngày tháng vào mẫu điền này và gửi lại qua đường bưu điện tới cho PG&E.

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

										–	

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 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)
- ☐ Women, Infants and Children (WIC)
- ☐ CalFresh/SNAP (Food stamps)
- ☐ CalWORKs (TANF) hoặc Tribal TANF
- ☐ Head Start Income Eligible (chỉ dành cho bộ lạc)
- ☐ 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 (dưới 65 tuổi)
- ☐ Medicaid/Medi-Cal (65 tuổi hoặc hơn)

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

Form 79-1055

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 • 1-866-743-2273

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.

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 of three or more people 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 7979
San Francisco, CA 94120–7979

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

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

CARE/FERA Income Guidelines (good until May 31, 2024)		
Number of people in household	**Total gross annual household income***	
	CARE	**FERA**
1–2	$39,440 or less	Not eligible
3	$49,720 or less	$49,721–$62,150
4	$60,000 or less	$60,001–$75,000
5	$70,280 or less	$70,281–$87,850
6	$80,560 or less	$80,561–$100,700
7	$90,840 or less	$90,841–$113,550
8	$101,120 or less	$101,121–$126,400
Each additional person, add	$10,280	$10,280–$12,850

*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.

Rev. 6.23 CIQ-0623-5962

Form 79-1055

CARE/FERA PROGRAM APPLICATION

Sub-Metered Residential Customers

Please have your landlord or facility manager fill out Section 1A, while you fill out Section 1B about you and your household, and then complete Sections 2A **OR** 2B. Sign, date, 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.**

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

1 1A Your landlord and facility

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

Your landlord or manager's mailing address

City/State/Zip Code

Email

Preferred phone number ☐ Home ☐ Work ☐ Mobile

Complete, cut off and return application to PG&E.

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)
- ☐ 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 **Date**

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

FOR INTERNAL USE ONLY

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

Forma 79-1056

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 • 1-866-743-2273

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, dígale 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 de tres o más personas 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 inscríbase 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 7979
San Francisco, CA 94120–7979

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, 2024)		
Número de personas en el hogar	**Ingreso bruto total anual del hogar***	
	CARE	**FERA**
1–2	$39,440 o menos	No es elegible
3	$49,720 o menos	$49,721–$62,150
4	$60,000 o menos	$60,001–$75,000
5	$70,280 o menos	$70,281–$87,850
6	$80,560 o menos	$80,561–$100,700
7	$90,840 o menos	$90,841–$113,550
8	$101,120 o menos	$101,121–$126,400
Por cada persona adicional, añada	$10,280	$10,280–$12,850

*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.

 Rev. 6.23 CIQ-0623-5963

SOLICITUD PARA EL PROGRAMA CARE/FERA

Clientes residenciales con sub-medidor

Forma 79-1056

Por favor, pídale a su arrendador o a su administrador de las instalaciones que llene la sección 1A, mientras usted llena la sección 1B relativa a usted y a su hogar, y luego llene las secciones 2A **O** 2B. Firme, ponga la fecha y envíe a PG&E lo antes posible. **Al firmar esta solicitud usted acepta poner a disposición de su arrendador o administrador de las instalaciones la determinación de PG&E sobre su elegibilidad para participar en CARE o FERA de forma que pase el descuento si usted reúne los requisitos.**

Situación del solicitante:

- ○ NUEVO
- ○ RE-INSCRIPCIÓN
- ○ CANCELÓ EL PROGRAMA
- ○ SE MUDÓ A OTRO LUGAR

1 1A Su arrendador y su residencia

Números de cuenta de PG&E:

										–	

Electricidad

										–	

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

✂ Complete, corte y devuelva la solicitud a PG&E.

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)
- ☐ 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)

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 yo podría estar obligado a proporcionar un comprobante de los ingresos de mi hogar.
5. Comprendo que yo podría estar obligado a participar 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

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

CARE/FERA 計劃申請表
使用分錶的住宅用戶

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。該計劃為三人以上的家庭提供每月電費帳單折扣，而申請資格的收入上限較高。

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 7979
San Francisco, CA 94120–7979

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 2024 年 5 月 31 日止）		
家庭人數	**全家年收入總計***	
	CARE	**FERA**
1–2	$39,440 或以下	不符合資格
3	$49,720 或以下	$49,721–$62,150
4	$60,000 或以下	$60,001–$75,000
5	$70,280 或以下	$70,281–$87,850
6	$80,560 或以下	$80,561–$100,700
7	$90,840 或以下	$90,841–$113,550
8	$101,120 或以下	$101,121–$126,400
每多一人即增加	$10,280	$10,280–$12,850

*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，您可能有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。

Rev. 6.23 CIQ-0623-5964

CARE/FERA 計劃申請表

使用分錶的住宅用戶

79-1057 表格

請要求您的房東或設施經理填寫 1A 節；您本人則需填寫 1B 節有關您個人和家人的資訊，並填寫 2A **或** 2B 節。請儘快在申請表中簽名、註明日期並交回 PG&E。**在本申請表中簽名，即表示您同意房東或設施經理得知 PG&E 對您 CARE 或 FERA 參與資格的決定，以便他們在您符合資格的情況下提供折扣。**

申請狀態： ○ 新加入 ○ 退出 ○ 繼續參加 ○ 移到其他單位

1 1A 您的房東和住宅設施

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/郵遞區號)

您的房東或經理姓名

您房東或經理的郵寄地址

(城市/州別/郵遞區號)

電子郵件地址

主要電話號碼 ☐ 住宅 ☐ 工作 ☐ 手機

✂ 請填寫申請表並且剪下，然後寄回 PG&E。

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)
- ☐ 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)

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

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

Mẫu đơn 79-1058

MẪU ĐƠN CHƯƠNG TRÌNH CARE/FERA

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 vào 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 từ ba người trở lên với lợi tức hơi cao hơn 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 7979
San Francisco, CA
94120–7979

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, 2024)		
Số người trong gia đình	**Tổng thu nhập hộ gia đình hàng năm***	
	CARE	**FERA**
1–2	$39,440 hoặc ít hơn	Không hội đủ điều kiện
3	$49,720 hoặc ít hơn	$49,721–$62,150
4	$60,000 hoặc ít hơn	$60,001–$75,000
5	$70,280 hoặc ít hơn	$70,281–$87,850
6	$80,560 hoặc ít hơn	$80,561–$100,700
7	$90,840 hoặc ít hơn	$90,841–$113,550
8	$101,120 hoặc ít hơn	$101,121–$126,400
Với mỗi người thêm vào, cộng thêm	$10,280	$10,280–$12,850

*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.

MẪU ĐƠN CHƯƠNG TRÌNH CARE/FERA

Khách Hàng Gia Cư Có Đồng Hồ Đo Phụ

Mẫu đơn 79-1058

Vui lòng nhờ chủ nhà hoặc người quản lý khu nhà điền thông tin vào Phần 1A, quý vị điền vào Phần 1B về quý vị và hộ gia đình quý vị, và sau đó quý vị nên điền vào Phần 2A **HOẶC** 2B. Ký tên, 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 đã đồng ý rằng chủ nhà và quản lý khu nhà sẽ cho quý vị giảm giá nếu quý vị hội đủ điều kiện khi PG&E xác định tình trạng hội đủ điều kiện của quý vị tham gia CARE hoặc FERA.**

Tình trạng người nộp đơn:

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

1 1A Chủ nhà và khu nhà của quý vị

Số trương 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

Địa chỉ liên lạc bằng thư của chủ nhà hay quản lý

Thành phố/Bang/Số Zip

Địa chỉ email

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

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)
- ☐ Women, Infants and Children (WIC)
- ☐ CalFresh/SNAP (Food stamps)
- ☐ CalWORKs (TANF) hoặc Tribal TANF
- ☐ Head Start Income Eligible (chỉ dành cho bộ lạc)
- ☐ 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 (dưới 65 tuổi)
- ☐ Medicaid/Medi-Cal (65 tuổi hoặc hơn)

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. 79-1059 Sheet 1
CARE/FERA Program Income Guidelines - Large Print

Please Refer to Attached Sample Form

Form 79-1059

CARE/FERA PROGRAM
Income Guidelines

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 of three of more people 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 (good until May 31, 2024)

Number of people in household	Total gross annual household income*	
	CARE	FERA
1–2	$39,440 or less	Not eligible
3	$49,720 or less	$49,721–$62,150
4	$60,000 or less	$60,001–$75,000
5	$70,280 or less	$70,281–$87,850
6	$80,560 or less	$80,561–$100,700
7	$90,840 or less	$90,841–$113,550
8	$101,120 or less	$101,121–$126,400
Each additional person, add	$10,280	$10,280–$12,850

*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**.

Rev. 6.23 CIQ-0623-5969

Forma 79-1059

PROGRAMA CARE/FERA
Requisitos de ingreso

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 de tres o más personas 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, 2024)

Número de personas en el hogar	Ingreso bruto total anual del hogar*	
	CARE	FERA
1–2	$39,440 o menos	No es elegible
3	$49,720 o menos	$49,721–$62,150
4	$60,000 o menos	$60,001–$75,000
5	$70,280 o menos	$70,281–$87,850
6	$80,560 o menos	$80,561–$100,700
7	$90,840 o menos	$90,841–$113,550
8	$101,120 o menos	$101,121–$126,400
Por cada persona adicional, añada	$10,280	$10,280–$12,850

*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**.

Rev. 6.23 CIQ-0623-5969

CARE/FERA 計劃
收入標準

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

即使您不符合 CARE 計劃申請資格，您的家庭仍可能有資格申請 Family Electric Rate Assistance (家庭電費補助，簡稱 FERA) 計劃。該計劃為三人及以上家庭提供每月電費帳單折扣，收入要求比 CARE 略為寬鬆。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 2024 年 5 月 31 日止)

家庭人數	全家年收入總計*	
	CARE	FERA
1–2	$39,440 或以下	不符合資格
3	$49,720 或以下	$49,721–$62,150
4	$60,000 或以下	$60,001–$75,000
5	$70,280 或以下	$70,281–$87,850
6	$80,560 或以下	$80,561–$100,700
7	$90,840 或以下	$90,841–$113,550
8	$101,120 或以下	$101,121–$126,400
每多一人即增加	$10,280	$10,280–$12,850

*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**。

Rev. 6.23 CIQ-0623-5969

CHƯƠNG TRÌNH CARE/FERA

Chỉ Dẫn Về Thu Nhập

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 vào chương trình CARE, gia đình 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 từ ba người trở lên với lợi tức hơi cao hơn 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, 2024)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*	
	CARE	FERA
1–2	$39,440 hoặc ít hơn	Không hội đủ điều kiện
3	$49,720 hoặc ít hơn	$49,721–$62,150
4	$60,000 hoặc ít hơn	$60,001–$75,000
5	$70,280 hoặc ít hơn	$70,281–$87,850
6	$80,560 hoặc ít hơn	$80,561–$100,700
7	$90,840 hoặc ít hơn	$90,841–$113,550
8	$101,120 hoặc ít hơn	$101,121–$126,400
Với mỗi người thêm vào, cộng thêm	$10,280	$10,280–$12,850

*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 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 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) (T) (T) (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 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 CARE[1]. 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, 2023 to May 31, 2024)	
1-2	$39,440	(T)
3	$49,720	I
4	$60,000	I
5	$70,280	I
6	$80,560	I
7	$90,840	I
8	$101,120	I
Each additional member, add:	$10,280	(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: (T)

   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: (T)

   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. (T) (T)

(Continued)

GAS RULE NO. 19.1 Sheet 3
CALIF ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS

C. CERTIFICATION (Cont'd.)

3. Self-certification:

Self-certification will be used to determine income eligibility for the CARE 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. (T) (T)

D. RECERTIFICATION REQUIREMENTS

Certification of individually-metered PG&E customers and sub-metered tenants of master-metered customers is valid for a period of two years, or four years for customers that are determined to have a fixed income, except as provided in Section F. (T)

Applicants 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 applicants' eligibility. Failure by any party asked to provide proper proof of eligibility will result in disqualification of applicant's eligibility to receive the CARE rate. PG&E may rebill customers removed from the program for previous discounts received for which the participant did not qualify. (T)

Upon PG&E's request that the applicant recertify eligibility following the regular expiration date of applicants' eligibility, the applicant will have 90 days to recertify, after which applicants not recertified may lose their eligibility under the CARE program.

It is the responsibility of the applicant to immediately notify PG&E when the applicant is no longer eligible for the CARE program.

(Continued)

GAS RULE NO. 19.1 Sheet 4
CALIF ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS

E. QUALIFIED SUBMETERED APPLICANTS

Where residential dwelling units are not individually metered by PG&E and where the qualifying CARE applicants are not PG&E's customers of record, PG&E may perform audits to determine if the qualifying applicants still reside at the premises receiving CARE. Then PG&E will either (a) allow CARE to remain in effect until recertification in accordance with Section D above, or (b) remove the customers of record from CARE effective with the first day of the next Billing Cycle after PG&E performs the audits. (T) (T)

F. MISAPPLICATION OF CARE

Certification for eligibility for the CARE program that is made based upon incorrect information provided by the applicant shall constitute misapplication of CARE for the period under which the applicant received CARE. PG&E may rebill the account at the customer's/applicant's otherwise-applicable rate schedule for misapplication of CARE. Such billing shall be for a period up to the most recent three years in accordance with Rule 17.1. However, nothing in Rule 19.1 shall be interpreted as limiting PG&E's rights under any provisions of any applicable law or tariff. (T)

Master-metered customers with PG&E-certified sub-metered tenants shall not be held responsible for incorrect information provided by the sub-metered tenant to PG&E. (T) (T)

GAS RULE NO. 19.2 Sheet 1
CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING 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 expanded to qualifying Nonprofit Group-Living Facilities in D.92-04-024 and D.92-06-060. 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 with reduced charges for electric service. D.06-12-038 clarifies that Common Use Areas as defined in Rule 1 qualify for CARE. (T)

Application for the rate may be made by master-metered customers who operate Nonprofit Group-Living Facilities for qualifying residents.

Qualifying Nonprofit Group-Living 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 (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:

   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.

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

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.

4. The total gross income for all persons residing at a facility may not exceed the following: (T)

Number of Persons in Household	Total Gross Annual Household Income (Effective June 1, 2023 to May 31, 2024)	
1-2	$39,440	(T)
3	$49,720	I
4	$60,000	I
5	$70,280	I
6	$80,560	I
7	$90,840	I
8	$101,120	I
Each additional member, add:	$10,280	(T)

(Continued)

GAS RULE NO. 19.2 Sheet 3
CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING 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, 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

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.

2. Each Application for Nonprofit Group-Living Facilities must be accompanied by the following documentation:

a. A copy of the IRS tax exempt status letter;

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; and

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. (T)

3. Certification of Nonprofit Group-Living Facilities is valid for two years, except as provided in Section E.

It is the responsibility of the facility to notify PG&E when it is no longer eligible for the CARE Program. (T)

(Continued)

GAS RULE NO. 19.2 Sheet 5
CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING 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 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 eligibility[1]. Failure by any party to provide proper proof of eligibility will result in the removal of the facility from the CARE rate. (T) (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 not recertified may lose their eligibility under the CARE program. (T) (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 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) (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 1

CALIF ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRI EMPLOYEE HOUSING FACILITIES

A. GENERAL

The Low-Income Ratepayer Assistance (LIRA) program was established by the Commission in Decisions (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 gas service. Application for the rate may be made by master-metered customers who operate Facilities for qualifying residents. (T) (T) (T)

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)

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, 2023 to May 31, 2024)	
1-2	$39,440	(T)
3	$49,720	I
4	$60,000	I
5	$70,280	I
6	$80,560	I
7	$90,840	I
8	$101,120	I
Each additional member, add:	$10,280	(T)

(Continued)

GAS TABLE OF CONTENTS

(Continued)

GAS TABLE OF CONTENTS

Maps, Contracts and Deviations

(Continued)

GAS TABLE OF CONTENTS

(Continued)

GAS TABLE OF CONTENTS

(Continued)

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
55899-E	Electric Sample Form No. 01-9077 CARE/FERA Program Application for Residential Customers Sheet 1	53065-E
55900-E	Electric Sample Form No. 01-9285 CARE/FERA Program Application for Sub-Metered Residential Customers Sheet 1	53066-E
55901-E	Electric Sample Form No. 62-0672 CARE/FERA Program Application for Sub-Metered Residential Customers (English/Chinese) Sheet 1	53067-E
55902-E	Electric Sample Form No. 62-0673 CARE/FERA Program Application for Sub-Metered Residential Customers (English/Vietnamese) Sheet 1	53068-E
55903-E	Electric Sample Form No. 62-0919 CARE/FERA Program Application for Residential Customers (Pre-Printed Application) Sheet 1	53069-E
55904-E	Electric Sample Form No. 62-0939 CARE/FERA Program Application for Residential Customers (Pre-Printed Application Instruction) Sheet 1	53070-E
55905-E	Electric Sample Form No. 62-0940 CARE Program Renewal Instructions - Residential Customers Sheet 1	53071-E
55906-E	Electric Sample Form No. 62-0972 CARE/FERA Program Application for Residential Customers (English/Chinese) Sheet 1	53072-E
55907-E	Electric Sample Form No. 62-0973 CARE/FERA Program Application for Residential Customers (English/Vietnamese) Sheet 1	53073-E
55908-E	Electric Sample Form No. 62-1477 CARE/FERA Program Income Guidelines Sheet 1	53074-E
55909-E	Electric Sample Form No. 62-1509 CARE Program Renewal Application -- Residential Customers Sheet 1	53075-E

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
55910-E	Electric Sample Form No. 79-1051 CARE/FERA Program Application for Residential Customers (English) Large Print Application Sheet 1	53076-E
55911-E	Electric Sample Form No. 79-1052 CARE/FERA Program Application for Residential Customers (Spanish) - Large Print Application Sheet 1	53077-E
55912-E	Electric Sample Form No. 79-1053 CARE/FERA Program Application for Residential Customers (Chinese) - Large Print Application Sheet 1	53078-E
55913-E	Electric Sample Form No. 79-1054 CARE/FERA Program Application for Residential Customers (Vietnamese) - Large Print Application Sheet 1	53079-E
55914-E	Electric Sample Form No. 79-1055 CARE/FERA Program Application for Sub-Metered Residential Customers (English) - Large Print Application Sheet 1	53080-E
55915-E	Electric Sample Form No. 79-1056 CARE/FERA Program Application for Sub-Metered Residential Customers (Spanish) - Large Print Application Sheet 1	53081-E
55916-E	Electric Sample Form No. 79-1057 CARE/FERA Program Application Sub-Metered Residential Customers (Chinese) - Large Print Application Sheet 1	53082-E
55917-E	Electric Sample Form No. 79-1058 CARE/FERA Program Application for Sub-Metered Residential Customers (Vietnamese) - Large Print Application Sheet 1	53083-E
55918-E	Electric Sample Form No. 79-1059 CARE/FERA Program Income Guidelines - Large Print Sheet 1	53084-E
55919-E	Electric Sample Form No. 79-1072 FERA Program Renewal Instructions -- Residential Customers Sheet 1	53085-E
55920-E	Electric Sample Form No. 79-1073 FERA Program Renewal Application -- Residential Customers Sheet 1	53086-E

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
55921-E	ELECTRIC SCHEDULE E-FERA FAMILY ELECTRIC RATE ASSISTANCE Sheet 1	53464-E
55922-E	ELECTRIC SCHEDULE E-FERA FAMILY ELECTRIC RATE ASSISTANCE Sheet 2	53087-E
55923-E	ELECTRIC SCHEDULE E-FERA FAMILY ELECTRIC RATE ASSISTANCE Sheet 3	29288-E
55924-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	44202-E
55925-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	53088-E
55926-E	ELECTRIC RULE NO. 19.1 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS Sheet 3	32656-E
55927-E	ELECTRIC RULE NO. 19.1 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS Sheet 4	29291-E
55928-E	ELECTRIC RULE NO. 19.2 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES Sheet 1	35305-E
55929-E	ELECTRIC RULE NO. 19.2 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES Sheet 2	53089-E
55930-E	ELECTRIC RULE NO. 19.2 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES Sheet 3	13589-E

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
55931-E	ELECTRIC RULE NO. 19.2 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES Sheet 4	33847-E
55932-E	ELECTRIC RULE NO. 19.2 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES Sheet 5	43016-E
55933-E	ELECTRIC RULE NO. 19.3 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES Sheet 1	35307-E
55934-E	ELECTRIC RULE NO. 19.3 CALIFORNIA ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES Sheet 2	53090-E
55935-E	ELECTRIC TABLE OF CONTENTS Sheet 1	55879-E
55936-E	ELECTRIC TABLE OF CONTENTS Sheet 3	55746-E
55937-E	ELECTRIC TABLE OF CONTENTS Sheet 19	55119-E
55938-E	ELECTRIC TABLE OF CONTENTS Sheet 23	53094-E
55939-E	ELECTRIC TABLE OF CONTENTS Sheet 27	53095-E

Electric Sample Form No. 01-9077 Sheet 1
CARE/FERA Program Application for Residential Customers

Please Refer to Attached
Sample Form

Form 01-9077

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
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	$39,440 or less
3	$49,720 or less
4	$60,000 or less
5	$70,280 or less
6	$80,560 or less
7	$90,840 or less
8	$101,120 or less
Each additional person, add	$10,280

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 of three or more people with a slightly higher income than required for CARE.

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

FERA Income Guidelines
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	Not eligible
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Each additional person, add	$10,280–$12,850

*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 7979
San Francisco, CA 94120–7979

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

Other helpful programs and services

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

Energy Savings Assistance Program™

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.

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**.

Forma 01-9077

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.*

Requisitos de ingreso CARE
(válido hasta el 31 de mayo, 2024)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1–2	$39,440 o menos
3	$49,720 o menos
4	$60,000 o menos
5	$70,280 o menos
6	$80,560 o menos
7	$90,840 o menos
8	$101,120 o menos
Por cada persona adicional, añada	$10,280

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 de tres o más personas que reciban un ingreso ligeramente más alto que el requerido para CARE.

Requisitos de ingreso FERA
(válido hasta el 31 de mayo, 2024)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1–2	No es elegible
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Por cada persona adicional, añada	$10,280–$12,850

Vea los requisitos de ingreso de FERA que incluimos en esta tabla para ver si cumple con los requisitos e inscríbase 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: Inscríbase 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 7979
San Francisco, CA 94120–7979

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.

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.

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

CARE/FERA PROGRAM APPLICATION

Residential Customers

Form 01-9077

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

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

1 You and your household

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)
☐ 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.

Date

FOR INTERNAL USE ONLY

Complete, cut off and return application to PG&E.

SOLICITUD PARA EL PROGRAMA CARE/FERA

Clientes Residenciales

Forma 01-9077

1. Complete la **Sección 1**.
2. Complete la **Sección 2A** o la **Sección 2B**.
3. Firme y ponga la fecha en esta solicitud y envíela 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

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

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)
- ☐ 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)

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 yo podría estar obligado a proporcionar un comprobante de los ingresos de mi hogar.
5. Comprendo que yo podría estar obligado a participar 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

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

Fecha

FOR INTERNAL USE ONLY

Complete, corte y devuelva la solicitud a PG&E.

Electric Sample Form No. 01-9285 Sheet 1
CARE/FERA Program Application for Sub-Metered Residential Customers

Please Refer to Attached
Sample Form

Form 01-9285

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
1-866-743-2273

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.

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
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	$39,440 or less
3	$49,720 or less
4	$60,000 or less
5	$70,280 or less
6	$80,560 or less
7	$90,840 or less
8	$101,120 or less
Each additional person, add	$10,280

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 of three of more people with a slightly higher income than required for CARE.

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

FERA Income Guidelines
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	Not eligible
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Each additional person, add	$10,280–$12,850

*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 7979
San Francisco, CA 94120–7979

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

Other helpful programs and services

Energy Savings Assistance Program
pge.com/energysavings
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.

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

Forma 01-9285

SOLICITUD PARA EL PROGRAMA CARE/FERA

Clientes 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.*

Requisitos de ingreso CARE
(válido hasta el 31 de mayo, 2024)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1–2	$39,440 o menos
3	$49,720 o menos
4	$60,000 o menos
5	$70,280 o menos
6	$80,560 o menos
7	$90,840 o menos
8	$101,120 o menos
Por cada persona adicional, añada	$10,280

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, dígale 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 de tres o más personas 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 inscríbase completando la solicitud incluida.

Requisitos de ingreso FERA
(válido hasta el 31 de mayo, 2024)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1–2	No es elegible
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Por cada persona adicional, añada	$10,280–$12,850

*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 7979
San Francisco, CA 94120–7979

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.

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

CARE/FERA PROGRAM APPLICATION

Sub-Metered Residential Customers

Form 01-9285

Please have your landlord or facility manager fill out Section 1A, while you fill out Section 1B about you and your household, and then complete Sections 2A **OR** 2B. Sign, date, 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

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)
- ☐ 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.

Date

FOR INTERNAL USE ONLY

Complete, cut off and return application to PG&E.

SOLICITUD PARA EL PROGRAMA CARE/FERA

Clientes residenciales con sub-medidor

Forma 01-9285

Por favor, pídale a su arrendador o a su administrador de las instalaciones que llene la sección 1A, mientras usted llena la sección 1B relativa a usted y a su hogar, y luego llene las secciones 2A **O** 2B. Firme, ponga la fecha y envíe a PG&E lo antes posible. **Al firmar esta solicitud usted acepta poner a disposición de su arrendador o administrador de las instalaciones la determinación de PG&E sobre su elegibilidad para participar en CARE o FERA de forma que pase el descuento si usted reúne los requisitos.**

1 1A Su arrendador y su residencia

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

Números de cuenta de PG&E: Electricidad ☐☐☐☐☐☐☐☐☐☐–☐☐ 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

Número de teléfono preferido ☐ Casa ☐ Trabajo ☐ Móvil

Dirección de su arrendador o administrador (Ciudad/Estado/Código postal)

Dirección de email

1B Usted y su hogar

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

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.)

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

Número de teléfono preferido ☐ Casa ☐ Trabajo ☐ Móvil

Número de teléfono alternativo ☐ Casa ☐ 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)
- ☐ Women, Infants, and Children (WIC)
- ☐ CalFresh/SNAP (estampillas de alimentos)
- ☐ CalWORKs (TANF) or 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)

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 yo podría estar obligado a proporcionar un comprobante de los ingresos de mi hogar.
5. Comprendo que yo podría estar obligado a participar 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 ○ Rellene el círculo si es tutor o tiene carta de poder.

Fecha

FOR INTERNAL USE ONLY

Complete, corte y devuelva la solicitud a PG&E.

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

Form 62-0672

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
1-866-743-2273

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.

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
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	$39,440 or less
3	$49,720 or less
4	$60,000 or less
5	$70,280 or less
6	$80,560 or less
7	$90,840 or less
8	$101,120 or less
Each additional person, add	$10,280

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 of three of more people with a slightly higher income than required for CARE.

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

FERA Income Guidelines
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	Not eligible
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Each additional person, add	$10,280–$12,850

*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 7979
San Francisco, CA 94120–7979

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

Other helpful programs and services

Energy Savings Assistance Program
pge.com/energysavings
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.

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

62-0672 表格

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）。*

CARE 收入標準
（有效期至 2024 年 5 月 31 日為止）

家庭人數	全家年收入總計*
1–2	$39,440 或以下
3	$49,720 或以下
4	$60,000 或以下
5	$70,280 或以下
6	$80,560 或以下
7	$90,840 或以下
8	$101,120 或以下
每多一人即增加	$10,280

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。該計劃為三人以上的家庭提供每月電費帳單折扣，而申請資格的收入上限較高。

FERA 收入標準
（有效期至 2024 年 5 月 31 日為止）

家庭人數	全家年收入總計*
1–2	不符合資格
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
每多一人即增加	$10,280–$12,850

請參考以上所列 FERA 收入標準，了解自己是否符合申請資格，並填寫附頁申請表以申請加入計劃。

*全家年收入總計包括居於此地址之家庭成員所有繳稅與不需繳稅的收入，且涵蓋所有收入來源，包括（但不限於）工資、月薪、利息、股利、配偶和子女贍養費、社會補助款項、社安金、退休金、住宅補貼、軍人補貼、租金收入、自營收入和所有與聘僱工作有關的非現金收入。

†了解更多並取得個人化費率分析：**pge.com/findrates**

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 7979
San Francisco, CA 94120–7979

傳真：將填好的申請表傳真到
1-877-302-7563

其他補助計劃和服務

Energy Savings Assistance Program
pge.com/energysavings-ch
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。

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，您可能有資格獲得財務援助及防水服務。

TTY 可撥打 **711** 或 **1-800-735-2929**。

CARE/FERA PROGRAM APPLICATION

Sub-Metered Residential Customers

Form 62-0672

Please have your landlord or facility manager fill out Section 1A, while you fill out Section 1B about you and your household, and then complete Sections 2A **OR** 2B. Sign, date, 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

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)
- ☐ 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.

Date

FOR INTERNAL USE ONLY

Complete, cut off and return application to PG&E.

CARE/FERA 計劃申請表

使用分錶的住宅用戶

62-0672 表格

請要求您的房東或設施經理填寫 1A 節；您本人則需填寫 1B 節有關您個人和家人的資訊，並填寫 2A **或** 2B 節。請儘快在申請表中簽名、註明日期並交回 PG&E。**在本申請表中簽名，即表示您同意房東或設施經理得知 PG&E 對您 CARE 或 FERA 參與資格的決定，以便他們在您符合資格的情況下提供折扣。**

1 1A 您的房東和住宅設施

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/郵遞區號)

您的房東或經理姓名

主要電話號碼 ☐ 住宅 ☐ 工作 ☐ 手機

您房東或經理的郵寄地址 (城市/州別/郵遞區號)

電子郵件地址

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。)

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。)

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)

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)
☐ 婦女、嬰兒及兒童 (WIC)
☐ CalFresh/SNAP (糧食券)
☐ CalWORKs (TANF) 或 Tribal TANF
☐ Head Start IncomeEligible (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)

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 ○ 如果您是監護人或有授權書，請將圓圈塗滿。

日期

FOR INTERNAL USE ONLY

這些優惠計劃獲得 California Public Utilities Commission 的支持，由加州公用事業客戶出資贊助並 PG&E 負責管理。

自動化程序文件、初步聲明、A 部份

Rev. 6.23 CIQ-0623-5960

請填寫申請表並且剪下，然後寄回 PG&E。

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

Form 62-0673

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
1-866-743-2273

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.

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
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	$39,440 or less
3	$49,720 or less
4	$60,000 or less
5	$70,280 or less
6	$80,560 or less
7	$90,840 or less
8	$101,120 or less
Each additional person, add	$10,280

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 of three of more people with a slightly higher income than required for CARE.

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

FERA Income Guidelines
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	Not eligible
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Each additional person, add	$10,280–$12,850

*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 7979
San Francisco, CA 94120–7979

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

Other helpful programs and services

Energy Savings Assistance Program
pge.com/energysavings
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.

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

Mẫu đơn 62-0673

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.*

Chỉ dẫn về thu nhập của chương trình CARE
(có hiệu lực đến ngày 31 tháng Năm, 2024)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1–2	$39,440 hoặc ít hơn
3	$49,720 hoặc ít hơn
4	$60,000 hoặc ít hơn
5	$70,280 hoặc ít hơn
6	$80,560 hoặc ít hơn
7	$90,840 hoặc ít hơn
8	$101,120 hoặc ít hơn
Với mỗi người thêm vào, cộng thêm	$10,280

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

Chỉ dẫn về thu nhập của chương trình FERA
(có hiệu lực đến ngày 31 tháng Năm, 2024)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1–2	Không hội đủ điều kiện
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Với mỗi người thêm vào, cộng thêm	$10,280–$12,850

Nếu quý vị không hội đủ điều kiện vào 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 từ ba người trở lên với lợi tức hơi cao hơn 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.

*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 7979
San Francisco, CA 94120–7979

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.

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

CARE/FERA PROGRAM APPLICATION

Sub-Metered Residential Customers

Form 62-0673

Please have your landlord or facility manager fill out Section 1A, while you fill out Section 1B about you and your household, and then complete Sections 2A **OR** 2B. Sign, date, 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

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)
- ☐ 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.

Date

FOR INTERNAL USE ONLY

Complete, cut off and return application to PG&E.

MẪU ĐƠN CHƯƠNG TRÌNH CARE/FERA

Khách Hàng Gia Cư Có Đồng Hồ Đo Phụ

Mẫu đơn 62-0673

Vui lòng nhờ chủ nhà hoặc người quản lý khu nhà điền thông tin vào Phần 1A, quý vị điền vào Phần 1B về quý vị và hộ gia đình quý vị, và sau đó quý vị nên điền vào Phần 2A **HOẶC** 2B. Ký tên, 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 đã đồng ý rằng chủ nhà và quản lý khu nhà sẽ cho quý vị giảm giá nếu quý vị hội đủ điều kiện khi PG&E xác định tình trạng hội đủ điều kiện của quý vị tham gia CARE hoặc FERA.**

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 trương 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

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)
☐ Women, Infants, and Children (WIC)
☐ CalFresh/SNAP (Food stamps)
☐ CalWORKs (TANF) hoặc Tribal TANF
☐ Head Start Income Eligible (chỉ dành cho bộ lạc)
☐ 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 (dưới 65 tuổi)
☐ Medicaid/Medi-Cal (65 tuổi hoặc hơn)

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

Ngày

FOR INTERNAL USE ONLY

Hoàn thành, cắt bỏ và gửi đơn lại cho PG&E.

Electric Sample Form No. 62-0919 Sheet 1
CARE/FERA Program Application for Residential Customers
(Pre-Printed Application)

Please Refer to Attached
Sample Form

CARE/FERA PROGRAM APPLICATION

Residential Customers

Form 62-0919

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

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

1 You and your household

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.

Date

FOR INTERNAL USE ONLY

SOLICITUD PARA EL PROGRAMA CARE/FERA

Clientes Residenciales

Forma 62-0919

1. Complete la **Sección 1**.
2. Complete la **Sección 2A** o la **Sección 2B**.
3. Firme y ponga la fecha en esta solicitud y envíela 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

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

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)
☐ 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)

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 yo podría estar obligado a proporcionar un comprobante de los ingresos de mi hogar.
5. Comprendo que yo podría estar obligado a participar 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

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

Fecha

FOR INTERNAL USE ONLY

Electric Sample Form No. 62-0939 Sheet 1
CARE/FERA Program Application for Residential Customers
(Pre-Printed Application Instruction)

Please Refer to Attached
Sample Form

Form 62-0939

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.*

CARE Income Guidelines
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	$39,440 or less
3	$49,720 or less
4	$60,000 or less
5	$70,280 or less
6	$80,560 or less
7	$90,840 or less
8	$101,120 or less
Each additional person, add	$10,280

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 of three or more people with a slightly higher income than required for CARE.

FERA Income Guidelines
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	Not eligible
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Each additional person, add	$10,280–$12,850

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 7979
San Francisco, CA 94120–7979

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

Other helpful programs and services

Energy Savings Assistance Program
pge.com/energysavings
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.

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**.

Form 62-0939

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.*

Requisitos de ingreso CARE
(válido hasta el 31 de mayo, 2024)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1–2	$39,440 o menos
3	$49,720 o menos
4	$60,000 o menos
5	$70,280 o menos
6	$80,560 o menos
7	$90,840 o menos
8	$101,120 o menos
Por cada persona adicional, añada	$10,280

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 de tres o más personas 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 inscríbase completando la solicitud incluida.

Requisitos de ingreso FERA
(válido hasta el 31 de mayo, 2024)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1–2	No es elegible
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Por cada persona adicional, añada	$10,280–$12,850

*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: Inscríbase 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 7979
San Francisco, CA 94120–7979

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.

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.

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

Electric Sample Form No. 62-0940 Sheet 1
CARE Program Renewal Instructions - Residential Customers

Please Refer to Attached
Sample Form

CARE PROGRAM
RENEWAL INSTRUCTIONS

Residential Customers

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

SOLICITUD PARA RENOVACIÓN
DEL PROGRAMA CARE

Form 62-0940

Clientes 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 (good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	$39,440 or less
3	$49,720 or less
4	$60,000 or less
5	$70,280 or less
6	$80,560 or less
7	$90,840 or less
8	$101,120 or less
Each additional person, add	$10,280

*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 incluída 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, 2024)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1–2	$39,440 o menos
3	$49,720 o menos
4	$60,000 o menos
5	$70,280 o menos
6	$80,560 o menos
7	$90,840 o menos
8	$101,120 o menos
Por cada persona adicional, añada	$10,280

*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**

Rev. 6.23 CIQ-0623-5978

CARE 計劃續期說明

住宅客戶

選擇最適合您的費率計劃。深入了解†。

HƯỚNG DẪN GHI DANH LẠI CHƯƠNG TRÌNH CARE

Form 62-0940

Khách Hàng Gia Cư

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 2024 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1–2	$39,440 或以下
3	$49,720 或以下
4	$60,000 或以下
5	$70,280 或以下
6	$80,560 或以下
7	$90,840 或以下
8	$101,120 或以下
每多一人即增加	$10,280

*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，方便快速，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。

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 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, 2024)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1–2	$39,440 hoặc ít hơn
3	$49,720 hoặc ít hơn
4	$60,000 hoặc ít hơn
5	$70,280 hoặc ít hơn
6	$80,560 hoặc ít hơn
7	$90,840 hoặc ít hơn
8	$101,120 hoặc ít hơn
Với mỗi người thêm vào, cộng thêm	$10,280

*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.

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**

Electric Sample Form No. 62-0972 Sheet 1
CARE/FERA Program Application for Residential Customers (English/Chinese)

Please Refer to Attached
Sample Form

Form 62-0972

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
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	$39,440 or less
3	$49,720 or less
4	$60,000 or less
5	$70,280 or less
6	$80,560 or less
7	$90,840 or less
8	$101,120 or less
Each additional person, add	$10,280

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 of three or more people with a slightly higher income than required for CARE.

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

FERA Income Guidelines
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	Not eligible
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Each additional person, add	$10,280–$12,850

*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 7979
San Francisco, CA 94120–7979

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

Other helpful programs and services

Energy Savings Assistance Program
pge.com/energysavings
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.

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**.

62-0972 表格

CARE/FERA 計劃申請書

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

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）。*

CARE 收入標準
（有效期至 2024 年 5 月 31 日為止）

家庭人數	全家年收入總計*
1–2	$39,440 或以下
3	$49,720 或以下
4	$60,000 或以下
5	$70,280 或以下
6	$80,560 或以下
7	$90,840 或以下
8	$101,120 或以下
每多一人即增加	$10,280

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。該計劃為三人以上的家庭提供每月電費帳單折扣，而申請資格的收入上限較高。

FERA 收入標準
（有效期至 2024 年 5 月 31 日為止）

家庭人數	全家年收入總計*
1–2	不符合資格
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
每多一人即增加	$10,280–$12,850

請參考以上所列 FERA 收入標準，了解自己是否符合申請資格，並填寫附頁申請表以申請加入計劃。

*全家年收入總計包括居於此地址之家庭成員所有繳稅與不需繳稅的收入，且涵蓋所有收入來源，包括（但不限於）工資、月薪、利息、股利、配偶和子女贍養費、社會補助款項、社安金、退休金、住宅補貼、軍人補貼、租金收入、自營收入和所有與聘僱工作有關的非現金收入。

†了解更多並取得個人化費率分析：**pge.com/findrates**

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 7979
San Francisco, CA 94120–7979

傳真：
將填好的申請表傳真到
1-877-302-7563

其他補助計劃和服務

Energy Savings Assistance Program
pge.com/energysavings-ch
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。

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，您可能有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。

TTY 可撥打 **711** 或 **1-800-735-2929**。

CARE/FERA PROGRAM APPLICATION

Residential Customers

Form 62–0972

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

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

1 You and your household

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)
☐ 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.

Date

FOR INTERNAL USE ONLY

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

Automated Document, Preliminary Statement, Part A

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

Complete, cut off and return application to PG&E.

CARE/FERA 計劃申請書
住宅用戶

62-0972 表格

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

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

1 您和家人

您的 PG&E 帳號（在 PG&E 帳單第 1 頁。）

帳戶持有人姓名（請使用 PG&E 帳單上顯示的姓名，必須和您的姓名相同。）

您的住家地址（地址必須是主要住處。請**勿**使用郵政信箱。）　公寓單位 #

城市/州別/郵遞區號

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

主要電話號碼　☐ 住宅 ☐ 工作 ☐ 手機

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)
☐ 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）

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

○ 如果您是監護人或有授權書，請將圓圈塗滿。

FOR INTERNAL USE ONLY

日期

這些優惠計劃獲得 California Public Utilities Commission 的支持，由加州公用事業客戶出資贊助並 PG&E 負責管理。

請填寫申請表並且剪下，然後寄回 PG&E。

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

Please Refer to Attached
Sample Form

Form 62–0973

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
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	$39,440 or less
3	$49,720 or less
4	$60,000 or less
5	$70,280 or less
6	$80,560 or less
7	$90,840 or less
8	$101,120 or less
Each additional person, add	$10,280

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 of three or more people with a slightly higher income than required for CARE.

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

FERA Income Guidelines
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	Not eligible
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Each additional person, add	$10,280–$12,850

*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 7979
San Francisco, CA 94120–7979

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

Other helpful programs and services

Energy Savings Assistance Program
pge.com/energysavings
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.

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**.

Mẫu đơn 62-0973

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

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.*

Chỉ dẫn về thu nhập của chương trình CARE
(có hiệu lực đến ngày 31 tháng Năm, 2024)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1–2	$39,440 hoặc ít hơn
3	$49,720 hoặc ít hơn
4	$60,000 hoặc ít hơn
5	$70,280 hoặc ít hơn
6	$80,560 hoặc ít hơn
7	$90,840 hoặc ít hơn
8	$101,120 hoặc ít hơn
Với mỗi người thêm vào, cộng thêm	$10,280

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 vào 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 từ ba người trở lên với lợi tức hơi cao hơn so với yêu cầu của chương trình CARE.

Chỉ dẫn về thu nhập của chương trình FERA
(có hiệu lực đến ngày 31 tháng Năm, 2024)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1–2	Không hội đủ điều kiện
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Với mỗi người thêm vào, cộng thêm	$10,280–$12,850

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 7979
San Francisco, CA 94120–7979

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.

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 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.

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

CARE/FERA PROGRAM APPLICATION

Residential Customers

Form 62–0973

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

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

1 You and your household

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)
- ☐ 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.

Date

FOR INTERNAL USE ONLY

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

Automated Document, Preliminary Statement, Part A

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

Complete, cut off and return application to PG&E.

MẪU ĐƠN CHƯƠNG TRÌNH CARE/FERA

Khách Hàng Gia Cư

Mẫu đơn 62-0973

1. Điền **Phần 1**.
2. Điền **Phần 2A** HOẶC **Phần 2B**.
3. Ký tên và ghi ngày tháng vào mẫu điền này và gửi lại qua đường bưu điện tới cho PG&E.

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

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 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)
☐ Women, Infants, and Children (WIC)
☐ CalFresh/SNAP (Food stamps)
☐ CalWORKs (TANF) hoặc Tribal TANF
☐ Head Start Income Eligible (chỉ dành cho bộ lạc)
☐ 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 (dưới 65 tuổi)
☐ Medicaid/Medi-Cal (65 tuổi hoặc hơn)

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

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

FOR INTERNAL USE ONLY

Ngày

Hoàn thành, cắt bỏ và gửi đơn lại cho PG&E.

Electric Sample Form No. 62-1477 Sheet 1
CARE/FERA Program Income Guidelines

Please Refer to Attached
Sample Form

Form 62-1477

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
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	$39,440 or less
3	$49,720 or less
4	$60,000 or less
5	$70,280 or less
6	$80,560 or less
7	$90,840 or less
8	$101,120 or less
Each additional person, add	$10,280

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 of three of more people 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
(good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	Not eligible
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Each additional person, add	$10,280–$12,850

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. Inscríbase en **pge.com/care-es**.

Requisitos de ingreso CARE
(válido hasta el 31 de mayo, 2024)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1–2	$39,440 o menos
3	$49,720 o menos
4	$60,000 o menos
5	$70,280 o menos
6	$80,560 o menos
7	$90,840 o menos
8	$101,120 o menos
Por cada persona adicional, añada	$10,280

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 de tres o más personas 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**.

Requisitos de ingreso FERA
(válido hasta el 31 de mayo, 2024)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1–2	No es elegible
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Por cada persona adicional, añada	$10,280–$12,850

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**.

Rev. 6.23 CIQ-0623-5968

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，了解自己是否符合申請條件。請到 **pge.com/care-ch** 申請。

CARE 收入標準
(有效期至 2024 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1–2	$39,440 或以下
3	$49,720 或以下
4	$60,000 或以下
5	$70,280 或以下
6	$80,560 或以下
7	$90,840 或以下
8	$101,120 或以下
每多一人即增加	$10,280

Family Electric Rate Assistance (FERA)

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

即使您不符合 CARE 計劃申請資格，您的家庭仍可能有資格申請 Family Electric Rate Assistance (家庭電費補助，簡稱 FERA) 計劃。該計劃為三人及以上家庭提供每月電費帳單折扣，收入要求比 CARE 略為寬鬆。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。

FERA 收入標準
(有效期至 2024 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1–2	不符合資格
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
每多一人即增加	$10,280–$12,850

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, 2024)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1–2	$39,440 hoặc ít hơn
3	$49,720 hoặc ít hơn
4	$60,000 hoặc ít hơn
5	$70,280 hoặc ít hơn
6	$80,560 hoặc ít hơn
7	$90,840 hoặc ít hơn
8	$101,120 hoặc ít hơn
Với mỗi người thêm vào, cộng thêm	$10,280

Family Electric Rate Assistance (FERA)

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

Nếu quý vị không hội đủ điều kiện vào chương trình CARE, gia đình 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 từ ba người trở lên với lợi tức hơi cao hơn 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, 2024)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1–2	Không hội đủ điều kiện
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Với mỗi người thêm vào, cộng thêm	$10,280–$12,850

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**.

Electric Sample Form No. 62-1509 Sheet 1
CARE Program Renewal Application -- Residential Customers

Please Refer to Attached
Sample Form

CARE PROGRAM RENEWAL APPLICATION

Residential Customers

Form 62-1509

Please fill out the information below about you and your household, and then the information for Sections 2A **OR** 2B. Sign and date this form and return it to PG&E before your CARE discount expires.

☐ **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.

Date

FOR INTERNAL USE ONLY

SOLICITUD DE RENOVACIÓN PARA EL PROGRAMA CARE

Clientes Residenciales

Forma 62-1509

Por favor complete la información a continuación sobre usted y su hogar y luego la información en las Secciones 2A **O** 2B. Firme y ponga la fecha en esta solicitud y devuélvala a PG&E antes de que venza su descuento CARE.

☐ **Ya no califico o ya no quiero participar en el programa CARE.**

1 Usted y su hogar

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

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)
- ☐ 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)

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 yo podría estar obligado a proporcionar un comprobante de los ingresos de mi hogar.
5. Comprendo que yo podría estar obligado a participar 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

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

Fecha

FOR INTERNAL USE ONLY

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

Form 79-1051

CARE/FERA PROGRAM APPLICATION
Residential Customers

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 of three or more people 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 7979
San Francisco, CA 94120–7979

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

CARE/FERA Income Guidelines (good until May 31, 2024)		
Number of people in household	**Total gross annual household income***	
	CARE	**FERA**
1–2	$39,440 or less	Not eligible
3	$49,720 or less	$49,721–$62,150
4	$60,000 or less	$60,001–$75,000
5	$70,280 or less	$70,281–$87,850
6	$80,560 or less	$80,561–$100,700
7	$90,840 or less	$90,841–$113,550
8	$101,120 or less	$101,121–$126,400
Each additional person, add	$10,280	$10,280–$12,850

*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.

Rev. 6.23 CIQ-0623-5955

CARE/FERA PROGRAM APPLICATION
Residential Customers

Form 79-1051

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

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

1 You and your household

										–	

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

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) ☐ **=** ☐

Complete, cut off and return application to PG&E.

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 **Date**

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

FOR INTERNAL USE ONLY

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

Forma 79-1052

SOLICITUD PARA EL PROGRAMA CARE/FERA
Clientes Residenciales

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 de tres o más personas 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 inscríbase 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: Inscríbase 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 7979
San Francisco, CA
94120–7979

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

Requisitos de ingreso CARE/FERA (válido hasta el 31 de mayo, 2024)		
Número de personas en el hogar	**Ingreso bruto total anual del hogar***	
	CARE	**FERA**
1–2	$39,440 o menos	No es elegible
3	$49,720 o menos	$49,721–$62,150
4	$60,000 o menos	$60,001–$75,000
5	$70,280 o menos	$70,281–$87,850
6	$80,560 o menos	$80,561–$100,700
7	$90,840 o menos	$90,841–$113,550
8	$101,120 o menos	$101,121–$126,400
Por cada persona adicional, añada	$10,280	$10,280–$12,850

*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℠

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.

Rev. 6.23 CIQ-0623-5956

SOLICITUD PARA EL PROGRAMA CARE/FERA

Clientes Residenciales

Forma 79-1052

1. Complete la **Sección 1**.
2. Complete la **Sección 2A** o la **Sección 2B**.
3. Firme y ponga la fecha en esta solicitud y envíela 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

										–	

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) ☐ **=** ☐

Complete, corte y devuelva la solicitud a PG&E.

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)
- ☐ 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)

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 yo podría estar obligado a proporcionar un comprobante de los ingresos de mi hogar.
5. Comprendo que yo podría estar obligado a participar 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. 79-1053 Sheet 1
CARE/FERA Program Application for Residential Customers (Chinese) - Large Print Application

Please Refer to Attached Sample Form

CARE/FERA 計劃申請表
住宅用戶

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。該計劃為三人以上的家庭提供每月電費帳單折扣，而且申請資格的收入限制比 CARE 寬鬆。

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 7979
San Francisco, CA
94120–7979

TTY 可撥打 **711** 或 **1-800-735-2929**。

CARE/FERA 收入標準（有效期至 2024 年 5 月 31 日止）		
家庭人數	**全家年收入總計***	
	CARE	**FERA**
1–2	$39,440 或以下	不符合資格
3	$49,720 或以下	$49,721–$62,150
4	$60,000 或以下	$60,001–$75,000
5	$70,280 或以下	$70,281–$87,850
6	$80,560 或以下	$80,561–$100,700
7	$90,840 或以下	$90,841–$113,550
8	$101,120 或以下	$101,121–$126,400
每多一人即增加	$10,280	$10,280–$12,850

*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，您可能有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。

Rev. 6.23 CIQ-0623-5957

CARE/FERA 計劃申請表

住宅用戶

79-1053 表格

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

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

1 您和家人

										–	

您的 PG&E 帳號（在 PG&E 帳單第 1 頁。）

帳戶持有人姓名（請使用 PG&E 帳單上顯示的姓名，必須和您的姓名相同。）

您的住家地址（地址必須是主要住處。請**勿**使用郵政信箱。） 公寓單位 #

城市/州別/郵遞區號

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

主要電話號碼 ☐ 住宅 ☐ 工作 ☐ 手機

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）☐ **=** ☐

請填寫申請表並且剪下，然後寄回 PG&E。

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)
- ☐ 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)

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

Mẫu đơn 79-1054

MẪU ĐƠN CHƯƠNG TRÌNH CARE/FERA
Khách Hàng Gia Cư

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 vào 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 từ ba người trở lên với lợi tức hơi cao hơn 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 7979
San Francisco, CA 94120–7979

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, 2024)		
Số người trong gia đình	**Tổng thu nhập hộ gia đình hàng năm***	
	CARE	**FERA**
1–2	$39,440 hoặc ít hơn	Không hội đủ điều kiện
3	$49,720 hoặc ít hơn	$49,721–$62,150
4	$60,000 hoặc ít hơn	$60,001–$75,000
5	$70,280 hoặc ít hơn	$70,281–$87,850
6	$80,560 hoặc ít hơn	$80,561–$100,700
7	$90,840 hoặc ít hơn	$90,841–$113,550
8	$101,120 hoặc ít hơn	$101,121–$126,400
Với mỗi người thêm vào, cộng thêm	$10,280	$10,280–$12,850

* 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.

MẪU ĐƠN CHƯƠNG TRÌNH CARE/FERA

Khách Hàng Gia Cư

Mẫu đơn 79-1054

1. Điền **Phần 1**.
2. Điền **Phần 2A** HOẶC **Phần 2B**.
3. Ký tên và ghi ngày tháng vào mẫu điền này và gửi lại qua đường bưu điện tới cho PG&E.

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

										–	

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 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)
- ☐ Women, Infants and Children (WIC)
- ☐ CalFresh/SNAP (Food stamps)
- ☐ CalWORKs (TANF) hoặc Tribal TANF
- ☐ Head Start Income Eligible (chỉ dành cho bộ lạc)
- ☐ 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 (dưới 65 tuổi)
- ☐ Medicaid/Medi-Cal (65 tuổi hoặc hơn)

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

Form 79-1055

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 • 1-866-743-2273

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.

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 of three or more people 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 7979
San Francisco, CA 94120–7979

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

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

CARE/FERA Income Guidelines (good until May 31, 2024)		
Number of people in household	**Total gross annual household income***	
	CARE	**FERA**
1–2	$39,440 or less	Not eligible
3	$49,720 or less	$49,721–$62,150
4	$60,000 or less	$60,001–$75,000
5	$70,280 or less	$70,281–$87,850
6	$80,560 or less	$80,561–$100,700
7	$90,840 or less	$90,841–$113,550
8	$101,120 or less	$101,121–$126,400
Each additional person, add	$10,280	$10,280–$12,850

*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.

Rev. 6.23 CIQ-0623-5962

Form 79-1055

CARE/FERA PROGRAM APPLICATION

Sub-Metered Residential Customers

Please have your landlord or facility manager fill out Section 1A, while you fill out Section 1B about you and your household, and then complete Sections 2A **OR** 2B. Sign, date, 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.**

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

1 1A Your landlord and facility

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

Your landlord or manager's mailing address

City/State/Zip Code

Email

Preferred phone number ☐ Home ☐ Work ☐ Mobile

Complete, cut off and return application to PG&E.

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)
- ☐ 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 **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

Forma 79-1056

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 • 1-866-743-2273

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, dígale 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 de tres o más personas 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 inscríbase 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 7979
San Francisco, CA 94120–7979

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, 2024)		
Número de personas en el hogar	**Ingreso bruto total anual del hogar***	
	CARE	**FERA**
1–2	$39,440 o menos	No es elegible
3	$49,720 o menos	$49,721–$62,150
4	$60,000 o menos	$60,001–$75,000
5	$70,280 o menos	$70,281–$87,850
6	$80,560 o menos	$80,561–$100,700
7	$90,840 o menos	$90,841–$113,550
8	$101,120 o menos	$101,121–$126,400
Por cada persona adicional, añada	$10,280	$10,280–$12,850

*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.

 Rev. 6.23 CIQ-0623-5963

SOLICITUD PARA EL PROGRAMA CARE/FERA

Clientes residenciales con sub-medidor

Forma 79-1056

Por favor, pídale a su arrendador o a su administrador de las instalaciones que llene la sección 1A, mientras usted llena la sección 1B relativa a usted y a su hogar, y luego llene las secciones 2A **O** 2B. Firme, ponga la fecha y envíe a PG&E lo antes posible. **Al firmar esta solicitud usted acepta poner a disposición de su arrendador o administrador de las instalaciones la determinación de PG&E sobre su elegibilidad para participar en CARE o FERA de forma que pase el descuento si usted reúne los requisitos.**

Situación del solicitante:

- ○ NUEVO
- ○ RE-INSCRIPCIÓN
- ○ CANCELÓ EL PROGRAMA
- ○ SE MUDÓ A OTRO LUGAR

1 1A Su arrendador y su residencia

Números de cuenta de PG&E:

										–	

Electricidad

										–	

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

✂ Complete, corte y devuelva la solicitud a PG&E.

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)
- ☐ 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)

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 yo podría estar obligado a proporcionar un comprobante de los ingresos de mi hogar.
5. Comprendo que yo podría estar obligado a participar 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

CARE/FERA 計劃申請表
使用分錶的住宅用戶

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。該計劃為三人以上的家庭提供每月電費帳單折扣，而申請資格的收入上限較高。

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 7979
San Francisco, CA 94120–7979

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 2024 年 5 月 31 日止）		
家庭人數	**全家年收入總計***	
	CARE	**FERA**
1–2	$39,440 或以下	不符合資格
3	$49,720 或以下	$49,721–$62,150
4	$60,000 或以下	$60,001–$75,000
5	$70,280 或以下	$70,281–$87,850
6	$80,560 或以下	$80,561–$100,700
7	$90,840 或以下	$90,841–$113,550
8	$101,120 或以下	$101,121–$126,400
每多一人即增加	$10,280	$10,280–$12,850

*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，您可能有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。

Rev. 6.23 CIQ-0623-5964

CARE/FERA 計劃申請表

使用分錶的住宅用戶

79-1057 表格

請要求您的房東或設施經理填寫 1A 節；您本人則需填寫 1B 節有關您個人和家人的資訊，並填寫 2A **或** 2B 節。請儘快在申請表中簽名、註明日期並交回 PG&E。**在本申請表中簽名，即表示您同意房東或設施經理得知 PG&E 對您 CARE 或 FERA 參與資格的決定，以便他們在您符合資格的情況下提供折扣。**

申請狀態： ○ 新加入 ○ 退出 ○ 繼續參加 ○ 移到其他單位

1 1A 您的房東和住宅設施

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/郵遞區號)

您的房東或經理姓名

您房東或經理的郵寄地址

(城市/州別/郵遞區號)

電子郵件地址

主要電話號碼 ☐ 住宅 ☐ 工作 ☐ 手機

✂ 請填寫申請表並且剪下，然後寄回 PG&E。

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)
- ☐ 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)

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. 79-1058 Sheet 1
CARE/FERA Program Application for Sub-Metered Residential Customers
(Vietnamese) - Large Print Application

Please Refer to Attached
Sample Form

Mẫu đơn 79-1058

MẪU ĐƠN CHƯƠNG TRÌNH CARE/FERA

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 vào 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 từ ba người trở lên với lợi tức hơi cao hơn 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 7979
San Francisco, CA
94120–7979

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, 2024)		
Số người trong gia đình	**Tổng thu nhập hộ gia đình hàng năm***	
	CARE	**FERA**
1–2	$39,440 hoặc ít hơn	Không hội đủ điều kiện
3	$49,720 hoặc ít hơn	$49,721–$62,150
4	$60,000 hoặc ít hơn	$60,001–$75,000
5	$70,280 hoặc ít hơn	$70,281–$87,850
6	$80,560 hoặc ít hơn	$80,561–$100,700
7	$90,840 hoặc ít hơn	$90,841–$113,550
8	$101,120 hoặc ít hơn	$101,121–$126,400
Với mỗi người thêm vào, cộng thêm	$10,280	$10,280–$12,850

*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.

MẪU ĐƠN CHƯƠNG TRÌNH CARE/FERA

Khách Hàng Gia Cư Có Đồng Hồ Đo Phụ

Mẫu đơn 79-1058

Vui lòng nhờ chủ nhà hoặc người quản lý khu nhà điền thông tin vào Phần 1A, quý vị điền vào Phần 1B về quý vị và hộ gia đình quý vị, và sau đó quý vị nên điền vào Phần 2A **HOẶC** 2B. Ký tên, 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 đã đồng ý rằng chủ nhà và quản lý khu nhà sẽ cho quý vị giảm giá nếu quý vị hội đủ điều kiện khi PG&E xác định tình trạng hội đủ điều kiện của quý vị tham gia CARE hoặc FERA.**

Tình trạng người nộp đơn:

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

1 1A Chủ nhà và khu nhà của quý vị

Số trương 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

Địa chỉ liên lạc bằng thư của chủ nhà hay quản lý

Thành phố/Bang/Số Zip

Địa chỉ email

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

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)
- ☐ Women, Infants and Children (WIC)
- ☐ CalFresh/SNAP (Food stamps)
- ☐ CalWORKs (TANF) hoặc Tribal TANF
- ☐ Head Start Income Eligible (chỉ dành cho bộ lạc)
- ☐ 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 (dưới 65 tuổi)
- ☐ Medicaid/Medi-Cal (65 tuổi hoặc hơn)

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. 79-1059 Sheet 1
CARE/FERA Program Income Guidelines - Large Print

Please Refer to Attached Sample Form

Form 79-1059

CARE/FERA PROGRAM
Income Guidelines

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 of three of more people 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 (good until May 31, 2024)

Number of people in household	Total gross annual household income*	
	CARE	FERA
1–2	$39,440 or less	Not eligible
3	$49,720 or less	$49,721–$62,150
4	$60,000 or less	$60,001–$75,000
5	$70,280 or less	$70,281–$87,850
6	$80,560 or less	$80,561–$100,700
7	$90,840 or less	$90,841–$113,550
8	$101,120 or less	$101,121–$126,400
Each additional person, add	$10,280	$10,280–$12,850

*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**.

Rev. 6.23 CIQ-0623-5969

Forma 79-1059

PROGRAMA CARE/FERA
Requisitos de ingreso

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 de tres o más personas 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, 2024)

Número de personas en el hogar	Ingreso bruto total anual del hogar*	
	CARE	FERA
1–2	$39,440 o menos	No es elegible
3	$49,720 o menos	$49,721–$62,150
4	$60,000 o menos	$60,001–$75,000
5	$70,280 o menos	$70,281–$87,850
6	$80,560 o menos	$80,561–$100,700
7	$90,840 o menos	$90,841–$113,550
8	$101,120 o menos	$101,121–$126,400
Por cada persona adicional, añada	$10,280	$10,280–$12,850

*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**.

Rev. 6.23 CIQ-0623-5969

CARE/FERA 計劃
收入標準

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

即使您不符合 CARE 計劃申請資格，您的家庭仍可能有資格申請 Family Electric Rate Assistance (家庭電費補助，簡稱 FERA) 計劃。該計劃為三人及以上家庭提供每月電費帳單折扣，收入要求比 CARE 略為寬鬆。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 2024 年 5 月 31 日止)

家庭人數	全家年收入總計*	
	CARE	FERA
1–2	$39,440 或以下	不符合資格
3	$49,720 或以下	$49,721–$62,150
4	$60,000 或以下	$60,001–$75,000
5	$70,280 或以下	$70,281–$87,850
6	$80,560 或以下	$80,561–$100,700
7	$90,840 或以下	$90,841–$113,550
8	$101,120 或以下	$101,121–$126,400
每多一人即增加	$10,280	$10,280–$12,850

*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**。

Rev. 6.23 CIQ-0623-5969

CHƯƠNG TRÌNH CARE/FERA

Chỉ Dẫn Về Thu Nhập

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 vào chương trình CARE, gia đình 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 từ ba người trở lên với lợi tức hơi cao hơn 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, 2024)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*	
	CARE	FERA
1–2	$39,440 hoặc ít hơn	Không hội đủ điều kiện
3	$49,720 hoặc ít hơn	$49,721–$62,150
4	$60,000 hoặc ít hơn	$60,001–$75,000
5	$70,280 hoặc ít hơn	$70,281–$87,850
6	$80,560 hoặc ít hơn	$80,561–$100,700
7	$90,840 hoặc ít hơn	$90,841–$113,550
8	$101,120 hoặc ít hơn	$101,121–$126,400
Với mỗi người thêm vào, cộng thêm	$10,280	$10,280–$12,850

*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**.

Electric Sample Form No. 79-1072 Sheet 1
FERA Program Renewal Instructions -- Residential Customers

Please Refer to Attached Sample Form

FERA PROGRAM
RENEWAL INSTRUCTIONS
Residential Customers

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

SOLICITUD PARA RENOVACIÓN
DEL PROGRAMA FERA
Clientes Residenciales

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

Form 79-1072

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 (good until May 31, 2024)

Number of people in household	Total gross annual household income*
1–2	Not eligible
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Each additional person, add	$10,280–$12,850

*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 incluída 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, 2024)

Número de personas en el hogar	Ingreso bruto total anual del hogar*
1–2	No es elegible
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Por cada persona adicional, añada	$10,280–$12,850

*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**

Rev. 6.23 CIQ-0623-5979

FERA 計劃續期說明

住宅客戶

選擇最適合您的費率計劃。深入了解†。

HƯỚNG DẪN GHI DANH LẠI CHƯƠNG TRÌNH FERA

Khách Hàng Gia Cư

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

Form 79-1072

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 2024 年 5 月 31 日為止)

家庭人數	全家年收入總計*
1–2	不符合資格
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
每多一人即增加	$10,280–$12,850

*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，方便快速，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, 2024)

Số người trong gia đình	Tổng thu nhập hộ gia đình hàng năm*
1–2	Không hội đủ điều kiện
3	$49,721–$62,150
4	$60,001–$75,000
5	$70,281–$87,850
6	$80,561–$100,700
7	$90,841–$113,550
8	$101,121–$126,400
Với mỗi người thêm vào, cộng thêm	$10,280–$12,850

*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/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**

Electric Sample Form No. 79-1073 Sheet 1
FERA Program Renewal Application -- Residential Customers

Please Refer to Attached Sample Form

FERA PROGRAM RENEWAL APPLICATION

Residential Customers

Form 79-1073

Please fill out the information below about you and your household, and then the information for Sections 2A **OR** 2B.
Sign and date this form and return it to PG&E before your FERA discount expires.

☐ **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)
- ☐ 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.

Date

FOR INTERNAL USE ONLY

SOLICITUD DE RENOVACIÓN PARA EL PROGRAMA FERA

Clientes Residenciales

Forma 79-1073

Por favor complete la información a continuación sobre usted y su hogar y luego la información en las Secciones 2A **O** 2B. Firme y ponga la fecha en esta solicitud y devuélvala a PG&E antes de que venza su descuento FERA.

☐ **Ya no califico o ya no quiero participar en el programa FERA.**

1 Usted y su hogar

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

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)
☐ 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)

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 yo podría estar obligado a proporcionar un comprobante de los ingresos de mi hogar.
5. Comprendo que yo podría estar obligado a participar 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

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

Fecha

FOR INTERNAL USE ONLY

ELECTRIC SCHEDULE E-FERA Sheet 1
FAMILY ELECTRIC RATE ASSISTANCE

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, mobilehome parks, 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) | (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) | (T)

TERRITORY: This rate schedule applies everywhere PG&E provides electric service.

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)

ELECTRIC SCHEDULE E-FERA Sheet 2
FAMILY ELECTRIC RATE ASSISTANCE

SPECIAL CONDITIONS: (Cont'd.)

A Schedule E-FERA household is a household 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. (T)

Number Of Persons In Household	Total Gross Annual Household Income (Effective June 1, 2023 to May 31, 2024)	
1-2	Not Eligible	(T)
3	$49,721 - $62,150	(T)
4	$60,001 - $75,000	
5	$70,281 - $87,850	
6	$80,561 - $100,700	
7	$90,841 - $113,550	
8	$101,121 - $126,400	
Each additional person, add:	$10,280 - $12,850	(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. See Rule 19.1 for the CARE income guidelines applicable to one to two person households. (T) (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: (T)

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. (T) (T)

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. (T) (T)

(Continued)

ELECTRIC SCHEDULE E-FERA Sheet 3
FAMILY ELECTRIC RATE ASSISTANCE

SPECIAL CONDITIONS: (Cont'd.)

4. RECERTIFICATION REQUIREMENTS

Certification of individually-metered PG&E customers and sub-metered tenants of master-metered customers is valid for a period of two years, except as provided in Section 5. (T)

Applicants either suspected of or proven to have provided incorrect information in their application for E-FERA may be required to recertify at any time. Further, PG&E reserves the right to conduct random audits to determine applicants' eligibility. Failure by any party asked to provide proper proof of eligibility will result in disqualification of applicant's eligibility to receive the E-FERA rate. PG&E may rebill customers removed from the program for previous discounts received for which the participant did not qualify. (T)

Upon PG&E's request that the applicant recertify eligibility following the regular expiration date of applicants' eligibility, the applicant will have ninety (90) days to recertify, after which applicants not recertified will lose their eligibility under the E-FERA program.

It is the responsibility of the applicant to immediately notify PG&E when they are no longer eligible for the E-FERA program

Where residential dwelling units are not individually metered by PG&E and where the qualifying E-FERA applicants are not PG&E's customers of record, PG&E may perform audits to determine if the qualifying applicants still reside at the premises receiving E-FERA. Then PG&E will either (a) allow E-FERA to remain in effect until recertification in accordance with Section 4 above, or (b) remove the customers of record from E-FERA effective with their next regular meter reading dates.

5. MISAPPLICATION OF E-FERA

Certification for eligibility for the E-FERA program that is made based upon incorrect information provided by the applicant shall constitute misapplication of E-FERA for the period under which the applicant received E-FERA. PG&E may rebill the account at the customer's/applicant's otherwise-applicable rate schedule for misapplication of E-FERA. Such billing shall be for a period up to the most recent three years in accordance with Rule 17.1. However, nothing in this schedule shall be interpreted as limiting PG&E's rights under any provisions of any applicable law or tariff.

Master-metered customers with PG&E-certified submetered tenants shall not be held responsible for incorrect information provided by the submetered tenant to PG&E.

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 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) (T) (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. (T) (T)

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) (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 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 CARE[1]. 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, 2023 to May 31, 2024)	
1-2	$39,440	(T)
3	$49,720	I
4	$60,000	I
5	$70,280	I
6	$80,560	I
7	$90,840	I
8	$101,120	I
Each additional member, add:	$10,280	(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: (T)

   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: (T)

   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. (T) (T) (T)

(Continued)

ELECTRIC RULE NO. 19.1 Sheet 3
CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL
CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS

C. CERTIFICATION (Cont'd.)

3. Self-certification:

Self-certification will be used to determine income eligibility for the CARE 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. (T) (T)

D. RECERTIFICATION REQUIREMENTS

Certification of individually-metered PG&E customers and sub-metered tenants of master-metered customers is valid for a period of two years, or four years for customers that are determined to have a fixed income, except as provided in Section F. (T)

Applicants either suspected of or proven to have provided incorrect information in their application for CARE may be required to recertify at any time. Furthermore, PG&E reserves the right to conduct random audits to determine applicants' eligibility. Failure by any party asked to provide proper proof of eligibility will result in disqualification of the applicant's eligibility to receive the CARE rate. PG&E may rebill Customers removed from the program for previous discounts received for which the participant did not qualify. (T) (T)

Upon PG&E's request that the applicant recertify eligibility following the regular expiration date of applicants' eligibility, the applicant will have 90 days to recertify, after which applicants not recertified may lose their eligibility under the CARE program.

It is the responsibility of the applicant to immediately notify PG&E when they are no longer eligible for the CARE program.

(Continued)

ELECTRIC RULE NO. 19.1 Sheet 4

CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS

E. QUALIFIED SUBMETERED APPLICANTS

Where residential dwelling units are not individually metered by PG&E and where the qualifying CARE applicants are not PG&E's customers of record, PG&E may perform audits to determine if the qualifying applicants still reside at the premises receiving CARE. Then PG&E will either (a) allow CARE to remain in effect until recertification in accordance with Section D above, or (b) remove the customers of record from CARE effective with the first day of the next Billing Cycle after PG&E performs the audits.

F. MISAPPLICATION OF CARE

Certification for eligibility for the CARE program that is made based upon incorrect information provided by the applicant shall constitute misapplication of CARE for the period under which the applicant received CARE. PG&E may rebill the account at the customer's/applicant's otherwise-applicable rate schedule for misapplication of CARE. Such billing shall be for a period up to the most recent three years in accordance with Rule 17.1. However, nothing in Rule 19.1 shall be interpreted as limiting PG&E's rights under any provisions of any applicable law or tariff.

Master-metered customers with PG&E-certified sub-metered tenants shall not be held responsible for incorrect information provided by the sub-metered tenant to PG&E. (T) (T)

ELECTRIC RULE NO. 19.2 Sheet 1
CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING 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 expanded to qualifying Nonprofit Group-Living Facilities in D.92-04-024 and D.92-06-060. 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 with reduced charges for electric service. D.06-12-038 clarifies that Common Use Areas as defined in Rule 1 qualify for CARE. (T)

An application for the CARE rate may be made by master-metered customers who operate Nonprofit Group-Living Facilities for qualifying residents. (T)

Qualifying Nonprofit Group-Living 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 (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:

   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.

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

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.

4. The total gross annual income for all persons residing at a facility may not exceed the following: (T)

Number of Persons in Household	Total Gross Annual Household Income (Effective June 1, 2023 to May 31, 2024)	
1-2	$39,440	(T)
3	$49,720	I
4	$60,000	I
5	$70,280	I
6	$80,560	I
7	$90,840	I
8	$101,120	I
Each additional member, add:	$10,280	(T)

(Continued)

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, 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)

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.

2. Each Application for Nonprofit Group-Living Facilities must be accompanied by the following documentation:

a. A copy of the IRS tax exempt status letter;

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; and

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. (T)

3. Certification of Nonprofit Group-Living Facilities is valid for two years, except as provided in Section E.

It is the responsibility of the facility to notify PG&E when it is no longer eligible for the CARE Program. (T)

(Continued)

ELECTRIC RULE NO. 19.2 Sheet 5
CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING 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 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 eligibility[1]. Failure by any party to provide proper proof of eligibility will result in the removal of the facility from the CARE rate. (T) (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 not recertified may lose their eligibility under the CARE program. (T) (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 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) (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. (T) (T) (T) (T)

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 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, 2023 to May 31, 2024)	
1-2	$39,440	(T)
3	$49,720	I
4	$60,000	I
5	$70,280	I
6	$80,560	I
7	$90,840	I
8	$101,120	I
Each additional member, add:	$10,280	(T)

(Continued)

ELECTRIC TABLE OF CONTENTS Sheet 1

TABLE OF CONTENTS

(Continued)

ELECTRIC TABLE OF CONTENTS

(Continued)

ELECTRIC TABLE OF CONTENTS Sheet 19

(Continued)

ELECTRIC TABLE OF CONTENTS Sheet 23

(Continued)

ELECTRIC TABLE OF CONTENTS Sheet 27

(Continued)

Attachment 2

Redline Tariff Revisions

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.)~~s~~ 89-07-062 and D.89-09-044. The program was revised in ~~Decision No.~~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 PG&E ~~C~~customers, master-metered ~~C~~customers with qualifying sub-metered tenants, sub-metered tenants of master-metered PG&E ~~C~~customers, or any permanent resident in an individually-~~-~~metered residential dwelling unit, except non sub-metered tenants of master-metered ~~C~~customers and any applicant/~~C~~customer currently receiving service under Schedule G-10.

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/~~C~~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 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 CARE[1]. 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 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, ~~2022~~ 2023 to May 31, ~~2023~~2024)
1-2	$39,440 ~~$36,620~~
3	$49,720 ~~$46,060~~
4	$60,000 ~~$55,500~~
5	$70,280 ~~$64,940~~
6	$80,560 ~~$74,380~~
7	$90,840 ~~$83,820~~
8	$101,120 ~~$93,260~~
Each additional member, add:	$10,280 ~~$ 9,440~~

C. CERTIFICATION

1. Individually metered PG&E Customers, sub-metered tenants of master-metered PG&E ~~C~~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 ~~C~~customers:

   Submetered tenants of master-metered ~~C~~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 ~~C~~customer of the tenant's certification. The master-metered ~~C~~customer, not PG&E, is responsible for extending CARE discounts to tenants certified to receive them.

(Continued)

GAS RULE NO. 19.1 Sheet 3
CALIF ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS

C. CERTIFICATION (Cont'd.)

3. Self-certification:

Self-certification will be used to determine income eligibility for the CARE program. Customers must sign a statement upon application indicating that PG&E may verify the ~~C~~customer's eligibility at any time. If verification establishes that the Customer is ineligible, the ~~C~~customer will be removed from the program and PG&E may render corrective billings.

D. RECERTIFICATION REQUIREMENTS

Certification of individually-metered PG&E ~~C~~customers and sub-metered tenants of master-metered customers is valid for a period of two years, or four years for customers that are determined to have a fixed income, except as provided in Section F.

Applicants 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 applicants' eligibility. Failure by any party asked to provide proper proof of eligibility will result in disqualification of applicant's eligibility to receive the CARE rate. PG&E may rebill ~~C~~customers removed from the program for previous discounts received for which the participant did not qualify.

Upon PG&E's request that the applicant recertify eligibility following the regular expiration date of applicants' eligibility, the applicant will have 90 days to recertify, after which applicants not recertified may lose their eligibility under the CARE program.

It is the responsibility of the applicant to immediately notify PG&E when the applicant is no longer eligible for the CARE program.

(Continued)

GAS RULE NO. 19.1 Sheet 4

CALIF ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS

E. QUALIFIED SUBMETERED APPLICANTS

Where residential dwelling units are not individually metered by PG&E and where the qualifying CARE applicants are not PG&E's ~~C~~customers of record, PG&E may perform audits to determine if the qualifying applicants still reside at the premises receiving CARE. Then PG&E will either (a) allow CARE to remain in effect until recertification in accordance with Section D above, or (b) remove the ~~C~~customers of record from CARE effective with the first day of the next Billing Cycle after PG&E performs the audits.

F. MISAPPLICATION OF CARE

Certification for eligibility for the CARE program that is made based upon incorrect information provided by the applicant shall constitute misapplication of CARE for the period under which the applicant received CARE. PG&E may rebill the account at the ~~C~~customer's/applicant's otherwise-applicable rate schedule for misapplication of CARE. Such billing shall be for a period up to the most recent three years in accordance with Rule 17.1. However, nothing in Rule 19.1 shall be interpreted as limiting PG&E's rights under any provisions of any applicable law or tariff.

Master-metered ~~C~~customers with PG&E-certified sub-metered tenants shall not be held responsible for incorrect information provided by the sub-metered tenant to PG&E.

GAS RULE NO. 19.2 Sheet 1
CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES

A. GENERAL

The Low-Income Ratepayer Assistance (LIRA) program was established by the Commission in Decision (D.)~~s~~ 89-07-062 and D.89-09-044, and expanded to qualifying Nonprofit Group-Living Facilities in ~~Decisions~~ D.92-04-024 and D.92-06-060. The program was revised in ~~Decision~~ 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 with reduced charges for electric service. ~~Decision~~ D.06-12-038 clarifies that Common Use Areas as defined in Rule 1 qualify for CARE.

Application for the rate may be made by master-metered customers who operate Nonprofit Group-Living Facilities for qualifying residents.

Qualifying Nonprofit Group-Living 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 (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:

   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.

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

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.

4. The total gross income for all persons residing at a ~~F~~facility may not exceed the following:

Number of Persons in Household	Total Gross Annual Household Income (Effective June 1, ~~2022~~ 2023 to May 31, 202~~3~~4)
1-2	$39,440 ~~$36,620~~
3	$49,720 ~~$46,060~~
4	$60,000 ~~$55,500~~
5	$70,280 ~~$64,940~~
6	$80,560 ~~$74,380~~
7	$90,840 ~~$83,820~~
8	$101,120 ~~$93,260~~
Each additional member, add:	$10,280 ~~$ 9,440~~

(Continued)

GAS RULE NO. 19.2 Sheet 3
CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING 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, 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

(Continued)

GAS RULE NO. 19.2 Sheet 4
CALIF ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING 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.

2. Each Application for Nonprofit Group-Living Facilities must be accompanied by the following documentation:

a. A copy of the IRS tax exempt status letter;

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; and

d. Documentation that all residents of the ~~Nonprofit Group-Living Facility~~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 ~~Group-Living Facility~~facility is eligible to participate in the CARE program.

3. Certification of Nonprofit Group-Living Facilities is valid for two years, except as provided in Section E.

It is the responsibility of the ~~Nonprofit Group-Living Ff~~acility 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

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 ~~Nonprofit Group-Living F~~facility of how the annual CARE discount was used during the previous year for the direct benefit of qualifying residents.

Nonprofit Group-Living 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 ~~Nonprofit Group-Living F~~facility eligibility[1]. Failure by any party to provide proper proof of eligibility will result in the removal of the ~~Nonprofit Group-Living F~~facility from the CARE rate.

Upon PG&E's request that the ~~Nonprofit Group-Living F~~facility recertify eligibility or 90 days before the regular expiration date of the ~~Nonprofit Group-Living F~~facility's eligibility, the ~~Nonprofit Group-Living F~~facility will have 90 days to recertify, after which Nonprofit Group-Living Facilities not recertified may lose their eligibility under the CARE program.

E. MISAPPLICATION OF CARE

Misapplication of CARE for the period during which the ~~Nonprofit Group-Living F~~facility received CARE occurs when: 1) the ~~Nonprofit Group-Living F~~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 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.

[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 1

CALIF ALTERNATE RATES FOR ENERGY FOR QUALIFIED AGRI EMPLOYEE HOUSING FACILITIES

A. GENERAL

The Low-Income Ratepayer Assistance (LIRA) program was established by the Commission in Decision (D.)~~s~~ 89-07-062 and D.89-09-044. The program was revised in ~~Decision~~ 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 ~~Decision~~ D.95-10-047. ~~Decision~~ 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 gas 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)

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, ~~2022~~ 2023 to May 31, ~~2023~~2024)
1-2	$39,440 ~~$36,620~~
3	$49,720 ~~$46,060~~
4	$60,000 ~~$55,500~~
5	$70,280 ~~$64,940~~
6	$80,560 ~~$74,380~~
7	$90,840 ~~$83,820~~
8	$101,120 ~~$93,260~~
Each additional member, add:	$10,280 ~~$ 9,440~~

(Continued)

ELECTRIC SCHEDULE E-FERA Sheet 1
FAMILY ELECTRIC RATE ASSISTANCE

APPLICABILITY: This schedule is applicable to single-phase and polyphase residential service in single-family dwellings and ~~in~~ flats and apartments separately metered by Pacific Gas and Electric Company (PG&E), ~~and~~ domestic sub-metered tenants residing in multifamily accommodations, mobilehome parks, ~~and to~~ 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.

All individually metered customers and sub-metered tenants must have a total gross annual household income of between 200%+$1, ~~and~~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 PG&E provides electric service.

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 Sheet 2
FAMILY ELECTRIC RATE ASSISTANCE

SPECIAL CONDITIONS: (Cont'd.)

A Schedule E-FERA household is a household consisting of ~~3~~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, 2023~~2~~ to May 31, 2024~~3~~)
1-2	Not Eligible
3	$49,721 to $62,150~~$46,061 - $57,575~~
4	$60,001 to $75,000~~$55,501 - $69,375~~
5	$70,281 to $87,850 ~~$64,941 - $81,175~~
6	$80,561 to $100,700 ~~$74,381 - $92,975~~
7	$90,841 to $113,550 ~~$83,821 - $104,775~~
8	$101,121 to $126,400~~$93,261 - $116,575~~
Each ~~Additional~~ additional ~~Person~~ person, a~~A~~dd:	$10,280 to $12,850 ~~$9,440 - $11,800~~

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 ~~1~~ one to ~~2~~two person households.

3. 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 ~~C~~customers:

Sub-metered tenants of master-metered c~~C~~ustomers 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 c~~C~~ustomer of the tenant's certification. The master-metered ~~C~~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 ~~C~~customer's eligibility at any time. If verification establishes that the ~~C~~customer is ineligible, the ~~C~~customer will be removed from the program and PG&E may render corrective billings in accordance with Rule 17.1. (Continued)

ELECTRIC SCHEDULE E-FERA Sheet 3
FAMILY ELECTRIC RATE ASSISTANCE

SPECIAL CONDITIONS: (Cont'd.)

4. RECERTIFICATION REQUIREMENTS

Certification of individually-metered PG&E ~~C~~customers and sub-metered tenants of master-metered customers is valid for a period of two years, except as provided in Section 5.

Applicants either suspected of or proven to have provided incorrect information in their application for E-FERA may be required to recertify at any time. Further, PG&E reserves the right to conduct random audits to determine applicants' eligibility. Failure by any party asked to provide proper proof of eligibility will result in disqualification of applicant's eligibility to receive the E-FERA rate. PG&E may rebill ~~C~~customers removed from the program for previous discounts received for which the participant did not qualify.

Upon PG&E's request that the applicant recertify eligibility following the regular expiration date of applicants' eligibility, the applicant will have ninety (90) days to recertify, after which applicants not recertified will lose their eligibility under the E-FERA program.

It is the responsibility of the applicant to immediately notify PG&E when they are no longer eligible for the E-FERA program

Where residential dwelling units are not individually metered by PG&E and where the qualifying E-FERA applicants are not PG&E's customers of record, PG&E may perform audits to determine if the qualifying applicants still reside at the premises receiving E-FERA. Then PG&E will either (a) allow E-FERA to remain in effect until recertification in accordance with Section 4 above, or (b) remove the customers of record from E-FERA effective with their next regular meter reading dates.

5. MISAPPLICATION OF E-FERA

Certification for eligibility for the E-FERA program that is made based upon incorrect information provided by the applicant shall constitute misapplication of E-FERA for the period under which the applicant received E-FERA. PG&E may rebill the account at the customer's/applicant's otherwise-applicable rate schedule for misapplication of E-FERA. Such billing shall be for a period up to the most recent three years in accordance with Rule 17.1. However, nothing in this schedule shall be interpreted as limiting PG&E's rights under any provisions of any applicable law or tariff.

Master-metered customers with PG&E-certified submetered tenants shall not be held responsible for incorrect information provided by the submetered tenant to PG&E.

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.)~~s~~ 89-07-062 and D.89-09-044. The program was revised in ~~Decision~~ 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.

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 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 CARE[1]. 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, ~~2022~~ 2023 to May 31, ~~2023~~2024)
1-2	$39,440 ~~$36,620~~
3	$49,720 ~~$46,060~~
4	$60,000 ~~$55,500~~
5	$70,280 ~~$64,940~~
6	$80,560 ~~$74,380~~
7	$90,840 ~~$83,820~~
8	$101,120 ~~$93,260~~
Each additional member, add:	$10,280 ~~$ 9,440~~

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 ~~C~~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 ~~C~~customer of the tenant's certification. The master-metered ~~C~~customer, not PG&E, is responsible for extending CARE discounts to tenants certified to receive them.

(Continued)

ELECTRIC RULE NO. 19.1 Sheet 3
CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL
CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS

C. CERTIFICATION (Cont'd.)

3. Self-certification:

Self-certification will be used to determine income eligibility for the CARE program. Customers must sign a statement upon application indicating that PG&E may verify the ~~C~~customer's eligibility at any time. If verification establishes that the ~~C~~customer is ineligible, the ~~C~~customer will be removed from the program and PG&E may render corrective billings.

D. RECERTIFICATION REQUIREMENTS

Certification of individually-metered PG&E ~~C~~customers and sub-metered tenants of master-metered customers is valid for a period of two years, or four years for customers that are determined to have a fixed income, except as provided in Section F.

Applicants either suspected of or proven to have provided incorrect information in their application for CARE may be required to recertify at any time. Furthermore, PG&E reserves the right to conduct random audits to determine applicants' eligibility. Failure by any party asked to provide proper proof of eligibility will result in disqualification of the applicant's eligibility to receive the CARE rate. PG&E may rebill Customers removed from the program for previous discounts received for which the participant did not qualify.

Upon PG&E's request that the applicant recertify eligibility following the regular expiration date of applicants' eligibility, the applicant will have 90 days to recertify, after which applicants not recertified may lose their eligibility under the CARE program.

It is the responsibility of the applicant to immediately notify PG&E when they are no longer eligible for the CARE program.

(Continued)

ELECTRIC RULE NO. 19.1 Sheet 4

CALIFORNIA ALTERNATE RATES FOR ENERGY FOR INDIVIDUAL CUSTOMERS AND SUBMETERED TENANTS OF MASTER-METERED CUSTOMERS

E. QUALIFIED SUBMETERED APPLICANTS

Where residential dwelling units are not individually metered by PG&E and where the qualifying CARE applicants are not PG&E's customers of record, PG&E may perform audits to determine if the qualifying applicants still reside at the premises receiving CARE. Then PG&E will either (a) allow CARE to remain in effect until recertification in accordance with Section D above, or (b) remove the customers of record from CARE effective with the first day of the next Billing Cycle after PG&E performs the audits.

F. MISAPPLICATION OF CARE

Certification for eligibility for the CARE program that is made based upon incorrect information provided by the applicant shall constitute misapplication of CARE for the period under which the applicant received CARE. PG&E may rebill the account at the customer's/applicant's otherwise-applicable rate schedule for misapplication of CARE. Such billing shall be for a period up to the most recent three years in accordance with Rule 17.1. However, nothing in Rule 19.1 shall be interpreted as limiting PG&E's rights under any provisions of any applicable law or tariff.

Master-metered customers with PG&E-certified sub-metered tenants shall not be held responsible for incorrect information provided by the sub-metered tenant to PG&E.

ELECTRIC RULE NO. 19.2 Sheet 1

CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING FACILITIES

A. GENERAL

The Low-Income Ratepayer Assistance (LIRA) program was established by the Commission in Decision (D.)~~s~~ 89-07-062 and D.89-09-044, and expanded to qualifying Nonprofit Group-Living Facilities in ~~Decisions~~ D.92-04-024 and D.92-06-060. The program was revised in ~~Decision~~ 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 with reduced charges for electric service. ~~Decision~~ D.06-12-038 clarifies that Common Use Areas as defined in Rule 1 qualify for CARE.

An ~~A~~pplication for the CARE rate may be made by master-metered customers who operate Nonprofit Group-Living Facilities for qualifying residents.

Qualifying Nonprofit Group-Living 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 Company (PG&E).

B. ELIGIBILITY

To be eligible to receive CARE, the Nonprofit Group-Living 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:

   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.

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

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.

4. The total gross annual income for all persons residing at a f~~F~~acility may not exceed the following:

Number of Persons in Household	Total Gross Annual Household Income (Effective June 1, 2023~~2~~ to May 31, 2024~~3~~)
1-2	$39,440 ~~$36,620~~
3	$49,720 ~~$46,060~~
4	$60,000 ~~$55,500~~
5	$70,280 ~~$64,940~~
6	$80,560 ~~$74,380~~
7	$90,840 ~~$83,820~~
8	$101,120 ~~$93,260~~
Each additional member, add:	$10,280 ~~$ 9,440~~

(Continued)

ELECTRIC RULE NO. 19.2 Sheet 3
CALIFORNIA ALTERNATE RATES FOR ENERGY FOR NONPROFIT GROUP-LIVING 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 ~~Nonprofit Group-Living Facility~~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, 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 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

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.

2. Each Application for Nonprofit Group-Living Facilities must be accompanied by the following documentation:

a. A copy of the IRS tax exempt status letter;

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; and

d. Documentation that all residents of the ~~Nonprofit Group-Living Facility~~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 ~~Group-Living Facility~~facility is eligible to participate in the CARE program.

3. Certification of Nonprofit Group-Living Facilities is valid for two years, except as provided in Section E.

It is the responsibility of the ~~Nonprofit Group-Living Facility~~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

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 ~~Nonprofit Group-Living Facility~~facility of how the annual CARE discount was used during the previous year for the direct benefit of qualifying residents.

Nonprofit Group-Living 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 ~~Nonprofit Group-Living Facility~~facility eligibility[1]. Failure by any party to provide proper proof of eligibility will result in the removal of the ~~Nonprofit Group-Living Facility~~facility from the CARE rate.

Upon PG&E's request that the ~~Nonprofit Group-Living Facility~~facility recertify eligibility or 90 days before the regular expiration date of the ~~Nonprofit Group-Living Facility~~facility's eligibility, the ~~Nonprofit Group-Living Facility~~facility will have 90 days to recertify, after which Nonprofit Group-Living Facilities not recertified may lose their eligibility under the CARE program.

E. MISAPPLICATION OF CARE

Misapplication of CARE for the period during which the ~~Nonprofit Group-Living Facility~~facility received CARE occurs when: 1) the ~~Nonprofit Group-Living Facility~~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 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.

[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.)~~s~~ 89-07-062 and D.89-09-044. The program was revised in ~~Decision~~ 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 ~~Decision~~ D.95-10-047. ~~Decision~~ 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 Company (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, ~~2022~~ 2023 to May 31, ~~2023~~2024)
1-2	$39,440 ~~$36,620~~
3	$49,720 ~~$46,060~~
4	$60,000 ~~$55,500~~
5	$70,280 ~~$64,940~~
6	$80,560 ~~$74,380~~
7	$90,840 ~~$83,820~~
8	$101,120 ~~$93,260~~
Each additional member, add:	$10,280 ~~$ 9,440~~

(Continued)

PG&E Gas and Electric
Advice Submittal List
General Order 96-B, Section IV

AT&T
Albion Power Company

Alta Power Group, LLC
Anderson & Poole

Atlas ReFuel
BART

Barkovich & Yap, Inc.
Braun Blaising Smith Wynne, P.C.
California Community Choice Association
California Cotton Ginners & Growers Assn
California Energy Commission

California Hub for Energy Efficiency Financing

California Alternative Energy and Advanced Transportation Financing Authority
California Public Utilities Commission
Calpine

Cameron-Daniel, P.C.
Casner, Steve
Center for Biological Diversity

Chevron Pipeline and Power
City of Palo Alto

City of San Jose
Clean Power Research
Coast Economic Consulting
Commercial Energy
Crossborder Energy
Crown Road Energy, LLC
Davis Wright Tremaine LLP
Day Carter Murphy

Dept of General Services
Don Pickett & Associates, Inc.
Douglass & Liddell
Downey Brand LLP
Dish Wireless L.L.C.

East Bay Community Energy Ellison Schneider & Harris LLP
Engineers and Scientists of California

GenOn Energy, Inc.
Green Power Institute
Hanna & Morton
ICF
iCommLaw
International Power Technology
Intertie

Intestate Gas Services, Inc.

Johnston, Kevin
Kelly Group
Ken Bohn Consulting
Keyes & Fox LLP
Leviton Manufacturing Co., Inc.

Los Angeles County Integrated Waste Management Task Force
MRW & Associates
Manatt Phelps Phillips
Marin Energy Authority
McClintock IP
McKenzie & Associates

Modesto Irrigation District
NLine Energy, Inc.
NRG Solar

OnGrid Solar
Pacific Gas and Electric Company
Peninsula Clean Energy

Pioneer Community Energy

Public Advocates Office

Redwood Coast Energy Authority
Regulatory & Cogeneration Service, Inc.

Resource Innovations

SCD Energy Solutions
San Diego Gas & Electric Company

SPURR
San Francisco Water Power and Sewer
Sempra Utilities

Sierra Telephone Company, Inc.
Southern California Edison Company
Southern California Gas Company
Spark Energy
Sun Light & Power
Sunshine Design
Stoel Rives LLP

Tecogen, Inc.
TerraVerde Renewable Partners
Tiger Natural Gas, Inc.

TransCanada
Utility Cost Management
Utility Power Solutions
Water and Energy Consulting Wellhead Electric Company
Western Manufactured Housing Communities Association (WMA)
Yep Energy