



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

Sheet 1

**Please Refer to Attached
Sample Form**

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

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

1 You and your household

Email address

[By entering your email address, you are authorizing PG&E to send you information from time to time regarding your PG&E utility service and PG&E programs and services that may be available to you.]

Preferred phone number ☐ Home ☐ Work ☐ Mobile

Alternative phone number ☐ Home ☐ Work ☐ Mobile

What language do you prefer for future CARE communications?

(Choose one)

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

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

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

Number of people in your household at this address:

Adults + Children =
(under 18)

2 Household qualification

Fill out Section 2A **OR** Section 2B.

2A Public assistance programs

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

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

OR

2B Household income

☐ I am currently on a fixed income and receive income or benefits from one or more of the following: pensions, Social Security, SSP or SSDI, interest/dividends from retirement accounts, Medicaid/Medi-Cal (age 65 and over) or SSI.

My household income is:

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

3 Your declaration

By signing this declaration, I certify that the information I have provided in this application is true and correct.

I acknowledge that I have read and understood the contents of this application. I also agree to follow the terms and conditions of the CARE or the FERA program, including the following:

1. I am not claimed as a dependent on another person's income tax return other than my spouse.
2. I am not knowingly sharing an energy meter with another home.
3. I will notify PG&E if my household is no longer eligible for the CARE or FERA discount.
4. I understand I may be required to provide proof of household income.
5. I understand I may be required to participate in the Energy Savings Assistance Program.
6. I understand I may be removed from the CARE program if my monthly electric usage exceeds six times the Tier 1 allowance.
7. I understand that I may be switched or dropped from the CARE or FERA program if I submit information or PG&E receives information from other programs which deem me ineligible.
8. I authorize PG&E to share my information in order to remain eligible for available energy management assistance, and price reduction and residential rate programs with other utilities, state agencies and entities designated by the CPUC.
9. I will pay back the discount I have received if I provided false information to support my application for the CARE or the FERA program.

X

Customer signature

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

FOR INTERNAL USE ONLY

Date _____

