



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

Sheet 1

**Please Refer to Attached  
Sample Form**



# CARE/FERA PROGRAM APPLICATION Residential Customers

Form 01-9077



## Save on your monthly PG&E bill

### California Alternate Rates for Energy (CARE)

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

The CARE program offers a monthly discount on PG&E bills for qualifying households. 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](http://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](http://pge.com/findrates)

### How you can apply

**Online:** Apply online for faster enrollment at [pge.com/care](http://pge.com/care)

**Phone:** Apply by calling 1-866-743-2273

**Email:** Take a picture or scan completed application and email this image to [CAREandFERA@pge.com](mailto:CAREandFERA@pge.com)

**Mail:** Send completed application to **CARE/FERA Program**  
P.O. Box 7979  
San Francisco, CA 94120-7979

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

### Other helpful programs and services

**Energy Savings Assistance Program**  
[pge.com/energysavings](http://pge.com/energysavings)  
1-800-933-9555

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



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

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

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

If you depend on life-support or other equipment due to medical needs, you may be eligible for additional energy at the lowest price through the Medical Baseline program.

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

If you spend a high percentage of your income on energy bills, you may be eligible to receive financial assistance and weatherproofing services through this program administered by the California Department of Community Services and Development.

**Universal Lifeline Telephone Service (ULTS)**

Get discounted telephone access when you meet similar income guidelines as the CARE program. To learn more, contact your local phone service provider.



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

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

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

Otras calificaciones incluyen que:

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

Requisitos de ingreso CARE  
(válido hasta el 31 de mayo, 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](http://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 inscribese 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](http://pge.com/findrates)

## Cómo puede inscribirse

**Internet:** Solicite por Internet para inscribirse más rápidamente visitando [pge.com/care-es](http://pge.com/care-es)

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

**Email:** Saque una foto o escanee su solicitud completa y envíe la imagen a: [CAREandFERA@pge.com](mailto: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](http://pge.com/energysavings-es)  
1-800-933-9555

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

**Energy Savings Assistance Program**

**Budget Billing**  
[pge.com/budgetbilling](http://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](http://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](http://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.



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

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

# 1 You and your household

PG&E account number grid

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

Account holder's name grid

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

Your home address grid

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

Unit #

City/State/Zip Code grid

City/State/Zip Code

### Email address

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

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

- English  Spanish  Mandarin  Cantonese  Vietnamese
- Russian  Korean  Tagalog  Hmong

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

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

Preferred phone number grid

Preferred phone number  Home  Work  Mobile

Alternative phone number grid

Alternative phone number  Home  Work  Mobile

### Number of people in your household at this address:

Adults [ ] + Children [ ] = [ ] (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

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



- 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.

Section 1: Usted y su hogar. Includes fields for PG&E account number, account holder name, home address, city/state/zip, email, preferred language, preferred communication method, preferred phone number, and number of household members.

Section 2: Cumplimiento de los requisitos del hogar. Sub-section 2A: Programas de asistencia pública. Lists various assistance programs like LIHEAP, WIC, SNAP, TANF, etc.

Section 2B: Ingresos del hogar. Includes a field for total annual gross household income and a note to include all household members.

Section 3: Su declaración. Includes a declaration statement, a list of 9 conditions to be met, a signature line with a checkbox for tutorship, and a date field.

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