

Revised Cancelling Revised

Cal. P.U.C. Sheet No. Cal. P.U.C. Sheet No.

40110-G 39370-G

Gas Sample Form No. 62-0672

Sheet 1

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

Please Refer to Attached Sample Form

June 1, 2025 E-5200 and E-3524



CARE/FERA PROGRAM APPLICATION Sub-Metered Residential Customers

Choose the best rate plan for you. Learn more^t.

Save on your monthly PG&E bill

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

California Alternate Rates for Energy (CARE)

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

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

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

Other qualifications include:

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

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

CARE Income Guidelines (valid through May 31, 2026)

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

Family Electric Rate Assistance (FERA)

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

If you do not qualify for the CARE program, you may still qualify for the FERA program, which offers a monthly discount on electric bills for households with a slightly higher income than required for CARE.

FERA Income Guidelines (valid through May 31, 2026)

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

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

How you can apply

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

Mail: Send completed application to CARE/FERA Program P.O. Box 29647 Oakland, CA 94604-7563 **Fax:** Send completed application to **1-877-302-7563**

Other helpful programs and services

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

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

Energy Savings
Assistance Program

Medical Baseline pge.com/medicalbaseline

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

Universal Lifeline Telephone Service (ULTS)

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

Low Income Home Energy Assistance Program (LIHEAP)

1-866-675-6623

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

^{*}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



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 2026年5月31日為止)

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

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,您未在他人的所得税表上被申報為受扶養人。
- 您並未與其他家庭共用電錶/煤氣錶。
- 您至少每兩年將更新一次您的資格條件。

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

Family Electric Rate Assistance (FERA) 計劃

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

如果您不符合 CARE 申 請資格,仍可能有資格 參加 Family Electric Rate Assistance (家庭 電費補助,簡稱 FERA) 計劃。該計劃為收入 稍高於 CARE 規定的家 庭提供每月電費帳單 折扣。 FERA 收入標準

(有效期至 2026年5月31日為止)

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

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 29647 Oakland, CA 94604-7563 **傳真:** 將填好的申請表傳真到 1-877-302-7563

其他補助計劃和服務

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

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

Energy SavingsAssistance 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。



CARE/FERA PROGRAM APPLICATION Sub-Metered Residential Customers

- 1. Have your landlord or facility manager fill out Section 1A.
- 2. Fill out Section 1B.
- 3. Fill out Section 2A **OR** Section 2B. **Only one section (A or B)** is required to qualify for this program.
- 4. Sign and date this form and return to PG&E as soon as possible. By signing this application you agree to make available to your landlord or facility manager PG&E's determination of your eligibility to participate in CARE or FERA for them to pass along the discount if you qualify.

required to quality for this program.	to pass aton	ng the discount if you quality.
1A Your landlord and faci	lity Applicant state	tus: O ADD NEW O DROP O RENEW O MOVE TO DIFFERENT SPAC
PG&E account numbers:		Gas
Your mobile home park/facility name		
Your mobile home park/facility address (C	City/State/Zip Code)	
Your landlord or manager's name		Preferred phone number
Your landlord or manager's mailing addre	ess (City/State/Zip Code)	Email
1 You and your househo	ld	
Your name (Use the name as it appears on the energ	yy 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 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 prime	ary residence. Do NOT use a P.O. Box.)	Unit #/City/State/Zip Code
Mailing address Unit #/City/State/Zip Code		Preferred phone number
Choose one English		Alternative phone number
Household qualification Fill out Section 2A OR Section 2B.	•	Your declaration By signing this declaration, I certify that the information I have provided in this application is true and correct.
2A Public assistance programs Check all the programs in which you, or household, participate.		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 of the FERA program, including the following:
☐ Low Income Home Energy Assistance Program (LIHEAP)	☐ Medi-Cal for Families (Healthy Families A&B)	 I am not claimed as a dependent on another person's income tax retur other than my spouse.
 □ Women, Infants, and Children (WIC) □ CalFresh/SNAP (Food stamps) □ CalWORKs (TANF) or Tribal TANF □ Head Start Income Eligible (Tribal only) □ Supplemental Security Income (SSI) 	 National School Lunch Program (NSLP) Bureau of Indian Affairs General Assistance Medicaid/Medi-Cal (under age 65) Medicaid/Medi-Cal (age 65 and over) 	 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
2B Household income ☐ I am currently on a fixed income and from one or more of the following: pens or SSDI, interest/dividends from retirem	ions, Social Security, SSP	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 entiti designated by the CPUC. 9. I will pay back the discount I have received if I provided false information.

SIGN HERE

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

Medi-Cal (age 65 and over) or SSI.

My household income is:

Total gross annual

household income

(please account for all income from every household member)

.00

FOR INTERNAL USE ONLY

to support my application for the CARE or the FERA program.

Customer signature

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

- 1. 請要求您的房東或設施經理填寫第 1A 部份。
- 2. 填寫第 1B 部份。
- 3. 填寫第 2A 或 2B 部份。只需填寫一個部份 (A 或 B), 便合資格參與此計劃。
- 4. 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 對您參與 CARE 或 FERA 的資格決定,以便他們在您符合資格的情況下提供折扣。

IA 您的房東和住宅設施 申	ョ請狀態: ●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	
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
IB 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)	
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□英語 □ 西班牙語 □ 國語 □ 粵語 □ 越南語□ □ 俄語 □ 韓語 □ 世語	其他電話號碼 □ 住宅 □ 工作 □ 手機 □ 居住於此地址的家庭人數:
您希望以何種方式進行溝通?(選ー項)□郵寄 □電子郵件 □電話 □簡訊(可能需支付簡訊或數據流量費用	成人 + 兒童 = =
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) □房女、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) 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:	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。
家庭年度總收入 \$.00	客戶簽名 如果您是監護人或有授權書,請將圓圈塗滿。