

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

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

Sheet 1

Please Refer to Attached

Sample Form

**Effective** Resolution E-5200 and E-3524



# CARE/FERA PROGRAM APPLICATION Residential Customers

Choose the best rate plan for you. Learn more<sup>†</sup>.

# Save on your monthly PG&E bill

# California Alternate Rates for Energy (CARE)

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

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

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

Other qualifications include:

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

## CARE Income Guidelines (valid through May 31, 2026)

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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

**Online:** Apply online for faster enrollment at **pge.com/care** 

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

#### Email:

Take a picture or scan completed application and email this image to

CAREandFERA@pge.com

#### Mail:

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

#### Fax:

Send completed application to 1-877-302-7563

#### Other helpful programs and services

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

This program provides energy-efficient home

Energy Savings
Assistance Program

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.

<sup>\*</sup>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.

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



## CARE/FERA 計劃申請書 住宅用戶

## 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 2026年5月31日為止)

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

### **Family Electric Rate Assistance** (FERA) 計劃

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

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。

#### 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。

\*全家年收入總計包括居於此地址之家庭成員所有繳税與不需繳税的收入,且涵蓋所有收入來源,包括(但不限於)工資、月薪、利息、股利、配偶和子女膽 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

#### 雷郵地址:

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

**Energy Savings** Assistance Program

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。

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

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

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

Account holder's name (Use the name as it appears on your PG&E bill, which must be in your name.)	You and your house	nola								
Cour home address (Address must be your primary residence   Do NOT use a P.O. Box.    Unit #			Your PG8	&E acco	ount num	<b>nber</b> (Fin	d yours on	page 1	of your	PG&E bill.)
Preferred phone number	Account holder's name (Use the na	ame as it appears on your PG&E bill, whice	ich must be in	your na	ame.)					
Preferred phone number										
Preferred phone number	Your home address (Address must	he vour nrimary residence. Do <b>NOT</b> use a	a P.O. Box.)					Unit #	<u> </u>	
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What language do you prefer for future   CARE and FERA communications? (Choose one)   Finglish   Spanish   Mandarin   Cantonese   Vietnamese   Russian   Karean   Tagalog   Hmong   Mati   Spanish   Mandarin   Cantonese   Vietnamese   Russian   Karean   Tagalog   Hmong   Mati   Syour preferred method of communication? (Choose one)   Maii   Email   Phone   Text   Message and date rates may apply.]      Household qualification   Text   Message and date rates may apply.]      Household qualification   Text   Message and date rates may apply.]      Household qualification   Text   Message and date rates may apply.]      Household qualification   Text   Message and date rates may apply.]      Household qualification   Text   Message and date rates may apply.]      Household qualification   Text   Message and date rates may apply.]      Household qualification   Text   Message and date rates may apply.]      Household participate.   Medi-Cal for Families   Text   Message and date rates may apply.]      Call Presh/SNAP   Text   Medi-Cal for Families   M	Email address		Preferre	d phon	e numb	er	Home	□ Wo	rk [	Mobile
What language do you prefer for future   CARE and FERA communications? (Choose one)   Cantonese   Vietnamese   Russian   Korean   Tagado   Hmong   What is your preferred method of communication? (Choose one)   What is	By entering your email address, you are authorizin	ng PG&E to send you information from time to time	1.5.	.ш р		C1			- IN -	11102
CARE and FERA communications? (Choose one)   Russian   Spanish   Mandarin   Cantonese   Vietnamese   Russian   Korean   Tagalog   Text   Message and data rates may apply.			Altaumati						.	- · · · · · · ·
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Russian   Korean   Tagalog   Hmong   Mhat is your preferred method of communication? (Choose one)   Mail   Email   Phone   Text IMessage and data rates may apply.]    Household qualification   Filt out Section 2A OR Section 2B.		• • • • • • • • • • • • • • • • • • • •	Number	of peo	nle in yo	ur hous	sehold at	this a	ddress	S:
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By signing this declaration, I certify that the information I have provided in this application is true and correct.    Assistance programs   Medi-Cal for Families (Healthy Families A&B)					, -	Ci,			_	
CARE or the FERA program, including the following:    Low Income Home Energy   Medi-Cal for Familities   Assistance Program (LHEAP)   Mational School Lunch   Program (NSLP)   Mational School Lunch   Program (NSLP)   Bureau of Indian Affairs   General Assistance   Medicaid/Medi-Cal (Inder age 45)	Fill out Section 2A <b>OR</b> Section 2B.		By signin	ng this	declarat	ion, I ce				tion I have
Assistance Program (LIHĔAP) (Healthy Families A&B)  Women, Infants, and Children (WIC)  CalFresh/SNAP (Food stamps)  CalWORKs (TANF) or Tribal TANF  Head Start Income Eligible (Tribat only)  Supplemental Security Income (SSI)  OR  DR  DR  DR  DR  DR  DR  DR  DR  Limit 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  Total gross annual household income  CalFresh/SNAP (Food stamps)  Drogram (NSLP)  National School Lunch Program (NSLP)  Stiff my household is no longer eligible for the CARE or fere Adiscount.  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 Saving 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 I may be switched or dropped from the CARE or feERA program if I submit information or PG&E receives informate or general submit information in order to remain eligible for available energy management assistance, and price reduction and residential rate programs with other utilities, stat agencies and entities designated by the CPUC.  9. I will pay back the discount I have received if I provided false inform 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 at FOR INTERNAL USE OF TOR INTERNAL USE OF	Fill out Section 2A <b>OR</b> Section 2B. <b>2A Public assistance progra</b> Check all the programs in which you	nms	By signing provided	ng this ( I in this ledge th	declarat applicat	ion, I ce tion is to	<b>rue and c</b> d unders	orrect.	e conte	ents of this
Women, Infants, and Children (WIC)  □ CalFresh/SNAP (Food stamps) □ CalWORKs (TANF) or Tribal TANF □ Head Start Income Eligible □ (Iribal only) □ Supplemental Security □ Income (SSI) □ Medicaid/Medi-Cal □ (under age 65) □ Medicaid/Medi-Cal □ (age 65 and over) □ 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 s:  Total gross annual household income □ I an currently on a fixed income is:  Total gross annual household income □ I an 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 \$  □ Total gross annual household income \$  □ Total gross an	Fill out Section 2A <b>OR</b> Section 2B. <b>2A Public assistance progra</b> Check all the programs in which you nousehold, participate.	a <b>ms</b> u, or someone in your	By signing provided  I acknowle application CARE or to	ng this ( I in this ledge th on. I also the FER	declarat applicat nat I have o agree t RA progra	ion, I ce tion is to read an o follow am, inclu	d unders the terms iding the	tood the and confollowing	• e conte ondition ng:	ents of this ns of the
□ CalFresh/SNAP (Food stamps) □ CalWORKs (TANF) or Tribal TANF □ Head Start Income Eligible (Tribal only) □ Supplemental Security Income (SSI) □ OR □ Medicaid/Medi-Cal (under age 65) □ Medicaid/Medi-Cal (age 65 and over) □ I understand I may be required to provide proof of 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  STotal gross annual household income □ I an 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  STOTAL gross annual household income  Total gross annual household income is:  Total gross annual household income  Total gross annual household income is:  To	Fill out Section 2A <b>OR</b> Section 2B. <b>2A Public assistance progra</b> l Check all the programs in which you nousehold, participate.  Low Income Home Energy	u, or someone in your  Medi-Cal for Families	By signin provided I acknowl applicatio CARE or t 1. I am no	ng this ( I in this ledge th on. I also the FER ot claim	declarat application at I have o agree t RA progra	ion, I ce tion is to read an o follow am, includepende	d unders the terms iding the	tood the and confollowing	• e conte ondition ng:	ents of this ns of the
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## CARE/FERA 計劃申請書 住宅用戶

- 1. 填寫第1部份。
- 2. 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。

如果您符合資格<sup>,</sup>您的 CARE 或 FERA 折扣將出現在 下一次 PG&F 帳留的第一百。

您和家人	
	<b>您的 PG&amp;E 帳號</b> (在 PG&E 帳單第 1 頁。)
<b>帳戶持有人姓名</b> (請使用 PG&E 帳單上顯示的姓名,必須和您的姓	生名相同。)
<b>您的住家地址</b> (地址必須是主要住處。請 <b>勿</b> 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	E公 <b>主要電話號碼</b> □ 住宅 □ 工作 □ 手機
用專業服務、PG&E 計劃以及您可能適用的服務等相關資訊給 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	居住於此地址的家庭人數:
您希望以何種方式進行溝通?(選─項) □郵寄 □電子郵件 □電話 □簡訊	成人 + 兒童 (未滿 18 歳)
	VI MIN TO A SECOND
(可能需支付簡訊或數據流量費用。)	
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(可能需支付簡訊或數據流量費用。) <b>家庭資格</b> 請填寫 2A 或 2B 一節。	<b>登明</b> 本人在這份聲明書上簽名,保證此申請表提供的資料皆
家庭資格	本人在這份聲明書上簽名,保證此申請表提供的資料皆 實、正確。
(可能需支付簡訊或數據流量費用。) <b>家庭資格</b> 請填寫 2A 或 2B 一節。	本人在這份聲明書上簽名,保證此申請表提供的資料皆
(可能需支付簡訊或數據流量費用。) <b>家庭資格</b> 請填寫 2A 或 2B 一節。 <b>2A</b> 社會補助計劃	本人在這份聲明書上簽名,保證此申請表提供的資料皆實、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 FERA 計劃的條件和條款: 1. 除了本人配偶外,本人未在他人所得税表上被申報為受扶養
(可能需支付簡訊或數據流量費用。) 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	本人在這份聲明書上簽名,保證此申請表提供的資料皆實、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 FERA 計劃的條件和條款:  1. 除了本人配偶外,本人未在他人所得税表上被申報為受扶養 2. 本人沒有特意和其他家庭共用電錶/煤氣錶。
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家庭資格 請填寫 2A 或 2B 一節。   ZA 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 □低收入家庭能源協助計劃 □場女、嬰兒及兒童(WIC) □ CalFresh/SNAP (糧食券) □ CalWORKs (TANF) 或 Tribal TANF □ Head Start Income Eligible	本人在這份聲明書上簽名,保證此申請表提供的資料皆實、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 FERA 計劃的條件和條款: 1. 除了本人配偶外,本人未在他人所得税表上被申報為受扶養 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 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 Progra 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
家庭資格 請填寫 2A 或 2B 一節。   ZA 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 □低收入家庭能源協助計劃 □原女、嬰兒及兒童(WIC) □GalFresh/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)	本人在這份聲明書上簽名,保證此申請表提供的資料皆實、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 FERA 計劃的條件和條款: 1. 除了本人配偶外,本人未在他人所得税表上被申報為受扶養 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 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 Progra 6. 本人了解我的每月用電量超出第一級額定量的六倍時,我可被取消參加 CARE 計劃的資格。
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家庭資格 請填寫 2A 或 2B 一節。   ZA 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 □に旧EAP  □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)    可能需支付簡訊或數據流量費用。)   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   回地安事務局一般補助計劃   回地安事務局一般補助計劃   回地安事務局一般補助計劃   回地安事務局一般補助計劃   回地安事務局一般補助計劃   回地会可能的   回地会可能的   回地会可能的   回地会可能的   回地会可能的   回地会可能的   回地会可能的   回地会可能的   回述的   回述的	本人在這份聲明書上簽名,保證此申請表提供的資料皆實、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 FERA 計劃的條件和條款:  1. 除了本人配偶外,本人未在他人所得税表上被申報為受扶養 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 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 Progra 6. 本人了解我可能必須參加 Energy Savings Assistance Progra 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 從其他計劃收到資訊而被認定為不合資格,本人可能會被調出或逐出 CARE 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

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請填寫申請表並且剪下,然後寄回 PG&E。.....