

Customer Name		
PG&E Account Number		
Address	City	Zip
Email (optional)	Phone	
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.		

**URGENT REPLY NEEDED**  
 Proof of household income verification is required.

# California Alternate Rates for Energy (CARE) Program Post-Enrollment Verification Request Form

**Instructions to complete this form. You must:**

- 1. Provide proof that you qualify for this program.** Attach copies of document(s) for every household member receiving income or public assistance.
- 2. Review attached document guides for acceptable forms of verification.**
3. Submit your completed form and copies of acceptable document(s) using one of the following:

**Upload to YourAccount:**  
[pge.com](http://pge.com)  
 Sign in to YourAccount, then click on the notification shown at the top of the page.

**Mail (envelope provided):**  
**CARE Program**  
 P.O. Box 29647  
 Oakland, CA 94604-9647

**Fax:**  
**1-877-302-7563**

**List the name of every household member receiving income or public assistance**  
 List any additional members on a separate piece of paper.


**Number of people living in your household: Adults** \_\_\_\_\_ **Children (under 18)** \_\_\_\_\_

**Declaration:** I acknowledge that I have read and understood the contents of this application and will have the opportunity to ask questions at any time. I also agree to the following program terms and conditions in order to remain eligible for the CARE program. I will notify PG&E if my household is no longer eligible for the CARE program discount. I understand I may be required to provide proof of household income and also to participate in the Energy Savings Assistance Program. I understand that I may be switched or dropped from the CARE program if I submit information or PG&E receives information from other programs which deem me ineligible. 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. I will pay back the discount if any of the information provided above is untrue. The information I have provided here is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Check only if you no longer qualify or do not want to participate in the CARE program, and sign here.** \_\_\_\_\_



# Required Income Document Guide

The chart below lists sources and acceptable form of proof of income for eligibility in the CARE/FERA programs. **You must send the most recent copies of documents for every adult household member receiving income.** You can also send (in place of the documents below) a complete copy of your most recent federal income tax return, as long as it includes all sources of your household income.

**Note:** For your protection, please black out Social Security and/or bank account numbers on all copies.

If you or someone in your household receive income from:	You should send us a copy of:
Wages, Salaries and Tips	Most recent pay stub(s) OR IRS 1040 form*
Pensions, Social Security (SSA, SSDI, RSDI), Disability Payments, Workers Compensation, Unemployment Benefits, VA Benefits	Award letter(s) OR Most recent check stubs OR Most recent bank statement (to show direct deposit)
School Grants, Scholarships, Other Aid	Award letter(s) OR Statements
Insurance and/or Legal Settlements	Settlement documents
Child and/or Spousal Support, Foster Care Payments	Court documents OR Most recent pay stub(s)
Farm Income	First page of IRS Form 1040 AND Schedule 1
Interest and/or Dividends from: Savings, Stocks, Bonds, Mutual Funds	IRS Form 1040 OR IRS Form 1099(s) OR Recent bank statement
401K, IRA Withdrawals or Annuities	Investment account statement(s) OR IRS Form 1040 OR IRS Form 1099
Capital Gains	Investment account statement(s) OR First page of IRS Form 1040
Rental and/or Royalty Income	First page of IRS Form 1040 AND Schedule 1 OR Rental Agreement OR Trust Statement
Profit from Self-Employment, Commissions	IRS 1040 + Schedule 1 AND all Schedule C(s) OR the most recent 3-month profit and loss statement
Gambling/Lottery Winnings	First page of IRS Form 1040 AND Schedule 1
Cash Income (when you have not filed federal or state taxes)	Signed letter detailing type of work, estimated monthly amount of cash payment and employer name and phone number (if applicable)
Monetary Gifts, Savings, none of the examples above apply, or if you do not receive any income	Signed letter explaining the current source(s) of income used to support your household

\*Further information may be required if what is submitted is not sufficient to determine eligibility.



## Required Public Assistance Document Guide

The chart below lists sources and acceptable documents for eligibility in the CARE program. **CARE or FERA enrolled customers with a household member participating in a public assistance program must send the most recent copies of documents for those members participating in a public assistance program.**

**Note:** For your protection, please black out Social Security and/or bank account numbers on all copies.

If you or someone in your household participates in:	You should send us a copy of:
Women, Infants, and Children (WIC)	WIC Voucher or recent award letter/letter of participation
Low Income Home Energy Assistance Program (LIHEAP) 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)	Recent award letter(s) OR letter of participation in the program(s)