

CARE/FERA Program Application for **Residential SingleFamily Customers**

019077 Rev. 06/01/11

ABOUT THE CARE/FERA PROGRAM

California Alternate Rates for Energy (CARE)

Provides a monthly discount on energy bills for income qualified households.

18667432273 •www.pge.com/care

Family Electric Rate Assistance (FERA)

Provides a monthly discount on electric bills for income qualified households of three or more persons.

18007435000 •www.pge.com/fera

PROGRAM GUIDELINES

- 1. The PG&E bill must be in your name.
- You must live at the address where the discount will be received.
- 3. You may not be claimed as a dependent on another person's income tax return other than your spouse.
- 4. You may not share an energy meter with another home.
- 5. Your household must meet the program income guidelines described in this application.
- You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
- 7. Following enrollment, you may be selected for income verification and must provide proof of qualifying household income in order to remain on the program.
- 8. You are required to recertify your eligibility every two years (four years if fixed income).

INCOME GUIDELINES (valid until May 31, 2012)				
Number of Persons in Household	Annual Income (based on current income sources before taxes)			
	CARE	FERA		
12	\$31,800	Not Eligible		
3	\$37,400	\$37,401 \$46,800		
4	\$45,100	\$45,101 \$56,400		
5	\$52,800	\$52,801 \$66,000		
6	\$60,500	\$60,501 \$75,600		
For each additional person, add:	\$7,700	\$7,700 \$9,600		

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- Balanced Payment Plan: Monthly payments can be averaged out to allow you to budget your energy costs and eliminate big swings in your payments. Call 1 800 7435000 for more information.
- Bill Guaranty: A deposit alternative, enables customers to secure their account by having another qualifying PG&E customer sign on their behalf. Call 1800743 5000 for more information.
- Low Income Home Energy Assistance Program
 (LIHEAP): Provides bill payment assistance, emergency
 bill assistance and weatherization services. Call the
 Department of Community Services and Development
 (CSD) at 18666756623 for more information.
- Medical Baseline: Residential customers dependent on life support equipment and/or with special heating or cooling needs due to certain medical conditions may be eligible to receive additional quantities of energy at the lowest (baseline) price. Call 18007435000 for mo re information.
- REACH: Onetime energyassistance program sponsored by PG&E and administered by the Salvation Army. Call 18009339677 for more information.

 Energy Savings Assistance Program: Provides income qualified renters and homeowners with easy, free solutions to help manage their energy use and save money on their monthly energy bills. Call 18009899744 for more information.

Energy Savings Assistance Program

- ThirdParty Notification: Allows you to name a friend or relative to receive duplicate copies of pastdue pa yment notices. The designated person is not responsible for paying the bill, but can contact PG&E to help resolve the problem. Call 18007435000 for more information.
- Universal Lifeline Telephone Service (ULTS): Provides discounted telephone access. Contact your local telephone service provider for more information.
- SmartMeter[™] technology gives you more control than ever before over your energy use. With this information, you can better understand how energy use impacts your monthly bill and make better decisions to reduce your energy costs. Call 18667430263 for more information.

FOR MORE INFORMATION

CARE: 18667432273 http://www.pge.com/care | FERA: 18007435000 http://www.pge.com/fera

Email: CAREandFERA@pge.com

TDD/TTY: 18006524712 for speech/hearingimpaired, Monday — Friday, 9:00 a.m. — 11:00 p.m.

California Relay: 18007352929 if you cannot utilize the TDD line



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1 CUSTOMER INFORMATION: (please	e print clearly)		
PG&E Account Number: (This number is located on the first page of your PG&E)	E bill)		
Name	Telephone		
Home Address (Do NOT use a P.O. Box)	Apartment #	City	Zip Code
Mailing Address (If different from the above addre	Apartment #	City	Zip Code
Number of Persons in Household: Adults_	+ Children (under 18)	=	_
Total Annual Household Income: \$,		
2A PUBLIC ASSISTANCE PROGRA	M ELIGIBILITY:		
CHECK all programs you or someone in your	household participate in.		
☐ Medicaid/MediCal (age 65 and over)	 Women, Infants and Children (WIC) Healthy Families A & B CalWORKs (TANF) or Tribal TANF 	 National School Lunch Program (NSLP) Bureau of Indian Affairs General Assistance Head Start Income Eligible (Tribal Only) 	
2B HOUSEHOLD INCOME ELIGIBIL	ITY:		
CHECK all sources of household income. You your household size and income.	ou may be enrolled in either the CA	ARE or FERA Pro	gram depending on
 □ Social Security □ SSP or SSDI □ Interests/Dividends from: Savings, Stocks, Bonds, or Retirement □ Discrete 	ages and/or Profits from Self apployment ental or Royalty Income employment Benefits sability or Workers Compensation yments	for living ex Insurance of Spousal or	es, Grants or other aid penses or Legal Settlements Child Support r Other Income
JECLARATION: (please read and sign) I state that the information I have provided in asked. I agree to inform Pacific Gas and El understand that if I receive the discount without understand that PG&E can share my information programs.	ectric Company (PG&E) if I no loout qualifying for it, I may be required.	onger qualify to re red to pay back th agents to enroll n	ceive the discount. I e discount I received.
=	ircle if guardian or power of attorney	Date	

Mail completed application to: Pacific Gas and Electric Company

CARE/FERA Program

P. O. Box 7979

San Francisco, CA 941207979

Or fax completed application to: 4159736419