

# 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** (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 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 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

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.

## 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 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 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 eliqible 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 PROGRAM APPLICATION Residential Customers

- 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.

	hold												_	
		Your PG&E account number (Find yours on page 1 of your PG&E bill.												
Account holder's name (Use the na	ame as it appears on your PG&	E bill, which	must b	e in yo	ur na	me.J								
Your home address (Address must	be your primary residence. Do	NOT USE a F	O Roy	1							Unit #	4		
TOUT HOTTIE dual 633 (Madi 633 inabi	be your primary residence. 55	NOT use a .	.0. 00.	J							Ullic 11			
City/State/Zip Code														
Email address [By entering your email address, you are authorizin regarding your PG&E utility service and PG&E pro	ng PG&E to send you information from tir	me to time	Prefe	rred	ohon	e nun	nber		□ Но	me	☐ Wo	rk	☐ Mo	bile
		e to you.)												
What language do you prefer for CARE and FERA communications			Alterr	ative	pho	ne nu	mber	•	Ноі	me	☐ Wo	rk	☐ Mc	bile
☐ English ☐ Spanish ☐ Mandarin	☐ Cantonese ☐ Vietnamese	е	Numb	er of	peo	ole in	your	hous	sehol	d at t	his a	ddres	ss:	
☐ Russian ☐ Korean ☐ Tagalog	_		Adul	ts 🗆		+ C	hildr	ren		٦=		٦		
What is your preferred method of				L		(u	nder	18)		╛		┙		
☐ Mail ☐ Email ☐ Phone	☐ Text (Message and data rates may	y apply.)												
2A Public assistance progra	ms		provid	led in	this		ration catior		ue a	nd co	rrect	•		
<b>2A Public assistance progra</b> Check all the programs in which you household, participate.			l acknown application CARE	owled ation.	lge th I also	<b>appli</b> on at I has agreed	cation ave rea e to fo	n is trade	d und the te	lersto erms :	od the	e con onditi		
Check all the programs in which you household, participate.  Low-Income Home Energy			I acknown application CARE	owled ation. or the	lge th Lalso FER	applion at I had agreed A progen	cation ave rea e to fo gram, a depe	ad an ollow inclu	d und the te iding	lersto erms the fo	od the and co ollowin	e coni onditi ng:	ons o	f the
Check all the programs in which you household, participate.  Low-Income Home Energy Assistance Program (LIHEAP)  Women, Infants, and Children (WIC)	u, or someone in your  Medi-Cal for Families (Healthy Families A&B)  National School Lunch		l ackno applica CARE 1. I am retu 2. I am	owled ation. or the n not d rn oth	Ige th I also E FER Claima ner th	at I had agreed A proged as an my	cation ave rea e to fo gram, a depo y spou haring	ad an ollow incluender use.	d und the te Iding nt on energ	lersto erms the fo anoth y met	ood the and co ollowin ner per	e coni onditi ng: rson's	ons o	f the me ta: home.
Check all the programs in which you household, participate.  Low-Income Home Energy Assistance Program (LIHEAP)  Women, Infants, and Children (WIC)  CalFresh/SNAP (Food stamps)	u, or someone in your  Medi-Cal for Families (Healthy Families A&B)		l acknoapplica CARE 1. I am retu 2. I am 3. I wil	owled ation. or the n not oth n not h	Ige th I also FER claimenth cnowi	at I had agreed as a landingly suggestion.	cation  ave rea e to fo gram, a depo y spou haring	ad an ollow incluender use.	d und the te Iding nt on energ	lersto erms the fo anoth y met	ood the and co ollowin ner per	e coni onditi ng: rson's	ons o	f the me ta: home.
Check all the programs in which you household, participate.  Low-Income Home Energy Assistance Program (LIHEAP)  Women, Infants, and Children (WIC)	u, or someone in your  ☐ Medi-Cal for Families [Healthy Families A&B]  ☐ National School Lunch Program (NSLP)  ☐ Bureau of Indian Affairs General Assistance		l acknown application CARE 1. I ammetu 2. I ammetu 2. I ammetu 2. I ammetu 4. I uno	owled ation. or the n not d rn oth n not k l notif RE or dersta	Ige the late of th	at I had a agreed A proged as a lan my ngly sa &E if radiscomay be	cation  ave rea e to fo gram, a depe y spou haring my hou ount. e requ	ad an ollow incluender gan eusehouired	d und the te Iding nt on energ old is	dersto erms the fo anoth y met no lo	ood the and co bllowin ner per ter wit nger e	e conting: rson's th and eligible	ons ons ons ons ons ons ons ons ons on ons on ons on one of the formuse holds.	f the me tax home. the
Check all the programs in which you 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)	u, or someone in your  ☐ Medi-Cal for Families (Healthy Families A&B) ☐ National School Lunch Program (NSLP) ☐ Bureau of Indian Affairs		l ackni applica CARE 1. I am retu 2. I am 3. I wil CAF 4. I und 5. I und	owled ation. or the n not o rn oth n not h l notif dersta dersta	Ige the latest feature of the latest feature	at I had a agreed A proged as a lan my ngly sa &E if radiscomay be	cation  ave rea e to fo gram, a depe y spou haring my hou unt. e requ e requ	ad an ollow incluender gan eusehouired	d und the te Iding nt on energ old is	dersto erms the fo anoth y met no lo	ood the and co bllowin ner per ter wit nger e	e conting: rson's th and eligible	ons ons ons ons ons ons ons ons ons on ons on ons on one of the formuse holds.	f the me tax home. the
Check all the programs in which you 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	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		I acknown application application CARE  1. I ammentu 2. I	owled ation. or the n not of rn oth n not b l notif RE or dersta dersta dersta	lge the latest per the claims of the claims	at I had a agreed A proof as a lan my ngly sa &E if radiscound by the agrammay by the agramma agrammay by the agramma	cation  ave rea e to fo gram, a depe y spou haring my hou unt. e requ e requ e requ e rem	n is trade an ollow incluender use. gan dusehouired uired anoved	d unce the te iding nt on energ old is to pro to par	derstoerms anoth y met no lowide pricipa	ood the and collowing per per ter with ter with the proof collowing the in the collowing the collowi	e controlled controlle	ons o s inco other le for usehol nergy	f the me ta: home. the d inco Saving
Check all the programs in which you 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	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)		I acknow application application CARE 1. I arm reture 2. I arm 3. I will CARE 4. I und Assis 6. I und mor 7. I und Tarken	owled ation. or the n not of n not be n not be derstand derstand derstand derstand derstand	Ige the I also be FER the I also be FER the I represented to the I repre	at I had a agreed as a grand my begrammed by a grammed I may be a grammed by a grammed I may by a grammed by a	cation  ave rea e to fo gram, a depo y spou haring my hou unt. e requ e requ e rem ge exc nay be	ad an is to a is a an	d und the te iding nt on energ old is to pro to par from s six t ched	derstoerms at the form another or decimes or decimes.	ood the and cool lowinger extension to the intermediate i	e conionditiong: rson's th and beligible the Er corogr er 1 a from	ons o s inco other le for usehol nergy ram if allowa the C	f the me ta: home. the d inco Saving my nce. CARE o
Check all the programs in which you 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	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		I acknow application application CARE  1. I arm reture 2. I arm 3. I will CAF 4. I und Assi 6. I und mor 7. I und FER from	owled the control of	ge the lasse FER scalar of the lasse FER scalar of the lasse FER scalar of the lasse fer product of the last of	appliid at I had a agreed as a san my ngly s and a san my ngly s &E if r discomay be may be a san at I m a sif I su agrams.	catior  ave reade to for gram, a depay spout haring my hout.  e requere requere requere e requere some some some some some some some som	ad an an is translation in cluster in cluste	d unod unod unod unod unod unod unod uno	derstaderms another the form of the Colombia the Colombia for Free inel	ood the and collowing ter with the proof content to the content term term to the content term term term term term term term ter	e con's conditi ng: rson's hh and ligibl of hou hhe Er progr er 1 a from receiv	ons ons ons ons ons ons ons ons on other one for the contract of the Course of the Cou	f the me ta: home. the d inco Saving my nce. cARE cormat
Check all the programs in which you 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	-	I acknow application application CARE  1. I arm reture 2. I arm 3. I will CAF 4. I union Assis 6. I union mor 7. I union FER fron 8. I auti	owled ation. or the not it is not in other is not	ge the lasses feet	appliid at I had a greed as a greed as an my ngly s &E if r discomay be gram. The arms to be a gram at I m a fI su gram a fI su	eatior  ve rea e to fo gram, a depe y spou haring ny hoi unt. e requ e requ baring s swhick s swhick s swhick s swhick s swhick	n is transported in the state of the state o	d under the teading and on the teading and on the teading and on the tead of t	derstoderms another the formation of the Common of the Com	ood the and collowing repeter with the color of color of the intermediate in the color of the co	e coning constitution of the coning constitution of the constitution of the constitution of the control of the	ons ons ons ons ons ons ons ons on other on the formal section of the Court of the	f the me ta: home. the Saving my nce. CARE cormat
Check all the programs in which you 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 (Tribat only)  Supplemental Security Income (SSI)  OR  2B Household income  I am currently on a fixed income	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)	-	I acknow application application application CARE  1. I arm reture 2. I arm 3. I will CAF 4. I unit Assis 6. I unit moor 7. I unit FER from 8. I autieligineduredure	owled ation. or the not control of the not control	ge the lasse FER state of the lasse FER state of the lasse FER state of the lasse Properties of the lasse of the lass	applid at I has a agree at I has a agree A proged as a san my ngly s &E if r discomay be grammay b grammay b ic usa a sat I m if I su grams &E to ilable reside	eatior  ave rea e to fo gram, a depr y spou haring ny hor unt. e requ e requ . e rem ge exx ay be shmit i share energ ential r	and an and an and an and an an and an an and an	d uncothe to the total distribution of the t	derstoerms anoth the formation of the Colombia the Colomb	nod the and collowing the period to the period of the period of the period to the peri	e connonditions:  rson's  rson's  h and bligibl  f hou  brogr  receiv  der to  tance	ons ons ons ons ons ons ons ons ons on other le for usehold arm if allowed the Coves information remains and on remains on one on one on one on one on one one	f the me ta: home. the Saving my nce. CARE cormat
Check all the programs in which you 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)  OR  2B Household income  I am currently on a fixed income benefits from one or more of the fol Security, SSP or SSDI, interest/divid	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)  and receive income or lowing: pensions, Social lends from retirement	-	I acknow application application application CARE  1. I arm reture 2. I arm 3. I will CAF 4. I unit Assis 6. I unit moor 7. I unit FER from 8. I auti eligi redu age 9. I wil	owled ation. or the not control of the not control	ge the lasse FER state of the lasse for available of the lasse	applid at I has a agree at I has a agree A proged as an my ngly s &E if r discomay be grammay b grammay b ic usa a sat I m if I su gramma &E to illable reside entities he dis	eatior  ave rea e to fo gram, a depr y spou haring ny hor unt. e requ e requ . e remy e exx share energ ential r s desi count	ad an and an and an and an an and an	d uncothe teaching and on the teaching and on the teaching and the teachin	derstoerms anoth the form anoth y met no lo wide participal the Comment ams we the Comment in th	ood the and collowing the period to the period of the interior	e coning: rson's rson's h and bligibl f hou he Er progre 1 a from receiv der to tance her u	ons o s inco s inco ther le for useho nergy am if the C ves inf rema , and titilities	me ta home. the dd incc Saving my nce. ARE co rmal
Check all the programs in which you 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)  OR  2B Household income  I am currently on a fixed income benefits from one or more of the fol Security, SSP or SSDI, interest/divid accounts, Medicaid/Medi-Cal (age 6	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)  and receive income or lowing: pensions, Social lends from retirement	-	I acknow application applicati	owled ation. or the not control of the not control	ge the lasse FER state of the lasse for available of the lasse	applid at I has a agree at I has a agree A proged as an my ngly s &E if r discomay be grammay b grammay b ic usa a sat I m if I su gramma &E to illable reside entities he dis	eatior  ave rea e to fo gram, a depr y spou haring ny hor unt. e requ e requ . e remy e exx share energ ential r s desi count	ad an and an and an and an an and an	d uncothe teaching and on the teaching and on the teaching and the teachin	derstoerms anoth the form anoth y met no lo wide participal the Comment ams we the Comment in th	ood the and collowing the period to the period of the peri	e coning: rson's rson's h and bligibl f hou he Er progre 1 a from receiv der to tance her u	ons o s inco s inco ther le for useho nergy am if the C ves inf rema , and titilities	me ta home. the dd incc Saving my nce. ARE co rmal
Check all the programs in which you 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)  OR  2B Household income  I am currently on a fixed income benefits from one or more of the fol Security, SSP or SSDI, interest/divid accounts, Medicaid/Medi-Cal (age 6)  My household income is:	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)  and receive income or lowing: pensions, Social lends from retirement	-	I acknow application application application CARE  1. I arm return and a law application a	owled ation. or the not control of the not control of the notion of the	ge th I also FER I also FER I also FER I and I I I I I I I I I I I I I I I I I I I	at I has a agree A program	eatior  ave rea e to fo gram, a depr y spou haring ny hor unt. e requ e requ . e remy e exx share energ ential r s desi count	ad an and an and an and an an and an	d uncothe teaching and on the teaching and on the teaching and the teachin	derstoerms anoth the form anoth y met no lo wide participal the Comment ams we the Comment in th	ood the and collowing the period to the period of the interior	e coning: rson's rson's h and bligibl f hou he Er progre 1 a from receiv der to tance her u	ons o s inco s inco ther le for useho nergy am if the C ves inf rema , and titilities	me ta home. the dd incc Saving my nce. ARE co rmal
Check all the programs in which you 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 (Tribat only)  Supplemental Security Income (SSI)   B Household income  I am currently on a fixed income benefits from one or more of the fol Security, SSP or SSDI, interest/divid accounts, Medicaid/Medi-Cal (age 6)  My household income is:  Total gross annual	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)  and receive income or llowing: pensions, Social lends from retirement 55 and over) or SSI.	-	I acknow application application application CARE  1. I ammented and application applicati	owled ation. or the not leave to the notices	ge th I also FER I also FER I and I I I I I I I I I I I I I I I I I I I	applia at I has a gree A progress	ave readed to form the control of th	ad an	d unce the teading and on the teading and on the teading and on the tead of th	derstoerms of the formation of the Colorest of	wood the and collowing the repeated with the Tide of t	e coning: rson's rson's h and bligibl f hou he Er progre 1 a from receiv der to tance her u	ons o s inco s inco ther le for useho nergy am if the C ves inf rema , and titilities	f the me ta: me ta: home: the dd inco Saving my nce. ARE co rantin price s, state
Check all the programs in which you 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)  OR  2B Household income  I am currently on a fixed income benefits from one or more of the fol Security, SSP or SSDI, interest/divid accounts, Medicaid/Medi-Cal (age 6)  My household income is:	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)  and receive income or clowing: pensions, Social lends from retirement 55 and over) or SSI.	-	I acknow application application application CARE  1. I arm return and a law application a	owled ation. or the not leave to the notices	ge th I also FER I also FER I and I I I I I I I I I I I I I I I I I I I	applia at I has a gree A progress	ave readed to form the control of th	ad an	d unce the teading and on the teading and on the teading and on the tead of th	derstoerms of the formation of the Colorest of	wood the and collowing the repeated with the Tide of t	e coning: rson's rson's h ance he Er progr der to tance her u rided t	ons of some one of the control of th	f the me ta: me ta: home: the dd inco Saving my nce. ARE co rantin price s, state