

## 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.

Utilities in order to facilitate enrollment in available ene management assistance and discount programs.  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 is:  S0-\$34,480  \$465,501-\$70,320  \$88,241-\$97,200  \$34,481-\$43,440  \$70,321-\$76,700  \$97,201-\$99,100	You and Your Househ	₁old						
City/State/Zip Code			Your I	PG&E	Account Number	er (Find yours on p	page 1 of y	our PG&E bi
City/State/Zip Code								
Email Address    Predering your Proceed address, you are authorizing POAE to count you information from the lating program and address, you are authorizing POAE to count you information from the lating program and varyings but may be available to you!   CARE and FERA communications? (Choose one)   Canglish   Spanish   Mandarin   Cantonese   Vietnamese   Mandarin   Text   Measuage and data rates may apply)   What Is your preferred method of communication? (Choose one)   Mail   Ential   Phone   Text   Measuage and data rates may apply)    Household Qualification   Rittout Section 2A OR Section 2B.   23   Public Assistance Programs   Call Works   Text   Measuage and data rates may apply)    Household Succession   Medical for Families   Health Families A&B   Medicarit/Medi-Call lage das and over   If you checked any of the boxes in facis to come or baselist from one or more of the following pencions, Scools Security, SSP or SSDI, interest/dividender from retirement country, SSP or SSDI, interest/dividender from retirement country in your programs in the section of the CARE of the FARS program.	Account Holder's Name (Use the nam	ne as it appears on your PG&E bill, wh	nich must h	oe in y	our name.)			
Email Address    Syenteringspare ment address, year are authorizing PGAE to send you information from hims to time programs and survives and PGAE programs and environs that may be available to you."  What I anguage do you prefer for future   Carpitish   Spanish   Mandam   Cantonese   Victnamese   Russian   Koream   Tagalago   Hmong   Hmong   Manta   Cantonese   Victnamese   Russian   Koream   Tagalago   Hmong   Tool   Message and data rates may apply.    What Is your preferred method of communication? (Choose one)   Mail   Ermail   Phone   Tool   Message and data rates may apply.     Household Qualification   Rich   Section 2A OR Section 2B.     23 Public Assistance Programs   Medi-Cat for Families   Residual Resi								
Preferred Phone Number   Home   Work   Mobile   Water   Mobile   Water   Wat	Your Home Address (Address must be	e your primary residence. Do <b>NOT</b> use	a P.O. Box	:.)		l	Unit #	
Preferred Phone Number   Home   Work   Mobile								
What language do you prefer for future   CARE and FERA communications? (Choose one)	City/State/Zip Code							
Remaining paper and address, pay are authoring PRAE to sardy sui information from time to line regarding your PRAE allily service and PSE programs and services that may be available to you.					_			
What Language do you prefer for future  CARE and FERA communications? (Choose one)   Russian   Korean   Tagadog   Himong   Number of people in your household at this address:   Russian   Korean   Tagadog   Himong   Number of people in your household at this address:   Adults   + Children   =			Prefe	rred	Phone Number	☐ Home	Work	☐ Mobile
What language do you prefer for future  CARE and FERA communications? [Choose one]   Russian   Spanish   Mandarin   Cantonese   Vietnamese   Russian   Korean   Tagalog   Hmong   Mandarin   Cantonese   Vietnamese   Russian   Korean   Tagalog   Hmong   Mandarin   Cantonese   Vietnamese   Mumber of people in your household at this address:  Adults   + Children   =	(By entering your email address, you are authorizing Pregarding your PG&E utility service and PG&E program	G&E to send you information from time to time ms and services that may be available to you.]						
CARE and FERA communications? (Chouse one)   Rogslain   Spanish   Mandarin   Cantonese   Vietnamese   Mussian   Korean   Tagalog   Hirmong     What is your preferred method of communication? (Choose one)   Mait   Emait   Phone   Text tobessage and data rates may apply.]    What is your preferred method of communication? (Choose one)     Mait   Emait   Phone   Text tobessage and data rates may apply.]    What is your preferred method of communication? (Choose one)     Mait   Emait   Phone   Text tobessage and data rates may apply.]    What is your preferred method of communication? (Choose one)     Mait   Emait   Phone   Text tobessage and data rates may apply.]    What is your preferred method of communication? (Choose one)     Mait   Emait   Phone   Text tobessage and data rates may apply.]    What is your preferred method of communication? (Choose one)     What is your preferred method of communication? (Choose one)     What is your preferred method of communication? (Choose one)     What is your preferred method of communication? (Choose one)     What is your preferred method of communication? (Choose one)     What is your preferred method of communication? (Choose one)     What is your preferred method of communication? (Choose one)     What is your preferred method of communication? (Choose one)     What is your preferred method of communication? (Choose one)     What is your preferred method of communication? (Choose one)     What is your preferred method of communication? (Choose one)     What is your preferred method of communication? (Choose one)     What is your preferred method of communication? (Choose one)     What is your preferred method of communication? (Choose one)     What is your preferred method of communication? (Choose one)     What is your preferred method of communication? (Choose one)     What is your preferred method of communication? (Choose one)     What is your preferred method of content in your household in this application is true and correct.   I acknowledge that I have read an			Δlterr	etive	Phone Number	- Home	□ Work	☐ Mohile
Russian   Korean   Tagalog   Hmong   Mhat is your preferred method of communication? (Choose one)   (under 18)	CARE and FERA communications?	(Choose one)	Allo.	laure	FIIONO Mannae.		WOLK	□ IVIUDICE
What is your preferred method of communication? (Choose one)   Mail   Email   Phone   Text (Message and data rates may apply)   Mousehold Qualification   Fill out Section 2A OR Section 2B.   Public Assistance Programs   Check all the programs in which you, or someone in your household, participate.   Low Income Home Energy   Medi-Cal for Families (Healthy Families A&B)   Medi-Cal families (Healthy Families A&B)   Medi-Cal for Families (Healthy Families A&B)   Medi-Cal familie			Numb	er of	f people in your	household at th	his addre	:SS:
What is your preferred method of communication? (Choose one)    Mail   Email   Phone   Text (Message and data rates may apply)     Whousehold Qualification   Fill out Section 2A OR Section 2B.     Public Assistance Programs   Section 2B.     Public Assistance Programs   Medi-Cal for Families   Section 2B.     Assistance Program (LiHEAP)   Medi-Cal for Families   Healthy Families A&B)   Medi-Cal for Families   Healthy Families A&B)   National School Lunch Program (INSLP)   Bureau of Indian Affairs   General Assistance   Medicaid/Medi-Cal (Inder age 65)   Medicaid/Medi-C		3	Adul	ts [	+ Childr	en = [		
Household Qualification Fill out Section 2A OR Section 2B.    A Public Assistance Programs	, ·	_		L				
Public Assistance Programs   Medi-Cal for Families   Leathy Families A&B    Assistance Program (LHEAP  Assistance Assis	☐ Mail ☐ Email ☐ Phone	☐ Text (Message and data rates may apply.)						
Public Assistance Programs   Medi-Cal for Families   Leatthy Families A&B   Leatthy Families ABB   Leatthy Families A&B   Leatthy Famil								
### Provided in the Care in the Energy Savings Assistance Program.  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 authorize PG&E to share my information with other utilities in order to facilitate enrollment in available ene management assistance and discount programs.  8. I will pay back the discount I have received if I provided false information to support my application for the CAI or the FERA program.  ### Whousehold income is:    \$0-\$34,480	□ 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)	<ul> <li>Medi-Cal for Families (Healthy Families A&amp;B)</li> <li>National School Lunch Program (NSLP)</li> <li>Bureau of Indian Affairs General Assistance</li> <li>Medicaid/Medi-Cal (under age 65)</li> <li>Medicaid/Medi-Cal (age 65 and over</li> </ul>	١		this application. I of the CARE or the 1. I am not claim income tax rete 2. I am not know another home 3. I will notify PG for the CARE of 4. I understand I	also agree to follone FERA program, ed as a dependen urn other than myingly sharing an ease. &E if my househor FERA discount.	ow the terr, including at on anoth by spouse. energy metallold is no lo	ms and condit the following her person's ter with onger eligible
### Household Income  If you did not check any of the boxes in Section 2A, please add up all the income from every household member and check the box below that matches your household's total annual gross 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 is:   \$0-\$34,480	OR	<b>)</b>	$\dashv$		5. I understand I	may be required		ate in the
If you did not check any of the boxes in Section 2A, please add up all the income from every household member and check the box below that matches your household's total annual gross 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 is:   \$0-\$34,480	2B Household Income				6. I understand I	may be removed	from the C	
Lam 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:	income from every household member	r and check the box below that match	nes		if my monthly o Tier 1 allowand	electric usage exc ce.	ceeds six t	imes the
lam 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:	,				utilities in orde	er to facilitate enro	ollment in a	available ener
My household income is:         □ \$0-\$34,480       □ \$65,501-\$70,320       □ \$88,241-\$97,200         □ \$34,481-\$43,440       □ \$70,321-\$76,700       □ \$97,201-\$99,100         □ \$43,441-\$52,400       □ \$76,701-\$79,280       □ \$99,101-\$106,160         □ \$52,401-\$54,300       □ \$79,281-\$87,900       □ \$106,161-\$110,300         □ \$54,301-\$61,360       □ \$87,901-\$88,240       □ Other \$     FOR INTERNAL USE ON	the following: pensions, Social Security, SSP	or SSDI, interest/dividends from retireme			8. I will pay back false informati	the discount I havion to support my	ve received	d if I provided
□ \$34,481-\$43,440       □ \$70,321-\$76,700       □ \$97,201-\$99,100         □ \$43,441-\$52,400       □ \$76,701-\$79,280       □ \$99,101-\$106,160         □ \$52,401-\$54,300       □ \$79,281-\$87,900       □ \$106,161-\$110,300         □ \$54,301-\$61,360       □ \$87,901-\$88,240       □ Other \$     Customer Signature  Fill in circle if you are a guardian or you have power of attorney.  FOR INTERNAL USE ON	-					ogram.		
□ \$43,441−\$52,400 □ \$76,701−\$79,280 □ \$99,101−\$106,160 □ \$52,401−\$54,300 □ \$79,281−\$87,900 □ \$106,161−\$110,300 □ \$54,301−\$61,360 □ \$87,901−\$88,240 □ Other \$ □ Other \$								
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