CARE/FERA PROGRAM APPLICATION

Sub-Metered Residential Customers

Form 01-9285

Please have your landlord or facility manager fill out Section 1A, while you fill out Section 1B about you and your household, and then complete EITHER Section 2A **OR** 2B. Sign and date this form, and return it to PG&E as soon as possible. **If you qualify, PG&E will notify you and your landlord or facility manager, who will pass the CARE or FERA discount along to you.**

1 1A Your Landlord and Facility

Applicant Status: ○ ADD NEW ○ DROP ○ RENEW ○ MOVE TO DIFFERENT SPACE

PG&E Account Numbers:

Electricity | Gas

Your Mobile Home Park/Facility Name

Your Mobile Home Park/Facility Address (City/State/Zip Code)

Your Landlord or Manager's Name

Preferred Phone Number ☐ Home ☐ Work ☐ Mobile

Your Landlord or Manager's Mailing Address (City/State/Zip Code)

Email

1B You and Your Household

Your Name (Use the name as it appears on the energy bill from your landlord, which must be in your name.)

Email (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.)

Your Home Address (Address must be your primary residence. Do NOT use a P.O. Box.)

Unit #/City/State/Zip Code

Mailing Address Unit #/City/State/Zip Code

Preferred Phone Number ☐ Home ☐ Work ☐ Mobile

Alternative Phone Number ☐ Home ☐ Work ☐ Mobile

What language do you prefer for future CARE and FERA communications? (Choose one)

☐ English ☐ Spanish ☐ Mandarin ☐ Cantonese ☐ Vietnamese
☐ Russian ☐ Korean ☐ Tagalog ☐ Hmong

What is your preferred method of communication? (Choose one)

☐ Mail ☐ Email ☐ Phone ☐ Text (Message and data rates may apply.)

Number of people in your household at this address:

Adults ☐ **+ Children** (under 18) ☐ **=** ☐

2 Household Qualification

Fill out Section 2A **OR** Section 2B.

2A Public Assistance Programs

Check all the programs in which you, or someone in your 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 (age 65 and over)

If you checked any of the boxes in this section, skip to Section 3.

OR

2B 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
- ☐ $34,481–$43,440
- ☐ $43,441–$52,400
- ☐ $52,401–$54,300
- ☐ $54,301–$61,360
- ☐ $61,361–$65,500
- ☐ $65,501–$70,320
- ☐ $70,321–$76,700
- ☐ $76,701–$79,280
- ☐ $79,281–$87,900
- ☐ $87,901–$88,240
- ☐ $88,241–$97,200
- ☐ $97,201–$99,100
- ☐ $99,101–$106,160
- ☐ $106,161–$110,300
- ☐ Other $_____

3 Your Declaration

By signing this declaration, I certify that the information I have provided in this application is true and correct.

I acknowledge that I have read and understood the contents of this application. I also agree to follow the terms and conditions of the CARE or the FERA program, including the following:

1. I am not claimed as a dependent on another person's income tax return other than my spouse.
2. I am not knowingly sharing an energy meter with another home.
3. I will notify PG&E if my household is no longer eligible for the CARE or FERA discount.
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 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 energy 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 CARE or the FERA program.

X

Customer Signature

○ Fill in circle if you are a guardian or you have power of attorney.

Date

FOR INTERNAL USE ONLY
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Information collected on this application is handled in accordance with PG&E's Privacy Policy. The Privacy Policy is available at **pge.com/privacy**.

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