

CARE/FERA PROGRAM APPLICATION Residential Customers

Choose the best rate plan for you. Learn moret.

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. You can enroll by:

- Checking all the qualifying public assistance programs from which you, or someone in your household, receive benefits **OR**
- Checking the box that matches 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, 2023)

Number of People in Household	Total Gross Annual Household Income*
1–2	\$36,620 or less
3	\$46,060 or less
4	\$55,500 or less
5	\$64,940 or less
6	\$74,380 or less
7	\$83,820 or less
8	\$93,260 or less
Each Additional Person, add	\$9,440

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, 2023)

Number of People in Household	Total Gross Annual Household Income*
1–2	Not Eligible
3	\$46,061-\$57,575
4	\$55,501-\$69,375
5	\$64,941-\$81,175
6	\$74,381-\$92,975
7	\$83,821-\$104,775
8	\$93,261-\$116,575
Each Additional Person, add	\$9,440-\$11,800

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

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 eligible 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.

^{*}Total gross annual household income includes all taxable and nontaxable 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.

[†]Learn more and get a personalized rate analysis at pge.com/findrates



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- 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.

You and Your Household	
	Your PG&E Account Number (Find yours on page 1 of your PG&E I
Account Holder's Name (Use the name as it appears on your PG&E bill,	, which must be in your name.)
Your Home Address (Address must be your primary residence. Do NOT (use a P.O. Box.) Unit #
City/State/Zip Code	
Email Address	Preferred Phone Number
By entering your email address, you are authorizing PG&E to send you information from time to tim regarding your PG&E utility service and PG&E programs and services that may be available to you.]	
What language do you prefer for future CARE and FERA communications? (Choose one)	Alternative Phone Number
☐ English ☐ Spanish ☐ Mandarin ☐ Cantonese ☐ Vietnamese	Number of people in your household at this address:
Russian	Adulta L Children =
What is your preferred method of communication? [Choose one]	Adults + Children = 0
☐ Mail ☐ Email ☐ Phone ☐ Text (Message and data rates may ap	
Fill out Section 2A 0R Section 2B. 2A Public Assistance Programs Check all the programs in which you, or someone in your household, parti	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 conte
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