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.

<table>
<thead>
<tr>
<th>Number of People in Household</th>
<th>Total Gross Annual Household Income*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2</td>
<td>$36,620 or less</td>
</tr>
<tr>
<td>3</td>
<td>$46,060 or less</td>
</tr>
<tr>
<td>4</td>
<td>$55,500 or less</td>
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<tr>
<td>5</td>
<td>$64,940 or less</td>
</tr>
<tr>
<td>6</td>
<td>$74,380 or less</td>
</tr>
<tr>
<td>7</td>
<td>$83,820 or less</td>
</tr>
<tr>
<td>8</td>
<td>$93,260 or less</td>
</tr>
</tbody>
</table>

*Each Additional Person, add $9,440

FERA Income Guidelines
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 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.

Other Helpful Programs and Services

Energy Savings Assistance Program
pge.com/energysavings
1-800-933-9555

This program provides energy-efficient home 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.

TTY is available at 711 or 1-800-735-2929.
1. Fill out Section 1.
2. Fill out Section 2A OR Section 2B.
3. Sign and Date this form and mail to PG&E.

1. **You and Your Household**

   - **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.]
   - **City/State/Zip Code**: 
   - **Email Address**: 
   - **Preferred Phone Number**: OR
   - **Alternative Phone Number**: OR

   **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

   **Number of people in your household at this address**: Adults + Children = 0

2. **Household Qualification**

   - **Public Assistance Programs**
     - □ 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.**

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. If I fail to notify PG&E if my household is no longer eligible for the CARE or FERA program.
   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. If my monthly electric usage exceeds six times the Tier 1 allowance.
   7. I understand I may be required to provide proof of household income.
   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.

   **Customer Signature**: Fill in circle if you are a guardian or you have power of attorney.

   **Date**: 

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