

# CARE PROGRAM APPLICATION Migrant Farm Worker Housing Centers

Form 61-0535

Choose the best rate plan for you. Learn more<sup>t</sup>.

## Save on your monthly PG&E bill

### California Alternate Rates for Energy (CARE)

#### pge.com/care

The CARE program offers a monthly discount on PG&E bills for qualifying migrant farm worker housing centers (MFHC) based on criteria established by the California Public Utilities Commission. Please review this application carefully to see if your facility qualifies. If you have questions, email **CAREandFERA@pge.com**.

#### How You Can Apply

**Read** all the information, including the eligibility criteria for both organizations and facilities, before you complete this application.

**Determine** if your facility meets the definition of a qualified migrant farm worker housing center. The facility must meet all criteria to qualify for a monthly CARE discount.

**Complete** the entire application, making sure to fill out a separate application for each type of qualified facility.

**Attach** all required documents; otherwise your application will be considered incomplete. Required documents include:

- A copy of your current contract with the Office of Migrant Services **OR** your Federal 501(c)(3) tax exemption **OR** your state tax exemption form along with your local property tax exemption form
- A complete list of your facility's PG&E accounts (See Section 5 of the application.)

**Return** your completed application using **one** of the following methods:

- Email: Take clear pictures of your completed application and required documentation or scan these materials; convert these images into a PDF (portable document file) and email it to CAREandFERA@pge.com.
- Fax: Send completed application and required documentation to 1-877-302-7563.
- Mail to: Pacific Gas and Electric Company CARE Program P. 0. Box 29647 Oakland, CA 94604-7563

#### **Eligible Facilities**

- Migrant Farm Worker Housing Centers, operated by the Office of Migrant Services through the Department of Housing and Community Development, provide housing pursuant to Section 50710 of the California Health and Safety Code.
- Migrant Farm Worker Housing Centers, operated by non-profit entities, as defined in Subdivision (b) of Section 1140.4 of the Labor Code, is exempt from local property taxes pursuant to Subdivision (g) of Section 214 of the Revenue and Taxation Code.

#### **Eligibility Criteria for Organizations**

Each facility MUST meet ALL of the following:

- The migrant farm worker housing center (MFHC) must be the PG&E customer of record.
- MFHC must verify that the energy supplied to each account listed in this application is used for residential purposes.
- MFHC must agree to use all CARE savings (from reduced energy rates) for the direct benefit of its housing center residents.
- MFHC is required to renew its CARE eligibility by completing a new application, attaching all required documentation (updated as necessary) and providing an explanation as to how the previous year's CARE discount was used to directly benefit its residents.

#### Migrant Farm Worker Housing Centers' (MFHC) Responsibilities

As the applicant, you are required to:

- Provide a copy of your current contract with the Office of Migrant Services or a copy of your Federal 501(c) (3) tax exemption or a copy of your state tax exemption form, along with a current copy of your local property tax exemption form.
- Maintain supporting records and documentation that demonstrate how the previous year's CARE discount directly benefited your residents.
- Notify PG&E of any changes in the eligible service agreements listed in this application. Your organization may be subject to rebilling for any of the service agreements in this application that are no longer eligible for the CARE discount.



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Please complete all sections of this application, including Section 5 on the next page. Then sign and date this form and return it to PG&E as soon as possible. **If you qualify, your CARE discount will appear on the first page of your next PG&E bill.** 

Your Organization's Name (Must be the	name on the PG&E	bill.)											
Your Facility's Name (If different from the	name on the PG&I	E bill.)											
Facility Address													
City/State/Zip Code													
	//State/Zip Code												
Primary Contact			Seco	ndary Co	ontact								
Primary Contact			Seco	ndary Co	ontact	_							
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### CARE Program Renewal

If you are looking to renew your facility's CARE eligibility, please explain how you used the savings from last year's CARE discount to directly benefit your residents:

Also tell us how this year's CARE discount will be used:



### Your Declaration

By signing this declaration, I certify that both my organization and facility qualify for CARE. I also agree to the following program terms and conditions in order to remain eligible for the CARE program:

- 1. The information I have provided here is true and correct.
- 2. The organization is a PG&E customer of record.
- 3. I will renew our organization's eligibility at least every four years and notify PG&E of any changes that may affect our CARE eligibility.
- 4. PG&E reserves the right to request verification of records demonstrating eligibility at any time and may rebill the organization at the applicable rate, if appropriate.
- 5. I understand that PG&E may share our facility's name and address with other utilities or their agents, for the sole purpose of facilitating enrollment in their assistance programs.

X		
Authorized Representative's Signature	Date	
V		FOR INTERNAL USE ONLY
Χ		W
Authorized Representative's Name	Date	

Please complete this application by providing your PG&E account information in Section 5 on the next page.

Information collected on this application is handled in accordance with PG&E's Privacy Policy. The Privacy Policy is available at **pge.com/privacy**. "PG&E" refers to Pacific Gas and Electric Company, a subsidiary of PG&E Corporation. ©2025 Pacific Gas and Electric Company. All rights reserved. These offerings are funded by California utility customers and administered by PG&E under the auspices of the California Public Utilities Commission. 5

For individual facilities of the same type, please attach a separate sheet for more than eight addresses.

PG&E Account Number (Find yours o	n page 1 of your PG&E bill.)	Electric Service ID#
		Gas Service ID#
Service Address		
City/State/Zip Code		
	Individually metered	Total number of residents:
	□ Master metered	(Excluding on-site manager)
		Electric Service ID#
PG&E Account Number (Find yours o	n page T of your PG&E bill.)	
		Gas Service ID#
Service Address		
City/State/Zip Code		
Type of metering at this facility:	<ul> <li>Individually metered</li> <li>Master metered</li> </ul>	Total number of residents: (Excluding on-site manager)
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		Gas Service ID#
Service Address		
City/State/Zip Code		
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		Gas Service ID#
Service Address		
City/State/Zip Code		
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