



# Save on your monthly PG&E bill

If your landlord bills you directly for gas and electricity, you are a “sub-metered” customer. While you are not a direct PG&E customer, you may still be eligible for programs and services to help you lower your energy bills, including the CARE and the FERA programs.

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

## California Alternate Rates for Energy (CARE)

[pge.com/care](http://pge.com/care) • 1-866-743-2273

The CARE program offers a monthly discount on PG&E bills for qualifying households. To enroll:

- Check all the qualifying public assistance programs in Section 2A from which you, or someone in your household, receive benefits **OR**
- Complete Section 2B which includes 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.

You will also need to have your landlord or facility manager complete Section 1A of this application.

If your landlord has questions, have him or her email [CAREandFERA@pge.com](mailto:CAREandFERA@pge.com).

## Family Electric Rate Assistance (FERA)

[pge.com/fera](http://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 a slightly higher income than required for CARE.

See the FERA Income Guidelines listed here to find out if you qualify, and enroll by completing the included application.

<sup>†</sup>Learn more and get a personalized rate analysis at [pge.com/findrates](http://pge.com/findrates)

### How you can apply

**Email:**

Take a picture or scan completed application and email this image to [CAREandFERA@pge.com](mailto:CAREandFERA@pge.com)

**Mail:**

Send completed application to **CARE/FERA Program**  
**P.O. Box 7979**  
**San Francisco, CA 94120-7979**

**Fax:**

Send completed application to  
**1-877-302-7563**

TTY is available at **711** or **1-800-735-2929**.

<b>CARE/FERA Income Guidelines</b> (good until May 31, 2024)		
<b>Number of people in household</b>	<b>Total gross annual household income*</b>	
	<b>CARE</b>	<b>FERA</b>
1-2	\$39,440 or less	Not eligible
3	\$49,720 or less	\$49,721-\$62,150
4	\$60,000 or less	\$60,001-\$75,000
5	\$70,280 or less	\$70,281-\$87,850
6	\$80,560 or less	\$80,561-\$100,700
7	\$90,840 or less	\$90,841-\$113,550
8	\$101,120 or less	\$101,121-\$126,400
Each additional person, add	\$10,280	\$10,280-\$12,850

\*Total gross annual household income includes all taxable and non-taxable 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.

## Other helpful programs and services

### Energy Savings Assistance Program

[pge.com/energysavings](http://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.

**Energy Savings**  
 .....  
**Assistance Program™**

### Medical Baseline

[pge.com/medicalbaseline](http://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.



## 1B You and your household

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### Your name

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

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### Your home address

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

Unit #

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### City/State/Zip Code

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### Mailing address

Unit #

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### City/State/Zip Code

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### 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.)

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**Preferred phone number**     Home     Work     Mobile

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**Alternative phone number**     Home     Work     Mobile

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### What language do you prefer for future CARE and FERA communications?

(Choose one)

English     Spanish     Mandarin     Cantonese     Vietnamese  
 Russian     Korean     Tagalog     Hmong

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

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

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### 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.

- |   |   |
|---|---|
| <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> Medi-Cal for Families (Healthy Families A&B) |
| <input type="checkbox"/> Women, Infants, and Children (WIC)                 | <input type="checkbox"/> National School Lunch Program (NSLP)         |
| <input type="checkbox"/> CalFresh/SNAP (Food stamps)                        | <input type="checkbox"/> Bureau of Indian Affairs General Assistance  |
| <input type="checkbox"/> CalWORKs (TANF) or Tribal TANF                     | <input type="checkbox"/> Medicaid/Medi-Cal (under age 65)             |
| <input type="checkbox"/> Head Start Income Eligible (Tribal only)           | <input type="checkbox"/> Medicaid/Medi-Cal (age 65 and over)          |
| <input type="checkbox"/> Supplemental Security Income (SSI)                 |   |

**OR****2B Household 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:**

**Total gross annual household income** \$  .00

(please account for all income from every household member)

**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 understand that I may be switched or dropped from the CARE or FERA program if I submit information or PG&E receives information from other programs which deem me ineligible.
8. I authorize PG&E to share my information in order to remain eligible for available energy management assistance, and price reduction and residential rate programs with other utilities, state agencies and entities designated by the CPUC.
9. 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****Date**

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

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