

# 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.

## California Alternate Rates for Energy (CARE)

### pge.com/care 1-800-468-4743

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 0R
- 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.

## **Family Electric Rate Assistance** (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 with a slightly higher income than required for CARE.

FERA Income Guidelines (valid through May 31, 2026)

Number of people in household	Total gross annual household income*
1-2	\$42,301-\$52,875
3	\$53,301-\$66,625
4	\$64,301-\$80,375
5	\$75,301-\$94,125
6	\$86,301-\$107,875
7	\$97,301-\$121,625
8	\$108,301-\$135,375
Each additional person, add	\$11,000-\$13,750

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

\*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.

+Learn more and get a personalized rate analysis at pge.com/findrates

## How you can apply

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 29647 Oakland, CA 94604-7563

Fax: 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 improvements and appliances at no cost to customers who are income gualified. Property owners and renters are eligible to participate.

**Energy Savings** Assistance Program

#### 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.

#### 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.

#### 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.

#### Number of Total gross annual household people in household income\* 1-2 \$42,300 or less 3 \$53,300 or less 4 \$64,300 or less 5 \$75,300 or less \$86,300 or less 6 7 \$97,300 or less 8 \$108,300 or less Each additional \$11,000 person, add

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

## **CARE Income Guidelines** pge.com/fera (valid through May 31, 2026)



- 1. Have your landlord or facility manager fill out Section 1A.
- 2. Fill out Section 1B.
- 3. Fill out Section 2A **OR** Section 2B. **Only one section (A or B)** is required to qualify for this program.
- 4. Sign and date this form and return to PG&E as soon as possible. **By signing this** application you agree to make available to your landlord or facility manager PG&E's determination of your eligibility to participate in CARE or FERA for them to pass along the discount if you qualify.

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PG&E account								
Electricity			Gas	L				
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	H	lome 🗌 W	ork 🗌 Mobile	
Your landlord or manager's mailing address (City/State/Zip Code)			Email					
🖪 You and your househo	old							
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Your home address (Address must be your prin	mary residence. Do <b>NOT</b> use a P.O	). Box.]	Unit #/City/State/Zi	p Code				
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