



CARE/FERA PROGRAM APPLICATION Sub-Metered Residential Customers

Choose the
best rate
plan for you.
Learn more†.

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 **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.

CARE Income Guidelines (good until May 31, 2025)

Number of people in household	Total gross annual household income*
1-2	\$40,880 or less
3	\$51,640 or less
4	\$62,400 or less
5	\$73,160 or less
6	\$83,920 or less
7	\$94,680 or less
8	\$105,440 or less
Each additional person, add	\$10,760

Family Electric Rate Assistance (FERA)

pge.com/fera
1-800-743-5000

FERA Income Guidelines (good until May 31, 2025)

Number of people in household	Total gross annual household income*
1-2	Not eligible
3	\$51,641–\$64,550
4	\$62,401–\$78,000
5	\$73,161–\$91,450
6	\$83,921–\$104,900
7	\$94,681–\$118,350
8	\$105,441–\$131,800
Each additional person, add	\$10,760–\$13,450

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.

*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
300 Lakeside Drive
Oakland, CA 94612

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 qualified. 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.



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.** However, if you complete Section 2B, you may qualify for additional discounts as new programs become available.

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.**

1

1A Your landlord and facility

Applicant status:

ADD NEW
 DROP
 RENEW
 MOVE TO DIFFERENT SPACE

PG&E account numbers: Electricity -

Gas -

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 Home Work Mobile

Your landlord or manager's mailing address (City/State/Zip Code) Email

1B You and your household

Your name [Use the name as it appears on the energy bill from your landlord, which must be in your name.]

Your home address [Address must be your primary residence. Do NOT use a P.O. Box.]

Mailing address Unit #/City/State/Zip Code

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.]

Unit #/City/State/Zip Code

Preferred phone number Home Work Mobile

Alternative phone number Home Work Mobile

Number of people in your household at this address:

Adults + Children =
(under 18)

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 (Message and data rates may apply.)

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.

Low Income Home Energy Assistance Program (LIHEAP)

Medi-Cal for Families (Healthy Families A&B)

Women, Infants, and Children (WIC)

National School Lunch Program (NSLP)

CalFresh/SNAP (Food stamps)

Bureau of Indian Affairs General Assistance

CalWORKs (TANF) or Tribal TANF

Medicaid/Medi-Cal (under age 65)

Head Start Income Eligible (Tribal only)

Medicaid/Medi-Cal (age 65 and over)

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.

SIGN HERE

Customer signature

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

Date

FOR INTERNAL USE ONLY

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