



# CARE/FERA PROGRAM APPLICATION Residential Customers



## Save on your monthly PG&E bill

### 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.

#### 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](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.

#### 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

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](http://pge.com/findrates)

### How you can apply

**Online:** Apply online for faster enrollment at [pge.com/care](http://pge.com/care)

**Phone:** Apply by calling 1-866-743-2273

**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**  
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](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.



**Your Account**  
[pge.com/youraccount](http://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](http://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](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.



- Fill out Section 1.
- 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.
- Sign and date this form and mail to PG&E.

If you qualify, your CARE or FERA discount will appear on the first page of your next PG&E bill.

### 1 You and your household

Your PG&E account number (Find yours on page 1 of your PG&E bill.)

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.) Unit #

City/State/Zip Code

Email address  
(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.)

Preferred phone number  Home  Work  Mobile

Alternative phone number  Home  Work  Mobile

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.)

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.

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  Head Start Income Eligible (Tribal only)  
 Supplemental Security Income (SSI)  Medicaid/Medi-Cal (under age 65)  
 Medicaid/Medi-Cal (age 65 and over)

**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:

- I am not claimed as a dependent on another person's income tax return other than my spouse.
- I am not knowingly sharing an energy meter with another home.
- I will notify PG&E if my household is no longer eligible for the CARE or FERA discount.
- I understand I may be required to provide proof of household income.
- I understand I may be required to participate in the Energy Savings Assistance Program.
- I understand I may be removed from the CARE program if my monthly electric usage exceeds six times the Tier 1 allowance.
- 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.
- 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.
- 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  Fill in circle if you are a guardian or you have power of attorney.

Date

FOR INTERNAL USE ONLY

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