



1 MANAGER OR LANDLORD INFORMATION: (please type or print)

Manager or Landlord Name, Contact Phone, Mailing Address, City, CA Zip Code, Name on PG&E Bill, PG&E Account Number (Electricity, Gas), Service Address, City, CA Zip Code, Applicant Status (ADD NEW, DROP, RE-CERTIFY, MOVE TO DIFFERENT SPACE)

2 TENANT INFORMATION: (please type or print)

Name, Home Address, City, CA Zip Code, Mailing Address, City, CA Zip Code, Daytime Telephone Number, Number of People Living in Household (Adults, Children, Total)

3 HOUSEHOLD INCOME WORKSHEET: (please fill in circle next to all sources of your household's annual income)

- Wages or Salaries, Interest and/or Dividends from: Savings Accounts, Stocks or Bonds, Retirement Accounts, Unemployment Benefits, Rental or Royalty Income, School Grants, Scholarships or other aid used for living expenses, Profit from self-employment (IRS from Schedule C, Line 29), Disability payments, Workers compensation, Social security, SSI, SSP, Pensions, Insurance settlements, Legal Settlements, TANF (AFDC), Food stamps, Child support, Spousal support, Cash and/or other income

MAXIMUM HOUSEHOLD INCOME: (effective November 1, 2005)

Your household's gross annual income may not exceed these CARE income guidelines.

Table with columns: Number of Persons in Household (1 or 2, 3, 4, 5, 6) and Total Combined Annual Income (\$27,700, \$32,500, \$39,200, \$45,900, \$52,600). Note: Add \$6,700 for each additional household member.

Total Annual Household Income: \$ [] [], [] [] []

4 DECLARATION: (please read carefully and sign below)

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received*. I understand that Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

X Pacific Gas and Electric Company Customer Signature, Date, * fill in circle if guardian or power of attorney

*Customers who receive the CARE discount during the period from November 1, 2005 through April 30, 2006 without qualifying for it will not be required to pay back the discount received.



ABOUT THE CARE DISCOUNT PROGRAM

The CARE program provides a 20% discount on the utility bill of qualifying households. The discount and eligibility criteria were established by the California Public Utilities Commission. If you qualify, Pacific Gas and Electric Company will notify your manager or landlord of your eligibility after your completed application has been received and verified. Pacific Gas and Electric Company will contact you at least every year to verify your continued need for the program.

CARE PROGRAM RULES

- The energy bill from your landlord must be in your name.
- You must live at the address where the discount will be received more than half of the year (not for second homes).
- You may not qualify for a CARE discount if you share energy meter(s) with another home.
- You may not be claimed as a dependent on another person's tax return other than your spouse.
- Your household must meet the program definition of low-income as described in this application packet.
- You must notify Pacific Gas and Electric Company if your household no longer qualifies for the CARE discount.

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

- **FERA** – Family Electric Rate Assistance Program. Provides a Tier 3 (131-200 percent of baseline) electric rate reduction for large households of 3 or more persons with low to middle income. Customer may be enrolled in either the FERA Program or the CARE Program, but not both. Call 1-800-PGE-5000 for more information.
- **LIHEAP** - Low Income Home Energy Assistance Program. Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline** - Provides services at the lowest rates to customers with documented needs. Call 1-800-PGE-5000 for more information.
- **Energy Partners** - Free energy education and weatherization to income-qualified customers. Call 1-800-989-9744 for more information.
- **ULTS** – Universal Lifeline Telephone Service provides discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local telephone service provider for more information.

1-866-743-2273

Assistance with the CARE Program in English

TDD/TTY 1-800-652-4712

For Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

California Relay 1-800-735-2929 (if you can not utilize the TDD line)