

CARE/FERA PROGRAM APPLICATION Residential Customers

Choose the best rate plan for you. Learn moret.

California Alternate Rates for Energy (CARE) pge.com/care • 1-866-743-2273

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

- Checking all the qualifying public assistance programs from which you, or someone in your household, receive benefits **OR**
- Checking the box that matches 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.

Family Electric Rate **Assistance (FERA)**

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.

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

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Online: Apply online for faster enrollment at 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

Fax: Send completed application to 1-877-302-7563

Mail: Send completed application to

CARE/FERA Program P.O. Box 7979 San Francisco, CA 94120-7979

CARE/FERA Income Guidelines (good until May 31, 2019)				
Number of People	Total Gross Annual Household Income*			
in Household	CARE	FERA		
1-2	\$32,920 or less	Not Eligible		
3	\$41,560 or less	\$41,561–\$51,950		
4	\$50,200 or less	\$50,201-\$62,750		
5	\$58,840 or less	\$58,841-\$73,550		
6	\$67,480 or less	\$67,481-\$84,350		
7	\$76,120 or less	\$76,121-\$95,150		
8	\$84,760 or less	\$84,761-\$105,950		
Each Additional Person, add	\$8,640	\$8,640-\$10,800		

^{*}Total gross annual household income includes all taxable and nontaxable 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 1-800-933-9555

This program provides energy-efficient home improvements and appliances at no cost to customers who qualify for CARE and rent or own a home that is at least five years old. **Energy Savings**

Assistance Program*

My Account • pge.com/myaccount

Log in to My 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 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

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.



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Form 79-1051

- 1. Fill out Section 1.
- 2. Fill out Section 2A OR Section 2B.
- 3. 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.

You and Your Household			
Your PG&E Account Number (Find yours on page 1 of your PG&E bill.)			
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Account Holder's Name			
(Use the name as it appears on your PG&E bill, which must be in your name.)			
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Your Home Address Unit #			
Your Home Address Unit # (Address must be your primary residence. Do NOT use a P.O. Box.)			
(Address mast be your primary residence. Do NOT ase a 1.0. Dox.)			
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			
Atternative Friorie Parriber E Fronte E Work E 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)=			

	Household Qualification Fill out Section 2A OR Section 2B.	
	2A Public Assistance Programs: Che someone in your household, participated Low Income Home Energy Assistance Program (LIHEAP) Women, Infants, and Children (WIC) CalFresh/SNAP (Food stamps) CalWORKs (TANF) or Tribal TANF Head Start Income Eligible (Tribal only) Supplemental Security Income (SSI)	ck all the programs in which you, or e. Medi-Cal for Families (Healthy Families A&B) National School Lunch Program (NSLP) Bureau of Indian Affairs General Assistance Medicaid/Medi-Cal (under age 65) Medicaid/Medi-Cal (age 65 and over)
	If you checked any of the boxes in this	section, skip to Section 3.
i ((1	DR 2B Household Income If you did not check any of the boxes in Some from every household member a your household's total annual gross income household's total annual gross income and remore of the following: pensions, Social Section retirement accounts, Medicaid/Medica	nd check the box below that matches ome. eceive income or benefits from one or ecurity. SSP or SSDL interest/dividends
 	2B Household Income If you did not check any of the boxes in Sincome from every household member a your household's total annual gross income household's total annual gross income and remore of the following: pensions, Social Semore of the following:	nd check the box below that matches ome. eceive income or benefits from one or ecurity. SSP or SSDL interest/dividends

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. Lam 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 authorize PG&E to share my information with other utilities in order to facilitate emotionent in available chargy management assistance and discount programs.
- 8. 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.

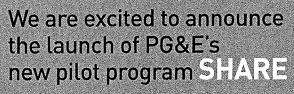


Customer Signature

Date

FOR INTERNAL USE ONLY

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



Subsidized Housing Assistance Relief for Energy



The pilot program provides eligible participants with help paying their PG&E bills.*

How to get started: Contact your leasing or housing specialist at your local Housing Authority to determine if you are eligible.

We will partner with you to get your gas/electric service restored if needed and determine the amount of support you are eligible for.

You may be asked to provide the following:

- PG&E account number or most recent PG&E bill
- 48-hour collection notice

*Certain eligibility requirements may apply.

Program is available for customers in eligible counties through December 2019 or until funding is exhausted.

Households are eligible for one-time assistance in a 12 month period after Low Income Home Energy Assistance Program (LIHEAP) funds are exhausted.



Together, Building a Better California

PASE office to Pacific Sector Demonstrates a consistence BSSE Consentes (SSS) Burito Sector Sector Sector Associates access

Tenemos el agrado de anunciar el lanzamiento del nuevo programa piloto de PG&E

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El programa piloto les proporciona a los participantes que reúnan los requisitos ayuda para pagar sus facturas de PG&E.*

Para empezar: Contacte a su especialista en arrendamiento o vivienda en la Autoridad de Vivienda de su localidad con el fin de determinar si usted reúne los requisitos.

Nos asociaremos con usted a fin de restituir su servicio de gas/electricidad de ser necesario y determinar la cantidad de apoyo para la que reúne los requisitos.

Podría pedírsele que proporcione lo siguiente:

- Número de cuenta de PG&E o la factura de PG&E más reciente
- Un aviso de cobranzas de 48 horas

El programa está a disposición de los clientes en condados que reúnan los requisitos hasta finales de diciembre de 2019 o hasta que se agolen los fondos.

Los hogares reúnen los requisitos para recibir asistencia en una sola ocasión en un periodo de 12 meses después de que se hayan agotado los fondos del programa Low Income Home Energy Assistance Program [LIHEAP].

^{*}Se aplican algunos requisitos de elegibilidad.