



CARE PROGRAM APPLICATION

Agricultural Employee Housing Facilities

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

Save on your monthly PG&E bill

California Alternate Rates for Energy (CARE)

pge.com/care

The CARE program offers a monthly discount on PG&E bills for qualifying agricultural employee housing facilities based on criteria established by the California Public Utilities Commission. Please review this application carefully to see if your facility qualifies. If you have questions, email CAREandFERA@pge.com.

How You Can Apply

Read all the information, including the eligibility criteria for both organizations and facilities, before you complete this application.

Determine if your facility meets the definition of a qualified agricultural employee housing facility. The facility must meet all criteria to qualify for a monthly CARE discount.

Complete the entire application, making sure to fill out a separate application for each type of qualified facility.

Attach all required documents; otherwise your application will be considered incomplete. Required documents include:

- A copy of a current **permit** issued by the Department of Housing and Community Development **OR** your Federal 501(c)(3) tax exemption **OR** your state tax exemption form along with your local property tax exemption form (Documents must be in the same name as the PG&E account(s).)
- A complete list of your facility's PG&E accounts (See Section 5 of the application.)

Return your completed application using **one** of the following methods:

- **Email:** Take clear pictures of your completed application and required documentation or scan these materials; convert these images into a PDF (portable document file) and email it to CAREandFERA@pge.com.
- **Fax:** Send completed application and required documentation to **1-877-302-7563**.
- **Mail to:** Pacific Gas and Electric Company
CARE Program
P.O. Box 7979
San Francisco, CA 94120-7979

TTY is available at 711 or 1-800-735-2929.

Eligible Facilities

Employee Housing (Privately owned)

These facilities, as defined in Section 17008 of the Health and Safety Code, are licensed and inspected by state and/or local agencies pursuant to Part 1 (commencing with Section 17000) of Division 13.

Required Supporting Documentation

Copy of a current **permit** issued by the Department of Housing and Community Development with the same name as the PG&E account(s).

Required Energy Usage

Total energy used in these facilities must be 100 percent residential.

Housing for Agricultural Employees (Non-migrant and operated by nonprofit entities)

These facilities, as defined in Subdivision (b) of Section 1140.4 of the Labor Code, are exempt from local property taxes pursuant to Subdivision (g) of Section 214 of the Revenue and Taxation Code.

Required Supporting Documentation

Copy of a currently valid Federal 501(c)(3) tax exemption document **OR** copy of state tax exemption form, along with a current copy of local property tax exemption form. Documents must be in the same name as the PG&E account(s).

Required Energy Usage

- Master-metered facilities must be 70 percent residential use.
- Individual metered units must be 100 percent residential use.

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

Eligibility Criteria for Organizations

Each facility MUST meet ALL of the following:

- Organization operating the facility must be the PG&E customer of record.
- Organization must verify that total gross annual income of all facility's residents and/or households, at any given time, meet the current CARE income eligibility guidelines. *NOTE: This excludes any employee operating or managing the facility who lives on the premises. Please see the enclosed sheet for the current CARE income guidelines.*
- Organization is required to renew its CARE eligibility by completing a new application, attaching all required documentation (updated as necessary) and providing an explanation as to how the previous year's CARE discount was used to directly benefit its residents.

Applicant's Responsibilities

As the applicant, you are required to:

- Provide proof of the facility's eligibility (see *Eligible Facilities*), and submit required documentation with the CARE application.
- Verify that total gross annual income of all your facility's residents and/or households, at any given time, meet the current CARE income guidelines (See *CARE Income Guidelines* sheet) and make a certification to that effect, under the penalty of perjury, under the laws of the state of California.
- Maintain records of your residents' income eligibility, as demonstrated by Federal tax returns, payroll stubs or similar records acceptable to PG&E. These records must be retained for three years from the date of the initial CARE application and/or renewal.
- Show at renewal how the previous year's CARE discount directly benefited your residents.
- Maintain accounting entries and supporting documentation that demonstrate how the previous year's CARE discount directly benefited your residents. These records must be retained for three years from the date of the initial CARE application and/or renewal.
- Upon request from PG&E, provide documentation for your residents' income eligibility and/or documentation that shows how the CARE discount directly benefited the residents.
- Provide all information requested by PG&E. Failure to do so will result in denial or removal from the CARE program. In addition, your organization may be subject to rebilling for the period it was ineligible for the discount, as determined by PG&E.



Please complete all sections of this application, including the reverse side of this page. Then sign and date this form, and return it to PG&E as soon as possible. **If you qualify, your CARE discount will appear on the first page of your next PG&E bill.**

1 Your Organization and Facility

Your Organization's Name (Must be the name on the PG&E bill.)

Your Facility's Name (If different from the name on the PG&E bill.)

Facility Address

City/State/Zip Code

Facility Mailing Address (If different) City/State/Zip Code

Primary Contact

____-____

Phone Number

____-____

Fax Number

Email Address

Secondary Contact

____-____

Phone Number

____-____

Fax Number

Email Address

2 Facility Information

Please use a separate application for each TYPE of facility.

Employee Housing (privately owned), as defined in Section 17008 of the Health and Safety Code, is licensed and inspected by state and/or local agencies pursuant to Part 1 (commencing with Section 17000) of Division 13.

Housing for Agricultural Employees (non-migrant and operated by nonprofit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, is exempt from local property taxes pursuant to Subdivision (g) of Section 214 of the Revenue and Taxation Code.

3 CARE Program Renewal

If you want to renew your facility's CARE eligibility, please explain how your organization used the savings from last year's CARE discount to directly benefit your residents:

Also tell us how this year's CARE discount will be used:

4 Your Declaration

By signing this declaration, I certify that both my organization and facility qualify for CARE. I also agree to the following program terms and conditions in order to remain eligible for the CARE program:

- 1. The information I have provided here is true and correct.
- 2. The organization is a PG&E customer of record.
- 3. Total gross annual income of all facility's residents and/or households meet the current CARE income guidelines, and documentation is available to substantiate this statement.
- 4. Each PG&E account meets the appropriate residential energy usage criteria.
- 5. I will renew my organization's eligibility at least every four years and notify PG&E of any changes that may affect our CARE eligibility.
- 6. PG&E reserves the right to request verification of records demonstrating eligibility at any time and may rebill the organization at the applicable rate, if appropriate.
- 7. I understand that PG&E may share our facility's name and address with other utilities or their agents, for the sole purpose of facilitating enrollment in their assistance programs.

X

Authorized Representative's Signature

Date

X

Authorized Representative's Name

Date

FOR INTERNAL USE ONLY

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Please complete this application by providing your PG&E account information in Section 5 on the reverse side.

