



Gas Sample Form No. 62-1509
CARE Program Renewal Application -- Residential Customers

Sheet 1

**Please Refer to Attached
Sample Form**



CARE PROGRAM RENEWAL APPLICATION Residential Customers

Form 62-1509

Please fill out the information below about you and your household, and then the information for Sections 2A **OR** 2B. Sign and date this form and return it to PG&E before your CARE discount expires.

Check if you no longer qualify or do not want to participate in the CARE program.

1 You and your household

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 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.

- | | |
|---|---|
| <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> Medi-Cal for Families (Healthy Families A&B) |
| <input type="checkbox"/> Women, Infants, and Children (WIC) | <input type="checkbox"/> National School Lunch Program (NSLP) |
| <input type="checkbox"/> CalFresh/SNAP (Food stamps) | <input type="checkbox"/> Bureau of Indian Affairs General Assistance |
| <input type="checkbox"/> CalWORKs (TANF) or Tribal TANF | <input type="checkbox"/> Medicaid/Medi-Cal (under age 65) |
| <input type="checkbox"/> Head Start Income Eligible (Tribal only) | <input type="checkbox"/> Medicaid/Medi-Cal (age 65 and over) |
| <input type="checkbox"/> 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:

- 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.

FOR INTERNAL USE ONLY

Date

