



**Electric Sample Form No. 62-1198**  
CARE Program Application for Agricultural Employee Housing Facilities

(T)

**Please Refer to Attached  
Sample Form**

Advice Letter No: 4406-E  
Decision No.

Issued by  
**Brian K. Cherry**  
Vice President  
Regulatory and Relations

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Effective June 1, 2014  
Resolution No. \_\_\_\_\_



# CARE PROGRAM APPLICATION Agricultural Employee Housing Facilities

## Apply for a monthly discount on your PG&E bill

### California Alternate Rates for Energy (CARE)

[pge.com/CARE](http://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 [CAREprogram@pge.com](mailto:CAREprogram@pge.com) or call the Hotline at 415-973-7288, 8 a.m. to 4 p.m., Monday–Friday, excluding holidays.

#### 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 [CAREprogram@pge.com](mailto:CAREprogram@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

### 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 current 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.

*See other side for more information*

## 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 all of the 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 all your facility's residents and/or households 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.



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# Your PG&E Facility Account(s)

For individual facilities of the same type, please attach a separate sheet for more than four addresses.

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Type of metering at this facility:  Individually metered  Master metered

Total number of residents: \_\_\_\_\_ (Excluding on-site manager)

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Type of metering at this facility:  Individually metered  Master metered

Total number of residents: \_\_\_\_\_ (Excluding on-site manager)

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Type of metering at this facility:  Individually metered  Master metered

Total number of residents: \_\_\_\_\_ (Excluding on-site manager)

PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Electric Service ID#

Gas Service ID#

Service Address

City/State/Zip Code

Type of metering at this facility:  Individually metered  Master metered

Total number of residents: \_\_\_\_\_ (Excluding on-site manager)