PG&E INFORMATION

Revised 8-20-17

This write-up reviews the process to help a client with their PG&E bill and lists some programs that they may qualify for.

INITIAL VISIT WITH CLIENT

Here are some important points to cover when you meet with the client:

- 1)Look at the most recent bill.
 - A) Is it a 15 day notice or 48 hour shutoff notice? PG&E will call before they come to shut off the power. Have they called? Sometimes if a client tells them to hold off due to meeting with SVdP they will delay the shutoff;
 - B) Is the bill in the name of the person you are meeting;
 - C) Are you sure that it is the most recent.
 - D) If there is a possibility that your conference will pay the bill record the following information from the Bill: Name, address, account #
- 2) Ask if them if they have discussed a payment plan with PG&E and if not why not;
- 3)Ask if they have gone to LIHEAP;
- 4)Ask if PG&E will accept a check from them.

Of course, there are also the general questions of any home visit. How did they get behind in their payments and what is their plan for this to not happen again?

BILLING PROCESS

Bills are issued monthly. There is no grace period, but also no late fees. If two or more bills are unpaid, the collections process is triggered. A 15-day notice is given, then a 48-hour notice and then a final phone call from PG&E to the client before service is cut off. Up to and including the final phone call, payment arrangements can be made. Usually 30% of past due bill is due within 7 days. As soon as the bill is paid the shutoff notice is cancelled immediately.

Payment Arrangements Available from PG&E

Payment extensions;

Payment arrangements for 3 to 6 months;

Budget Billing (formerly known as Balanced Payment Plan) which evens out payments based on the last 12 month average usage. Then PG&E adjusts the monthly amount once every 4 months if the actual energy usage has significantly changed. The amount may go up or down.

HOW TO PAY A CLIENTS PG&E BILL

Per the guidelines of the Society payments are made directly to PG&E. Checks are never given to the client, even if they are made out to PG&E. Payments can be done by check, cash or money order, depending upon the client, not the bill. No 3rd party checks will be accepted, but checks from SVdP are accepted. Due to some client's credit history with PG&E, PG&E may require cash or money orders. It is best to determine that prior to showing up at PG&E's office to pay the bill. If the client doesn't know then it is best to have them call PGE at 800-743-5000(English) or 800-660-6789 (Spanish). The Vincentian will then go to the local PG&E office to pay the bill. Here is the form that must be filled out and taken to the window. Please note that it requires the name on the account, the service address and the account ID.

PGEE	Local Office Payment Record Registro de pago en oficina local	FOR OFFICE USE ONLY Sólo para uso oficial
Name on Account	Nombre en la cuenta	Cashier LAN ID
Service Address • D	irección donde se presta servicio	Date \$
City • Ciudad		
Account ID • Número de 62-5556 (09-16)	e identificación de la cuenta	Tender Type

When visiting the client either write down that information, take the bill from them or take a photo of it. Due to privacy concerns PG&E will not provide any of that information to you. All they will tell you is if any of the information doesn't match up. They will give you a receipt.

PG&E has an agency pledge program which allows conferences to pledge to pay a client's bill over the internet or by phone and make payments via check later. Best to read the fine print on this before signing up to participate in it.

PROGRAMS AVAILABLE TO HELP PAY PG&E BILLS

CARE (California Alternate Rates for Energy)

https://www.pge.com/en_US/residential/save-energy-money/help-paying-your-bill/longer-term-assistance/care/care.page?WT.mc_id=CARE_EN_adwords_20161003_search&gclid=EAIaIQobChMIzJrE5-Xk1QIVB2p-Ch2MhAkXEAAYASAAEgKrTfD_BwE

CARE eligibility is based on public assistance program participation or based on the number of individuals in the household and total gross household income. See income guidelines on website. Qualified households receive deep discounts on their energy bills. See the end of the write-up for the CARE form or get one from the local PG&E office or the internet.

FERA (Family Electric Rate Assistance)

 $\underline{https://www.pge.com/en_US/residential/save-energy-money/help-paying-your-bill/longer-term-assistance/fera/fera.page?WT.mc_id=Vanity_fera$

Similar to CARE it can provide a monthly discount on electric bills. The program is designed for households of three or more persons with a slightly higher income that required for CARE. Same application as for CARE. Form is at the end of this document and available at the local PG&E office or from the internet.

Energy Savings Assistance Program

 $\underline{https://www.pge.com/en_US/residential/save-energy-money/help-paying-your-bill/energy-reduction-and-weatherization/energy-savings-assistance-program/energy-savings-assistance-program.page}$

It provides qualified customers with energy-saving improvements at no charge. Participants must live in a house, mobile home or apartment that is at least five years old. Income must meet the certain guidelines, which are the same as those for CARE.

Medical Baseline Allowance

 $\frac{https://www.pge.com/en_US/residential/save-energy-money/help-paying-your-bill/longer-term-assistance/medical-condition-related/medical-baseline-allowance/medical-baseline-allowance.page}$

Medical Baseline is a financial assistance program for residential customers that have special energy needs due to certain qualifying medical conditions. Eligible customers may receive a "standard" Medical Baseline quantity of approximately 500 kilowatt-hours (kwh) of electricity and/or 25 therms of gas per month, in addition to regular Baseline quantities. Please note that this description does not say that PG&E will not shut off power to a residence that has medical baseline. It will.

To qualify, a California-licensed physician must certify that a full-time resident in your home has one of the following medical issues:

- Dependency on life-support equipment at home. For a list of equipment, visit <u>Life-Support Equipment</u>.
- Paraplegic, hemiplegic or quadriplegic condition
- Multiple sclerosis with special heating and/or cooling needs
- Scleroderma with special heating needs
- Life-threatening illness or compromised immune system, and special heating and/or cooling are needed to sustain life or prevent medical deterioration

The physician's form is only good for two years. Form is available at the local PG&E office or on the internet.

REACH (Relief for Energy Assistance through Community Help) administered by the Salvation Army

https://www.pge.com/en_US/residential/save-energy-money/help-paying-your-bill/one-time-assistance/reach/reach.page?WT.mc_id=Vanity_reach

Maximum payout - \$300 and only once every 18 months.

Must have a notice that the power is going to be shut off.

The reason that they can't pay their bill has to be caused by some outside event not of their own making.

Can't be on section 8

Income has to be less than 200% of the federal poverty level

The total amount owed to PG&E must be under \$300 so that once the Salvation Army puts in their portion the balance is zero.

Monday-Friday 7:30AM - 4:30PM 925-778-0808

LIHEAP or HEAP (Low Income Home Energy Assistance Program)

https://www.benefits.gov/benefits/benefit-details/1540

The Low Income Home Energy Assistance Program (LIHEAP) Block Grant is funded by the Federal Department of Health and Human Services (DHHS) and provides two basic types of services. Eligible low-income persons, via local governmental and nonprofit organizations, can receive financial assistance to offset the costs of heating and/or cooling dwellings, and/or have their dwellings weatherized to make them more energy efficient. This is accomplished through these program components:

The Weatherization Program provides free weatherization services to improve the energy efficiency of homes, including attic insulation, weather stripping, minor housing repairs, and related energy conservation measures. The Energy Crisis Intervention Program (ECIP) provides payments for weather-related or energy-related emergencies.

In order to qualify, you must also have an annual household income (before taxes) that is below 60 percent of the State Median Income

A person who participates or has family members who participate in certain other benefit programs, such as the Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF) or certain needs-tested Veterans benefits may be automatically eligible.

This program is being serviced through:

Contra Costa County Employment & Human Services Department, Community Services Bureau

1470 Civic Court, Suite 200

Concord, CA 94520

Utility Payment Assistance: (925) 681-6380

Emergency Services: (925) 681-6380 Weatherization Services: (925) 674-7214

Fax: (925) 229-6784

Monday through Friday (Office Hours): 8 a.m. to 5 p.m.
Monday through Friday (Phone Hours): 9 a.m. to 4 p.m.
Utility Assistance Website: http://ehsd.org/headstart/energy-assistance/
Weatherization Assistance Website: http://www.cccounty.us/weatherization



CARE/FERA PROGRAM APPLICATION Residential Customers

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 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 **0R**
- 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.

(FERA) pge.com/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 FERA Income Guidelines (good until May 31, 2018)

Number of People in Household	Total Gross Annual Household Income*		
1–2	Not Eligible		
3	\$40,841-\$51,050		
4	\$49,201-\$61,500		
5	\$57,561-\$71,950		
6	\$65,921-\$82,400		
7	\$74,281-\$92,850		
8	\$82,641-\$103,300		
Each Additional Person, add	\$8,360-\$10,450		

income than required for CARE.

See the FERA Income Guidelines listed above to find out if you qualify, and enroll by completing the included application.

Family Electric Rate Assistance

CARE Income Guidelines

People in Household

Each Additional Person, add Total Gross Annual Household

\$40.840 or less

\$49,200 or less \$57,560 or less

\$65,920 or less

\$74.280 or less

\$8,360

How You Can Apply

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 Mail:

Send completed application to CARE/FERA Program P.O. Box 7979 San Francisco, CA 94120–7979 Fax:

Send completed application to 1-877-302-7563

Other Helpful Programs and Services

Energy Savings Assistance Program

pge.com/energysavings 1-800-989-9744

1-800-989-9744 Energy Savings
This program provides Assistance Program

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.

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.

^{*}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.

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



SOLICITUD PARA EL PROGRAMA CARE/FERA Clientes residenciales

Elija el mejor plan de tarifas para usted. Obtenga información adicional[†].

Ahorre en su factura mensual de PG&E

personas en el hogar

Z

or cada persor

California Alternate Rates for Energy (CARE)

pge.com/care-es 1-866-743-2273

El Programa CARE ofrece un descuento mensual en las facturas de PG&E a hogares que cumplen con los requisitos. Usted puede inscribirse:

- Marcando todos los programas de asistencia pública calificados por los que usted o alguien en su hogar recibe beneficios, 0
- Marcando la casilla que coincide con el ingreso bruto total anual del hogar.*

Otras calificaciones incluyen que:

- Su consumo eléctrico mensual no exceda seis veces lo permitido por el Nivel 1.
- Usted no sea reclamado como dependiente en la declaración de impuestos de otra persona que no sea su esposo(a).
- Usted no comparta el medidor de energía con otra vivienda.
- Usted renovará su elegibilidad por lo menos cada dos años.

Energy Requisitos de ingreso CARE Family Electric Rate Assistance (FERA) Requisitos de ingreso FERA

pge.com/fera-es 1-800-743-5000

Si usted no cumple con los requisitos para el Programa CARE, tal vez califique para el Programa FERA, que ofrece un descuento en las facturas mensuales

Requisitos de ingreso FERA (válido hasta el 31 de mayo, 2018)

Número de personas en el hogar	Ingreso bruto total anual del hogar
1–2	No es elegible
3	\$40,841-\$51,050
4	\$49,201-\$61,500
5	\$57,561-\$71,950
6	\$65,921-\$82,400
7	\$74,281-\$92,850
8	\$82,641-\$103,300
Por cada persona adicional, añada	\$8,360-\$10,450

de electricidad a familias de tres o más personas que reciban un ingreso ligeramente más alto que el requerido para CARE.

Vea los requisitos de ingreso de FERA que incluimos en esta tabla para ver si cumple con los requisitos e inscríbase completando la solicitud incluida.

*El ingreso bruto total anual del hogar incluye todos los ingresos sujetos a impuestos y exentos de impuestos de todas las personas en el hogar, cualquiera sea su procedencia, incluido pero no limitado a: sueldos, salarios, intereses, dividendos, pagos por pensión alimenticia a hijos y cónyuge, pagos por asistencia pública, Seguro Social y pensiones, subsidios de vivienda y militar, ingreso proveniente de rentas, ingreso por trabajo autónomo y relativo a cualquier empleo, ingreso no pagado en efectivo.

Ingreso bruto total anual del hogar*

\$32,480 o menos

\$40,840 o menos

\$49,200 o menos

\$57,560 o menos

\$65,92<u>0</u> o menos

\$74,280 o menos

\$82,640 o menos

\$8,360

Cómo puede inscribirse

†Información de cambios de tarifas en pge.com/findrates

Internet: Solicite por Internet para inscribirse más rápidamente visitando pge.com/care-es

Teléfono: Inscríbase llamando al 1-866-743-2273

Email:

Saque una foto o escanee su solicitud completa y envíe la imagen a: CAREandFERA@pge.com

Correo:

Envíe la solicitud completa a CARE/FERA Program P.O. Box 7979 San Francisco, CA 94120–7979

Fax:

Envíe la solicitud completa al 1-877-302-7563

Otros programas y servicios útiles

Energy Savings Assistance Program pge.com/energysavings-es

pge.com/energysa 1-800-989-9744

Este programa provee de

Energy Savings
Assistance Program

mejoras en el hogar relativas al uso eficiente de la energía y de electrodomésticos sin costo para aquellos clientes que cumplan con los requisitos para CARE y alquilan o son dueños de una vivienda construida hace más de cinco años.

Budget Billing pge.com/budgetbilling 1-800-743-5000

Se basa en el promedio de su factura mensual para que usted maneje sus costos de energía, y elimine grandes variaciones de pago.

Medical Baseline

pge.com/medicalbaseline

Si debido a necesidades médicas usted depende de equipos de soporte vital o de otro tipo de equipos, usted podría ser elegible para obtener energía adicional al precio base más bajo a través del Programa Medical Baseline.

My Account pge.com/myaccount

Visite My Account en el sitio de PG&E y regístrese para recibir alertas de facturación y pagos, analizar el consumo de energía de su hogar, pagar sus facturas e informarse más acerca de sus opciones de plan de tarifas.

Low Income Home Energy Assistance Program (LIHEAP) 1-866-675-6623

Si usted destina un alto porcentaje de su ingreso al pago de las facturas de energía, podría reunir las condiciones para recibir asistencia económica y servicios de aislamiento térmico a través de este programa administrado por el California Department of Community Services and Development.

Universal Lifeline Telephone Service (ULTS)

Obtenga acceso telefónico a bajo precio cuando reúna los requisitos de ingreso similares al Programa CARE. Para más información, contacte a su compañía local de teléfonos.

\$32,481-\$40,840

\$40,841-\$49,200

\$49,201-\$51,050

\$51,051-\$57,560

\$57,561-\$61,500

- 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	Househo	old						-
			Your PG	&E Acco	unt Numbe	r (Find your	rs on page 1	of your PG&
Account Holder's Nam	e (Use the name	e as it appears on your PG&E bill, wh	ich must be i	n your nai	ne.)			
Your Home Address (Ad	ddress must be y	your primary residence. Do NOT use	a P.O. Box.)				Unit #	
City/State/Zip Code								
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Email Address (By entering your email address, your garding your PG&E utility services)	ou are authorizing PG/ e and PG&E programs	&E to send you information from time to time s and services that may be available to you.)	Preferre	d Phone	Number -	☐ Home	e 🗌 Work 🗕	: 🗌 Mobile
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Customer Signature

Date

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

□ \$92,851−\$99,360

\$99,361-\$103,300

□ Other \$___

\$65,921-\$71,950

☐ \$71,951-\$74,280

S74,281-\$82,400

\$82,401-\$82,640

FOR INTERNAL USE ONLY

W



SOLICITUD PARA EL PROGRAMA CARE/FERA Clientes residenciales

- 1. Complete la Sección 1.
- 2. Complete la Sección 2A ó la Sección 2B.

Si usted cumple con los requisitos, su descuento CARE o FERA aparecerá en la primera página de

Usted y su hogar	Su número de cuenta de PG&E
	(Encuéntrelo en la primera página de su factura de PG&E.)
Nombre del titular de la cuenta (Use el nombre que aparece en su factura	a de PG&E, la cual debe estar en su nombre.)
La dirección de su hogar (La dirección debe ser su residencia principal. NC	Outilice casilla de correo (P.O. Box),] Unidad #
Ciudad/estado/código postal	
Dirección de email [Al escribir su dirección de email, usted autoriza que PG&E le envíe información de vez en cuando, en relación a servicios y programas de PG&E que podrían estar disponibles para usted.]	Número de teléfono preferido
¿Qué idioma prefiere para comunicaciones futuras de CARE y FERA? (Elija uno)	Número de teléfono alternativo □ Hogar □ Trabajo □ Mó
☐ Inglés ☐ Español ☐ Mandarín ☐ Cantonés ☐ Vietnamita ☐ Ruso ☐ Coreano ☐ Tagalo ☐ Hmong	Número de personas en el hogar en esta dirección:
¿Cuál es su método de comunicación preferido? (Elija uno) ☐ Correo ☐ Email ☐ Teléfono ☐ Texto (Podría haber cargos por mensaje y date	Adultos + Niños (menores de 18)
∐ Correo □ Email □ Teléfono □ Texto (Podría haber cargos por mensaje y dat	os.) (menures de 10)

2A Programas de asistencia pública

Marque todos los programas en los que usted o alguien en su hogar participa.

- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants, and Children (WIC)
- ☐ CalFresh/SNAP (estampillas de alimentos)
- ☐ CalWORKs (TANF) or Tribal TANF
- ☐ Head Start Income Eligible (solo tribus indígenas)
- ☐ Supplemental Security Income (SSI)
- (Healthy Families A&B)
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Medicaid/Medi-Cal (menorde 65 años)
- ☐ Medicaid/Medi-Cal (65 años o más

Si usted marcó alguna de estas casillas, salte a la Sección 3.

2B Ingreso del hogar

Si usted no marcó ninguna de las casillas en la Sección 2A, por favor sume todos los ingresos de cada miembro del hogar y a continuación, marque la casilla que coincide con su ingreso bruto total anual.

☐ Mi ingreso es fijo actualmente y recibo ingresos o beneficios de uno o más de lo siguiente: pensiones, Seguro Social, SSP o SSDI, intereses/dividendos de cuentas de retiro, Medicaid/Medi-Cal (65 años o más) o SSI

El ingreso de mi hogar es:

S0-\$32,480	\$61,501-\$65,920	\$82,641-\$91,000
\$32,481-\$40,840	\$65,921-\$71,950	\$91,001-\$92,850

\$40,841-\$49,200 \$71,951-\$74,280 \$49,201-\$51,050

\$92,851-\$99,360 \$74,281-\$82,400 \$99,361-\$103,300 □ Otro \$ _

\$57,561-\$61,500

\$82,401-\$82,640 □ \$51,051-\$57,560

es verdadera y correcta.

Reconozco que he leído y comprendido el contenido de esta solicitud. Asimismo, convengo en respetar los términos y condiciones del Programa CARE o del Programa FERA, incluyendo los siguientes:

- 1. No he sido designado como dependiente en la declaración de impuestos de otra persona con excepción de mi cónyuge.
- 2. No comparto intencionalmente un medidor de energía con otra vivienda.
- 3. Notificaré a PG&E si mi hogar deja de reunir los requisitos para recibir el descuento de CARÉ o FERA.
- 4. Comprendo que yo podría estar obligado a proporcionar un comprobante de los ingresos de mi hogar.
- 5. Comprendo que yo podría estar obligado a participar en el Energy Savings Assistance Program.
- 6. Comprendo que yo podría ser retirado del Programa CARE si mi consumo eléctrico mensual excede seis veces el límite de consumo permitido del Nivel 1.
- 7. Autorizo a PG&E a divulgarle mi información a otras compañías de servicios públicos a fin de facilitar la inscripción en programas de asistencia para la administración de la energía y programas de descuento que estén disponibles.
- 8. Reembolsaré el descuento que yo haya recibido si proporcioné información falsa para apoyar mi solicitud al Programa CARE o al Programa FERA.

X		
Firma del cliente		

🔾 Rellene el círculo si es tutor o tiene carta de poder

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Fecha