



1 1/2



7/8 x 1 1/4

4 7/8

Three horizontal lines for address or contact information.

Save a stamp.
Pay your
bill online.



How would you like to save 20% on your electricity bill?*

Complete the CARE application to enroll.



*For income-qualifying customers.

Let's turn the answers on.

OUTSIDE

Pacific Power CARE program application

Account Number: You can find this in the upper right hand corner of your Pacific Power bill.

Name: (As it appears on your Pacific Power bill)	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home address: (No P.O. Boxes, please)	City, State						Zip						
Mailing address: (If different than your home address)	City, State						Zip						
Daytime telephone number including the area code:	Number of people in your household: Adults <input type="text"/> + Children <input type="text"/> = Total <input type="text"/>												

Please read carefully and sign below. I state that my total combined household income is no greater than the amount shown (see qualification chart below) for the number of members in my household. I agree to provide proof of income if asked. I agree to inform Pacific Power if my income no longer qualifies and I may be required to pay back CARE benefits received. I understand that Pacific Power can share my information with other utilities or agencies to enroll me in their assistance or energy-efficiency programs.

X _____ Date _____
Pacific Power Customer Signature

GUM

TO ENROLL, DETACH HERE AND INSERT IN ENVELOPE. IF YOU DO NOT WISH TO ENROLL, PLEASE DETACH FLAP AND RECYCLE.

Take CARE to lower your bill

If you qualify for CARE – the California Alternate Rates for Energy program for residential customers, you may be eligible for a 20 percent discount on your Pacific Power bills (see [chart for qualification levels](#)). Just fill out the application above to get started. For more information, call toll-free **1-888-221-7070** or visit pacificpower.net/care.

It's easy to enroll, so we encourage you to apply if you qualify.

CARE Program Guidelines

- The Pacific Power bill must be in your name.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- Your household must meet the program income guidelines described on this application.
- Applicants must add all sources of the household's combined income to determine eligibility. These sources include wages and salaries, interest and dividends from savings accounts/stocks/bonds/retirement accounts, unemployment benefits, rental and royalty income, school grants and scholarships, profit from self-employment, disability payments, workers compensation, Social Security (SSI, SSP), pensions, insurance and legal settlements, TANF (AFDC), food stamps, child support, spousal support, cash and other income.

CARE has been available since November 1, 1989, when the California Legislature authorized the program through Senate Bill 987. The bill requires all electric and gas utilities regulated by the California Public Utilities Commission to offer the CARE program to income-qualifying residential customers. CARE is funded through a surcharge on non-CARE customers' monthly bills as required by the California Public Utilities Commission. Income qualification levels above are valid until May 31, 2010.

Income qualification levels

Households with gross incomes no greater than the amounts shown below may qualify for CARE:

Household size	Monthly gross income at or below:	Annual income at or below:
1-2	\$2,225	\$26,700
3	\$2,608	\$31,300
4	\$3,150	\$37,800
5	\$3,692	\$44,300
6	\$4,233	\$50,800
7+	Add \$542 for each additional person to determine income level.	Add \$6,500 for each additional person to determine income level.



Let's turn the answers on.

INSIDE