

**APPLICATION FOR CALIFORNIA ALTERNATIVE RATES FOR ENERGY
 FOR QUALIFIED NONPROFIT GROUP LIVING FACILITIES AND HOMELESS SHELTERS**

INSTRUCTIONS:

1. DETERMINE if the facility meets the definition of a group living facility or homeless shelter as defined on the back of this form. The facility must meet all criteria to qualify for the 20% CARE Discount.
2. COMPLETE the entire application (please print or type).
3. ATTACH all required documents before mailing to Pacific Power at the address listed on the back of this form.

For Office Use Only
 Received:
 Certified:

Customer name on Pacific Power bill:		Account number:	
Service address:	City:	State:	Zip:
Mailing address:	City:	State:	Zip:
Name of Business/Facility:			
Facility is a Group Living Facility or Homeless Shelter as defined on the back of this form. Yes No			
IRS 501 (c) (3) Status: Yes No (copy of IRS letter required)			
Primary purpose and services offered by facility:			
Is at least 70% of the facility's electricity used for residential purposes? Yes No			
Is facility government-owned or operated? Yes No			
For Group Living Facilities: Total number of residents: Do 100% of your residents individually meet the Commission's CARE eligibility standard for a one or two-person household? (From June 1, 2020 to May 31, 2021 the annual income maximum is \$34,480 for a one or two-person household) Yes No Is your Facility licensed by the appropriate state agency? (copy of license required) Yes No			
For Homeless Shelters: Does the shelter have a Conditional Use Permit? (copy of permit required) Yes No Are you open a minimum of 180 days a year? Yes No Number of beds:			
Recertification: Total amount of discount received last year: Prior year discount used for:			

I CERTIFY AND DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND THE LOW INCOME DISCOUNT WILL BE USED FOR THE DIRECT BENEFIT OF THE RESIDENTS OF THE FACILITY (SUCH AS IMPROVED QUALITY OF CARE OR IMPROVED FOOD SERVICE). I UNDERSTAND PACIFIC POWER RESERVES THE RIGHT TO VERIFY THE ACCURACY OF ALL INFORMATION PROVIDED WITH OR IN THIS APPLICATION. IF PACIFIC POWER FINDS THE FACILITY IS NOT ELIGIBLE TO RECEIVE THE DISCOUNT, FACILITY MAY BE REBILLED ON THE APPLICABLE RATE. I AM RESPONSIBLE FOR THE ANNUAL RENEWAL OF THIS FACILITY'S LICENSE FROM THE APPROPRIATE STATE AGENCY OR FOR THE CONDITIONAL USE PERMIT.

Authorized Representative (Print) _____ Authorized Representative's Signature _____ Date _____ Telephone _____
 Form No. 4360

(Continued)

Issued by

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Advice Letter No. 612-E Name Etta Lockey Date Filed April 28, 2020
 Decision No. _____ Title VP, Regulation Effective June 1, 2020
 TF6 CAREHML1.E Resolution No. _____

