

# Pacific Power CARE Program Application



Mail completed forms to: CARE Program Manager  
Pacific Power  
825 NE Multnomah, Suite 2000  
Portland, OR 97232

For questions call toll-free: 1-888-221-7070

If you are a California resident, you have specific rights related to your personal information under the California Consumer Privacy Act. For more information, please request a copy of our privacy policy or find it on our website at [www.pacificpower.net/privacy](http://www.pacificpower.net/privacy).

## Pacific Power Customer Information: (All information is required. Please print clearly.)

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)

\_\_\_\_\_  
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 + Children = Total

How did you hear about the CARE program? TV Radio Newspaper website Game app ad friend/coworker other

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.

## CARE Program Guidelines

The chart below illustrates yearly gross income levels that qualify for the CARE program. Look at the income allowable for the number of people in your household.

- The Pacific Power bill must be in your name.
- You must live at the address where the discount will be received.
- 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, Temporary Aid for Needy Families (TANF), Aid to Families with Dependent Children (AFDC), food stamps, child support, spousal support, cash and other income.

## INCOME QUALIFICATION LEVELS

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

Household size:	Yearly income at or below:
1-2	\$34,840
3	\$43,920
4	\$53,000
5	\$62,080
6	\$71,160
7	\$80,240
8	\$89,320

For households with more than 8 people, add \$9,080 for each additional individual to determine allowable income level.

## Please read carefully and sign below.

I state that my total combined household income is no greater than the amount shown above 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 programs.

X \_\_\_\_\_  
Pacific Power Customer Signature

\_\_\_\_\_  
Date

Check this box if someone in your household has a disability, or requires accessibility, financial or language support during a public safety power outage. Pacific Power will provide an additional notification prior to a public safety power shut off. For more information, visit [pacificpower.net/wildfire](http://pacificpower.net/wildfire).

 **PACIFIC POWER**  
POWERING YOUR GREATNESS

\*A random sample of CARE participants will be required to provide proof of income.