

Pacific Power CARE Program Application for Master Metered Accounts



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.

Property Manager / Facility Information: (All information is required. Please print clearly.)

Account Number: Your property manager can find this in the upper right hand corner of their Pacific Power bill.

Mobile home park / other sub-metered facility name

Mobile home park / other sub-metered facility address City, State Zip

Manager or landlord name Daytime telephone number including the area code

Manager or landlord mailing address City, State Zip

Applicant Information: (All information is required. Please print clearly.)

Name (as it appears on your energy bill)

Home address (no P.O. Boxes, please) City, State Zip

Daytime telephone number including the area code Number of people in your household: Adults + Children = Total

Main heating source is electricity: Yes No

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 energy bill from your landlord 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.
- You may not share energy meter(s) with another home.
- 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 _____
Signature (Individual applying for CARE) 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.



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