

PACIFIC POWER CARE PROGRAM APPLICATION | MASTER METERED ACCOUNTS

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

Name _____

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

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. If so, please check (✓) this box.

Main heating source is electricity: Yes No

PUBLIC ASSISTANCE PROGRAM ELIGIBILITY

Please check (✓) this box if you or someone in your household participate in any of the following programs

- Medi-Cal/Medicaid
- CalFresh/SNAP (Food Stamps)
- CalWorks (TANF)/Tribal TANF
- WIC
- Medi-Cal for Families (Healthy Families A&B)
- LIHEAP
- Supplemental Security Income (SSI)
- National School Lunch Program (NSLP)
- Bureau of Indian Affairs General Assistance
- Head Start Income Eligible (Tribal Only)

If you checked the Public Assistance Program Eligibility box above, SKIP to the DECLARATION section.

INCOME ELIGIBILITY

Please check (✓) this box if you meet the income guideline qualifications. Applicants must add all sources of the household's combined income to determine program eligibility

- Pensions
- Social Security
- SSP or SSDI
- Interest or Dividends from Savings, Stocks, Bonds, or Retirement Accounts
- Wages and/or Profits from Self-Employment
- Unemployment Benefits
- Disability or Workers' Compensation Payments
- Rental or Royalty Income
- Scholarships, Grants, or Other Aid Used for Living Expenses
- Insurance or Legal Settlements
- Spousal or Child Support
- Cash and/or Other Income

DECLARATION (Please read carefully and sign below)

I state that my total combined household income is no greater than the amount shown in the attached chart for the number of members in my household. I agree to provide proof of income if asked. I understand a random sample of CARE participants will be required to provide proof of income. I understand that I may be required to participate in the Energy Savings Assistance Program and that unacceptable energy usage levels could result in removal from the program. 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.

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.

The California Alternate Rates for Energy (CARE) program provides a discount of 25% on monthly electric bills for eligible customers.

There are two ways to qualify for CARE:

- You can qualify if you or someone in your home participate in one of the eligible public assistance programs.

OR

- You can qualify if you meet the income guideline qualifications listed in the chart below.

CARE Income Guidelines	
Annual Household Income Effective June 1, 2023 to May 31, 2024	
Household Size	Income Eligibility Upper Limit*
1 to 2	\$39,440
3	\$49,720
4	\$60,000
5	\$70,280
6	\$80,560
7	\$90,840
8	\$101,120
Each additional person	\$10,280

*Upper Limit Calculation = 200% of Federal Poverty Guidelines

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

If you qualify, complete and mail the attached application to:

CARE Program Manager
Pacific Power
825 NE Multnomah, Suite 2000
Portland, OR 97232

