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

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 monthly 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	Monthly gross income at or below:	Annual income at or below:
1-2	$2,818	$33,820
3	$3,555	$42,660
4	$4,291	$51,500
5	$5,028	$60,340
6	$5,765	$69,180
7	$6,501	$78,020
8	$7,238	$86,860
For each additional person add:	$736	$8,840

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

PACIFIC POWER
POWERING YOUR GREATNESS

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