

Pacific Power Oregon Low-Income Discount (LID) Program Application



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

You may apply online at: www.PacificPower.net/LID
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.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name (as it appears on your Pacific Power bill)

Home address (no P.O. Boxes, please)

City, State

Zip

Daytime telephone number including the area code

Email address

LID PROGRAM GUIDELINES

- To qualify, the Pacific Power bill must be in your name.
- You must meet the current income guidelines, adjusted for household size. Qualifying income refers to total annual gross income from all sources, both taxable and nontaxable. Household size reflects all permanent residents in the home, including adults and children.
- Discount applies only to bills associated with the customer's permanent primary residence.
- If you enroll, you will see discount savings on future electric bills.
- Re-enrollment will be required every two years. Customers receiving LIHEAP or OEAP within 12 months of recertification will automatically be re-enrolled for two years.
- Pacific Power will randomly select enrolled customers to provide post-enrollment verification to continue receiving the discount.
- Pacific Power may require post-enrollment verification from customers with excessive usage to continue receiving the discount.
- You must notify Pacific Power if your household income status changes.

Total number of persons in the household

Gross annual income (12 months)

Qualifying income refers to total gross annual income from all sources, both taxable and nontaxable. These sources may include but not limited to the following:

- | | | |
|---------------------------|-----------------|---|
| • Alimony | • Military Pay | • Supplemental Security Income (SSI) |
| • Annuities | • Pensions | • Self-employment income (after expenses) |
| • Child Support | • Rental Income | • Social Security Disability (SSDI) |
| • Disability Compensation | • Retirement | • Workers' Compensation |
| • Dividends | • Royalties | • Earned Wages/Salary |
| • Foster Care payment | • TANF | • Social Security |
| • Interest | • Unemployment | |

INCOME GUIDELINES FOR OREGON

60% of State Median Income (SMI)
Effective October 1, 2023

Household Size	Annual Gross Income at or below*
1	\$33,427
2	\$43,712
3	\$53,997
4	\$64,282
5	\$74,567
6	\$84,852
7	\$86,781
8	\$88,709
9	\$90,638
10	\$92,566
11	\$94,494
12	\$96,423
Each additional person add:	\$1,929

*State Median Income by Household Size source HHS. For a single-person household the income is the greater of 60% SMI or full-time wages at Portland minimum wage.



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What is your preferred language? (Check one)

- | | | |
|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Chinese Mandarin | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Chinese Cantonese | <input type="checkbox"/> Romanian |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Farsi | <input type="checkbox"/> Rohingya |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Khmer/Cambodian | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Korean | <input type="checkbox"/> Other _____ |

What is your race or ethnicity? (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> African | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> White or Caucasian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American and/or Alaska Native | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian and/or Pacific Islander | <input type="checkbox"/> Prefer not to respond |
| <input type="checkbox"/> Latino or Hispanic | <input type="checkbox"/> Slavic | |

Does someone in your household have a medical need that requires electricity? We'll send you information about our Medical Certificate program, if you currently do not have a Medical Certificate on file.

- Yes No

Public Safety Power Shutoff (PSPS) Notification

- 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 www.PacificPower.net/Wildfire.

DECLARATION (Please read carefully and sign below)

I declare that my total combined annual household income meets the program income guideline qualifications as shown in the attached chart for the number of members in my household. I agree to inform Pacific Power if there is a change in eligibility status such as income change, household size and/or if no longer qualifies by submitting a new application online or by calling Customer Care at **1-888-221-7070** for assistance.

I understand a random sample of program participants may be required to provide proof of income and agree to provide proof of income if requested. Information will be made available to Pacific Power and third party working on behalf of Pacific Power to implement this program. I understand that application may be subject to review and failure to provide requested information may result in removal from the program and I will not be required to pay back program benefits received.

I understand enrollment may take up to 30 days and applicable only to new charges after enrollment. I understand that Pacific Power can share my information with other utilities or agencies to enroll me in their energy assistance and weatherization programs.

I declare that the information I have provided in this application is true and correct. I have read and understood the contents of this application.

X _____
Pacific Power Customer Signature

Date

- Check (✓) this box to opt-out of having your information shared with other utilities or agencies to enroll in their financial assistance programs.

