

**APPLICATION FOR CALIFORNIA ALTERNATIVE RATES FOR ENERGY
FOR QUALIFIED NONPROFIT GROUP LIVING FACILITIES AND HOMELESS SHELTERS**

INSTRUCTIONS:

- 1. DETERMINE if the facility meets the definition of a group living facility or homeless shelter as defined on the back of this form. The facility must meet all criteria to qualify for the CARE Discount.
- 2. COMPLETE the entire application (please print or type).
- 3. ATTACH all required documents before mailing to Pacific Power at the address listed on the back of this form.

For Office Use Only Received: Certified:

Customer name on Pacific Power bill:		Account number:	
Service address:	City:	State:	Zip:
Mailing address:	City:	State:	Zip:
Name of Business/Facility:			
Facility is a Group Living Facility or Homeless Shelter as defined on the back of this form.		Yes	No
IRS 501 (c) (3) Status:	Yes	No	(copy of IRS letter required)
Primary purpose and services offered by facility:			
Is at least 70% of the facility's electricity used for residential purposes?		Yes	No
Is facility government-owned or operated?		Yes	No
For Group Living Facilities:			
Total number of residents:			
Do 100% of your residents individually meet the Commission's CARE eligibility standard for a one or two-person household? (From June 1, 2024 to May 31, 2025, the annual income maximum is \$40,880 for a one or two-person household)			
	Yes	No	
Is your Facility licensed by the appropriate state agency? (copy of license required)			
	Yes	No	
For Homeless Shelters:			
Does the shelter have a Conditional Use Permit? (copy of permit required)		Yes	No
Are you open a minimum of 180 days a year?		Yes	No
Number of beds:			
Recertification: Total amount of discount received last year:			
Prior year discount used for:			

I CERTIFY AND DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND THE LOW INCOME DISCOUNT WILL BE USED FOR THE DIRECT BENEFIT OF THE RESIDENTS OF THE FACILITY (SUCH AS IMPROVED QUALITY OF CARE OR IMPROVED FOOD SERVICE). I UNDERSTAND PACIFIC POWER RESERVES THE RIGHT TO VERIFY THE ACCURACY OF ALL INFORMATION PROVIDED WITH OR IN THIS APPLICATION. IF PACIFIC POWER FINDS THE FACILITY IS NOT ELIGIBLE TO RECEIVE THE DISCOUNT, FACILITY MAY BE REBILLED ON THE APPLICABLE RATE. I AM RESPONSIBLE FOR THE ANNUAL RENEWAL OF THIS FACILITY'S LICENSE FROM THE APPROPRIATE STATE AGENCY OR FOR THE CONDITIONAL USE PERMIT.

_____ Authorized Representative (Print) Form No. 4360	_____ Authorized Representative's Signature	_____ Date	_____ Telephone
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(Continued)

Issued by

Issued by

Advice Letter No. 739-E Matthew McVee Date Filed May 7, 2024

Name

Decision No. _____ VP, Regulation Effective June 1, 2024

Title

TF6 CAREHML1.E

Resolution No. _____

**California Alternative Rates for Energy for Qualified
Non-Profit Group Living Facilities and Homeless Shelters**

DISCOUNT

Your facility may qualify for a discount off the rate you pay if the facility meets the following criteria.

ELIGIBILITY CRITERIA: You Must Meet All Conditions

For a non-profit facility such as a homeless shelter, domestic violence shelter, transitional housing, short or long term care facility, or a group home for physically or mentally disabled persons:

For Group Living Facilities:

- Corporation operating the facility must have IRS tax-exempt status under Code 501 (c)(3).
- Facility must be licensed by the State Department of Social Services, Department of Drug and Alcohol Programs, or Department of Health Services or otherwise show satisfactory proof. Group Living Facilities that do not require a license may still be eligible for the expanded CARE program if they can provide satisfactory proof that they are eligible to participate in the program.
- Facility must provide services, such as meals or rehabilitation, in addition to lodging.
- 100 percent of the residents individually meet current CARE eligibility guidelines for a one or two- person household (from June 1, 2024 through May 31, 2025, the annual income maximum is \$40,880 for a one or two person household).
- 70 percent of the energy consumed at the facility must be used for residential purposes.
- A non-profit group-living facility may consist of a licensed primary facility AND related non licensed facilities at other locations (satellites). The non licensed satellite facilities are eligible for the discount providing:
 - The primary facility is licensed by the appropriate state agency and meets all other criteria.
 - At least 70 percent of the energy consumed by the satellite facility MUST be used for residential purposes.
 - The primary facility must appear as the customer of record on the energy bill for the satellite facility.

The non-profit corporation must complete the application for all qualified satellite facilities. If you are a satellite facility, contact your corporate facility.

For Homeless Shelters:

- Corporation operating the facility must have IRS tax-exempt status under Code 501(c)(3).
- Facility must have a municipal or County Conditional Use Permit or otherwise show satisfactory proof.
- Facility must provide at least six beds each night for a minimum of 180 days each year for persons who have no alternative residence.
- Primary function is to provide lodging.
- 70 percent of the energy consumed at the facility must be used for residential purposes.

Facilities not Eligible:

- Group-living facility offering only a place to live.
- Government-subsidized facility providing lodging only.
- Government-owned housing.
- Student housing, dormitories, fraternities, sororities, etc.

Attachments Required:

- A copy of IRS letter determining tax-exempt status for the corporation operating the Group Living Facility or Homeless Shelter.
- A copy of certification from the appropriate state agency or a copy of Conditional Use Permit.

Send the completed form and required attachments to:

Pacific Power
CARE Program Manager
825 N. E. Multnomah Street, Suite 2000
Portland, Oregon 97232

Issued by

Advice Letter No. 739-E Matthew McVee Date Filed May 7, 2024

Decision No. VP, Regulation Effective June 1, 2024

Title

TF6 CAREHML2.E Resolution No. _____