

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: 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.

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Name: (As it appears on your Pacific Power bill)

Home address: (No P.O. Boxes)

City: **Zip code:**

Mailing address: (If different than your home address)

City: **Zip code:**

Daytime telephone number including area code:

Number of people in your household: + =

Adults Children Total

The following chart illustrates annual income levels that qualify for the CARE program. Look at the income allowable for the number of people in your household.

These income limits are effective from June 1, 2021 to May 31, 2022

Number in Household	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
9 and more	

For households with more than 8 people,
add \$9,080 for each additional individual
to determine allowable income level.

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, TANF (AFDC), food stamps, child support, spousal support, cash and other income.

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.

X
Pacific Power Customer Signature

Date



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

Issued by

Advice Letter No.	648-E	Etta Lockey	Date Filed	April 27, 2021
		Name		
Decision No.		VP, Regulation	Effective	June 1, 2021
		Title		