

PACIFIC POWER CARE PROGRAM APPLICATION Entire application must be completed and signed. PLEASE PRINT CLEARLY.

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.

CUSTOMER INFORMATION

Pacific Power Account No.

Name, as shown on your Pacific Power bill

Your home address (Address must be your primary residence. Do NOT use a PO Box)

City

ZIP Code

Preferred phone number

Email address

Number of people in your household at this address: Adults + Children = Total
Total combined annual household income ,

I am currently on a fixed income and receive income or benefits from one or more of the following: pension, Social Security, SSI or SSDI, interest/dividends from retirement accounts, Medicaid/Calif (age 65 and over) or SSI. If so, please check (✓) this box.

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 (Food Stamp)
- CalWORKS (Temporary TANF)
- WIC
- Medi-Cal for Families (Healthy Families Act)
- LIHEAP
- Supplemental Security Income (SSI)
- National School Lunch Program (NSL)
- Bureau of Indian Affairs (Current Assistance)
- Head Start Income Eligible (Trial 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. Applicant must add all sources of the household's combined gross annual household income from ALL sources. Includes taxable and non-taxable income before deductions for all people who live in your home.

- Pension
- Social Security
- SSI or SSDI
- Interest or Dividends from Savings
- Stocks, Bonds, or Retirement Accounts
- 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)

By signing this declaration, I state that the information I have provided in this application is true and correct. I also agree to follow the terms and conditions of the CARE program. I understand that Pacific Power reserves the right to verify household eligibility and agrees to provide proof of eligibility, if asked. I understand that I may be required to participate in the Energy Savings Assistance Program and the unacceptable energy usage levels could result in removal from the program. I agree to inform Pacific Power if no longer qualify to receive discount. I know that if I receive any discount without qualifying for it, I may be required to pay back discount received. I understand that Pacific Power can share my information with other utilities or agencies to enroll me in their assistance programs.

Pacific Power Customer Signature _____ 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.

To qualify for CARE, customers must meet the following eligibility and income requirements:

- The Pacific Power bill must be in your name.
- You must live at the address to which the discount applies
- You may not be claimed as a dependent on another person's income tax return other than your spouse
- You will need to renew your application every two years or when requested by Pacific Power

There are two ways to qualify for CARE:

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

OR

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

Household Size	CARE Income Guidelines	Income Eligibility Upper Limit*
1 to 2	\$40,880	\$51,640
3	\$51,640	\$62,400
4	\$62,400	\$73,160
5	\$73,160	\$83,920
6	\$83,920	\$94,680
7	\$94,680	\$105,440
8	\$105,440	\$110,760

*Upper Limit Calculation = 200% of Federal Poverty Guidelines

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

If you qualify, you can apply online at PacificPower.net/CARE or complete and mail the attached application to:

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



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