

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 P.O. Box.)

City ZIP Code

Preferred phone number

Email address

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

Adults Children Total

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. 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
 - Medi-Cal for Families (Healthy Families A&B)
 - National School Lunch Program (NSL)
 - CalFresh/SNAP (Food Stamps)
 - LIHEAP
 - Bureau of Indian Affairs General Assistance
 - CalWorks (TANF)/Tribal TANF
 - Supplemental Security Income (SSI)
 - Head Start Income Eligible (Tribal Only)
 - WIC

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. Applicants must add all sources of the households combined gross annual household income from ALL sources. Includes taxable and non-taxable income before deductions for all people who live in your home.
- Pensions
 - Wages and/or Profits from Self-Employment
 - Scholarships, Grants, or Other Aid Used for Living Expenses
 - Social Security
 - Unemployment Benefits
 - Insurance or Legal Settlements
 - SSP or SSDI
 - Disability or Workers' Compensation Payments
 - Spousal or Child Support
 - Interest or Dividends from Savings, Stocks, Bonds, or Retirement Accounts
 - Rental or Royalty Income
 - 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 my household eligibility and I agree to provide proof of eligibility, if asked. I understand that I may be required to participate in the Energy Savings Assistance Program and that unacceptable energy usage levels could result in removal from the program. I agree to inform Pacific Power if I 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.

CARE Income Guidelines	
Total gross annual household income Effective June 1, 2024 to May 31, 2025	
Household Size	Income Eligibility Upper Limit*
1 to 2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440
Each additional person	\$10,760

*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

