Pacific Power CARE Program Application for Master Metered Accounts

Mail completed forms to: Pacific Power – CARE Program Manager
825 NE Multnomah, Suite 800
Portland, OR 97232

Questions?
Call toll free 1-888-221-7070

Applicant Information (*All information is required. Please print clearly.*)

Name: _____

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**

Property Manager/Owner Information (*All information is required. Please print clearly.*)

Account Number: *Your property manager can find this in the upper right hand corner of their Pacific Power bill.*

Name: (*As it appears on the Pacific Power bill*) _____

Mailing Address: (*No P.O. Boxes*)

_____ City: _____ Zip code: _____

Daytime Telephone Number including Area Code: ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

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

Number in Household	Monthly Income at or Below	Yearly Income at or Below
1 or 2	$2,225	$26,700
3	$2,608	$31,300
4	$3,150	$37,800
5	$3,692	$44,300
6	$4,233	$50,800
7 and more	For households with more than 6 people, add $542 for each additional individual to determine allowable income level.	For households with more than 6 people, add $6,500 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 selfemployment, 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_____ _____
Signature (Individual applying for CARE) **Date**

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

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