Mail completed forms to:	CARE Program Man Pacific Power 825 NE Multnomah,	0	oplication	
For questions call: 1-888-22	Portland, OR 97232 1-7070			
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.				
Name: (As it appears on your Pacific Power bill)				
Home address: (No P.O.		•,	7. 1	_
		lity:	Zip code:	
Mailing address: (If diffe	rent than your home add	lress) l ity:	Zip code:	
Daytime telephone numb			·	
Number of people in you	r household:	+ =		
Adults Children Total				
The following chart illustrates monthly 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, 2014 to May 31, 2015				
Numb	er in Household 1-2		ome at or Below 2,622	
	3		3,298	
	4		3,975	
	5		4,652	
	6		5,328	
	7 \$6,005 8 and more For households with more than 7 people, add \$677 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 I state that my total combined household.* I agree to provid I may be required to pay back	d household income is n le proof of income if asl	ked. I agree to inform Pacific		
X				
Pacific Power Cu	stomer Signature	Date		CIFIC POWER
*A random sample of CARE participants will be required to provide proof of income.				
		Issued by		
Advice Letter No.	502-E	R. Bryce Dalley	Date Filed	May 1, 2014
Decision No.		Name VP, Regulation	Effective	June 1, 2014
TF6 PPCAREAPP.E		Title	Reso	lution No