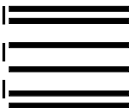
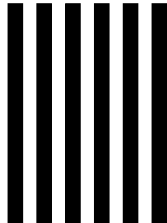


FOLD AND TAPE CLOSED TO MAIL

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 92
RENO, NV

POSTAGE WILL BE PAID BY ADDRESSEE

SIERRA PACIFIC POWER COMPANY
ENERGY ASSISTANCE S1A15
PO BOX 10100
RENO NV 89520-9858



TEAR AT PERFORATION

Please tear off the panel at the perforation, tape, fold and mail this completed application to Sierra Pacific Power.

No postage is necessary.

Por favor desprendá el panel de la derecha. Llène, selle y envíe por correo esta solicitud a Sierra Pacific Power. No necesita usar una estampilla.

ANY QUESTIONS? PREGUNTAS?

If you have any questions about the program, please call Sierra Pacific Power, toll free at 1 (800) 962-4167.

Si usted tiene cualquier pregunta sobre el programa, por favor llame a Sierra Pacific Power, gratuitamente al 1 (800) 962-4167.

The following company gives eligible low-income customers a discount on their gas charges:

Southwest Gas Corporation: 1 (800) 832-2555.

La compañía a continuación otorga a los clientes de bajos recursos que califican un descuento en sus cargos de gas:

Southwest Gas Corporation: 1 (800) 832-2555.



SPP-18-I SPP-CA/LVCG 20M 09/08



SAVE 20% EVERY MONTH
ON YOUR ELECTRIC BILL
WITH
CARE



RECIBA UN **20%** DE DESCUENTO
EN SU FACTURA ELECTRICA
TODOS LOS MESES CON

CARE

sierrapacific.com



YOU MIGHT QUALIFY FOR A DISCOUNT ON YOUR MONTHLY CALIFORNIA ELECTRIC BILL

It's easy to start saving money on your monthly electric bill with the California Alternate Rates for Energy (CARE) Program.

The CARE Program offers a 20% discount on your electric bill **every** month for your **permanent primary residence**, simply by meeting some basic qualifications. Many of your neighbors may already be enjoying a lower electric bill by taking advantage of the CARE Program. It's a great way to save on your energy costs!

It's so simple to apply. Take a look at the Maximum Household Income Chart. If your household income falls within the ranges listed, you qualify. Just complete and mail the attached application. Your discount will begin after your completed, signed application is received and approved. You don't need to do anything else.

Just fill out the self certification application and send it in. ***That's it!***

Maximum Household Income (Ingreso Máximo en el Hogar)

Number of Persons in Household	Total Combined Annual Income
1 or 2	\$30,500
3	\$35,800
4	\$43,200
5	\$50,600
6	\$58,000

If there are more than six people in your household, add \$7,400 for each additional family member.

AHORRE UN 20% CON CARE

Es fácil comenzar a ahorrar dinero de su factura eléctrica mensual gracias al Programa de Tarifas Alternativas de Energía para California (CARE).

El programa CARE ofrece un descuento del 20% en la factura eléctrica mensual de su residencia primaria permanente, simplemente al cumplir con una serie de requisitos básicos. Muchos de sus vecinos ya están aprovechando los ahorros de una factura eléctrica más baja gracias al Programa CARE. ¡Esto es una gran manera de ahorrar en sus costos eléctricos!

Y lo más importante es que la inscripción al programa es de lo más simple. Observe el cuadro de Ingreso Máximo del Hogar. Si el ingreso de su hogar está entre las categorías listadas, usted reúne los requisitos. Llene y envíe por correo la solicitud adjunta. Su descuento entrará en vigencia después de que se reciba y se apruebe su solicitud completa y firmada. Usted no tiene que hacer nada más. Sólo llene la solicitud y envíela. Eso es todo.

Enroll in the CARE Program and start saving. Send us your completed application today.

Inscribase en el Programa CARE y comience a ahorrar. Envíenos su solicitud completa hoy mismo.

cont. on back

CARE APPLICATION PLEASE PRINT CLEARLY (Favor de Imprimir con Claridad)

Please take a few minutes to review this application. Then simply complete it and mail it back to us. Entire application must be completed and signed.

I certify:

- The Sierra Pacific Power bill is in my name.
- I will notify Sierra Pacific Power if I no longer qualify for this rate.
- I am not claimed on another person's income tax return.
- I understand Sierra Pacific Power reserves the right to verify my household's income.
- I will renew my application when requested by Sierra Pacific Power.
- For CARE, the definition of "gross (before taxes) household income" is all money and noncash benefits, available for living expenses, from all sources, both taxable and nontaxable, before deductions, including expenses, for all people who live in my home. This includes, but is not limited to, the following:

Please check (X) ALL sources of your income.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Wages or salaries | <input type="checkbox"/> Rental or royalty income | <input type="checkbox"/> Disability payments | <input type="checkbox"/> TANF (AFDC) |
| <input type="checkbox"/> Interest or dividends from: savings accounts, stocks or bonds, or retirement accounts | <input type="checkbox"/> Scholarships, grants, or other aid used for living expenses | <input type="checkbox"/> Workers' compensation | <input type="checkbox"/> Food stamps |
| <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Profit from self-employment (IRS Form 1040, Schedule C, line 29) | <input type="checkbox"/> Social Security, SSI, SSP | <input type="checkbox"/> Child support |
| | | <input type="checkbox"/> Pensions | <input type="checkbox"/> Cash |
| | | <input type="checkbox"/> Insurance settlements | <input type="checkbox"/> Spousal support |
| | | <input type="checkbox"/> Legal settlements | <input type="checkbox"/> Other income |

Home Telephone: (Teléfono particular) _____

Work Telephone: (Teléfono de su trabajo) _____

() _____ () _____

Your Account Number: (No. de Cuenta de Servicio de su Compañía) _____

Number of persons in my household: (No. de personas en el hogar) _____ + _____ = _____
Adults (Adultos) Children (Ninos) Total

Total annual household income: (ingresos totales al año) \$ _____ (see maximum household income chart left)

I state that the information I have provided in this application is true and correct. I agree to provide proof of income, if asked. I agree to inform Sierra Pacific Power if I no longer qualify to receive the discount. I understand that if I receive the discount without meeting the qualifications for it, I may be required to pay back the discount I received. I understand that Sierra Pacific Power can share my information with other utilities or their agents to enroll me in their assistance programs.

Customer Name (Nombre del Cliente) (please print) _____

Customer Signature (Firma del Cliente) Date (Fecha) _____

Other Programs and Services You May Qualify For: LIHEAP (Low Income Home Energy Assistance Program) provides bill payment assistance, emergency bill assistance, and weatherization services. Call the Department of Community Services and Development at 1 (866) 675-6623 for more information. For other Sierra Pacific Power assistance programs, call 1 (800) 962-4167.

TEAR AT PERFORATION