



SIERRA PACIFIC POWER COMPANY(SPPCo) CALIFORNIA ALTERNATIVE RATES FOR ENERGY (CARE)

CARE provides a monthly discount on your SPPCo electric service
1-866-675-6627 Toll-Free or 1-800-552-6258 TDD/TTY

To participate in the CARE rate, you must submit a copy of your current gross monthly income for everyone living in your home. You must also submit a copy of the top portion of your current SPPCo bill. PLEASE NOTE: The name on the bill and the name on this application must match. **DO NOT SUBMIT ORIGINAL DOCUMENTS. THEY WILL NOT BE RETURNED**

If your name or address has changed, you MUST inform SPPCo. There is no charge for changing or adding a name to your SPPCo account.

For Official Use Only

Your Name (As it appears on your SPPCo bill.)

First _____ Middle _____ Last _____

Mailing Address

Number and Street _____ Apartment Number _____
City _____ State _____ ZIP Code _____

Daytime Telephone Number

(_____) _____

INCLUDING YOURSELF, enter the number of people living in your home. _____

Enter TOTAL GROSS MONTHLY INCOME for everyone living in your home and attach current proof of income. (Proof MUST match amount on TOTAL INCOME line.)	
CalWORKs	\$ _____
SSI/SSP	\$ _____
SSA	\$ _____
Pensions	\$ _____
GA/GR	\$ _____
Wages	\$ _____
Interest Income	\$ _____
Other Income	\$ _____
TOTAL INCOME	\$ _____

Submetered Applicants Only – Enter the name of Mobile Home Park _____

The information on this application will be used to determine and verify my eligibility for assistance. I understand that Sierra Pacific Power Company may share my information with other utilities and their agents to enroll me in their assistance programs. If eligible for the CARE discount, I authorize the proper change to my rate schedule and give my consent for annual eligibility verification. I declare, under penalty of perjury, that the information on this application is true and correct.

X _____
Applicant's Signature _____ Date _____ Witness' Signature (if applicant signed with a mark) _____

YOUR APPLICATION IS NOT COMPLETE WITHOUT ALL OF THE FOLLOWING:

- Completed Application Copy of current SPPCo bill Copy(ies) of current proof of income Signature

Include current proof of income for everyone in your home? Sign and date your application?

APPLICANT QUESTIONNAIRE

SPPCo is currently conducting a survey to measure the effectiveness of its outreach efforts. The following questions are OPTIONAL. Answering the questions will have no effect on the handling of your CARE application or participation in CARE.

Please check the appropriate box(es).

- APPLICANT'S AGE GROUP: 18-39 40-59 60 or older
 APPLICANT'S ETHNICITY: African-American Caucasian Hispanic/Latino Native American Asian Other____
 HOW DID YOU HEAR ABOUT SPPCo CARE? Community Organizations Public Agency Newspaper/Radio
 Word-of-Mouth Other_____

Please return completed CARE application to: Sierra Pacific Power Company
Attention: CARE Program, S1A15
P.O. Box 10100
Reno, NV 89520

PLEASE KEEP THIS INFORMATION SHEET

1-866-675-6627 TOLL-FREE or 1-800-552-6258 TDD/TTY

PLEASE PROVIDE ALL REQUESTED INFORMATION SO THERE WILL BE NO DELAYS IN PROCESSING YOUR APPLICATION

YOU MAY BE ELIGIBLE FOR THE California Alternative Rate for Energy (CARE) Program if:

You are a Sierra Pacific Power Company (SPPCo) permanent residential customer and pay your energy cost directly to SPPCo.

- and -

Your gross monthly income, before deductions for all persons living in your household, is not over the CARE Income Guidelines. (See Proof of Income and Income Guidelines below.)

EXAMPLES OF PROOF OF INCOME

All proof of income must be current and show an income amount

- Temporary Assistance for Needy Families (TANF): Notice of Action; or computer printout; or benefit letter; copy of check; or
- Food Stamps: Notice of Action or benefit letter from eligibility worker showing dollar amount of assistance; or
- Supplemental Security Income: Notice of Planned Action or Form 2458; computer printout from Social Security Office; copy of bank statement showing SSI direct deposit; copy of SSI check; or
- Social Security benefits: copy of current check(s); SSA Form 1099, 4926, or 2458; computer printout from Social Security Administration Office; Bank Statement showing direct deposit; or
- Pension and Annuities: copy of a current check; verification on letterhead or annual statement from pension plan; or
- Wages: copy of current paycheck stub(s) covering a one-month period and showing gross income; or
- Interest Income: monthly or quarterly bank statement; statement of interest income from bank or agency; or
- Disability Compensation: copy of a current check; printout or letter from agency or insurance company verifying the compensation amount; or
- Unemployment Benefits: copy of current check(s); printout from Employment Development Department; or
- Child and/or Spousal support: copy of current check; or
- Support from an Individual: copy of check and statement signed by person providing the support; or
- General Assistance: Notice of Action from County Social Services; copy of a current check; or
- Student Aid: Financial Aid statement from College or University; or
- Veteran's Benefits: letter indicating receipt of Veteran's Pension; copy of Veteran's Administration check; or
- Signed Federal Tax Form 1040: ONLY FOR SELF-EMPLOYED.

PLEASE NOTE: W2's are no longer accepted. The 2008 Federal Tax Form 1040 (valid through April 15, 2010) will only be accepted for the self-employed. Medi-Cal stickers are not accepted as proof of income.

CARE Income Guidelines		
Size of Household	Monthly	Yearly
1	\$2,542.00	\$30,500
2	\$2,542.00	\$30,500
3	\$2,983.00	\$35,800
4	\$3,600.00	\$43,200
5	\$4,217.00	\$50,600
6	\$4,833.00	\$58,000

NOTE: For households with more than six members, increase income by the amount below for each additional family member.

Additional Family Member Amounts:	\$617.00	\$7,400
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You are not eligible for the CARE if you are:

- Claimed as a dependent on another person's income tax return
- Non-permanent customer with a recreation or vacation home