



**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**

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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.)	
CaWORKs	\$ _____
SSI/SSP	\$ _____
SSA	\$ _____
Pensions	\$ _____
GA/GR	\$ _____
Wages	\$ _____
Interest Income	\$ _____
Other Income	\$ _____
<b>TOTAL INCOME</b>	<b>\$ _____</b>

**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

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(To be inserted by utility)  
Advice Letter No. 352-E

Issued by  
Michael J. Carano  
Name  
Director  
Title

(To be inserted by CPUC)  
Date Filed 07-01-09

Decision No. \_\_\_\_\_

Effective 08-01-09

Resolution No. \_\_\_\_\_