Third Party Payment Addendum

For work completed in Pacific Power Territory



Instructions

This form must be completed and signed if you are a property owner, landlord, property management company or homeowner association not listed on the account where qualified equipment was installed or services performed and you would like the incentive check(s) to be made payable to you. This form must also be submitted if you are the property owner and would like to assign payment either to a homeowner (if different than account holder) or a contractor.

Third party entities should review and complete the appropriate option below and submit the completed addendum and all required documentation with the incentive application for verification.

Need help completing this form? Call 1-800-942-0266 for assistance.

Option 1: For property owners, landlords and homeowners not listed on account

Instructions

Property owner or landlord must complete the information below and provide a copy of the current <u>property tax record</u> clearly showing the following:

- Date of report
- Property's physical address (must match installation address below and on incentive application)

Full name of property owner/landlord (Individual)		11 /				
If the property tax records show the owner of the prop	erty to be a business, a complete	ed and signed W-9 (v	www.irs.gov/pub/irs-			
pdf/fw9.pdf) must also be submitted.						
Installation address						
Name on account						
Installation address	City	S tate	_ Zip			
Property owner/landlord information						
Individual or business name						
Business representative (if applicable)						
Mailing address	City	S tate	_ Zip			
E-mail address	Day time phone number	er				
Completed W-9 attached (if payment is to be made payable to a business): ☐ Yes ☐ No						
(Optional) I would like to make the incentive payable to homeowner listed below: ☐ Yes ☐ No						
Homeowner information (if different than prope	rty owner, such as some mobi	ile homes)				
Individual or business name						
Business representative (if applicable)						
Mailing address	City	S tate	_ Zip			
E-mail address	Day time phone number	er				
Completed W-9 attached (if payment is to be made payable to a business): ☐ Yes ☐ No						
Property owner/landlord certification						
I hereby certify that all information is accurate, including the claims of customer and equipment information and property ownership. I have read all terms and conditions on the applicable wattsmart Homes program incentive application and						
acknowledge that Pacific Power may verify all the info		11				
Signature		Date				

Option 2: For property management companies

Instructions

Property management companies can verify or update their existing landlord accounts or create new landlord accounts by calling Pacific Power customer service at 1-888-221-7070.

If there are individual tenant units not on an existing landlord account, you as a property management company can still direct payment to you by completing the information below and providing a letter <u>from the current Pacific Power account holder</u> authorizing incentive payment to the property management company and a completed and signed W-9 (www.irs.gov/pub/irs-pdf/fw9.pdf).

pdf/fw9.pdf). Installation address (Attach list of additional individual)	dual account holders and installation add	tresses)				
Name on account						
Property name						
Installation address	City	State	Zip			
Property management company information						
Property management company name						
Representative name						
Mailing address	City	S tate	Zip			
E-mail address	Day time phone number					
Completed W-9 attached: ☐ Yes ☐ No						
Signed letter from account holder attached: \square Yes	□ No					
Property management company certification						
I hereby certify that all information is accurate, included ownership. I have read all terms and conditions on the acknowledge that Pacific Power may verify all the in	e applicable wattsmart Homes program					
Signature		Date				
Option 3: Forhomeowner associations						
Instructions						
Homeowner association representative must complete the information below and provide a copy of the <u>official registration of the Homeowners Association</u> with the state and a completed and signed W-9 (<u>www.irs.gov/pub/irs-pdf/fw9.pdf</u>).						
Installation address (Attach list of additional indivi	idual account holders and installation add	dresses)				
Name on account			_			
Installation address	City	State	Zip			
	en					
Homeowner association information		5 tate				
Homeowner association information Homeowner association name		State				
,						
Homeowner association name	Homeowner as	sociation num	iber			
Homeowner association name Representative name	Homeowner asCity	sociation num State	lber Zip			
Homeowner association name Representative name Mailing address E-mail address Completed W-9 attached: Yes No	Homeowner asCity	sociation num State	lber Zip			
Homeowner association name Representative name Mailing address E-mail address Completed W-9 attached: □ Yes □ No Homeowner association certification	Homeowner as City Day time phone number	sociation num State	lberZip			
Homeowner association name Representative name Mailing address E-mail address Completed W-9 attached: Yes No	— Homeowner as City Day time phone number ding the claims of customer and equipe applicable wattsmart Homes progran	sociation numState	Zip			

Option 4: For assigning payments to contractor *Instructions*

Account holders have the option of completing the Third Party Payment Addendum for assigning payments to a contractor by completing the information below. The account holder and the contractor must both authorize incentive payment and the contractor must submit a completed and signed W-9, unless already submitted during trade ally enrollment (www.irs.gov/pub/irs-pdf/fw9.pdf).

pdf/fw9.pdf).						
Installation Address						
Name on account						
Property name (if applicable)						
Installation address	City	S tate	Zip			
Contractor Information						
Contractor name (must match contractor's submi	tted IRS Form W-9)					
Mailing address	City	S tate	Zip			
E-mail address	Day time phone n	umber				
Completed W-9 attached: ☐ Yes ☐ No						
Authorized Representative Certification						
I hereby certify that all information is accurate, including the claims of customer and equipment information and property ownership. I have read all terms and conditions on the applicable wattsmart Homes program incentive application and acknowledge that Pacific Power may verify all the information provided.						
Account Holder Printed Name	Signature		Date			
Contractor Printed Name	Signature		Date			