## CSC

## PLEASE READ THOROUGHLY

Attached is your Utility Assistance application.

You do not need to schedule an appointment.

To complete this application you must:

- Step 1: Verify that your household is income eligible by using the income chart below.
- Step 2: Fill out application completely for every household member residing in your home. This includes anyone using your utility(s). For example, someone staying in a travel trailer on your property, and is plugged into your power. See reverse for sample application.
- Step 3: Sign application and any additional forms if needed (Note: the same person signs all forms).
- Step 4: Include copies of <u>all</u> income for <u>all</u> household members for the last 60 days see reverse for common income types and required proof for each.
- Step 5: Include copies of ID for all adults (18 +) in the household and Social Security cards for all household members.
- Step 6: Include copy of utility bills with current address and account numbers. (Note: bill(s) must be in the name of an adult living in the home). If you pay water, separate from your rent, please include your water bill as well.
- Step 7: Return signed application, additional forms, income documents, utility bill(s) and ID/Social Security card(s) to the address listed at the end of these instructions. Please mail your application and supporting documents to your county's specific office.
- \* Income Chart: Based on the number of people included in your household, the household's total monthly <u>aross income</u> must be at or below the monthly income limit below. Note: gross income is before any deductions, including but not limited to; taxes, support payment, insurance (including Medicare) and garnishments.

Household size	Monthly Gross Income	Household size	Monthly Gross Income
1	\$ 2,445.33	7	\$ 6,348.42
2	\$ 3,197.75	8	\$ 6,489.50
3	\$ 3,950.17	9	\$ 6630.58
4	\$ 4,702.50	10	\$ 6771.67
5	\$ 5,454.92	11	\$ 6912.75
6	\$ 6,207.33	12	\$ 7053.75

For each additional member add: \$141.00

## **PLEASE NOTE:**

- Income must be provided for each household member with every new Utility Assistance application Missing proof of income will result in longer processing time or denial of your application. We are not
  allowed to use documents from previous applications.
- It will take 6-8 weeks to completely process your application. Once your application is processed, you
  will receive a payment receipt by mail. Please DO NOT DELAY in returning your complete application as
  funds are limited.

- Applications are processed in the order they are received. If your application is not signed or is missing
  documents this will delay processing time and/or the application will be denied and you will need to reapply.
- If you are concerned about your utility bill please contact your service provider to make payment arrangement and inform them you have applied for assistance.
- Please use our automated system to check the status of your application (see phone numbers below for your local office.
- If applying for water assistance you must sign the separate water forms as well; return the signed forms along with your utility bills and this application.

## Common income types and required proof:

**Social Security/Social Security Disability**- Benefit verification letter from the Social Security office for the CURRENT year. We cannot access this information for you. NO BANK STATEMENTS OR TAX STATEMENTS CAN BE ACCEPTED FOR SSA OR SSDI.

**Supplemental Security Income (SSI)**- Benefit verification letter from the Social Security office for the CURRENT year, or a bank statement showing your SSI deposits for the last 60 days.

**VA Pension/Disability**- Benefit verification letter from the Department of Veteran's affairs for the CURRENT year, or a bank statement showing your VA deposits for the last 60 days.

**Pension/Annuity**- A bank statement showing a pension/annuity deposits for the last 60 days, or a statement from the pension/annuity company if it is dated within the last 60 days. A lifetime benefit letter is also acceptable.

**Wages-** (Proof is REQUIRED for anyone 18+ and not in high school) Pay stubs from the last 60 days that show employee name, employer's name, GROSS pay, and pay date. Please note that pay period is not the same as pay date. (Must provide even if no longer employed).

**TANF-** A current statement from DHS is needed.

**Unemployment**- UI print-out from the Oregon UI website that clearly shows your name. ("Where's my check"). UI Print-out must show ALL UI received in the last 60 days. You must also print a "payment detail" page for every UI payment received in the last 60 days.

Child Support/Spousal Support, odd jobs, family help, collect cans, other - Complete FORM DHI.

Self-employment- Complete FORM SEWS.

**Zero income (18 + and not still in high school only)-** Complete FORM Z1S.

Please mail your application to <u>your local CSC office</u>. Currently, we are not able to see clients in person. If you need assistance, please leave a message with our Help Desk 541-704-7632, we will return your call within 48 business hours.

Linn County 250 Broadalbin St SW, STE 2A Albany, OR 97321 541-926-7163 Benton County
917 NW Grant Ave, STE B
Corvallis, OR 97330
541-752-2840

Lincoln County
120 NE Avery St (upstairs)
Newport, OR 97365
541-265-3293

Expiration Date:

Applica	Applicant Name (Last, First) :						Prog	Program:			Office:	:
			NOTE: GREY AREAS	NOTE: GREY AREAS ARE FOR OFFICE USE ONLY	SE ONLY.							
Total N	Total Number in Household:	Type of Household (Circle):	cle): Single 2-Adult, No Children	dren Single Parent Female	t Female	Single Parent Male	الاماد 2-Parent الا		Multigenerational	nal Other	er	
Re	Full Legal Name on Social Security Card Ref: (First, Middle, Last):	Birthdate:	Social Security #:	SS# Adult Vrfd Vrfd Vrfd V/N Y/N Y/N	CENDEK (266 Below)	RACE  NH =NON- HISPANIC  H=HISPANIC	OREGON TRIBE EDUCATION	DISABLED Y/N	D X\N HOWEBONN	N\Y NAЯЭТЭV boo4) ¶AN2	N/Y (sqmst2	NCB/HI
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	В											
	c											
	Q				_							
AMЯ	E											
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	9											
	т											
	Does anyone in your household have the below health insurance? Please	alth insurance? Please	Language Codes:	Gender:		Race Codes:			Education Codes:	n Codes:		(ADULTS ONLY)
	place the "Ref:" letter next to their name (from above) behind the type of insurance(s) they receive (i.e.: Person A next to Medicare, B MCAID)  MEDICAID/OHP	ove) behind the type of dicare, B MCAID)  MEDICARE	E: English S: Spanish	F: Female M: Male		<b>AA</b> : African American <b>AS</b> : Asian	ican		<b>0-8</b> : Grades 0 to 8 <b>9-12</b> : Grades 9-12	<b>0-8</b> : Grades 0 to 8 <b>9-12</b> : Grades 9-12/Non-Grad	Von-Grad	
	MILITARY/VA		R: Russian AR: Arabic	FTM: Transgender F to M MTF: Transgender M to F	to M M to F	AI: Native American/Alaskan Native NH/PI: Native Hawaiian/Pacific Islander	an/Alaskan Na waiian/Pacific	ative Islander	<b>HS</b> : High § <b>12+</b> : Som	<b>HS</b> : High School Grad/GED <b>12+</b> : Some College/Post-Se	HS: High School Grad/GED 12+: Some College/Post-Secondary	dary
	THROUGH EMPLOYER	SELF PURCHASED	AM: American Sign Language O: Other	O: Other RF: Refused		WH: White DK: Don't Know RF: Refused			2C: 2 or 4 ye CG: Graduat RF: Refused	2C: 2 or 4 year degree CG: Graduate of Other RF: Refused	2C: 2 or 4 year degree CG: Graduate of Other Post-Secondary RF: Refused	condary
Ph	Phone:	Type (Circle): CELL H	HOME MESSAGE									
Н	Household Comments:											
Ph	Physical Address:											
	Street Address:								Apt or Space#:	oace#:		
ಕ ISSE	City:		State:			Zip:			County:			
	Mailing Address (if different than Physical Address):	dress):										
	Street Address:					PO Box:			Apt or Space#:	oace#:		
Cit	City:		State:			Zip:			County:			
	Type of Dwelling (Circle):		Residence Status (Circle all that apply):	that apply):	Heat or	Heat or Energy Source(s) (Circle all that apply):	(s) (Circle all	that apply				
ТҮРЕ	HOUSE MANUFACTURED/MOBILE	ED/MOBILE	OWN R	RENT		ELE	ELECTRIC N,	NATURAL GAS		PELLET	WOOD	
ררואפ	MULTI-UNIT (DUPLEX/TRIPLEX) N	MULTI-UNIT (4+)	RENT (Heat inc in Rent)	in Rent)		SOLAR	IS 7110	SM TANK PROPANE	OPANE	PROPA	PROPANE DELIVERY	:RV
DME	TRAVEL TRAILER OTHER:		HUD/SEC 8 PUB	PUBLIC HOUSING	OTHER	OTHER (Please List):	<u></u>					
							Prin	Primary Energy Type:	y Type:			

Authorization #:

Expiration Date:

					NOTE: G	NOTE: GREY AREAS ARE FOR OFFICE USE ONLY.	OR OFF	ICE USE ON	LY.			
Ref:	Ref: Income Source:		Type:	Verifica	Verification: Amount:	nount:	Freq:	Freq: Annual:	)	Comments:		
OME												
ІИСС												
	*	*If you have a PENSION; a	ire deductions taken	from your per	nsion chec	:k? YES or NO (	circle o	ne). If "YES	" the amoun	**If you have a PENSION; are deductions taken from your pension check? YES or NO (circle one). If "YES" the amount deducted from the pension is: \$	\$ per month.	
					NOTE: G	NOTE: GREY AREAS ARE FOR OFFICE USE ONLY.	OR OFF	ICE USE ON	LY.			
	Circle Types:	Account Status:						Inta	Intake Date:		Matrix Energy Type:	
NO	Regular	Current								Total Annual Income:		
ΙΤΑΊ	Fuel	Past Due	Utility Company:		Ac	Acct #:		Nar	Name on Acct:		Authorized Amount:	
NAC	Crisis	Shutoff 1-5 Days									Utility Amount:	
INFC	Combo	Shutoff 0-24 hours									Utility Amount:	
ΥΤΙ	Other	Disconnected	Comments:								Direct Pay Amount:	
IJΤŪ		Bulk Fuel										
		Bulk Fuel Out										
My h	household has been	My household has been affected by COVID in the following way: (Select one)	llowing way: (Select or	le)								
C	Household memb	Household member was laid off or furloughed due to COVID	I due to COVID				House	hold membe	r had to take u	Household member had to take unpaid leave from work due to COVID	<u>Ω</u>	
IIΛC	Household memb	Household member had hours reduced at work due to COVID	rk due to COVID				House	hold had chil	Household had childcare issues due to COVID	ue to COVID		
00	Household member got COVID	er got COVID					Housel -	hold included	someone cor	Household included someone considered vulnerable and had to quarantine due to COVID	rantine due to COVID	
	Household memb	Household member had to stay home to take care of someone with COVID	care of someone with	COVID			Other	Other (Please Explain):	in):			
												7

## Applicant Disclaimer and Release: (continued on page 3)

## APPLICANT NOTICE, PROGRAM DISCLAIMERS, AND APPLICANT RESPONSIBILITIES, WAIVER & RELEASE

I, Applicant, understand that the government energy and weatherization assistance programs are voluntary and my application is subject to a review process to determine my household's eligibility.

I understand that in order for my household's application to be considered, I must submit a complete application that provides all required information.

I understand that I may be required to provide additional information or documentation to determine my household's eligibility.

I understand that my household's application and additional information or documentation materials will all become part of my household's application ("Application").

I understand that determinations on assistance eligibility are made by the state's Oregon Housing and Community Services (OHCS) department in conjunction with contracted sub grantee agencies ("Sub

In the event that my household's Application is denied, I may be entitled to a review of my Application under applicable Oregon Administrative Rules.

Office: Program: Applicant Name (Last, First)

With my Signature: I authorize my household's Application to be shared by and between OHCS and the State of Oregon, including designated subcontractors, and Sub grantees for the purposes of determining eligibility, and administering, monitoring, researching, and evaluating (all of which as determined by OHCS' in its sole discretion) the government energy and weatherization assistance programs.

declare that the information I provide to complete my Application is true and correct.

agree to comply with the government energy and weatherization assistance program requirements for eligible households.

agree that I am responsible to return ineligible funds or funds used improperly.

PART 2:

## APPLICANT NOTICE, WAIVER & RELEASE RELATED TO ENERGY SERVICE PROVIDERS AND APPLICANT'S ENERGY SERVICE ACCOUNT INFORMATION

I understand that the State of Oregon, including OHCS, its designated subcontractors, and Sub grantees, may request information related to my energy services account(s) ("Account") from my energy service provider(s), including utility, fuel supplier, vendor, or other similar entity providing similar services ("Energy Services Provider"), once my household applies for energy assistance through one of the energy assistance programs, including but not limited to the Low Income Home Energy Assistance Program (LIHEAP) and Oregon Energy Assistance Program (OEAP). I understand that information related to my Account may be requested by the State of Oregon, OHCS, its designated subcontractors, and Sub grantees for the purposes of, including but not limited to, determining my household's energy assistance eligibility, and administering, monitoring, researching, and evaluating the energy assistance programs (all of which as determined by OHCS in its sole discretion).

# With my Signature: I acknowledge that I am the account holder (or the account holder's authorized agent) for the Energy Services Provider Account(s) identified in this Application.

address, billing dates and amounts charged, information related to collections actions, other miscellaneous account charges and information, or other similar account data as may be requested by OHCS or its hereby authorize and hold harmless my Energy Services Provider(s) to release and provide any and all information relating to my account, including but not limited to account number, account name, service designated subcontractor (hereinafter "Account Information") to the State of Oregon, OHCS, its designated subcontractors, and Sub grantees. l hereby authorize and hold harmless my Energy Services Provider(s) for such release of my Account Information for up to two (2) energy assistance program years (10/1 to 9/30) prior to my Application and for three (3) program years (10/1 to 9/30) after my Application is submitted.

l hereby authorize and hold harmless the State of Oregon, OHCS, its designated subcontractors, and Sub grantees in the use (as authorized by OHCS in its sole discretion) of my released Account Information.

## APPLICANT SIGNATURE PART 3:

With my signature I hereby provide the required authorization, approval and acknowledgments to both PART 1 and PART 2 of this ENERGY/WEATHERIZATION ASSISTANCE APPLICATION-REQUIRED APPLICANT DISCLOSURES AND APPROVALS.

Agency Certification: The above named applicant has met the income eligibility requirements for the State of Oregon low-income energy assistance programs and is authorized to receive assistance in the amount Assistance is subject to the availability of funds and applications are processed in the order received. Documentation must be included with your application to process. Date Applicant Signature

Date: Other: Denied CARES OEA A/C Authorizing Agency Signature: OEA Approved LP A/C Ы Date: Date: Intake Worker Signature: Data Entry:



Helping People. Changing Lives.

## **Low-Income Household Water Assistance Program**

To apply for the water assistance program you must have a completed Utility Assistance Application on file by completing one of the options below. You must have a water/sewer bill that is in the name of an adult currently residing in the home, this adult must be included on the Utility Assistance Application.

- Option 1: You have already completed a Utility Assistance Application this program year. You still live in the same residence with the same people (If any changes use Option 2). Sign this form and return with your current water/ sewer bill.
- Option 2: Complete Utility Assistance Application; sign all forms; include your proof of income for all household members (see instructions) and ID for adults. Sign this form and return all forms and documents with your current water/ sewer bill.

If you complete one of these options, you **do not** need to schedule an appointment. Applications are processed in the order received. Once processed you will receive a receipt detailing your benefit amount. Please continue to pay your bill or work with the utility provider on payment arrangements.

## LIHWA DISCLAIMER:

With my signature, I, the Applicant, agree to the following statements in regard to the Low-Income Household Water Assistance (LIHWA) Program:

- I attest that the information stated in this application is true and accurate and will be used to determine my eligibility for water and/or wastewater assistance.
- I understand that the information provided, if misrepresented or incomplete, may be grounds for immediate application termination and/or could result in penalties as specified by law, including but not limited to enforcement under the Federal and Oregon False Claims Acts.
- I agree, as the water and/or wastewater services account holder, to the additional Release of Information to the water and/or wastewater provider or its authorized partners and representatives as necessary to verify services provided and those costs associated with services and process payment.
- If I pay my landlord or authorized representative for water and/or wastewater services, I have provided a signed Landlord Authorization Form as Release of Information.
- In addition, I agree that data from this application and from my water and/or wastewater services account (not including my personal identifying information) may be used for reporting or program evaluation purposes by the water and/or wastewater provider, its authorized partners and representatives, and the State of Oregon, including but not limited to Oregon Housing and Community Services (OHCS) and its authorized partners and representatives.

Albany Regional Office	Corvallis Regional Office	Newport Regional Office	Head Start in Lincoln County
Applicant Signature:		Date	9:
Applicant Name: (Ple	ase Print)		
services (Orics) a	and its authorized partners a	ind representatives.	

## FORM DHI – Only fill out if a member of your household (18+) has occasional income Odd Jobs Can/Bottle Deposits Child Care Family and Friends **Child Support** Spousal Support (Alimony) Cash Tips Donating blood/plasma Other (please explain below) Please list below **ALONG WITH** the length of time receiving this income: Name of household member Income source Received for Amount received in previous (see list above) how long? month: How much is your house rent or mortgage each month? \$ What source(s) of funds were used to pay your rent or mortgage? (check all that apply below) Other household member income HUD/Section 8/low income housing \_\_\_\_ No Rent or Mortgage \_\_\_\_ Savings Behind, Not Paying, Facing Eviction Work in Exchange Family/Friends – If so, was it paid to you or to the landlord/mortgage company? \_\_\_\_\_ FORM SEWS – Fill out if you or anyone in the home has self-employment income Name of Self-Employed Person and Business Name / Type of Business: Is this business run out of your home? YES or NO (circle one) Is your vehicle used for both business and personal use? YES or NO (circle one) **Gross Receipts or Sales** (including tips) for previous month Business deductions for the month indicated above: \$ 1. Fuel or Mileage \$ 3. Advertising (Explain) 4. Other 2. Supplies & (Explain) Cleaning \$( Total Deductions (Add lines 1 through 4) (Losses from previous years are not deductible) NET INCOME (Subtract total deductions from Gross Receipts) (If you filled out any part of this form, please sign below) Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I understand that providing false representations herein constitutes the act of fraud. Providing false, misleading, or incomplete information may result in the termination of your benefits. Name (Please Print) Signature of applicant Date Page 5

## Fill out for all members of your household (18+) that had no income in the previous month

## **Zero Income Statement – Form ZIS**

This form is for all household members, 18 or older, who are not still in high school.

Name(s) of person(s) claiming ze	ero income:	How many months without income:
a.)		
certify that no income was receing from Income resulting from Income resulting from Rental income TANF Child support, alimo Self-employment Unemployment 1.) Did you file for	wed from <b>ANY</b> source including: om odd jobs such as yard work or cl om collecting bottles/cans, donating ony, or regular gifts from persons no e.: Uber, Lyft, eBay sales, meal deli	g blood/plasma, etc.  ot living in my home  very services, other sales or services)  YES or NO (circle one)
/hat source(s) of funds were use HUD/Section 8/low inc Savings Behind, Not Paying, Fa		that apply below) ther household member income o Rent or Mortgage /ork in Exchange
Other (please explain):		
TILITIES: Have you paid your ut  If yes, how much? \$	ility company in the last 30 days?	YES or NO (circle one)
What funding source was	used to make the utility payment?	)
ccurate to the best of my known constitutions herein constitutions	owledge. The undersigned furth	nted in this certification is true and ner understands that providing false g false, misleading, or incomplete
Name (Please Print)	Signature of applicant	Date