



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.

Step 3: **Sign application** and any additional forms if needed (Note: the same person signs all forms).

Step 4: Include copies of **all** income for **all** 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, any applicable 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 gross income 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	\$ 2,605.50	7	\$ 6,764.25
2	\$ 3,407.17	8	\$ 6,914.50
3	\$ 4,208.83	9	\$ 7,064.83
4	\$ 5,010.50	10	\$ 7,215.17
5	\$ 5,812.25	11	\$ 7,365.50
6	\$ 6,613.92	12	\$ 7,515.75

For each additional household member add: \$150.25

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 re-apply.*
- If you are concerned about your utility bill please contact your service provider to make payment arrangement and inform them that 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. Please 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 for 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 ZIS.

Please mail your application to your local CSC office as currently we have limited ability to see clients in person. If you need assistance or have questions, please leave a message with our Help Desk at 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

Authorization #:

CSC Utility Assistance Application

Expiration Date:

Applicant Name (Last, First) :										Program:		Office:						
NOTE: GREY AREAS ARE FOR OFFICE USE ONLY.																		
Total Number in Household:		Household Type (Circle):		(Single)	(2-Adult, No Children)	(Single Parent Female)	(2-Parent)	(Multigenerational)	(Other)									
Full Legal Name on Social Security Card		Birthdate:		Social Security #:		SS# Vrfd Y/N	Adult Vrfd Y/N	LANGUAGE (See Below)	GENDER	H-HISPANIC NH = NON-HISPANIC	RACE (See Below)	OREGON TRIBE	EDUCATION (See Below)	DISABLED Y/N	HOMEBOUND Y/N	VETERAN Y/N	SNAP (Food Stamps) Y/N	NCB/HI
Ref: (First, Middle, Last):																		
A																		
B																		
C																		
D																		
E																		
F																		
G																		
H																		
Does anyone in your household have the below health insurance? Please 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		MEDICARE		Language Codes: E: English S: Spanish R: Russian AR: Arabic AM: American Sign Language O: Other		Gender: F: Female M: Male FTM: Transgender F to M MTF: Transgender M to F O: Other RF: Refused		Race Codes: AA: African American AS: Asian AI: Native American/Alaskan Native NH/PI: Native Hawaiian/Pacific Islander WH: White DK: Don't Know RF: Refused		Education Codes: 0-8: Grades 0 to 8 9-12: Grades 9-12/Non-Grad HS: High School Grad/GED 12+: Some College/Post-Secondary 2C: 2 or 4 year degree CG: Graduate of Other Post-Secondary RF: Refused		(ADULTS ONLY)				
Type (Circle):		CELL		HOME		MESSAGE												
Phone:																		
Household Comments:																		

Physical Address:																											
Street Address:																											
City:																											
State:																											
Zip:																											
Apt or Space#:																											
County:																											
Mailing Address (if different than Physical Address):																											
Street Address:																											
City:																											
State:																											
Zip:																											
Apt or Space#:																											
County:																											
Type of Dwelling (Circle):		HOUSE		MANUFACTURED/MOBILE		Type of Dwelling (Circle):		OWN		RENT		Type of Dwelling (Circle):		OWN		RENT											
MULTI-UNIT (DUPLICATE/TRIPLEX)		MULTI-UNIT (4+)		MULTI-UNIT (4+)		RENT (Heat inc in Rent)		RENT (Heat inc in Rent)		RENT (Heat inc in Rent)		RENT (Heat inc in Rent)		RENT (Heat inc in Rent)		RENT (Heat inc in Rent)											
TRAVEL TRAILER		OTHER:		OTHER:		HUD/SEC 8		PUBLIC HOUSING		PUBLIC HOUSING		PUBLIC HOUSING		PUBLIC HOUSING		PUBLIC HOUSING											
Heat or Energy Source(s) (Circle all that apply):														ELECTRIC NATURAL GAS PELLET WOOD SOLAR OIL SM TANK PROPANE PROPANE DELIVERY OTHER (Please List):													
Primary Energy Type:														Primary Energy Type:													

Authorization #:

CSC Utility Assistance Application

Expiration Date:

Applicant Name (Last, First) :		Program:	Office:
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PART 2: APPLICANT NOTICE, WAIVER & RELEASE RELATED TO ENERGY SERVICE PROVIDERS & APPLICANT'S ENERGY SERVICE ACCOUNT INFORMATION

I understand that the State of Oregon, including OHCS, its designated subcontractors, and Subgrantees, 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 Subgrantees for the purposes of, including but not limited to, determining my household's energy assistance eligibility, 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.

I 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 address, billing dates and amounts charged, information related to collection's actions, other miscellaneous account charges and information, or other similar account data as may be requested by OHCS or its designated subcontractor (hereinafter "Account Information") to the State of Oregon, OHCS, its designated subcontractors, and Subgrantees. I understand and agree, should I receive any heating and/or cooling equipment as a result of any of these programs, I agree to hold OHCS, its sub grantees and/or contractors harmless.

I 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.

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

PART 3: APPLICANT SIGNATURE

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

Applicant Signature	Date
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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.

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 above.				
Intake Worker Signature:	Date:	Authorizing Agency Signature:		
Data Entry:	Date:	LP	LP A/C	OEA
		OEA A/C	LIHWA	Other:
		Approved	Denied	

Low-Income Household Water Assistance Program

To apply for the water assistance program you must completed the Utility Assistance Application. (Application attached).

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.

Funding for this program is limited, if you used the program last season you may not be eligible to receive a payment this season.

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.

Applicant Name: (Please Print) _____

Applicant Signature: _____

Date: _____

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 (see list above)	Received for how long?	Amount received in previous 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)

_____ HUD/Section 8/low income housing _____ Other household member income
_____ Savings _____ No Rent or Mortgage
_____ 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) _____

2. Supplies & \$ _____ 4. Other \$ _____
Cleaning (Explain) _____

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

Bill Discount for NW Natural's Low-Income Customers

NW Natural is offering customers who qualify for Oregon Low-Income Gas Assistance (OLGA) a bill discount in addition to the OLGA payment. In order to place customers who qualify for OLGA on NW Natural's bill discount program, NW Natural needs the customer's income (annual income) and the number of people in the household in order to assign the appropriate discount to the customer. Discounts range from 15% to 40% based on household income.

Customers must sign the release of information below to be enrolled in the discount program with the OLGA application. Discount program starts November 1, 2022. Discounts are applied by NW Natural, please allow 2 billing cycles before inquiring about a missing discount.

NW NATURAL - AUTHORIZATION TO RELEASE INFORMATION

Upon successful enrollment in the OLGA/GAP programs, I authorize NW Natural's authorized OLGA/GAP contractors to release my Application and ongoing OLGA/GAP program benefit information held by the OLGA/GAP contractors to the Energy Services Provider for the purposes of administering, monitoring, researching, evaluating the OLGA/GAP program delivery and efficiency, and evaluation of enrollment in the Energy Services Provider's Bill Discount Program.

Account Holder's Name (print)

Applicant's Signature