



PLEASE READ THOROUGHLY

Attached is your Utility Assistance application.

You do not need to schedule an appointment.

PLEASE NOTE:

Income **MUST** be provided for each household member with every Utility Assistance application - Missing income documents will result in longer processing time or denial of your application. We are not allowed to use documents from previous applications.

Utility bills **MUST** be included with your application to reduce the chance of delay in processing your application.

We no longer have a water bill payment program. Please do not expect a water payment. Inquire with your worker; we may be able to sign you up for a water discount program depending on your location.

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 the 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 a copy of utility bills with current address and account numbers. (Please note: bill(s) must be included with your application and be in the name of an adult living in the home).

Step 7: Return signed application, any applicable additional forms, income documents, utility bill(s) and ID/Social Security card(s) to the address listed on the reverse of this instruction sheet. 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 (meaning anyone using your power source ie: roommates, family, RVs, etc), 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 payments, insurance (including Medicare), and garnishments.

Household size	Monthly Gross Income	Household size	Monthly Gross Income
1	\$ 2,785.58	7	\$ 7,231.75
2	\$ 3,642.67	8	\$ 7,392.42
3	\$ 4,499.75	9	\$ 7,553.17
4	\$ 5,356.83	10	\$ 7,713.83
5	\$ 6,213.92	11	\$ 7,874.50
6	\$ 7,071.00	12	\$ 8,035.25

For each additional household member add: \$160.75

PLEASE NOTE:

- 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** returning your complete application as funds are limited.
- Applications are processed in the order they are received.
- You will not receive a water payment; our water program has ended.
- *If you are concerned about your utility bill, please contact your utility provider to make payment arrangements and inquire if they have additional resources for payment assistance.*

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 pension or 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 the pay period is not the same as the 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, collecting 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 or return your completed application to your local CSC office.

Linn County

**250 Broadalbin St SW, STE 2A
Albany, OR 97321**

Benton County

**PO Box 1084
Corvallis, OR 97339**

Lincoln County

**120 NE Avery St (upstairs)
Newport, OR 97365**

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.

NOTE: GREY AREAS ARE FOR OFFICE USE ONLY.											
Applicant Name (Last, First) :		Program:						Office:			
Total Number in Household:		Household Type (Circle): (Single) (2-Adult, No Children) (Single Parent Female) (Single Parent Male) (2-Parent) (Multigenerational) (Other)		EDUCATION (See Below)		HOMEBOUND Y/N		VETERAN Y/N		SNAP (Food Stamps) Y/N	
Full Legal Name on Social Security Card Ref: (First, Middle, Last):		Social Security #:		Adult Vrfd Y/N		LANGUAGE (See Below)		GENDER		H=HISPANIC NH=NON-	
Birthdate:		SS# Vrfd Y/N		Adult Vrfd Y/N		OREGON TRIBE		RACE (See Below)		DISABLED Y/N	
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)		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)	
MEDICAID/OHP		MEDICARE		MILITARY/VA		THROUGH EMPLOYER		SELF PURCHASED		If you have OHP are you enrolled in IHN? Y or N (Please circle)	
Household Comments:		Phone:		Cell		Home		Message			
PHYSICAL ADDRESS											
Physical Address:											
Street Address:											
City:											
State:											
Zip:											
Apt or Space#:											
County:											
MAILING ADDRESS (if different than Physical Address):											
Street Address:											
PO Box:											
Apt or Space#:											
City:											
State:											
Zip:											
County:											
DWELLING TYPE											
Type of Dwelling (Circle):		Residence Status (Circle all that apply):		Heat or Energy Source(s) (Circle all that apply):		Primary Energy Type:					
HOUSE		OWN		RENT		ELECTRIC		NATURAL GAS		WOOD	
MULTI-UNIT (DUPLICATE/TRIPLEX)		RENT (Heat inc in Rent)		SOLAR		OIL		SM TANK PROPANE		PROPANE DELIVERY	
TRAVEL TRAILER		HUD/SEC 8		PUBLIC HOUSING							
OTHER:											

NOTE: GREY AREAS ARE FOR OFFICE USE ONLY.							
Ref. Income Source:	Type:	Freq: Amount:	Annual: Verification:				
Comments:	Annual: Verification:	Comments:	Annual: Verification:				
**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: GREY AREAS ARE FOR OFFICE USE ONLY.							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> Circle Types: Standard Crisis Combo Other </td> <td style="width: 30%;"> Account Status: Current Past Due Shutoff 1-5 Days Shutoff 0-24 hours Disconnected Bulk Fuel Bulk Fuel Out </td> <td style="width: 20%;"> Intake Date: Total Annual Income: Name on Acct: Acct #: Utility Company: Authorized Amount: Utility Amount: Utility Amount: Direct Pay Amount: </td> <td style="width: 20%;"> Matrix Energy Type: </td> </tr> </table>				Circle Types: Standard Crisis Combo Other	Account Status: Current Past Due Shutoff 1-5 Days Shutoff 0-24 hours Disconnected Bulk Fuel Bulk Fuel Out	Intake Date: Total Annual Income: Name on Acct: Acct #: Utility Company: Authorized Amount: Utility Amount: Utility Amount: Direct Pay Amount:	Matrix Energy Type:
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Applicant Disclaimer and Release: (continued on page 3)

PART 1: APPLICANT NOTICE, PROGRAM DISCLAIMERS, AND APPLICANT RESPONSIBILITIES, WAIVER & RELEASE

Effective Date: 10/01/2023

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 subgrantee agencies ("Subgrantees").

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.

Upon successful enrollment in the LIHEAP/OEAP programs, I further authorize OHCS and the State of Oregon, including designated subcontractors, and OHCS Subgrantees to release my Application and ongoing LIHEAP/OEAP program benefit information held by OHCS (including its subcontractors and OHCS Subgrantees) to the Energy Services Provider (as defined below) for the purposes of administering, monitoring, researching, and evaluating LIHEAP/OEAP program delivery and efficiency.

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

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

Should I receive any heating and/or cooling equipment as result of my eligibility to these programs, I agree to hold OHCS, its sub-grantees and/or contractors harmless.

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

I authorize and hold harmless OHCS (including its subcontractors and OHCS Subgrantees) to release my Application and ongoing LIHEAP/OEAP program benefit information up and until one (1) program year following my participation in the LIHEAP/OEAP programs.

Applicant Name (Last, First) :	Office:
Program:	

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 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.

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 collections 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 _____

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: _____ Date: _____

Data Entry: _____

LP LP A/C OEA CEAP Other: _____
Approved _____ Denied _____

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 zero income:

How many months without income:

a.) _____	_____
b.) _____	_____
c.) _____	_____
d.) _____	_____

I certify that no income was received from **ANY** source including: **Circle YES or NO for each item below.**

- | | |
|-----------|---|
| YES or NO | Income resulting from odd jobs such as yard work or child care |
| YES or NO | Income resulting from collecting bottles/cans, donating blood/plasma, etc. |
| YES or NO | Rental income |
| YES or NO | TANF |
| YES or NO | Child support, alimony, or regular gifts from persons not living in my home |
| YES or NO | Self-employment (i.e.: Uber, Lyft, eBay sales, meal delivery services, other sales or services) |
| YES or NO | Unemployment |

HOUSEHOLD SUPPORT:

Rent: How much is your household rent or mortgage each month? \$ _____

What or whose income was used for rent or mortgage? (Check all that apply below)

- | | |
|---|--|
| <input type="checkbox"/> HUD/Section 8/low-income housing | <input type="checkbox"/> Other household member income |
| <input type="checkbox"/> Savings | <input type="checkbox"/> No Rent or Mortgage |
| <input type="checkbox"/> Behind, Not Paying, Facing Eviction | <input type="checkbox"/> Work in Exchange |
| <input type="checkbox"/> Family and/or Friends – If yes, was it paid to you or to the landlord/mortgage company? | |

_____ Other (please explain): _____

UTILITIES: Have you paid your utility company in the last 30 days? YES or NO (circle one)

If yes, how much? \$ _____

What or whose income was used to make the utility payment? _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands 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

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 household rent or mortgage each month? \$ _____

What or whose income was used to pay your rent or mortgage? (Check all that apply below)

- | | |
|--|--|
| <input type="checkbox"/> HUD/Section 8/low-income housing | <input type="checkbox"/> Other household member income |
| <input type="checkbox"/> Savings | <input type="checkbox"/> No Rent or Mortgage |
| <input type="checkbox"/> Behind, Not Paying, Facing Eviction | <input type="checkbox"/> Work in Exchange |
| <input type="checkbox"/> 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 \$ _____ (Explain) _____	3. Advertising \$ _____
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2. Supplies & Cleaning \$ _____	4. Other \$ _____ (Explain) _____
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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