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How many people live at your residence?	our residence?		Does anyone rece	Does anyone receive Disability compensation?	خ خ
Full Name: First	Middle	Last	Date of Birth	Social Security #	*Type of Income
			1 1		
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			1 1	-	
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*Please include each type	of income received for each	person living at the resider	ice. (Wages, Social	Security, Support payment	*Please include each type of income received for each person living at the residence. (Wages, Social Security, Support payments, VA benefits, TANF, casual income, ect
Phone Number:		Alternate Phone:		Email Address:	
Residence					
Street Address:					
City:		State:	Zip Code:		County:
Mailing Address (if different):	lt):				
City:		State:	Zip Code:		County:
Utility Information					
Utility Provider:		Name on Account:		Account number:	
Utility Provider:		Name on Account:		Account number:	
If you reside in the City of <i>I</i>	If you reside in the City of Albany or Newport and have City water services in your name you maybe eligible for a discount on this bill	City water services in your r	name you maybe el	igible for a discount on this	oitt.
To apply for the water disc	To apply for the water discount please provide a copy of your bill. By providing your bill you agree to share your eligibility info with the City.	ıf your bill. By providing you	ır bill you agree to s	hare your eligibility info wit	the City.
Please note: Once we rect	Please note: Once we receive your completed screener and all required documents an intake worker will contact you to complete a phone interview.	r and all required documen	its an intake worke	r will contact you to comple	te a phone interview.
Completed requests are p	Completed requests are processed on a first come first serve	t serve basis.			
l Picture Utilities bills fo Proof of all incom	Please attach the following required documents: Picture ID for adults <b>and</b> Social Security cards for all residents. Utilities bills for Power and Gas. Water bill if you reside in Albany or Newport. Proof of all income coming into the home. Documents must show recipients name.	equired documents: urity cards for all residents. if you reside in Albany or Ne cuments must show recipie	ewport. ents name.	Note: If al are not inclu your reques	Note: If all required documents are not included with your screener your request can not be processed.

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For Staff use only: First Attempt Date/Time:

Third Attempt Date/Time:

Second Attempt Date/Time:



## PLEASE READ THOROUGHLY Our Process has changed!

## You do not need to schedule an appointment.

<u>PLEASE NOTE:</u> Income <u>MUST</u> be provided for each resident with every Utility Assistance request - Missing income documents will result in longer processing time or denial of your request. We are not allowed to use documentation from previous applications. DO NOT DELAY in returning your complete request as funds are limited.

To apply for Utility Assistance you must complete these steps:

- Step 1: Verify that your household is income eligible by using the income chart below.
- Step 2: Fill out the <u>Utility Assistance Screener</u> completely. Please include everyone residing in your home. This includes friends, family, roommates and anyone using your utility(s). PLEASE MAKE SURE YOU LIST A GOOD CONTACT NUMBER.
- Step 3: 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 4: Include copies of ID for all adults (18 +) in the household and Social Security cards for all household members.
- Step 5: 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 6: Mail your completed request form, along with your income documents, utility bill(s) and ID/Social Security card(s) to the address listed on the reverse of this instruction sheet.

Step 7: <u>Complete the phone interview.</u> Staff will call when your screener is ready to be processed to complete the phone interview. If we are unable to contact you after 3 attempts, you <u>must submit a new request.</u>

\* Income Eligibility Chart: Based on the number of people included in your residence, the household's total monthly <u>gross income</u> must be at or below the monthly income limit below. Note: Gross income is before any deductions.

Household size	Monthly Gross Income	Household size	Monthly Gross Income
1	\$ 3,067.58	7	\$ 7,963.92
2	\$ 4,011.50	8	\$ 8,140.83
3	\$ 4,955.33	9	\$ 8,317.83
4	\$ 5,899.17	10	\$ 8,494.83
5	\$ 6,843.08	11	\$ 8,671.83
6	\$ 7,786.92	12	\$ 8 <i>,</i> 848.75

For each additional household member add: \$176.92

## PLEASE NOTE:

- It could take approximately **8 weeks** to completely process your request.
- Requests are processed in the order they are received. Your request will not be put in line for processing until all documents are received.
- 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. BANK STATEMENTS OR TAX STATEMENTS CANNOT 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 recipient's name and 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 the recipient's name and VA deposits for the last 60 days.

**Pension/Annuity**- A bank statement showing recipient's name and 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 (date received). 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/Oregon Paid Leave**- You MUST provide us with printouts from the FRANCES online website that CLEARLY show; Your name, what type of benefit you are receiving (UI vs. Paid Leave Oregon), your weekly benefit amount, and your last 8 payments received from the date you sign this application.

Child Support/Spousal Support, family help, and casual income such as odd jobs, collecting cans, donating plasma – DHI form, Information collected during phone interview.

**Self-employment-** SEWS form, Information collected during phone interview.

Zero income (18 + and not still in high school only)- ZIS form, Information collected during phone interview.

Please mail or return your completed request to one of the offices listed below.

<u>Linn County</u> 250 Broadalbin St SW, STE 2A Albany, OR 97321 <u>Benton County</u> PO Box 1084 Corvallis, OR 97339

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 72 business hours.