



# Utility Assistance Request Form

**PLEASE READ THOROUGHLY**

**Our Process has changed!**

**We will call you for your appointment. Please add our phone number (541) 704-7632 to your contact list. Our number may come up as spam for some cell carriers. Check your spam folder and remove our number if found.**

**PLEASE NOTE:** Income **MUST** 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 Utility Assistance Screener completely. You must include anyone living in your home and on your property. This includes anyone using your utility(s). **PLEASE MAKE SURE YOU LIST A GOOD CONTACT NUMBER.**

Step 3: Include copies of **all** income for **all** household members for the last 30 days - Page 4 for common income types and required proof for each. **Additional income verification may be required.**

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 bottom of page 4.

Step 7: **Complete the phone interview. Staff will call when your screener is ready to be processed to complete your interview. If we are unable to contact you after 3 attempts, you will be mailed a paper application to complete.**

\* Income Eligibility Chart: Based on the number of people included in your residence, the household's total monthly gross income 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	\$ 3,198.75	7	\$ 8,304.33
2	\$ 4,183.00	8	\$ 8,488.92
3	\$ 5,167.17	9	\$ 8,673.42
4	\$ 6,151.42	10	\$ 8,858.00
5	\$ 7,135.58	11	\$ 9,042.50
6	\$ 8,119.83	12	\$ 9,227.08

For each additional household member add: \$184.58

**PLEASE NOTE:**

- It could take approximately **8 weeks** to completely process your request. Read and keep the disclaimer on the back of this page for your phone interview.

## **Applicant disclaimer and release**

### **PART 1: 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 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, 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.

### **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).

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 subgrantees 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.

PY26 Utility Assistance Screener

Please notify us if applying for Propane benefits or if you are unable to complete a phone interview. (No phone, hearing concerns, language barriers ect)

How many people live at your residence?					
Full Name: First	Middle	Last	Date of Birth	Social Security #	*Type of Income
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\*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):		
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 Albany or Newport and have City water services in your name you maybe eligible for a discount on this bill.

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.

Please note: Once we receive your completed screener and all required documents your request will be placed in line for processing.

Completed requests are processed on a first come first serve basis. An intake worker will call you when your request is ready to process.

<p>Please attach the following required documents:</p> <p>Picture ID for adults <b>and</b> Social Security cards for all residents.</p> <p>Utilities bills for Power and Gas. Water bill if you reside in Albany or Newport.</p> <p>Proof of all income coming into the home. Documents must show recipients name.</p>	<p>Note:</p> <p>If all required documents are not included with your screener your request can <u>not</u> be processed.</p> <p><b>You are not required to sign this form.</b></p>
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**PLEASE NOTE:**

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 30 days.

**VA Pension/Disability-** Benefit verification letter from the Department of Veteran's affairs for the CURRENT year, or a current bank statement showing the recipient's name and VA deposits for the last 30 days.

**Pension/Annuity-** A bank statement showing recipient's name and pension or annuity deposits for the last 30 days, or a statement from the pension/annuity company if it is dated within the last 30 days. A lifetime benefit letter is preferred.

**Wages-** (Proof is REQUIRED for anyone 18+ and not in high school) Pay stubs for the last 30 days that show employee name, employer's name, GROSS pay, and pay date (date received) are required. Please note that the pay period is not the same as the pay date. (Must provide even if no longer employed).

**TANF-** Most recently eligibility letter from DHS is required.

**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 5 payments received.

**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. Please have records for gross income and expenses for the last 60 days available.

**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.**

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

**Benton County**  
**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.