



# CSC Utility Assistance Application

Use this application if unable to complete a phone interview during business hours.

## PLEASE READ THOROUGHLY

**You do not need to schedule an appointment.**

**Missing information or documentation will delay the processing of your application.**

**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 documentation from previous applications. DO NOT DELAY in returning your complete application as funds are limited.

**Utility bills MUST be included with your application to reduce any delay in processing your application.**

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 30 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	\$ 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 will take approximately **8 weeks** to completely process your application. Once your application is processed, you will receive a payment receipt by mail. It will take up to 2 billing cycles for the payment to appear on your bill.
- Applications are processed in the order they 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 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 also acceptable.

**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. 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, 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**

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.

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)

NOTE: GREY AREAS ARE FOR OFFICE USE ONLY.

Ref:	Full Legal Name on Social Security Card (First, Middle, Last):	Birthdate:	Social Security #:	SS# Vrfd Y/N	Adult Vrfd Y/N	LANGUAGE (See Below)	GENDER	H=HISPANIC NH=NON-	RACE (See Below)	OREGON TRIBE	EDUCATION (See Below)	DISABLED Y/N	HOMEBOUND Y/N	VETERAN Y/N	SNAP (Food Stamps) Y/N	NCB/HI
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

MILITARY/V/A

THROUGH EMPLOYER

SELF PURCHASED

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

Phone:  
Cell Home Message

Race Codes:  
AA: African American  
AS: Asian  
AI: Native American/Alaskan Native  
NH/Pt: 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)

If you have OHP are you enrolled in IHN? Y or N (Please circle)

Household Comments:

Physical Address:

Street Address:

City:

State:

Zip:

Apt or Space#:

Mailing Address (if different than Physical Address):

Street Address:

City:

State:

Zip:

PO Box:

Apt or Space#:

DWELLING TYPE

Type of Dwelling (Circle):  
HOUSE MANUFACTURED/MOBILE  
MULTI-UNIT (DUPEX/TRIPLEX) MULTI-UNIT (4+)  
TRAVEL TRAILER OTHER:

Residence Status (Circle all that apply):  
OWN RENT  
RENT (Heat Inc in Rent)  
HUD/SEC 8 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:

NOTE: GREY AREAS ARE FOR OFFICE USE ONLY.									
Ref:	Income Source:	Type:	Freq:	Amount:	Annual:	Verification:	Comments:		
** 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.									
UTILITY INFORMATION									
Circle Types:		Account Status:				Intake Date:		Matrix Energy Type:	
Standard		Current				Total Annual Income:		Authorized Amount:	
Crisis		Past Due				Name on Act:		Utility Amount:	
Combo		Shutoff 1-5 Days						Utility Amount:	
Other		Shutoff 0-24 hours						Direct Pay Amount:	
Disconnected		Bulk Fuel							
Bulk Fuel		Bulk Fuel Out							

Applicant Disclaimer and Release: (continued on page 3)

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

Effective Date: 10/01/2025

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) :

Program:

Office:

**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: _____
		LP	LP A/C	OEA	Other:
Data Entry: _____	Date: _____	Approved _____		Denied _____	

(PAGE 4 INTENTIONALLY LEFT BLANK)

**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 no income:

How many months without income:

a.) \_\_\_\_\_  
b.) \_\_\_\_\_  
c.) \_\_\_\_\_  
d.) \_\_\_\_\_

**Did you receive any income from the following sources in the last 60 days? Circle YES or NO for each.**

YES or NO     Income resulting from odd jobs such as yard work or child care  
YES or NO     Income from collecting bottles/cans, donating blood/plasma, etc.  
YES or NO     Income from a rental property you own  
YES or NO     TANF (Does not include SNAP Benefits)  
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, Grub Hub/Door Dash, other sales or services)  
YES or NO     Unemployment/Paid Leave Oregon

*If you answered YES to any above income, please provide supporting documentation as listed on the instruction sheet.*

#### HOUSEHOLD SUPPORT:

**Rent:** How much does your household pay for rent or mortgage? \$ \_\_\_\_\_

How was your rent or mortgage paid? (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 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, what 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      Collecting Cans/Bottles      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:

**Rent:** How much does your household pay for rent or mortgage? \$ \_\_\_\_\_

How was your rent or mortgage paid? (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 and/or Friends – **If yes, was it paid to you or to the landlord/mortgage company?**

\_\_\_\_ Other (please explain): \_\_\_\_\_

**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 Income** (including tips) for **previous month (30 days only)** \$ \_\_\_\_\_Business deductions for the month indicated above:

1. Supplies/Cleaning \$ \_\_\_\_\_ 3. Advertising \$ \_\_\_\_\_

2. Fuel or Mileage \$ \_\_\_\_\_ 4. Other \$ \_\_\_\_\_  
(Explain) \_\_\_\_\_ (Explain) \_\_\_\_\_Total Deductions (Add lines 1 through 4) \$ ( \_\_\_\_\_ )  
(Losses from previous years are not deductible)

NET INCOME (Subtract total deductions from Gross Income) \$ \_\_\_\_\_

**(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