





Energy Assistance Program Application


The enclosed Energy Assistance Program Authorization form, and submission of your required documents, will be the basis used to determine your eligibility for various services offered through this program. These services may include Energy Assistance, Weatherization, and/or direct client assistance funds. The eligibility and selection process may vary from service to service. For specific guidelines please contact your local Energy Assistance Agency. A completed application packet does not guarantee that you will receive assistance. Your local agency may request additional information from you in order to complete the application process.


It is strongly advised that you continue making payments on your energy bill. Contact your utility company to make payment arrangements in the event a disconnection is scheduled.


Important Information


 **All members of the household must be included on the application.** Income must be listed for all adults and for any children who receive Social Security. All verification must be attached to the application. No Exceptions!


 **Social Security Cards are required for everyone listed on application.** Exceptions must be explained with a note attached to the application. Some exceptions may apply.

 Identification is required for all adults 18 years of age or older, even if they are still attending High School.

 Personal ID along with a Declaration of Personal Income form (enclosed with this application) must be included for each adult claiming informal or zero income. A DHS proof of income form is required if the whole household is zero income.

 Crisis payments will not be made solely on a shut-off or disconnect notice.

 If assistance is needed for multiple services, i.e. Electric, Natural Gas, or water, please complete an additional signature page for each service.

 **Do you need assistance filling out the application? Please call for an appointment:**

Columbia: 503-397-3511 Fax 503-397-3290
Tillamook: 503-842-5261 Fax 503-842-5821
Clatsop: 503-325-1400 Fax 503-325-1153

SOCIAL SECURITY RECIPIENTS:

Bank statements are no longer accepted as proof of Social Security Income. To receive your award letter by mail call 1-800-772-1213 and allow 7-10 days for delivery. To receive the information in one day you must go online at <http://www.ssa.gov/myaccount/> or you can visit your local Social Security Administration office.

SERVICES FOR CUSTOMERS FOR DEAF AND/OR HEARING IMPAIRED CUSTOMERS:

Oregon Telecommunication Relay Service is a service that links Deaf and/or Hearing impaired persons via telephone.

TTY/Voice 1-800-735-2900
Contact number for TTY/Voice: 1-800-223-3131
Hours: 9 A.M. to noon, 1 P.M. to 5 P.M.

To use this service, dial the number listed above. Give the agent the number you would like to call and he or she will stay on the line to relay the conversation. You can communicate directly with the person you contacted. All calls and information are confidential.

MAILING ADDRESS:

Our agency will treat all your personal information as confidential.

Application Instructions

These instructions are included to assist you in completing this application. If your application is not accurate and complete, your assistance will be delayed or denied. Please print all responses legibly. Please mail your completed application, including all required documentation, as soon as possible.

Remember, all household members must be included in the household information. If additional space is needed, please provide information on a separate piece of paper and attach to the application.

- Please refer to the Acronym Code List for all needed codes.**
- This application and additional forms you may need are also available to be downloaded at www.cat-team.org**
 - 1 Household Type: Circle the appropriate code that applies to your situation. USE CODE
 - 2 Name: On separate lines, please print the **First Name, Full Middle Name, and Last Name** of each individual who resides in your household (if no middle name use code: NMN).
 - 3 Birthdates: List each household member's birthdates using this format, MM/DD/YEAR.
 - 4 Social Security Number: List each household member's Social Security Number, if none please explain.
 - 5 Social Security Code: **Agency use only, please do not fill out.**
 - 6 Language: Identify the primary language used by each household member. USE CODE
 - 7 Gender: Identify the gender of each household member. USE CODE
 - 8 Ethnicity: Identify the ethnic background of each household member. USE CODE
 - 9 Race: Identify the race of each household member. USE CODE (Multiple codes may be used)
 - 10 Oregon Tribes: Identify each Oregon Tribal Member in the household. USE CODE
 - 11 Education: Identify the highest level of education attained by each household member. USE CODE
 - 12 Disability: Identify the disability status for each household member. USE CODE
 - 13 Veteran: If a household member has served in the military, they are considered a veteran. USE CODE
 - 14 Homebound: Identify the status of household members who require assistance completing this application and are physically unable to leave the house. USE CODE
 - 15 Non Cash Benefits: Identify each benefit received by each household member, i.e. SNAP, Medicaid, Medicare, OHP, etc. USE CODE
 - 16 Home Phone: A home phone number or message phone for the household must be listed. The processing of your application will be delayed if this is not included. "Blocked", "Unavailable", "Magic Jack" customers, or those who cannot be contacted by phone must provide additional alternate contact information.
 - 17 Reference and other Phone numbers: Use the letter next to the names listed to add phone numbers that may be used for contact.
 - 18 Mailing Address: Check the box if this address is used by all household members. Please fill it out completely, including Street Address, Apartment Number, P.O. Box, City, State, Zip Code and County. **If this address is different than your utility bill please explain the difference.**
 - 19 Physical address: Check and fill this out only if your Street address is different from your Mailing Address.
 - 20 Type of Dwelling: Circle the building type that best applies to your dwelling.
 - 21 Residence Status: Circle the status of your household (Subsidized Housing is Income Based Housing Assistance).
 - 22 Type of Heat: Circle all the types of heat present in your dwelling. Enter the code for the primary heat source.
 - 23 Employment: Use the reference letters next to the names in the Client Information section.
 - 24 Income Source: Using the reference letter from the Client Information section, identify all income sources for all adults 18 years of age, not attending high school, and for children receiving SS income. If zero income, please indicate.
 - 25 Income Type: Identify all income types for all household members. USE CODE
 - 26 Amount: List the total GROSS amount (amount received before taxes) in the last 30 days prior to this application being submitted.
 - 27 Signature of Account Holder: Your application will not be processed until it has been signed. The account holder must be over 18 years of age. The account must be in the name of a household member. If other individuals are listed on the bill that are not in the household, please explain or have them removed from the utility bill.

Acronym Code List

HOUSEHOLD TYPE

M Married
S Single
SPM Single Parent Male
SPF Single Parent Female
EXF Extended Family
2P Two Parent
COH Co-Habitants

SOCIAL SECURITY NUMBER CODE

N No
Y Yes
E Exception

LANGUAGE

AM American Sign
AR Arabic
C Chinese
E English
F Farsi
H Hmong
J Japanese
K Khmer
KO Korean
LA Laotian
M Mien
MA Mayan Group
O Other
R Russian
RU Romanian
S Spanish
V Vietnamese
DK Don't Know
RF Refused

GENDER

F Female
M Male
O Other
RF Refused

ETHNICITY

NH Non-Hispanic/Non-Latino
H Hispanic/Latino
DK Don't Know
RF Refused

RACE

AA African-American
AS Asian
AI American Indian/Alaska Native
NH/PI Native Hawaiian/Pacific Islander
WH White
DK Don't Know
RF Refused

VETERAN

N No
Y Yes
DK Don't Know
RF Refused

OREGON TRIBES

BP Burns Paiute Tribe
CO Coquille Tribe
CC Cow Creek Band of Umpqua Indians
Confed. tribes of the Coos, Umpqua
CTC Confederated Tribes of the Coos,
Lower Umpqua and Siuslaw Indians
CTU Confederated Tribes of the
Umatilla Indians
GR Confed. Tribes of Grand Ronde
KT Klamath Tribes
S Confederated Tribes of Siletz
WS Confed. Tribes of Warm Springs
OT Other Oregon Tribes
MT Multiple Oregon Tribes
DK Don't Know
RF Refused

EDUCATION

NO No Schooling Completed
PK Preschool
K Kindergarten
1 1st Grade
2 2nd Grade
3 3rd Grade
4 4th Grade
5 5th Grade
6 6th Grade
7 7th Grade
8 8th Grade
9 9th Grade
10 10th Grade
11 11th Grade
12 12th Grade
GED General Educational Development
HSD High School Diploma
PS Post-Secondary - No Degree
AA Associates Degree
BA Bachelor's Degree
MA Master's Degree
PHD Doctorate Degree
OPD Other Grad/Professional Degree
ATC Advanced Training Certificate
SAC Skilled Artisan Certificate
DK Don't Know
RF Refused

DISABILITY

N No
Y Yes
DK Don't Know
RF Refused

INCOME FREQUENCY

E Every other Week
M Monthly
O One Time
Q Quarterly
T Twice-A-Month
W Weekly
Y Yearly

NON-CASH BENEFITS

SNAP Supplemental Nutritional Assist. Prog.
OHP Oregon Health Plan
MCARE Medicare Health Insurance Prog.
WIC Special Supplemental Nutrition Prog.
for Women, Infants & Children
VAMS Veteran's Admin. Medical Services
TNFC TTANF Child Care Services
TNFT TANF Transportation Services
TNFO Other TANF Funded Services
PRA Section 8, Public Housing, or
Other Ongoing Rental Assistance
OHI Other Health Insurance
OS Other Source
TRA Temporary Rental Assistance
DK Don't Know
RF Refused
N None

INCOME REPORTED

N No
Y Yes
ZIS Zero Income Statement
DK Don't Know
RF Refused

INCOME TYPE

AD Adoption
AL Alimony or other Spousal Support
AN Annuities
CG Cash Grant
CS Child Support
DB Death Benefit
E Education
FC Foster Care
GA General Assistance
GT General Assistance Tribal
IN Private Disability Insurance
I Interest
OS Other Source
PP Private Pension
PS Property Sale
SS Social Security Income
SSI Supplemental Security Income
SSDI Social Security Disability Income
SE Self-Employment
TANF Temp. Assistance for Needy Families
TF Trust Fund
U Unemployment Insurance
VDP Veteran's Disability Payment
VP Veteran's Pension
W Wages
WC Worker's Compensation

HOMEBOUND

N No
Y Yes
DK Don't Know
RF Refused

Authorization #: _____

Applicant Legal Name: _____
(Last, First)

Agency: _____

OREGON HOUSING AND COMMUNITY SERVICES ENERGY ASSISTANCE PROGRAM AUTHORIZATION FORM

LIHEAP OEAP OTHER _____

Revised: 08/24/2015

Circle One Household Type: M S SPM SPF EXF 2P COH

Acronym Code List - See Reverse Side of Form

Ref.	Legal Name	Total Number in Household:			SSN Code	Adult ID Verified	Language	Gender	Ethnicity	Race		OR Tribe	Education	Disabled	Veteran	Homebound	Non-Cash Bene fits
		Birthdate	SSN/SYSID	(see codes on reverse side)													
A																	
B																	
C																	
D																	
E																	
F																	
G																	
H																	

PHONE	<input type="checkbox"/> HOME Phone is the SAME for entire Household (except as ref at right side)	Ref.	Home Phone #	Home	Work	Message	Cell	Fax	VM	Pager
	HOME Phone: _____									

MAILING ADDRESS: Mailing Address is the same for all Clients in Household

Mailing is **SAME AS** Physical Address (Except where noted below)

Street Address: _____ PO Box#: _____ Apt. or Space#: _____

City: _____ State: _____ Zip: _____ County: _____

PHYSICAL ADDRESS: Only if different than Mailing Address (written below)

Street Address: _____ Apt. or Space #: _____

City: _____ State: _____ Zip: _____ County: _____

HH Comments: _____

<p>Type of Dwelling (Circle below):</p> <p>H Single Family House A MFD/Mobile Home</p> <p>M Multi-Unit (2-4) E Hotel / Motel</p> <p>U Multi-Unit (Over 4) T Travel Trailer</p> <p> R Other</p>	<p>Residence Status (Circle below):</p> <p>R Rent (Heat not included)</p> <p>E Rent (Heat included)</p> <p>O Own</p> <p>S Subsidized Rent with Utility Allowance (Heat not included)</p> <p>U Subsidized Rent (Heat included)</p> <p>W Subsidized Rent without Utility Allowance</p>	<p>Energy Sources (Circle below):</p> <p>E Electric W Wood O Other (list)</p> <p>N Natural Gas P Pellet</p> <p>O Oil S Solar</p> <p>L Propane/Liquid Gas</p> <p>Enter Primary Energy Source: <input type="text"/></p>
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Authorization #: _____ Applicant Legal Name: _____ Agency: _____

(Last, First)

INCOME	Ref.	Income Source / Income Reported	Type	Income Verification	Comments	Amount	FREQ	Annual Amount

PROGRAM	Circle Type(s): 1. Regular 2. Rmr/Bdr 3. Fuel 4. Crisis 5. Combo 6. Furnace 7. Subsidized 8. Supplemental 9. Other 10. H & S	Account Status: 1. Current 2. Past Due 3. Shutoff 1-5 days 4. Shutoff 0-24 hours 5. Disconnected 6. Bulk Fuel 7. Bulk Fuel Out	Energy Education: <input type="checkbox"/> 1. Intake <input type="checkbox"/> 2. In-Home <input type="checkbox"/> 3. Workshop		Intake Date:		Matrix Energy Type:	
	<input type="checkbox"/> Referral for Weatherization <input type="checkbox"/> Non-Energy Service <input type="checkbox"/> Energy Advocacy						Total Annual Income:	
	Vendor:	Account No:	Name on Account:		Account Status:	Authorized Amount:		
						Vendor Amount:		
	Comments: <input type="checkbox"/> Life Threatening Crisis <input type="checkbox"/> 18 Hour <input type="checkbox"/> 48 Hours						Direct Pay Amount:	

APPLICANT DISCLAIMER AND RELEASE:

I understand that these programs are voluntary; if I choose to apply for assistance I must provide all required information. During application processing I may be asked for more information in order to determine my eligibility.

I understand that the information I provide to complete this application will be used to determine and verify my eligibility for energy services and for the purposes of referral, research, evaluation, and analysis. I understand that if I feel my application was unjustly denied or not processed in a timely manner, I may be entitled to a fair hearing if requested within 30 days of the completion date of the application or date of denial. Any such request for a hearing must be in writing and delivered or mailed to the service provider. In addition to any appeal rights from such hearing granted by the service provider, I may contact the Oregon Housing and Community Services Department (OHCS) within 30 days of the hearing decision to request that OHCS review the hearing decision for material deficiencies. The request for OHCS review must be in writing and delivered by email to energyservices@oregon.gov or mailed to 725 Summer St NE Suite B, Salem OR 97301. Review by OHCS, and the manner thereof, is at the sole discretion of OHCS.

I declare, under penalty of perjury, that the information I provided to complete this application is true and correct and that any funds received by me will be used solely for the purpose of paying my energy costs.

My signature gives consent for other offices of the state and federal governments, their designated subcontractors, and the utility(ies) or home energy supplier(s) identified in this application to share information related to my application including information about my account(s) including, but not limited to, account number, account name, service address, annual usage or consumption, and annual costs. I agree to hold harmless and/or release such organizations from and against any claims, losses, demands, damages, or liability of any kind caused by or allegedly caused by such disclosure.

I authorize my utilities and/or my fuel suppliers/vendors to release my account information to OHCS and to the service provider for the purposes of providing energy services for the current program year (10/1 to 9/30). I am the account holder or the customer's authorized agent for the utility, fuel supplier, and/or fuel vendor service accounts(s) identified in this application.

Signature of applicant or authorized representative

Date

FOR OFFICE USE

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

Date

LIHEAP OEAP Other _____

Approved Denied

Declaration of Personal Income

USE THIS FORM ONLY IF YOU ARE DECLARING ZERO OR IRREGULAR INCOME. All of the following must be completed for the application to be accepted. Do not leave blank lines, if an item does not pertain to you then mark "NA". If additional space is needed, please provide the information on a separate piece of paper and attach it to the application. PLEASE CHECK ALL THE BOXES THAT APPLY:

- My income is lower than my rent or mortgage.
- I have zero income.
- I receive regular **informal** payments (such as from an informal child support agreement, family contributions, etc.).
- I have other income (for business owners a self-employment worksheet must be attached).
- I am a full-time high school student.

Name of person claiming zero/irregular income: _____

Applicant name (if different): _____

Please answer YES or NO regarding income that the person listed above DIRECTLY RECEIVES:

Y or N TANF (Cash Grant)	Y or N Alimony	Y or N Pension
Y or N Child Support	Y or N Workman's Comp	Y or N Veteran's Benefits
Y or N Social Security/SSI	Y or N Unemployment Benefits	Y or N Work Study

HOUSEHOLD SUPPORT:

RENT

How much do you pay for your rent or mortgage? \$ _____

Source of funds used for rent or mortgage? **NOHA/Section 8** **Other household members income**
 Family and/or Friends **Work Exchange** **Faith-based or CAT assistance**
 Savings **No Rent or Mortgage** **Behind, facing eviction or foreclosure**
 Other, please describe _____

If your rent or mortgage is paid by a rental assistance program, agency, or someone outside of the household, how many months have they been helping you? _____

If your rent or mortgage is paid by family and/or friends, is it paid to you directly or does it go directly to the Landlord or Mortgage company? _____

FOOD & UTILITIES

How do you pay for food? (food stamps, food boxes, etc.) _____

Have you made a payment to your utility company in the last 90 days? **Y or N** How much? \$ _____

If you are claiming zero income, what funding source was used to make the utility payment? _____

INCOME

If you have zero income, how long have you had zero income? _____

What was your last source of income? _____

Do you receive unemployment: **Y or N** If not, why? _____ If yes, how much? \$ _____

If you have lost your employment in the last 30 days, what was the date of your last check? _____

What is the source of your informal/self-declared income?
Please include items like odd jobs, pop bottle returns, giving blood, selling items, etc.

How long have you received your informal/self-declared income? _____

How much money have you received in the last 30 days? \$ _____

By signing this form I certify that the information stated is true and accurate. I am under penalty of criminal prosecution if false information results in assistance for which I am not eligible.

Signature: _____ Date: _____

Application Requirements

VERIFICATION OF IDENTIFICATION

All household members (18 and older) must provide proof of identity to receive assistance. Proof of identity can be established by providing a copy of any of the following forms of identification for each adult member of the household.

PLEASE DO NOT SEND ORIGINAL DOCUMENTS, ONLY SEND COPIES.

Verification of identification will be required each program year.

Social Security Card	State Identification	Tax Records	DHS Printout
Birth Certificate	Social Security Records	Court Records	Court Documents
Driver's License	Pay Stubs with Name	Social Service Records	Utility bills
Passport	Other Identification Cards	Military Identification	Bank Statements

This is not inclusive and other official documents identifying household members may be approved on a case by case basis.

Income Document Requirement List

All adult household members, for the previous 30 days (minimum). This includes any items for which you or any other adult household members receive payment and must show gross amount (before any deductions). **Social Security**

Social Security payments received by minors are also considered household income.

See the list below for acceptable documentation to prove household income.

- No Income:** Any adult household members with no income must complete a Declaration of Personal Income and provide ID. If you have declared zero income for the entire household must also supply reports from DHS regarding SNAP, TANF or other assistance received.
- Informal Income:** Any adult household members with income that cannot be documented by formal means, i.e. odd jobs, bottle returns, babysitting, etc. must complete a Declaration of Personal Income.
- Earned Income:** Pay stubs that show current gross amounts for the last 30 days prior to this application. Paystubs must include your name and employer information, including address. **If any paystubs are missing, please explain.**
- Self-Employment Income:** Records to show income; please complete the Self-Employment form. This form can be downloaded and printed from online at www.cat-team.org.
- Social Security Benefits:** (SS/SSI/SSD): Your most recent SS award letter for each individual in the household receiving SS benefits. The letter must show the gross benefit amount awarded. A bank statement is NOT sufficient.
- Veterans Benefits:** Your most recent VA award letter showing the awarded benefit amount. A bank statement is NOT sufficient.
- TANF:** This is considered income and must be declared. We need the award letter or other DHS documentation that shows your name and the benefit amount awarded.
- Child Support/Alimony:** Court documents showing the amount you received, not the amount ordered (a printout from state agency may be used). If none of these options work, please use attached Declaration of Personal Income form.
- Unemployment Benefits:** Print-out from the unemployment office showing the amount and the weeks paid. It must contain the printed name and SSN of the recipient, hand written names and SSN are NOT acceptable.
- Worker's Compensation Benefit:** Provide an award letter that shows the gross amount received and the dates received.
- Private Pension/Retirement Benefits:** Award letter (not SS) or statement that shows the amount (a recent bank statement may be used if the amount is consistent and there are no deductions).
- Assistance from Family/Friends:** Include amount, dates received, from whom, and if it is paid directly to you.
- Any Income Not Listed Above:** Please use the attached Declaration of Personal Income form.

APPLICATION CHECKLIST

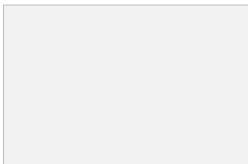
Review your application prior to mailing to make sure that it is complete.

- I have completed all sections.
- I have listed all the people residing in my household, even if they do not contribute to my budget.
- I have included copies of the following as appropriate:
 - Copies of identification for **ALL** household members over 18 years old (Collected each program year).
 - Copies of Social Security cards for everyone in the household.

 - Documentation of gross income for all household members older than 18 years for the past 30 days. (Paycheck stubs, unemployment printout, child support printout, TANF, etc.)
 - Current Social Security Benefit Statement or most recent Annual Statement from the Social Security Administration. **Bank Statements are NO longer accepted.**
 - Most recent heating or utility bill with the account number, service address, and account holder name. You must provide **both** an electric bill and a heating bill if your heat is supplied from a source other than electricity. If your heat is in your Landlord's name then a **Landlord Letter** will be required, please call or come in to request the form.

 - Recent purchase receipts for wood, oil, propane and/or pellets. Receipt must show the date, amount, vendor name, address and phone number. **Receipts must be no more than 3 months old.**
- I have signed and dated my application.

**Please do not assume we have, or can get, a copy of prior documents.
It is your responsibility to provide all required documentation.**



Community Action Team, Inc.
125 N 17th Street
St. Helens, OR 97051

