Community Action Team's
Energy Assistance Program Application

Thank you for your interest in applying for our Energy Assistance Program. This application will be used to determine your eligibility for various services offered through our agency which may include: Energy Assistance, Energy Education, Weatherization, private funds and referrals for other programs and/or agencies. The eligibility and selection process may vary from service to service. This is a first come, first served program because funding is very limited. A completed application packet does not guarantee that you will receive assistance. This agency may request additional information or documentation from you in order to complete the application process. If not received within a reasonable amount of time the application will be denied and you will need to reapply for assistance.

IMPORTANT INFORMATION BEFORE APPLYING

- Everyone living in the residence must be included on the application. No Exceptions.
- Do not assume we have, or can obtain, a copy of prior documents. It is your responsibility to provide all required documentation.
- It can take 30-45 days for your application to be processed. Continue to make payments to your utility to prevent disconnect.
- Please do not mail original documents, only send copies.
- This is not an entitlement program.

Do you need additional forms or assistance filling out the application? Please call for assistance.

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

Our agency will treat all your personal information as confidential.

SOCIAL SECURITY RECIPIENTS:

Bank statements are not accepted as proof of Social Security Income. To receive your benefit 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 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:
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<thead>
<tr>
<th>Ref.</th>
<th>Phone Number</th>
<th>Cell</th>
<th>Home</th>
<th>Work</th>
<th>Message</th>
<th>Email</th>
<th>Preferred Contact Method</th>
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Mailing Address: □ Mailing address is the same as physical address

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**Addresses**

- **Street Address:**
- **City:**
- **State:**
- **Zip:**
- **Apt or Space #:**
- **PO BOX**

**Physical Address (if different from mailing address):**

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<th>Work</th>
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**Type of Dwelling:**

- H House
- M Apartment/Duplex (2-4 Units)
- U Apartment (over 4 units)
- A Mobile Home
- E Hotel/Motel
- T Travel Trailer
- R Rent (electric not included)
- E Rent (electric included)
- O Own

**Residence Status:**

- R Rent (electric not included)
- E Rent (electric included)
- O Own

**Subsidy**

- E Electric
- N Natural Gas
- O Oil
- L Propane/Liquid

**How do you heat/cool your home?:**

- E Electric
- W Wood
- N Natural Gas
- P Pellet
- O Solar
- L Propane/Liquid

- Yes
- No

*If you would like your payment split notify staff
**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 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 and agree this agency may conduct computer-matching programs (OPUS & ServicePoint) to verify the information supplied for my application. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to dispose of incorrect information. I understand that information I provide will be entered into ServicePoint & OPUS and that my record will be updated as I receive services. I am aware that information shared includes name(s), social security numbers and dates of birth of all household members. This information may be used for administrative, operational, and funding purposes. Reports and data will be aggregate and statistical information only.

**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.
Application Checklist / Instructions

Review your application prior to submitting it to make sure that it is complete:

- I have listed all the people residing in my residence, even if they do not contribute to my household's budget.
  - Enter full legal name (including middle names), date of birth, and Social Security number of each household member.

- I have completed all demographic sections - See acronyms below

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<tr>
<th>Language</th>
<th>Non-cash Benefits</th>
<th>Race</th>
<th>Ethnicity</th>
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<tr>
<td>E-</td>
<td>SNAP- Food Stamps</td>
<td>W-</td>
<td>H- Hispanic</td>
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<tr>
<td>S-</td>
<td>MCARE- Medicare</td>
<td>AA-</td>
<td>NH- Non Hispanic</td>
</tr>
<tr>
<td>AM-</td>
<td>WIC</td>
<td>AS-</td>
<td>RF- Refused</td>
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<tr>
<td>C-</td>
<td>OHP- Oregon Health Plan</td>
<td>AI-</td>
<td>OR Tribe</td>
</tr>
<tr>
<td>R-</td>
<td>VAMS- Veteran Medical Insurance</td>
<td>NH/PI-</td>
<td>GR- Grande Ronde</td>
</tr>
<tr>
<td>RF-</td>
<td>Refused</td>
<td>RF-</td>
<td></td>
</tr>
</tbody>
</table>

- Phone Number and Email Addresses

- Physical & Mailing Addresses
  - In each column below the addresses, circle the appropriate housing and heating types for your residence.

- Income Sources - Write down ALL income sources (e.g. Child Support, Social Security, Wages, Etc.) for the household.
  - If zero or informal income, complete the Declaration of Personal Income Form

- I have signed and dated my application - Read the disclaimer and release before signing.
  - An adult member of the household must sign the application. If the application is signed by a Power of Attorney, the appropriate paperwork must be included as proof.

- I have included copies of the following:

  - Copies of identification for ALL household members 18 years and older
    - Samples include: Social Security Card, Birth Certificate, State ID, Driver's License, Military ID, Passport, Utility Bills, Pay Stubs

  - Copies of Social Security cards for everyone in the household. Note: Payment amount will be reduced for each missing card
    - Exceptions may be made for children one year old or younger, or special circumstances (with supervisor approval)

  - Documentation of gross income for all household members 18 years & older for the past 30 days.
    - Samples of income proof include:
      - Current Year Social Security Benefit Letter
      - Current Year VA Benefit Letter
      - Paycheck Stubs
      - Unemployment - weekly summary
      - Declaration of Personal Income
        (if zero or informal income)

  - Most recent electric bill (even if you are not applying for assistance with electricity)

  - Heating bill / Receipts from heating fuel - Must have the name of an adult household member on the bill or receipt.
    - Electric/Natural Gas
      - Utility bill (within the last 3 months) with the account number, service address, and account holder name.
      - Electric included in rent - request a landlord letter from your local Community Action Agency.
    - Wood, Oil, Propane, Pellets
      - Receipt (within the last 3 months) with household member's name, date, amount, vendor name, address, and phone number
Each adult with zero irregular income must complete a separate form. Do not leave any blank lines - the application will not be accepted with incomplete forms. If additional space is needed, please provide the information on a separate piece of paper and attach it to this application.

Name of adult claiming zero/irregular income:

Applicant name (if different):

Household Support:
- How much does your household pay for rent or mortgage? $______________________________
- How do you pay your rent or mortgage? (select from below)
  - My Income
  - Other household member/roommate income
  - I have no rent/mortgage
  - Family/friends pay rent/mortgage to the landlord/mortgage company
  - Work Exchange
  - Family/friends give me money to pay rent/mortgage
  - I’m behind facing eviction/foreclosure
  - Savings
  - Other: ________________________________________________________________
- Have you made a payment to your utilities in the last 30 days? Y or N
  - How much? $______________________________
- If your rent or mortgage is paid by family/friends or agency, how many months have they been assisting you? ______

Choose one below and complete:
- I receive formal income (check all that apply):
  - TANF
  - Child Support
  - Social Security
  - Tribal Benefits
  - Earned Income/ Job
  - Self-Employment Income
  - Alimony
  - Worker’s Compensation
  - Unemployment
  - Foster Care/ Adoption
  - Rental Income
  - Pension
  - Veteran’s Benefits
  - Short-term Disability
  - Property Sale
  - Trust Fund/ Inheritance
  - Work Study
  - Other: ________________________________

- I receive informal income (e.g. selling plasma, pop bottle returns, odd jobs, giving blood, selling items):
  - Source of income: ________________________________________________________________
  - Amount received in last 30 days: $_______________________________________________
  - How long have you received this income? __________________________________________

- I have Zero income:
  - How long have you been without income? __________________________________________
  - What was your last source of income? _____________________________________________
    * what was the date of your last check? ______/______/______
  - How do you pay for food and utilities? ____________________________________________

- I am a full time high school student

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 ____________________________
Declaration of Personal Income

Each adult with zero or irregular income must complete a separate form. Do not leave any blank lines - the application will not be accepted with incomplete forms. If additional space is needed, please provide the information on a separate piece of paper and attach it to this application.

Name of adult claiming zero/informal income: __________________________

Applicant name (if different): ______________________________________

Household Support:

- How much does your household pay for rent or mortgage? $ ______________
- How do you pay your rent or mortgage? (select all that apply from list below)
  - My income
  - I have no rent/mortgage
  - Work Exchange
  - I'm behind facing eviction/foreclosure
  - Other: __________________________
  - Other household member/roommate income
  - Family/Friends pay rent/mortgage directly to the landlord/mortgage company
  - Family/friends give me money to pay rent/mortgage
  - Savings

- Have you made a payment to your utilities in the last 30 days? Y or N
  - How much? $ ______________
- If your rent or mortgage is paid by family/friends or agency, how many months have they been assisting you? __________

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  - Trust Fund / Inheritance
  - Work Study
  - Other: __________________________

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  - How long have you received this income? ________________________

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  - What was your last source of income? ____________________________
  - *What was the date of your last check? __________ / __________ / __________
  - How do you pay for food and utilities? __________________________

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- I am a full time highschool student

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 __________________________
getApplicationDisclaimerAndRelease:

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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 understand and agree this agency may conduct computer-matching programs (OPUS & ServicePoint) to verify the information supplied for my application. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to dispose of incorrect information. I understand that information I provide will be entered into ServicePoint & OPUS and that my record will be updated as I receive services. I understand and agree this agency may conduct computer-matching programs (OPUS & ServicePoint) to verify the information supplied for my application. I understand and agree this agency may conduct computer-matching programs (OPUS & ServicePoint) to verify the information supplied for my application.

Reports and data will be aggregated and statistical information only.

Signature of applicant or authorized representative

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

Authorizing Agency Signature

Data Entry Signature

□ LIHEAP □ OEAP □ OLGA □ Other □ Approved □ Denied
ENERGY TIPS

♦ Never use extension cords with appliances.
♦ When away from home or sleeping, lower the thermostat to 55 degrees and you could save 10% on your heating bill.
♦ An oven should never be used to heat your home. Not only will this raise your energy bill, it is very dangerous.
♦ Check air filters monthly. All furnaces have air filters. Vacuum, wash or replace when it becomes dirty. Make sure the filter fits snugly in the holder to avoid air gaps.
♦ Vacuum or dust baseboard and wall heaters to keep them working their best.
♦ Wash full loads of laundry and use cold wash and rinse whenever possible.
♦ Clean the dryer lint filter after every cycle, and use the automatic dry setting if your clothes dryer has one.
♦ LED light bulbs use about a fifth of the energy incandescent bulbs use, and they can last up to 20 years. Each bulb could save $10 per year in electricity.
♦ Turn your water heater down to 120 degrees. Most water heaters come from the factory set at 140 degrees.