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.

重要信息

每个人在申请表格上都必须被包括在内。没有例外。

不要假设我们拥有，或者可以获取，所有以前的文件。这是你的责任来提供所有必需的文件。

申请表可能需要30-45天来处理。继续支付你的公用事业费用以防止断电。

请不要邮寄原件，只寄副本。

这是一个非权利项目。

您需要更多的表格或帮助完成申请表吗？请拨打联系号码。

Columbia: 503-397-3511 Fax 503-397-3290
energy@cat-team.org
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:

银行对账单不被接受作为证明社安金的证明。为了获得你的福利信，请通过1-800-772-1213电话联系，允许7-10天的信件送达。要获得一天的信息，请访问http://www.ssa.gov/myaccount/或访问你的本地社会保障办公室。

SERVICES FOR DEAF AND/OR HEARING IMPAIRED CUSTOMERS:

Oregon Telecommunication Relay Service是一个服务，它将聋哑和/或听力受损的人与电话连接起来。TTY/Voice 1-800-735-2900

联系TTY/Voice的号码：1-800-223-3131

工作时间：上午9点到中午，下午1点到5点。

要使用这个服务，请拨打上面的号码。给代理人你要拨打的号码，他或她会留在电话上转达对话。你可以直接与你联系的人交谈。所有呼叫和信息都是保密的。

MAILING ADDRESS:

联系地址：

SOCIAL SECURITY RECIPIENTS:

银行对账单不被接受作为证明社安金的证明。为了获得你的福利信，请通过1-800-772-1213电话联系，允许7-10天的信件送达。要获得一天的信息，请访问http://www.ssa.gov/myaccount/或访问你的本地社会保障办公室。

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MAILING ADDRESS:
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

<table>
<thead>
<tr>
<th>Language:</th>
<th>Non-cash Benefits</th>
<th>Race</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>E- English</td>
<td>SNAP- Food Stamps</td>
<td>W- White</td>
<td>NH- Non Hispanic</td>
</tr>
<tr>
<td>S- Spanish</td>
<td>MCARE- Medicare</td>
<td>AA- African American</td>
<td>RF- Refused</td>
</tr>
<tr>
<td>AM- American Sign</td>
<td>WIC</td>
<td>AS- Asian</td>
<td>NH- Non Hispanic</td>
</tr>
<tr>
<td>C- Chinese</td>
<td>OHP- Oregon Health Plan</td>
<td>AI- American Indian</td>
<td>NH- Non Hispanic</td>
</tr>
<tr>
<td>R- Russian</td>
<td>VAMS- Veteran Medical Insurance</td>
<td>NH/PI- Native Hawaiian/ Pacific Islander</td>
<td>OR Tribe</td>
</tr>
<tr>
<td>RF- Refused</td>
<td>PRA- Public Rental Assistance</td>
<td>RF- Refused</td>
<td>RF- Refused</td>
</tr>
</tbody>
</table>

Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Highest Education Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>M- Male</td>
<td>PK- Preschool</td>
</tr>
<tr>
<td>F- Female</td>
<td>K- Kindergarten</td>
</tr>
<tr>
<td>RF- Refused</td>
<td>1-12 Choose grade level</td>
</tr>
<tr>
<td>Other</td>
<td>HSD- Highschool Diploma</td>
</tr>
<tr>
<td></td>
<td>GED</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
    ◆ Electric bill (within the last 3 months) with the account number, service address, and account holder name.
  ◆ Wood, Oil, Propane, Pellets
    ◆ Receipt (within the last 3 months) with household member's name, date, amount, vendor name, address, and phone number
**Community Action Team's**

**ENERGY ASSISTANCE PROGRAM AUTHORIZATION FORM**

**Client Information**

<table>
<thead>
<tr>
<th>Ref.</th>
<th>Name</th>
<th>Social Security Number</th>
<th>Gender</th>
<th>Race (Codes on reverse)</th>
<th>SSN Code</th>
<th>Adult IDV</th>
<th>Language</th>
<th>Eligibility (Hispanic or non-Hispanic)</th>
<th>Multi. Generational</th>
<th>2-Parent</th>
<th>Single Parent Male</th>
<th>Single Parent Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Self</td>
<td></td>
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</tbody>
</table>

**Addresses**

<table>
<thead>
<tr>
<th>Ref.</th>
<th>Type of Dwelling</th>
<th>Residency Status</th>
<th>Subsidy</th>
<th>How do you heat/cool your home?:</th>
</tr>
</thead>
<tbody>
<tr>
<td>H</td>
<td>House</td>
<td></td>
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</tr>
<tr>
<td>M</td>
<td>Apartment/Duplex (2-4 Units)</td>
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<tr>
<td>U</td>
<td>Apartment (over 4 units)</td>
<td>Other: ___________</td>
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</tr>
<tr>
<td>R</td>
<td>Rent (electric not included)</td>
<td></td>
<td>Do you receive rental assistance from HUD, Section 8, VASH, or another subsidy?</td>
<td>Yes</td>
</tr>
<tr>
<td>E</td>
<td>Electric*</td>
<td>W Wood*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Natural Gas</td>
<td>P Pellet*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O</td>
<td>Oil</td>
<td>S Solar</td>
<td></td>
<td></td>
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<tr>
<td>L</td>
<td>Propane/Liquid*</td>
<td>O Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Contact**

<table>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
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</tr>
</tbody>
</table>

**Mailing Address:**

- Mailing address is the same as physical address
- PO BOX

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Apt or Space #:</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Apt or Space #:</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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

- Enter Primary Heat Type: ___________

*If you would like your payment split notify staff.
**ENERGY/WEATHERIZATION ASSISTANCE APPLICATION— REQUIRED APPLICANT DISCLOSURES AND APPROVALS**

**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.

**With my signature,**

- I authorize my household’s Application to be shared by and between OHCS and the State of Oregon, including designated subcontractors, and Subgrantees for the purposes of determining eligibility, and administering, monitoring, researching, and evaluating (all of which as determined by OHCS’ in its sole discretion) the government energy and weatherization assistance programs.
- 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.
- I agree that I am responsible to return ineligible funds or funds used improperly.

---

**STOP - shaded sections for office use only**

<table>
<thead>
<tr>
<th>Ref.</th>
<th>Income Source/Employer</th>
<th>Type</th>
<th>Income Ver.</th>
<th>Gross Amount</th>
<th>Freq.</th>
<th>Annual Amount</th>
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</table>

<table>
<thead>
<tr>
<th>Account Status (circle)</th>
<th>Referral for Weatherization</th>
<th>Referral for Energy Education</th>
<th>Intake date</th>
<th>Name on account</th>
<th>Authorized Amount</th>
<th>Vendor Amount</th>
<th>Matrix Energy Type</th>
<th>Direct Pay amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
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<td>Past Due</td>
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<td>Shut off 1-5 days</td>
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<td>Shut off 0-24 hours</td>
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<tr>
<td>Disconnected Bulk Fuel</td>
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</tbody>
</table>

**STOP - shaded sections for office use only**

**Total Annual Income:**

---

**Ref.**

**Type**

**Account #:**

**Name on account:**

**Vendor:**

**Direct Pay amount:**

---

**Agency**

---

**STOP - shaded sections for office use only**

**Applicant Legal Name (Last, First)**

---

**STOP - shaded sections for office use only**

**Authorized Amount:**

---

**Referral for Weatherization**

---

**Referral for Energy Education**

---

**Income Source/Employer**

---

**Income Ver.**

---

**Gross Amount**

---

**Freq.**

---

**Annual Amount**

---

**STOP - shaded sections for office use only**

**Authorized Amount:**

---

**Vendor Amount:**

---

**Direct Pay amount:**

---

**Turn page for applicant signature --->**
PART 2: APPLICANT NOTICE, WAIVER & RELEASE RELATED TO ENERGY SERVICE PROVIDERS AND 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 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.

_________________________________________  ____________________________
Signature                                    Date

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.

<table>
<thead>
<tr>
<th>Intake Worker</th>
<th>Date</th>
<th>Authorizing Agency Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

□ LIHEAP □ OEAP □ OLGA □ Other □ Approved □ Denied
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 ________________________________
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 do your household pay for rent or mortgage? $ ________________________________
- How do you pay your rent or mortgage? (select from below)
  - My Income
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  - 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
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- I receive informal income (e.g. selling plasma, pop bottle returns, odd jobs, giving blood, selling items):
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  - 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 ____________________________
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.