NeighborImpact

Income Energy Assistance Program Application 2009-2010

INSTRUCTIONS: Please read and check off when completed

1. Completely fill out BOTH SIDES OF THIS APPLICATION!
2. Make sure the following items are returned with this application:

* **PROOF OF GROSS INCOME FOR EVERYONE IN THE HOUSEHOLD** for the previous 30 days. Including wages for Employment, Child Support, Unemployment, TANF, SS SSI, Unrelated members in the household 18 or over must sign a ZERO INCOME FORM. A ZERO INCOME FORM is only necessary for FAMILY members over 18 years of age except for a spouse & children who are full-time students.

* **COPY OF UTILITY BILL.** If your heat is included in your rent, please indicate this by submitting a rental agreement. If your household uses wood, pellets or propane in small tanks, you MUST send receipts.

3. **DO NOT FORGET TO SIGN AND DATE THIS APPLICATION!!!**

4. Please return this form to **NeighborImpact (formally COCAAN)** as soon as possible. Assistance is on a **first come first served** basis. Mail completed applications to:

NEIGHBORIMPACT
2303 SW 1st St.
Redmond, OR 97756

Applicant Name: _____ Phone: (H) _____ (W) _____

Residence Address: _____ City:_____ Zip:_____

Mailing Address: _____ City: _____ Zip:_____
(if different)

PLEASE COMPLETE THE FOLLOWING FOR ALL MEMBERS OF THE HOUSEHOLD **(Please put applicant on first line)**

Name	Sex	Birth Date	SSN	Education Level	Health Insurance	Disabled Temp.	Disabled Perm.	Farm Worker	Food Stamps	Homebound	Veteran	Race

Please include verification of all income for the last 30 days!

Name of Client	GROSS Monthly Income	Source of Income	Phone

PLEASE SEE REVERSE SIDE

PLEASE CHECK THE FOLLOWING:

Source of Heat:	**Housing Status:**	**Type of Dwelling:**
❑ Electric	❑ Own	❑ Mobile Home
❑ Natural Gas	❑ Rent (heat included)	❑ House
❑ Oil	❑ Rent (heat not included)	❑ Travel Trailer
❑ Propane	❑Subsidized Housing (heat included)	❑ Apartment (2-4)
❑ Pellets	❑Subsidized Housing (heat not-included)	❑ Apartment 4 or more
❑ Wood	**(Sub Housing is HUD, Section 8**	❑ Manufactured Home
	Rent based on Income)	❑ Other/Duplex/TH

If you use wood, propane or pellets for your primary heat source, you <u>must</u> include receipts. You will be reimbursed by direct pay for the amount of the receipt(s) or for the amount that you qualify for (whichever is less). You may put a secondary Utility Company down for the amount not reimbursed by direct pay. **LIEAP** will pay for electric, natural gas, oil, and liquid gas through local vendors we have contracts with.

If you qualify for Fuel Assistance Benefits, which utilities would you prefer your payment be sent to?

Primary Utility Company _____ Account #_____

Secondary Utility Company_____ Account #_____

(50% of your payment will be applied to your primary utility company if you choose to split your payment)

Please answer the following questions:

Do you currently have a past due notice on your utility bill?	Yes ___	No ____
Are you at risk for shut off?	Yes ___	No ____
Are you currently without electricity / heat?	Yes ___	No ____
Are you interested in weatherization?	Yes ___	No ____

READ DISCLAIMER AND SIGN BELOW

<u>Applicant Disclaimer</u>: By signing this form, I hereby authorize the release of all personal information and records, financial or Otherwise, to the State of Oregon, acting by and through its Housing and Community Services Department, its agents, sub grantees and assigns (collectively, 'OHCS'), and grant OHCS access to any such information and records in order to verify information given with respect to this application. OHCS is further authorized to use such information and records as it deems appropriate in administering my Application for assistance, reporting with respect to same, and in effecting any remedies with respect to compliance with assistance requirements and recovery of improperly received benefits. I further Authorize the State of Oregon, acting by and through its Department of Human Services, its agents and Assigns (collectively, "DHS") to share any personal information and records in its possession with OHCS to facilitate my receipt of energy assistance. I hereby authorize and acknowledge that my energy Suppliers will receive notice of this application.

<u>Applicant</u>: If I receive assistance to which I am not entitled as a result of withholding information or knowingly giving fraudulent information, I must repay that assistance and may be found guilty of fraud and fined up to $10,000 or put in prison or both. I understand that no person may be denied assistance on the basis of race, color, sex, age, handicap, religion, national origin or political belief. I further understand that if my application is unjustly denied or is not processed in a timely manner that I may be entitled to a fair hearing, if requested within 30 days of the completed dated of the application or date of denial.

<u>NeighborImpact</u> uses a statewide web based system called OPUS. OPUS is used by other agencies throughout the state that provide services to homeless or low income persons. My signature below indicates that I consent to my household's/family information being entered into OPUS and I am aware that it may be shared with other OPUS partners for the purpose of service delivery. I agree to allow use of the information collected from this application for use by **NeighborImpact**, its (sub) contractors, Oregon Housing and Community Services Department, its agents, and sub grantees for any legitimate purpose including, but not limited to the purpose of deciding eligibility for any and all assistance programs available and for reporting and monitoring associated with those assistance programs.

_____

APPLICANT SIGNATURE **DATE**

Make sure that you have enclosed a copy of your utility bill and copies of all sources of income for the last 30 days.

<u>For Agency Use Only:</u>

Payment has been made to the following vendor(s)

❑ Denied ❑ Approved

Total Annual Income: _____

❑ Regular
❑ Past Due
Shut Off
❑ 0-24 hours
❑ 1-5 Days
❑ Disconnected

❑OEA ❑LIEAP ❑OTHER

Comments

Primary Utility _____ Amount _____

Secondary Utility _____ Amount _____

Intake Worker _____ Date _____ Authorization # _____

Authorized By _____ Date _____ Data Entry _____Date _____