

APPLICATION CHECKLIST

☐ I HAVE COMPLETED ALL NONGRAY AREAS OF THE APPLICATION.

☐ I HAVE INCLUDED COPIES OF THE FOLLOWING, AS APPROPRIATE:

☐ Please submit pay stubs received in the past 60 days (or other income documentation) for each household member who is either turning 18 in this calendar year or is over 18 and not currently in high school. (For example, paycheck stubs, unemployment printout, child support printout etc. See next page for more information.)

☐ A signed and dated Declaration of Household Income (DHI) form listing all household members who will be 18 or older this calendar year that have NO INCOME or received CASH for work. Please complete the DHI for the prior month.

☐ Current year Benefit Verification Letter(s) for Social Security income. We CANNOT accept bank statements as verification. We are sorry for the inconvenience.

A current copy of the utility bill requiring assistance.

☐ A copy of your ELECTRIC bill. Even if you are not requesting assistance with electricity, please submit a copy of your electric bill. **If your utility bill is not in your name, you will need a signed letter from your landlord stating that you pay utilities directly to them. Please call 541.504.2155 or email ea@neighborimpact.org to request Landlord Letter, if needed.**

☐ Copies of ID for all household members 18 years & over.

☐ Copies of Social Security cards for all household members.

☐ **I HAVE SIGNED AND DATED THE**

APPLICATION

(Page 3 for heating assistance and page 4 for water assistance.)

PLEASE SEE INCOME GUIDE →

Household Size	Max. Monthly Gross Income*
1	\$2,605.50
2	\$3,407.17
3	\$4,208.83
4	\$5,010.50
5	\$5,812.25
6	\$6,613.92
7	\$6,764.25
8	\$6,914.50
More than 8? Add \$150.25 for each additional member	*Gross income means all household income before any deductions.

INCOME INFORMATION

All adult household members must provide income documentation for the previous 60 days (minimum). This includes any items for which you or any other adult household members receive payment and must show the gross amount (before any deductions.)

Social Security payments received by minors are considered household income. See the list below for acceptable documentation to prove household income.

Earned income: Pay stubs that show current gross amounts for the last 60 days prior to this application. Pay stubs must include your name and employer information, including address.

No income: Any adult household member with no income must complete a Declaration of Household Income form (see attached).

Informal Income: Any adult household member with income that cannot be documented by formal means (i.e.: odd jobs, bottle returns, babysitting, etc) must include amount received in the prior month and source on the Declaration of Household Income form.

Self-Employment Income: Please complete a Self-Employment form, and include bank statements for payments received from Self-Employment in prior month. Call 541-504-2155 or email ea@neighborimpact.org for a Self-Employment form.

Social Security Benefits: (SS/SSD) Your SS Benefit Verification 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 with a signed Declaration of Household Income is also sufficient.*

TANF: This is considered income and must be declared. Please provide a Verification of Benefit letter from DHS that shows your name and the benefit amount awarded.

Child Support/Alimony: A print out from the Child Support Portal showing any income received in the past 60 days. A bank statement showing income received in the past 60 days is also sufficient.

Unemployment Benefits: Please provide us with your PIN number for your unemployment benefits.

Private Pension/Retirement Benefits: Please provide us a current award letter showing your gross awarded benefit, or a recent bank statement paired with a signed Declaration of Household Income.

Assistance from Family/Friends: If you have received assistance from family or friends in the past 60 days, please write the amount received on the Declaration of Household Income.

Any Income Not Listed Above: Please call 541-504-2155 to determine what documentation is needed for your income.

Social Security Income

Choose ONE of the following to get a copy of your **Benefit Verification letter**:


1. Call Social Security at 1-800-772-1213 to request a replacement letter. This could take 2-3 weeks.
2. Set up an online account at www.socialsecurity.gov/myaccount and print your "Benefit Verification" letter.

PLEASE CONTACT US IF YOU HAVE QUESTIONS

**ENERGY ASSISTANCE HELP LINE
FAX APPLICATIONS TO
MAIL APPLICATIONS TO**

**541-504-2155
541-749-4947
20310 Empire Ave Suite
A100
Bend, OR 97703
ea@neighborimpact.org**

EMAIL APPLICATIONS TO

Applicant Legal Name: _____ (Last, First) Authorization # _____		 NeighborImpact Energy Assistance & Weatherization 20310 Empire Ave Suite A100 Bend, OR 97703		Date Rcvd. _____ Date Completed _____ Race Codes: AA African American AS Asian NA/AN Native American/ Alaskan Native NH/PI Native Hawaiian/ Pacific Islander WH White Education Codes: 0-8 Grades 0-8 9-12, Non Grad Grades 9-12/Non Grad HSD/GED High School Grad/GED SC Some College CG 2-4 Year College Graduate PS Graduate or other Post Secondary										
2022-2023 Application Form Oregon Housing and Community Services														
NOTE: ALL GREY AREAS ARE NEIGHBORIMPACT OFFICE USE ONLY														
HOUSEHOLD INFORMATION	Full Legal Name For ALL Household Members	Birthdate	SSN/SSID	Gender	Hispanic Y/N	Race (see above)	OR Tribe Y/N	Education (see above)	Disabled Y/N	Veteran Y/N	Homebound Y/N	SNAP Y/N	OHP Y/N	Other Med. Insurance
Phone: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Message Email Address: _____			Household Type (circle one): Single Person Single Parent Female Single Parent Male Non-related adults 2 Parent Family Multigenerational 2 Adults, No Children with children											
ADDRESS	Physical Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Street City State Zip County </div>													
	Mailing Address: _____ (If different than physical address)													
DWELLING TYPE	Type of Dwelling (Circle one):		Residence Status (Circle one):		Type of Heat (Circle all that apply):									
	H Single Family House M Multi-Unit (2-4) U Multi-Unit (over 4) A Manufactured/Mobile Home E Hotel/Motel T Travel Trailer R Other		R Rent (heat not included) E Rent (heat included) S HUD or Section 8 (heat not included) O Own		E Electric N Natural Gas L Propane O Oil S Solar P Pellets W Wood Which is primary heat source: _____ Which is secondary heat source: _____									
					Name the utility company you would like your benefit to go to: _____									

NOTE: ALL GREY AREAS ARE NEIGHBORIMPACT OFFICE USE ONLY.

INCOME	Name of Household Member	Type of Income	Proof of Income	Frequency	Amount	Annual Amount
			Total Annual Income:			
UTILITY	Account Status	Name of Utility	Account #	Name on Account		NI Office Use
	<input type="checkbox"/> Current					Vendor Amount: \$ _____
	<input type="checkbox"/> Past Due					Vendor Amount: \$ _____
	<input type="checkbox"/> Shut Off 1-5 days	Authorization #: _____ Approved _____ Denied _____				Direct Amount: \$ _____
	<input type="checkbox"/> Shut Off 0-24 Hrs					Total Auth Amt \$ _____
	<input type="checkbox"/> Disconnected	____ LIHEAP ____ LIHEAPAC ____ OEAPCEAP				Matrix Energy Type: _____
	<input type="checkbox"/> Bulk Fuel					
	<input type="checkbox"/> Bulk Fuel Out	____ OEAP ____ OEAPAC Other: _____				
Comments : _____						

Agency Certification: The applicant has met the income eligibility requirements for the State of Oregon Low Income Home Energy Assistance Programs and is authorized to receive assistance in the amount above.						
_____ Worker Signature		_____ Date	_____ Authorizing Agency Signature		_____ Date	Intake
_____ Data Entry Initials		_____ Date	2022-2023 Heating Season			

PLEASE SIGN ON THE NEXT PAGE



REQUIRED APPLICANT DISCLOSURES AND APPROVALS

2022–2023 Season

PART 1: APPLICANT NOTICE, PROGRAM DISCLAIMERS, AND APPLICANT RESPONSIBILITIES, WAIVER & RELEASE Effective 10/01/2022

- 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.

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.

SIGN HERE

Applicant Signature _____

Date _____

WATER ASSISTANCE REQUESTS

THIS FORM MUST BE SIGNED BEFORE APPLICATION CAN BE PROCESSED FOR WATER ASSISTANCE.

LIHWA DISCLAIMER:

With my signature, I, the Applicant, agree to the following statements in regard to the Low-Income Household Water Assistance (LIHWA) Program:

- I attest that the information stated in this application is true and accurate and will be used to determine my eligibility for water and/or wastewater assistance.
- I understand that the information provided, if misrepresented or incomplete, may be grounds for immediate application termination and/or could result in penalties as specified by law, including but not limited to enforcement under the Federal and Oregon False Claims Acts.
- I agree, as the water and/or wastewater services account holder, to the additional Release of Information to the water and/or wastewater provider or its authorized partners and representatives as necessary to verify services provided and those costs associated with services and process payment.
- If I pay my landlord or authorized representative for water and/or wastewater services, I have provided a signed Landlord Authorization Form as Release of Information.
- In addition, I agree that data from this application and from my water and/or wastewater services account (not including my personal identifying information) may be used for reporting or program evaluation purposes by the water and/or wastewater provider, its authorized partners and representatives, and the State of Oregon, including but not limited to Oregon Housing and Community Services (OHCS) and its authorized partners and representatives.

BEND RESIDENTS ONLY – We have alternative resources for residents of Bend. Please answer the questions below to help us determine which funds may be used to assist you.

- Have you received any other federal funds to pay the water utility for which you are seeking bill payment assistance? **YES** ____ **NO** ____ **NOT SURE** ____
-
- Do you live within the city limits of Bend? **YES** ____ **NO** ____ **NOT SURE** ____

Signature: _____

Date: _____



Declaration of Household Income (DHI)

Please fill out this form for all household members over the age of 18 who either have:

- 1. No income OR**
- 2. Informal income (get paid cash for work or have other non-wage sources of income).**

Applicant Name: _____

Previous* month: _____

(*Example: If applying in October please put September and list information below for September.)

Possible Informal Income Sources:

- Informal child support
- Can deposits
- Recurring cash help from relative, church etc. (for 3 months or more)
- Informal spousal support
- Selling scrap metal
- Support from non-wage sources
- Occasional work for cash
- Income from a rental property

Name of all household members over 18 who receive no income or have informal income	Total amount of informal income received in the previous month. List income items separately. No Income? Put \$0	Source of informal income (see examples listed above) If not applicable, put NA	Currently in high school? Y/N

How do you currently pay for your basic necessities such as rent, food and phone?

I certify that the information stated is true and accurate by signing this form. I am under penalty of criminal prosecution if false information results in assistance for which I am not eligible. I also understand that providing false information herein constitutes the act of fraud.

Applicant Signature

Date

COVID-19 Impact Form

Has anyone in your household been impacted by COVID-19?

YES ☐

NO ☐

If you selected NO, no need to complete this form.

If you selected YES, please complete the section below.

Please circle any of the following COVID-19 situations that has impacted your household:

- **Loss of Employment** (*laid off/furloughed/lost your business*)
- **Reduction of hours/Unpaid leave**
- **Vulnerable Population**
(*People at risk due to age or health conditions for whom it is necessary to self-quarantine.*)
- **Loss of child care/Children being home from school**
- **Other situation related to COVID (please briefly describe):**

- **COVID-19 Related Expenses**
(*This could include: Increased costs for utilities or household supplies due to quarantine and/or more people at home; COVID Prevention materials (masks, sanitizers, wipes, gloves, etc.)*)

- **Please List Expenses:**

Applicant Signature

Date