

APPLICATION CHECKLIST

- ☐ I HAVE COMPLETED ALL NONGRAY AREAS OF THE APPLICATION.
- ☐ I HAVE INCLUDED COPIES OF THE FOLLOWING, AS APPROPRIATE:
- ☐ 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.
 - ☐ 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.
 - ☐ Copies of ID for all household members 18 years & over.
 - ☐ Copies of Social Security cards for all household members, if applicable.
- ☐ I HAVE SIGNED AND DATED THE APPLICATION (Page 2)
-

PLEASE SEE INCOME GUIDE →

Household Size	Max. Monthly Gross Income*
1	\$3,360.50
2	\$4,394.50
3	\$5,428.50
4	\$6,462.50
5	\$7,496.50
6	\$8,530.50
7	\$8,724.42
8	\$8,918.25
More than 8? Add \$193.92 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 Worksheet**, 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 Worksheet**.

Social Security Benefits: (SS/SSDI/SSI) 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: Please provide 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 printout from the Unemployment Portal with your name and last 4 digits of your social security number listing your unemployment benefits for the past 60 days.

Private Pension/Retirement Benefits: Please provide 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 form**.

Income Not Listed Above? Please call **541-504-2155** or email ea@neighborimpact.org to determine documentation needed.

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

541-604-0256

FAX APPLICATIONS TO

541-749-4947

MAIL APPLICATIONS TO

**20310 Empire Ave Suite A100
Bend, OR 97703**

EMAIL APPLICATIONS TO

bendwater@neighborimpact.org

CITY OF BEND WATER/SEWER/STORMWATER DISCOUNT PROGRAM ONLY

Applicant Legal Name: (Last, First) _____ Authorization # _____	 NeighborImpact Energy Assistance & Weatherization	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
2026-2027 Application Form City of Bend Low-Income Assistance Program	20310 Empire Ave Suite A100 Bend, OR 97703	

NOTE: ALL GREY AREAS ARE NEIGHBORIMPACT OFFICE USE ONLY

HOUSEHOLD INFORMATION	Full Legal Name For ALL Household Members	Birthdate	*Not required 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
ADDRESS	☐ Check if a household member is a NeighborImpact employee, board member or family/friend of an employee or board member.													
	Phone: _____ ☐ Cell ☐ Home ☐ Message Email: _____			Household Type (circle one): Single Person Single Parent Female Single Parent Male Non-related adults 2 Parent Family Multigenerational 2 Adults, No with children Children										
	Physical Address: _____ Street Address City State Zip County Mailing Address: _____ (If different than physical address)													
DWELLING TYPE	Type of Dwelling (Circle one):		Residence Status (Circle one):		CITY OF BEND WATER/SEWER/STORMWATER SERVICES									
	H Single Family House		R Rent (heat not included)		Please circle City of Bend service below									
	M Multi-Unit (2-4)		E Rent (heat included)		WATER					Y N				
	U Multi-Unit (over 4)		S HUD or Section 8 (heat not included)		SEWER					Y N				
	A Manufactured/Mobile Home		O Own		STORMWATER					Y N				
	E Hotel/Motel		Best Contact Method (Circle one):		Your Account Number:									
T Travel Trailer														
	R Other		Phone Email Text		CITY OF BEND SERVICES ONLY									

CITY OF BEND WATER ASSISTANCE REQUESTS

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

With my signature, I, the Applicant, agree to the following statements:

- ❖ 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/sewer/stormwater services account holder, to the additional Release of Information to the City of Bend, its authorized partners and representatives as necessary to verify services provided and those costs associated with services and process payment.
- ❖ In addition, I agree that data from this application and from my water/sewer/stormwater services account (not including my personal identifying information) may be used for reporting or program evaluation purposes by the City of Bend, its authorized partners and representatives.

Applicant Signature

Date

Declaration of Household Income Form (DHI)

This form is used to declare income received by household member(s) aged **18 years and older** who had **income from informal sources OR NO income** for the time periods below.
If the above is not applicable to your household members, no need to complete this form.

Applicant Name: _____

➡ Have you received cash help from FAMILY/FRIENDS for the **past 3 months in a row?** **Y** **N**

- **If yes, please report cash help as income below.**

**Application will be pended if you answered yes and do not list cash gifts below.*

- **If no, please describe how your basic needs are provided for:**

See Examples of Informal Income Sources below.

Household Member Name 18 years & older	LAST MONTH If signing in October, report income for September. Please list amount and source . No Income? Please put \$0.	LAST 30 DAYS If signing on Oct. 10 th , report income from Sept. 10 th - Oct. 10 th . Please list amount and source . No Income? Please put \$0.	HIGH SCHOOL Is person below in High School? Y/N
EXAMPLE - John Doe	\$0 - No Income	\$0 - No Income	N
EXAMPLE - Jane	\$30 - Can returns	\$150 - work for cash	N

Examples of Informal Income Sources:

- Can Returns/Deposits
- Working for Cash (No Paycheck)
- Informal Child/Spousal Support
- Selling Miscellaneous Items
- Rental Property Income
- Recurring Cash Help from a relative, church, etc. *(only report if received for past three months in a row or more)*

I certify that the information stated is true and accurate by signing this form. I understand that there can be criminal penalties if false information results in assistance for which I am not eligible. I also understand that providing false information constitutes an act of fraud.



Signature _____

Date _____