

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

DK Don't Know

Education Codes:

NO None
PreK-12 Highest Grade
Completed
HSD High School Diploma

GED GED

SC Some College

AA Associates

BA Bachelors

MA Masters

PHD Doctorate

2019-2020 Application Form
Oregon Housing and Community Services

NOTE: ALL GREY AREAS ARE NEIGHBORIMPACT OFFICE USE ONLY

HOUSEHOLD INFORMATION	Full Name on Social Security Card	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: _____ Cell Home Message

Email Address: _____

Type of Household (circle one): Married 2-Parent Extended Family
Single Single Parent Female Single Parent Male Co-habitants

ADDRESSES

Physical Address: _____
Street
City, State, Zip
County

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	R	Rent (heat not included)
M	Multi-Unit (2-4)	E	Rent (heat included)
U	Multi-Unit (over 4)	S	HUD or Section 8 (Heat not included)
A	Manufactured/Mobile Home	O	Own
E	Hotel/Motel		
T	Travel Trailer		
R	Other		

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 #: _____		<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Direct Amount: \$ _____	
	<input type="checkbox"/> Shut Off 0-24 Hrs	___ LIHEAP ___ LIHEAPAC ___ OEAP ___ OEAPAC		Other: _____		Total Auth Amt \$ _____	
	<input type="checkbox"/> Disconnected	Comments : _____				Matrix Energy Type _____	
	<input type="checkbox"/> Bulk Fuel	_____					
<input type="checkbox"/> Bulk Fuel Out	_____						

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.

Intake Worker Signature	Date	Authorizing Agency Signature	Date
Data Entry Initials	Date		

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 authorize my utilities and/or my fuel suppliers/vendors to release my account information to OHCS and to the service provider for the purposes of providing energy services for the current program year (10/1 to 9/30). I am the account holder or the customer's authorized agent for the utility, fuel supplier, and/or fuel vendor service account(s) identified in this application.

Signature of applicant or authorized representative	Date	2019-2020 Heating Season
--	-------------	---------------------------------

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
- 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 informal income:	Total amount of informal income received in the previous month:	Source of informal income (see examples listed above):	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 _____