NeighborImpact Energy Assistance Program has new programs for households affected by COVID-19. Please identify how your household has been affected by COVID-19 on the Declaration of Household Income (located on page 3 of the application.) Before following these instructions, please make sure that you do not qualify for our Express Enrollment. You may qualify for Express Enrollment if any of the below is true for just ONE member of your current household.

- Received Energy Assistance or Weatherization benefits anytime between October 1, 2018 – current month.
- Supplemental Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance to Needy Families (TANF)
- Women Infants and Children (WIC)* – Documentation of enrollment needed
- Tribal TANF* - Documentation of enrollment needed
- Medicaid/Oregon Health Plan* - Documentation of enrollment needed

Did you select one of the above? If so, please complete the application to include all members of your household and disregard the Income section on the next page.

If you were NOT able to select any of the Express Enrollment programs above, then you will need to Income Qualify in addition to being impacted by COVID 19 pandemic. Please see income chart below per your county of residence and follow instructions on the following pages.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Max. Monthly Gross Income*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Crook</td>
</tr>
<tr>
<td>1</td>
<td>$2,870</td>
</tr>
<tr>
<td>2</td>
<td>$3,275</td>
</tr>
<tr>
<td>3</td>
<td>$3,685</td>
</tr>
<tr>
<td>4</td>
<td>$4,095</td>
</tr>
<tr>
<td>5</td>
<td>$4,425</td>
</tr>
<tr>
<td>6</td>
<td>$4,750</td>
</tr>
<tr>
<td>7</td>
<td>$5,075</td>
</tr>
<tr>
<td>8</td>
<td>$5,405</td>
</tr>
</tbody>
</table>

Ask about households larger than 8.

*Gross income means all household income before any deductions.
I have completed all non-gray areas of the application, listed ALL household members on page 1 and signed page 2.

I have selected the appropriate **COVID impact** on the Declaration of Household Income and signed at the bottom.

I have included copies of the following, as appropriate:

**INCOME** – *(Required for those who do NOT meet the criteria for Express Enrollment)*

- Please submit income **received** in the **prior month** for each household member 18 & over who are **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** form listing all household members 18 & over with NO INCOME or who received CASH for work.

- **Current year Benefit Verification Letter(s)** for **Social Security** income. We CANNOT accept bank statements as verification. If you cannot locate your Benefit Verification Letter, please do one of the following:
  1. Call Social Security at 1-800-772-1213 to request a replacement letter. This could take 2-3 Weeks, but is usually faster.
  2. Set up an online account at [www.socialsecurity.gov/myaccount](http://www.socialsecurity.gov/myaccount) and print your **Benefit Verification Letter**.

**UTILITY** *(Required for ALL)*

- A current copy of the **utility bill** requiring assistance. If the utility bill for which you are seeking assistance 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 to request Landlord Letter**, if needed.

**ID** *(Required for ALL)*

- Copies of ID for **ALL** household members **18 years & over**.

- Copies of Social Security cards for **ALL** household members. **We will accept social security numbers if you have applied previously.**
All adult household members must provide income documentation for the prior month. 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.

**Earned income:** Pay stubs that show current gross amounts for the month prior to the date on your application. For example, if you sign your application on August 10th, please supply pay stubs for all of July. 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 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 regularly receive assistance from family/friends, please write the amount received for the prior month 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.
2019-2020 Application Form
Oregon Housing and Community Services

20310 Empire Ave Suite A100
Bend, OR  97703

**NOTE: ALL GREY AREAS ARE NEIGHBORIMPACT OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>Full Name on Social Security Card</th>
<th>Birthdate</th>
<th>SSN/SSID</th>
<th>Gender</th>
<th>Hispanic</th>
<th>Race (see above)</th>
<th>OR Tribe</th>
<th>Education (see above)</th>
<th>Disabled</th>
<th>Veteran</th>
<th>Homebound</th>
<th>SNAP</th>
<th>OHP</th>
<th>Other Med. Insurance</th>
</tr>
</thead>
</table>

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

**Type of Dwelling (Circle one):**
- A Multi-Unit (over 4)
- R Single Family House
- M Multi-Unit (2-4)
- E Manufactured/Mobile Home
- H Hotel/Motel
- T Travel Trailer
- U Other

**Residence Status (Circle one):**
- Rent (heat not included)
- Rent (heat included)
- HUD or Section 8 (Heat not included)
- Own

**Type of Heat (Circle all that apply):**
- Electric
- Natural Gas
- Propane
- Oil
- Solar
- Pellets
- Wood

**Other Med. Insurance**

Phone: _________________ □ Cell □ Home □ Message

Email Address: _____________________________________

**Physical Address:** _____________________________________________________________________________

Mailing Address: ____________________________ Street ____________________________ City, State, Zip County

(If different than physical address)

Applicant Legal Name: (Last, First) __________________________ Authorization # __________________________

**2019-2020 Application Form**
Oregon Housing and Community Services

Date Rcvd. _________________ Date Completed_________________

**NeighborImpact**
Energy Assistance & Weatherization

20310 Empire Ave Suite A100
Bend, OR  97703

**Race Codes:**
- AA African American
- AS Asian
- NA/AN Native American/Alaskan Native
- NH/PI Native Hawaiian/Pacific Islander

**Education Codes:**
- NO None
- PreK-12 Highest Grade Completed
- HSD High School Diploma

**Other Med. Insurance**

**Date Rcvd.** _________________

**Date Completed** __________________________

**Gender Codes:**
- WH White
- DK Don't Know
- SC Some College
- AA Associates
- BA Bachelors
- MA Masters
- PHD Doctorate

**Mobile Home Codes:**
- E Electric
- O Oil
- N Natural Gas
- P Pellets
- S Solar
- 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

<table>
<thead>
<tr>
<th>Name of Household Member</th>
<th>Type of Income</th>
<th>Proof of Income</th>
<th>Frequency</th>
<th>Amount</th>
<th>Annual Amount</th>
</tr>
</thead>
</table>

### UTILITY

<table>
<thead>
<tr>
<th>Account Status</th>
<th>Name of Utility</th>
<th>Account #</th>
<th>Name on Account</th>
<th>NI Office Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Current</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Past Due</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Shut Off 1-5 days</td>
<td>Authorization #:</td>
<td>LIHEAP LIHEAPAC</td>
<td>OEP OEPAC</td>
<td>□ Approved □ Denied</td>
</tr>
<tr>
<td>□ Shut Off 0-24 Hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Disconnected</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Bulk Fuel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Bulk Fuel Out</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Annual Income: 

Vendor Amount: $

Vendor Amount: $

Direct Amount: $

Total Auth Amt $

Matrix Energy Type

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

Authorizing Agency Signature

Data Entry Initials

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 energieservices@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 accounts(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

<table>
<thead>
<tr>
<th>Name of all household members over 18 who receive no income or informal income:</th>
<th>Total amount of informal income received in the previous month:</th>
<th>Source of informal income (see examples listed above):</th>
<th>Currently in high school? Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Has anyone in your household been impacted by COVID-19 ☐ Yes ☐ No
If yes, how?
☐ Loss of Employment ☐ Loss or Reduction in hours/income ☐ COVID-19 related expenses
☐ Other (please explain) ____________________________

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 ________________

Revised 08/2019