

Energy Assistance Program Year 2020-2021

BEFORE YOU BEGIN

- Please take the time to read ALL of the instructions carefully.
- **WARNING:** Failure to include required documentation may result in a denial of your application.
- We are a small staff and since the COVID shutdown, we are often working remotely. That means we have to take three extra steps to get the job done. We process thousands of applications getting 2-3 million dollars each year back out into the community in the form of heating assistance.
- You know what we **CANNOT PROCESS? An INCOMPLETE APPLICATION.** That means we go onto the next one and try to get back to those in our spare time. The problem is we only have spare time when we are out of funds. If we are out of funds, then we simply cannot help.

NO ONE WANTS THAT TO HAPPEN!

PLEASE HELP US TO HELP YOU – IT'S OUR FAVORITE THING TO DO!

**READ THE INSTRUCTIONS
TURN EVERYTHING IN
GET ASSISTANCE**

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 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 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 2).

**CHECK YOUR
ELIGIBILITY
BEFORE
SUBMITTING AN
APPLICATION!**

Household Size	Max. Monthly Gross Income*
1	\$2,317.15
2	\$3,030.10
3	\$3,743.05
4	\$4,456.00
5	\$5,169.00
6	\$5,882.00
7	\$6,015.67
8	\$6,149.30
More than 8?	*Gross income means all household income before any deductions.
Add \$133.65 for each additional member	

Social Security Income

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

1. Go to the Social Security office at 250 NW Franklin Ave., Suite 201 (Drake Bldg.), Bend OR.
2. Call Social Security at 1-800-772-1213 to request a replacement letter. This could take 2-3 weeks.
3. Set up an online account at www.socialsecurity.gov/myaccount and print your "Benefit Verification" letter.

Wood/Pellet Reimbursement Information

We do not have a vendor for providing wood/pellet assistance this benefit year. **You have three options:**

1. **You can purchase wood or pellets and apply for a reimbursement.** We can only reimburse for the amounts provided in a receipt. Maximum reimbursement is \$350.

The following information needs to be included on the receipt:

- a. **Wood/Pellet Supplier Name and Phone Number**
 - b. **Applicant's Name**
 - c. **Amount of Sale**
 - d. **Date of Sale**
2. **You can get the Wood Estimate Form** from an Energy Assistance office or from the NeighborImpact website (www.neighborimpact.org). You can call 541.504.2155 and have it mailed to you. Please fill out the form and submit with your application.
 3. **You can apply for assistance for a different utility.**

*******CONTACT US IF YOU HAVE QUESTIONS*******
CALL THE ENERGY ASSISTANCE LINE.....541-504-2155
FAX APPLICATIONS TO.....541-749-4947
MAIL APPLICATIONS TO.....20310 Empire Ave. Suite A100
Bend, OR 97703
EMAIL APPLICATIONS TO.....ea@neighborimpact.org

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 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.

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	___ LIHEAP ___ LIHEAP CARES ___ LIHEAPAC				Total Auth Amt \$ _____
	<input type="checkbox"/> Disconnected	___ OEAP ___ OEAPAC Other: _____				Matrix Energy Type: _____

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.

_____	_____	_____	_____	Intake
Worker Signature	Date	Authorizing Agency Signature	Date	
_____	_____			
Data Entry Initials	Date			2020-2021 Heating Season

PLEASE SIGN ON THE NEXT PAGE

REQUIRED APPLICANT DISCLOSURES AND APPROVALS

PART 1: APPLICANT NOTICE, PROGRAM DISCLAIMERS, AND APPLICANT RESPONSIBILITIES, WAIVER & RELEASE

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.

With my signature,

- I authorize my household's Application to be shared by and between OHCS and the State of Oregon, including designated subcontractors, and Subgrantees for the purposes of determining eligibility, and administering, monitoring, researching, and evaluating (all of which as determined by OHCS' in its sole discretion) the government energy and weatherization assistance programs.
- 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.
- I agree that I am responsible to return ineligible funds or funds used improperly.

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 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** _____

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 _____

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/furlough/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 childcare/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