

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.
- 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)

PLEASE SEE INCOME GUIDE →

Household Size	Max. Monthly Gross Income*
1	\$2,785.58
2	\$3,642.67
3	\$4,499.75
4	\$5,356.83
5	\$6,213.92
6	\$7,071.00
7	\$7,231.75
8	\$7,392.42
More than 8? Add \$160.75 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
FAX APPLICATIONS TO
MAIL APPLICATIONS TO**

**541-504-2155
541-749-4947
20310 Empire Ave Suite
A100**

EMAIL APPLICATIONS TO

**Bend, OR 97703
ea@neighborimpact.org**

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
2023-2024 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

Check if a household member is a NeighborImpact employee, board member or family/friend of an employee or board member.

Phone: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Message	Household Type (circle one): Single Person Single Parent Female Single Parent Male Non-related adults with children 2 Parent Family Multigenerational 2 Adults, No Children
Email: _____	

ADDRESS	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):	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: _____
		Best Contact Method (Circle one):	Name the utility company you would like your benefit to go to: _____
		Phone Email Text	

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

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

_____ Date 2023-2024 Heating Season

Data Entry Initials

PLEASE SIGN ON THE NEXT PAGE



REQUIRED APPLICANT DISCLOSURES AND APPROVALS

2023-2024 Season

PART 1: APPLICANT NOTICE, PROGRAM DISCLAIMERS, AND APPLICANT RESPONSIBILITIES, WAIVER & RELEASE Effective 10/01/2023

- 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 _____

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: _____

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. *(report only if received for past three months or more)*

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
<i>EXAMPLE - John Doe</i>	<i>\$0 - No Income</i>	<i>\$30 - Can returns</i>	<i>N</i>

 **Did you receive Cash Help from family/friends for your basic needs such as Rent, Food, and/or Utilities for the past 3 months? Y N**

- **If yes**, please report Cash Help as Income above.
**Application will be pended if you answered yes and do not list cash help above.*
- **If No**, please describe how your basic needs are provided for:

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** _____

**LIHEAP Proof of Residency Form
For Non-Structured Address (Houseless)**

If you are not able to provide documentation of your physical address by a utility bill or identification card, please complete this form.

The **Low-Income Home Energy Assistance Program (LIHEAP)** requires a **location to receive assistance.**

Name: _____

Residence address / description of location

**"Homeless" is not accepted as an address or location.*

I certify that I/we live at the residence/location stated above.

Signature

Date



Landlord Verification

For applicants whose utility bill is in the landlord's name. Applicant is to have the landlord complete this form. **Do not complete if your utility bill is in a household member's name.**

APPLICANT NAME (please print) _____

APPLICANT ADDRESS _____

CITY/STATE/ZIP _____

For the Landlord: The applicant listed above has requested a payment for energy assistance to be made payable directly to them. They have stated that their heating costs are included as part of their rent. Please complete the information below and indicate the payment arrangement with this tenant for heating-related costs.

LANDLORD NAME (please print) _____

LANDLORD ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

Check Applicable Box(es):

Dwelling

- The Applicant is renting a room(s) in my home.
- The Applicant shares common spaces (such as kitchen, living room, etc.)
- The Applicant is renting a separate residence.

Utility Account

- The Applicant's heat is included in their rent.
- The Applicant's rent is federally subsidized and energy costs are included in the rent. The cost for rent and utilities stays the same regardless of energy usage for heating and cooling. Rent does not increase due to increased cost of heating bills.
- The Applicant pays you (Landlord or Manager) for all their heat-related utilities.
- The Applicant is responsible for having their own heating accounts.

Primary Heat Source: _____

(Electric, natural gas, propane, wood/pellets, oil)

Signature of Landlord or Manager

Date