



Neighbor**Impact**
Energy Assistance

**THIS APPLICATION IS FOR
ASSISTANCE FOR
WATER SERVICES ONLY**

***HEATING ASSISTANCE APPLICATIONS*
WILL BE MADE AVAILABLE
NOVEMBER 1, 2023**

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 for heating assistance and page 4 for water assistance.)

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	\$7,928.08
8	\$8,785.16
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 DK Don't Know

**2023-2024 Application Form
Oregon Housing and Community Services**

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

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: _____	

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: _____ 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 #: _____ Approved ___ Denied			Direct Amount: \$ _____
	<input type="checkbox"/> Shut Off 0-24 Hrs				Total Auth Amt \$ _____
	<input type="checkbox"/> Disconnected	___ LIHEAP ___ LIHEAPAC ___ OEAPCEAP ___ OEAP ___ OEAPAC Other: _____			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.

_____ Date _____ Authorizing Agency Signature _____ Date _____ Intake
 Worker Signature
 _____ Date _____
 Data Entry Initials
 _____ Date _____ 2023-2024 Heating Season

PLEASE SIGN ON THE NEXT PAGE



WATER ASSISTANCE REQUESTS

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

LIHWA DISCLAIMER

With my signature, I, the Applicant, agree to the following statements regarding the Low-Income Household Water Assistance (LIHWA) Program:

- ❖ 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 and/or wastewater services account holder, to the additional Release of Information to the water and/or wastewater provider or its authorized partners and representatives as necessary to verify services provided and those costs associated with services and process payment.
- ❖ If I pay my landlord or authorized representative for water and/or wastewater services, I have provided a signed Landlord Authorization Form as Release of Information.
- ❖ In addition, I agree that data from this application and from my water and/or wastewater services account (not including my personal identifying information) may be used for reporting or program evaluation purposes by the water and/or wastewater provider, its authorized partners and representatives, and the State of Oregon, including but not limited to Oregon Housing and Community Services (OHCS) and 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: _____

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** _____