



Dear Neighbor,

Thank you for your interest in our Weatherization program! In order to income qualify for this program; your total household income cannot exceed the limits listed below.

Household Size	Max. Monthly Gross Income*
1	\$2,081.66
2	\$2,818.33
3	\$3,555.00
4	\$4,291.66
5	\$5,028.33
6	\$5,765.00
7	\$6,501.66
8	\$7,238.33
9	\$7,975.00
10	\$8,711.66

Ask us about households larger than 10.
*Gross income means all household income before any deductions

In order to process your application, we will need you to complete the enclosed Application form, Weatherization Supplemental form and Declaration of Household Income form.

All household members 18 and over, currently not in high school, and who currently **do not** receive income, should be listed on the Declaration of Household Income (DHI) form.

In addition to completed forms, we will need copies of the following documents. Please do not send original documents to us.

- Proof of income for all household members over 18 who are not in high school
- Copy of electric bill
- Copy of gas bill, if applicable
- Copy of the mortgage statement or deed of home

If you receive any of the following types of income, please include copies of:

- Wages - copies of paycheck stubs for 60 days prior to date on application
- Social Security, SSDI or SSI - current year benefit verification letter
- Pension - payment statement, current bank statement, award letter
- Temporary Assistance for Needy Families (TANF) - award letter
- Alimony or child support - award letter or child support case number
- Unemployment - benefit print out

If you rent your home, you must provide your property owner's information and signature on the Weatherization Supplemental form. We do not provide weatherization to renters without the agreement and permission of their property owner.



If you have any questions, please contact us at lisab@neighborimpact.org or 541-316-2034.

Attached is a graphic which shows each step in the weatherization process, please contact us if you have any questions.

An additional requirement of this program is for at least one household member to attend an energy education workshop. We will register you for an energy education workshop and notify you of the date, time and location in writing. If you are not able to attend, please contact us.

Please note that homeowners, by signing the enclosed Weatherization Supplemental form, agree not to sell their home for one year after the weatherization is completed. A homeowner who does sell their home within one year after the weatherization is completed will be held responsible to repay NeighborImpact all funds spent on weatherizing the home.

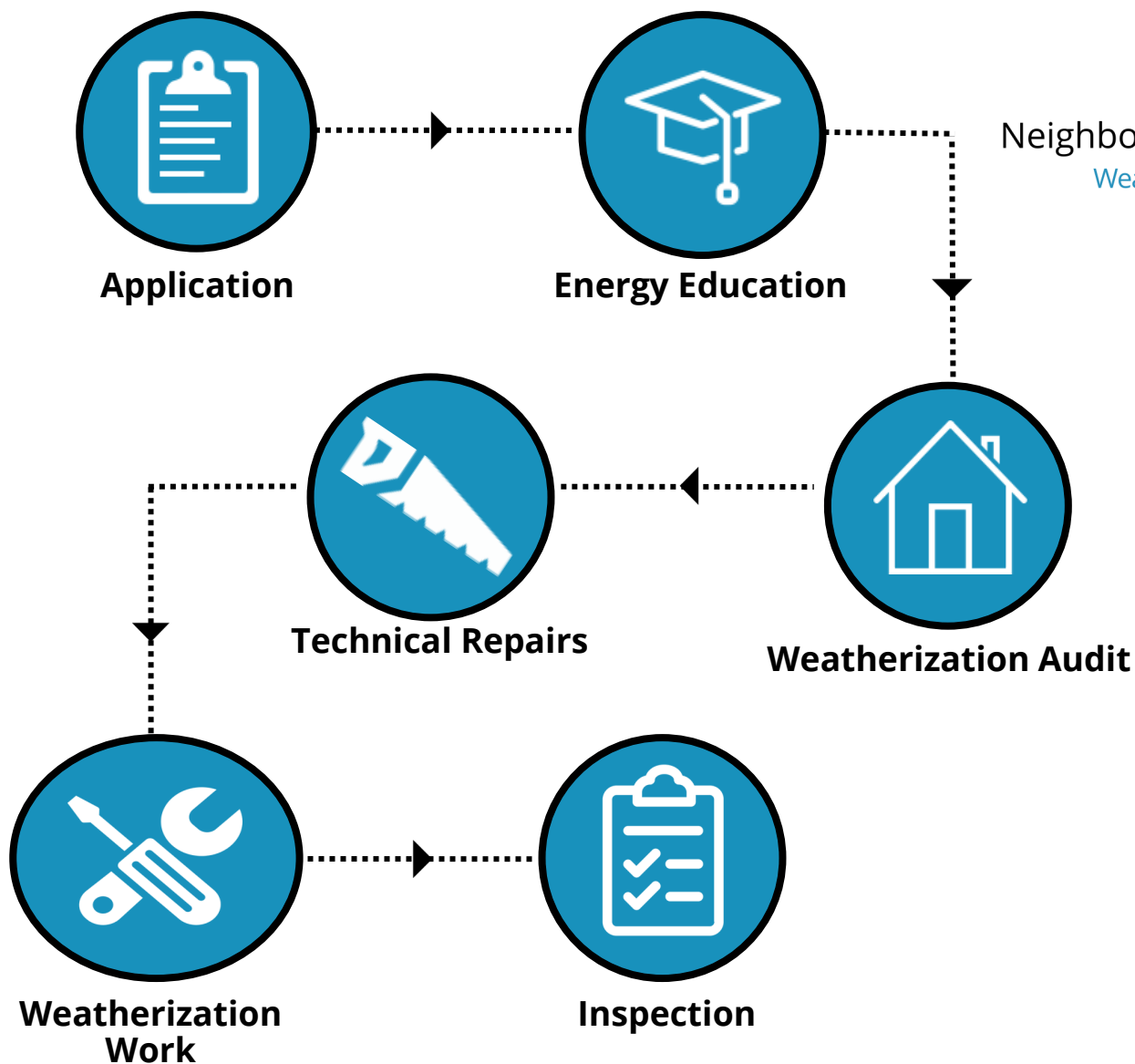
Please note that landlords, by signing the enclosed Weatherization Supplemental form, agree to not raise the rent amount or evict tenant(s) for one year after the weatherization is completed if all other aspects of the tenant agreement remain the same.







Finally, depending on the condition of your home, NeighborImpact may require necessary repairs prior to proceeding with weatherization. Some examples are clean up of debris or correction of structural, plumbing or electrical issues. You will be provided a list of necessary repairs and a time frame to complete the repairs in writing.

Please return application to:
NeighborImpact Weatherization Program
20310 Empire Avenue Suite A100
Bend, OR 97703
Lisab@neighborimpact.org
Fax: 541-749-4948



Neighbor**Impact**
Weatherization



-  Complete application and provide required documentation.
-  Attend energy education workshop. *(up to 60 days after application approval)*
-  NeighborImpact conducts audit at client's home and repair recommendations are made.* *(up to 60 days after energy education workshop attendance)*
-  Technical repairs are completed. *(up to 60 days after audit)*
-  Weatherization begins after repairs are complete. *(up to 60 days after technical repairs)*
-  NeighborImpact conducts an inspection of installed items. *(up to 30 days after install)*

*This may include a To Do List for the client.

Weatherization Supplemental Form



Applicant: _____ **Co-Applicant:** _____

Physical Address: _____
City _____ Zip Code _____

Phone Number: _____

What is the main language spoken in your home? English Spanish Other (Please indicate) _____

Do you have heat? Yes No **Do you have hot water?** Yes No

Do you own your home? Yes No **Do you rent your home?** Yes No

Property Type: Site built, Year Built _____ Mobile Home, Year Manufactured _____
 Duplex, Year Built _____ Other (Please describe) _____

Applicant Disclaimer: I agree to allow use of the information collected for all NeighborImpact programs, Oregon Housing and Community Services Department, its agents, and sub grantees for any legitimate purpose including, but not limited to the purpose of deciding eligibility for any and all weatherization assistance programs available, for reporting associated with those assistance programs and for reporting and monitoring associated with those assistance programs.

NeighborImpact uses a statewide database called OPUS. My signature below indicates that I consent to my household/family information being entered into OPUS and I am aware that it may be shared with other OPUS partners for the purpose of service delivery.

I/we certify that the information provided in this application is true and correct as of the date set forth below, and acknowledge my/our understanding that intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. And liability for monetary damages to the Lender, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____

Homeowner Disclaimer: I understand and agree that no warranties, expressed, or implied, are made by NeighborImpact or its employees to the homeowner for materials furnished or work performed pursuant to this agreement. I agree to release and hold harmless NeighborImpact and its staff from all liability arising out of the performance of said improvements. I grant permission to the NeighborImpact Weatherization Program to apply to the utility for any eligible low-income weatherization utility rebate(s).

I give permission for NeighborImpact to request from the utility billing history and energy usage, which is used in evaluating the energy conservation effectiveness of work proposed and performed. I further direct my utility and/or fuel companies to make such records available to NeighborImpact. I understand that no information obtained through these releases shall be made public in such a manner that the dwelling or occupants can be identified.

It is my understanding that I shall not sell the property for one (1) year from project completion. I agree that should I sell or release ownership of the property within one year after any work completed that I will reimburse NeighborImpact for any costs related to services provided.

I agree to hold to the commitment to not raise the rent or evict the tenant based on the weatherization completed by NeighborImpact for a period of one year. I understand if I fail to repay NeighborImpact in accordance with this agreement, it will be forced to exercise any legal remedies it may have, as part of which it will seek an award of interest, and its costs and attorney fees.

Homeowner Name (print): _____ **Homeowner phone #:** _____

Homeowner Address: _____
City _____ Zip Code _____

Homeowner Signature: _____ **Date:** _____

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

2019-2020 Application Form
Oregon Housing and Community Services



20310 Empire Ave Suite A100
 Bend, OR 97703

Date Rcvd. _____ Date Completed _____

Race Codes:

AA African American
 AS Asian
 NA/N Native American/
 Alaskan Native
 NH/PI Native Hawaiian/
 Pacific Islander

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

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: _____

Mailing Address: _____

(If different than physical address)

Street

City, State, Zip

County

Type of Dwelling (Circle one):

- 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 _____

Residence Status (Circle one):

- R** Rent (heat not included)
- E** Rent (heat included)
- S** HUD or Section 8 (Heat not included)
- O** Own

Type of Heat (Circle all that apply):

- 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: _____

DWELLING TYPE

NOTE: ALL GREY AREAS ARE NEIGHBORIMPACT OFFICE USE ONLY.

Name of Household Member	Type of Income	Proof of Income	Frequency	Amount	Annual Amount
Account Status			Total Annual Income:		
<input type="checkbox"/> Current	Name of Utility		Account #		NI Office Use
<input type="checkbox"/> Past Due					Vendor Amount: \$
<input type="checkbox"/> Shut Off 1-5 days					Vendor Amount: \$
<input type="checkbox"/> Shut Off 0-24 Hrs					Direct Amount: \$
<input type="checkbox"/> Disconnected					Total Auth Amt \$
<input type="checkbox"/> Bulk Fuel					Matrix Energy Type
<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 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

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