



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              | \$2,146.66                 |
| 2              | \$2,903.33                 |
| 3              | \$3,660.00                 |
| 4              | \$4,416.66                 |
| 5              | \$5,173.33                 |
| 6              | \$5,930.00                 |
| 7              | \$6,686.66                 |
| 8              | \$7,443.33                 |
| 9              | \$8,200.00                 |
| 10             | \$8,956.66                 |

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 or manufactured structure ownership document

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, 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 [homewx@neighborimpact.org](mailto:homewx@neighborimpact.org) or 541-316-2034.

An additional requirement of this program is for at least one household member to attend an energy education workshop at an in person workshop or online. We will contact you about the Energy Education Class after your complete application is processed. 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 applicants to complete 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  
[homewx@neighborimpact.org](mailto:homewx@neighborimpact.org)  
Fax: 541-749-4948

Weatherization Supplemental Form



NeighborImpact Weatherization

Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

What is your preferred language for communications from our program?  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 \_\_\_\_\_  Manufactured/Mobile Home
 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: \_\_\_\_\_

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|   |   |   |
|---|---|---|
| Applicant Legal Name:<br>(Last, First) _____<br>Authorization # _____             | <br><b>NeighborImpact</b><br>Energy Assistance & Weatherization<br>20310 Empire Ave Suite A100<br>Bend, OR 97703 | Date Rcvd. _____ Date Completed _____<br><b>Race Codes:</b><br><b>AA</b> African American<br><b>AS</b> Asian<br><b>NA/AN</b> Native American/<br>Alaskan Native<br><b>NH/PI</b> Native Hawaiian/<br>Pacific Islander<br><b>WH</b> White<br><b>Education Codes:</b><br><b>Not Applicable</b> (Not school-aged)<br><b>In school?</b> Please put current grade level<br><b>Out of School?</b> Highest Grade Completed<br><b>OR</b> one of the designations below:<br><b>GED</b> <b>HSD</b> High School Diploma<br><b>SC</b> Some College <b>AA</b> Associates<br><b>BA</b> Bachelors <b>MA</b> Masters<br><b>PHD</b> Doctorate |
| <b>2020-2021 Application Form</b><br><b>Oregon Housing and Community Services</b> |   |   |

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

| HOUSEHOLD INFORMATION   | Full Legal Name<br>For ALL Household Members   | Birthdate | SSN/SSID | Gender | Hispanic<br>Y/N | Race<br>(see above) | OR Tribe<br>Y/N | Education<br>(see above) | Disabled<br>Y/N | Veteran<br>Y/N | Homebound<br>Y/N | SNAP Y/N | OHP Y/N | Other Med.<br>Insurance |
|---|--|-----------|----------|--------|-----------------|---------------------|-----------------|--------------------------|-----------------|----------------|------------------|----------|---------|-------------------------|
|   |  |           |          |        |                 |                     |                 |                          |                 |                |                  |          |         |                         |
|   |  |           |          |        |                 |                     |                 |                          |                 |                |                  |          |         |                         |
|   |  |           |          |        |                 |                     |                 |                          |                 |                |                  |          |         |                         |
|   |  |           |          |        |                 |                     |                 |                          |                 |                |                  |          |         |                         |
|   |  |           |          |        |                 |                     |                 |                          |                 |                |                  |          |         |                         |
|   |  |           |          |        |                 |                     |                 |                          |                 |                |                  |          |         |                         |
| Phone: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Message<br>Email Address: _____ | <b>Household Type (circle one):</b> Single Person    Single Parent Female    Single Parent Male<br>Non-related adults with children    2 Parent Family    Multigenerational    2 Adults, No Children |           |          |        |                 |                     |                 |                          |                 |                |                  |          |         |                         |

| ADDRESS | <b>Physical Address:</b> _____<br>Street City State Zip County        |
|---------|---|
|         | <b>Mailing Address:</b> _____<br>(If different than physical address) |

| DWELLING TYPE | <b>Type of Dwelling (Circle one):</b><br><b>H</b> Single Family House<br><b>M</b> Multi-Unit (2-4)<br><b>U</b> Multi-Unit (over 4)<br><b>A</b> Manufactured/Mobile Home<br><b>E</b> Hotel/Motel<br><b>T</b> Travel Trailer<br><b>R</b> Other | Residence Status (Circle one): | <b>R</b> Rent (heat not included)<br><b>E</b> Rent (heat included)<br><b>S</b> HUD or Section 8 (heat not included)<br><b>O</b> Own | Type of Heat (Circle all that apply): | <b>E</b> Electric <b>N</b> Natural Gas <b>L</b> Propane<br><b>O</b> Oil <b>S</b> Solar <b>P</b> Pellets <b>W</b> Wood<br>Which is primary heat source: _____<br>Which is secondary heat source: _____<br><b>Name the utility company you would like your benefit to go to:</b><br>_____ |
|---------------|--|--------------------------------|---|---------------------------------------|---|
|---------------|--|--------------------------------|---|---------------------------------------|---|

**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: _____ |
|  | <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                      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**