



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	\$2,430.00
2	\$3,286.67
3	\$4,143.33
4	\$5,000.00
5	\$5,856.67
6	\$6,713.33
7	\$7,570.00
8	\$8,426.67
9	\$9,283.33
10	\$10,140.00

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 gross income for all household members over 18 who are not in high school
- Copy of electric bill
- Copy of gas bill, if applicable
- Proof of identification for all household members over 18, which can include the following: Driver's License, Passport, Military ID, State ID/Government issued ID, Birth Certificate, Social Security Paperwork.
- Copy of the mortgage statement or deed or manufactured structure ownership document. Please note that these items must verify the name of homeowner and street address.

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
- Unemployment - benefit verification letter or award summary



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 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
Fax: 541-749-4948 (please include cover letter Attn: Weatherization)



Frequently Asked Questions

What does the process look like?

1. An application is completed and approved if qualified.
2. Applicant receives information about an energy education course.
3. An audit is done on your home to examine what, if any, home improvements can be made to save the most energy.
4. Weatherization work begins, where our contractors install recommended improvements based on the audit.
5. An auditor will examine your home again to measure energy improvements.

How can I make the process go faster for me?

Because of the scope of work that is done, weatherization can be a longer process. Some things you can do to make sure it runs smoothly are:

- Ensure that your initial application is complete with all required supplemental documents included.
- Ensure that you can be reached by phone, and that your voicemail box is set up properly.
- Ensure that you check your mail regularly.

I would like a specific weatherization repair; can the weatherization team make that happen?

During the audit, feel free to let the auditor know if you have a specific concern. We cannot promise any specific repairs until an audit is completed.

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) _____

Has this home been weatherized by any agency in the last 15 years? Yes No Unsure

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: _____
 (Last, First) _____
 Authorization # _____

2022-2023 Application Form
Oregon Housing and Community Services



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

NOTE: ALL GREY AREAS ARE NEIGHBORIMPACT OFFICE USE ONLY

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

Household Type (circle one): Single Person Single Parent Female Single Parent Male Single Parent Male
 Non-related adults with children 2 Parent Family Multigenerational 2 Adults, No Children

Phone: _____ Cell Home Message

Email Address: _____

Physical Address: _____ Street _____ State _____ Zip _____ City _____ County _____

Mailing Address: _____
 (If different than physical address)

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: _____

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

Current

Past Due

Shut Off 1-5 days

Shut Off 0-24 Hrs

Disconnected

Bulk Fuel

Bulk Fuel Out

Name of Utility

Account #

Name on Account

Total Annual Income: _____

Vendor Amount: \$ _____

Vendor Amount: \$ _____

Direct Amount: \$ _____

Total Auth Amt \$ _____

Matrix Energy Type: _____

Authorization #: _____

Approved _____ Denied _____

_____ LIHEAP _____ LIHEAPAC _____ OEAPCEAP

_____ OEAP _____ OEAPAC Other: _____

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.

Worker Signature _____ Date _____ Authorizing Agency Signature _____ Date _____ Intake

Data Entry Initials _____ Date _____ 2022-2023 Heating Season

PLEASE SIGN ON THE NEXT PAGE



REQUIRED APPLICANT DISCLOSURES AND APPROVALS

2022 – 2023 Season

PART 1: APPLICANT NOTICE, PROGRAM DISCLAIMERS, AND APPLICANT RESPONSIBILITIES, WAIVER & RELEASE Effective 10/01/2022

- 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

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
- Recurring cash 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 have informal income	Total amount of informal income received in the previous month. List income items separately. No Income? Put \$0	Source of informal income (see examples listed above) If not applicable, put NA	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