



Household Size	Max Monthly Gross Income*
1	\$2,660
2	\$3,606
3	\$4,553
4	\$5,500
5	\$6,446
6	\$7,393
7	\$8,340
8	\$9,286
9	\$10,233
10	\$11,180

**Ask us about households larger than 10.**  
**\*Gross income means all income before any deductions**  
**Current limits effective as of 3/2/2026 until further notice**

In order to process your application, we will need you to complete the enclosed forms. All household members 18 and over, currently not in high school, and who currently **do not** receive income, should be listed on the enclosed 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 age 18, which can include the following: Driver's License, Passport, Military ID, State ID/Government issued ID, Birth Certificate, Social Security paperwork, Tribal ID.
- Copy of the mortgage statement, 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



Neighbor**Impact**

Weatherization

**If you rent your home, you must provide your property owner's information on the Weatherization Supplemental form. The property owner must sign the 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 watch an online energy education video and complete a corresponding online survey. We will contact you about the energy education requirement after your complete application is processed. If you are not able to complete the requirement, 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.

**Ready to turn in your application? You have options!**

**In-Person:** You can drop your completed application off at any NeighborImpact office

**Email:** [HomeWX@neighborimpact.org](mailto:HomeWX@neighborimpact.org)

**Mailing address:** NeighborImpact Weatherization Program, 20310 Empire Avenue, Suite A100, Bend, OR 97703

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

**An online application is also available at:** [www.neighborimpact.org/homewx](http://www.neighborimpact.org/homewx)



## 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 language do you prefer when communicating with our program?  English  Spanish  Other \_\_\_\_\_

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

Applicant Disclaimer: 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 number \_\_\_\_\_

Homeowner Address: \_\_\_\_\_

Homeowner Email: \_\_\_\_\_

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

Applicant Legal Name: \_\_\_\_\_ Date Rcvd. \_\_\_\_\_ Date Completed \_\_\_\_\_  
 (Last, First)  
 Authorization # \_\_\_\_\_

**2025-2026 Application Form**  
**Oregon Housing and Community Services**



**NeighborImpact**  
 Energy Assistance & Weatherization

20310 Empire Ave Suite A100  
 Bend, OR 97703

**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

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

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

Phone: \_\_\_\_\_  Cell  Home  Msg

Email: \_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
 Street Address City State Zip County

**Mailing Address:** \_\_\_\_\_  
 (If different) Mailing Address City State Zip County

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

**HOUSEHOLD INFORMATION**

**ADDRESS**

**DWELLING TYPE**



REQUIRED APPLICANT DISCLOSURES AND APPROVALS

2025-2026 Season

**PART 1: APPLICANT NOTICE, PROGRAM DISCLAIMERS, AND APPLICANT RESPONSIBILITIES, WAIVER & RELEASE Effective 10/01/2025**

- 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:** \_\_\_\_\_

**➡ Have you received cash help from FAMILY/FRIENDS for the past 3 months in a row?**      **Y**      **N**

- **If yes, please report cash help as income below.**  
*\*Application will be pended if you answered yes and do not list cash gifts below.*
- **If no, please describe how your basic needs are provided for:**

\_\_\_\_\_  
\_\_\_\_\_

### See Examples of Informal Income Sources below.

<b>Household Member Name</b> 18 years & older	<b>LAST MONTH</b> If signing in October, report income for September. Please list <b>amount</b> and <b>source</b> . <b>No Income? Please put \$0.</b>	<b>LAST 30 DAYS</b> If signing on Oct. 10 <sup>th</sup> , report income from Sept. 10 <sup>th</sup> - Oct. 10 <sup>th</sup> . Please list <b>amount</b> and <b>source</b> . <b>No Income? Please put \$0.</b>	<b>HIGH SCHOOL</b> Is person below in High School? <b>Y/N</b>
<i>EXAMPLE - John Doe</i>	<i>\$0 - No Income</i>	<i>\$0 - No Income</i>	<i>N</i>
<i>EXAMPLE - Jane</i>	<i>\$30 - Can returns</i>	<i>\$150 - work for cash</i>	<i>N</i>

### 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. *(only report if received for past three months in a row or more)*

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** \_\_\_\_\_