Welcome to Community Action Utility assistance program for Washington county.

Please read the instructions before completing the application for assistance. Please read carefully the application also, as there have been changes to the form for this program year.

Applications are processed in the order they are received. Households with shut off notices must contact their utilities and make arrangements. It is better to submit your application early instead of waiting for a shut off notice.

We are also offering a smart phone friendly online application on our website at:

https://caowash.org/programs/utility-assistance/utility-assistance.html

Instructions:

• Please fill out all pages of the application.

• Please return this application with your proof of income for all adults in home 18 years or older. **We are asking for full previous month income.** Additional forms are provided after the application for those who do not have proof of income due to not working, odd jobs, or paid in cash.

• Include copies of Identification for all adults 18 years or older.

Please return the application to:

Mail to: 1001 SW Baseline St Hillsboro, OR 97123

Or drop it in our drop boxes at:

• 1001 SW Baseline St. Hillsboro
• 5050 SW griffith Dr. Beaverton
• 11515 SW Durham Rd Suite E8 Tigard

PLEASE ALLOW 6 WEEKS FOR PROCESSING. A PAYMENT RECEIPT WILL BE EMAILED TO YOU IF YOU PROVIDE IT THE SAME DAY YOUR APPLICATION IS PROCESSED. OTHERWISE, IT WILL BE MAILED.
# CAO UTILITY ASSISTANCE APPLICATION

**First and Last Name**  
List yourself first, then all living in the home.

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<tbody>
<tr>
<td>Date of Birth</td>
<td>Gender</td>
<td>Social Security Number</td>
<td>Income received</td>
<td>Income Source</td>
<td>Not full income?</td>
<td></td>
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<tr>
<td>M/D/Yr</td>
<td>NO SS#</td>
<td>NO income?</td>
<td>Income Source</td>
<td>Not full income?</td>
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**A: Household Type:** (Check one)
- Single
- 2-Adult no children
- Single parent female
- Single parent male
- 2 parent home
- non-related adults w/ children
- Multigenerational home

**B: Type of Housing:** (Check one)
- Hotel
- House
- MFD/ Mobile
- 2-4 apts in apt complex
- Over 4 apts in complex
- Travel trailer
- Other

**C: Residence Status:** (Check one)
- Own
- Rent (heat included)
- Rent (heat not included)
- Subsidized (heat included)
- Subsidized housing (heat not included)

**D: Primary Type of Heat:** (Check one)
- Pellet
- Natural gas
- Propane
- Oil
- Wood
- Electric

**Address**:  
Mailing address (if different)

**Phone number**  
Preferred method of contact: [ ] Phone  [ ] Email  [ ] Text  [ ] Mail

**Email address:**

CONFIDENTIAL: Are you experiencing domestic violence and need your information to be handled with extra caution? [ ] YES

Updated 9/15/23
The following questions are for statistical purposes only

<table>
<thead>
<tr>
<th>Name</th>
<th>Ethnicity</th>
<th>Race</th>
<th>Preferred Language</th>
<th>Veteran? (Y or N)</th>
<th>Disabled? (Y or N)</th>
<th>Highest level of Education Completed</th>
<th>SNAP? (Y or N)</th>
<th>OHP or Medicare (Y or N)</th>
<th>Health Ins.? (Other type)</th>
<th>AUTH#</th>
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<td>List adults from page 1</td>
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Has your household experienced a recent financial hardship or crisis? Please explain: __________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Please list utility companies and account numbers and INCLUDE A COPY OF THE MOST RECENT BILL RECEIVED FOR EACH. We can not process a payment for your utility if you have not listed it here.

Electric utility company: Acct#: __________________________
Heat utility company: Acct#: __________________________
Water utility company (limited only): Acct#: __________________________
Garbage utility company (discount only): Acct#: __________________________

If name on utility bill is someone other than household member please explain. __________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Community Action offers other services that could be helpful. Are you interested in being contacted for the following?

- [ ] Not interested  - [ ] Water heater issues  - [ ] Roof leaks  - [ ] Furnace repair

Additional comments: __________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

If you have already purchased your wood (pellets), oil or propane & are requesting reimbursement, please enclose receipt. $$ amount of receipts enclosed _______
also enclosed _______

Fuel type
**PLEASE READ, SIGN AND DATE THE APPLICANT DISCLAIMER ON THE NEXT PAGE OF THIS APPLICATION**

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 subgrantees 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.

Applicant Signature

Date

Name and email of advocate: ________________________ ____________________________________________________

DO NOT WRITE BELOW THIS LINE (AGENCY ONLY): Payment approved and made to the following vendor(s):

Authorization Number: _____________________________

Data Entry: _____________________________ Date: _____________________________

Auth By: _____________________________ Date: _____________________________
DECLARATION OF HOUSEHOLD INCOME FORM

First person listed on application: ________________________________

Complete below questions for each person 18 years or older who does not have their own income, or has income that doesn’t provide you with proof.

Please declare here if you have had no income or have had income with no proof.

Name of person with no income or income with no proof: ________________________________

Is the person with no income a high school student? _____Yes _____No

Did this person receive income LAST MONTH? _____Yes _____No

if yes, Last date they received income? Mo/Day/Yr: ___________________

If yes, was this paid in cash? _____Yes _____No

If yes, how much did they receive?_______________

If yes, what was the source?_____________________

Additional comments: ____________________________________________

If additional income received: Mo/Day/Yr: ____________________________

How much did they receive and from where?: ____________________________

If NO income in last 30 days how has this person paid for the following costs?

How did they buy food? _________________________________

How did they pay rent? _________________________________

How did they pay the bills or utilities?: _______________________________

I have read the list of examples of income, and I certify that the information stated above is true and accurate to the best of my knowledge. By signing this form I am under penalty of criminal prosecution if false information results in assistance for which I am not eligible.

______________________________  __________________________
Signature                                  Date

Updated 8/26/23
DECLARATION OF HOUSEHOLD INCOME FORM

First person listed on application: ________________________________

Complete below questions for each person 18 years or older who does not have their own income, or has income that doesn’t provide you with proof.

Please declare here if you have had no income or have had income with no proof.

Name of person with no income or income with no proof: ________________________________

Is the person with no income a high school student? _____ Yes _____ No

Did this person receive income LAST MONTH? _____ Yes _____ No

if yes, Last date they received income? Mo/Day/Yr: ___________________

If yes, was this paid in cash? _____ Yes _____ No

If yes, how much did they receive? __________________

If yes, what was the source? __________________________

Additional comments: ____________________________________________

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How much did they receive and from where?: ____________________________

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Signature                                      Date

Updated 8/26/23
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How did they pay the bills or utilities?: ________________________________

I have read the list of examples of income, and I certify that the information stated above is true and accurate to the best of my knowledge. By signing this form I am under penalty of criminal prosecution if false information results in assistance for which I am not eligible.

________________________________________  _______________________
Signature                                      Date
SELF EMPLOYMENT WORKSHEET
UTILITY ASSISTANCE PROGRAM

Applicant's name: ____________________________________________________________

Name of person self employed: ______________________________________________

Doing business as: __________________________________________________________

Contact phone number: ______________________________________________________

Month covered __________

Please use full month calculations only:

If you have not had income in last 30 days from Self Employment, then use Zero income form instead.

Gross receipts or sales.................................................................................................$__________

Business related expenses for period covered
ie: fuel, supplies, ........................................................................................................... (MINUS) $__________

Net income....................................................................................................................$__________

I certify that the information stated is true and accurate to the best of my knowledge. By signing this form I am under penalty of criminal prosecution if false information results in assistance for which I am not eligible.

_________________________________________    ________________________________
Signature                                      Date