

CAO UTILITY ASSISTANCE APPLICATION 2021-2022

PRINT AND FILL OUT COMPLETELY. PLEASE ALLOW UP TO 5 WEEKS FOR PROCESSING

Name First and Last <i>List yourself first, then all living in the home.</i>	Date of Birth Mo/Day/Yr	Social Security Number <i>Not required but may limit assistance if not provided</i>	List income received for the last 30 days for everyone 18 yrs or older. <i>(Example: TANF, Social Security, wages) use attached form(s) for cash income.</i>	
			Income Source	Gross monthly amount (before taxes)
SELF:				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

A: Household Type: (Check one) <input type="checkbox"/> Single <input type="checkbox"/> 2-Adult no children <input type="checkbox"/> Single parent female <input type="checkbox"/> Single parent male <input type="checkbox"/> 2 parent home <input type="checkbox"/> non-related adults w/ children <input type="checkbox"/> Multigenerational home	B: Type of Housing: (Check one) <input type="checkbox"/> Hotel <input type="checkbox"/> House <input type="checkbox"/> MFD/ Mobile <input type="checkbox"/> Multi-Unit (2-4) <input type="checkbox"/> Multi-Unit (Over 4) <input type="checkbox"/> Other <input type="checkbox"/> Travel trailer	C: Residence Status: (Check one) <input type="checkbox"/> Own <input type="checkbox"/> Rent (heat included) <input type="checkbox"/> Rent (heat not included) <input type="checkbox"/> Subsidized (heat included) <input type="checkbox"/> Subsidized housing (heat not included) <input type="checkbox"/> Subsidized Rent (no allowance)	D. Primary Type of Heat: (Check one) <input type="checkbox"/> Solar <input type="checkbox"/> Pellet <input type="checkbox"/> Natural gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Electric
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Address _____ Apt. # _____ City _____ Zip _____

Mailing address (if different) _____ City _____ Zip _____

Phone number _____ ☐Cell ☐Home Email address _____

Second phone number _____

The following questions are for statistic purposes only and are optional.

Name (First only)- List everyone in household	Ethnicity H- Hispanic/Latino NH- Not Hispanic/ Latino	Race AA- African American AS- Asian AI- American Indian/Alaskan Native NH/PI- Native Hawaiian/ Pacific Islander WH- White DK/RF- Don't know/Refused	Gender	Preferred Language	Veteran? (Y or N)	Disabled? (Y or N)	Highest level of Education Completed	SNAP? (Y or N)	Health Ins.? (Medicare, OHP, Other)
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									

Has anyone in your household been affected by COVID-19? ☐ YES ☐ NO

If Yes, how? ☐ Loss of income ☐ Reduction in income ☐ COVID-19 Related expenses ☐ Other (please explain) _____

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

Electric utility company: _____ Acct#: _____

Heat utility company: _____ Acct#: _____

Other utility company: _____ Acct#: _____

If you have already purchased your wood (pellets), oil or propane & are requesting reimbursement, please enclose receipt.

Receipt enclosed for _____ (type of fuel)

*****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

- 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 AND 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.



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:

Primary Utility: _____ Amount: _____

Secondary Utility: _____ Amount: _____

Other Utility: _____ Amount: _____

Intake/Data Entry: _____ Date: _____

Auth By: _____ Date: _____

LIHWA DISCLAIMER

With my signature, I, the Applicant, agree to the following statements in regard to the Low-Income Household Water Assistance (LIHWA) Program:

- I attest that the information stated in this application is true and accurate and will be used to determine my eligibility for water and/or wastewater assistance.

- I understand that the information provided, if misrepresented or incomplete, may be grounds for immediate application termination and/or could result in penalties as specified by law, including but not limited to enforcement under the Federal and Oregon

False Claims Acts.

- I agree, as the water and/or wastewater services account holder, to the additional Release of Information to the water and/or wastewater provider or its authorized partners and representatives as necessary to verify services provided and those costs associated

with services and process payment.

- If I pay my landlord or authorized representative for water and/or wastewater services, I have provided a signed Landlord Authorization Form as Release of Information.

- In addition, I agree that data from this application and from my water and/or wastewater services account (not including my personal identifying information) may be used for reporting or program evaluation purposes by the water and/or wastewater provider,

its authorized partners and representatives, and the State of Oregon, including but not limited to Oregon Housing and Community Services (OHCS) and its authorized partners and representatives.



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:

Primary Utility: _____ Amount: _____

Secondary Utility: _____ Amount: _____

Other Utility: _____ Amount: _____

Intake/Data Entry: _____ Date: _____

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