



Welcome to Community Action's Utility Assistance Program for Washington County, OR

Please carefully read the new guidelines for assistance.

Community Action of Washington County Oregon has changed how much assistance a household is able to receive.

Effective 10/1/22 households will only qualify for assistance once per year. Once you have applied for and received any payment you will need to reapply after October 1, 2023. We will screen every household to determine eligibility for all available utility assistance.

Requirements: Household lives in Washington County, Oregon and household income is at or below 60% Oregon Median Income.

Oregon Median Income (OMI) for 30 days	
Household Size	60% OMI
1	\$2,605.50
2	\$3,407.17
3	\$4,208.83
4	\$5,010.50
5	\$5,812.25
6	\$6,613.92
7	\$6,764.25
8	\$6,914.50
9	\$7,064.83
10	\$7,215.17
11	\$7,365.50
12	\$7,515.75

- Applications are processed in the order they are received. Households with a shut off notice must contact their utility company and make arrangements. If you are within 24 hours of disconnection please call 503-615-0771 and leave a voicemail.
- Some utilities are offering Income Qualified Bill Discount Programs, contact yours today.
- We now have DocuSign for our application. DocuSign is compatible with cell phones and tablets.

Questions? Visit <https://caowash.org/programs/energy-assistance/>

If you decide to do your application online, feel free to share this application with someone who needs help that would qualify.



Attached you will find the Utility Assistance Application. Please use this checklist to complete your application and collect all the necessary documents:

- **Complete all pages** of the application and information for all members of the household.
- **Sign and date** the application and ALL disclaimers
- **Attach** copies of ID for all adults 18yrs+.
- **Attach most recent electric and natural gas bills**, and/or receipts for bulk fuel or purchased heating fuel.
- **Every adult must include income for the last 60 days** of this applications signature date. Please include all pay statements received for this period.

Example: Social Security Award letter(s), Social security award letters for minors, pay stubs, unemployment verification, Current TANF verification, etc.

- **If an adult is receiving unemployment:** Use "where is my check report online". Print with full name and SS#
- **If an adult has had NO income in last 30 days or is PAID IN CASH:** fill out Zero Income/Declaration of household income Statement. Use one form per person *Example: child support, pop cans, side jobs, selling items, etc..*
- **If an adult owns their own business:** Use the Self-Employment sheet.

Need extra forms? Visit our website at

<https://caowash.org/programs/energy-assistance/>

Please return the application to us at any one of the three following locations:

Mail: Energy Assistance 1001 SW Baseline St Hillsboro, OR 97123

Drop: Drop boxes located at

- 1001 SW Baseline St. Hillsboro
- 5050 SW Griffith Drive Beaverton
- 11515 SW Durham Rd Suite E8 Tigard

Email: energy@caowash.org

Allow **at least 6 weeks** for processing. A payment receipt will be emailed or mailed to you and we will directly contact your utility company to notify them of your eligibility amount. Thank you for your patience.

Updated 9/15/22

Community Action leads the way to eliminate conditions of poverty and creates opportunities for people and communities to thrive.

1001 SW Baseline Street • Hillsboro, OR 97123 • 503.615-0771 • www.caowash.org

CAO UTILITY ASSISTANCE APPLICATION 2022-2023

PRINT AND FILL OUT COMPLETELY. PLEASE ALLOW UP TO 6 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 60 days for everyone 18 yrs & older. <i>(Example: TANF, Social Security, wages) Use attached form(s) for self employment, cash or zero income.</i> <i>Income Source Gross monthly if 60 days proof not provided -explain</i>		
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 _____ Cell _____ Home _____

CONFIDENTIAL: Are you experiencing Domestic Violence?
 _____ YES _____ NO

**THIS PAGE IS
REQUIRED TO BE
RETURNED.**

The following questions are for statistical purposes only

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 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:	Acct#:
Garbage utility company:	Acct#:

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

*****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:

Utility Vendor

Amount:

Utility Vendor

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):

.....
Utility Vendor

Amount: _____

Authorization Number _____

Utility Vendor

Amount: _____

Intake/Data Entry: _____

Date: _____

Auth By: _____

Date: _____

NW NATURAL

AUTHORIZATION TO RELEASE INFORMATION

Upon successful enrollment in the OLGA/GAP programs, I authorize NW Natural's authorized OLGA/GAP contractors to release my application and ongoing OLGA/GAP program benefit information held by the OLGA/GAP contractors to the Energy Services Provider for the purposes of administering, monitoring, researching, evaluating the OLGA/GAP program delivery and efficiency, and evaluation of enrollment in the Energy Services Provider's Bill Discount Program.

Applicant's Signature & Date



ZERO INCOME STATEMENT/ DECLARATION OF HOUSEHOLD INCOME UTILITY ASSISTANCE PROGRAM

Primary applicant name: _____

Complete one sheet (all lines) for any person 18+ who does not have their own income, or has income that doesn't provide you with proof. Please explain how you have paid for your costs while you have had no income or income with no proof. If you have borrowed money or made a plan with your landlord or utility company, please describe. If you have not been able to pay, please describe.

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

Did this person receive income in the last 30 days? Yes No

If yes, last date they received income? Mo/Day/Yr: _____

If yes, how much did they receive? _____ Was this paid in cash? YES NO

If yes, what was the source? _____

Employment - Odd Jobs - Pop cans - Unemployment - Child support

Additional comments: _____

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

How much did they receive and from where?: _____

If NO income in last 30 days answer the following for this household member:

How did they buy food?: _____

How did they pay they rent?: _____

How did they pay they 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

ZERO INCOME STATEMENT/ DECLARATION OF HOUSEHOLD INCOME UTILITY ASSISTANCE PROGRAM

Primary applicant name: _____

Complete one sheet (all lines) for any person 18+ who does not have their own income, or has income that doesn't provide you with proof. Please explain how you have paid for your costs while you have had no income or income with no proof. If you have borrowed money or made a plan with your landlord or utility company, please describe. If you have not been able to pay, please describe.

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If yes, how much did they receive? _____ Was this paid in cash? YES NO

If yes, what was the source? _____

Employment - Odd Jobs - Pop cans - Unemployment - Child support

Additional comments: _____

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

How much did they receive and from where?: _____

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Signature

Date



SELF EMPLOYMENT WORKSHEET UTILITY ASSISTANCE PROGRAM

Applicant's name: _____

Name of person self employed: _____

Doing business as: _____

Contact phone number: _____

Period(s) covered _____ to _____

Please use full previous month 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



FREE HOME ENERGY UPGRADES!

If you live in Washington County and are income-qualified, you may receive **FREE** energy upgrades such as insulation, heating systems, ventilation and more.

APPLY TODAY!

**Call 503.906.6550 or email
weatherization@caowash.org**

INCOME GUIDELINES: EFFECTIVE 2/14/2022

Household Size	Annual Gross Income	Monthly Gross Income
1	\$27,180	\$2,265.00
2	\$36,620	\$3,051.66
3	\$46,060	\$3,838.33
4	\$55,500	\$4,625.00
5	\$64,940	\$5,411.66
6	\$74,380	\$6,198.33
<i>Each Additional Member:</i>	\$ 9,440	\$ 786.66