

# CAO UTILITY ASSISTANCE APPLICATION 2021-2022

**PRINT AND FILL OUT COMPLETELY. PLEASE ALLOW UP TO 4-5 WEEKS FOR PROCESSING LIST YOURSELF FIRST THEN ALL PEOPLE WHO CURRENTLY LIVE IN**

Name First and Last	Date of Birth	YOUR HOME Social Security Number <small>IF NO SS# ENTER ZEROS</small>	Gender	Veteran? (Y or N) <small>click if yes</small>	Disabled? (Y or N) <small>click if yes</small>	Highest Level of Education Completed	SNAP? (Y or N) <small>click if yes</small>	Health Ins.? (Medicare, OHP, Other)
SELF:				.	.		.	
2.				.	.		.	
3.				.	.		.	
4.				.	.		.	
5.				.	.		.	
6.				.	.		.	
7.				.	.		.	
8.				.	.		.	

<u>Household Type: (Check one)</u> <input type="checkbox"/>	<u>Type of Housing: (Check one)</u> <input type="checkbox"/>	<u>Residence Status: (Check one)</u> <input type="checkbox"/>	<u>Primary Type of Heat: (Check one)</u> <input type="checkbox"/>
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Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address (If Different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_  Cell  Home Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Home

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	Preferred Language	Does this person receive income? If yes, please list the source (example: TANF, Social Security, wages) and the gross amount received (amount before any deductions) for the past 30 days	
				Source/Program	Gross Monthly Amount
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? 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

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Date

Name and email of advocate: \_\_\_\_\_

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