

LIHEAP  OEAP Other: \_\_\_\_\_

### ENERGY ASSISTANCE APPLICATION

Auth #: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Language: \_\_\_\_\_ Phone #: \_\_\_\_\_

Primary Heat: \_\_\_\_\_ Utility: \_\_\_\_\_ Account #: \_\_\_\_\_  Shutoff  24 hr  5 Day  Past Due  Current

Secondary Heat: \_\_\_\_\_ Utility: \_\_\_\_\_ Account #: \_\_\_\_\_  Shutoff  24 hr  5 Day  Past Due  Current

Legal Name (list all the people in the household)	Date of Birth	SSN/SYSID	Income Source	Monthly Income	Verification	Gender	Ethnicity	Race	Education	Disabled	Veteran	Home Bound	Non Cash Benefits
1													
2													
3													
4													
5													
6													
7													
8													

Attach additional sheet if needed

<b>Type of Dwelling (Circle One):</b> H: Single Family House M: Multi-Unit (2-4) U: Multi-Unit (over 4) A: MFD/Mobile Home E: Hotel/Motel T: Travel Trailer R: Other	<b>Residence Status (Circle one):</b> R: Rent (Heat not included) E: Rent (Heat included) O: Own S: Subsidized Rent with Utility Allowance (Heat not included) U: Subsidized Housing (Heat included) W: Subsidized Rent without Utility Allowance (Heat not included)	<b>Status</b>	<b>Rent or Mortgage Amount:</b> \$	<b>Household Type (Circle one):</b> M: Married no children S: Single SPM: Single Parent Male SPF: Single Parent Female EXF: Extended Family 2P: Two Parent COH: Co-Habitants Type
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<b>Comments:</b> <input type="checkbox"/> Life Threatening Crisis <input type="checkbox"/> 18 Hours <input type="checkbox"/> 48 Hours			
<b>Primary Utility:</b> \$			
<b>Secondary Utility:</b> \$		<b>ADULT ID VERIFIED:</b> <input type="checkbox"/> <b>OPUS VERIFIED:</b> <input type="checkbox"/> <b>UTILITY COMMITMENT:</b> <input type="checkbox"/>	
<b>Crisis/Direct Pay:</b> \$		<b>REFERRED TO WEATHERIZATION:</b> <input type="checkbox"/>	
		<b>ENERGY EDUCATION/ADVOCACY:</b> <input type="checkbox"/> <b>NON-ENERGY SERVICES:</b> <input type="checkbox"/>	

### 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

\_\_\_\_\_  
Intake Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Data Entry Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorizing Agency Signature

\_\_\_\_\_  
Date

APPROVED  DENIED

Revised 9/28/2020