

Residence Address: _____ Apt: _____ City: _____ Zip: _____
 Mailing Address (if different): _____ City: _____ Zip: _____ Language: _____ Phone #: _____
 Primary Water: _____ Utility: _____ Account #: _____ Shutoff 24 hr 5 Day Past Due Current
 Primary Sewer: _____ 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

Type of Dwelling (Circle One): H - Single Family House M - Multi-Unit (2-4) U - Multi-Unit (over 4) A - MFD/MobileHome E - Hotel/Motel T - Travel Trailer R - Other	Residence Status (Circle one): 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)	Rent or Mortgage Amount: \$	Household Type (Circle one): M - Married no children S - Single SPM - Single Parent Male SPF - Single Parent Female EXF - Extended Family 2P - Two Parent COH - Co-Habitants
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Comments: Life Threatening Crisis 18 Hours 48 Hours

Primary Utility:	\$	ADULT ID VERIFIED: <input type="checkbox"/>	OPUS VERIFIED: <input type="checkbox"/>	UTILITY COMMITMENT: <input type="checkbox"/>
Secondary Utility:	\$	REFERRED TO WEATHERIZATION: <input type="checkbox"/>	WATER EDUCATION/ADVOCACY: <input type="checkbox"/>	
Crisis/Direct Pay:	\$	ENERGY EDUCATION/ADVOCACY: <input type="checkbox"/>		NON-ENERGY SERVICES: <input type="checkbox"/>

PART 1: APPLICANT NOTICE, PROGRAM DISCLAIMERS, AND APPLICANT RESPONSIBILITIES, WAIVER & RELEASE

- ❖ I, Applicant, understand that the government water 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 programs, I further authorize OHCS and the State of Oregon, including designated subcontractors, and OHCS Subgrantees to release my Application and ongoing LIHWA program benefit information held by OHCS (including its subcontractors and OHCS Subgrantees) to the Water Services Provider (as defined below) for the purposes of administering, monitoring, researching, and evaluating LIHWA 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 water equipment as result of my eligibility to these programs, I agree to hold OHCS, its sub-grantees 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 LIHWA program benefit information up and until one (1) program year following my participation in the LIHWA program.

PART 2: APPLICANT NOTICE, WAIVER & RELEASE RELATED TO WATER SERVICE PROVIDERS AND APPLICANT'S WATER 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 water service provider(s), including utility, water supplier, vendor, or other similar entity providing similar services ("Water Services Provider"), once my household applies for water assistance through one of the water assistance programs, including but not limited to the Low Income Home Water Assistance Program (LIHWAP) 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 water assistance eligibility, and administering, monitoring, researching, and evaluating the water 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 Water Services Provider Account(s) identified in this Application.
 - ❖ I hereby authorize and hold harmless my Water 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 water 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 Water Services Provider(s) for such release of my Account Information for up to two (2) water 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 WATER ASSISTANCE APPLICATION- REQUIRED APPLICANT DISCLOSURES AND APPROVALS.

_____	_____
Applicant Signature	Date
_____	_____
Intake Signature	Date
_____	_____
Data Entry Signature	Date
_____	_____
Authorizing Agency Signature	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: _____

DESCARGOS DE RESPONSABILIDAD DEL PROGRAMA:

Con mi firma, yo, el Solicitante, estoy de acuerdo con las siguientes declaraciones en lo que respecta al programa de Asistencia de Agua y Aguas Residuales (LIHWA):

- En certificado que la información provista en esta solicitud es verdadera y correcta y se usa para determinar mi elegibilidad para asistencia de agua y aguas residuales.
- Yo entiendo que la información provista, si tergiversada o incompleta, puede resultar en una terminación inmediata y/o puede resultar en sanciones según lo especificado en el lay, incluyendo, pero no limitado a, los Actos de Reclamos de federal o Oregón.
- Como titular de la cuenta de servicios de agua y/o aguas residuales, yo estoy de acuerdo con la liberación de información adicional al proveedor de servicios de agua y/o aguas residuales o sus representantes a verificar los servicios prestados y los costos asociados con esos servicios y para procesar pagos.
- Si pago mi propietario u otro representante autorizado para servicios de agua y/o aguas residuales, yo previsto la forma de Autorizado de los Propietarios con firma para la liberación de información.
- En adicional, yo estoy de acuerdo que los datos e información en esta solicitud y este del proveedor de servicios de agua y/o aguas residuales (no incluyendo mi información personal o identificativa) puede ser utilizado para reportar o evaluar del programa por el proveedor de servicios de agua y/o aguas residuales, sus socios y representantes autorizados, y el Estado de Oregón, incluyendo pero no limitado a la agencia de Vivienda y Servicios Comunitarios del Estado de Oregón (OHCS) y sus socios y representantes autorizados.

Firma del Solicitante: _____

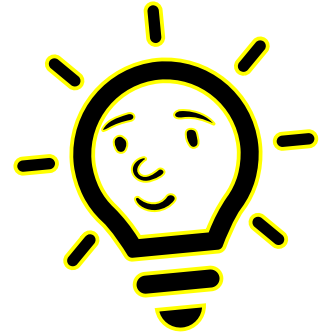
Fecha: _____

CAPECO

HEATING, ENERGY, WATER, & SEWER ASSISTANCE

YOU MUST SEND THE FOLLOWING WITH YOUR PAPER APPLICATION

- *You have 15 days from the date of receipt to provide the information or your application will be denied, and you will need to reapply.*
- *Check each box to make sure you have gathered all the information.*



- STATE ISSUED PICTURE IDS** for household members 18 or older.
- SOCIAL SECURITY CARDS** for everyone in the home.
- INCOME**
Proof of all household income for the **previous calendar month**.
Example: pay stubs, **2023 gross benefit Letter** for Social Security/pension/VA, unemployment, child support, TANF, rentals, alimony, workers comp, self-employed, side jobs etc.
 - Income for the month of:** _____
 - Anyone 18 or older with no income and **NOT** in High School **MUST** fill out a Zero Income form (DHI).
- Anyone 18 and older still in High School will need to provide a Current Year Enrollment form.
- CURRENT WATER & SEWER, ELECTRIC & GAS BILL, or RECENT HEATING RECEIPT/STATEMENT FOR Oil, Propane, Wood, Pellets**

NOTE: All utility bills must be in an adult household member's name. The account holder (or the customer's authorized agent for the utility or fuel vendor) must sign the application. If heat or water is included in the rent or in the landlord's name, you must bring in a copy of your recent rental agreement.

MAIL: 1565 N First St Suite # 1, Hermiston, OR 97838
721 SE Third St, Ste D, Pendleton, OR 97801
FAX: 541-289-7757
EMAIL: sgutierrez@capeco-works.org

Pendleton area: 800-752-1139 or 541-276-1926

Hermiston/Milton-Freewater/Morrow, Gilliam & Wheeler counties: 800-214-4776 or 541-289-7755

8/28/2023