

CAO UTILITY ASSISTANCE APPLICATION

AUTH#

First and Last Name <i>List yourself first, then all living in the home.</i>	Date of Birth M/D/Yr	Gender	Social Security Number SS# Y/N <i>Not required but may limit assistance if not provided</i>	income received LAST CALENDAR MONTH for adults 18 yrs & older	Income Y/N	Income Source
SELF:						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Number of Persons in Household?

A: Household Type: (Check one) _____	B: Type of Housing: (Check one) _____	C: Residence Status: (Check one) _____	D. Primary Type of Heat: (Check one) _____
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Address _____ Apt.# _____ City _____ Zip _____

Mailing address (if different) _____ City _____ Zip _____

Phone number _____ Cell _____ Home _____ Email address (please print legibly): _____

Preferred method of contact: ☐ Email ☐ Mail

CONFIDENTIAL: Are you fleeing domestic violence and need your information handled with extra caution? _____ Yes

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

The following questions are for statistical purposes only

AUTH#

Name List adults from page 1	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	Veteran? (Y or N)	Disabled? (Y or N)	Highest level of Education Completed	SNAP? (Y or N)	OHP or Medicare (Y or N)	Health Ins.? (Other type)
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									

Has your household experienced a recent *(in the last 2 months)* financial hardship or crisis? Please explain: _____

Community Action offers other services that could be helpful. Are you interested in being contacted for the following?

☐ Not interested ☐ Water heater issues ☐ Roof leaks ☐ Furnace repair

Additional comments: _____

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#:

Available only for: City of Beaverton, City of Hillsboro, City of Tualatin, and Tualatin Valley Water District who pay their bill directly.

If City of Hillsboro Water please add customer number:

Garbage utility company (discount only):

Acct#:

Available for Beaverton, Hillsboro, and Unincorporated Washington county residents

BULK FUEL:

If name on utility bill is someone other than household member please explain. _____

note: only special circumstances allow us to pay on a bill that is not in the households name. You may be required to put the bill into your name before assistance can be received.

I live in city of Hillsboro and would like to be considered for INTERNET discount.

Yes

No

NEW: Tualatin Valley Water District has two programs: a bill discount program (24 monthly discount) and a emergency financial assistance towards your bill (once a year only). If you already received your once a year assistance through TVWD, you will only be signed up for the bill discount at the time we process your application.

****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, it’s 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: _____

**PLEASE DO NOT SIGN
BEFORE 10/1/24**

DO NOT WRITE BELOW THIS LINE (AGENCY ONLY): Payment approved and made to the following vendor(s):

.....

Authorization Number: _____

Data Entry: _____ Date

Auth By: _____ Date:



DECLARATION OF HOUSEHOLD INCOME FORM

First person listed on application: _____

Complete below questions for each person 18 years or older who does not have their own income, or has income that doesn't provide you with proof.

Please declare here if you have had no income or have had income with no proof.

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

Is the person with no income a currently enrolled in high school? ____ Yes ____ No

Did this person receive income LAST MONTH? ____ Yes ____ No

If yes, was this paid in cash? ____ Yes ____ No

If yes, how much did they receive? _____

If yes, what was the source? _____

if yes, Last date they received income?(prior month only) Mo/Day/Yr: _____

Additional comments: _____

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

How much did they receive and from where?: _____

If NO income in last 30 days how has this person paid for the following costs?

How did they buy food? _____

How did they pay rent? _____

How did they pay the 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

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SELF EMPLOYMENT WORKSHEET UTILITY ASSISTANCE PROGRAM

Applicant's name: _____

Name of person self employed: _____

Doing business as: _____

Contact phone number: _____

Month covered _____

Please use full prior month calculations only:

If you have not had income in the previous month 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 _____