

# Community In Action Energy Assistance Application

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

APPLICANT LEGAL NAME: \_\_\_\_\_

(LAST, FIRST)

LIHEAP  OTHER \_\_\_\_\_

REF	LEGAL NAME	DATE OF BIRTH	SSN/SYSID	SSN CODE	ID VERIFIED	LANGUAGE	GENDER	ETHNICITY	RACE	EDUCATION	DISABLED	VETERAN	HOME BOUND	NON-CASH BENEFITS
A														
B														
C														
D														
E														
F														
G														

Physical Address: \_\_\_\_\_ Apt. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ Apt. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact number: \_\_\_\_\_ Message Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

May we contact you by:  Phone call  Mail  E-mail  Text Message

**Referral to Weatherization:**

Type of residence	Residence Status	How do you HEAT your home	Other Heat Sources	Household Type
<input type="checkbox"/> Single Family Home	<input type="checkbox"/> Own	<input type="checkbox"/> Electric	<input type="checkbox"/> Electric	<input type="checkbox"/> 2 Parent
<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Rent (Heat included)	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Single Parent
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Rent (Heat not included)	<input type="checkbox"/> Oil	<input type="checkbox"/> Oil	<input type="checkbox"/> Multigenerational
<input type="checkbox"/> Apartment (4 or more)	<input type="checkbox"/> Subsidized rent	<input type="checkbox"/> Propane	<input type="checkbox"/> Propane	<input type="checkbox"/> Single person
<input type="checkbox"/> Travel Trailer		<input type="checkbox"/> Pellet	<input type="checkbox"/> Pellet	<input type="checkbox"/> 2 adults– children
<input type="checkbox"/> Duplex (2-4)		<input type="checkbox"/> Wood	<input type="checkbox"/> Wood	<input type="checkbox"/> Non related adults– no children

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

APPLICANT LEGAL NAME: \_\_\_\_\_

(LAST, FIRST)

Have you been affected or impacted by COVID? (Loss of income, reduction of hours, been sick, laid off, etc.) Please explain: \_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY —**

Ref.	Income Source	Type	Income Verification	Amount	Freq.	Annual Amount
<b>Total Annual Income</b>						

Utility Name	Account #	Name on account	Account status	Vendor amount
<b>Account Status:</b> 1. Current 2. Past Due 3. Shut-off 4. Shutoff 5. Disconnected 6. Bulk Fuel 7. Bulk Fuel Out			<b>Direct Pay Amount:</b>	

**Comments:** \_\_\_\_\_

**REQUIRED SIGNATURE ON PAGE 3, APPLICATION WILL NOT BE PROCESSED IF NOT SIGNED.**

**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 \_\_\_\_\_

APPLICANT LEGAL NAME: \_\_\_\_\_  
(LAST, FIRST)

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

## AGENCY CERTIFICATION – FOR OFFICE USE ONLY

CIRCLE PROGRAM: LIHEAP LIHEAP CARES OEAP EASCR OTHER: \_\_\_\_\_

DATE RECEIVED BY AGENCY: \_\_\_\_\_ INTAKE COMPLETED ON: \_\_\_\_\_

COMPLETED:  ADULT ID  ACCOUNT STATUS  ENERGY TYPE  COVID-19 IMPACTED  ACCOUNT NUMBER  
 SIGNATURE EXCEPTION  DOCUMENT EXCEPTION  EXPRESS ELIGIBILITY (EASCR ONLY): \_\_\_\_\_

INTAKE WORKER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Data Entry SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Authorizing Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AUTHORIZED

DENIED

**Acronym Code List**

**Acronym Codes** - Extracted from reverse side of Energy Assistance Program Authorization form

**LANGUAGE**

AM	American Sign
AR	Arabic
C	Chinese
E	English
F	Farsi
H	Hmong
J	Japanese
K	Khmer
KO	Korean
LA	Laotian
M	Mien
MA	Mayan Group
O	Other
R	Russian
RU	Romanian
S	Spanish
V	Vietnamese
DK	Don't Know
RF	Refused

**GENDER**

F	Female
M	Male
O	Other
RF	Refused

**ETHNICITY**

NH	Non-Hispanic/Non-Latino
H	Hispanic/Latino
DK	Don't Know
RF	Refused

**RACE**

AA	African-American
AS	Asian
AI	American Indian/Alaska Native
NH/PI	Native Hawaiian/Pacific Islander
WH	White
DK	Don't Know
RF	Refused

**DISABILITY**

N	No
Y	Yes
DK	Don't Know
RF	Refused

**VETERAN**

N	No
Y	Yes
DK	Don't Know
RF	Refused

**HOMEBOUND**

N	No
Y	Yes
DK	Don't Know
RF	Refused

**HOUSEHOLD TYPE**

M	Married
S	Single
SPM	Single Parent Male
SPF	Single Parent Female
EXF	Extended Family
2P	Two Parent
COH	Co-Habitants

**NON-CASH BENEFITS**

SNAP	Supplemental Nutritional Assistance Program
OHP	Oregon Health Plan
MCARE	Medicare Health Insurance Program
WIC	Special Supplemental Nutrition Program for Women, Infants and Children
VAMS	Veteran's Administration Medical Services
TNFC	TANF Child Care Services
TNFT	TANF Transportation Service
TNFO	OTHER TANF-Funded Services
PRA	Section 8, Public Housing, or Other Ongoing Rental Assistance
OHI	Other Health Insurance
OS	Other Source
TRA	Temporary Rental Assistance
DK	Don't Know
RF	Refused
N	None

## Intake Manual

**INCOME REPORTED**

<b>N</b>	No
<b>Y</b>	Yes
<b>ZIS</b>	Zero Income Statement
<b>DK</b>	Don't Know
<b>RF</b>	Refused

**OREGONTRIBES**

<b>BP</b>	Burns Palute Tribe
<b>CO</b>	Coquille Tribe
<b>CC</b>	Cow Creek Band of Umpqua Indians
<b>CTC</b>	Confederated Tribes of the Coos, Lower Umpqua and Siuslaw Indians
<b>CTU</b>	Confederated Tribes of the Umatilla Indians
<b>GR</b>	Confederated Tribes of Grand Ronde
<b>KT</b>	Klamath Tribes
<b>S</b>	Confederated Tribes of Siletz
<b>WS</b>	Confederated Tribes of Warm Springs
<b>OT</b>	Other Oregon Tribes
<b>MT</b>	Multiple Oregon Tribes
<b>DK</b>	Don't Know
<b>RF</b>	Refused

**EDUCATION**

<b>NO</b>	No Schooling Completed
<b>PK</b>	Preschool
<b>K</b>	Kindergarten
<b>1</b>	1st Grade
<b>2</b>	2nd Grade
<b>3</b>	3rd Grade
<b>4</b>	4th Grade
<b>5</b>	5th Grade
<b>6</b>	6th Grade
<b>7</b>	7th Grade
<b>8</b>	8th Grade
<b>9</b>	9th Grade
<b>10</b>	10th Grade
<b>11</b>	11th Grade
<b>12</b>	12th Grade – No Diploma
<b>GED</b>	GED
<b>HSD</b>	High School Diploma
<b>PS</b>	Post-Secondary – No Degree
<b>AA</b>	Associates Degree
<b>BA</b>	Bachelor's Degree
<b>MA</b>	Master's Degree
<b>PHD</b>	Doctorate Degree
<b>OPD</b>	Other Grad/Professional Degree
<b>ATC</b>	Advanced Training Certificate
<b>SAC</b>	Skilled Artisan Certificate
<b>DK</b>	Don't Know
<b>RF</b>	Refused

### **PARTE 1: AVISO AL SOLICITANTE, NEGACION DE RESPONSABILIDAD DEL PROGRAMA, Y RESPONSABILIDADES DEL SOLICITANTE, RENUNCIA Y LIBERACION.**

\* Yo, Solicitante, entiendo que los programas gubernamentales de energía y climatización son voluntarios y mi solicitud esta sujeta a un proceso de revision para determinar la elegibilidad de mi hogar. \* Yo entiendo que para que mi solicitud sea considerada, Yo debo someter una solicitud completa que provee toda la informacion requerida. \* Yo entiendo que se puede requerir informacion o documentacion adicional para determinar mi elegibilidad. \* Yo entiendo que mi solicitud e informacion adicional o los materiales de documentacion se convertiran en parte de mi solicitud ("Solicitud"). \* Yo entiendo que las determinaciones sobre la elegibilidad para la asistencia las realiza el Departamento de Vivienda y Servicios Comunitarios de Oregon (OHCS sigla en ingles) en conjunto con agencias Sub-concesionarias contratadas ("Subconcesionarios"). \* En el caso que mi solicitud sea negada, Yo tengo derecho a una revision de mi solicitud bajo las Reglas Administrativas de Oregon.

#### **CON MI FIRMA,**

\* Yo autorizo que la solicitud de mi hogar sea compartida por y entre OHCS y el Estado de Oregon, incluyendo Sub-contratistas designados, y Sub-concesionarios con el fin de determinar elegibilidad, administracion, observacion, investigacion, y evaluacion (los cuales son determinados por OHCS a su completa discrecion) de los programas gubernamentales de energía y climatización. \* Yo declaro que la informacion que he proveido para completar mi Solicitud es verdadera y correcta. \* Yo estoy de acuerdo en cumplir con los requisitos de los programas gubernamentales de energía y climatización para hogares elegibles. \* Yo estoy de acuerdo que soy responsable de devolver fondos no elegibles o los fondos utilizados inapropiadamente.

### **PARTE 2: AVISO AL SOLICITANTE, EXENCION Y DIVULGACION A LOS PROVEEDORES DE SERVICIOS DE ENERGIA E INFORMACION DE LA CUENTA DEL SERVICIO DE ENERGIA DEL SOLICITANTE**

\* Yo entiendo que el Estado de Oregon, incluyendo OHCS, sus Sub-contratistas designados y Sub-concesionarios, pueden pedir informacion relacionada a mi cuenta de servicios de energía ("Cuenta") de mi(s) proveedor(s) de servicios de energía, incluyendo los servicios publicos, el proveedor de combustible, el vendedor u otra entidad similar que brinde servicios similares (Proveedor de servicios energeticos), una vez que mi hogar solicite asistencia energetica a travez de uno de los programs de asistencia energetica, que incluye, entre otros, el Programa de Asistencia Energetica para Hogares de Bajos Ingresos (LIHEAP) y Programa de Asistencia Energetica (OEAP). \* Yo entiendo que la informacion relacionada con mi Cuenta puede ser solicitada por el Estado de Oregon, OHCS, sus sub-contratistas designados y Sub-concesionarios para el proposito de, incluyendo pero no esta limitado a, determinar la elegibilidad de asistencia de mi hogar y administrar, observar, investigar y evaluar los programas de asistencia energetica (los cuales son determinados por OHCS a su completa discrecion).

#### **CON MI FIRMA,**

\* Yo reconozco que Yo soy el titular de la cuenta (o el agente autorizado(a) del titular de la cuenta) para la cuenta(s) del proveedor de servicios de energía identificados en esta Solicitud. \* Yo por la presente autorizo y libero de responsabilidad a mi Proveedor(s) de Servicios de Energía para que den y proporcionen toda la informacion relacionada con mi cuenta, incluyendo ~~pero no limitados~~ el numero de cuenta, nombre de la cuenta, la dirección de servicios, fechas de facturación y montos cobrados, informacion relacionada con agencias de coleccion, otros cargos adicionales e informacion o cualquier otro dato similar requerido por OHCS, sus sub-contratistas designados y sub-concesionarios (de aqui en adelante "informacion de la cuenta") al Estado de Oregon, OHCS, sus sub-contratistas designados y sub-concesionarios. \* Yo por la presente autorizo y libero de responsabilidad a mi(s) proveedor(s) de servicios de energía por dar informacion de mi cuenta hasta dos años(2) del programa de asistencia energetica (10/1 to 9/30) antes de mi solicitud y por tres (3) años del programa despues de que mi solicitud fue sometida. \* Yo por la presente autorizo y libero al Estado de Oregon, OHCS, sus sub-contratistas designados, y sub-concesionarios en el uso (aprobado por OHCS a su

### **PARTE 3: FIRMA DEL SOLICITANTE**

Con mi Firma proporciono la autorizacion requerida, aprobacion y reconocimiento requerido tanto como para la, PARTE 1 y PARTE 2 de esta SOLICITUD DE ASISTENCIA DE ENERGIA/CLIMATIZACION- LIBERACIONES Y APROBACIONES DEL SOLICITANTE

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FIRMA DEL TITULAR DE LA CUENTA

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FECHA