Oregon Housing Opportunities in Partnership

Low-Income Home Energy Assistance Program Application Form

# Step 1: Applicant residence

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant name:** | | |  | | | | | | | | **Today’s date:** | | |  | |
| **Current address:** | | | |  | | | | | **Apartment number:** | | | |  | | |
| **City:** |  | | | | | | **State:** | | | **OR** | | **ZIP code:** | | |  |
| **Mailing address (if different):** | | | | |  | | | | | | | | | | |
| **Phone number:** | |  | | | | | **Messages ok?**  Yes  No | | | | | | | | |
| **Email address** (if communication is preferred by email): | | | | | |  | | | | | | | | | |
| **Case manager’s name** (they may be sent a copy of the payment letter): | | | | | | | |  | | | | | | | |

# Step 2: Household

Complete this information for **everyone** that lives in the household, even if they’re not a member of your family (like a roommate).   
Your name should appear on the first line.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to applicant** | **Date of birth** | **Social Security number** (to be counted  in calculation) | **Gender** | **Ethnicity** | **Race1** | **Disabled?**  (Y/N) | **Highest school grade completed** | **Language2** | **Vet?**  (Y/N) | **Food**  **stamps?**  (Y/N) |
| Applicant from above | Self |  |  |  |  |  |  |  |  |  |  |
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1 AI = American Indian or Alaskan Native, AS = Asian, AA = Black or African American, NH/PI = Native Hawaiian or Other Pacific Islander, WH = White

2 E = English, S = Spanish, C = Chinese, R = Russian, J = Japanese, Other = Please indicate

# Step 3: Housing type

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I live in a: | House | | Apartment (2-4 units) | | | Apartment (over 4 units) | | | | | Travel trailer/RV | | | | |
|  | Mobile/manufactured home | | | | | Other: | | |  | | | | |  | |
| My portion of my **rent/mortgage** payment costs me: | | | | | | | $ | | | | | Rent or  Own | | | |
| An agency or individual helps pay my rent. They pay | | | | | | | $ | | | | | Every month or  Sometimes | | | |
| Who helps? | |  | | | | |  | | | | | | | | |
| My portion of **utilities** is usually around | | | | | $ | | | | | per month. | | | | | |
| An agency or individual helps pay my utilities. They pay | | | | | | | | $ | | | | | Every month or  Sometimes | | |
| Who helps? | |  | | | | |  | | | | | | | | |
| **Source of heat:** | | | | | | | | | | | | | | | |
| My **primary** source of heat is: | | | | Electric  Natural gas  Oil  Wood  Pellet stove  Other: | | | | | | | | | | |  |
| My **secondary** source of heat is: | | | | Electric  Natural gas  Oil  Wood  Pellet stove  Other: | | | | | | | | | | |  |

# Step 4: Application type

**I am applying for:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Heating assistance** | | **or** | **Cooling assistance**  (***during summer months only***) |
| 100% primary | 50/50 split |  | 100% electric |
| 100% secondary | Other: |  |  |

**Check if applicable, and provide additional information:**

I have had a sudden change in income or medical expenses, making it hard to pay my bills. This is what happened:

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# Step 5: Applicant disclaimer and release (eff.2022-2023, all applications must contain THIS disclaimer)

**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 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 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.

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| 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.

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|  |  |  |
| Applicant or authorized representative signature |  | Date |
|  |  |  |
| Account holder signature (if different than applicant) |  | Date |

You can get this document in other languages, large print, braille or a format you prefer. Contact Oregon Housing Opportunities in Partnership at 971-673-0144. We accept all relay calls or you can dial 711.