



State Home Oil Weatherization (SHOW) Program

Cash Payment Application

I. APPLICANT INFORMATION

Applicant (dwelling owner/contractor) name:

Full mailing address:

Phone:

Email:

II. OCCUPANT INFORMATION

Occupant name (if not applicant):

Is the occupant the owner or tenant?

Is this the occupant's primary residence?

Gender:

Age:

Ethnicity/race:

Language:

Education:

Disability (Y/N):

Veteran (Y/N):

Tribal (Y/N):

III. DWELLING (HOUSE) INFORMATION

Full physical address:

Type of dwelling:

Single family home

2- to 4-plex

County of location:

Manufactured/mobile home

Apartment (5+ units)

Year built:

Floating home

Living area (sq. footage):

Type of primary heating fuel:

Name of fuel oil dealer (business):

IV. CASH PAYMENT TIER SELECTION

All approved applicants qualify for Tier 2 cash payments. Approved applicants seeking Tier 1 cash payments must verify the low-income status (at or below 200% Federal Poverty Level) for the **household occupying the dwelling**. If seeking Tier 1 cash payments, verify one of two methods:

The occupant has received energy assistance in the last 12 months and approve OHCS to verify receipt of this.
(Dwelling occupant must sign at bottom of application)

Using the Declaration of Low-income Status form, the occupant will certify income. (Dwelling occupant(s) must provide income documentation, can work directly with OHCS)

Household size	1	2	3	4	5	6	7	8	9	10	+1
Annual limit	\$31,300	\$42,300	\$53,300	\$64,300	\$75,300	\$86,300	\$97,300	\$108,300	\$199,300	\$130,300	\$11,000
Monthly limit	\$2608	\$3525	\$4441	\$5358	\$6275	\$7191	\$8108	\$9025	\$9941	\$10,858	\$916

Effective as of 7.01.2025

V. DETAILED JOB SUMMARY

Name of contractors (if any):

Installed measure	Required minimum value	Installed or new value	Total measure cost	Maximum cash payment
Section A: Heating System Measures				
Heating systems	More efficient than previous and replaces existing units <i>*Fuel obtained from fuel oil dealer must remain primary heat source *</i>		\$	\$3,800 (Tier 2) \$5,700 (Tier 1)
Replacement components			\$	
Safety/efficiency measures			\$	
Ductwork insulation, sealing, repair, or replacement			\$	
Programmable thermostat			\$	

Section A: Totals			\$	\$
Section B-1: Insulation Measures				
Area: ceilings/attics	R-38 or fills the cavity		\$	\$3,000 (Tier 2) \$5,900 (Tier 1)
Section B-1: Totals			\$	\$
Section B-2: Insulation Measures				
Area: walls	R-21 or fills the cavity		\$	\$1,800 (Tier 2) \$6,500 (Tier 1)
Section B-2: Totals			\$	\$
Section B-3: Insulation Measures				
Area: floors/subfloors	R-25 or fills the cavity		\$	\$1,800 (Tier 2) \$5,200 (Tier 1)
Section B-3: Totals			\$	\$
Section C: Window & Door Measures				
Exterior window	U-0.30 or less		\$	\$3,000 (Tier 2) \$5,900 (Tier 1)
Exterior door with full/partial glass			\$	
Exterior door without glass	Solid core or insulated		\$	
Section C: Totals			\$	\$
Section D: Air Infiltration Measures				
Caulking or weatherstripping	N/A	N/A	\$	\$500 (Tier 2) \$500 (Tier 1)
Pressure testing (blower door test)			\$	
Other			\$	
Section D: Totals			\$	\$
Section E: Health & Safety / Building Code Requirements Measures				
Combustion appliance safety testing	N/A	N/A	\$	\$1,000 (Tier 2) \$1,000 (Tier 1)
Electrical, physical, and fire hazards			\$	
Moisture intrusion, indoor air quality, and chimney flues/vents			\$	
Other			\$	
Section E: Totals			\$	\$
Grand total measure costs and estimated cash payment			\$	\$

VI. APPLICANT CERTIFICATION		
Please verify to include all items required to be considered eligible for Tier 2 cash payments are included:		
> This application, completed in full	> (Optional) All supplemental forms for Tier 1 cash payments	
> Proof of purchase/delivery of primary heating fuel	> Receipts/itemized billing statements for all measures, paid in full	
All the information completed above is accurate to the best of my knowledge. The measures completed are within the standards for this program (OAR 813-207). Self-declared household income has not been falsified or omitted.		
Applicant signature:		Date:
Occupant signature (for Tier 1):		Date:

Please include all documentation and submit through any of these methods:

Mail: Oregon Housing & Community Services
Attn: SHOW Program Analyst
725 Summer St NE, Suite B, Salem, OR 97301

Email: SHOW.Program@hcs.oregon.gov
Fax: (503) 986-2020