



# State Home Oil Weatherization (SHOW) Program

## Cash Payment Application

I. APPLICANT & OCCUPANT INFORMATION			
Applicant name:			
Mailing address:		Phone:	
City, state, zip:		Email:	
Applicant occupies the dwelling:	Yes	No	Dwelling occupant is: Owner Tenant
Occupant name:		Phone:	
Optional occupant demographic questions			
Gender:	Age:	Ethnicity/race:	Language:
Education:	Disability (yes/no):	Veteran (yes/no):	Tribal (yes/no):

II. DWELLING (SITE) INFORMATION			
Dwelling address:			
City, state, zip:		County:	
Type of dwelling:	House	2-, 3-, or 4-plex	Multiplex (5+ units)
	Manufactured/mobile home	Floating home	
Name of fuel oil dealer (place of purchase):			Year built:
Type of primary heating fuel:		Square footage of living space:	

III. CASH PAYMENT TIER SELECTION											
All eligible applicants automatically qualify for Tier 2 cash payments. Tier 1 cash payments are awarded to eligible applicants who are or who represent low-income (at or below 200% Federal Poverty Level) dwelling occupants.											
Applicants must declare income and qualify in the following guidelines:											
Household size	1	2	3	4	5	6	7	8	9	10	+1
Annual limit	\$27,180	\$36,620	\$46,060	\$55,500	\$64,940	\$74,380	\$83,820	\$93,260	\$102,700	\$112,140	\$9,440
Monthly limit	\$2,265	\$3,051	\$3,838	\$4,625	\$5,411	\$6,198	\$6,985	\$7,771	\$8,558	\$9,345	\$786
Occupant household will declare income to qualify for a Tier 1 (low-income) cash payment:										Yes	No

IV. DETAILED JOB SUMMARY					
Primary contractor (if any):		Secondary contractor (if any):			
Installed measure	Required minimum value	Pre-existing value	Installed or new value	Total measure cost	
Section A: Heating equipment measures					
Heating equipment	Meets AFUE standards			\$	
Replacement components				\$	
Safety/efficiency measures				\$	
Programmable thermostat	n/a			\$	
Total measure costs of Section A				\$	
<b>Maximum: \$2,000 (Tier 2) / \$3,200 (Tier 1)</b>				<b>Total rebate of Section A</b>	\$

Section B: Duct measures				
Insulation	R-8	R-	R-	\$
Sealing	Meets PTCS standards	-----	-----	\$
Total measure costs of Section B				\$
Maximum: \$600 (Tier 2) / \$1,000 (Tier 1)				Total rebate of Section B \$
Section C: Insulation measures				
Region: Ceilings/attics	R-38 or fills the cavity	R-	R-	\$
Region: Subfloors	R-25 or fills the cavity	R-	R-	\$
Region: Exterior walls/knee walls	R-21 or fills the cavity	R-	R-	\$
Total measure costs of Section C				\$
Maximum: \$1,000 per region (Tier 2) / \$1,500 per region (Tier 1)				Total rebate of Section C \$
Section D: Window and door measures				
Exterior windows	Meets Energy Star certification for Oregon	U-	U-	\$
Exterior doors with full/partial glass		U-	U-	\$
Exterior doors without glass	Solid core or R-7	R-	R-	\$
Total measure costs of Section D				\$
Maximum: \$1,000 (Tier 2) / \$1,500 (Tier 1)				Total rebate of Section D \$
Section E: Whole dwelling measures				
Heat loss prevention, moisture reduction, occupant health/safety, building code	n/a	-----	-----	\$
Totals of Section E				\$
These measure costs are deferred to Section A-D maximums; distribute across other claimed measures where applicable or able where maximum has not been met				---
Total measure costs of Sections A-E				\$
Total rebate of Sections A-D				\$

V. APPLICANT CERTIFICATION	
Please check all items that apply and have been included with this application: SHOW Program Cash Payment Application completed to the fullest extent Any attachments and documents required to declare income for a Tier 1 cash payment Proof of purchase or delivery of primary heating fuel Receipts or itemized billing statements of all claimed measures, marked paid in full	
All of 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.	
Signature:	Date:

**Please include all documentation and submit to:**

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

Email: joy.aldrich@hcs.oregon.gov  
 Fax: (503) 986-2020