

# **SHOW Program Application Instructions**

All applicants (dwelling owners and contractors) must submit a complete SHOW Program Cash Payment Application to be considered eligible for the SHOW Program. To establish baseline eligibility for the SHOW Program, review the following:

- The dwelling must be heated primarily with a fuel obtained from a fuel oil dealer (retails heating oil/dyed diesel at a minimum):
- The dwelling is the primary residence of either the homeowner or the tenant; and
- Heating system measures must still use fuel obtained from a fuel oil dealer (i.e., adding an electric heat pump as primary heat makes the dwelling ineligible for the SHOW Program).

Cash payments are awarded based on a two-tiered system to allow for varied income eligibility. Applicants may seek Tier 1 cash payments if the current residents qualify as low-income (and provide documentation), which is household income at or below 200% of the Federal Poverty Level (see application for current income limits). Applicants may seek Tier 2 cash payments if the current residents do not qualify for low-income or if the applicants choose not to apply based on income.

\*Income is not an eligibility criterion for the program, all may apply.

All applicants must include the following items for a complete SHOW Program Cash Payment Application:

- Most recent version of the SHOW Program Cash Payment Application, completed in full, for measures completed within one (1) year (unless provided prior approval).
- Proof of purchase from or delivery by an approved fuel oil dealer for primary heating fuel for the eligible dwelling at the time of application.
- Copy of receipts of all eligible energy conservation items and measures, marked paid in full on or before the date of application.
- Specifically for Tier 1 (low-income) cash payments: applicants or the current residents must submit an OHCS-provided form declaring income (Declaration of Low-Income Status Form, Declaration of Self-Employment Income Form, OR Declaration of Zero Income Form) and required income documentation.

## **For Dwelling Owners:**

Tenants of dwellings may not apply for the SHOW Program on behalf of the dwelling owner.

## **For Contractors:**

Contractors (including for-profit and non-profit), acting on behalf of dwelling owners, may receive cash payments for completing eligible measures on eligible dwellings. For-profit contractors must pass forward the amount of the cash payment to be received as a discount as an itemized notation to the dwelling owner at time of payment for the contracted work. Non-profit contractors (including Community Action Agencies) may apply for the program. They can apply for cash payments to reimburse costs for jobs completed on behalf of low-income homeowners or tenants at no cost.

If you have any additional questions, please reach out to us via email ([SHOW.program@hcs.oregon.gov](mailto:SHOW.program@hcs.oregon.gov)) or via phone at 971-273-6838.



# 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   | \$31,920 | \$43,280 | \$54,640 | \$66,00 | \$77,360 | \$88,720 | \$100,080 | \$111,440 | \$122,800 | \$134,160 | \$11,360 |
| Monthly limit  | \$2660   | \$3607   | \$4553   | \$5500  | \$8058   | \$7393   | \$8340    | \$9287    | \$10,233  | \$11,180  | \$947    |

Effective as of 7.20.2026

### 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<br><i>*Fuel obtained from fuel oil dealer must remain primary heat source *</i> |                        | \$                 | \$3,800 (Tier 2)<br>\$5,700 (Tier 1) |
| Replacement components                               |                                                                                                                                          |                        | \$                 |                                      |
| Safety/efficiency measures                           |                                                                                                                                          |                        | \$                 |                                      |
| Ductwork insulation, sealing, repair, or replacement |                                                                                                                                          |                        | \$                 |                                      |
| Programmable thermostat                              |                                                                                                                                          |                        | \$                 |                                      |

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

|                                                                                                                                                                                                                                |                                                                              |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------|
| <b>VI. APPLICANT CERTIFICATION</b>                                                                                                                                                                                             |                                                                              |       |
| Please verify to include all items required to be considered eligible for Tier 2 cash payments are included:                                                                                                                   |                                                                              |       |
| > <i>This application, completed in full</i>                                                                                                                                                                                   | > <i>(Optional) All supplemental forms for Tier 1 cash payments</i>          |       |
| > <i>Proof of purchase/delivery of primary heating fuel</i>                                                                                                                                                                    | > <i>Receipts/itemized billing statements for all measures, paid in full</i> |       |
| 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](mailto:SHOW.Program@hcs.oregon.gov)  
Fax: (503) 986-2020