



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:		Dwelling occupant is:	
Yes No		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	\$25,520	\$34,480	\$43,440	\$52,400	\$61,360	\$70,320	\$79,280	\$88,240	\$97,200	\$106,160	\$8,960
Monthly limit	\$2,126	\$2,873	\$3,620	\$4,366	\$5,113	\$5,860	\$6,606	\$7,353	\$8,100	\$8,846	\$746
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				\$
Maximum: \$2,000 (Tier 2) / \$3,200 (Tier 1)				Total rebate of Section A \$

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 Completed W-9 form	
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@oregon.gov

Fax: (503) 986-2020

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.