

**ENERGY SERVICES APPLICATION FOR ASSISTANCE**

OFFICE HOURS M-F 8am-5pm Ph:503-588-9016

MAILING ADDRESS: MWVCAA: ENERGY

2475 CENTER ST NE  
SALEM, OR 97301

This application is valid for program year 2023, October 1 - September 30, as funding is available.

To apply for energy assistance complete both sides and the account holder must sign page 2 of this application. Submit with required backup to Energy; **MAIL: MWVCAA - Energy Services, 2475 Center St NE, Salem OR 97301, or BRING to Energy at 1850 45th Ave NE Suite 101, Salem OR 97305.**

Only completed applications will be accepted, all applications are processed in the order received.

LIST EVERYONE LIVING IN HOUSEHOLD - (IF OVER 7 PEOPLE IN HOME LIST THE REST ON A SEPARATE PAGE)

Legal Name (as printed on SS / ID)	Date of birth	Valid SSN	Gender	Ethnicity	Race	Education: Grade completed	Veteran	Disabled	Home Bound	SNAP	OHP	Employer Insurance	Medicare	TANF	WIC	
Circle one: House - Apt - Manufactured home- Other: _____								Rent - Own - Housing Assistance	Monthly Rent/Morgage Amount \$ _____							

MAIN PHONE NUMBER: \_\_\_\_\_

MESSAGE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**INCOME**

LIST ALL INCOME FOR THE FULL MONTH PRIOR TO THE MONTH THE APPLICATION IS TURNED IN.

Do you receive Child Support? YES/NO Monthly amount received: \$ \_\_\_\_\_

Do you receive Unemployment? YES/NO Weekly benefit amount: \$ \_\_\_\_\_ PIN#: \_\_\_\_\_

INCOME SOURCE/EMPLOYER	TYPE (wages, etc.)	GROSS AMOUNT	WHO RECEIVED ?

The following backup needs to be submitted with this 2 page application:

- \* Verification of Social Security numbers for all household members (highly recommended and mandatory for some programs) and ID for members 18 and older
- \* Recent heating, electric, and water/sewer bills for address including account number, account holder must live in HH.
- \* Verification of income received from all household members; examples of income listed below.

Examples of income include but are not limited to : WAGES; all check stubs received for previous 2 months, UNEMPLOYMENT; full printout or personal id number (PIN), SOCIAL SECURITY/SSI; current year benefit verification letter(s) for all recipients, VA -PENSIONS- RETIREMENT BENEFITS; current verification of gross benefit, CHILD SUPPORT; case number printout/proof of amount received, TANF; benefit verification printout, ETC. Household members 18 and older that had zero income for all or part of the month need to complete a declaration of zero income; INITIAL to indicate listed income sources were not received, state how basic needs were paid for, sign and date.

HAVE YOU HAD A CRISIS IN THE PAST 90 DAYS OR HAVE YOU BEEN COVID IMPACTED? (LOSS JOB, REDUCED WAGES, GOT SICK, ACCIDENT, ETC...) LIST HOW:

Eligibility is based on the number of people living in home and total gross income. (Maximum 60% state wide median income, occasionally funding is available that utilizes higher income guidelines).

AN ENERGY ASSISTANCE TEAM MEMBER MAY CONTACT YOU TO CONFIRM HOUSEHOLD INFORMATION.

UTILITY NAME (Electric, Gas, Water, etc.)	ACCOUNT #	NAME ON ACCOUNT (must live in hh & sign release)

**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 AND 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, its 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.

**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.

X

\_\_\_\_\_  
UTILITY ACCOUNT HOLDER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ENERGY SERVICES STAFF SIGNATURE

\_\_\_\_\_  
DATE

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED, SENDER WILL BE NOTIFIED BY PHONE/EMAIL/MAIL WHAT IS MISSING; A NEW APPLICATION WILL NEED TO BE SUBMITTED WITH ALL BACKUP.**

**APPLICATIONS ACCEPTED AND PROCESSED WHILE FUNDING IS AVAILABLE.**

**ENERGY MAIL ONLY ACCEPTED AT 2475 CENTER ST NE, SALEM OR 97301**