



Community Action Team

Utility Assistance Program Application

Thank you for your interest in applying for our Utility Assistance Program. This application will be used to determine your eligibility for various services offered through our agency which may include: Utility Assistance, Energy Education, Weatherization, private funds and referrals for other programs and/or agencies. The eligibility and selection process may vary from service to service. This is a first come, first served program due to limited funding. A completed application packet does not guarantee that you will receive assistance. This agency may request additional information or documentation from you in order to complete the application process. If the full application with all required documents is not received within a reasonable amount of time, the application will be denied and you will need to reapply for assistance.

Important Information Before Applying



Everyone living in the residence must be included on the application even if they do not contribute to household bills. No exceptions.



Do not assume we have, or can obtain, a copy of prior documents. It is your responsibility to provide all required documentation.



Please do not mail original documents, only send copies.



It can take 30-45 days for your application to be processed. Continue to make payments to your utility to prevent disconnect.



This is not an entitlement program.

Our agency will treat all your personal information as confidential.

Income limits:

60% of State Median Income by Household Size
For Use in Federal Fiscal Year 2023

Estimated State Median by Household Size-Source HHS

<u>Household Unit Size</u>	<u>Annual Gross Income*</u>	<u>Monthly Gross Income*</u>
1	\$31,266	\$2,605.50
2	\$40,886	\$3,407.17
3	\$50,506	\$4,208.83
4	\$60,126	\$5,010.50
5	\$69,747	\$5,812.25
6	\$79,367	\$6,613.92
7	\$81,171	\$6,764.25
8	\$82,974	\$6,914.50
9	\$84,778	\$7,064.83
10	\$86,582	\$7,215.17
11	\$88,386	\$7,365.50
12	\$90,189	\$7,515.75
Each Additional Member	\$1,803	\$150.25

*Gross income means all household income before any deductions

Application Checklist / Instructions

✓ **Complete Application Including:**

- Provide full legal names (including full middle name), birthdate, Social Security Number and demographics for everyone who resides in the household (even if they do not contribute to household expenses)
- Current phone number, physical & mailing address.

✓ **Provide one form of Identification for Each Adult Household Member over 18 (regardless of student status)**

Acceptable ID includes, but is not limited to:

- Driver's license, Social Security card, state or military issued ID, birth certificate.

✓ **Provide Social Security Cards**

- Copy of Social Security card for all household members.
- If child is under one year of age an exception can be made.
Note: Energy assistance amounts may be reduced for any applicants with no SSN, or anyone who does not provide a copy of their social security card.

✓ **Provide Proof of all Gross Income** including but not limited to:

- Social Security benefit letter, VA benefit letter, pension benefit letter (current year)
- Declaration of Income for anyone over 18 with zero income and/or odd jobs (this includes children that are 18 and still in school) or informal/hand to hand income.
- Paystubs for anyone 18 or older (for the last 30 days from date of application signature)
- Self-employment (request worksheet from agency)
- Child Support payments received
- Unemployment (weeks claimed print out)
- TANF

✓ **Provide Utility Bill(s)**

- Current electric, Northwest Natural, water, oil utility bill (within the last 90 days)
- If you are seeking assistance for other energy sources (pellets, oil, wood, propane) please provide receipts
- Is your utility included in your rent? Request landlord letter from agency.

✓ **Complete Application**

- I have signed and dated my application.

**Community Action Team, Inc.
(Columbia County)**

Fax: (503) 397-3290
Phone: (503) 397-3511
Email: energy@cat-team.org
Mail: 125 N 17th St
Saint Helens, OR 97051

**Community Action Resource Enterprise
(Tillamook County)**

Fax: 1-855-631-4261
Phone: (503) 842-5261 Ext 117
Email: sagular@careinc.org
Mail: 2310 1st St, Suite 2
Tillamook, OR 97141

**Clatsop Community Action
(Clatsop County)**

Fax: (503)-325-1153
Phone: (503) 325-1400
Email: mpenuel@ccaservices.org
Mail: 364 9th St
Astoria, OR 97103

Authorization Number _____

Applicant Legal Name (Last, First) _____

Agency _____



Community Action Team

ENERGY ASSISTANCE PROGRAM APPLICATION

revised 10/2022

- LIHEAP OEAP Other _____
 OLGA LIHWA

Applicant	Total Number of People in Household: _____	Household Type (Circle One):			Office Use only		Language	Gender	Ethnicity (Hispanic or non-Hispanic)	Race	OR Tribe	Highest Education Completed	Disabled (Y/N)	Veteran (Y/N)	Homebound (Y/N)	Non-Cash Benefits (e.g. SNAP, OHP, MCARE, WIC)	
		Single	2-Parent	Multi. Generational	SSN Code	Adult IDV											
		Adults, No Children	Unrelated Adults w/ Children														
Legal Name (First, Middle, Last)	Relation to Head of Household	Date of Birth	Social Security Number														
A		Self															
B																	
C																	
D																	
E																	
F																	
G																	
H																	

Contact	Applicant Phone Number				Applicant Email			Preferred Contact Method
	Cell	Home	Message					
	A							
B								

Mailing Address: Mailing address is the same as physical address

Address: _____ Apt or Space #: _____ PO BOX _____

City: _____ State: _____ Zip: _____ County: _____

Physical Address (if different from mailing address):

Street Address: _____ Apt or Space #: _____

City: _____ State: _____ Zip: _____

Type of Dwelling (Circle one):	Residence Status (Circle one):	Subsidy (Circle one):	What utilities do you pay? (circle all that apply)
H House M Apartment/Duplex (2-4 Units) U Apartment (over 4 units)	A Mobile/Manufactured Home E Hotel/Motel T Travel Trailer R Other: _____ My electric is included in my rent amount: Yes / No	R Rent O Own Do you receive rental assistance from HUD, Section 8, VASH, or another subsidy? Yes No	E Electric* W Wood* N Natural Gas P Pellet* O Oil* S Solar L Propane/Liquid* O Other _____ I heat my home with: _____

*If you would like your payment split, call or email staff

Authorization Number

Applicant Legal Name (Last, First)

Agency

<i>STOP - shaded sections for office use only</i>							
Income	Income Source/Employer (e.g. Social Security, Company Name, Child Support)		Type	Income Ver.	Gross Amount	Freq.	Annual Amount
<i>STOP - shaded sections for office use only</i>						Total Annual Income:	
Program	Account Status (circle)	<input type="checkbox"/> Referral for Weatherization <input type="checkbox"/> Referral for Energy Education		Intake date:		Matrix Energy Type:	
	Current	Vendor:	Account #:	Name on account:		Authorized Amount:	
	Past Due					Vendor Amount:	
	Shut off 1-5 days					Vendor Amount:	
	Shut off 0-24 hours					Vendor Amount:	
Disconnected Bulk Fuel	Comments:					Direct Pay amount:	

ENERGY/WEATHERIZATION ASSISTANCE APPLICATION---- REQUIRED APPLICANT DISCLOSURES AND APPROVALS

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 & APPLICANT’S ENERGY SERVICE ACCOUNT INFORMATION

(Effective 10/01/2022)

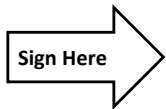
- I understand that the State of Oregon, including OHCS, its designated subcontractors, and Subgrantees, may request information related to my energy services account(s) (“Account”) from my energy service provider(s), including utility, fuel supplier, vendor, or other similar entity providing similar 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, it’s 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



Applicant Signature

Date

Agency Certification: The above named applicant has met the income eligibility requirements for the State of Oregon low-income energy assistance programs and is authorized to receive assistance in the amount above.

Intake/Data Entry Worker

Date

Authorizing Agency Signature

Date

Authorization Number

Applicant Legal Name (Last, First)

Agency

<i>STOP - shaded sections for office use only</i>							
Income	Income Source/Employer (e.g. Social Security, Company Name, Child Support)		Type	Income Ver.	Gross Amount	Freq.	Annual Amount
<i>STOP - shaded sections for office use only</i>						Total Annual Income:	
Program	Account Status (circle)	<input type="checkbox"/> Referral for Weatherization <input type="checkbox"/> Referral for Energy Education		Intake date:		Matrix Energy Type:	
	Current	Vendor:	Account #:		Name on account:		Authorized Amount:
	Past Due						
	Shut off 1-5 days						Vendor Amount:
	Shut off 0-24 hours						Vendor Amount:
Disconnected Bulk Fuel	Comments:					Direct Pay amount:	

LIHWA PROGRAM - WATER ASSISTANCE

With my signature, I, the Applicant, agree to the following statements in regard to the Low- Income Household Water Assistance (LIHWA) Program:

- I attest that the information stated in this application is true and accurate and will be used to determine my eligibility for water and/or wastewater assistance.
- I understand that the information provided, if misrepresented or incomplete, may be grounds for immediate application termination and/or could result in penalties as specified by law, including but not limited to enforcement under the Federal and Oregon False Claims Acts.
- I agree, as the water and/or wastewater services account holder, to the additional Release of Information to the water and/or wastewater provider or its authorized partners and representatives as necessary to verify services provided and those costs associated with services and process payment.
- If I pay my landlord or authorized representative for water and/or wastewater services, I have provided a signed Landlord Authorization Form as Release of Information.
- In addition, I agree that data from this application and from my water and/or wastewater services account (not including my personal identifying information) may be used for reporting or program evaluation purposes by the water and/or wastewater provider, its authorized partners and representatives, and the State of Oregon, including but not limited to Oregon Housing and Community Services (OHCS) and its authorized partners and representatives.



Applicant Signature

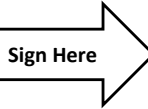
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Intake/Data Entry Worker	Date	Authorizing Agency Signature	Date

NORTHWEST NATURAL CUSTOMERS - SIGN BELOW:

Authorization to Release Information

Upon successful enrollment in the OLGA/GAP programs, I authorize NW Natural’s authorized OLGA/GAP contractors to release my Application and ongoing OLGA/ GAP program benefit information held by the OLGA/GAP contractors to the Energy Services Provider for the purposes of administering, monitoring, researching, evaluating the OLGA/GAP program delivery and efficiency, and evaluation of enrollment in the Energy Services Provider’s Bill Discount Program.

 _____
Applicant Signature

OPTIONAL - THIRD PARTY RELEASE OF INFORMATION

Consent: I give permission for CAT, CARE, CCA to share and exchange information with other staff at the agencies listed below for the purpose of providing utility assistance to me for a one year period from the signed date below.

- Community Action Agencies
- Columbia Community Mental Health
- Local Food Bank (Columbia Pacific, Turning Point, HOPE)
- Heath Care Providers
- Department of Human Services (DHS)
- Local Churches
- St Vincent De Paul
- Employers
- Section 8/NOHA
- Landlords
- Other: _____
- Other: _____

Information Covered: I understand that depending on the program policies previous or current, information regarding my household or myself may be needed. Verification and inquiries that may be requested include but are not limited to:

- Status of Utility Application
- Reported household composition and income
- Application Completeness and documentation needed
- HMIS - ServicePoint

Applicant Signature

Date

Declaration of Personal Income

Each adult with zero or irregular income must complete a separate form. Do not leave any blank lines - the application will not be accepted with incomplete forms. If additional space is needed, please provide the information on a separate piece of paper and attach it to this application.

Name of adult claiming zero/informal income: _____

Applicant name (if different): _____

Household Support (Required):

How much does your household pay for rent or mortgage? \$ _____

How do you pay your rent or mortgage? (select all that apply from list below)

- | | |
|---|---|
| <input type="checkbox"/> My income | <input type="checkbox"/> Other household member/roommate income |
| <input type="checkbox"/> I have no rent/mortgage | <input type="checkbox"/> Family/Friends pay rent/mortgage directly to the landlord/mortgage company |
| <input type="checkbox"/> Work Exchange | <input type="checkbox"/> Family/friends give me money to pay rent/mortgage |
| <input type="checkbox"/> I'm behind facing eviction/foreclosure | <input type="checkbox"/> Savings |
| <input type="checkbox"/> Other: _____ | |

Choose one below and complete (Required):

I receive formal income (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> TANF | <input type="checkbox"/> Alimony | <input type="checkbox"/> Veteran's Benefits |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> Short-Term Disability |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Property Sale |
| <input type="checkbox"/> Tribal Benefits | <input type="checkbox"/> Foster Care / Adoption | <input type="checkbox"/> Trust Fund / Inheritance |
| <input type="checkbox"/> Earned Income / Job | <input type="checkbox"/> Rental Income | <input type="checkbox"/> Work Study |
| <input type="checkbox"/> Self-Employment Income | <input type="checkbox"/> Pension | <input type="checkbox"/> Other: _____ |

I receive informal income (e.g. selling plasma, pop bottle returns, odd jobs, selling items):

Source of income: _____

Amount received in last 30 days: \$ _____

How long have you received this income? _____

I have zero income:

How long have you been without income? _____

What was your last source of income? _____

What was the date of your last check? _____ / _____ / _____

How do you pay for food and utilities? _____

I am a full time high school student

By signing this form, I certify that the information stated is true and accurate. I am under penalty of criminal prosecution if false information results in assistance for which I am not eligible.

Signature

Date

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|---|---|---|
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| <input type="checkbox"/> Earned Income / Job | <input type="checkbox"/> Rental Income | <input type="checkbox"/> Work Study |
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How do you pay for food and utilities? _____

I am a full time high school student

By signing this form, I certify that the information stated is true and accurate. I am under penalty of criminal prosecution if false information results in assistance for which I am not eligible.

Signature

Date

Important Information

Request your Social Security Benefit letter:

Create a My Social Security account at www.ssa.gov

OR Call: 1-800-772-1213

* Note: Bank Statements are not accepted as proof of Social Security benefits.

Get proof of your Unemployment benefits:

www.oregon.gov/EMPLOY/Pages/default.aspx

View Status of Weekly Report. Printed name MUST be on the form.

Get Proof of Child Support Benefits through the State of Oregon:

www.doj.state.or.us/child-support

Get Proof of your TANF benefits:

<https://one.oregon.gov/>

Services for Deaf or Hearing Impaired Customers:

Oregon Telecommunication Relay Service is a service that links Deaf and/or Hearing impaired persons via telephone.

TTY/Voice 1-800-735-2900

Contact number for TTY/Voice: 1-800-223-3131 Hours: 9 A.M. to noon, 1 P.M. to 5 P.M.

To use this service, dial the number listed above. Give the agent the number you would like to call and he or she will stay on the line to relay the conversation. You can communicate directly with the person you contacted. All calls and information are confidential.



Community Action Team

Serving Columbia, Clatsop, and Tillamook Counties

Thank you for telling us about your experience at Community Action Team!

Date: _____

ZIP Code: _____

Which services were you seeking today? (Please check all that apply)

<input type="checkbox"/>	Head Start
<input type="checkbox"/>	Healthy Families
<input type="checkbox"/>	Energy/Utility Assistance
<input type="checkbox"/>	Senior Services
<input type="checkbox"/>	Veterans Services
<input type="checkbox"/>	Weatherization

<input type="checkbox"/>	Mortgage or Homeowner Services
<input type="checkbox"/>	Home Repairs or Rehabilitation
<input type="checkbox"/>	Homeless Assistance
<input type="checkbox"/>	Rental/Deposit Assistance
<input type="checkbox"/>	Food
<input type="checkbox"/>	Other

Please select the answer that best fits your experience today:	Strongly Disagree		Disagree		Agree		Strongly Agree		N/A	
	1	2	1	2	1	2	1	2	1	2
Upon my first contact , I felt welcomed.	1	2	3	4						
I was helped in a timely manner.	1	2	3	4						
Staff was helpful and addressed my questions and concerns.	1	2	3	4						
My need or reason for today's visit was taken care of.	1	2	3	4						
If my needs were not met, I understand why I could not access the assistance I requested.	1	2	3	4						
CAT could not meet my need(s), but I was referred to other provider(s).	1	2	3	4						
I understand what I need to do next.	1	2	3	4						
Overall, my experience was positive.	1	2	3	4						

What are your top three needs you are seeking in our Community?

1st need _____ 2nd need _____ 3rd need _____

Pick three from the list below-

- Food/Nutrition
- Physical & Mental Health
- Safe & Thriving Children
- Financial Resilience (assets)
- Warmth
- Income
- Self Value
- Employment
- Housing
- Mobility (Transportation)
- Education
- Social Networks
- OTHER (If other, please explain) _____

How did you hear about our agency? _____

Please share any comments/feedback you'd like to: _____

ENERGY TIPS

- ◆ Never use extension cords with appliances.
- ◆ When away from home or sleeping, lower the thermostat to 55 degrees and you could save 10% on your heating bill.
- ◆ An oven should never be used to heat your home. Not only will this raise your energy bill, it is very dangerous.
- ◆ Check furnace air filters monthly. Vacuum, wash or replace when it becomes dirty. Make sure the filter fits tightly in the holder to avoid air gaps.
- ◆ Vacuum or dust base board and wall heaters to keep them working their best.
- ◆ Wash full loads of laundry and use cold wash and rinse cycles whenever possible.
- ◆ Clean the clothes dryer lint filter after every cycle, and use the automatic dry setting if your machine has one.
- ◆ LED light bulbs use about a fifth of the energy incandescent bulbs use, and they can last up to 20 years. Each bulb could save \$10 per year in electricity.
- ◆ Turn your water heater down to 120 degrees. Most water heaters come from the factory set at 140 degrees.

125 N 17th Street
St. Helens, OR 97051
Attn: Utility Assistance

