Community Action Team

Utility Assistance Application and Checklist

Serving Columbia, Clatsop and Tillamook Counties

-This program is first come, first served.
-**Standard processing time is 30-60 days from the date of a *completed* application.**
-**It is your responsibility to provide all supporting documentation each time you apply. Failure to do so may result in delay of assistance.**
-Continue making regular payments on your utility accounts to avoid disconnection as we are unable to rush your application due to non-payment.

*STEP 1 Complete the Application:



- List <u>every person who is staying at this residence</u> (even if they do not contribute to household expenses).
  - If people at the residence are left off the application, it will be considered fraudulent and we will ask for funds to be returned.
- List current phone number, physical, and mailing address.
- List all sources of income received



<u>Sign Application Disclaimer on page 5.</u>

- You are acknowledging and affirming that all of the information on the application is true and accurate. Intentionally withholding information is considered fraudulent.

*STEP 2 Provide Documentation for the household:



<u>Identification</u>

- Photo Identification for all adults (18+)
- Copy of social security card for everyone at the residence.



<u>Proof of Income - all money received must be declared</u>

- Social Security benefit letter (current year)
- Paystubs (for the last 30 days from date of application signature)
- Self-employment (request worksheet from agency)
- Child Support
- Unemployment (weekly claim print out)
- TANF
- If zero income, odd job, or informal income: complete the Declaration of Personal Income form for anyone over 18 (this includes children that are 18 and still in school)



<u>Utility Bill(s)</u>

- Electric, NW Natural, oil, or other heating/cooling utility bill (one from within the last 90 days)
- If you are seeking assistance for other energy sources (pellets, wood, propane) please provide receipts
- Is your utility included in your rent? Request landlord letter from agency.

Important Information

❖Request your Social Security benefit letter:

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

OR Call: 1-800-772-1213

OR Visit a Social Security Office

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

❖Request your Social Security Card:

www.ssa.gov/number-card/replace-card

OR Visit a local Social Security Office

❖Get proof of your Unemployment benefits:

frances.oregon.gov

60% of State Median Income by Household Size
For Use in Federal Fiscal Year 2027
Estimated State Median by Household Size-Source HHS

Household Unit Size	Annual Gross Income*	Monthly Gross Income*
1	$40,326	$3,360.50
2	$52,734	$4,394.50
3	$65,142	$5,428.50
4	$77,550	$6,462.50
5	$89,958	$7,496.50
6	$102,366	$8,530.50
7	$104,693	$8,724.42
8	$107,019	$8,918.25
9	$109,346	$9,112.17
10	$111,672	$9,306.00
11	$113,999	$9,499.92
12	$116,325	$9,693.75
Each Additional Member	2,327.00	$193.92

* Gross income means all household income before any deductions

❖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 Impared 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, Inc. (Columbia County)

Fax: (503) 397-3290
Phone: (503) 397-3511
Text: (503) 369-5793
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

Email: energy@cat-team.org
Mail: 2310 1st St, Suite 2
Tillamook, OR 97141

Clatsop Community Action (Clatsop County)

Fax: (503)-325-1153
Phone: (971) 308-1044
Text: (971) 704-4309
Email: energyassistance@ccaservices.org
Mail: 2010 SE Chokeberry Ave
Warrenton, OR 97146

Authorization Number

Applicant Legal Name (Last, First)

Please refer me to:

- ☐ Weatherization/Home Repair programs
- ☐ Veterans Services
- ☐ Rental assistance - request application
- ☐ New Parent assistance
- ☐ Head Start - Please apply online
- ☐ Senior programs

Date Received Stamp:

Community Action Team
UTILITY ASSISTANCE PROGRAM APPLICATION

Total Number of People at residence: _____

Household Type: (Circle One): ◯ Single ◯ Adults, No Children ◯ 2-Parent ◯ Multigenerational ◯ Unrelated Adults w/ Children ◯ Single Parent Female ◯ Single Parent Male

Client Information

Applicant	Legal Name (First, Middle, Last)	Relation to Head of Household	D/O/B	Social Security Number	Office Use only: SSN Code	Office Use only: Adult IDV	Language	Gender	Ethnicity (Hispanic or non-Hispanic)	Race	OR Tribe	Highest Education Completed	Disabled (Y/N)	Veteran (Y/N)	Homebound (Y/N)	SNAP (Y/N)	Health insurance: e.g. OHP, Medicare, Employer
A		Self															
B																	
C																	
D																	
E																	
F																	
G																	
H																	

Contact

	Phone Number	Email	Preferred Contact Method
A			
B			

Address

Mailing Address: ☐ Mailing address is the same as physical address

Address: | Apt or Space #: | PO BOX

City: | State: | Zip:

Physical Address (if different from mailing address):

Street Address: | Apt or Space #:

City: | State: | Zip: | County: Columbia / Clatsop / Tillamook

Type of Dwelling (Circle one):

- ◯ House
- ◯ Apartment / Duplex (2-4 Units)
- ◯ Apartment (over 4 units)
- ◯ Mobile / Manufactured Home
- ◯ Hotel / Motel
- ◯ Travel Trailer
- ◯ Other: _____

Residence Status (Circle one):

- ◯ Rent
- ◯ Own

My electric is included in my rent amount: ◯ Yes / No ◯

Subsidy (Circle one):

Do you receive ongoing rental assistance from HUD, Section 8, VASH, or another subsidy?

Yes ◯ / No ◯

What utilities do you pay? (circle all that apply)

- ☐ **E**lectric*
- ☐ **N**atural Gas
- ☐ **O**il*
- ☐ Propane/**L**iquid*
- ☐ **W**ood*
- ☐ **P**ellet*
- ☐ Other _____

I heat my home with: ☐

* If you would like your payment split, notify staff

Heating and Cooling:

How do you cool your home?

AC units ☐ / Fans ☐

Is your heat system working? Yes ◯ / No ◯

Authorization Number

Applicant Legal Name (Last, First)

Income	Applicant	Income Source: (e.g. Social Security, Employer, Child Support, TANF)	STOP - shaded sections for office use only: Type	Income Ver.	Gross Amount	Freq.	Annual Amount

STOP - shaded sections for office use only	Total Annual Income:
Account Status (circle) Current / Past Due / Shut off 1-5 days / Shut off 0-24 hours / Disconnected / Bulk Fuel	Matrix Energy Type:

Program	Vendor:	Account #:	Name on account:	Authorized Amount:	
				Vendor Amount:	
				Vendor Amount:	
	Comments:				

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.

Continued to next page --->

Authorization Number

Applicant Legal Name (Last, First)

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

Sign Here

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

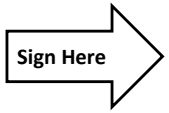
Date

Authorizing Agency Signature

Date

AUTHORIZATION TO RELEASE INFORMATION - SIGN BELOW:

I understand and agree this agency may conduct computer-matching programs (OPUS & ServicePoint/Wellsky) to verify the information supplied for my application. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to dispose of incorrect information. I understand that information I provide will be entered into ServicePoint/Wellsky & OPUS and that my record will be updated as I receive services. I am aware that information shared includes name(s), social security numbers and dates of birth of all household members. This information may be used for administrative, operational, and funding purposes. Reports and data will be aggregate and statistical information only.



_____

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)
- Health 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/Wellsky

_____ _____

Applicant Signature Date

Declaration of Personal Income

Each adult with zero or irregular income must complete a Declaration of Personal Income

Name of adult claiming zero/informal income: _____

1. Household Support:

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)

- ☐ My income
- ☐ I have no rent/mortgage
- ☐ Work exchange
- ☐ I'm behind facing eviction/foreclosure
- ☐ NOHA/Subsidy/Community Action Agency
- ☐ Another household member/roommate income
- ☐ Family/friends pay directly to the landlord/mortgage company
- ☐ Family/friends give me money to pay rent/mortgage
- ☐ Savings
- ☐ Other: _____

2. Have you received money from any of the following in the last 30 days? (check all that apply):

- ☐ TANF
- ☐ Social Security Disability (SSDI)
- ☐ Tribal Benefits
- ☐ Earned Income / Job
- ☐ Self-Employment Income
- ☐ Worker's Compensation
- ☐ Unemployment or Oregon Paid Leave
- ☐ Other: _____
- ☐ Veteran's Benefits
- ☐ Supplemental Security Income (SSI)
- ☐ Short-Term Disability
- ☐ Property Sale
- ☐ Trust Fund / Inheritance
- ☐ Alimony
- ☐ Stocks/Bonds/Crypto
- ☐ Social Security
- ☐ Child Support
- ☐ Work Study
- ☐ Pension / Annuity
- ☐ Foster Care / Adoption
- ☐ Rental Income
- ☐ Family/Friends

3. Have you received any informal income in the last 30 days? (e.g. plasma, bottle returns, odd jobs, selling items, under the table work): Note: Self-employed / gig workers/ 1099 employees must complete a self-employment form.

Source of income: _____

Amount received in last 30 days: $_____

How long have you been receiving this income? _____

4. When did you last have formal income? (e.g. items listed on question 2)

How long have you been without formal income? _____

What was your last source of income? _____

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

How do you pay for food and utilities? _____

What are you doing to increase household income? _____

_____

5. Are you a full-time high school student? (do not mark yes if in college)

◯ Yes ◯ No

By signing this form, I certify that the information stated is true and accurate. I understand that 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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- ☐ Unemployment or Oregon Paid Leave
- ☐ Other: _____
- ☐ Veteran's Benefits
- ☐ Supplemental Security Income (SSI)
- ☐ Short-Term Disability
- ☐ Property Sale
- ☐ Trust Fund / Inheritance
- ☐ Alimony
- ☐ Stocks/Bonds/Crypto
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What was the date of your last check? _____/_____/_____
How do you pay for food and utilities? _____
What are you doing to increase household income? _____
_____

5. Are you a full-time high school student? (do not mark yes if in college)

◯ Yes ◯ No

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_____ _____

Signature Date