

LIHEAP  OEAP

Auth#: \_\_\_\_\_

Other: \_\_\_\_\_

**ENERGY ASSISTANCE APPLICATION**

Residence Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Language: \_\_\_\_\_ Phone \_\_\_\_\_

Primary Heat: \_\_\_\_\_ Utility: \_\_\_\_\_ Account #: \_\_\_\_\_  Shutoff  24hr  5Day  Past Due  Current

Secondary Heat: \_\_\_\_\_ Utility: \_\_\_\_\_ Account# \_\_\_\_\_  Shutoff  24hr  5 Day  Past Due  Current

Legal Name (all the people in the household)	Date of Birth	SSN/SYSID	Income Source	Monthly Income	Verification	Gender	Ethnicity	Race	Education	Disabled	Veteran	Home Bound	Non Cash Benefits
1													
2													
3													
4													
5													
6													
7													
8													

*Attach additional sheet if needed*

<p><b>Type of Dwelling:</b>                  H: Single Family House                  M: Multi-Unit (2-4) Type                  U: Multi-Unit (over 4)                  A: MFD/Mobile Home                  E: Hotel/Motel                  T: Travel Trailer                  R: Other</p>	<p><b>Residence Status (Circle one):</b>                  R: Rent (Heat not included) Status _____                  E: Rent (Heat included)                  O: Own                  S: Subsidized Rent with Utility Allowance (Heat not included)                  U: Subsidized Housing (Heat included)                  W: Subsidized Rent without Utility Allowance (Heat not included)</p>	<p><b>Rent or Mortgage Amount:</b>                  \$ _____</p>	<p><b>Household Type (Circle one):</b>                  M: Married no children                  COH: Co-Habitants                  S: Single                  SPM: Single Parent Male                  SPF: Single Parent Female                  EXF: Extended Family                  2P: Two Parent</p>
--	---	--	--

Comments:  Life Threatening Crisis  18 Hours  48 Hours

<b>Primary Utility:</b>	<b>\$</b>	<b>ADULT ID VERIFIED:</b> <input type="checkbox"/>	<b>OPUS VERIFIED:</b> <input type="checkbox"/>	<b>UTILITY COMMITMENT:</b>
<b>Secondary Utility:</b>	<b>\$</b>	<b>REFERRED TO WEATHERIZATION:</b> <input type="checkbox"/>		
<b>Crisis/Direct Pay:</b>	<b>\$</b>	<b>ENERGY EDUCATION/ADVOCACY:</b> <input type="checkbox"/>	<b>NON-ENERGY SERVICES:</b> <input type="checkbox"/>	

**PART 1: APPLICANT NOTICE, PROGRAM DISCLAIMERS, AND APPLICANT RESPONSIBILITIES, WAIVER & RELEASE**

- ❖ 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).

**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, 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 the ENERGY/WEATHERIZATION ASSISTANCE APPLICATION REQUIRED APPLICANT DISCLOSURES AND APPROVALS.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intake Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Data Entry Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorizing Agency Signature

\_\_\_\_\_  
Date

**APPROVED**

**DENIED**

Revised 9/28/2022