

LIHEAP ARPA OEAP OTHER AUTH #:

MCCAC ENERGY ASSISTANCE APPLICATION

PHYSICAL ADDRESS: CITY: ZIP: PHONE: MAILING ADDRESS: CITY: ZIP: EMAIL:

TYPE OF DWELLING*: RESIDENCE STATUS*: MAIN HEAT TYPE*: SECONDARY HEAT TYPE*: (* SEE BELOW FOR ANSWER KEY)

Table with columns: LEGAL NAMES OF ALL MEMBERS OF HOUSEHOLD, DATE OF BIRTH, SOCIAL SECURITY NUMBER, INCOME SOURCE, GROSS MONTHLY INCOME, INCOME DOCUMENT TYPE, GENDER, ETHNICITY, RACE, EDUCATION, DISABLED?, VETERAN?, NON CASH BENEFITS.

ADDITIONAL HOUSEHOLD MEMBERS (Y/N): IF YES, PLEASE LIST ON A SEPARATE PAPER AND UPLOAD WITH YOUR ATTACHMENTS.

ADULT (AGE 18+) IN HOUSEHOLD WITH ZERO INCOME (Y/N): IF YES, PLEASE COMPLETE AND SIGN PAGE 3. LIST ALL ADULTS WITH ZERO INCOME ON FORM.

Table with columns: TYPE OF DWELLING, RESIDENCE STATUS, HEAT TYPE, INCOME SOURCE, GENDER, ETHNICITY, RACE, EDUCATION, NON CASH BENEFITS.

ARE YOUR HEATING UTILITIES INCLUDED IN RENT (Y/N): IF YES, PLEASE COMPLETE AND HAVE YOUR LANDLORD SIGN PAGE 4.

PRIMARY HEATING UTILITY VENDOR: NAME ON BILL: ACCOUNT #

PAST DUE (Y/N): DISCONNECT NOTICE (Y/N): SHUT OFF (Y/N): LIFE-THREATENING CRISIS (Y/N):

SECONDARY HEATING UTILITY VENDOR: NAME ON BILL: ACCOUNT #

PAST DUE (Y/N): DISCONNECT NOTICE (Y/N): SHUT OFF (Y/N): LIFE-THREATENING CRISIS (Y/N):

Required Applicant Disclosures and Approvals

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

I, Applicant, understand the 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.

With my signature,

- I authorize my household's Application to be shared by and between OHCS and the State of Oregon, including designated subcontractors, and Subgrantees for the purposes of determining eligibility, and administering, monitoring, researching, and evaluating (all of which as determined by OHCS in its sole discretion) the government energy and weatherization assistance programs.
- 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.
- I agree that I am responsible to return ineligible funds or funds used improperly.
- I authorize MCCAC to contact my utility provider for information about my accounts and to make payments on my behalf. I also authorize my utility provider to release information about the account to MCCAC for the purpose of energy assistance and data quality purposes.

PART 2: APPLICANT NOTICE, WAIVER & RELEASE RELATED TO ENERGY SERVICE PROVIDERS & 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 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 acknowledgements to both PART 1 and PART 2 of this Energy/Weatherization Assistance Application—Required Applicant Disclosures and Approvals.

Applicant Signature: _____

Date: _____

DECLARATION OF HOUSEHOLD INCOME

Mid-Columbia Community Action Council

312 E 4th Street/P.O. Box 1969
The Dalles, OR 97058
541-298-5131

606 State Street, # 1B
Hood River, OR 97031
541-386-4027

Applicant's Name: _____ Time period covered: ___/___/___ to ___/___/___

This form is to be used for:

- Zero income applicants and household members ages 18 and over, except for children who are full-time high school students.
- Regular informal payments received (such as informal child support agreement)
- Other self-declared income or benefits

Name: _____ Relationship to applicant: _____

Name: _____ Relationship to applicant: _____

Name: _____ Relationship to applicant: _____

Did anyone listed above received any of the following?

YES NO

Cash payment

If yes; Amount of payment \$ _____

Name and phone number of employer: _____

Financial support for three consecutive months (from someone outside the household)

If yes; Amount of support \$ _____

Name and phone number of person providing the support: _____

Other informal Income

If yes; Amount of income \$ _____

Source of your informal income: _____

How do you pay rent/mortgage? _____

(I additional space is needed, please provide information on a separate piece of paper. If you claim savings, you may be required to produce bank statements. If you state loans, you may be required to produce documentation)

How do you pay for food? _____

How do you pay for utilities? _____

How do you pay for any other household expense or personal items? _____

If you have NO income how long have you had zero income? _____

What was the source of your last income? _____

(If employment, please list employer and last date of employment)

Child Support

Child's name: _____ \$ _____ Child's name: _____ \$ _____

Child's name: _____ \$ _____ Child's name: _____ \$ _____

I declare, under penalty of perjury, that the information I provided to complete this application is true and correct.

Signature: _____ Date: _____

LANDLORD LETTER

Mid-Columbia Community Action Council, Inc.

312 E 4th Street/P.O. Box 1969
The Dalles, OR 97058
541-298-5131

606 State Street, #1B
Hood River, OR 97031
541-386-4027

The Applicant listed below is applying for energy assistance. As their Landlord/Manager please complete and return this form to the agency listed above within ten (10) days.

APPLICANT NAME (please print) _____

APPLICANT ADDRESS _____ State/Zip _____

LANDLORD NAME (please print) _____

LANDLORD ADDRESS _____ State/Zip _____

- The Applicant is renting a Room(s) in my home
- The Applicant shares common spaces (such as kitchen, living room).
- The Applicant is renting a Separate residence.

- The Applicant's heat is included in their rent.
- The Applicant pays you (Landlord or Manager) for all their heat related utilities.
- The Applicant is responsible for having their own heating accounts.

Primary heat source is:

- Electric
- Gas
- Propane
- Oil
- Wood
- Other _____

Signature of Landlord or Manager

Date

Telephone Number

LIHWA DISCLAIMER:

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: _____

Date: _____