



Community Action Program East Central Oregon

Serving Umatilla • Morrow • Gilliam • Wheeler Counties

721 S.E. 3rd, Suite D, Pendleton, OR 97801

Phone: 541-276-1926 or 800-752-1139 FAX: 541-276-7541

1565 N 1st St, Suite 1, Hermiston OR 97838

Phone: 541-289-7755 or 800-214-4776 FAX: 541-289-7757

www.capeco-works.org

NO AC REFERRAL FORM for Repair or Replacement

PLEASE COMPLETE AND RETURN THIS FORM TO THE CAPECO OFFICE CLOSEST TO YOU.

First and Last Name:

Phone:

Address/City/ZIP - Physical:

Mailing:

Do you Own or Rent your home?

Own Year Built?

Rent Landlord Phone:

Landlord Name & Address

Do you have an air conditioning system on sight? Yes No Type:

Age:

Working? Yes No Is there ice on it? Yes No

Does it have a filter? Yes No Date filter was last replaced?

Has CAPECO replaced air conditioning for you in the past? Yes No If "Yes," date replaced

Have you received weatherization from CAPECO in the past? Yes No If "Yes", Date(s) of weatherization:

What residence was weatherized for you? Address

Have you received energy assistance? Yes No Date of your last energy assistance:

Who is your electrical provider?

Pacific Power

Umatilla Electric

Hermiston Energy Services

City of Milton-Freewater

Columbia Basin Electric

Columbia Power Co-op

ATTACHMENTS:

Copy of Client ID

Copy of latest Utility Bill for Primary Heat Source

Applicant Signature: _____ Date: _____

Signature Required

Staff Signature: _____ Date: _____ **All Data Verified in OPUS**

Signature Required

FURNACE/AC REPAIR/REPLACEMENT ASSISTANCE

Community Action Program East Central Oregon

721 SE 3rd, Suite D

Pendleton, OR 97801

541-276-1926 or 1-800-752-1139

RESIDENT HOME OWNER CERTIFICATION

I, _____, **certify that I am the owner of the address listed below.**

Address: _____

City, St., Zip code _____

I have enclosed the following documentation of ownership: current Property Tax Statement or Title or Deed or Contract of Sale that is signed and dated.

I grant permission to allow **FURNACE/AC repair/replacement** to be performed on the property listed above. I will allow pre and post inspection by CAPECO or local building inspector. Initially, to ensure the Furnace or AC system is not functioning and a post inspection to verify system is working properly.

Owners
Printed name..... : _____

Owners
Signature..... : _____

Address..... : _____

Phone #..... : _____

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LANDLORD/AUTHORIZED AGENT CERTIFICATION

I, _____, **certify that I am the Landlord or Authorized Agent of the address listed below.**

Address: _____

City, St., Zip code _____

RENTER name: _____

I have enclosed the following documentation of ownership: current Property Tax Statement or Title or Deed or Contract of Sale that is signed and dated.

I grant permission to allow **Furnace/AC repair/replacement** to be performed on the property listed above. I will allow pre and post inspection by CAPECO or local building inspector. Initially, to ensure the Furnace system is not functioning and a post inspection to verify system is working properly.

**Landlord/Auth Agt
Printed name.....** : _____

**Landlord/Auth Agt
Signature.....** : _____

Address..... : _____

Phone #..... : _____