

NOTICE OF ACTION

Aviso de Acción

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

Authorization # / # de autorización: _____ Application Date /Fecha de la Solicitud: _____

Applicant's name / Nombre Del Solicitante: _____

Address / Direccion: _____

Please provide the requested information within _____ calendar days (_____) or this pending application will be denied and you will have to reapply.

Favor de proveer la información requerida dentro de _____ días calendario (_____) o su solicitud será negada y usted tendrá que volver a aplicar.

- Utility Bill – Provide a copy of your heating bill / Factura-Por favor mande una copia de su factura de utilidad
- Social Security Card /Tarjeta del Seguro Social _____
- ID Verification /Verificación de identificación para _____
- Income Verification / Verificación de Ingresos _____
- Other / Otro _____
- Pending for Funding / Enespera por fondos

The following action has been taken on your application /La siguiente acción ha sido tomada con su solicitud:

- The payment amount has been changed from \$ _____ to \$ _____.
- La cantidad del pago original ha sido cambiado de \$ _____ a \$ _____.

Reason / La razón por este cambio _____

Your application has been DENIED for the following reason /Su solicitud ha sido negada por la siguiente razón:

- Over income eligibility guidelines / Sus ingresos sobrepasan el límite de elegibilidad
- Other/Otro: _____

Denied for lack of requested information within the timeline. Date: _____ Initials: _____

APPLICANT DISCLAIMER AND RELEASE

I understand that these programs are voluntary; if I choose to apply for assistance, I must provide all required information. During application processing I may be asked for more information in order to determine my eligibility.

I understand that the information I provide to complete this application will be used to determine and verify my eligibility for energy services and for the purposes of referral, research, evaluation, and analysis. I understand that if I feel my application was unjustly denied or not processed in a timely manner, I may be entitled to a fair hearing if requested within 30 days of the completion date of the application or date of denial. Any such request for a hearing must be in writing and delivered or mailed to the service provider. In addition to any appeal rights from such hearing granted by the service provider, I may contact the Oregon Housing and Community Services Department (OHCS) within 30 days of the hearing decision to request that OHCS review the hearing decision for material deficiencies. The request for OHCS review must be in writing and delivered by email to energyservices@oregon.gov or mailed to 725 Summer St NE Suite B, Salem OR 97301. Review by OHCS, and the manner thereof, is at the sole discretion of OHCS.

I declare, under penalty of perjury, that the information I provided to complete this application is true and correct and that any funds received by me will be used solely for the purpose of paying my energy costs.

My signature gives consent for other offices of the state and federal governments, their designated subcontractors, and the utility(ies) or home energy supplier(s) identified in this application to share information related to my application including information about my account(s), but not limited to, account number, account name, service address, annual usage or consumption, and annual costs. I agree to hold harmless and/or release such organizations from and against any claims, losses, demands, damages, or liability of any kind caused by or allegedly caused by such disclosure.

I authorize my utility and/or my fuel suppliers/vendors to release my account information to OHCS and to the service provider for the purposes of providing energy services for the current program year (10/1 to 9/30). I am the account holder or the customer's authorized agent for the utility fuel supplier, and/or fuel vendor service accounts(s) identified in this application.

Intake Worker Date

Program Supervisor Date