

Submitting this application by mail means you do not need to call or go online to get on a waitlist.

LANE COUNTY UTILITY ASSISTANCE APPLICATION INSTRUCTIONS

To apply for the utility assistance program, you must include the following:

①	APPLICATION: Read and fully complete the application
②	PROOF OF ALL GROSS INCOME received in the previous calendar month by all adults 18 or older in your household. <ul style="list-style-type: none">• Counted income includes, but is not limited to: social security, pension or retirement, Veteran’s benefits, unemployment, TANF, wages, alimony, child support• Include a copy of every check stub <u>received</u> during the previous calendar month and/or your 2023 SSA Benefit Verification Letter. Please do not send originals.• For adults in your household with no income, <u>complete the <i>Declaration of Household Income form</i> (DHI)</u>. Be sure to sign the form and include it with your application. These adults declaring no income <u>must provide a copy of identification</u> (photo ID, an insurance card, or another document with the person’s name printed on it – no social security cards, please).
③	PROOF OF UTILITY ACCOUNTS <ul style="list-style-type: none">• Please provide a copy of each of your <u>most recent</u> heating AND water/wastewater utility bills or statements.• If you heat your home with firewood, propane, oil or pellets, please provide proof of account or receipts showing purchase.• If you have two heat sources, for example SUB and firewood, you can split your payment between both.
④	SIGN AND DATE THE APPLICATION in pen.

THIS APPLICATION MAY BE DELAYED OR DENIED IF:

- You do not sign the application;
- You do not submit all of the required documents;
- We receive your application after all funding has been spent;
- Your household does not qualify for an assistance payment;

MANY TIMES IF AN APPLICATION IS DELAYED OR DENIED, AN IN-OFFICE APPOINTMENT IS AN OPTION.

If your application is approved, you will receive a “Payment Receipt” in the mail.

It can take up to four months for the payment process to be complete and the funds to be applied to your utility account.

Please continue to make monthly payments on your account!

Submitting this application by mail means you do not need to call or go online to get on a waitlist.

 **THIS APPLICATION IS NOT A GUARANTEE OF PAYMENT.** 

CONTINUE TO PAY YOUR UTILITY BILLS!

BEFORE MAILING THIS APPLICATION, PLEASE MAKE SURE THAT YOU HAVE:

- ⇒ **Signed & dated** the application (in pen)
- ⇒ Included copies of all **income documents** for all household members
- ⇒ Included most recent **utility bill(s)** and/or bulk fuel receipts
- ⇒ Included a completed ***Declaration of Household Income form (DHI)*** for all adult household members with no income
- ⇒ Included **proof of identification** for adult (18yrs or older) household members without income

PLEASE RETURN YOUR COMPLETED APPLICATION USING THE ENVELOPE PROVIDED OR MAIL TO THE ADDRESS BELOW:

Agency Name: Lane County Utility Programs
Street: 151 W 7th Ave, Room 560
City : Eugene, OR 97401

LANE COUNTY UTILITY ASSISTANCE MAIL OUT APPLICATION

LIHEAP OEAP LIHWA OTHER _____

SECTION 1 HOUSEHOLD MEMBERS & INCOME: COMPLETE FOR EVERYONE LIVING IN YOUR HOUSEHOLD.

List all income RECEIVED in the last calendar month. Gross income is income before taxes have been taken out.

Types of income include: Social Security, SSI, TANF, Earned Income from Jobs, Self Employment Income, Child Support. This list is not extensive - if you have questions, please contact the agency listed above. **Proof of all income is required to be included with this application.**

1	Applicant's Name: _____ Social Security #: _____ Birthdate: _____ Income Type 1: _____ Monthly Gross: \$ _____ / Income Type 2: _____ Monthly Gross: \$ _____
2	Name: _____ Social Security #: _____ Birthdate: _____ Income Type 1: _____ Monthly Gross: \$ _____ / Income Type 2: _____ Monthly Gross: \$ _____
3	Name: _____ Social Security #: _____ Birthdate: _____ Income Type 1: _____ Monthly Gross: \$ _____ / Income Type 2: _____ Monthly Gross: \$ _____
4	Name: _____ Social Security #: _____ Birthdate: _____ Income Type 1: _____ Monthly Gross: \$ _____ / Income Type 2: _____ Monthly Gross: \$ _____
5	Name: _____ Social Security #: _____ Birthdate: _____ Income Type 1: _____ Monthly Gross: \$ _____ / Income Type 2: _____ Monthly Gross: \$ _____
6	Name: _____ Social Security #: _____ Birthdate: _____ Income Type 1: _____ Monthly Gross: \$ _____ / Income Type 2: _____ Monthly Gross: \$ _____

Continued on page 2

Authorization No _____

Date Received by Agency:

This application will be reviewed by: Lane County Utility Assistance Programs

SECTION 1 HOUSEHOLD MEMBERS CONTINUED FROM PAGE 1

Household Type – Check one only

2 PARENT SINGLE PARENT MULTIGENERATIONAL SINGLE ADULTS NO CHILDREN NON RELATED ADULTS W/ CHILDREN

Client Non Cash Benefits– Some benefits may automatically qualify your household for energy assistance.

Household Member	Veteran or served in the military	Permanently Disabled	Homebound	Last grade completed for everyone age 23 and older	SNAP Food Stamps	WIC	OHP	Medicare	Veterans Medical Benefits	Section 8, Public Housing, other ongoing housing assistance
1.										
2.										
3.										
4.										
5.										
6.										

Client Characteristics – **For Race: African American – American Indian or Alaskan Native - Asian – Native Hawaiian or Pacific Islander – White*

Household Members	Hispanic or Non-Hispanic	Race*	Member of an Oregon Tribe	Which Oregon Tribe are you a member of? **
1. From above				
2. From above				
3. From above				
4. From above				
5. From above				
6. From above				

****The following Tribes receive LIHEAP funds directly from HHS:** Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians; Confederated Tribes of Grand Ronde; Confederated Tribes of Siletz Indians; Confederated Tribes of Warm Springs; Cow Creek Band of Umpqua Tribe of Indians; The Klamath Tribe

REQUIRED residence and heating utility information continued on page 3

Authorization No _____

Date Received by Agency:

This application will be reviewed by: Lane County Utility Assistance Programs

SECTION 2 SERVICE ADDRESS AND PHONE NUMBER(S) – NOT emergency contact information

Street Address: _____ City: _____ Zip Code: _____

Phone Number 1: _____ Phone Number 2: _____

Mailing Address (if different): _____ City: _____ Zip Code: _____

Email Address: _____

SECTION 3 HEATING UTILITY COMPANY(IES) or BULK FUEL VENDOR (ELECTRIC, NATURAL GAS, OIL, WOOD, PROPANE AND PELLETS ARE ELIGIBLE COSTS)

PERCENT TO GO TOWARDS VENDOR				
100%	0%	75%	50%	25%
0%	100%	25%	50%	75%

Primary Utility Name _____ Acct Number _____

Secondary Utility Name _____ Acct Number _____

SECTION 4 RESIDENTIAL INFORMATION—CHECK ALL THAT APPLY

Type of Dwelling	
Single Family Home	<input type="checkbox"/>
Manufactured Home	<input type="checkbox"/>
Mobile Home	<input type="checkbox"/>
Apartment	<input type="checkbox"/>
Travel Trailer	<input type="checkbox"/>
Duplex	<input type="checkbox"/>

Residence Status	
Own	<input type="checkbox"/>
Rent - Heat Included	<input type="checkbox"/>
Rent- Heat Not Included	<input type="checkbox"/>
Subsidized Rent - Heat Included	<input type="checkbox"/>
Subsidized Rent - Heat Not Included	<input type="checkbox"/>

How do you HEAT your home	
Electric	<input type="checkbox"/>
Natural Gas	<input type="checkbox"/>
Oil	<input type="checkbox"/>
Propane	<input type="checkbox"/>
Pellet	<input type="checkbox"/>
Wood	<input type="checkbox"/>

Secondary Heat Source	
Electric	<input type="checkbox"/>
Natural Gas	<input type="checkbox"/>
Oil	<input type="checkbox"/>
Propane	<input type="checkbox"/>
Pellet	<input type="checkbox"/>
Wood	<input type="checkbox"/>

Disclaimer and REQUIRED signature on pages 4 and 5 – your application cannot be processed without it

SECTION 5 REQUIRED HEATING ASSISTANCE APPLICANT DISCLOSURES AND APPROVALS *Part 1***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.

Signature on page 5 is required for heating assistance

SECTION 5 REQUIRED HEATING ASSISTANCE APPLICANT DISCLOSURES AND APPROVALS *Parts 2 and 3*

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 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 Required Signature _____ Date _____

Authorization No _____

Date Received by Agency:

This application will be reviewed by:

SECTION 6 WATER UTILITY COMPANY(IES) (PRIMARY AND SECONDARY WATER, SEWER AND STORMWATER CHARGES ARE ELIGIBLE)

CHECK HERE IF YOU DO NOT PAY WATER CHARGES:

CHECK HERE IF YOU PAY WATER CHARGES TO YOUR LANDLORD OR PROPERTY MANAGEMENT COMPANY:
FOR OFFICE USE: SEPARATE AUTHORIZATION FORM IS NEEDED PRIOR TO PROCESSING PAYMENT

FILL OUT ACCOUNT INFORMATION BELOW IF YOU PAY WATER TO UTILITY COMPANY:

Primary Water Company _____ Account Number _____ Account Status _____

Secondary Water Company _____ Account Number _____ Account Status _____

SECTION 7 REQUIRED WATER ASSISTANCE DISCLAIMER AND APPROVAL

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.

SIGN HERE 

Required Signature _____ Date _____

Declaration of Household Income for Zero Income or Undocumented Income on Page 7

Authorization No _____

Date Received by Agency:

This application will be reviewed by: Lane County Utility Assistance Programs

SECTION 8 DECLARATION OF HOUSEHOLD INCOME (DHI)

This form is to be used for the following reasons:

- Household members 18 and older with ZERO INCOME
- Child Support or Alimony that has not been court ordered
- Irregular Income like collecting cans or selling plasma
- Recurring Gifts from Family/Friends

Do **NOT** use this for wages, self employment, social security, pensions and other forms of documentable income

Date range of income for all household members: _____

Name	Source of Income	Amount Claiming	If none, how long have you had zero income?

If any household members have ZERO INCOME, please answer the following questions:

- Is your rent subsidized? Yes No How much do you pay for rent/mortgage? \$ _____
- How were you able to pay for rent/mortgage, utilities and food? _____
- Has someone outside of your home paid for your living expenses for 3 months or longer? Yes No
- If yes to the question above, do they give you money directly? Yes No

I declare, under penalty of perjury, that the information I provided for this form is true and correct. If I have intentionally falsified any of this information, I understand that I may be liable to Oregon Housing and Community Services Department.

Required Applicant Signature: _____ **Date Signed:** _____

Authorization No _____

Date Received by Agency:

This application will be reviewed by: Lane County Utility Assistance Programs

SECTION 9 SELF EMPLOYMENT WORKSHEET

This form is to be used for: Household members 18 and older who are self employed; that is any business or odd jobs including but not limited to babysitting and yard care. List all business deductions.

Self Employed Earner: _____ **Name of Business/Income Source:** _____

Time Period of Income (use exact dates) _____

1. Gross documented business income	\$	
2. Total business deductions	\$	(add #4 through # 18 below)
3. Net business income	\$	(#1 minus #2+)

4. Fuel	\$	12. Advertising	\$
5. Mileage	\$	13. Supplies	\$
6. Taxes on Property or Business	\$	14. Wages	\$
7. Repairs	\$	15. Rent on business, property or equipment	\$
8. Insurance	\$	16. Cleaning	\$
9. Utilities	\$	17. Bank Charges	\$
10. Vehicles	\$	18. Other:	\$
11. Interest	\$	Total (enter amount in #2)	\$

I declare, under penalty of perjury, that the information I provided for this form is true and correct. If I have intentionally falsified any of this information, I understand that I may be liable to Oregon Housing and Community Services Department.

Required Applicant Signature: _____ **Date Signed:** _____