

Authorization #: \_\_\_\_\_ Applicant Legal Name: \_\_\_\_\_ (Last, First) \_\_\_\_\_ Agency: \_\_\_\_\_

Ref.	Employer	Address	City	State	Zip	Phone

Ref.	Income Source / Income Reported	Type	Income Verification	Comments	Amount	FREQ	Annual Amount

PROGRAM	Circle Payment Type(s):	Account Status:	Energy Education:	1. Intake	2. In-Home	3. Workshop	Intake Date:	Total Annual Income:
1. Regular	1. Current	1. Current	<input type="checkbox"/> Referral for Weatherization	<input type="checkbox"/> Non-Energy Service	<input type="checkbox"/> Energy Advocacy			
2. Rmr/Bdr	2. Past Due	2. Past Due	Vendor: _____	Account No: _____	Name on Account: _____	Account Status: _____		Authorized Amount: _____
3. Special	3. Shutoff	3. Shutoff						Vendor Amount: _____
4. Fuel	4. Shutoff	4. Shutoff						Vendor Amount: _____
5. Crisis	5. 0-24 hours	5. 0-24 hours						Direct Pay Amount: _____
6. Combo	6. Bulk Fuel	6. Bulk Fuel						Payment Fuel Type: _____
7. Furnace	7. Bulk Fuel Out	7. Bulk Fuel Out						
8. Subsidized	8. Subsidized	8. Subsidized						
9. Supplemental	9. Supplemental	9. Supplemental						
10. Other	10. Other	10. Other						

The information you provide will be used to determine if you are eligible for an energy assistance payment. This program is voluntary. If you choose to apply for assistance you must give all required information. During application processing we may need to ask you for more information in order to determine your eligibility.

**APPLICANT DISCLAIMER AND RELEASE:**

I understand that the information on this application will be used to determine and verify my eligibility for energy assistance. 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 completed date of the application or date of denial. If I feel I have been discriminated against by the local service provider, I may appeal to Oregon Housing and Community Services (OHCS).

I declare, under penalty of perjury, that the information on this application is true, 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 offices of the state and federal governments, their designated subcontractors, and the utility(ies) or home energy supplier(s) to share information about my account. This is valid from October 1 through September 30 of the current program year.

**Please Note:**

If no information is needed from the utility, the applicant or authorized representative may apply on behalf of the household.

If any information is needed, the account holder must authorize the utility to release the information (see below).

LIHEAP  OEAP  OTHER \_\_\_\_\_  Approved  Denied

I authorize \_\_\_\_\_ (utility or vendor name) \_\_\_\_\_ to release my utility account information to \_\_\_\_\_ (agency name) \_\_\_\_\_ for the purpose of providing energy assistance services for the current program year (10/1 to 9/30).

Signature of account holder, applicant, or authorized representative (circle one) \_\_\_\_\_ Date \_\_\_\_\_

Signature of account holder, applicant, or authorized representative (circle one) \_\_\_\_\_ Date \_\_\_\_\_

Intake Worker Signature \_\_\_\_\_ Date \_\_\_\_\_

**Agency Certification:** The above named applicant has met the income eligibility requirements for the State of Oregon Low Income Home Energy Assistance Program and is authorized to receive assistance in the amount above.

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

Data Entry \_\_\_\_\_ Date \_\_\_\_\_

INPUT

Authorization #: \_\_\_\_\_ Applicant Legal Name: \_\_\_\_\_ (Last, First) Agency: \_\_\_\_\_

EMPLOYMENT		Ref.	Employer	Address	City	State	Zip	Phone

INCOME		Ref.	Income Source / Income Reported	Type	Income Verification	Comments	Amount	FREQ	Annual Amount

Circle Payment Type(s):	Account Status:	Energy Education:	1. Intake	2. In-Home	3. Workshop	Intake Date:
1. Regular	1. Current	<input type="checkbox"/> Referral for Weatherization				
2. Rmr/Bdr	2. Past Due	<input type="checkbox"/> Non-Energy Service				
3. Special	3. Shutoff	Vendor:	Account No:	Name on Account:	Account Status:	Total Annual Income:
4. Fuel	4. Shutoff					Authorized Amount:
5. Crisis	0-24 hours					Vendor Amount:
6. Combo	5. Disconnect					Direct Pay Amount:
7. Furnace	6. Bulk Fuel	Comments:				Payment Fuel Type:
8. Subsidized	7. Bulk Fuel Out					
9. Supplemental	9. Supplemental					
10. Other						

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Signature of account holder, applicant, or authorized representative (circle one) \_\_\_\_\_ Date \_\_\_\_\_

Signature of account holder, applicant, or authorized representative (circle one) \_\_\_\_\_ Date \_\_\_\_\_

Intake Worker Signature \_\_\_\_\_ Date \_\_\_\_\_

**Agency Certification:** The above named applicant has met the income eligibility requirements for the State of Oregon Low Income Home Energy Assistance Program and is authorized to receive assistance in the amount above.

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

Data Entry \_\_\_\_\_ Date \_\_\_\_\_

INPUT



Education (Ages 23-60 only)		Income Type	Income Reported
NO	No Schooling Completed	AD Adoption	N No
PK	Preschool	AL Alimony or other Spousal Support	Y Yes
K	Kindergarten	AN Annuities	ZIS Zero Income Statement
1	1st Grade	CG Cash Grant	DK Don't Know
2	2nd Grade	CS Child Support	RF Refused
3	3rd Grade	D8 Death Benefit	
4	4th Grade	E Education	
5	5th Grade	FC Foster Care	
6	6th Grade	GA General Assistance	Oregon Tribes
7	7th Grade	GT General Assistance Tribal	BP Burns Paiute Tribe
8	8th Grade	IN Private Disability Insurance	CO Coquille Tribe
9	9th Grade	I Interest	CC Cow Creek Band of Umpqua Indians
10	10th Grade	OS Other Source	CTC Confederated Tribes of the Coos, Lower Umpqua and Siuslaw Indians
11	11th Grade	PP Private Pension	CTU Confederated Tribes of the Umatilla Indians
12	12th Grade – No Diploma	PS Property Sale	GR Confederated Tribes of Grande Ronde
GED	GED	SS Social Security Income	KT Klamath Tribes
HSD	High School Diploma	SSI Supplemental Security Income	S Confederated Tribes of Siletz
HSN	High School No Diploma	SSDI Social Security Disability Income	WS Confederated Tribes of Warm Springs
HS	Head Start	SE Self Employment	OT Other Oregon Tribes
PS	Post-Secondary – No Degree	TANF Temporary Assistance for Needy Families	MT Multiple Oregon Tribes
AA	Associates Degree	TF Trust Fund	DK Don't Know
BA	Bachelors Degree	U Unemployment Insurance	RF Refused
MA	Masters Degree	VDP Veteran's Disability Payment	
PHD	Doctorate Degree	VP Veteran's Pension	
OPD	Other Grad/Professional Degree	W Wages	
ATC	Advanced training Certificate	WC Workers Compensation	
SAC	Skilled Artisan Certificate		
DK	Don't Know		
RF	Refused		