



Oregon Coast Community Action
Energy Assistance Application
October 1, 2022 – September 30, 2023

The Utilities assistance team at Oregon Coast Community Action (ORCCA) will begin accepting application October 1, 2022, for the new Utility Assistance program year. We are hopeful that this year's funding will allow us to meet the needs of all households that sign up for utility assistance, however, if the funding is not sufficient to meet everyone's need, completed applications will be processed on a first come first served basis. Once we begin processing applications, you will be contacted by phone, email, or posted mail with details of the assistance provided to your household.

Utility Bill and Name on Account

You must attach a copy of your most recent bill. Without a copy of the bill for the account you wish to get assistance with we will not be able to assist you. The name on the account must be of an adult living in the household. If you have an account for propane, oil, wood, or pellets please provide a receipt from the past 12 months from your supplier. Please indicate company and any split in assistance that you desire. Example: 50% to electric bill, 50% to oil provider. Please note that we are not able to split wood payments.

When the Funding Comes In

Typically, we receive our funding between October 1 and mid-December. Once funding is made available, we issue payments based on the return order of applications. In a typical year we receive enough funding to serve all waitlist requests. However, it is possible that funding will be delayed and/or not enough to assist all applicants. The sooner you get your application in to us the better chance you have of receiving assistance.

Incomplete Applications

If an application is not complete it will be placed in a pending status, and you will receive a Notice of Action stating the information needed to complete your assistance application. If you fail to supply the information necessary within the time frame noted on the Notice of Action, your application will be denied and you will receive no further notice from us. You can reapply during the program year if you are denied for an incomplete application.

- If you have a credit balance on your utility account (meaning you do not owe the power company any money) please be advised that we are not able to issue additional credits on your account if the credit you have is a result of a payment, we issued to you recently.
- Oregon Coast Community Action's energy assistance programs are not entitlements. Because these programs are voluntary, failure to apply for assistance in a timely manner, complete and sign applications or refusal to provide necessary documentation is grounds for denial of service.

PLEASE MAIL OR DROP OFF ALL COMPLETED APPLICATIONS TO:

COOS MAIL OR DROP OFF:

ORCCA ATTN: UTILITIES
ASSISTANCE
1855 Thomas Ave.
Coos Bay, OR 97420

CURRY MAIL:

ORCCA ATTN: UTILITIES
ASSISTANCE
P.O. Box 836
Brookings, OR 97415

CURRY DROP OFF:

ORCCA ATTN: UTILITIES
ASSISTANCE
937 Chetco Ave. #D
Brookings, OR 97415



Oregon Coast Community Action
Energy Assistance Application Checklist

I HAVE COMPLETED ALL NONGRAY AREAS OF THE APPLICATION.

I HAVE INCLUDED COPIES OF THE FOLLOWING, AS APPROPRIATE:

- Please submit pay stubs received in the past 60 days (or other income documentation) for each household member who is either turning 18 in this calendar year or is over 18 and not currently in high school. (For example, paycheck stubs, unemployment printout, child support printout etc. See next page for more information.)
- A signed and dated Declaration of Household Income (DHI) form listing all household members who will be 18 or older this calendar year that have NO INCOME or received.
CASH/Personal Check for work. Please complete the DHI for the prior month.
- Current year Benefit Verification Letter(s) for Social Security income. We CANNOT accept bank statements as verification. We are sorry for the inconvenience.
- A current copy of the utility bill requiring assistance.
- If your utility bill is not in your name, and is included in your rent, you will need a signed letter from your landlord stating that you pay utilities directly to them.
- Copies of ID for all household members 18 years & over.
- Copies of Social Security cards for all household members.

I HAVE SIGNED AND DATED THE APPLICATION

PLEASE SEE INCOME GUIDE →

Household Size	Max. Monthly Gross Income*
1	\$2,605.50
2	\$3,407.17
3	\$4,208.83
4	\$5,010.50
5	\$5,812.25
6	\$6,613.92
7	\$6,764.25
8	\$6,914.50
More than 8? Add \$150.25 for each additional member	*Gross income means all household income before any deductions.

FAILURE TO SUPPLY THE DOCUMENTS LISTED ABOVE MAY RESULT IN THE DENIAL OF YOUR APPLICATION

INCOME INFORMATION

All adult household members must provide income documentation for the previous 60 days (minimum). This includes any items for which you or any other adult household members receive payment and must show the gross amount (before any deductions.)

Social Security payments received by minors are considered household income. See the list below for acceptable documentation to prove household income.

Earned income: Pay stubs that show current gross amounts for the last 60 days prior to this application. Pay stubs must include your name and employer information, including address.

No income: Any adult household member with no income must complete a Declaration of Household Income form (see attached).

Informal Income: Any adult household member with income that cannot be documented by formal means (i.e.: odd jobs, bottle returns, babysitting, etc) must include amount received in the prior month and source on the Declaration of Household Income form.

Self-Employment Income: Please complete a Self-Employment form, and include bank statements for payments received from Self-Employment in prior month. Call 541-435-7080 or email energy@orcca.us for a Self-Employment form.

Social Security Benefits: (SS/SSD) Your SS Benefit Verification Letter for each individual in the household receiving SS benefits. The letter **must** show **the gross benefit amount awarded**. A bank statement is **NOT** sufficient.

Any Income Not Listed Above: Please call 541-435-7080 to determine what documentation is needed for your income.

Additional support for providing Social Security Income

You can choose ONE of the following to get a copy of your Benefit Verification letter:

1. Call Social Security at 1-866-275-9901 to request a replacement letter. This could take 2-3 weeks.
2. Set up an online account at www.socialsecurity.gov/myaccount and print your "Benefit Verification" letter.

Veterans Benefits: Your most recent VA award letter showing the awarded benefit amount. *A bank statement with a signed Declaration of Household Income is also sufficient.*

TANF: This is considered income and must be declared. Please provide a Verification of Benefit letter from DHS that shows your name and the benefit amount awarded. (Not needed for Water Assistance)


Child Support/Alimony: A print out from the Child Support Portal showing any income received in the past 60 days. A bank statement showing income received in the past 60 days is also sufficient.

Unemployment Benefits: Please provide us with your printout for your unemployment benefits.

Private Pension/Retirement Benefits: Please provide us a current award letter showing your gross awarded benefit, or a recent bank statement paired with a signed Declaration of Household Income.

Assistance from Family/Friends: If you have received assistance from family or friends in the past 60 days, please write the amount received on the Declaration of Household Income.

(BLANK FOR PRINTING PURPOSES)

<p>Applicant Legal Name (Last, First)</p> <hr/> <p>Authorization #</p> <p>RECEIVED</p>	<p>2022-2023 Energy Assistance Application</p>  <p>Oregon Coast Community Action 1855 Thomas Ave. Coos Bay, OR. 97459 energy@orcca.us</p>	<p>Type of Heat (Circle all that apply)</p> <p>Electric Natural Gas Propane</p> <p>Oil Solar Pellets Wood</p> <p>Primary Heat Source: _____</p> <p>Secondary Heat Source: _____</p> <p><i>If you would like assistance to be split between utility vendors please indicate the preferred split below</i></p> <p>Primary Source % _____ Secondary Source % _____</p>
<p>PROCESSED by _____ on _____</p> <p>REVIEWED by _____ on _____</p> <p>PLEGGED by _____ on _____</p> <p>AUTHORIZED by _____ on _____</p>	<p>Physical Address: Street _____ City _____ State _____ Zip _____</p> <p>Mailing Address: Street _____ City _____ State _____ Zip _____</p> <p>Phone: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Message</p> <p>Email: _____ <input type="checkbox"/> I am an ORCCA Employee, Board Member, or friend/family of an employee or board member.</p>	

NOTE: ALL GREY AREAS ARE ORCCA OFFICE USE ONLY

Household Information- Please Complete for ALL household members

Full Legal Name For ALL Household Members	Birthdate	SSN/SSID	*Gender	*Hispanic Y/N	*Race (See below)	*OR Tribe Y/N	*Education (See Below)	*Disabled Y/N	*Veteran Y/N	*Homebound Y/N	*SNAP Y/N	*OHP Y/N	*Other Med. Insurance

Race Codes

- AA** African American
- AS** Asian
- NA/AN** Native American/ Alaskan Native

- NH/PI** Native Hawaiian/ Pacific Islander
- WH** White

Education Codes

- 0-8** Grades 0-8
- 9-12, NG** Grades 9-12/Non Grad
- HSD/GED** High School Grad/GED
- SC** Some College
- CG** 2-4 Year College Graduate
- PS** Graduate or other Post Secondary

Items marked with an astrick * Are optional and used for statistical tracking and grant reporting purposes only. They do not effect your eligibility for services

Authorization No. _____

REQUIRED APPLICANT DISCLOSURES AND APPROVALS

2022-2023 Season

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.

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, its 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

Applicant Signature _____ Date _____



Oregon Coast Community Action
Declaration of Household Income (DHI)

Please fill out this form for all household members over the age of 18 who either have:

1. No income OR
2. Informal income (get paid cash for work or have other non-wage sources of income).

Applicant Name: _____

Previous* month: _____

(*Example: If applying in October please put September and list information below for September.)

Possible Informal Income Sources:

- Informal child support
- Can deposits
- Recurring cash help from relative, church etc. (for 3 months or more)
- Informal spousal support
- Selling scrap metal
- Support from non-wage sources
- Occasional work for cash
- Income from a rental property

Name of all household members over 18 who receive no income or have informal income	Total amount of informal income received in the previous month. List income items separately. No Income? Put \$0	Source of informal income (see examples listed above) If not applicable, put NA	Currently in high school? Y/N

How do you currently pay for your basic necessities such as rent, food, and phone?

I certify that the information stated is true and accurate by signing this form. I am under penalty of criminal prosecution if false information results in assistance for which I am not eligible. I also understand that providing false information herein constitutes the act of fraud.

Applicant Signature

Date



Oregon Coast Community Action
COVID-19 Impact Form

Has anyone in your household been impacted by COVID-19?

YES

NO

If you selected NO, no need to complete this form.

If you selected YES, please complete the section below.

Please circle any of the following COVID-19 situations that has impacted your household:

- Loss of Employment (laid off/furloughed/lost your business)
- Reduction of hours/Unpaid leave
- Vulnerable Population (People at risk due to age or health conditions for whom it is necessary to self-quarantine.)
- Loss of childcare/Children being home from school
- Other situation related to COVID (please briefly describe):

• COVID-19 Related Expenses (This could include: Increased costs for utilities or household supplies due to quarantine and/or more people at home; COVID Prevention materials (masks, sanitizers, wipes, gloves, etc.)

Please List Expenses:

Applicant Signature

Date