



Oregon Coast Community Action  
**Water Assistance Application**

October, 2023 – March, 2024

Funding for Water Assistance Programs have been extended to March of 2024. We are hopeful that this extension will allow us to meet the needs of all households that apply for water assistance. However, we cannot guarantee that funding is sufficient to meet everyone’s need. Completed applications will be processed on a first come first served basis.

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.

Once we begin processing applications, you will be contacted by phone, email, or posted mail with details of the assistance provided to your household.

If an application is not complete it will be placed in a pending status. If you fail to supply the information necessary within the time frame, your application will be denied. You can reapply during the program year if you are denied for an incomplete application.

## Water Assistance Application Checklist

- I HAVE COMPLETED ALL NONGRAY AREAS OF THE APPLICATION**
  
- I HAVE INCLUDED COPIES OF THE FOLLOWING, AS APPROPRIATE:**
  - Copies of ID for all household members 18 years & over.
  - Copies of Social Security cards for **all** household members.
  - Please submit documentation for all income received in the past 60 days for each household member who is over 18 at the time of the application and not currently in high school. (For example, paycheck stubs, current year Benefit letters, unemployment printout, child support printout etc. See next page for more information.)
    - For **All** household members who are 18 or older that have **NO INCOME** OR receive **CASH/Personal Check for work. Please complete the DHI for the prior calendar month.**
  - A current copy of the utility bill requiring assistance. The name on the account must be of an adult living in the household
  
- I HAVE SIGNED AND DATED THE APPLICATION**

**PLEASE MAIL OR DROP OFF ALL COMPLETED APPLICATIONS TO:**

**COOS DROP OFF:**

1855 Thomas Ave.  
Coos Bay, OR 97420

**Coos or Curry MAIL:**

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

**CURRY DROP OFF:**

937 Chetco Ave. #D  
Brookings, OR 97415

**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](mailto: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.

**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.

**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](http://www.socialsecurity.gov/myaccount) and print your "Benefit Verification" letter.

<p style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">Applicant Legal Name (Last, First)</p> <p style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">Authorization #</p> <p>RECEIVED</p> <p>PROCESSED by _____ on _____</p> <p>REVIEWED by _____ on _____</p> <p>PLEGGED by _____ on _____</p> <p>AUTHORIZED by _____ on _____</p>	<p><b>2022-2024 Water Assistance Application</b></p>  <p><b>Oregon Coast Community Action</b>          1855 Thomas Ave.          Coos Bay, OR. 97420  <a href="mailto:waterassistance@orcca.us">waterassistance@orcca.us</a></p>	<p>Is your water meter shared with other households? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Primary Water Source: _____</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: _____</p> <p><input type="checkbox"/> I am an ORCCA Employee, Board Member, or friend/family of an employee or board member.</p>
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**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**

**2022-2024 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 Calendar\* 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**

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