



Oregon Coast Community Action
Water 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.

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
Water 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 waterassistance@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 style="text-align: center;">Applicant Legal Name (Last, First)</p> <hr/> <p style="text-align: center;">Authorization #</p>	<p>2022-2023 WATER Assistance Application</p>  <p>Oregon Coast Community Action 1855 Thomas Ave. Coos Bay, OR. 97459 waterassistance@orcca.us</p>	<p>Is your water meter shared with other households? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Primary Water Provider: _____</p>
RECEIVED	<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>	<input type="checkbox"/> I am an ORCCA Employee, Board Member, or friend/family of an employee or board member.
PROCESSED by _____ on _____		
REVIEWED by _____ on _____		
PLEDGED by _____ on _____		
AUTHORIZED by _____ on _____		

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

With my signature, I, the Applicant, agree to the following statements regarding 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

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