

ENERGY SERVICES REQUEST FOR ASSISTANCE

ENERGY SERVICES - CAA
1850 45TH AVE NE, SUITE 101
SALEM, OR 97305

Has household been impacted by COVID19? If yes, explain how in comments below. If yes and receive SNAP, TANF, WIC, OHP, LIHEAP or OEA provide proof of current benefits (no other proof of income is required).

M-F 8 -5 503-588-9016
EA_AP@MWVCAA.ORG

To apply for energy assistance complete page 1 and sign page 2 of this request. Submit request and required back up documentation by **email** EA_AP@mwvcaa.org, **mail** MWVCAA - Energy Services, 2475 Center St NE, Salem OR 97301, or **deliver** to our office at 1850 45th Ave NE Suite 101, Salem OR 97305.

Only complete requests will be accepted and will be processed in the order received.

LIST EVERYONE LIVING IN HOUSEHOLD - (IF OVER 9 HH MEMBERS LIST ON SEPARATE PAGE)

LEGAL NAME	BIRTHDATE	VALID SOCIAL SECURITY NUMBER	What benefits are received?

CURRENT PHONE NUMBER: _____ MESSAGE # _____

EMAIL ADDRESS: _____

CURRENT ADDRESS _____ MAILING ADDRESS _____

CITY: _____ ZIP CODE: _____ COUNTY: _____

LIST ALL HOUSEHOLD INCOME RECEIVED for 2 MONTHS PRIOR TO APPLICANT SIGNATURE

INCOME SOURCE	TYPE (wages,etc)	GROSS AMOUNT	WHO RECEIVED THIS INCOME

COMMENTS: _____

Low income eligibility is based on gross household income. (60% state wide median income is utilized for most programs while new stability funds allow upto 80% of area median income).

HEATING AND ELECTRIC COMPANY INFORMATION:

COMPANY NAME	ACCOUNT #	NAME ON ACCT (MUST LIVE IN HH & SIGN RELEASE)

APPLICANT DISCLAIMER AND RELEASE

I understand that these programs are voluntary; if I choose to apply for assistance I must provide all required information. During application processing I may be asked for more information in order to determine my eligibility.

I understand that the information I provided to complete this application will be used to determine and verify my eligibility for energy services and for the purposes of referral, research, evaluation, and analysis. 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 completion date of the application or date of denial. Any such request for a hearing must be in writing and delivered or mailed to the service provider. In addition to any appeal rights from such hearing granted by the service provider, I may contact the Oregon Housing and Community Services Dept. (OHCS) within 30 days of the hearing decision to request that OHCS review the hearing decision for material deficiencies. The request for OHCS review must be in writing and delivered by email to energyservices@oregon.gov or mailed to 725 Summer St NE Suite B, Salem OR 97301. Review by OHCS, and the manner thereof, is at the sole discretion of OHCS.

I declare, under penalty of perjury, that the information I provided to complete this application is true and correct.

My signature gives consent for other offices of the state and federal governments, their designated subcontractors, and the utility(is)or home energy supplier(s) identified in this application to share information related to my application including information about my account(s) including but not limited to, account number, account name, service address, annual usage or consumption, and annual costs. I agree to hold harmless and/or release such organizations from and against any claims, losses, demands, damages, or liability of any caused by or allegedly caused by such disclosure.

I authorize my utilities and/or my fuel suppliers/vendors to release my account information to OHCS and to the service provider for the purposes of providing energy services for the current program year (10/1 to 9/30). I am the account holder or the customer's authorized agent for the utility, fuel supplier, and /or fuel vendor service accounts(s) defined in this application. (MUST BE APPROVED AND SIGNED BY ACCOUNT HOLDER)

Signature of applicant or authorized representative

Date

The following backup needs to be submitted with this 2 page request:

* Verification of Social Security numbers for all household members and ID for those 18+

* HH's that do not receive SNAP, TANF,WIC, OHP or LIHEAP/OEAP need to submit All gross income received in the previous 2 months prior to signature. (see examples of income below)

* Recent heating and electric bills for current address including account number

Examples of income include but are not limited to: **WAGES**; all check stubs received for 2 months prior to signature, **UNEMPLOYMENT**; personal identification number (PIN), **SOCIAL SECURITY/SSI**; current year benefit verification letter(s) for all recipients, **VA -PENSIONS- RETIREMENT BENEFITS**; current verification of gross benefit, **CHILD SUPPORT**; case number printout/proof of amount received month prior to signature(self declaration), **TANF**; benefit verification, ETC. Household members that had zero income for all or part of the month need to complete a **declaration of zero income**; INITIAL to indicate listed income sources were not received, state how basic needs were paid for, sign and date. An eligibility worker will contact you to verify demographics & income, provide a valid phone #.

INCOMPLETE REQUESTS WILL NOT BE PROCESSED, SENDER WILL BE NOTIFIED BY PHONE/EMAIL/MAIL WHAT IS MISSING AND NEW REQUEST WILL NEED TO BE RESUBMITTED. REQUESTS ACCEPTED AND PROCESSED WHILE FUNDING IS AVAILABLE.