



Klamath and Lake Community Action Services Energy Assistance Application

Please make sure application is filled all the way out and you have provided the requested documents. We will be returning ALL incomplete applications. We do not keep copies of returned applications!!

Energy Application Checklist (all required to receive assistance)

- Photo I.D. for everyone 18 and older
- Social Security Cards for entire household
- Provide past 60 days of income
- Utility bill or utility account number
- Signed Applicant Disclaimer and Release
- Using the provided table determine if you are over income or not

Any questions or having trouble gathering documents please call KLCAS at 541-882-3500

CHECK YOUR ELIGIBILITY BEFORE SUBMITTING AN APPLICATION!

Household Size	Max. Monthly Gross Income*
1	\$2,445.33
2	\$3,197.75
3	\$3,950.17
4	\$4,702.50
5	\$5,454.92
6	\$6,207.33
7	\$6,348.42
8	\$6,489.50
Ask about households larger than eight. *Gross income means all household income before any deductions.	

For additional contact information, information on Social Security income, or information about different types of income please see reverse side.

Social Security Income

Pick **ONE** from the list below to get a copy of your **Benefit Letter**:

1. Call Social Security at 1-800-772-1213 to ask for another letter. This could take 2-3 weeks.
2. Set up an online account at www.socialsecurity.gov/myaccount and print your "**Benefit Verification**" letter.

*****CONTACT US IF YOU HAVE QUESTIONS*****

CALL THE ENERGY ASSISTANCE LINE (541) 882-3500
FAX APPLICATIONS TO (541) 882-3674
MAIL APPLICATIONS TO.....2316 S 6th St. Suite C Klamath Falls, OR
97601 EMAIL APPLICATIONS TO energy@klcas.org

All adult household members must give us income proof for the previous 60 days (minimum). You must show the gross amount (before any deductions.)

Income Document Rule List

Social Security payments to minors are counted as household income.
See the list below for acceptable documentation to prove household income.

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

No income: Any adult person in the house with no income must complete a Zero/No Income form (see attached).

Informal Income: Any adult household member with income that cannot be documented by regular ways (odd jobs, bottle returns, babysitting, etc.) must include amount you got in the last 60 days and source on the Zero/No Income form.

Self-Employment Income: Please complete a Self-Employment form (Zero/No Income form) and include receipts for payments received from Self-Employment in prior 60 days.

Social Security Benefits: (SS/SSD) Your SS Benefit Letter for each person in the household that gets SS benefits. The letter **must** show **the gross benefit amount awarded**. A bank statement will **NOT** work.



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Veterans Benefits: Most recent VA award letter showing your benefit amount. A bank statement with a signed Declaration of Household Income will also work.

TANF: This is considered income and must be declared. Please give us the Benefit letter from DHS that shows your name and the benefit amount.

Child Support/Alimony: Provide a printout from the State Child Support website showing the awarded amount. If you are getting informal child support, please put the monthly amount on the Zero/No Income form.

Unemployment Benefits: Please give us your PIN number for your unemployment benefits.

Private Pension/Retirement Benefits: Please give us a current award letter showing your gross awarded benefit, or a recent bank statement with a signed Zero/No Income form.

Assistance from Family/Friends: If you have gotten help from family or friends in the past 60 days, please write the amount you got on the Zero/No Income form.

Any Income Not Listed Above: Please call (541) 882-3500 to figure out what papers are needed for your income.

Use Tables Below to Complete Page 1

(do not fill out this chart)

Race

School Finished

AI	American Indian or Alaska Native	NA	No School Completed	8	Eighth Grade
A	Asian	1	First Grade	9	Ninth Grade
B	Black or African American	2	Second Grade	10	Tenth Grade
N	Native Hawaiian or Pacific Islander	3	Third Grade	11	Eleventh Grade
W	White	4	Fourth Grade	12	Twelfth Grade
H	Hispanic or Latino	5	Fifth Grade	D	High School Diploma
		6	Sixth Grade	G	GED
		7	Seventh Grade	PS	College

Please fill out the form on the back 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).

Zero/No Income Form

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: _____

Income amount for Last 30 Days*: _____

(*Example: If applying on October 3rd count all income going back to September 3rd)

Possible Informal Income Sources:

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

Name of all household members over 18 who receive no income or informal income:	Total amount of income received in the last 30 days:	Source of income (see examples listed above):	Currently in high school? Yes or No

How do you currently pay for your basic needs such as rent, food and heating/cooling?

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

Applicant Legal Name:
 (Last, First) _____
 Authorization # _____



Date Rcvd. _____ Date Completed _____

Appl. Type:	Funding Source:	Vendor	Amount
<input type="checkbox"/> SR/DS	<input type="checkbox"/> LP	_____	\$ _____
<input type="checkbox"/> Child	<input type="checkbox"/> OEA	_____	\$ _____
<input type="checkbox"/> Genl	<input type="checkbox"/> Other _____	_____	\$ _____
<input type="checkbox"/> First	<input type="checkbox"/> Second <input type="checkbox"/> Combo	<input type="checkbox"/> Deposit	<input type="checkbox"/> R/C Fee <input type="checkbox"/> Logged _____

Application Form Oregon Housing and Community Services

NOTE: ALL GREY AREAS ARE FOR KLCAS OFFICE USE ONLY

HOUSEHOLD INFORMATION	Full Name on Social Security Card	Birthdate	SSN/SSID	Gender	Hispanic Y/N	Race	OR Tribe Y/N	Education	Disabled Y/N	Veteran Y/N	Homebound Y/N	SNAP Y/N	OHP Y/N	Other Med. Insurance	SS/ID Verified	
Phone: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Message			Type of Household (circle one): Married 2-Parent Extended Family Single Single Parent Female Single Parent Male Co-habitants													
Email Address: _____																

ADDRESS

Physical Address: _____
 _____ Street _____ City, State, Zip _____ County

Mailing Address: _____
 (If different than physical address)

DWELLING	Type of Dwelling (Circle one):	Residence Status (Circle one):	Electricity:
	H Single Family House M Multi-Unit (2-4) U Multi-Unit (over 4) A Manufactured/Mobile Home E Hotel/Motel T Travel Trailer R Other	R Rent (electric not included) E Rent (electric included) S HUD or Section 8 (electric not included) O Own T Tribal Housing	Name your Electric Utility and Account Number: Have you been affected by Covid-19? Y or N

Name of Household Member	Type of Income	Name of Utility	Account Number	Name on Account

APPLICANT DISCLAIMER AND RELEASE:

Part 1

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.

With my signature,

I authorize my household's Application to be shared by and between OHCS and the State of Oregon, including designated subcontractors, and Subgrantees for the purposes of determining eligibility, and administering, monitoring, researching, and evaluating (all of which as determined by OHCS' in its sole discretion) the government energy and weatherization assistance programs.

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.

I agree that I am responsible to return ineligible funds or funds used improperly

Part 2

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 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.

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.

Applicant Signature

Date