



Date Rcvd. _____ BY: _____

Auth. # _____

2316 S 6th St. Suite B
Klamath Falls, OR 97601

Phone: (541) 882-3500

Email: Energy@klcas.org

Apply Online at: <http://myapps.klcas.org>

Race Codes	Educations Codes
AA African American	0-8 Grades 0-8
AS Asian	9-12, Non Grad Grades 9-12/Non Grad
NA/AN Native American/Alaskan Native	HSD/GED High School Grad/GED
NH/PI Native Hawaiian/Pacific Islander	SC Some College
WH White	CG 2-4 Year College Graduate
	PS Graduate or other Post Secondary

Winter Heating Program:

October 1, 2024- April, 30, 2025

HOUSEHOLD INFORMATION	Full Legal Name for ALL household members	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	Policy Provider	

Phone: _____ Cell Home Message

Email Address: _____

Type of Household (Select one): Married 2-Parent Extended Family

Single Single Parent Female Single Parent Male Co-habitants

ADDRESSE	Physical Address: _____
	<div style="display: flex; justify-content: space-between;"> <div>Street</div> <div>City, State, Zip</div> <div>County</div> </div>
Mailing Address: _____	
(If different than physical address)	

DWELLING	Type of Dwelling (Circle one):	Residence Status (Circle one):	Primary Heat Source (Check one)				
	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 Landlord Number if Heat is Included in rent - -	Electric Natural Gas Oil Pellets Propane Solar Wood	Utility provider and account number/Bulk Fuel Supplier			

APPLICANT DISCLAIMER AND RELEASE:

PART 1: APPLICANT NOTICE, PROGRAM DISCLAIMERS, AND APPLICANT RESPONSIBILITIES, WAIVER & RELEASE

• **Effective 10/01/2024**

- 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 assistnace 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, it’s 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

***REQUIRED**



Applicant Signature

Date

Continue to pay your utility bill, you will receive notice in the mail 4-6 weeks after submission.



Klamath and Lake Community Action Services Declaration of Household Income form

Please fill out this form for all household members who are 18 or older who have no income or informal income sources.

Examples Informal Income Sources:

- Informal child/spousal support
- Can deposits/Selling scrap metal
- Help from relative, church, etc. (for three months or more)
- Rental property income
- Working for cash

Self Employment worksheet(Available on our website or upon request)

Household Member Name:	Total amount of income received in the last 30 days:	Source of Income:
Example: John Doe	\$50	\$50- Mowing lawns for cash

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



I certify that the information stated is true and accurate by signing this form. I understand that there can be criminal penalties if false information results in assistance for which I am not eligible. I also understand that providing false information constitutes an act of fraud.



Applicant Signature: _____ **Date:** _____



Avista Customers Only

My Energy Discount Enrollment
Sign below

Customer Agreement:

By signing these terms and conditions, I certify that the information I have provided in this application is true and correct.

I certify that I am the Avista account holder or co-tenant of my household who is financially responsible for the Avista account. I further acknowledge that I have read and understand the contents of this application.

I also agree to the following terms and conditions for receiving Avista's My Energy Discount – Oregon:

1. I understand that I must declare my income and number of household members to determine my eligibility for Avista's My Energy Discount program.
2. I agree and acknowledge that I may be required to verify my eligibility based on my declaration.
3. I will notify my local community action agency if there is a change in household income and/or number of individuals living in my household while I am enrolled in the program.
4. I understand that by updating my household information with my local community action agency, my discount amount may be changed to reflect my household situation.
5. Beyond any changes in my household income and/or number of individuals living in my household, I understand I will need to requalify for the bill discount to maintain the discount of the original enrollment period.
6. I understand that my information will be shared with my local community action agency to refer me for other assistance programs.
7. I authorize Avista to share my information with my local community action agency.

Signed: _____

Date: _____