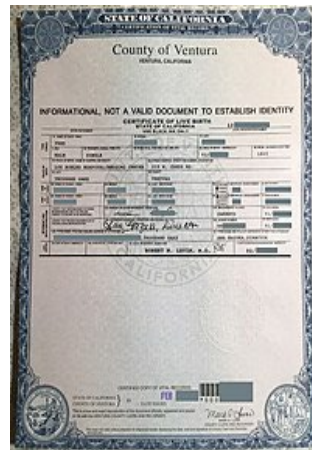
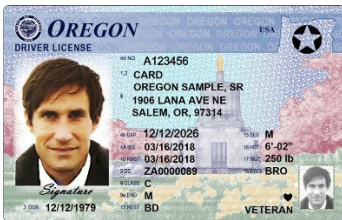




KLCAS Energy Assistance Required Documentation

- Completed and signed application
- ID for every household member aged 18 or older
 - ID/Driver's License/School ID/Tribal ID/Passport/ Birth Certificate
 - Utility Bill or Account Number
 - Pay Stubs
- Proof of social security numbers for all household members
 - Social Security Cards or Tax Documents
- 60 days of income
 - Pay Stubs
 - Social Security Benefit Letter
 - TANF benefit letter
- Copy of energy bill or account number

Examples of ID documents and Social Security card shown in pictures below:



PY 2023 Income Guidelines

Family Size	Monthly Gross Income Limit
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
9	\$7,064.83
10	\$7,215.17
11	\$7,365.50
12	\$7,515.75
Each Additional Member	Add \$150.25 to income limit



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: _____ Cell Home Message

Email Address: _____

Type of Household (circle one): Married 2-Parent Extended Family
 Single Single Parent Female Single Parent Male Co-habitants

ADDRESSES

Physical Address: _____
 Street City, State, Zip County

Mailing Address: _____
 (If different than physical address)

DWELLING TYPE	Type of Dwelling (Circle one):	Residence Status (Circle one):	Type of Heat (Circle all that apply):
	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 (heat not included) E Rent (heat included) S HUD or Section 8 (Heat not included) O Own T Tribal Housing	E Electric N Natural Gas L Propane O Oil S Solar W Wood P Pellets Which is primary heat source: _____ Which is secondary heat source: _____
	Name the utility you would like your benefit to go to: _____		

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

APPLICANT DISCLAIMER AND RELEASE:

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



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.

Applicant Name: _____

Income Amount for the last 30 days: _____

(for example, if you are applying on October 10th, count all the income you received back to September 10th.)

Possible Informal Income Sources:

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

Household Member Name:	Total amount of income received in the last 30 days:	Source of Income:

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: _____