



# Oregon Housing Opportunities in Partnership Low-Income Energy Assistance Program (LIEAP) Pre-screening Form

## Step 1: YOUR RESIDENCE

**Current address:**

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mailing address (if different):**

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Phone Number:** (\_\_\_\_\_) \_\_\_\_\_  Home  Cell  Other: \_\_\_\_\_ Messages OK?  Yes  No

**Type of residence:**  House  Multi-unit (2-4 units)  Multi-unit (more than 4 units)  Mobile Home  Manufactured Home  Hotel  
 Travel Trailer  Other: \_\_\_\_\_

**Residence status:**  Rent (heat included)  Rent (heat not included)  Own  Mobile Home  Manufactured Home

**Rental Subsidy:** Does someone in your household receive a rental subsidy (like Section 8 or HOME TBA)?  Yes  No

## Step 2: YOUR HOUSEHOLD

Complete this information for everyone that lives with you, even if they're not a member of your family (like a roommate). If there are more than six people, attach another sheet.

Name (Last, First)	Date of Birth	Social Security # (optional)	Gender (M/F/T)	Ethnicity *	Race **	Farm-worker ***	Education Level	Gross Monthly Income	Source of Income

\* 0=non-Hispanic/Latino; 1=Hispanic/Latino

\*\* 1=American Indian or Alaskan Native, 2=Asian, 3=Black or African American, 4=Native Hawaiian or Other Pacific Islander, 5=White

\*\*\* F = Year-round Farmworker M = Migrant Farmworker S = Seasonal Farmworker

### **□ Step 3: YOUR UTILITIES**

What utilities do you use to heat your house (e.g. electric, natural gas, wood, oil, etc.)?

Primary Heat Source: \_\_\_\_\_

Secondary Heat Source: \_\_\_\_\_

### **□ Step 4: ANSWER THESE QUESTIONS**

What Language do you speak? \_\_\_\_\_

Do you have an Oregon Trail Card (Food Stamps)?  Yes  No

Do you have health insurance?  No

### **□ Step 5: DOCUMENTS YOU MUST ATTACH**

Gross income (before any taxes or other deductions) verification for the entire previous month

A copy of your current utility bill(s) or receipts for wood, propane, or oil dated after August 1, 2006 if applicable to you

### **□ Step 6: READ, SIGN AND DATE APPLICANT DISCLAIMER**

By signing this form, I hereby authorize the release of all personal information and records, financial or otherwise, to the State of Oregon, acting by and through its Housing and Community Services Department, its agents, subgrantee and assigns (collectively, "OHCS"), and grant OHCS access to any such information and records in order to verify information given with respect to this application. OHCS is further authorized to use such information and records as it deems appropriate in administering my application for assistance, reporting with respect to same, and in effecting any remedies with respect to compliance with assistance requirements and recovery of improperly received benefits. I further authorize the State of Oregon, acting by and through its Department of Human Services, its agents and assigns (collectively, "DHS") to share any personal information and records in its possession with OHCS to facilitate my receipt of energy assistance. I hereby authorize and acknowledge that my energy suppliers will receive a copy of this document.

If I receive assistance improperly, including because of withholding information or providing false or misleading information, I agree to, and acknowledge that I must, repay such assistance. I further acknowledge that I may be fined up to \$10,000 or imprisoned, or both. I understand that no person may be denied assistance on the basis of race, color, sex, age, handicap, religion, national origin or political belief. I further understand that if my application is denied or is not processed in a timely manner that I may be entitled to a fair hearing, if requested within 30 days of the completed date of this application or date of denial.

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_