



## Klamath and Lake Community Action Services Water 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!!**

### Water Application Checklist (all required to receive assistance)

- Photo I.D. for everyone over 18
- Social Security Cards for entire household
- Provide past 60 days of income
- Water bill or Water 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](http://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.....535 Market St. Klamath Falls, OR 97601  
EMAIL APPLICATIONS TO.....[energy@klcas.org](mailto: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 Declaration of Household 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 Declaration of Household Income form.

**Self-Employment Income:** Please complete a Self-Employment form, and include receipts for payments received from Self-Employment in prior 60 days. Call (541) 882-3500 for a Self-Employment form.

**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 Declaration of Household 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 Declaration of Household Income.

**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 Declaration of Household Income.

**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 3<sup>rd</sup> count all income going back to September 3<sup>rd</sup>)

## 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?**

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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 # \_\_\_\_\_



Have you applied for Energy Assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

**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):	Water
	<b>H</b> Single Family House <b>M</b> Multi-Unit (2-4) <b>U</b> Multi-Unit (over 4) <b>A</b> Manufactured/Mobile Home <b>E</b> Hotel/Motel <b>T</b> Travel Trailer <b>R</b> Other	<b>R</b> Rent (Water not included) <b>E</b> Rent (Water included) <b>S</b> HUD or Section 8 (Water not included) <b>O</b> Own <b>T</b> Tribal Housing	Name the water company you would like your benefit to go to: _____ Account Number: _____

Name of Household Member	Type of Income			

**APPLICANT DISCLAIMER AND RELEASE:**

With my signature, I, the Applicant, agree to the following statements in regard to the Low-Income Household Water Assistance (LIHWA) Program:

- I attest that the information stated in this application is true and accurate and will be used to determine my eligibility for water and/or wastewater assistance.
- I understand that the information provided, if misrepresented or incomplete, may be grounds for immediate application termination and/or could result in penalties as specified by law, including but not limited to enforcement under the Federal and Oregon False Claims Acts.
- I agree, as the water and/or wastewater services account holder, to the additional Release of Information to the water and/or wastewater provider or its authorized partners and representatives as necessary to verify services provided and those costs associated with services and process payment.
- If I pay my landlord or authorized representative for water and/or wastewater services, I have provided a signed Landlord Authorization Form as Release of Information.
- In addition, I agree that data from this application and from my water and/or wastewater services account (not including my personal identifying information) may be used for reporting or program evaluation purposes by the water and/or wastewater provider, its authorized partners and representatives, and the State of Oregon, including but not limited to Oregon Housing and Community Services (OHCS) and its authorized partners and representatives.

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**Applicant Signature**

**Date**