



HEAT Energy Assistance Application

2026

The HEAT Energy Assistance Program at Hermiston Energy Services is here to lend a helping hand. This program was developed to provide a low income payment assistance program to Hermiston Energy Services customers. Awards are typically given during the **HEATING SEASON** (defined as October through March). **COOLING SEASON** (defined as June through August).

We encourage you to seek energy assistance from Community Action Program East Central Oregon (CAPECO). Hermiston Energy Services works closely with CAPECO to help determine eligibility for HEAT Energy Assistance Funds.

To Qualify:

- Applicant’s Family Income Level must meet CAPECO Eligibility Guidelines (see table below)
- Applicant must be an active member of the Cooperative for three billing months prior to application
- Applicant must be a Residential Member

Household Unit Size	Annual Gross Income*	Monthly Gross Income*
1	\$38,385	\$3,198.75
2	\$50,196	\$4,183.00
3	\$62,006	\$5,167.17
4	\$73,817	\$6,151.42
5	\$85,627	\$7,135.58
6	\$97,438	\$8,119.83
7	\$99,652	\$8,304.33
8	\$101,867	\$8,488.92
9	\$104,081	\$8,673.42
10	\$106,296	\$8,858.00
11	\$108,510	\$9,042.50
12	\$110,725	\$9,227.08
Each Additional Member	\$2,215	\$184.58

60% of State Median Income by Household Size, For Use in Federal Fiscal Year 2023

Estimated State Median by Household Size-Source HHS

*Gross Income means all household income before any deductions

To Apply:

1. Fill out the HEAT Energy Assistance Application
2. Have you applied for CAPECO or other Federal Assistance? Yes No

If Yes

- Attach Proof of Application or Receipt/Award of Assistance

If No

- Attach Proof of Residence (Receipt for Rent/Mortgage Payment, Copy of Rental/Lease Agreement)
- Attach Proof of Income (Most Recent Tax Form, Year-End Paystub, Most Recent Paystub) *If you have no verifiable income, please obtain a Wage History Report from the Oregon Employment Department.*



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Customer Account Number

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Please complete this form in its entirety. An incomplete application will delay assistance.

Primary Applicant

Please Print or Type	First Name	M.I.	Last Name	Social Security Number (Last Four Digits)			
	Mailing Address			Apartment/Lot/Unit			
	City	State	Zip Code	County			
	Telephone Number () -		Email Address				
	Current Service Address (if different than above)			Apartment/Lot/Unit			
	City	State	Zip Code	County			

- Yes No Do you rent or lease your home?
- Yes No Do you receive rental assistance from the government? (i.e. Section 8, HUD)
- Yes No Do you receive Public Assistance? (i.e. Food Stamps (SNAP), TANF)
- Including yourself, how many people live in your household?
- Including yourself, list the names, relationship, social security number(s), date(s) of birth, and gross incomes of everyone living in your household.

Household Member Name	Relationship to You (i.e., husband, daughter, etc.)	Social Security Number Last Four Digits	Age Years	Income Source	Current Month	Last 12 Months	Currently Employed?
	Self				\$.	\$.	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$.	\$.	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$.	\$.	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$.	\$.	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$.	\$.	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$.	\$.	<input type="checkbox"/> Yes <input type="checkbox"/> No

6) What was your total gross household income for the last 12 months? \$

- 7) Income Source (Check all that apply for your household)
- | | | | | |
|------------------------------------------|----------------------------------------------|------------------------------------------------|----------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Wages | <input type="checkbox"/> Pension | <input type="checkbox"/> Social Security | <input type="checkbox"/> Child Support | <input type="checkbox"/> TANF (Cash Assistance) |
| <input type="checkbox"/> Self Employment | <input type="checkbox"/> VA Pension | <input type="checkbox"/> SSDI | <input type="checkbox"/> Interest | <input type="checkbox"/> SNAP (Food Stamps) |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> VA Disability | <input type="checkbox"/> SSI | <input type="checkbox"/> Workers' Comp | <input type="checkbox"/> Other |
| <input type="checkbox"/> No Income | <input type="checkbox"/> Active Military Pay | <input type="checkbox"/> Disability Assistance | | |

I understand that I must give true and correct answers. If I receive assistance to which I am not entitled as a result of withholding information or knowingly giving false or fraudulent information regarding my circumstances, the amount awarded will be reversed on the account and the account will be subject to regular collection procedures. (Initials) _____

Applicant Signature				Date	
CSR Initials	Original Award Amount \$	Date / /	CSR Initials	Additional Award Amount \$	Date / /