OlyCAP

2120 W Sims Way ♦ Port Townsend, WA 98368 ♦ (360) 385-2571
228 W 1st St, Ste J ♦ Port Angeles, WA 98362 ♦ (360) 452-4726

Energy Assistance Application Verification and Statement of Funding Contingency

I, _____, do hereby understand the following:

- There are no guarantees funds will be available at the time of my appointment. Should funds not be available, applications will be processed in the order taken.
- To avoid any disruption in service, it is my responsibility to continue making payments or payment arrangements with my energy provider.
- My application will be reviewed for accuracy and benefits are subject to change should an error or new information be discovered.
- It may take 6 to 8 weeks for assistance to be applied to my account.

I certify that I have provided and reviewed all information on each page of this document and it is accurate to the best of my knowledge. I understand that I may be subject to criminal prosecution if I have knowingly provided false information. I further understand that I may request a Fair Hearing if the provision of the above information is not acted on to determine my eligibility within a reasonable time or if I do not receive benefits for which I feel I am eligible. I give my permission for this agency and Washington State Department of Commerce (COMMERCE) to request/release necessary information that may result in my receiving benefits from this assistant request and from similar and related programs administered by the State of Washington, including food assistance. I also give the above listed heating vendor(s) permission to establish a line of credit, and/or to release my account information to this agency or COMMERCE for current and future data analysis and eligibility determination. I understand that provision of my Social Security number is necessary to avoid duplicate energy assistance benefit payments to the same applicant household and may also be used for income verification (including Employment Security Unemployment Insurance and DSHS Food Stamp benefits). I hereby authorize energy program staff to use my social security number for those purposes only. I further authorize this agency and COMMERCE to use my personal information within their organizations for the purpose of identifying and reporting unduplicated non-personal applicant data.

Client Signature _____ Date _____