

## **EWEB Community Care Shelter Facility Assistance**

EWEB's Community Care Shelter Facility Assistance is effective Jan. 1, 2012, and will continue until funding is depleted or Dec. 31, 2012, whichever occurs first.

### **General Information**

The Shelter Facility Program provides a "per bed" electric utility assistance payment to permanent homeless shelter facilities within EWEB's service territory.

### **Eligibility Requirements**

The shelter facility must:

- Have a 501c3 (non-profit) status and provide documentation with application
- Be located in EWEB's service territory
- Provide permanent beds for homeless individuals and/or families
- Submit a completed EWEB application
- Application must be signed by person of authority from shelter facility

### **Application Process**

Return completed applications and proof of 501c3 status to EWEB's Customer Care Department:

- Fax: 541-684-5811
- Email at <mailto:eweb.assistance@eweb.org>
- Drop box or mail: EWEB, 500 E. Fourth Ave., Eugene, OR 97401

## SHELTER FACILITY PROVIDER APPLICATION

**EWEB's, 2012 Community Care Program offers a per bed electric utility bill-assistance payment to eligible homeless shelter facility providers within EWEB service territory. A one-time payment, based on the number of beds provided at the location of the shelter care, will be applied to eligible accounts within 30 days of receipt of the completed application, E-mail @ [EWEB.assistance@eweb.org](mailto:EWEB.assistance@eweb.org) , Fax to:541-684-5811 or Mail information to or drop in drop box: 500 E 4th Ave, Eugene Or 97401.**

---

Street address of shelter facility

---

Name of organization providing shelter facility

---

Name of account holder at shelter facility location (*if different from above*)

---

EWEB account number for shelter facility location

Number of beds provided at shelter facility location: \_\_\_\_\_

**\*\*\*\*Please provide documentation of 501c3 (NON-PROFIT) status\*\*\*\***

I authorize the release and exchange of information between EWEB, Lane County, Lane County subcontractors and the Housing and Community Services Agency regarding my energy and utility usage, billing and payment history and the weatherization status of my home. This authorization will continue while I participate in any EWEB funded programs and for the following 12 months.

Print name/contact number of authorized person completing application:

---

All information provided herein is subject to EWEB's verification. By my signature below, I state that all information provided in this application is accurate to the best of my knowledge, and I hold authority to submit this application for the Shelter Facility:

---

(Signature of authorized person completing application)

-----  
**For EWEB use only:**

Date Received: \_\_\_\_\_ Application received/verified by CCA EW# \_\_\_\_\_  
Account Noted: \_\_\_\_\_ \$ 40.00 X \_\_\_\_\_ number of beds = \$ \_\_\_\_\_ one-time payment

