



## Byrd Barr Place PSE HELP Program: 2017-2018

- **Is My Household's Average Monthly Income at or Below the Following Amounts?**

*Eligibility is based on the average monthly income my household received for the previous 3 months*

| 2017-2018 Maximum Average Monthly Income Requirements |                     |
|---|---------------------|
| Number of People                                      | PSE HELP (Gas only) |
| 1 person  | \$1,508             |
| 2 people  | \$2,030             |
| 3 people  | \$2,553             |
| 4 people  | \$3,075             |
| 5 people  | \$3,598             |
| 6 people  | \$4,120             |
| 7 People  | \$4,643             |
| 8 People  | \$5,165             |
| 9 People  | \$5,600             |

*If your household is 10+ please call us for income requirements (206) 812-4940*

*\*A 20% deduction is taken on all earned income taxed at the time of payout\**

- **Do I Live In A City of Seattle Zip Code?**

|       |  |       |       |       |       |       |
|-------|--|-------|-------|-------|-------|-------|
| 98101 | 98102  | 98103 | 98104 | 98105 | 98107 | 98108 |
| 98109 | 98112  | 98115 | 98116 | 98117 | 98118 | 98121 |
| 98122 | 98125  | 98134 | 98136 | 98144 | 98119 | 98177 |
| 98199 | <i>If you live in one of the following Zip Codes</i> |       |       |       |       |       |

**98106, 98178, 98177, or 98133**

*Please verify you are in our service area before applying by calling (206) 812-4940*

- **What Documents Do I Need to Apply?**

|   |
|---|
| <input type="checkbox"/> <b>Signed and dated PSE HELP application. <u>Your name must be on the bill.</u></b>  |
| <input type="checkbox"/> <b>PSE gas bill</b>  |
| <input type="checkbox"/> <b>Last 3 months of income, for all adults over 18 years old (not including current month)</b>   |
| <input type="checkbox"/> <b>Copy of Social Security cards for <u>ALL</u> household members or government issued residency document (If you are undocumented you may still apply, please call us (206) 812-4940)</b> |
| <input type="checkbox"/> <b>Photo Copy of valid ID of the person who signed the application</b>   |
| <input type="checkbox"/> <b>Document showing the address on your bill (Ex. Lease, ID, Property tax statement, other bill)</b>   |
| <input type="checkbox"/> <b>Read, signed and dated "Energy Savings Tips"</b>  |



## Byrd Barr Place PSE HELP Program: 2017-2018

- **Where do I return my Application?**

| Mail   | Drop Off              | Make an Appointment   | Email                           |
|--|-----------------------|---|---------------------------------|
| 722 – 18 <sup>th</sup> Ave<br>Seattle, WA<br>98122 | Hours 9:00-<br>4:00pm | Call (206) 486-6828 OR<br>go to <a href="http://www.byrdbarrplace.org">www.byrdbarrplace.org</a> to<br>schedule an appointment online | energyassistance@byrdbarr.place |

- **What Do I Do If I Have A Shut Off Notice or I Am Disconnected?**

- Call PSE **1-(888) 225-5773**
- If you have been disconnected you will need to get a new account number from PSE, and will need to notify us of that new account number so we can make the proper pledge to your account
- Schedule an appointment **(206) 812-4940** or **[www.byrdbarrplace.org](http://www.byrdbarrplace.org)**
- Come to our office during our drop in hours
- Once you are processed you will need to call PSE to get reconnected
- PSE may not be able to reconnect, unless pledge is enough to cover reconnection Fee.

- **What Does Byrd Barr Place Do After I Apply?**

- Your application is processed in the order received.
- Your grant will be calculated based on your annual heating costs.
  - -Grants will range between **\$100 and \$1,000**
- Centerstone tells PSE how much you were awarded starting after your application is processed
- PSE makes a note on your account, as a promise to pay
- Centerstone will send the payment in 6 to 8 weeks after your grant is reviewed and approved.
- PSE will apply Centerstone's payment to your account.

### **Need Additional Assistance? Call Your Utility**

|                           |                         |
|---------------------------|-------------------------|
| <b>Puget Sound Energy</b> | <b>1-(888) 225-5773</b> |
| <b>Emergency Services</b> | <b>211</b>              |

## PSE HELP APPLICATION

|                     |        |                    |                   |
|---------------------|--------|--------------------|-------------------|
| AGENCY # (Required) | COUNTY | CERTIFICATION DATE | FILE # (Optional) |
|---------------------|--------|--------------------|-------------------|

**SECTION A: HOUSEHOLD INFORMATION (Required)**

|   |                   |                  |                                      |                          |
|---|-------------------|------------------|--------------------------------------|--------------------------|
| APPLICANT'S NAME (LAST)                       | (FIRST)           | (MIDDLE INITIAL) | SSN                                  | DATE OF BIRTH (MM/DD/YY) |
| SECOND ADULT IN HOUSEHOLD (LAST)              | (FIRST)           | (MIDDLE INITIAL) | SSN                                  | DATE OF BIRTH (MM/DD/YY) |
| EMPLOYER NAME                                 |                   |                  | PHONE ( )                            |                          |
| RESIDENCE ADDRESS                             |                   | CITY             | STATE                                | ZIP                      |
| MAILING ADDRESS (IF DIFFERENT THAN RESIDENCE) |                   | CITY             | STATE                                | ZIP                      |
| PHONE ( )                                     | MESSAGE PHONE ( ) |                  | DATE MOVED INTO RESIDENCE (MM/DD/YY) |                          |

**SECTION B: BILLING INFORMATION (Required)**

|  |  |
|--|--|
| HOW DOES APPLICANT'S NAME APPEAR ON PSE BILL?<br><input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> NOT LISTED*<br><small>*Note: PSE will automatically sign you up for service as secondary, or primary dependent on Section B questions 1-4.</small>   | <b>If the Applicant is the Primary on the PSE bill please skip to Section C.</b> |
| PRIMARY NAME ON PSE BILL (LAST)   (FIRST)   (MIDDLE INITIAL)   SSN   DATE OF BIRTH (MM/DD/YY)  |  |
| Is the Primary name listed on the PSE bill:<br>1. At least 18 years of age or emancipated**? No ___ Yes ___<br>2. Still living at residence**? No ___ Yes ___<br>3. Spouse of applicant? No ___ Yes ___<br>4. Deceased spouse of applicant No ___ Yes ___<br><small>(If you answer "yes" to #4, the Applicants name will appear as primary. Their account number will not be changed.)</small>           |  |
| <small>*Note: If you answered No to questions 1 or 2, PSE will automatically sign you up for service as the primary and contact agency with your new account number. PSE may contact landlord to avoid discrepancies. A Deposit may be requested. Payment arrangements may be made on the deposit by contacting customer service prior to the due date @ 1-888-225-5773 M - F 7:30 am - 6:30 pm.</small> |  |

**SECTION C: HELP**

|                             |   |  |  |
|-----------------------------|---|--|--|
| TOTAL # PEOPLE IN HOUSEHOLD | HOUSEHOLD MEMBERS (VOLUNTARY) # of people in household who are:<br>___ 0-2 yrs   ___ 3-5 yrs   ___ 6-17 yrs   ___ 60+ yrs   ___ Disabled   ___ MSFW |  |  |
|-----------------------------|---|--|--|

| HOUSING STATUS                        | HOUSING TYPE                          | ENERGY TYPE                               | ANNUAL USAGE COST                            | INCOME SOURCE(S)   | INCOME                                     |
|---------------------------------------|---------------------------------------|---|--|--|--|
| 1 <input type="checkbox"/> Own/buy    | 1 <input type="checkbox"/> 1-3 Family | 1 <input type="checkbox"/> All Electric   | <input type="checkbox"/> Back Up Energy Cost | 1 <input type="checkbox"/> SSI   7 <input type="checkbox"/> PEN          | Household's Monthly Income<br><br>\$ _____ |
| 2 <input type="checkbox"/> Subsidized | 2 <input type="checkbox"/> 4+ Family  | 2 <input type="checkbox"/> Gas + Electric | <input type="checkbox"/> Used Surrogate Data | 2 <input type="checkbox"/> TANF   8 <input type="checkbox"/> MIL         |  |
| 3 <input type="checkbox"/> Rental     | 3 <input type="checkbox"/> Hi-Rise    | 3 <input type="checkbox"/> Gas only       | Gas \$ _____                                 | 3 <input type="checkbox"/> GAU   9 <input type="checkbox"/> CS           |  |
|                                       | 4 <input type="checkbox"/> Mobile     | 4 <input type="checkbox"/> Electric Base  | Electric \$ _____                            | 4 <input type="checkbox"/> VA   10 <input type="checkbox"/> UI           |  |
|                                       | 5 <input type="checkbox"/> RV         |   | LIHEAP \$ _____                              | 5 <input type="checkbox"/> SSA   11 <input type="checkbox"/> Self Employ |  |
| \$ _____ per month                    |                                       |   | Heat Cost \$ _____ (If applicable)           | 6 <input type="checkbox"/> EI   12 <input type="checkbox"/> Other        |  |
|                                       |                                       |   | Total \$ _____                               |  |  |

|  |                  |
|--|------------------|
| RECEIVED LIHEAP THIS PROGRAM YEAR?: <input type="checkbox"/> YES <input type="checkbox"/> NO<br>\$ _____ | STAFF NAME       |
| INTERESTED IN HOME WEATHERIZATION?: <input type="checkbox"/> YES <input type="checkbox"/> NO             | PURCHASE ORDER # |

|  |               |                |          |
|--|---------------|----------------|----------|
| <b>APPLICANT'S ELIGIBILITY AMOUNT:</b> |               |                |          |
| #1 Gas                                 | Acct. # _____ | vendor # _____ | \$ _____ |
|  |               | vendor # _____ | \$ _____ |
| #2 Electric                            | Acct. # _____ | vendor # _____ | \$ _____ |
|  |               | vendor # _____ | \$ _____ |
| <b>TOTAL PAID TO DATE:</b>             |               |                | \$ _____ |

I, \_\_\_\_\_, certify that I have provided and reviewed the above information, which 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. Additionally, I hereby authorize Puget Sound Energy, Inc. ("PSE"), this Agency, and Washington State Department of Commerce (COMMERCE) to exchange and release, disclose and make available to each other, information about me, my use of PSE products and services and/or my application for or participation in the PSE HELP program. This includes any information furnished or disclosed by me to this Agency herein or otherwise and any other information necessary or useful in assessing, documenting or confirming my eligibility or ineligibility to receive PSE HELP benefits or for current or future data analysis. I do so with full knowledge that this information is or may be confidential and as such will be protected from unauthorized disclosure. I understand that this authorization may be revoked at any time by written notice to PSE and this Agency. Until such time as I do so revoke this authorization in writing, however, this authorization shall remain in full force and effect and PSE, this Agency, and COMMERCE may rely on this authorization in exchanging, releasing, disclosing and making available to each other all such information.

|                       |      |
|-----------------------|------|
| APPLICANT'S SIGNATURE | DATE |
|-----------------------|------|



# Household Information Form

## PSE HELP

|   |  |  |  |  |   |  |
|---|--|--|--|--|---|--|
| <b>*Last Name</b>   |  | <b>*First Name</b>   |  | <b>MI</b>  | <b>*SSN (required if primary)</b><br>____-____-____   | <b>*DOB</b><br>____/____/____  |
| <b>*Relation to Primary</b><br><input type="checkbox"/> Self<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Partner<br><input type="checkbox"/> Child<br><input type="checkbox"/> Other Relative<br><input type="checkbox"/> Other Non-Relative | <b>*Gender</b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female                                 | <b>Race</b><br><input type="checkbox"/> American Indian or Alaskan Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Multi-Race<br><input type="checkbox"/> Other |  | <b>Education (24 Years or Older)</b><br><input type="checkbox"/> 0-8<br><input type="checkbox"/> 9-12 Non-Graduate<br><input type="checkbox"/> High School Graduate/GED<br><input type="checkbox"/> 12+ Some Post-Secondary<br><input type="checkbox"/> 2 or 4 Year College Graduate<br><b>Included in Calculation</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |   | <b>Disabled</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
|   | <b>Ethnicity</b><br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino |  |  |  |   | <b>Military Veteran</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Health Insurance</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>*Last Name</b>   |  | <b>*First Name</b>   |  | <b>MI</b>  | <b>*SSN (required if secondary)</b><br>____-____-____ | <b>*DOB</b><br>____/____/____  |
| <b>*Relation to Primary</b><br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Partner<br><input type="checkbox"/> Child<br><input type="checkbox"/> Other Relative<br><input type="checkbox"/> Other Non-Relative                                  | <b>*Gender</b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female                                 | <b>Race</b><br><input type="checkbox"/> American Indian or Alaskan Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Multi-Race<br><input type="checkbox"/> Other |  | <b>Education (24 Years or Older)</b><br><input type="checkbox"/> 0-8<br><input type="checkbox"/> 9-12 Non-Graduate<br><input type="checkbox"/> High School Graduate/GED<br><input type="checkbox"/> 12+ Some Post-Secondary<br><input type="checkbox"/> 2 or 4 Year College Graduate<br><b>Included in Calculation</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |   | <b>Disabled</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
|   | <b>Ethnicity</b><br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino |  |  |  |   | <b>Military Veteran</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Health Insurance</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>*Last Name</b>   |  | <b>*First Name</b>   |  | <b>MI</b>  | <b>SSN</b><br>____-____-____                          | <b>*DOB</b><br>____/____/____  |
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|   | <b>Ethnicity</b><br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino |  |  |  |   | <b>Military Veteran</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Health Insurance</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
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|   | <b>Ethnicity</b><br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino |  |  |  |   | <b>Military Veteran</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Health Insurance</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>*Last Name</b>   |  | <b>*First Name</b>   |  | <b>MI</b>  | <b>SSN</b><br>____-____-____                          | <b>*DOB</b><br>____/____/____  |
| <b>*Relation to Primary</b><br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Partner<br><input type="checkbox"/> Child<br><input type="checkbox"/> Other Relative<br><input type="checkbox"/> Other Non-Relative                                  | <b>*Gender</b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female                                 | <b>Race</b><br><input type="checkbox"/> American Indian or Alaskan Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Multi-Race<br><input type="checkbox"/> Other |  | <b>Education (24 Years or Older)</b><br><input type="checkbox"/> 0-8<br><input type="checkbox"/> 9-12 Non-Graduate<br><input type="checkbox"/> High School Graduate/GED<br><input type="checkbox"/> 12+ Some Post-Secondary<br><input type="checkbox"/> 2 or 4 Year College Graduate<br><b>Included in Calculation</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |   | <b>Disabled</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
|   | <b>Ethnicity</b><br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino |  |  |  |   | <b>Military Veteran</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Health Insurance</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>*Last Name</b>   |  | <b>*First Name</b>   |  | <b>MI</b>  | <b>SSN</b><br>____-____-____                          | <b>*DOB</b><br>____/____/____  |
| <b>*Relation to Primary</b><br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Partner<br><input type="checkbox"/> Child<br><input type="checkbox"/> Other Relative<br><input type="checkbox"/> Other Non-Relative                                  | <b>*Gender</b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female                                 | <b>Race</b><br><input type="checkbox"/> American Indian or Alaskan Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Multi-Race<br><input type="checkbox"/> Other |  | <b>Education (24 Years or Older)</b><br><input type="checkbox"/> 0-8<br><input type="checkbox"/> 9-12 Non-Graduate<br><input type="checkbox"/> High School Graduate/GED<br><input type="checkbox"/> 12+ Some Post-Secondary<br><input type="checkbox"/> 2 or 4 Year College Graduate<br><b>Included in Calculation</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |   | <b>Disabled</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
|   | <b>Ethnicity</b><br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino |  |  |  |   | <b>Military Veteran</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Health Insurance</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |



## DECLARATION STATEMENT OF NO INCOME

*\*Each person in the household 18 years or older with no income must complete their own form.*

I \_\_\_\_\_, do hereby declare that I have not received any  
(First Name) (Last Name)

**Income for the month(s) or pay date(s) of:**

This application is signed in the month of \_\_\_\_\_

Looking at the chart below, write in any or all of the three months before the month the application was signed where you had no income or were not paid by your employer.

|                 |                             |                  |                              |
|-----------------|-----------------------------|------------------|------------------------------|
| <b>January</b>  | October, November, December | <b>July</b>      | April, May, June             |
| <b>February</b> | November, December, January | <b>August</b>    | May, June, July              |
| <b>March</b>    | December, January, February | <b>September</b> | June, July, August           |
| <b>April</b>    | January, February, March    | <b>October</b>   | July, August, September      |
| <b>May</b>      | February, March, April      | <b>November</b>  | August, September, October   |
| <b>June</b>     | March, April, May           | <b>December</b>  | September, October, November |

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

You must fill out this form completely or your application may not be accepted.

**The reason that I have had no income for the months listed above is as follows:**

\_\_\_\_\_

\_\_\_\_\_

**I have been meeting my basic living needs for food, shelter, and utilities in the following way:**

\_\_\_\_\_

\_\_\_\_\_

*I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution. If I knowingly give false information, which results in assistance I may be denied future services.*

**Signature:** \_\_\_\_\_

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

**Agency Representative:** \_\_\_\_\_

☐ **BVS**





## Energy and Money Savings Tips

**Below are a few ideas to help you save money and use less energy**

- Unplug electronic devices when not in use or when leaving home
- Consider investing in a power strip to easily turn off multiple devices
- Turn off lights in rooms that aren't being used
- Reduce your refrigerator's temperature (36 to 38 degrees)
- Make sure appliances are turned off after each use
- Consider replacing bulbs with energy efficient lighting (CFL and LED lightbulbs)
- Seal drafts in windows and doors with weather stripping, caulking, or plastic film
- Avoid using space heaters as much as possible, as they are expensive, unsafe, and not the most energy efficient when it comes to heating your entire home
- Vacuum vents and heating baseboards regularly
- Add light colored curtains to windows and keep shades open during the day for sunlight and closed at night to keep warm air in
- Consider installing a water saving shower head
- Lower water heaters thermostat to 120 degrees
- Dust light fixtures regularly
- Take showers, not baths
- Run the dishwasher with full loads only and let dishes air dry
- Lower the thermostat every time you leave the house
- Wash full loads of laundry with cold water, air dry clothes, and clean lint trap
- Raise the heat temperature in your home gradually, since sudden increases will substantially increase your energy usage



**Rebates for energy efficient appliances, showerheads, and light bulbs are available. Go online or call your Energy Advisor for more information and how to apply!**

**Seattle City Light:** Call (206) 684-3800, email [SCLEnergyAdvisor@seattle.gov](mailto:SCLEnergyAdvisor@seattle.gov) or go to [seattle.gov/light/conserve](http://seattle.gov/light/conserve)

**Puget Sound Energy:** Call 1-800-562-1482, email [EnergyAdvisor@pse.com](mailto:EnergyAdvisor@pse.com) or go to "Energy Savings Center" online

**I acknowledge that I have read the above Energy Saving Tips.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Are you a homeowner interested in a FREE furnace repair, replacement, or cleaning?** ☐ YES ☐ NO

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_