

HOUSEHOLD INFORMATION FORM (HIF) (7/2016)

*Agency:	Assistance Provided: <input type="checkbox"/> *Energy Assistance OR <input type="checkbox"/> *Crisis - Imminent OR <input type="checkbox"/> *Crisis - No Heat <input type="checkbox"/> Other Emergency Services <input type="checkbox"/> Conservation Education	<input type="checkbox"/> Interested in Weatherization <input type="checkbox"/> Tribal Member <input type="checkbox"/> Received Food Assistance <input type="checkbox"/> Heat with rent <input type="checkbox"/> Received EAP last program year	File Number:
*County:			Certification Date:

SECTION A: Household Contact & Eligibility Information

*Primary Applicant:			
(Last Name)	(First Name)	(Middle Initial)	
*Residence Address:			
City, State, Zip:			
Mailing Address: (If different)			
City, State, Zip:			
Phone Number: () -	Message Phone: () -	Lived at Residence:	
		Years:	Months:
*Housing Status: 1 <input type="checkbox"/> Own/buy 2 <input type="checkbox"/> Subsidized 3 <input type="checkbox"/> Rental 4 <input type="checkbox"/> Roomer/Boarder 5 <input type="checkbox"/> Temp Housing Cost per Month: \$	*Housing Type: 1 <input type="checkbox"/> 1-3 Family 2 <input type="checkbox"/> 4+ Family 3 <input type="checkbox"/> Hi-Rise 4 <input type="checkbox"/> Mobile 5 <input type="checkbox"/> RV Number of Bedrooms:	*Income/Benefits: <input type="checkbox"/> SSI <input type="checkbox"/> Earned Income <input type="checkbox"/> TANF <input type="checkbox"/> Pension <input type="checkbox"/> GA <input type="checkbox"/> Self Employed <input type="checkbox"/> VA <input type="checkbox"/> Child Support <input type="checkbox"/> Soc. Sec. <input type="checkbox"/> Unemployment <input type="checkbox"/> Military <input type="checkbox"/> Other	*Total Number of People in the Household: *Household's Monthly Income: \$
Target Group #1: <input type="checkbox"/> Yes <input type="checkbox"/> No	*Primary Heat Source: 1 <input type="checkbox"/> Electric 4 <input type="checkbox"/> Oil 2 <input type="checkbox"/> Natural Gas 5 <input type="checkbox"/> Wood 3 <input type="checkbox"/> Propane 6 <input type="checkbox"/> Coal	*Annual Heat Cost: \$ _____ <input type="checkbox"/> Back Up Heat Cost	
Target Group #2: <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Energy Cost: \$ _____ <input type="checkbox"/> Used Surrogate Data	
		*Total Annual Electric Costs: \$ _____	

SECTION B: Energy Assistance (EAP)

Staff: _____	P.O.#: _____
Payment to Vendor(s):	HOUSEHOLD ELIGIBILITY AMOUNT: \$ _____
#1 _____ Acct. #: _____	Direct Pay to Applicant: \$ _____
#2 _____ Acct. #: _____	\$ _____
	TOTAL EAP PAID TO DATE: \$ _____

SECTION C: Other Emergency Services (OES)

Staff: _____	P.O.#: _____
Heat System: Repairs <input type="checkbox"/>	Vendor #: _____ \$ _____
Replacement <input type="checkbox"/>	Vendor #: _____ \$ _____
Other Repairs & Services:	Vendor #: _____ \$ _____
	Vendor #: _____ \$ _____
Shelter Assistance:	Vendor #: _____ \$ _____
	Vendor #: _____ \$ _____
	TOTAL OES PAID TO DATE: \$ _____

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 assistance 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. If the vendor is Seattle City Light, the permission to release customer billing and consumption information is allowed for up to six months from the date of this application. I understand that provision of my social security number is necessary to avoid duplicate energy assistance benefit payments to the same applicant household. I hereby authorize energy program staff to also use my social security number for income verification purposes (including Employment Security Unemployment Insurance and DSHS Food Assistance). 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.

***Applicant Signature:** _____ **Date:** _____

(Note: All fields designated with an (*) are required information.)

Household Member Information Form (7/2016)

*Last Name		*First Name		MI	*SSN (required if primary) -____-____	*DOB / /	
*Relation to Primary <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative		*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other		Education (24 Years or Older) <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 Year College Graduate Included in Calculation <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No Military Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
*Last Name		*First Name		MI	*SSN (required if secondary) -____-____	*DOB / /	
*Relation to Primary <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative <u> </u> Relative Secondary Applicant		*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other		Education (24 Years or Older) <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 Year College Graduate Included in Calculation <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No Military Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
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Note: All fields designated with an (*) are required information. SSN's for the primary and secondary applicants are also required.