

PSE HELP APPLICATION

AGENCY # (Required)	COUNTY	CERTIFICATION DATE	FILE # (Optional)
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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? <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> NOT LISTED* <small>*Note: PSE will automatically sign you up for service as secondary, or primary dependent on Section B questions 1-4.</small>	If the Applicant is the Primary on the PSE bill please skip to Section C.			
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:

- At least 18 years of age or emancipated*? No ___ Yes ___
- Still living at residence*? No ___ Yes ___
- Spouse of applicant? No ___ Yes ___
- Deceased spouse of applicant No ___ Yes ___

(If you answer "yes" to #4, the Applicants name will appear as primary. Their account number will not be changed.)

***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.

SECTION C: HELP

TOTAL # PEOPLE IN HOUSEHOLD	HOUSEHOLD MEMBERS (VOLUNTARY) # of people in household who are: ___ 0-2 yrs ___ 3-5 yrs ___ 6-17 yrs ___ 60+ yrs ___ Disabled ___ MSFW
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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 \$ _____
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 \$ _____ <small>(If applicable)</small>	6 <input type="checkbox"/> EI 12 <input type="checkbox"/> Other	
			Total \$ _____		

RECEIVED LIHEAP THIS PROGRAM YEAR?: <input type="checkbox"/> YES <input type="checkbox"/> NO	STAFF NAME
\$ _____	

INTERESTED IN HOME WEATHERIZATION?: <input type="checkbox"/> YES <input type="checkbox"/> NO	PURCHASE ORDER #
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APPLICANT'S ELIGIBILITY AMOUNT:			
#1 Gas	Acct. # _____	vendor # _____	\$ _____
		vendor # _____	\$ _____
#2 Electric	Acct. # _____	vendor # _____	\$ _____
		vendor # _____	\$ _____
TOTAL PAID TO DATE:			\$ _____

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
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Household Information Form PSE HELP

*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		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
	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino						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	*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		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
	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino						Military Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
	Secondary Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No						Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
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							Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
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