



# PSE HELP APPLICATION

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

## SECTION A: HOUSEHOLD INFORMATION (Required)

|   |                   |                                      |                  |                          |
|---|-------------------|--------------------------------------|------------------|--------------------------|
| APPLICANT'S NAME (LAST)                       | (FIRST)           | (MIDDLE INITIAL)                     | LAST FOUR OF SSN | DATE OF BIRTH (MM/DD/YY) |
| SECOND ADULT IN HOUSEHOLD (LAST)              | (FIRST)           | (MIDDLE INITIAL)                     | LAST FOUR OF SSN | DATE OF BIRTH (MM/DD/YY) |
| EMAIL ADDRESS                                 |                   |                                      |                  |                          |
| 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"/> CO-CUSTOMER <input type="checkbox"/> NOT LISTED*<br><small>*Note: PSE will sign you up for service as co-customer, 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) | LAST FOUR OF 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 Applicant's name will appear as primary. Their account number will be changed.)</small> | <b>*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.</b> |
|---|--|

## 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 ___ |
|-----------------------------|--|

| 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"/> GA   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 \$ _____<br><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<br>\$ _____ | STAFF NAME |
|--|------------|

|  |                  |
|--|------------------|
| INTERESTED IN HOME WEATHERIZATION?: <input type="checkbox"/> YES <input type="checkbox"/> NO | PURCHASE ORDER # |
|--|------------------|

|   |   |   |
|---|---|---|
| <b>2-Year Certification</b><br>Certify eligibility for two years after demonstrating a steady household income.<br>Not Applicable: _____<br>1st Year Qualified: _____<br>2nd Year Qualified: _____<br>No Steady Income Source(s) & Occupant(s): _____ | #1 Gas Acct. # _____ vendor # _____ \$ _____<br>#2 Electric Acct. # _____ vendor # _____ \$ _____<br>vendor # _____ \$ _____<br>vendor # _____ \$ _____ | <b>APPLICANT'S TOTAL ELIGIBILITY AMOUNT: \$ _____</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 (including Employment Security, Unemployment Insurance and DSHS Food Stamp benefits) or for current or future data analysis related to the provision of these or similar benefits. I do so with full knowledge that this information is or may be confidential and as such will be protected as outlined in PSE, COMMERCE, or this Agency's privacy policy, as those policies are updated from time to time (see, e.g., PSE's Privacy Policy). I understand that this authorization may be revoked at any time by written notice to PSE and or 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 |
|-----------------------|------|