



Byrd Barr Place Energy Assistance Programs: 2020-2021

- **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

| Number of people in Household | LIHEAP (All Heat Sources) <u>Average Monthly Income</u> <u>Maximum</u> | PSE HELP (Gas Only) <u>Average Monthly Income</u> <u>Maximum</u> |
|-------------------------------|--|--|
| 1 person | \$1,595 | \$1,595 |
| 2 people | \$2,155 | \$2,155 |
| 3 people | \$2,715 | \$2,715 |
| 4 people | \$3,275 | \$3,275 |
| 5 people | \$3,835 | \$3,835 |
| 6 people | \$4,395 | \$4,395 |
| 7 People | \$4,955 | \$4,955 |
| 8 People | \$5,515 | \$5,515 |
| 9 People | \$6,075 | \$6,075 |

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"/> <u>Sign and date Household Information Form. Your name must be on the SCL and/or PSE bill.</u> |
| <input type="checkbox"/> Your energy bill(s) for <u>Seattle City Light, Puget Sound Energy, or Recent Oil Receipt</u> |
| <input type="checkbox"/> Last 3 months of income, for all adults over 18 years old, <u>not including the current month.</u> |
| <input type="checkbox"/> Copy of Social Security cards for <u>ALL</u> household members or government issued residency document (If you do not have a social security you may still apply, please call us (206)812-4940) |
| <input type="checkbox"/> Photo copy of government issued ID of the person who signed the application |
| <input type="checkbox"/> A Copy of your lease or property tax statement (or another proof of address document) |
| <input type="checkbox"/> Read, sign and date Energy Saving Tips |



Byrd Barr Place Energy Assistance Programs: 2020-2021

- **Where do I Return my Documents?**

| Mail | Drop Off | Make an Appointment | Email | Online |
|--|--|---|-------------------------------------|---|
| 722 –18 th Ave. Seattle, WA 98122 | Hours 9:00am- 4:00pm Monday-Friday | Call (206) 486-6828 OR go to www.byrdbarrplace.org to schedule an appointment online | energyassistance@ byrdbarr.place | byrdbarrplace.org <u>Try our Online Application Format!</u> |

- **What Should I do After I Apply?**

- We will review your application for eligibility
- We will calculate your grant. Grants range between **\$100 and \$1,000**
- We will let Seattle City Light, Puget Sound Energy, or your oil provider know how much you will receive. If you use oil your provider will schedule a delivery
- Seattle City Light or Puget Sound Energy will apply a promise to pay on your account, **but payment will not reflect on your energy bill until your provider posts the payment on your account**
- If you are a Seattle City Light or Puget Sound Energy account holder, payment may take 6 to 8 weeks to show up on your bill and you can still accrue late charges on your bill
- Check your grant and print your award letter at byrdbarrplace.itfrontdesk.com
- It is important to try and maintain regular payments on your Seattle City Light and Puget Sound Energy Bills in order to avoid late fees, and disconnection, especially if your pledge form us isn't enough to cover past due balance.

- **What do I do if I Have a Shut-Off Notice, or I am disconnected?**

- Schedule an appointment **(206) 486-6828** or go online www.byrdbarr.place
- Come to our office during our drop in hours between 9am and 4pm Mon-Fri with complete and copied documents
- Notify Seattle City Light or Puget Sound Energy right away that you are applying to Byrd Barr Place
- A member of our staff will contact you to notify you of your grant and will notify your energy provider once it's been processed
- **If you do not hear from us after two business days, please call us to verify your application was accepted and processed (Only if you have a shut- off or Urgent notice)**
- If you have been disconnected, you will need to call your energy vendor to get reconnected. If you are a PSE gas Customer you will need to get a new account number in order for us to give a grant

Do I Need Additional Help?

Seattle City Light (206) 684-3000 * SCL ELIA/Project Share (206) 684-3688 * Utility Discount Program (206) 684- 3417

Puget Sound Energy 1-(888) 225-5773

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 Total Energy Cost: \$ _____ <input type="checkbox"/> Used Surrogate Data *Total Annual Electric Costs: \$ _____ |
| Target Group #2: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

SECTION B: Energy Assistance (EAP)

Staff: _____ **P.O.#:** _____

Payment to Vendor(s):

| | |
|-------------------------|---|
| | HOUSEHOLD ELIGIBILITY AMOUNT: \$ _____ |
| | Direct Pay to Applicant: \$ _____ |
| #1 _____ Acct. #: _____ | \$ _____ |
| #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 #: _____ | \$ _____ |
| | | 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 | | 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 |
| | | | | | | | Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No |
| *Last Name | | *First Name | | MI | SSN ____-____-____ | *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 |
| | | | | | | | Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No |
| *Last Name | | *First Name | | MI | SSN ____-____-____ | *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 |
| | | | | | | | Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No |
| *Last Name | | *First Name | | MI | SSN ____-____-____ | *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 |
| | | | | | | | Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No |
| *Last Name | | *First Name | | MI | SSN ____-____-____ | *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 |
| | | | | | | | Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No |

Note: All fields designated with an (*) are required information. SSN's for the primary and secondary applicants are also require



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? <input type="checkbox"/> PRIMARY <input type="checkbox"/> CO-CUSTOMER <input type="checkbox"/> NOT LISTED* <small>*Note: PSE will sign you up for service as co-customer, 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) | LAST FOUR OF SSN | DATE OF BIRTH (MM/DD/YY) |
| Is the Primary name listed on the PSE bill: 1. At least 18 years of age or emancipated*? No ___ Yes ___ 2. Still living at residence*? No ___ Yes ___ 3. Spouse of applicant? No ___ Yes ___ 4. Deceased spouse of applicant No ___ Yes ___ <small>(If you answer "yes" to #4, the Applicant's name will appear as primary. Their account number will 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: ___ 0-2 yrs ___ 3-5 yrs ___ 6-17 yrs ___ 60+ yrs ___ Disabled ___ | | | | |
| HOUSING STATUS 1 <input type="checkbox"/> Own/buy 2 <input type="checkbox"/> Subsidized 3 <input type="checkbox"/> Rental \$ ___ 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 | ENERGY TYPE 1 <input type="checkbox"/> All Electric 2 <input type="checkbox"/> Gas + Electric 3 <input type="checkbox"/> Gas only 4 <input type="checkbox"/> Electric Base | ANNUAL USAGE COST <input type="checkbox"/> Back Up Energy Cost <input type="checkbox"/> Used Surrogate Data Gas \$ _____ Electric \$ _____ LIHEAP Heat Cost \$ _____ <small>(If applicable)</small> Total \$ _____ | INCOME SOURCE(S) 1 <input type="checkbox"/> SSI 7 <input type="checkbox"/> PEN 2 <input type="checkbox"/> TANF 8 <input type="checkbox"/> MIL 3 <input type="checkbox"/> GA 9 <input type="checkbox"/> CS 4 <input type="checkbox"/> VA 10 <input type="checkbox"/> UI 5 <input type="checkbox"/> SSA 11 <input type="checkbox"/> Self Employ 6 <input type="checkbox"/> EI 12 <input type="checkbox"/> Other | INCOME Household's Monthly Income \$ _____ . _____ |
| 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 # | | | | |

| | | |
|---|---|---|
| 2-Year Certification Certify eligibility for two years after demonstrating a steady household income. Not Applicable: _____ 1st Year Qualified: _____ 2nd Year Qualified: _____ No Steady Income Source(s) & Occupant(s): _____ | #1 Gas Acct. # _____ vendor # _____ \$ _____ #2 Electric Acct. # _____ vendor # _____ \$ _____ vendor # _____ \$ _____ vendor # _____ \$ _____ | APPLICANT'S TOTAL ELIGIBILITY AMOUNT: \$ _____ |
|---|---|---|

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 |
|-----------------------|------|



Household Income Information Form (All Adults 18+)

(Please Do not include the current month)

| Household Member #1 First Name: _____ | Month: | Month: | Month: |
|---|---|---|---|
| Notes: | <input type="checkbox"/> Earned Income \$ _____ \$ _____ <input type="checkbox"/> No Income <input type="checkbox"/> SSA: \$ _____ <input type="checkbox"/> SSI: \$ _____ <input type="checkbox"/> GA: \$ _____ <input type="checkbox"/> TANF: \$ _____ <input type="checkbox"/> Other: \$ _____ | <input type="checkbox"/> Earned Income \$ _____ \$ _____ <input type="checkbox"/> No Income <input type="checkbox"/> SSA: \$ _____ <input type="checkbox"/> SSI: \$ _____ <input type="checkbox"/> GA: \$ _____ <input type="checkbox"/> TANF: \$ _____ <input type="checkbox"/> Other: \$ _____ | <input type="checkbox"/> Earned Income \$ _____ \$ _____ <input type="checkbox"/> No Income <input type="checkbox"/> SSA: \$ _____ <input type="checkbox"/> SSI: \$ _____ <input type="checkbox"/> GA: \$ _____ <input type="checkbox"/> TANF: \$ _____ <input type="checkbox"/> Other: \$ _____ |
| Household Member #2 First Name: _____ | Month: | Month: | Month: |
| Notes: | <input type="checkbox"/> Earned Income \$ _____ \$ _____ <input type="checkbox"/> No Income <input type="checkbox"/> SSA: \$ _____ <input type="checkbox"/> SSI: \$ _____ <input type="checkbox"/> GA: \$ _____ <input type="checkbox"/> TANF: \$ _____ <input type="checkbox"/> Other: \$ _____ | <input type="checkbox"/> Earned Income \$ _____ \$ _____ <input type="checkbox"/> No Income <input type="checkbox"/> SSA: \$ _____ <input type="checkbox"/> SSI: \$ _____ <input type="checkbox"/> GA: \$ _____ <input type="checkbox"/> TANF: \$ _____ <input type="checkbox"/> Other: \$ _____ | <input type="checkbox"/> Earned Income \$ _____ \$ _____ <input type="checkbox"/> No Income <input type="checkbox"/> SSA: \$ _____ <input type="checkbox"/> SSI: \$ _____ <input type="checkbox"/> GA: \$ _____ <input type="checkbox"/> TANF: \$ _____ <input type="checkbox"/> Other: \$ _____ |
| Household Member #3 First Name: _____ | Month: | Month: | Month: |
| Notes: | <input type="checkbox"/> Earned Income \$ _____ \$ _____ <input type="checkbox"/> No Income <input type="checkbox"/> SSA: \$ _____ <input type="checkbox"/> SSI: \$ _____ <input type="checkbox"/> GA: \$ _____ <input type="checkbox"/> TANF: \$ _____ <input type="checkbox"/> Other: \$ _____ | <input type="checkbox"/> Earned Income \$ _____ \$ _____ <input type="checkbox"/> No Income <input type="checkbox"/> SSA: \$ _____ <input type="checkbox"/> SSI: \$ _____ <input type="checkbox"/> GA: \$ _____ <input type="checkbox"/> TANF: \$ _____ <input type="checkbox"/> Other: \$ _____ | <input type="checkbox"/> Earned Income \$ _____ \$ _____ <input type="checkbox"/> No Income <input type="checkbox"/> SSA: \$ _____ <input type="checkbox"/> SSI: \$ _____ <input type="checkbox"/> GA: \$ _____ <input type="checkbox"/> TANF: \$ _____ <input type="checkbox"/> Other: \$ _____ |
| TOTAL GROSS: | \$ | \$ | \$ |

I certify that the income above constitutes the income my Household received in the previous three months.

Applicant Signature: _____ Date: _____ Agency Representative: _____ Date: _____



DECLARATION STATEMENT OF NO INCOME

**Each person in the household 18 years or older with no income must complete their own form.
(Only fill in this form if you had no income/ or had gaps in income for any of the three prior Months)*

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.

| | | | |
|-----------------|-----------------------------|------------------|------------------------------|
| January | October, November, December | July | April, May, June |
| February | November, December, January | August | May, June, July |
| March | December, January, February | September | June, July, August |
| April | January, February, March | October | July, August, September |
| May | February, March, April | November | August, September, October |
| June | March, April, May | December | 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



SELF-DECLARATION OF INCOME

Complete and Sign if UNABLE to provide Income Documents

Date: _____

I, _____ do hereby state that the following dollar amount constitutes my income for the three months prior to the date of my application:

| Months: | Income: <input type="checkbox"/> Gross <input type="checkbox"/> Net |
|----------|---|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

Income type:

Cash Personal check Direct Deposit Benefit Earned Income

Other: _____

I earned this income from: _____

(If income documents could not be obtained)

I could not provide any income documents because: _____

When documentation is unavailable for income declared by a household, through the efforts of the applicant and the contractor (Byrd Barr Place), income can be self-declared. The contractor must place in the file a note indicating what efforts were made to obtain the documentation and the reason it could not be obtained.

Client Signature: _____ Date: _____

Agency Representative Signature: _____ Date: _____

(This form should be accompanied by BVS print out and/or bank statement, receipt, letter, personal check etc.)

Notes: _____



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 or go to seattle.gov/light/conserve

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

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

Applicant Signature: _____ Date: _____ Email: _____

Are you a homeowner interested in a FREE or LOW COST furnace repair, replacement, or cleaning?
(We can assist up to \$5,000 for qualifying furnace work, based on eligibility criteria, program rules, and need)

Phone: _____ Email: _____ YES NO



Byrd Barr Place wants to provide you with an excellent experience. Please take a few minutes to let us know how we are doing and how we can better serve you. **Please return with your application.**

1. **What is your preferred method to apply for the energy assistance grant?**

- In Person/Walk-In
- Mail
- Case Manager
- Email
- Online Application

2. **Would you recommend Byrd Barr Place to friends or family?**

- Yes
- No

3. **Are the Energy Assistance Program instructions in the application packet easy to understand?**

- Yes
- No

4. **Do you find the energy assistance grant you receive from Byrd Barr Place to be helpful in managing your Household’s annual home heating costs?**

- Yes
- No

5. **Please Rate the timeliness of Byrd Barr Place staff response to:**

- Poor
☹️
- Fair
😐
- Good
🙂
- Excellent
😊
- Not Applicable

Phone/Email/Mail

6. **Are you aware that Byrd Barr Place sometimes offers eviction prevention for Households who received LIHEAP Energy Assistance?**

- Yes
- No

7. **Are you aware that Byrd Barr Place can offer yearly furnace cleanings, repairs, or replacements of your Heating furnace for free to very low cost to homeowners who have received LIHEAP?**

- Yes
- No

8. **Would you be interested in learning more about the following services? (Choose all that apply)**

- Weatherization of your home
- Energy Conservation Education

9. **How did you hear about Byrd Barr Place?**

- Friend or Family
- Flyer, poster, or online
- Non-Profit Organization
- Social Worker
- Other: _____

10. **What Languages Does your Household Speak?**

- English
- Spanish
- Cantonese
- Mandarin
- Vietnamese
- Russian
- Lao
- Korean
- Ukrainian
- Amharic
- Somali
- Arabic
- Other (Write In) _____

11. **Were you treated with respect upon receiving services from Byrd Barr Place?**

- Yes
- No

Comments/ how we can better serve you?
