



Program Year 2022 – 2023
Energy Assistance Application Packet
Seattle City Light & Puget Sound Energy

Eligibility

1. Household lives within the Seattle City Limits. Zip codes 98106, 98178, 98177, and 98133 are split zip codes and served by two different agencies.
2. Household's monthly income must be at or below 150% of the Federal Poverty Line.

Number of Household Members	LIHEAP Average Monthly Income Maximum	PSE HELP Average Monthly Income Maximum
1 person	\$1,699	\$5,563
2 people	\$2,289	\$6,354
3 people	\$2,879	\$7,150
4 people	\$3,469	\$7,942

We can assess for 1, 3, or 12 months of income. Eligibility is based on the month prior to the signature date. A 20% deduction is taken on all earned income taxed at the time of payout.

3. Household has an active Seattle City Light account and Puget Sound Energy account.

Required Documents

1. Household Information Form
2. Energy Savings Tips form
3. Copy of Seattle City Light bill
4. Copy of Puget Sound Energy bill
5. Income for all adults 18+ for the month prior to the signature date
6. Copies of Social Security cards for ALL household members (at least 1 household member must have a social security number)
7. Valid Photo ID for the Primary Applicant

*Please call (206) 812-4940 or email energyassistance@byrdbarr.place with any questions.

How to Apply

Mail	Drop Off	Email	Online
722 18 th Ave Seattle, WA 98122	722 18 th Ave Seattle, WA 98122 9AM – 5PM Monday – Friday	energyassistance@byrdbarr.place	https://www.tfaforms.com/5011557

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.#:
HOUSEHOLD ELIGIBILITY AMOUNT: \$	
Payment to Vendor(s):	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 or Seattle Public Utilities, 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.)



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)	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>		*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 ___			
HOUSING STATUS	HOUSING TYPE	ENERGY TYPE	ANNUAL USAGE COST	INCOME SOURCE(S)	INCOME
1 <input type="checkbox"/> Own/buy 2 <input type="checkbox"/> Subsidized 3 <input type="checkbox"/> Rental \$ ___ per month	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	1 <input type="checkbox"/> All Electric 2 <input type="checkbox"/> Gas + Electric 3 <input type="checkbox"/> Gas only 4 <input type="checkbox"/> Electric Base	<input type="checkbox"/> Back Up Energy Cost <input type="checkbox"/> Used Surrogate Data Gas \$ _____ Electric \$ _____ LIHEAP Heat Cost \$ _____ (If applicable) Total \$ _____	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	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 # _____ \$ _____ 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
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Washington State Department of Commerce, Low Income Home Energy Assistance Program (LIHEAP)

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 Secondary Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	*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 required.

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 pse.com/rebates

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 \$7,500 for qualifying furnace work, based on eligibility criteria & program rules.

☐ YES ☐ NO Phone: _____ Email: _____

Household Income Information Form (All Adults 18+)

(Do not include the current month)

Household Member Number #1 (Name)	Month:	Month:	Month:
Notes:	<input type="checkbox"/> Earned Income	<input type="checkbox"/> Earned Income	<input type="checkbox"/> Earned Income
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	<input type="checkbox"/> No Income	<input type="checkbox"/> No Income	<input type="checkbox"/> No Income
	<input type="checkbox"/> SSA: \$ _____	<input type="checkbox"/> SSA: \$ _____	<input type="checkbox"/> SSA: \$ _____
	<input type="checkbox"/> SSI: \$ _____	<input type="checkbox"/> SSI: \$ _____	<input type="checkbox"/> SSI: \$ _____
	<input type="checkbox"/> GA: \$ _____	<input type="checkbox"/> GA: \$ _____	<input type="checkbox"/> GA: \$ _____
	<input type="checkbox"/> TANF: \$ _____	<input type="checkbox"/> TANF: \$ _____	<input type="checkbox"/> TANF: \$ _____
	<input type="checkbox"/> Other: \$ _____	<input type="checkbox"/> Other: \$ _____	<input type="checkbox"/> Other: \$ _____
Household Member Number #2 (Name)	Month:	Month:	Month:
Notes:	<input type="checkbox"/> Earned Income	<input type="checkbox"/> Earned Income	<input type="checkbox"/> Earned Income
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	<input type="checkbox"/> No Income	<input type="checkbox"/> No Income	<input type="checkbox"/> No Income
	<input type="checkbox"/> SSA: \$ _____	<input type="checkbox"/> SSA: \$ _____	<input type="checkbox"/> SSA: \$ _____
	<input type="checkbox"/> SSI: \$ _____	<input type="checkbox"/> SSI: \$ _____	<input type="checkbox"/> SSI: \$ _____
	<input type="checkbox"/> GA: \$ _____	<input type="checkbox"/> GA: \$ _____	<input type="checkbox"/> GA: \$ _____
	<input type="checkbox"/> TANF: \$ _____	<input type="checkbox"/> TANF: \$ _____	<input type="checkbox"/> TANF: \$ _____
	<input type="checkbox"/> Other: \$ _____	<input type="checkbox"/> Other: \$ _____	<input type="checkbox"/> Other: \$ _____
Household Member Number #3 (Name)	Month:	Month:	Month:
Notes:	<input type="checkbox"/> Earned Income	<input type="checkbox"/> Earned Income	<input type="checkbox"/> Earned Income
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	<input type="checkbox"/> No Income	<input type="checkbox"/> No Income	<input type="checkbox"/> No Income
	<input type="checkbox"/> SSA: \$ _____	<input type="checkbox"/> SSA: \$ _____	<input type="checkbox"/> SSA: \$ _____
	<input type="checkbox"/> SSI: \$ _____	<input type="checkbox"/> SSI: \$ _____	<input type="checkbox"/> SSI: \$ _____
	<input type="checkbox"/> GA: \$ _____	<input type="checkbox"/> GA: \$ _____	<input type="checkbox"/> GA: \$ _____
	<input type="checkbox"/> TANF: \$ _____	<input type="checkbox"/> TANF: \$ _____	<input type="checkbox"/> TANF: \$ _____
	<input type="checkbox"/> Other: \$ _____	<input type="checkbox"/> Other: \$ _____	<input type="checkbox"/> Other: \$ _____
TOTAL GROSS:	\$	\$	\$
I certify that the income above is the income my household received in the previous three months. The agency representative has also verified this income to the best of their knowledge as provided by the household.			
Applicant Signature: _____ Date: _____ EAP Staff Signature: _____ Date: _____			



DECLARATION STATEMENT OF NO INCOME

I, _____, do hereby declare that I have not received any
Full Name

Income or benefits for the month(s) or pay date(s) listed below.

This LIHEAP or PSE HELP application is signed in the month of _____.

Which of the three months prior to the signature date did you **not** receive income?

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> July 2022 | <input type="checkbox"/> December 2022 | <input type="checkbox"/> May 2023 |
| <input type="checkbox"/> August 2022 | <input type="checkbox"/> January 2023 | <input type="checkbox"/> June 2023 |
| <input type="checkbox"/> September 2022 | <input type="checkbox"/> February 2023 | <input type="checkbox"/> July 2023 |
| <input type="checkbox"/> October 2022 | <input type="checkbox"/> March 2023 | <input type="checkbox"/> August 2023 |
| <input type="checkbox"/> November 2022 | <input type="checkbox"/> April 2023 | |

(REQUIRED) The reason that I had no income for the month(s) listed above is:

(REQUIRED) I have been meeting my basic living needs for food, shelter, and utilities by:

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 received for which I am not eligible.

Signature: _____ **Date:** _____

EAP Staff Signature: _____ **Date:** _____



ARE YOU INTERESTED IN ANY OF THESE OTHER PROGRAMS WE OFFER?

Please check the boxes for the programs you are interested in. Returning this form does not guarantee assistance. Please visit our website or call us for eligibility requirements and program and application updates.

☐ **LIHEAP AIR CONDITIONER PROGRAM (AC)**

- Eligible LIHEAP households can apply for a portable air conditioner unit.

☐ **LIHEAP RENTAL ASSISTANCE PROGRAM (RAP)**

- Eligible LIHEAP households with an eviction notice can apply for a grant of up to \$1,500 to pay back due rent.

☐ **LIHWAP WATER ASSISTANCE PROGRAM**

- Eligible LIHEAP households can apply for a grant of up to \$2,500 to pay back due water and sewer charges from Seattle Public Utilities.

☐ **LIHEAP FURNACE REPAIR PROGRAM (FRP)**

- Eligible LIHEAP households who are homeowners can apply to receive a furnace cleaning, repair, or replacement, up to \$7,500.

Did you know that you can also apply for the Seattle City Light Utility Discount Program?

Eligible households can enroll in the City of Seattle's Utility Discount Program (UDP), which offers a 60% discount on Seattle City Light bills and a 50% discount on Seattle Public Utilities bills. **Apply directly with Seattle City Light for this program.**