

የመርሐ ግብሩ ዓመት 2022 – 2023 የሃይል ድጋፍ ማመልከቻ ፓክ



የእኛ የኢነርጂ ድጋፍ ፕሮግራሞች እስከ አገስት 2023 ድረስ አሁን ከፍተኛ ሆኖታል። የ Byrd Barr Place የ Low Income Home Energy Assistance Program (LIHEAP፣ የዝቅተኛ ገቢ ቤተሰብ የኢነርጂ ድጋፍ ፕሮግራም) እና የ Puget Sound Energy Home Energy Lifeline Program (PSE HELP፣ የፕሌት ሳውንድ ኢነርጂ ቤተሰብ የህይወት አድጎን ፕሮግራም) ን ሁለቱንም ያስተዳድራል። ቤተሰቦች ለአንዱ ወይም ለሁለቱም ፕሮግራሞች ብቁ ሊሆኑ ይችላሉ።

ለአገልግሎቱ ብቁነት

- 1.a. ቤተሰቡ በሲያትል ከተማ ገደቦች ውስጥ ይኖራል። (ማስታወሻዎች፡- ZIP ኮዶች 98106፣ 98178፣ 98177፣ እና 98133 በሁለት የተለያዩ ኤጀንሲዎች አገልግሎት ይሰጣቸዋል፤ በእኛ የአገልግሎት አካባቢ መሆንን ለማወቅ እባክዎ ይደውሉ። በሲያትል ውስጥ ስላልተጠቃለሉ የ 98148 ወይም 98168 ZIP ኮዶችን አናስተናግድም።)
- 2.a. የቤተሰቡ ወርሃዊ ገቢ በፌዴራል የድህነት ልኬት 150% ላይ ወይም ከዚያ በታች መሆን አለበት። የገቢ ብቁነት መምሪያዎችን byrdbarrplace.org/energy ላይ ይመልከቱ።

የቤተሰብ አባላት ቁጥር	የ LIHEAP ከፍተኛ አማካይ ወርሃዊ ገቢ	የ PSE HELP ከፍተኛ አማካይ ወርሃዊ ገቢ
1 ሰው	\$1,699	\$5,563
2 ሰዎች	\$2,289	\$6,354
3 ሰዎች	\$2,879	\$7,150
4 ሰዎች	\$3,469	\$7,942

የ1፣ 3፣ ወይም 12 ወራትን ገቢ ልንመዝን እንችላለን። ለአገልግሎቱ የሚኖረው ብቁነት የሚመስረተው ከተፈረመበት ቀን ቀድሞ ባለው ወር ላይ ነው። በከፍተኛ ጊዜ ላይ በሚቀረጡ በሁሉም የተገኙ ገቢዎች ላይ የ 20% ቅናሽ ይደረጋል።

- 3.a. ቤተሰቡ አገልግሎት እየሰጠ ያለ የሲያትል ከተማ የመብራት አገልግሎት መለያ እና የፕሌት ሳውንድ የሃይል አገልግሎት መለያ አለው፤ ወይም
- 3.b. ቤተሰቡ እንደ ኪራይ አንዱ ሁኔታ የመብራት ክፍያዎችን ይከፍላል

የሚያስፈልጉ ሰነዶች

1. የቤተሰቡ መረጃ ቅፅ እና/ወይም የ PSE HELP ማመልከቻ። (በዚህ ፓኬት ውስጥ ተካተዋል።)
2. የተፈረመ የኢነርጂ ቁጠባ ጠቃሚ ምክሮች ቅፅ። (በዚህ ፓኬት ውስጥ ተካተዋል።)
3. ከፈርማው ቀን ቀደም ባለው ወር የሁሉም ከ18 ዓመት በላይ የሆኑ አዋቂዎች የገቢ ሰነዶች።
4. የሁሉም የቤተሰብ አባላት የማህበራዊ ዋስትና ካርዶች ቅጂዎች። (ቢያንስ 1 የቤተሰብ አባል የማህበራዊ ደህንነት ቁጥር ሊኖረው ይገባል።)
5. የኢነርጂ አጠቃቀም ሰነዶች። ሰነዶቹ በሙቀት አጠቃቀም ዓይነት ላይ መሰረት ያደርጋሉ። (ከታች ያሉትን ይመልከቱ።)

SCL እና/ወይም ነዳጅ	PSE	ሙቀት ከኪራይ ጋር ተካትቷል
የ Seattle City Light የመብራት የሒሳብ ደረሰኝ እና/ወይም የነዳጅ ሻጮች የሒሳብ ደረሰኝ ቅጂ	የፕሌት ሳውንድ የሃይል አገልግሎት የሂሳብ ደረሰኝ ቅጂ	በአከራዩ ወይም በህንጻው አስተዳዳሪ የተፈረመ የ Heat with Rent (HWR፣ ሙቀት ከኪራይ ጋር) ቅፅ
	የዋናው አመልካች ህጋዊ የሆነ የፎቶ ID ቅጂ	የሙቀት አገልግሎት ኪራይ ውስጥ እንደተካተተ የሚያረጋግጥ የውል ቅጂ
<p style="text-align: center;">ጥያቄዎች ካልዎት፡- እባክዎ ለማናቸውም ጥያቄዎች በ (206) 812-4940 ይደውሉ ወይም በ energyassistance@byrdbarr.place ኢሜይል ያድርጉ።</p>		የውሉ ቀን ከ 10/1/2021 በፊት ከሆነ ባለፈው ዓመት ውስጥ የሆነ የቅርብ ጊዜ የመኖሪያ ቤት ሰነድ (የድጋሚ ማረጋገጫ ደብዳቤ፣ የኪራይ ክፍያ ደረሰኝ፣ የኪራይ መዝገብ)

እንዴት ማመልከት ይቻላል

በበይነ መረብ	በደብዳቤ	በአካል በማስገባት	ኢሜይል
https://www.tfaforms.com/5011557	722 18 th Ave Seattle, WA 98122	722 18 th Ave Seattle, WA 98122 9AM – 5PM ከሰኞ – አርብ	energyassistance@byrdbarr.place



በምናቀርባቸው ሌሎች ማናቸውም ፕሮግራሞች የመጠቀም ፍላጎት አልዎት?

የመጠቀም ፍላጎት ያልዎት ፕሮግራሞች ላይ እባክዎ ሳጥኖቹላይ ምልክት ያድርጉ።
ይህን ቅፅ መመለስዎ ድጋፍ እንዲሟሟችዎ ዋስትና አይሰጥም። የብቁነት መስፈርቶች እና ፕሮግራም እና የማመልከቻ አዳዲስ መረጃዎችን ለማግኘት እባክዎ ድረገጻችንን ይጎብኙ ወይም ይደውሉልን።

□ የ LIHEAP የምድጃ ጥገና ፕሮግራም (FRP)

- የቤት ባለቤት የሆኑ የ LIHEAP ብቁ የሆኑ ቤተሰቦች የምድጃ ጽዳት፣ ጥገና፣ ወይም መተኪያ ለማከናወን እስከ \$7,500 ለመቀበል ማመልከት ይችላሉ።

□ የ LIHEAP የአየር ማቀዝቀዣ ፕሮግራም (AC)

- ብቁ የሆኑ የ LIHEAP ቤተሰቦች ተንቀሳቃሽ የአየር ማቀዝቀዣ ለማግኘት ማመልከት ይችላሉ።

□ የ LIHWAP የውሃ ድጋፍ ፕሮግራም

- ብቁ የሆኑ የ LIHEAP ቤተሰቦች ከ Seattle Public Utilities (የሲያትል የህዝብ አገልግሎቶች) የውሃ እና የቅሻሻ መተላለፊያ ቱቦ ክፍያዎችን ለመክፈል እስከ ወደ \$2,500 የሚጠጋ ስጦታ ለማግኘት ማመልከት ይችላሉ።

□ የ LIHEAP ጊዜያዊ የመጠለያ ፕሮግራም

- አሁን በሥራ ላይ ያለ ከቤት የማስለቀቂያ ማሳወቂያው ያላቸው ብቁ የሆኑ LIHEAP ቤተሰቦች ከቤት እንዳይወጡ ለመከላከል እስከ \$1,500 የሚጠጋ ስጦታ ለማግኘት ማመልከት ይችላሉ።
- ማስታወሻዎች፡ ይህ ፕሮግራም በዲሴምበር 2022 ይከፈታል። ብቁ ከሆኑ፣ እናነጋግርዎታለን፣ ወይም ጊዜው ሲደርስ መልሰው ይጠይቁን።

ለ Seattle City Light Utility Discount Program (የሲያትል ከተማ የመብራት አገልግሎት የቅናሽ ፕሮግራም) ማመልከት እንዲሟችሉ ያውቁኑኑ?

ብቁ የሆኑ ቤተሰቦች በሲያትል ከተማ የአገልግሎት ቅናሽ ፕሮግራም (UDP) ውስጥ መመዝገብ ይችላሉ፣ ይህም በሲያትል ከተማ የመብራት ሒሳብ ደረሰኞች ላይ የ 60% ቅናሽ እንዲሁም የሲያትል የህዝብ አገልግሎቶች የሒሳብ ደረሰኞች ላይ የ 50% ቅናሽ ይሰጣል። ለዚህ ፕሮግራም የሲያትል ከተማ የመብራት አገልግሎት ላይ በቀጥታ ያመልክቱ። ወደ seattle.gov/human-services/services-and-programs/utility-discount-program ይሂዱ ወይም የከተማውን ተወካይ ለማነጋገር ወደ 206-684-0268 ይደውሉ።

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"/> TANF <input type="checkbox"/> GA <input type="checkbox"/> VA <input type="checkbox"/> Soc. Sec. <input type="checkbox"/> Military <input type="checkbox"/> Earned Income <input type="checkbox"/> Pension <input type="checkbox"/> Self Employed <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <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 2 <input type="checkbox"/> Natural Gas 3 <input type="checkbox"/> Propane 4 <input type="checkbox"/> Oil 5 <input type="checkbox"/> Wood 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 <input type="checkbox"/> Acct. #:	\$
#2 <input type="checkbox"/> 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)

<p>HOW DOES APPLICANT'S NAME APPEAR ON PSE BILL?</p> <p><input type="checkbox"/> PRIMARY <input type="checkbox"/> CO-CUSTOMER <input type="checkbox"/> NOT LISTED*</p> <p><small>*Note: PSE will sign you up for service as co-customer, or primary dependent on Section B questions 1-4.</small></p>	<p>If the Applicant is the Primary on the PSE bill please skip to Section C.</p>					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">PRIMARY NAME ON PSE BILL (LAST)</td> <td style="width: 20%;">(FIRST)</td> <td style="width: 10%;">(MIDDLE INITIAL)</td> <td style="width: 20%;">LAST FOUR OF SSN</td> <td style="width: 20%;">DATE OF BIRTH (MM/DD/YY)</td> </tr> </table>	PRIMARY NAME ON PSE BILL (LAST)	(FIRST)	(MIDDLE INITIAL)	LAST FOUR OF SSN	DATE OF BIRTH (MM/DD/YY)	
PRIMARY NAME ON PSE BILL (LAST)	(FIRST)	(MIDDLE INITIAL)	LAST FOUR OF SSN	DATE OF BIRTH (MM/DD/YY)		
<p>Is the Primary name listed on the PSE bill:</p> <p>1. At least 18 years of age or emancipated*? No ___ Yes ___</p> <p>2. Still living at residence*? No ___ Yes ___</p> <p>3. Spouse of applicant? No ___ Yes ___</p> <p>4. Deceased spouse of applicant No ___ Yes ___</p> <p><small>(If you answer "yes" to #4, the Applicant's name will appear as primary. Their account number will be changed.)</small></p>						
<p><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></p>						

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): _____		<table style="width: 100%;"> <tr> <td>#1 Gas Acct. # _____</td> <td>vendor # _____</td> <td>\$ _____</td> </tr> <tr> <td>#2 Electric Acct. # _____</td> <td>vendor # _____</td> <td>\$ _____</td> </tr> <tr> <td></td> <td>vendor # _____</td> <td>\$ _____</td> </tr> <tr> <td></td> <td>vendor # _____</td> <td>\$ _____</td> </tr> </table>				#1 Gas Acct. # _____	vendor # _____	\$ _____	#2 Electric Acct. # _____	vendor # _____	\$ _____		vendor # _____	\$ _____		vendor # _____	\$ _____
#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
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የሃይል እና ገንዘብ ቁጠባ ጠቃሚ ምክሮች

ገንዘብዎን ለመቆጠብ እና አነስተኛ ሃይል ለመጠቀም የሚረዱ ጥቂት ሃሳቦች ከታች ቀርበዋል

- የኤሌክትሪክ እቃዎችን በማይጠቀሙበት ወይም ከቤትዎ በሚወጡበት ጊዜ ይንቀሉ
- ብዙ እቃዎችን በቀላሉ ለማጥፋት ማከፋፈያዎች ላይ ገንዘብ ማውጣትዎን ከግምት ያስገቡ
- እየተጠቀሟቸው ባልሆኑ ክፍሎች ውስጥ ያሉ መብራቶችን ያጥፉ
- የማቀዝቀዣዎን መጠነ መቀት ይቀንሱ (ከ36 እስከ 38 ዲግሪ)
- መገልገያ እቃዎችን ተጠቅመው ከጨረሱ በኋላ መጥፋታቸውን ያረጋግጡ
- አምፖሎችን በሃይል ቆጣቢ መብራቶች መተካትን ከግምት ያስገቡ (CFL እና LED የመብራት አምፖሎች)
- የመስኮቶች እና የበሮች ንፋስ ማስገቢያዎችን በአየር መከላከያ፣ መድፈኛ፣ ወይም በፕላስቲክ ያሸጉ
- ውድ፣ ደህንነታቸው ያልተጠበቀ እና ሙሉ ቤትዎን ለማሞቅ በሚያስችል ሁኔታ ሃይል ቆጣቢ ባለመሆናቸው፣ በተቻለ መጠን የክፍል ማሞቂያቸውን ከመጠቀም ይቆጠቡ
- የአየር ማውጫዎችን እና የማሞቂያ ቤዝበርዶችን በመደበኛነት ያጽዱ
- ነጣ ያለ ቀለም ያላቸው መጋረጃዎችን በመስኮቶች ላይ ይጋርዱ እና ለጸሃይ ብርሃን በቀን ወቅት መጋረጃዎቹን ክፍት ያድርጉ እንዲሁም በምሽት አየሩ እንዲሞቅ መጋረጃዎቹን ይዝጉ
- ውሃ ቆጣቢ የሰውነት መታጠቢያ ውኃ መውረጃ ማስገባትዎን ከግምት ያስገቡ
- የውሃ ማሞቂያ የሙቀት መቆጣጠሪያ ወደ 120 ዲግሪ ዝቅ ያድርጉ
- አቧራዎችን ከመብራት እቃዎች በመደበኛነት ያስወግዱ
- በገላ መታጠቢያ ይታጠቡ እንጂ፣ ውሃ በገንዳ ሞልተው አይታጠቡ
- በርካታ የሚታጠቡ እቃዎች ሲኖሩ ብቻ የእቃ ማጠቢያውን ይጠቀሙ እንዲሁም የታጠቡ እቃዎች በአየር እንዲ
- ሁልጊዜ ከቤትዎ በሚወጡበት ጊዜ የአየር መቆጣጠሪያውን ዝቅ ያድርጉ
- በርካታ ልብሶችን ሲያጥቡ በልብስ ማጠቢያው ውስጥ በቀዝቃዛ ውሃ ይጠቡ፣ ልብሶችን በአየር ያድርቁ፣ እና የልብስ መያዣውን ያጽዱ
- ድንገተኛ ጭማሪዎች የሃይል አጠቃቀምዎን በጣም ስለሚጨምሩ፣ የቤትዎን የሙቀት መጠን ቀስ በቀስ ይጨምሩ



ሃይል ቆጣቢ የሆኑ መሳሪያዎች፣ የሰውነት መታጠቢያዎች እና አምፖሎች በቅናሽ ዋጋ ይገኛሉ። ለተጨማሪ መረጃ ወይም እንዴት እንደሚያመለክቱ ለማወቅ አንላይን ይሂዱ ወይም ለሃይል አገልግሎት አማካሪዎ ይደውሉ!

የሲያትል ከተማ የመብራት አገልግሎት፡- በ (206) 684-3800 ይደውሉ፤ በ SCEnergyAdvisor@seattle.gov ኢሜይል ያድርጉ ወይም ወደ seattle.gov/light/conserve ይሂዱ

የፕሪት ሳውንድ የሃይል አገልግሎት፡- በ 1-800-562-1482 ይደውሉ፤ በ EnergyAdvisor@pse.com ኢሜይል ያድርጉ ወይም ወደ pse.com/rebates ይሂዱ

ከላይ ያሉትን የሃይል ቁጠባ ጠቃሚ ምክሮች ማንበቤን አረጋግጣለሁ።

የአመልካች ፊርማ፡- _____ **ቀን፡-** _____

ኢሜይል _____

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.



የገቢ አለመኖር የሚገልጽ መግለጫ

እኔ፤ _____ ምንም ገቢ ወይም ጥቅማጥቅሞች እንዳልተቀበልኩ እገልጻለሁ።

ሙሉ ስም

ከዚህ በታች ለተዘረዘሩት ወር(ራት) ወይም የክፍያ ቀን(ናት)

ይህ LIHEAP ወይም PSE እርዳታ ማመልከቻ በ _____ ወር ተፈርሟል።

ከፊርማው ቀን በፊት ገቢ ያላገኙባቸው ሶስት ወራት የትኞቹ ናቸው?

- | | | |
|--------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> ጁላይ 2022 | <input type="checkbox"/> ዲሴምበር 2022 | <input type="checkbox"/> ሜይ 2023 |
| <input type="checkbox"/> ኦገስት 2022 | <input type="checkbox"/> ጃንዋሪ 2023 | <input type="checkbox"/> ጁን 2023 |
| <input type="checkbox"/> ሴፕቴምበር 2022 | <input type="checkbox"/> ፌብሩሪ 2023 | <input type="checkbox"/> ጁላይ 2023 |
| <input type="checkbox"/> ኦክቶበር 2022 | <input type="checkbox"/> ማርች 2023 | <input type="checkbox"/> ኦገስት 2023 |
| <input type="checkbox"/> ኖቬምበር 2022 | <input type="checkbox"/> ኦፕሬል 2023 | |

(አስፈላጊ) ከላይ በተዘረዘሩት ወር(ራት) ምንም ገቢ ያላገኘሁበት ምክንያት የሚከተለው ነው፡-

(አስፈላጊ) ለምግብ፣ መጠለያ፣ እና አገልግሎቶች መስረታዊ የኑሮ ፍላጎቶችን በሚከተለው ሳሟላ ቆይቻለሁ፡-

ከላይ የተገለጸው መረጃ እስከማውቀው ድረስ ሙሉ እና ትክክለኛ መሆኑን አረጋግጣለሁ። ይህንን መግለጫ ስፈርም ሆኑ ብዬ የሃሰት መረጃ ከሰጠሁ፣ ይህም ለማግኘት ብቁ ያልሆንኩበትን እርዳታ እንዳገኝ ካደረገ፣ በክስ እንደምቀጣ በመረዳት ነው።

ፊርማ፡- _____

ቀን፡- _____

የ EAP ሰራተኛ ፊርማ፡- _____

ቀን፡- _____

የገቢ ማረጋገጫ ዝርዝር (ሁሉም አዋቂዎች ከ 18 ዓመት በላይ)
(የአሁኑን ወር አያካትቱ)

የቤተሰብ አባል #1 (ስም)	ወር:-	ወር:-	ወር:-
ማስታወሻዎች:-	<input type="checkbox"/> የተገኘ ገቢ \$ _____ \$ _____ <input type="checkbox"/> ገቢ የለም <input type="checkbox"/> SSA:- \$ _____ <input type="checkbox"/> SSI:- \$ _____ <input type="checkbox"/> GA:- \$ _____ <input type="checkbox"/> TANF:- \$ _____ <input type="checkbox"/> ሌላ:- \$ _____	<input type="checkbox"/> የተገኘ ገቢ \$ _____ \$ _____ <input type="checkbox"/> ገቢ የለም <input type="checkbox"/> SSA:- \$ _____ <input type="checkbox"/> SSI:- \$ _____ <input type="checkbox"/> GA:- \$ _____ <input type="checkbox"/> TANF:- \$ _____ <input type="checkbox"/> ሌላ:- \$ _____	<input type="checkbox"/> የተገኘ ገቢ \$ _____ \$ _____ <input type="checkbox"/> ገቢ የለም <input type="checkbox"/> SSA:- \$ _____ <input type="checkbox"/> SSI:- \$ _____ <input type="checkbox"/> GA:- \$ _____ <input type="checkbox"/> TANF:- \$ _____ <input type="checkbox"/> ሌላ:- \$ _____
የቤተሰብ አባል #2 (ስም)	ወር:-	ወር:-	ወር:-
ማስታወሻዎች:-	<input type="checkbox"/> የተገኘ ገቢ \$ _____ \$ _____ <input type="checkbox"/> ገቢ የለም <input type="checkbox"/> SSA:- \$ _____ <input type="checkbox"/> SSI:- \$ _____ <input type="checkbox"/> GA:- \$ _____ <input type="checkbox"/> TANF:- \$ _____ <input type="checkbox"/> ሌላ:- \$ _____	<input type="checkbox"/> የተገኘ ገቢ \$ _____ \$ _____ <input type="checkbox"/> ገቢ የለም <input type="checkbox"/> SSA:- \$ _____ <input type="checkbox"/> SSI:- \$ _____ <input type="checkbox"/> GA:- \$ _____ <input type="checkbox"/> TANF:- \$ _____ <input type="checkbox"/> ሌላ:- \$ _____	<input type="checkbox"/> የተገኘ ገቢ \$ _____ \$ _____ <input type="checkbox"/> ገቢ የለም <input type="checkbox"/> SSA:- \$ _____ <input type="checkbox"/> SSI:- \$ _____ <input type="checkbox"/> GA:- \$ _____ <input type="checkbox"/> TANF:- \$ _____ <input type="checkbox"/> ሌላ:- \$ _____
የቤተሰብ አባል #3 (ስም)	ወር:-	ወር:-	ወር:-
ማስታወሻዎች:-	<input type="checkbox"/> የተገኘ ገቢ \$ _____ \$ _____ <input type="checkbox"/> ገቢ የለም <input type="checkbox"/> SSA:- \$ _____ <input type="checkbox"/> SSI:- \$ _____ <input type="checkbox"/> GA:- \$ _____ <input type="checkbox"/> TANF:- \$ _____ <input type="checkbox"/> ሌላ:- \$ _____	<input type="checkbox"/> የተገኘ ገቢ \$ _____ \$ _____ <input type="checkbox"/> ገቢ የለም <input type="checkbox"/> SSA:- \$ _____ <input type="checkbox"/> SSI:- \$ _____ <input type="checkbox"/> GA:- \$ _____ <input type="checkbox"/> TANF:- \$ _____ <input type="checkbox"/> ሌላ:- \$ _____	<input type="checkbox"/> የተገኘ ገቢ \$ _____ \$ _____ <input type="checkbox"/> ገቢ የለም <input type="checkbox"/> SSA:- \$ _____ <input type="checkbox"/> SSI:- \$ _____ <input type="checkbox"/> GA:- \$ _____ <input type="checkbox"/> TANF:- \$ _____ <input type="checkbox"/> ሌላ:- \$ _____



ሙቀት ከኪራይ ማረጋገጫ ቅጽ ጋር ተካቷል

- ይህ ቅጽ በህንጻው አስተዳዳሪ ወይም አኪራይ መሞላት እና መፈረም አለበት።
- ይህ ቅጽ 1) ከ 12 ወራት በታች በሆነ የኪራይ ውል እና 2) የሙቀት ወጪ ከኪራይ ጋር መካተቱን ከሚገልጽ ውል ጋር አንድ ላይ መቅረብ አለበት። የኪራይ ውልዎ ከ 12 ወራት በላይ ከሆነው፣ እንደ የቅርብ ጊዜ የቤት ኪራይ ደረሰኝ፣ መዝገብ፣ የዳግም ማረጋገጫ ደብዳቤ ወይም ከንብረት አስተዳዳሪ የተሰጠ መግለጫ ያለ ባለፈው ዓመት ውስጥ በቀን ማህተም የተደረገበት የመኖሪያ ቤት ሰነድ እንፈልጋለን።

_____ በሚከተለው ላይ ተከራይ መሆኑን/ኗን በዚህ አረጋግጣለሁ፡-
የደንበኛ ሙሉ ስም

_____ የአፓርታማ ስም

_____ የጎዳና አድራሻ _____ አፓርታማ # _____ ዚፕ ኮድ

እና ከ _____ ፣ _____ ጀምሮ በዚያ ኖረዋል
ወር ዓመት

የመኖሪያ ቤቱ የሙቀት ምንጭ በዋናነት የሚመጣው ከ፡- ☐ ኤሌክትሪክ ☐ ጋዝ

ለሙቀት የሚከፈለው ክፍያ በወርሃዊ ኪራይ ውስጥ መካተቱ፣ በኪራይ ስምምነቱ ውስጥ ተገልጿል? ☐ አዎ ☐ አይ

አስተዳዳሪ/የቤት ባለቤት (በእጅ
ጽሁፍ የተጻፈ ስም)፡-

ፊርማ፡-

ቀን፡-

ስልክ ቁጥር፡-

ከላይ ያለው መረጃ እስከማውቀው ድረስ እውነት እና ትክክለኛ መሆኑን አረጋግጣለሁ።