

Program Year 2022 – 2023 Energy Assistance Application Packet



Our energy assistance programs are now open through August 2023. Byrd Barr Place administers both the Low Income Home Energy Assistance Program (LIHEAP) and the Puget Sound Energy Home Energy Lifeline Program (PSE HELP). Households can qualify for one or both programs.

Eligibility

- 1.a. Household lives within the Seattle city limits. (Note: ZIP codes 98106, 98178, 98177, and 98133 are served by two different agencies; please call to see if you are within our service area. We do **not** serve the 98148 or 98168 ZIP codes for unincorporated Seattle.)
- 2.a. Household's monthly income must be at or below 150% of the federal poverty line. See income eligibility guidelines at byrdbarrplace.org/energy.

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.a. Household has an active Seattle City Light account, an oil account and/or Puget Sound Energy account, or
- 3.b. Household pays energy costs as part of their rent

Required Documents

1. Household Information Form and/or PSE HELP Application. (Included in this packet.)
2. Signed Energy Savings Tips Form. (Included in this packet.)
3. Income documentation for all adults 18+ for the month prior to the signature date.
4. Copies of social security cards for ALL household members. (At least 1 household member must have a social security number.)
5. Energy use documentation. Documentation depends on heating type. (See below.)

SCL and/or oil	PSE	Heat included with rent
Copy of Seattle City Light electricity bill and/or oil vendor bill	Copy of Puget Sound Energy gas bill	Copy of the Heat with Rent (HWR) form signed by a landlord or building manager
	Copy of valid photo ID for primary applicant	Copy of the lease that confirms that the heating is included in rent
<p style="text-align: center;">If you have questions:</p> <p>*Please call (206) 812-4940 or email energyassistance@byrdbarr.place*</p>		A recent housing document dated within the last year if lease is dated before 10/1/2021. (Recertification letter, rent payment receipt, rental ledger)

How to Apply

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



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 FURNACE REPAIR PROGRAM (FRP)

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

☐ LIHEAP AIR CONDITIONER PROGRAM (AC)

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

☐ LIHWAP WATER ASSISTANCE PROGRAM

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

☐ LIHEAP TEMPORARY SHELTER PROGRAM

- Eligible LIHEAP households with an active eviction notice can apply for a grant of up to \$1,500 to prevent eviction.
- Note: This program will open in December 2022. If you are eligible, we will reach out to you then, or check back with us at that time.

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.** Go to seattle.gov/human-services/services-and-programs/utility-discount-program or call 206-684-0268 to speak to a city representative

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.)



Energy and Money Savings Tips

Below are ways to help you save money and use less energy. To qualify for LIHEAP, please review these tips and sign below verifying that you've read them.

- 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:** _____

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.

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"/> 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 Number #2 (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 Number #3 (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: \$ _____



DECLARATION STATEMENT OF NO INCOME

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

income 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:** _____



Heat Included with Rent Verification Form

- ➔ This form is to be completed and signed by a building manger or landlord.
- ➔ This form **MUST be accompanied by a lease** that is dated within the last year, and shows heating costs is included with rent.
 - We can accept an older lease if you also submit a housing document that is dated within the last year such as a recent rent receipt, rental ledger, recertification letter, or statement from the property manager.

I do hereby declare that _____ is a tenant at:
Client's Full Name

Apartment Name

Street Address

Apt #

Zip Code

and has resided there since _____,
Month Year

The dwelling's primary heat source comes from: ☐ Electricity ☐ Gas

Is it stated in the rental agreement, that the payment for heat is included in the monthly rent? ☐ Yes ☐ No

Manager/Landlord (Print Name): _____

Signature: _____ **Date:** _____

Telephone Number: _____

I certify that the above information is true and accurate to the best of my knowledge.