

Barnaamijka Sannadka 2022 – 2023

Xirmada Codsiga Kalmada Tamarta

Barnaamijiyada kaalmada tamarta ayaa hadda furan illaa Ogosto 2023. Byrd Barr Place ayaa maamusha labada Barnaamij ee Caawinta Tamarta Guriga ee Loogu Talagalay Dadka Dakhligoodu Hooseeyo (LIHEAP) iyo Barnaamijka Khadka Tamarta Guriga ee Puget Sound (PSE HELP). Qoysaska ayaa u-qalmi kara hal ama labada barnaamij.

U-qalmida

- 1.a. Qoysku waxay ku nool yihiin gudaha magaalada Seattle. (Fiiro gaar ah: Koodhahka cinwaanada guriyeed (ZIP codes) 98106, 98178, 98177, iyo 98133 waxaa u adeegga laba wakaaladood oo kala duwan; fadlan wac si aad u ogaato inaad ku jirto aagga adeegayada. **Uma** adeegno koodhahka cinwaanada guriyeed ee 98148 ama 98168 ee aan lagu soo biirinin Seattle.)
- 2.a. Dakhliga qoyska bishiiba waa inuu ahaadaa ama ka hooseeya 150% khadka faqriga ee dawladda. Ka eeg tilmaamaha u-qalmitaanka dakhliga barta byrdbarrplace.org/energy.

Tirada Xubnaha Qoyska	Celceliska Dakhliga Billaha ah ee LIHEAP	Celceliska Dakhliga Billaha ah ee Ugu Badan ee PSE HELP
1 qof	\$1,699	\$5,563
2 qof	\$2,289	\$6,354
3 qof	\$2,879	\$7,150
4 qof	\$3,469	\$7,942

Waxaan qiimeyn karnaa 1, 3, ama 12 bilood oo dakhli ah. U-qalmida waxay ku saleysan tahay bisha ka horreysa taariikhda saxiixa. 20% ayaa laga jarayaa dhammaan dakhliga la kasbaday ee la canshuuray wakhtiga lacag-bixinta.

- 3.a. Qoysku waxay ku leeyihiin akoon shaqaynaya Seattle City Light, akoonka gaaska iyo/ama akoonka Puget Sound, ama
- 3.b. Reerku waxay u bixiyaan kharashka tamarta ka qayb ahaan kiradooda

Dokumentiyada loo baahan yahay

1. Foomka Macluumaadka Qoyska iyo/ama Codsiga PSE HELP. (Waxaa ku jira xirmadan.)
2. Foomka Talooiyinka Tashiilida Tamarta ee Saxiixan. (Waxaa ku jira xirmadan.)
3. Dokumentiga dakhliga ee loogu talagalay dhammaan dadka waaweyn ee 18+ jira ee loogu talagalay bisha ka horreysa taariikhda saxiixa.
4. Nuqullada kaadhahka sugnaanta bulshada ee loogu talagalay dhammaan xubnaha qoyska. (Ugu yaraan 1 qof oo reerka ka tirsan waa in uu haysto lambarka sooshal sekuuritiga/sugnaanta bulshada.)
5. Dokumentiyada isticmaalka tamarta. Dokumentiyadu waxay ku xiran yihiin nooca kuleyliyaha. (Hoos ka eeg.

SCL iyo/ama gaas	PSE	Kululaynta iyo kirada
Nuqulka biilka korontada Seattle City Light iyo/ama biilasha iibiyaha gaaska	Nuqulka Biilka Gaaska Tamarta ee Puget Sound	Nuqul ka foomka Kululaynta iyo Kirada (HWR) oo uu saxeexay mulkiilaha ama maamulaha dhismaha
	Nuqulka aqoonsiga sawirka ansaxa ah ee codsadaha koowaad	Nuqulka heshiiska ijaarka ee xaqiijinaya kuleyliyaha in lagu daray kirada
Haddii aad su'aalo qabto: Fadlan wac (206) 812-4940 ama iimayl u dir energyassistance@byrdbarr.place*		Dokumentiga guri ee ugu dambeeyay ee la taariikheeyay gudaha sannadkii hore haddii heshiiska ijaarka la taariikheeyay kahor 10/1/2021. (Warqadda dib u kiraysashada, rasiidka bixinta kirada, diiwaanka kirada)

Sida loo Codsado

Onlaynka	Boostada	Keenida	Iimaylka
https://www.tfaforms.com/5011557	722 18 th Ave Seattle, WA 98122	722 18 th Ave Seattle, WA 98122 9 subaxnimo - 5 galabnimo Isniinta – Jimcaha	energyassistance@byrdbarr.place



MIYAAD XIISAYNAYSAA MID KA MID AH BARNAAMIJAYADAN KALE EE AAN BIXINO?

Fadlan calaamadee sanduuqyada barnaamijyada aad xiisaynayso.

Soo celinta foomkan ma dammaanadqaadayo kaalmo. Fadlan booqo mareegahayaga ama na soo wac si aad u hesho shuruudaha u-qalmitaanka iyo wargelinada barnaamijka iyo cusbooneysiinta codsiga.

□ **BARNAAMIJKA DAYACTIRKA KULEYL-DHALIYAHA EE LIHEAP (FRP)**

- Qoysaska u-qalma LIHEAP ee mulkiilayaasha ah waxay codsan karaan inay ku helaan nadiifinta, dayactirka, ama beddelida kuleyl-dhaliyaha, lacag dhan \$7,500.

□ **BARNAAMIJKA AARKUDHEESHINKA EE LIHEAP (AC)**

- Qoysaska u-qalma LIHEAP waxay codsan karaan hal aarkudheeshin oo la qaadi karo.

□ **BARNAAMIJKA KAALMADA BIYAHA EE LIHWAP**

- Qoysaska u-qalma LIHEAP waxay codsan karaan deeq dhan \$2,500 si ay ugu bixiyaan kharashka biyaha iyo bulaacada ee ay ka helaan Utilities Public Seattle.

□ **BARNAAMIJKA HOYGA KUMEELGAARKA AH EE LIHEAP**

- Qoysaska u-qalma LIHEAP ee la siiyay ogaysiis guri ka saarid oo shaqaynaya waxay codsan karaan deeq dhan \$1,500 si looga hortago guri ka saarista.
- Fiiro gaar ah: Barnaamijkan waxa uu furmi doonaa Diisambar 2022 Haddii aad u-qalanto, waanu kula soo xidhiidhi doonaa, ama dib noola hubi wakhtigaas.

Ma ogtahay inaad sidoo kale codsan karto barnaamijka qiimo-dhimista Yutilityada ee City Light?

Qoysaska u-qalma waxay iska diiwaangelin karaan Barnaamijka Qiimo-dhimista Yutilityada ee Magaalada Seattle (UDP), kaasoo bixiya qiimo-dhimis 60% ah oo loogu talagalay biilasha Seattle City Light iyo 50% qiimo-dhimis ah oo loogu talagalay biilasha Adeegyada Dadweynaha Seattle. Si toos ah uga codso barnaamijkan Seattle City Light. Tag seattle.gov/human-services/services-and-programs/utility-discount-program ama wac 206-684-0268 si aad ula hadasho wakiilka magaalada.

HOUSEHOLD INFORMATION FORM (HIF) (7/2016)

*Agency:	Assistance Provided: ☐ *Energy Assistance OR ☐ *Crisis - Imminent OR ☐ *Crisis - No Heat ☐ Other Emergency Services ☐ Conservation Education	☐ Interested in Weatherization ☐ Tribal Member ☐ Received Food Assistance ☐ Heat with rent ☐ 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 ☐ Own/buy 2 ☐ Subsidized 3 ☐ Rental 4 ☐ Roomer/Boarder 5 ☐ Temp Housing Cost per Month: \$	*Housing Type: 1 ☐ 1-3 Family 2 ☐ 4+ Family 3 ☐ Hi-Rise 4 ☐ Mobile 5 ☐ RV Number of Bedrooms:	*Income/Benefits: ☐ SSI ☐ TANF ☐ GA ☐ VA ☐ Soc. Sec. ☐ Military ☐ Earned Income ☐ Pension ☐ Self Employed ☐ Child Support ☐ Unemployment ☐ Other	*Total Number of People in the Household:
			*Household's Monthly Income: \$
Target Group #1: ☐ Yes ☐ No	*Primary Heat Source: 1 ☐ Electric 2 ☐ Natural Gas 3 ☐ Propane 4 ☐ Oil 5 ☐ Wood 6 ☐ Coal		*Annual Heat Cost: \$ ☐ Back Up Heat Cost
Target Group #2: ☐ Yes ☐ No			Total Energy Cost: \$ ☐ 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 ☐	Vendor #: \$
Replacement ☐	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.)

Talooyinka Kaydinta Tamarta iyo Lacagta

Hoos waxaad ka helaya fikrado dhowr ah oo gacan kaa siinaayo inaad lacag kaydato oo aad isticmaasho tamar yar



- Ka saar qalabyada elektarooniga ah marka aan la isticmaalayn ama marka aad guriga ka baxayso
- Tixgeli inaad adeegsato qaybisada korontada si aad si fudud u wada damiso qalabyo badan
- Dami nalalka ku jira qolalka aan la isticmaalaynin
- Iska yaree heerkulka qaboojiyahaaga (36 ilaa 38 darajo)
- Xaqiiji in alaadaha guriga la damiyay isticmaal kasta ka dib
- Ka fikir inaad ku beddesho guluubyada iftiinka tamarta wanaagsan leh (guluubyada CFL iyo LED)
- Ku dabool qabyada daaqadaha iyo albaabada xayuubiyaha cimilada, sijilaynta, ama xuubka caaga ah
- Iska ilaali inaad isticmaasho kululeeyaha hawada sida ugu badan ee suurtagalka ah, maadaama ay yihiin kuwa qaali ah, badqab ah, oo aan ahayn tamarta ugu waxtarka badan marka ay timaado kululaynta gurigaaga oo dhan
- Si joogta ah u faaruqinta hawada iyo kululaynta sabuuradaha gundhiga
- Ku dar daahyada midabada khafiifka ah daaqadaha oo ilaali furnaanta harka inta lagu guda jiro maalinta si ay iftiinka qoraxda loo helo oo loo xiro habeenkii si ay hawada diiran gudaha ugu jirto
- Ka fikir inaad ku rakibto madaxa qubeyska ee kaydinta biyaha
- Hoos u dhig heerkulbeegga kululeeyaha biyaha ilaa 120 darajo
- Si joogto ah u hagaaji boorka nalalka
- Qubeyso, ma ahan mayrasho
- Ku wad makiinada weelka dhaqda iyadoo rar badan uu ka buuxo oo kaliya oo ku qalaji weelka hawada
- Hoos u dhig heerkulbeegga mar kasta oo aad guriga ka baxayso
- Ku dhaq dhardhaqaha oo mario ka buuxan biyo qabow, dharka hawada ku qalaji, iyo ku nadiifi bixiyaha dufta
- Si tartiib ah kor ugu qaad heerkulka kulaylka gurigaaga, maadaama kororka degdega ahi uu si weyn u kordhin doono isticmaalkaaga tamarta



Qiimo dhimis loogu talagalay alaadaha tamarta waxtarka leh, madaxyada qubeyska, iyo guluubyada iftiinka ayaa la heli karaa. Booq onlaynka ama wac Lataliyahaaga Tamarta wixii macluumaad dheeraad ah iyo sida loo codsado!



PY 2022-2023

Iftiinka Magaalada Seattle: Wac (206) 684-3800, iimayl u dir SCLEnergyAdvisor@seattle.gov ama booqo seattle.gov/light/conserv

Tamarta Puget Sound: Wac 1-800-562-1482, iimayl u dir EnergyAdvisor@pse.com ama booqo pse.com/rebates

Waxaan qirayaa in aan akhriyey Talooyinka Kaydinta Tamarta ee kor ku xusan.

Saxiixa Codsadaha: _____

Taariikhda: _____

Iimaylka: _____

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 ☐ Self ☐ Spouse ☐ Partner ☐ Child ☐ Other Relative ☐ Other Non-Relative	*Gender ☐ Male ☐ Female		Race ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐ Other		Education (24 Years or Older) ☐ 0-8 ☐ 9-12 Non-Graduate ☐ High School Graduate/GED ☐ 12+ Some Post-Secondary ☐ 2 or 4 Year College Graduate Included in Calculation ☐ Yes ☐ No	Disabled ☐ Yes ☐ No
	Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino					Military Veteran ☐ Yes ☐ No
						Health Insurance ☐ Yes ☐ No
*Last Name		*First Name		MI	*SSN (required if secondary) ____-____-____	*DOB ____/____/____
*Relation to Primary ☐ Spouse ☐ Partner ☐ Child ☐ Other Relative ☐ Other Non-Relative Secondary Applicant ☐ Yes ☐ No	*Gender ☐ Male ☐ Female		Race ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐ Other		Education (24 Years or Older) ☐ 0-8 ☐ 9-12 Non-Graduate ☐ High School Graduate/GED ☐ 12+ Some Post-Secondary ☐ 2 or 4 Year College Graduate Included in Calculation ☐ Yes ☐ No	Disabled ☐ Yes ☐ No
	Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino					Military Veteran ☐ Yes ☐ No
						Health Insurance ☐ Yes ☐ No
*Last Name		*First Name		MI	SSN ____-____-____	*DOB ____/____/____
*Relation to Primary ☐ Spouse ☐ Partner ☐ Child ☐ Other Relative ☐ Other Non-Relative	*Gender ☐ Male ☐ Female		Race ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐ Other		Education (24 Years or Older) ☐ 0-8 ☐ 9-12 Non-Graduate ☐ High School Graduate/GED ☐ 12+ Some Post-Secondary ☐ 2 or 4 Year College Graduate Included in Calculation ☐ Yes ☐ No	Disabled ☐ Yes ☐ No
	Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino					Military Veteran ☐ Yes ☐ No
						Health Insurance ☐ Yes ☐ No
*Last Name		*First Name		MI	SSN ____-____-____	*DOB ____/____/____
*Relation to Primary ☐ Spouse ☐ Partner ☐ Child ☐ Other Relative ☐ Other Non-Relative	*Gender ☐ Male ☐ Female		Race ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐ Other		Education (24 Years or Older) ☐ 0-8 ☐ 9-12 Non-Graduate ☐ High School Graduate/GED ☐ 12+ Some Post-Secondary ☐ 2 or 4 Year College Graduate Included in Calculation ☐ Yes ☐ No	Disabled ☐ Yes ☐ No
	Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino					Military Veteran ☐ Yes ☐ No
						Health Insurance ☐ Yes ☐ No
*Last Name		*First Name		MI	SSN ____-____-____	*DOB ____/____/____
*Relation to Primary ☐ Spouse ☐ Partner ☐ Child ☐ Other Relative ☐ Other Non-Relative	*Gender ☐ Male ☐ Female		Race ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐ Other		Education (24 Years or Older) ☐ 0-8 ☐ 9-12 Non-Graduate ☐ High School Graduate/GED ☐ 12+ Some Post-Secondary ☐ 2 or 4 Year College Graduate Included in Calculation ☐ Yes ☐ No	Disabled ☐ Yes ☐ No
	Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino					Military Veteran ☐ Yes ☐ No
						Health Insurance ☐ Yes ☐ No
*Last Name		*First Name		MI	SSN ____-____-____	*DOB ____/____/____
*Relation to Primary ☐ Spouse ☐ Partner ☐ Child ☐ Other Relative ☐ Other Non-Relative	*Gender ☐ Male ☐ Female		Race ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐ Other		Education (24 Years or Older) ☐ 0-8 ☐ 9-12 Non-Graduate ☐ High School Graduate/GED ☐ 12+ Some Post-Secondary ☐ 2 or 4 Year College Graduate Included in Calculation ☐ Yes ☐ No	Disabled ☐ Yes ☐ No
	Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino					Military Veteran ☐ Yes ☐ No
						Health Insurance ☐ Yes ☐ No

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

Liiska Hubinta Dakhliga (Dhammaan Dadka Waaweyn ee 18+)
(Ha ku darin bisha hadda socota)

Lambarka Xubinta Qoyska #1 (Magaca)	Bisha:	Bisha:	Bisha:
Qoraalada:	☐ Dakhliga La Kasbaday \$ _____ \$ _____ ☐ Dakhli malahan ☐ SSA: \$ _____ ☐ SSI: \$ _____ ☐ GA: \$ _____ ☐ TANF: \$ _____ ☐ Mid kale: \$ _____	☐ Dakhliga La Kasbaday \$ _____ \$ _____ ☐ Dakhli malahan ☐ SSA: \$ _____ ☐ SSI: \$ _____ ☐ GA: \$ _____ ☐ TANF: \$ _____ ☐ Mid kale: \$ _____	☐ Dakhliga La Kasbaday \$ _____ \$ _____ ☐ Dakhli malahan ☐ SSA: \$ _____ ☐ SSI: \$ _____ ☐ GA: \$ _____ ☐ TANF: \$ _____ ☐ Mid kale: \$ _____
Lambarka Xubinta Qoyska #2 (Magaca)	Bisha:	Bisha:	Bisha:
Qoraalada:	☐ Dakhliga La Kasbaday \$ _____ \$ _____ ☐ Dakhli malahan ☐ SSA: \$ _____ ☐ SSI: \$ _____ ☐ GA: \$ _____ ☐ TANF: \$ _____ ☐ Mid kale: \$ _____	☐ Dakhliga La Kasbaday \$ _____ \$ _____ ☐ Dakhli malahan ☐ SSA: \$ _____ ☐ SSI: \$ _____ ☐ GA: \$ _____ ☐ TANF: \$ _____ ☐ Mid kale: \$ _____	☐ Dakhliga La Kasbaday \$ _____ \$ _____ ☐ Dakhli malahan ☐ SSA: \$ _____ ☐ SSI: \$ _____ ☐ GA: \$ _____ ☐ TANF: \$ _____ ☐ Mid kale: \$ _____
Lambarka Xubinta Qoyska #3 (Magaca)	Bisha:	Bisha:	Bisha:
Qoraalada:	☐ Dakhliga La Kasbaday \$ _____ \$ _____ ☐ Dakhli malahan ☐ SSA: \$ _____ ☐ SSI: \$ _____ ☐ GA: \$ _____ ☐ TANF: \$ _____ ☐ Mid kale: \$ _____	☐ Dakhliga La Kasbaday \$ _____ \$ _____ ☐ Dakhli malahan ☐ SSA: \$ _____ ☐ SSI: \$ _____ ☐ GA: \$ _____ ☐ TANF: \$ _____ ☐ Mid kale: \$ _____	☐ Dakhliga La Kasbaday \$ _____ \$ _____ ☐ Dakhli malahan ☐ SSA: \$ _____ ☐ SSI: \$ _____ ☐ GA: \$ _____ ☐ TANF: \$ _____ ☐ Mid kale: \$ _____



BAYAANKA CADDAYNTA EE DAKHLI LA'AANTA

Aniga, _____, waxaan halkan ku cadeynayaa in aanan helin wax
Magaca Dhammaystiran

Dakhli ama faa'iidooyin ah oo ku aadan bisha(-laha) ama taariikhda(-yada) lacag bixinta ee
hoos ku qoran.

Codsigan LIHEAP ama PSE HELP waxa la saxiixay bisha _____.

Waa kuwee sadexda bilood ee ka horreeyay taariikhda saxiixa ee **aadan** dakhli helin?

- | | | |
|---|--|--------------------------------------|
| ☐ Luulyo 2022 | ☐ Disembar 2022 | ☐ Maajo 2023 |
| ☐ Ogosto 2022 | ☐ Janaayo 2023 | ☐ Juun 2023 |
| ☐ Sebtembar 2022 | ☐ Febraayo 2023 | ☐ Luulyo 2023 |
| ☐ Oktoobar 2022 | ☐ Maarso 2023 | ☐ Ogosto 2023 |
| ☐ Nofembar 2022 | ☐ Abriil 2023 | |

(LOO BAAHAN YAHAY) Sababta aanan wax dakhli ah u helin bisha (-laha) kor ku xusan waa:

**(LOO BAAHAN YAHAY) Waxaan daboolay baahiyahayga nololeed ee aasaasiga ah ee cuntada,
hoyga, iyo tashiilaadka anigoo:**

*Waxaan cadeynayaa in macluumaadka kor ku xusan yahay mid dhammaystiran oo sax ah inta aan
ogahay. Waxaan fahamsanahay in aan saxiixayo bayaankan iyada oo lagu ganaaxayo ciqaabta dacwad
ku oogida haddii aan si ula kac ah u bixiyo macluumaad been abuur ah kuwaas oo keenayo inaan helo
kaalmo aanan u qalmin.*

Saxiixa: _____

Taariikhda: _____

Saxiixa Shaqaalaha EAP: _____

Taariikhda: _____



Foomka Xaqiijinta Kulaylka Lagu Daray Kirada

- Foomkan waa inuu buuxiyaa oo uu saxiixaa maareyaha dhismaha ama mulkiilaha guriga.
- Foomkan waa inuu la SOCDA heshiis kiro ah 1) ka yar 12 bilood, iyo 2) muujinaya kharashyada kulaylka lagu daray kirada. Haddii heshiiskaaga guriga uu ka weyn yahay 12 bilood, waxaan u baahan doonaa dukumeenti guri oo ku taariikhaysan sanadkii u dambeeyay sida rasiidka kirada ee ugu dambeeyay, diiwaaniyaha, warqad dib-u-shahaadaynta, ama bayaan ka soo baxay maaareeyaha hantida.

Waxaan halkan ku caddaynayaa in _____ uu yahay kiraystaha barta:
Magaca Dhammaystiran ee macmiilka

Magaca Guriga

Cinwaanka Waddada _____ Guriga # _____ Koodhka Boostada _____

oo uu halkaas daganaa tan iyo _____, _____
Bisha _____ Sanadka _____

Isha kulaylka aasaasiga ah ee guriga waxay ka timaadaa: ☐ Koronta ☐ Gaas

Miyaa lagu sheegay heshiiska kirada, in lacag bixinta kulaylka lagu daray kirada bilaha ah? ☐ Haa ☐ Maya

Maareeyaha/Mulkiilaha
(Magaca Daabaca): _____

Saxiixa: _____ Taariikhda: _____

Lambarka
Taleefanka: _____

Waxaan cadeynayaa in macluumaadka kor ku xusan ay yihiin kuwa run iyo sax ah inta aqoontayda ugu wanaagsan tahay.