Barnaamijka Sannadka 2022 – 2023
Xirmada Codsiga Kalmada Tamarta

Barnaamijyada 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: Koodhadhka 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 koodhadhka 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

Dukumentiyada loo baahan yahay

1. Foomka Macluumaadka Qoyska iyo/ama Codsiga PSE HELP. (Waxaa ku jira xirmadan.)
2. Foomka Talooyinka Tashiilida Tamarta ee Saxiixan. (Waxaa ku jira xirmadan.)
3. Dukumentiga dakhliga ee loogu talagaly dhammaan dadka waaweyn ee 18+ jira ee loogu talagalay bisha ka horreysa taariikhda saxiixa.
4. Nuqullada kaadhadhka sugnaanta bulshada ee loogu talagaly dhammaan xubnaha qoyska. (Ugu yaraan 1 qof oo reerka ka tirsan waa in uu haysto lambarka sooshal sekuuritiga/sugnaanta bulshada.)
5. Dukumentiyada isticmaalka tamarta. Dukumentiyadu 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
		Dukumentiga 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)

Haddii aad su'aalo qabto:
Fadlan wac (206) 812-4940 ama iimayl u dir
energyassistance@byrdbarr.place*

Sida loo Codsado

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

BYRD BARR 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 Yutilitiyada ee City Light?

Qoysaska u-qalma waxay iska diiwaangelin karaan Barnaamijka Qiimo-dhimista Yutilitiyada 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.

Washington State Department of Commerce, Low Income Home Energy Assistance Program (LIHEAP)

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 ❑ Earned Income
❑ TANF ❑ Pension
❑ GA ❑ Self Employed
❑ VA ❑ Child Support
❑ Soc. Sec. ❑ Unemployment
❑ Military ❑ Other

*Total Number of People in the Household:

*Household's Monthly Income: $

Target Group #1: ❑ Yes ❑ No

Target Group #2: ❑ 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

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.)

PUGET SOUND ENERGY

PSE HELP APPLICATION

AGENCY # *(Required)*	COUNTY	CERTIFICATION DATE	FILE # *(Optional)*

SECTION A: HOUSEHOLD INFORMATION *(Required)*

APPLICANT'S NAME (LAST)	(FIRST)	(MIDDLE INITIAL)	LAST FOUR OF SSN	DATE OF BIRTH (MM/DD/YY)
SECOND ADULT IN HOUSEHOLD (LAST)	(FIRST)	(MIDDLE INITIAL)	LAST FOUR OF SSN	DATE OF BIRTH (MM/DD/YY)

EMAIL ADDRESS

RESIDENCE ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT THAN RESIDENCE)	CITY	STATE	ZIP

PHONE ( )	MESSAGE PHONE ( )	DATE MOVED INTO RESIDENCE (MM/DD/YY)

SECTION B: BILLING INFORMATION *(Required)*

HOW DOES APPLICANT'S NAME APPEAR ON PSE BILL?

☐ PRIMARY ☐ CO-CUSTOMER ☐ NOT LISTED*

*Note: PSE will sign you up for service as co-customer, or primary dependent on Section B questions 1-4.

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 ___

(If you answer "yes" to #4, the Applicant's name will appear as primary. Their account number will be changed.)

***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 ☐ Own/buy	1 ☐ 1-3 Family	1 ☐ All Electric	☐ Back Up Energy Cost	1 ☐ SSI 7 ☐ PEN	Household's Monthly Income
2 ☐ Subsidized	2 ☐ 4+ Family	2 ☐ Gas + Electric	☐ Used Surrogate Data	2 ☐ TANF 8 ☐ MIL	
3 ☐ Rental	3 ☐ Hi-Rise	3 ☐ Gas only	Gas $_____	3 ☐ GA 9 ☐ CS	
	4 ☐ Mobile	4 ☐ Electric Base	Electric $_____	4 ☐ VA 10 ☐ UI	$_____ . _____
$_____ per month	5 ☐ RV		LIHEAP Heat Cost $_____ (If applicable)	5 ☐ SSA 11 ☐ Self Employ	
			Total $_____	6 ☐ EI 12 ☐ Other	

RECEIVED LIHEAP THIS PROGRAM YEAR?: ☐ YES ☐ NO

$_____

STAFF NAME

INTERESTED IN HOME WEATHERIZATION?: ☐ YES ☐ 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 # _____ $_____

vendor # _____ $_____

#2 Electric Acct. # _____ 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

BYRD BARR PLACE

PY 2022-2023

Talooyinka Kaydinta Tamarta iyo Lacagta

Hoos waxaad ka helaysaa fikrado dhowr ah oo gacan kaa siinaayo inaad lacag kaydsato 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 maryo 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!

Iftiinka Magaalada Seattle: Wac (206) 684-3800, iimayl u dir SCLEnergyAdvisor@seattle.gov ama booqo seattle.gov/light/conserve
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 **Ethnicity** ❑ Hispanic or Latino ❑ Not Hispanic or Latino	**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 **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 **Ethnicity** ❑ Hispanic or Latino ❑ Not Hispanic or Latino	**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 **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 **Ethnicity** ❑ Hispanic or Latino ❑ Not Hispanic or Latino	**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 **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 **Ethnicity** ❑ Hispanic or Latino ❑ Not Hispanic or Latino	**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 **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 **Ethnicity** ❑ Hispanic or Latino ❑ Not Hispanic or Latino	**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 **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 **Ethnicity** ❑ Hispanic or Latino ❑ Not Hispanic or Latino	**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 **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
- ☐ Ogosto 2022
- ☐ Sebtembar 2022
- ☐ Oktoobar 2022
- ☐ Nofembar 2022
- ☐ Disembar 2022
- ☐ Janaayo 2023
- ☐ Febraayo 2023
- ☐ Maarso 2023
- ☐ Abriil 2023
- ☐ Maajo 2023
- ☐ Juun 2023
- ☐ Luulyo 2023
- ☐ Ogosto 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 dhamaystiran 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 SOCDAA heshiis kiro ah 1) ka yar 12 bilood, iyo 2) muujinaya kharashyada kulaylinta 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.