

## 2022 – 2023 计划年度 能源补助申请文件



我们的能源补助计划现已开放申请，至 2023 年 8 月截止。Byrd Barr Place 管理低收入家庭能源补助计划 (LIHEAP) 和 Puget Sound Energy 家庭能源生命线计划 (PSE HELP)。符合条件的家庭可申请其中一种计划，也可同时申请两种计划。

### 资格条件

1. a. 必须是居住在西雅图市的家庭。（注意：邮政编码为 98106、98178、98177 和 98133 的地区由两家不同的机构服务；请来电查询您是否在我们的服务区内。邮政编码 98148 或 98168 为西雅图市非建制地区，不在我们的服务区内。）
2. a. 家庭月收入必须位于或低于联邦贫困线的 150%。请查阅收入资格指南：[byrdbarrplace.org/energy](http://byrdbarrplace.org/energy)。

家庭成员数量	LIHEAP计划月均收入限额	PSE HELP计划月均收入限额
1人	1,699美元	5,563美元
2人	2,289美元	6,354美元
3人	2,879美元	7,150美元
4人	3,469美元	7,942美元

我们可评估 1 个月、3 个月或 12 个月的收入。是否符合申请资格根据签署日期之前的月份的收入确定。发薪时扣税的所有劳动收入均可扣除 20%。

3. a. 家庭必须有有效的西雅图市电力公司账户、取暖油账户和/或 Puget Sound Energy 账户；或
- 3.b. 家庭的能源费用包含在租金内

### 必要的文件

1. 家庭信息表和/或 PSE HELP 计划申请表。（包含在本文件内。）
2. 已签署的“节能小窍门表”。（包含在本文件内。）
3. 家里所有 18 岁以上成年人在签署日期之前的月份的收入文件。
4. 所有家庭成员的社保卡副本。（至少 1 位家庭成员必须有社保号码。）
5. 关于能源使用情况的文件。具体文件类型视取暖方式而定。（见下文。）

电力和/或燃油取暖	PSE	租金包取暖费
西雅图市电力公司电费账单 和/或取暖油供应商账单的副本	Puget Sound Energy 天然气账单的副本	业主或物业经理签署的“租金包取暖费”(HWR)表格的副本
	带照片的主申请人有效身份证件副本	确认租金包取暖费的租约的副本
		如果租约日期早于 2021 年 10 月 1 日，则请提供日期在去年之内的最近住房证明文件。 (租赁复审函、租金收据、租金分类账)

如有疑问：

\*请致电(206) 812-4940，或发送电子邮件到  
[energyassistance@byrdbarr.place](mailto:energyassistance@byrdbarr.place)\*

申请方法

在线	邮寄	亲自递交	电子邮件
<a href="https://www.tfaforms.com/5011557">https://www.tfaforms.com/5011557</a>	722 18 <sup>th</sup> Ave Seattle, WA 98122	722 18 <sup>th</sup> Ave Seattle, WA 98122 上午9时至下午5时 星期一至星期五	energyassistance@ byrdbarr.place



## 您是否对我们提供的其它计划感兴趣？

如果对以下计划感兴趣，请勾选旁边的方框。

交还本表格不保证一定能获得补助。请浏览网站或打电话查询资格条件，了解相关计划和申请的最新状态。

### ☐ LIHEAP暖炉维修计划(FRP)

- 如果符合LIHEAP计划的资格条件，并且是房屋业主，相关家庭可申请暖炉清理、维修或更换补助，最高为7,500美元。

### ☐ LIHEAP空调计划(AC)

- 如果符合LIHEAP计划的资格条件，相关家庭可申请一套便携式空调机。

### ☐ LIHWAP供水补助计划

- 如果符合LIHEAP计划的资格条件，相关家庭可申请最高2,500美元的补助，用于支付供水和排污费用，由西雅图市公用事业局提供。

### ☐ LIHEAP临时住所计划

- 如果符合LIHEAP计划的资格条件，并且收到有效的驱逐通知，相关家庭可申请最高1,500美元的补助，以防止驱逐。
- 注：此计划将于2022年12月开放。如果您符合资格条件，我们会与您联系，或者您也可以到时再来了解情况。

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您知道吗，您还可以申请西雅图市电力公司的公用事业折扣计划？

符合资格条件的家庭可登记参加西雅图市的公用事业折扣计划(UDP)，享受西雅图市电力公司账单的60%折扣，西雅图市公用事业局账单的50%折扣。该计划可在西雅图市电力公司直接申请。请访问[seattle.gov/human-services/services-and-programs/utility-discount-program](https://seattle.gov/human-services/services-and-programs/utility-discount-program)，或致电206-684-0268与市政服务代表讨论。

**HOUSEHOLD INFORMATION FORM (HIF) (7/2016)**

<b>*Agency:</b>	<b>Assistance Provided:</b> <input type="checkbox"/> *Energy Assistance <b>OR</b> <input type="checkbox"/> *Crisis - Imminent <b>OR</b> <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	<b>File Number:</b>
<b>*County:</b>			<b>Certification Date:</b>

**SECTION A: Household Contact & Eligibility Information**

<b>*Primary Applicant:</b>			
(Last Name)		(First Name)	
		(Middle Initial)	
<b>*Residence Address:</b>			
City, State, Zip:			
<b>Mailing Address:</b> (If different)			
City, State, Zip:			
<b>Phone Number:</b> ( ) -		<b>Message Phone:</b> ( ) -	
		<b>Lived at Residence:</b> Years: Months:	
<b>*Housing Status:</b> 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 <b>Cost per Month:</b> \$	<b>*Housing Type:</b> 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 <b>Number of Bedrooms:</b>	<b>*Income/Benefits:</b> <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	<b>*Total Number of People in the Household:</b>
			<b>*Household's Monthly Income:</b> \$
<b>Target Group #1:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>*Primary Heat Source:</b> 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		<b>*Annual Heat Cost:</b> \$ <input type="checkbox"/> Back Up Heat Cost
<b>Target Group #2:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Total Energy Cost:</b> \$ <input type="checkbox"/> Used Surrogate Data
			<b>*Total Annual Electric Costs:</b> \$

**SECTION B: Energy Assistance (EAP)**

<b>Staff:</b>	<b>P.O.#:</b>
<b>HOUSEHOLD ELIGIBILITY AMOUNT:</b> \$	
<b>Payment to Vendor(s):</b>	<b>Direct Pay to Applicant:</b> \$
#1 Acct. #:	\$
#2 Acct. #:	\$
<b>TOTAL EAP PAID TO DATE:</b> \$	

**SECTION C: Other Emergency Services (OES)**

<b>Staff:</b>	<b>P.O.#:</b>
<b>Heat System: Repairs</b> <input type="checkbox"/>	<b>Vendor #:</b> \$
<b>Replacement</b> <input type="checkbox"/>	<b>Vendor #:</b> \$
<b>Other Repairs &amp; Services:</b>	<b>Vendor #:</b> \$
	<b>Vendor #:</b> \$
<b>Shelter Assistance:</b>	<b>Vendor #:</b> \$
<b>TOTAL OES PAID TO DATE:</b> \$	

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><b>HOW DOES APPLICANT'S NAME APPEAR ON PSE BILL?</b></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><b>If the Applicant is the Primary on the PSE bill please skip to Section C.</b></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 #														
<b>2-Year Certification</b> 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 # _____	\$ _____															
<b>APPLICANT'S TOTAL ELIGIBILITY AMOUNT: \$ _____</b>																	

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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## 节能省钱小窍门

下面是几个节能省钱的小窍门

- 电子设备不使用时，或者您要出门时，拔掉电子设备的插头
- 考虑买一个能同时关掉多个设备的接线板
- 没人的房间不点灯
- 调低冰箱的温度（华氏 36 至 38 度）
- 电器每次用完随手关掉
- 考虑更换节能灯泡（CFL 和 LED 灯泡）
- 用挡风条、填缝剂或塑料膜封住门窗缝隙
- 电热取暖器耗电高、不安全，要消耗大量能源才能做到全屋供暖，能不用尽量不用
- 定期用吸尘器清理通风口和踢脚板供暖器
- 使用浅色窗帘，白天打开窗帘采光取暖，夜晚关上窗帘留住暖空气
- 考虑安装节水淋浴头
- 将热水器的温度调到华氏 120 度
- 定期清理灯具上的灰尘
- 洗淋浴，别泡澡
- 洗碗机放满了再运行，让碗碟自然风干
- 每次出门时调低恒温器的温度
- 衣服存够了再集中清洗，用冷水洗衣，自然风干，并清理滤毛网袋
- 逐步调高家里的供暖温度，陡然升温会消耗大量能源



我们提供节能电器、淋浴头、灯泡的优惠折扣。欢迎浏览网站或致电联系能源顾问了解更多信息和申请方法！

**西雅图市电力公司：** 请致电(206) 684-3800，发送电子邮件到 [SCLEnergyAdvisor@seattle.gov](mailto:SCLEnergyAdvisor@seattle.gov) 或浏览 [seattle.gov/light/conserve](http://seattle.gov/light/conserve)

**Puget Sound Energy：** 请致电 1-800-562-1482，发送电子邮件到 [EnergyAdvisor@pse.com](mailto:EnergyAdvisor@pse.com) 或浏览 [pse.com/rebates](http://pse.com/rebates)



2022-2023 计划年度

我确认我已阅读上述节能小窍门。

申请人签名: \_\_\_\_\_

日期: \_\_\_\_\_

电子邮件: \_\_\_\_\_



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

**Household Member Information Form (7/2016)**

<b>*Last Name</b>		<b>*First Name</b>		<b>MI</b>	<b>*SSN (required if primary)</b> ____-____-____	<b>*DOB</b> ____/____/____
<b>*Relation to Primary</b> <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	<b>*Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Race</b> <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		<b>Education (24 Years or Older)</b> <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 <b>Included in Calculation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					<b>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
						<b>Health Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>*Last Name</b>		<b>*First Name</b>		<b>MI</b>	<b>*SSN (required if secondary)</b> ____-____-____	<b>*DOB</b> ____/____/____
<b>*Relation to Primary</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative <b>Secondary Applicant</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>*Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Race</b> <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		<b>Education (24 Years or Older)</b> <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 <b>Included in Calculation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					<b>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
						<b>Health Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>*Last Name</b>		<b>*First Name</b>		<b>MI</b>	<b>SSN</b> ____-____-____	<b>*DOB</b> ____/____/____
<b>*Relation to Primary</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative	<b>*Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Race</b> <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		<b>Education (24 Years or Older)</b> <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 <b>Included in Calculation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					<b>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
						<b>Health Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>*Last Name</b>		<b>*First Name</b>		<b>MI</b>	<b>SSN</b> ____-____-____	<b>*DOB</b> ____/____/____
<b>*Relation to Primary</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative	<b>*Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Race</b> <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		<b>Education (24 Years or Older)</b> <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 <b>Included in Calculation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					<b>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
						<b>Health Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>*Last Name</b>		<b>*First Name</b>		<b>MI</b>	<b>SSN</b> ____-____-____	<b>*DOB</b> ____/____/____
<b>*Relation to Primary</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative	<b>*Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Race</b> <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		<b>Education (24 Years or Older)</b> <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 <b>Included in Calculation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					<b>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
						<b>Health Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>*Last Name</b>		<b>*First Name</b>		<b>MI</b>	<b>SSN</b> ____-____-____	<b>*DOB</b> ____/____/____
<b>*Relation to Primary</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative	<b>*Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Race</b> <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		<b>Education (24 Years or Older)</b> <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 <b>Included in Calculation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					<b>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
						<b>Health Insurance</b> <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.



# 收入核查表（所有 18 岁以上的成年人）

（请勿包含当前月份的收入）

家庭成员一（姓名）	月份：	月份：	月份：
备注：	<input type="checkbox"/> 劳动收入 _____ 美元 _____ 美元 <input type="checkbox"/> 无收入 <input type="checkbox"/> SSA: _____ 美元 <input type="checkbox"/> SSI: _____ 美元 <input type="checkbox"/> (GA): _____ 美元 <input type="checkbox"/> (TANF): _____ 美元 <input type="checkbox"/> 其它: _____ 美元	<input type="checkbox"/> 劳动收入 _____ 美元 _____ 美元 <input type="checkbox"/> 无收入 <input type="checkbox"/> SSA: _____ 美元 <input type="checkbox"/> SSI: _____ 美元 <input type="checkbox"/> GA: _____ 美元 <input type="checkbox"/> TANF: _____ 美元 <input type="checkbox"/> 其它: _____ 美元	<input type="checkbox"/> 劳动收入 _____ 美元 _____ 美元 <input type="checkbox"/> 无收入 <input type="checkbox"/> SSA: _____ 美元 <input type="checkbox"/> SSI: _____ 美元 <input type="checkbox"/> GA: _____ 美元 <input type="checkbox"/> TANF: _____ 美元 <input type="checkbox"/> 其它: _____ 美元
家庭成员二（姓名）	月份：	月份：	月份：
备注：	<input type="checkbox"/> 劳动收入 _____ 美元 _____ 美元 <input type="checkbox"/> 无收入 <input type="checkbox"/> SSA: _____ 美元 <input type="checkbox"/> SSI: _____ 美元 <input type="checkbox"/> GA: _____ 美元 <input type="checkbox"/> TANF: _____ 美元 <input type="checkbox"/> 其它: _____ 美元	<input type="checkbox"/> 劳动收入 _____ 美元 _____ 美元 <input type="checkbox"/> 无收入 <input type="checkbox"/> SSA: _____ 美元 <input type="checkbox"/> SSI: _____ 美元 <input type="checkbox"/> GA: _____ 美元 <input type="checkbox"/> TANF: _____ 美元 <input type="checkbox"/> 其它: _____ 美元	<input type="checkbox"/> 劳动收入 _____ 美元 _____ 美元 <input type="checkbox"/> 无收入 <input type="checkbox"/> SSA: _____ 美元 <input type="checkbox"/> SSI: _____ 美元 <input type="checkbox"/> GA: _____ 美元 <input type="checkbox"/> TANF: _____ 美元 <input type="checkbox"/> 其它: _____ 美元
家庭成员三（姓名）	月份：	月份：	月份：
备注：	<input type="checkbox"/> 劳动收入 _____ 美元 _____ 美元 <input type="checkbox"/> 无收入 <input type="checkbox"/> SSA: _____ 美元 <input type="checkbox"/> SSI: _____ 美元 <input type="checkbox"/> GA: _____ 美元 <input type="checkbox"/> TANF: _____ 美元 <input type="checkbox"/> 其它: _____ 美元	<input type="checkbox"/> 劳动收入 _____ 美元 _____ 美元 <input type="checkbox"/> 无收入 <input type="checkbox"/> SSA: _____ 美元 <input type="checkbox"/> SSI: _____ 美元 <input type="checkbox"/> GA: _____ 美元 <input type="checkbox"/> TANF: _____ 美元 <input type="checkbox"/> 其它: _____ 美元	<input type="checkbox"/> 劳动收入 _____ 美元 _____ 美元 <input type="checkbox"/> 无收入 <input type="checkbox"/> SSA: _____ 美元 <input type="checkbox"/> SSI: _____ 美元 <input type="checkbox"/> GA: _____ 美元 <input type="checkbox"/> TANF: _____ 美元 <input type="checkbox"/> 其它: _____ 美元



## 无收入声明

本人\_\_\_\_\_，特此声明我在下文所示月份或发薪日  
全名

没有任何收入或福利。

这份 LIHEAP 或 PSE HELP 申请于\_\_\_\_\_月签署。

您在签署日期之前的哪三个月没有收入？

- |                                      |                                      |                                     |
|--------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> 2022 年 7 月  | <input type="checkbox"/> 2022 年 12 月 | <input type="checkbox"/> 2023 年 5 月 |
| <input type="checkbox"/> 2022 年 8 月  | <input type="checkbox"/> 2023 年 1 月  | <input type="checkbox"/> 2023 年 6 月 |
| <input type="checkbox"/> 2022 年 9 月  | <input type="checkbox"/> 2023 年 2 月  | <input type="checkbox"/> 2023 年 7 月 |
| <input type="checkbox"/> 2022 年 10 月 | <input type="checkbox"/> 2023 年 3 月  | <input type="checkbox"/> 2023 年 8 月 |
| <input type="checkbox"/> 2022 年 11 月 | <input type="checkbox"/> 2023 年 4 月  |                                     |

**(必填)** 我在上文所示月份没有收入的原因是：

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**(必填)** 我通过以下方式满足食物、住所、水电等基本生活需要：

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我证明，据我所知，以上信息完整、准确。我理解，如果我在签署本声明时故意提供虚假信息，以此获取我不符合条件的补助，我将面临检控。

**签名：**\_\_\_\_\_

**日期：**\_\_\_\_\_

能源补助计划(EAP)工作人员签名：\_\_\_\_\_

日期：\_\_\_\_\_

## 包含在租金内的取暖费确认表

- ➔ 本表格由物业经理或房东填写并签名。
- ➔ 必须随本表格提交一份租约，要求如下：1) 签约时间不超过 12 个月，及 2) 租约上必须显示取暖费包含在租金内。如果签约时间超过 12 个月，则必须提供日期为去年以内的住址证明文件，如租金收据、租金分类账、租赁复审函或物业经理的声明书。

我特此声明，\_\_\_\_\_是以下寓所的租客：  
客户的全名

\_\_\_\_\_  
寓所名称

\_\_\_\_\_  
街道地址 寓所号码 邮政编码

并自\_\_\_\_\_年\_\_\_\_\_月起在该寓所居住  
年 月

该寓所的主要供暖方式是：☐ 电 ☐ 天然气

租赁协议中是否注明取暖费包含在月租金内？☐ 是 ☐ 否

物业经理/房东（正楷姓名）：\_\_\_\_\_

签名：\_\_\_\_\_ 日期：\_\_\_\_\_

电话号码：\_\_\_\_\_

我证明，据我所知，以上信息真实、准确。