Program Year 2022 – 2023
Energy Assistance Application Packet

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.
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. A 20% deduction is taken on all earned income taxed at the time of payout.
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.)

<table>
<thead>
<tr>
<th>Number of Household Members</th>
<th>LIHEAP Average Monthly Income</th>
<th>Maximum</th>
<th>PSE HELP Average Monthly Income</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 person</td>
<td>$1,699</td>
<td></td>
<td>$5,563</td>
<td></td>
</tr>
<tr>
<td>2 people</td>
<td>$2,289</td>
<td></td>
<td>$6,354</td>
<td></td>
</tr>
<tr>
<td>3 people</td>
<td>$2,879</td>
<td></td>
<td>$7,150</td>
<td></td>
</tr>
<tr>
<td>4 people</td>
<td>$3,469</td>
<td></td>
<td>$7,942</td>
<td></td>
</tr>
</tbody>
</table>

We can assess for 1, 3, or 12 months of income. Eligibility is based on the month prior to the signature date. If you have questions:
*Please call (206) 812-4940 or email energyassistance@byrdbarr.place*

If you have questions:
A recent housing document dated within the last year if lease is dated before 10/1/2021. (Recertification letter, rent payment receipt, rental ledger)

If you have questions:

How to Apply

<table>
<thead>
<tr>
<th>Online</th>
<th>Mail</th>
<th>Drop Off</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="https://www.tfaforms.com">https://www.tfaforms.com</a> /5011557</td>
<td>722 18th Ave Seattle, WA 98122</td>
<td>722 18th Ave Seattle, WA 98122 9AM – 5PM Monday – Friday</td>
<td><a href="mailto:energyassistance@byrdbarr.place">energyassistance@byrdbarr.place</a></td>
</tr>
</tbody>
</table>
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)
  o 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)
  o Eligible LIHEAP households can apply for a portable air conditioner unit.

☐ LIHWAP WATER ASSISTANCE PROGRAM
  o 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
  o Eligible LIHEAP households with an active eviction notice can apply for a grant of up to $1,500 to prevent eviction.
  o 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](https://seattle.gov/human-services/services-and-programs/utility-discount-program) or call 206-684-0268 to speak to a city representative.
Washington State Department of Commerce, Low Income Home Energy Assistance Program (LIHEAP)  

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

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

<table>
<thead>
<tr>
<th><strong>Primary Applicant:</strong></th>
<th><strong>Residence Address:</strong></th>
<th><strong>Mailing Address:</strong></th>
<th><strong>Phone Number:</strong></th>
<th><strong>Message Phone:</strong></th>
<th><strong>Lived at Residence:</strong></th>
<th><strong>Number of Bedrooms:</strong></th>
<th><strong>Income/Benefits:</strong></th>
<th><strong>Total Number of People in the Household:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last Name)</td>
<td>(First Name)</td>
<td>(Middle Initial)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>City, State, Zip:</td>
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</tr>
</tbody>
</table>

**Housing Status:**
1. Own/buy
2. Subsidized
3. Rental
4. Roomer/Boarder
5. Temp Housing

**Housing Type:**
1. 1-3 Family
2. 4+ Family
3. Hi-Rise
4. Mobile
5. RV

**Cost per Month:** $____

**Target Group #1:**
- Yes
- No

**Target Group #2:**
- Yes
- No

**Primary Heat Source:**
1. Electric
2. Natural Gas
3. Propane

**Annual Heat Cost:** $____

**Total Energy Cost:** $____

**Total Annual Electric Costs:** $____

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

- **Staff:**
- **P.O. #:**
- **Payment to Vendor(s):**
  - #1
    - Acct. #: $____
  - #2
    - Acct. #: $____

**HOUSEHOLD ELIGIBILITY AMOUNT:** $____

**Direct Pay to Applicant:** $____

**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 #: $____
  - 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)**

<table>
<thead>
<tr>
<th><em>Relation to Primary</em></th>
<th><em>First Name</em></th>
<th>MI</th>
<th><em>SSN (required if primary)</em></th>
<th><em>DOB</em></th>
<th><em>Disabled</em></th>
<th><em>Military Veteran</em></th>
<th><em>Health Insurance</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td></td>
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<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Spouse</td>
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<tr>
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<tr>
<td>Child</td>
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<tr>
<td>Other Relative</td>
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<td></td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Other Non-Relative</td>
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<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**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

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<thead>
<tr>
<th><em>Relation to Primary</em></th>
<th><em>First Name</em></th>
<th>MI</th>
<th><em>SSN (required if secondary)</em></th>
<th><em>DOB</em></th>
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- 12+ Some Post-Secondary
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- 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.
# Household Income Information Form (All Adults 18+)

(Do not include the current month)

<table>
<thead>
<tr>
<th>Household Member Number #1 (Name)</th>
<th>Month:</th>
<th>Month:</th>
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<tr>
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<td>$ ___________</td>
<td>$ ___________</td>
<td>$ ___________</td>
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<tr>
<td>☐ SSA: $ ___________</td>
<td>$ ___________</td>
<td>$ ___________</td>
<td>$ ___________</td>
</tr>
<tr>
<td>☐ SSI: $ ___________</td>
<td>$ ___________</td>
<td>$ ___________</td>
<td>$ ___________</td>
</tr>
<tr>
<td>☐ GA: $ ___________</td>
<td>$ ___________</td>
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<td>$ ___________</td>
</tr>
<tr>
<td>☐ TANF: $ ___________</td>
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</tr>
<tr>
<td>☐ Other: $ ___________</td>
<td>$ ___________</td>
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<td>$ ___________</td>
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</table>

<table>
<thead>
<tr>
<th>Household Member Number #2 (Name)</th>
<th>Month:</th>
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</thead>
<tbody>
<tr>
<td>Notes:</td>
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</tr>
<tr>
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<td>$ ___________</td>
<td>$ ___________</td>
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<td>☐ Other: $ ___________</td>
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<table>
<thead>
<tr>
<th>Household Member Number #3 (Name)</th>
<th>Month:</th>
<th>Month:</th>
<th>Month:</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>☐ SSA: $ ___________</td>
<td>$ ___________</td>
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<td>$ ___________</td>
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<tr>
<td>☐ SSI: $ ___________</td>
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<td>☐ GA: $ ___________</td>
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<tr>
<td>☐ TANF: $ ___________</td>
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<tr>
<td>☐ Other: $ ___________</td>
<td>$ ___________</td>
<td>$ ___________</td>
<td>$ ___________</td>
</tr>
</tbody>
</table>
DECLARATION STATEMENT OF NO INCOME

I, ________________________________, do hereby declare that I have not received any income for the month(s) or pay date(s) listed below.

Full Name

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?

☐ July 2022    ☐ December 2022    ☐ May 2023
☐ August 2022  ☐ January 2023    ☐ June 2023
☐ September 2022 ☐ February 2023  ☐ July 2023
☐ October 2022 ☐ March 2023     ☐ August 2023
☐ November 2022 ☐ 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 manager 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

_______________________________________________________  ______________  __________________
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.