

Program Year 2023 – 2024 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, see the eligibility guidelines below. You can apply for LIHEAP by completing this packet, and you can apply for PSE HELP at pse.com.

Eligibility – Household must meet all of the following requirements

1. Household lives within the Seattle City Limits.
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. 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	\$1,823	\$5,888
2 people	\$2,465	\$6,729
3 people	\$3,108	\$7,571
4 people	\$3,750	\$8,408
5 people	\$4,393	\$9,083

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. 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.

How to Apply

Mail	Drop Off	Email	Online
722 18 th Ave Seattle, WA 98122	722 18 th Ave Seattle, WA 98122 9AM – 5PM Monday – Friday	energyassistance@ byrdbarr.place	https://www.tfaforms.com /5052144

Required Documents

1. Heating/Electricity/Energy bill (recent, within the last year) with account number visible (unless your heat cost is included in your rent)

- Copy of a Seattle City Light (SCL) electricity bill and/or Puget Sound Energy (PSE) bill and/or Gas bill

2. Do you pay your energy utility bill with rent? If yes, you must also provide:

- Heat with Rent (HWR) verification form signed and dated by landlord.
- Copy of rental lease stating heat is included with rent.
- A rent receipt or ledger that shows recent residency at current address.

3. Social Security Card/Documentation

Please Provide Social Security cards/documentation for ALL household members living in the home. If your Social Security card is missing or you can't find a replacement for the Social Security card, here is a list of alternative documents that can be used. Please note that depending on the type of documentation used to verify the Social Security Number, an additional document, such as a birth certificate, may be required as well. (Includes adults and minors currently living in the household)

- U.S. Social Security Card
- W-2 Form with full SSN (including W-2C, W-2G, etc.)
- SSA-1099 Form with full SSN (including SSA-1099-SM, SSA-1099-R-OP1, etc.)
- Non-SSA 1099 Form with full SSN (including 1099-DIV, 1099-MISC, etc.)
- 1098 Form with full SSN (including 1098-C, etc.)
- Bank, loan, or financial documents with full SSN
- Paystub with full SSN

4. Income documentation for the 3 months prior to the signature date on the application. All household members that are 18 years and older must provide income documentation. See income types below and the corresponding documentation required.

- **Earned Income:** Must provide pay stubs and must be from the previous month from when you sign the application. For pay stubs, please refer to pay date (not pay period) to determine which month of income it is valid for. If you cannot provide any pay stubs you must fill out the Self-Declaration of Income Form.
- **SSA, SSI, Pension, TANIF, and ABD:** Income documentation award, please provide income letter. If you can't provide social security benefits, please provide a bank statement.
- **Self-Employed:** Please fill out the Self-Employed Income Form regarding your small business. We need itemized receipts dated in the three previous months, and they must be for allowable deductions only according to the policy. Take a standard 50% deduction for each month of self-employment. The standard deduction may only be taken if earnings are more than the allowable standard deduction AND the household member can provide proof of self-employed business (business card, bank statements, a screenshot of website or platform).
- **Child Support:** Please provide information of income in regard to child support, such as official court statements. If it is paid in cash, please provide a bank statement and highlight it. And fill out the Self-Declaration of Income Form stating why you can't provide the documents regarding child support and put the amount that you received in the last three months.
- **No Income:** Please fill out the Declaration of No Income Form if you do not have any source of income. Only fill this out if you receive \$0 earned income or benefits.
- **If you have income, but no documentation:** Please fill out the Self-Declaration of Income Form if you cannot provide documents of pay stubs or social security income benefits.



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 \$10,000.

LIHEAP AIR CONDITIONER PROGRAM (AC)

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

LIHEAP TEMPORARY SHELTER PROGRAM

- Eligible LIHEAP households facing a heat-related crisis with an active eviction notice can apply for a grant of up to \$1,500 to prevent eviction.
- If you pay heating/electricity bills directly, provide: A copy of your active eviction notice AND a shutoff/disconnect notice from your heating or electricity service provider.
- If you pay heat/energy costs included with rent, provide: A copy of your active eviction notice, a completed Heat Included with Rent (HWR) Verification Form, AND the required residence supporting documents.

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



Air Conditioner Request Form

Eligible LIHEAP households can now apply for air conditioning units. **Eligible households must be approved for the current LIHEAP program year before applying.** This document outlines requirements, terms and conditions for receiving and operating the air conditioning unit. Please read it carefully. This document should be retained for the client's records if they choose to receive an air conditioning unit.

Air Conditioning Unit Specifications and Operating Requirements

- The unit is a free-standing portable unit, weighing approximately 55-70lbs with dimensions approximately 18 inches by 15 inches wide and up to 36 inches tall. It does not sit in a window.
- The unit must be plugged into a wall socket and set up on a level surface near a window.
- The main part of the unit comes fully assembled but includes a hose and window connectors that must be attached or assembled before the unit can be operated.
- Upon delivery and during periods of non-use, the unit should be stored upright. Portable AC units must sit upright for at least 24 hours prior to use.
- The unit requires light periodic maintenance including cleaning air filters and draining any moisture accumulation. The unit will include a use manual with additional information and instructions.
- The unit is for the recipient's households use only.

Additional Important Terms

- We are using a third-party to distribute the unit to you and we will have them deliver it to the shipping address you designate below, or to an address previously agreed to with your property management.
- Upon delivery, the recipient takes over all responsibility for the unit, including but not limited to movement, assembly, installation, and proper use.
- We make no warranties for and accept no responsibility in connection with the use of the unit. In addition, we are not responsible or liable for any defect, damage, accidents, or injuries resulting from handling or operating the unit, whether as directed by the user manual or otherwise.
- Please refer all comments, concerns, replacements, or other requests about the unit to the unit manufacturer, including any defects, damages, or malfunction issues. We cannot assist with any of these matters.
- **We are providing the unit to you as a one-time benefit. A household can only receive one unit one time. We will not provide additional or replacement units.**

Next Steps

- You will receive an email letting you know once your application has been approved, and it will include next steps on how you will be receiving your unit. There will be an additional email sent to you with a linked voucher where you will be able to order and track the delivery of your unit.
- **Please note that an email address is required for this program, as that is where you will be receiving the voucher to redeem.** You may use the email address of a trusted family member, friend, or case manager to participate.

By signing this form you are indicating that you wish to receive an AC unit.

If you are 1) not in need, 2) unwilling or unable to receive an AC unit, or 3) if you have already received an AC unit through this program, please check here:

I have applied for the LIHEAP Energy Assistance Program since October 1, 2023

Client's Printed Name: _____ EAP Staff Signature: _____

Client's Signature: _____ Case Manager Signature: _____

Date: _____

Email Address (REQUIRED): _____

Please indicate who this email address belongs to: Self Case Manager Other

Client Phone: _____

Shipping Address: _____

Residential Address: _____

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.#: _____
Payment to Vendor(s):	HOUSEHOLD ELIGIBILITY AMOUNT: \$ _____
#1 _____ Acct. #: _____	Direct Pay to Applicant: \$ _____
#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 #: _____ \$ _____
	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.)

PSE bill assistance application



Fill out this application; please type or print clearly and **keep a copy for your records**

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	County	State	ZIP
Mailing address (if different than residence)	City	County	State	ZIP
Phone	Message phone	Date moved into residence		
Total # people in household	(Voluntary) # of people in household who are: _____ 0-2 yrs _____ 3-5 yrs _____ 6-17 yrs _____ 60+ yrs _____ Disabled			
Household member information (for more than six household members, list on back)				
Name (last, first)		Date of birth (mm/dd/yy)		
Name (last, first)		Date of birth (mm/dd/yy)		
Name (last, first)		Date of birth (mm/dd/yy)		
Name (last, first)		Date of birth (mm/dd/yy)		
Name (last, first)		Date of birth (mm/dd/yy)		
Name (last, first)		Date of birth (mm/dd/yy)		
Name (last, first)		Date of birth (mm/dd/yy)		
Housing Status	Housing Type	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	Household's Gross Monthly Income \$ _____		
Household's Gross Monthly Income Sources				
1 \$ _____ Supplemental Security Income	6 \$ _____ Earned Income	11 \$ _____ L&I, Workers' Compensation		
2 \$ _____ TANF	7 \$ _____ Pension	12 \$ _____ Self Employment		
3 \$ _____ General Assistance (GAU)	8 \$ _____ Military	13 \$ _____ Other _____		
4 \$ _____ Veterans Affairs	9 \$ _____ Child Support			
5 \$ _____ Social Security Admin	10 \$ _____ Unemployment Benefits			
<input type="checkbox"/> I certify that I have provided 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. I understand that I may be required to submit proof of income and household members upon request.				
<input type="checkbox"/> I understand this information is used to determine eligibility for the Bill Discount Rate and PSE HELP programs and that self-declaration of income only applies to these two programs. I understand I will need to reapply every twelve months to maintain the discount past the original one-year enrollment period. I hereby authorize Puget Sound Energy, Inc. (PSE), my local Community Action Agency (Agency), and Washington State Department of Commerce (COMMERCE) to disclose and exchange information about me, my use of PSE products and services, and/or my application for participation in the PSE HELP and Bill Discount Rate programs, as well as referral for other assistance programs, such as weatherization and bill assistance. I understand that this information is or may be confidential and as such will be protected from unauthorized disclosure. I understand that this authorization may be revoked at any time by written notice to PSE and/or my local Community Action Agency.				
Applicant's signature			Date	



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 SCEnergyAdvisor@seattle.gov or go to seattle.gov/light/conserv

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 Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		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 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 Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		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 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 Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		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 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 Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		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 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 Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		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 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 Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		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 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 #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 #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 #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: \$ _____



Heat Included with Rent (HWR) 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.
- This form **MUST be accompanied by a document showing recent payments at your address** dated within the last six months, such as a recent rent receipt, rental ledger or recertification letter.

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: _____

Landlord email: _____

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



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 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 2023 | <input type="checkbox"/> December 2023 | <input type="checkbox"/> May 2024 |
| <input type="checkbox"/> August 2023 | <input type="checkbox"/> January 2024 | <input type="checkbox"/> June 2024 |
| <input type="checkbox"/> September 2023 | <input type="checkbox"/> February 2024 | <input type="checkbox"/> July 2024 |
| <input type="checkbox"/> October 2023 | <input type="checkbox"/> March 2024 | <input type="checkbox"/> August 2024 |
| <input type="checkbox"/> November 2023 | <input type="checkbox"/> April 2024 | |

(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:** _____