



Program Year 2024 – 2025 Energy Assistance Application Packet

Byrd Barr Place administers the Low Income Home Energy Assistance Program (LIHEAP), the State Home Energy Assistance Program (SHEAP), and the Puget Sound Energy Home Energy Lifeline Program (PSE HELP). Households can qualify for LIHEAP or SHEAP, and may also qualify for PSE HELP; see the eligibility guidelines below. You can apply for LIHEAP, SHEAP, and PSE HELP by completing this packet. Alternatively, you can apply for PSE HELP at pse.com.

Eligibility

Households must meet **all three** of the following requirements:

- 1. Your household must be within the Seattle city limits.** ZIP codes 98177 and 98133 are served by two different agencies; please call to see if you are within our service area. We do not serve ZIP codes 98148 or 98168 in unincorporated Seattle.
- 2. Your household’s monthly income must be at or below 150% of the federal poverty line.** See income eligibility guidelines below and larger household sizes on our website at byrdbarrplace.org/energy. Eligibility is based on the month prior to your application signature date. We can assess for 1, 3, or 12 months of income. A 20% deduction is taken on all earned income taxed at the time of payout.

| Number of Household Members | LIHEAP Average Monthly Income Maximum | SHEAP Average Monthly Income Maximum | PSE HELP Average Monthly Income Maximum |
|-----------------------------|---------------------------------------|--------------------------------------|---|
| 1 person | \$1,833 | \$5,887 | \$6,475 |
| 2 people | \$2,555 | \$6,729 | \$7,400 |
| 3 people | \$3,228 | \$7,570 | \$8,325 |
| 4 people | \$3,900 | \$8,408 | \$9,246 |
| 5 people | \$4,573 | \$9,083 | \$9,988 |

- 3. Your household must have an active energy utility account** with Seattle City Light, oil, and/or Puget Sound Energy, or your household pays energy costs as part of your rent.

How to Apply

| Mail | Drop Off | Email | Online |
|---|---|-------------------------------------|--|
| 722 18 th Ave Seattle, WA 98122 | 722 18 th Ave Seattle, WA 98122 Monday – Friday 9 a.m. – 5 p.m. | energyassistance@ byrdbarr.place | tfaforms.com/5052144 |

***Please note that your application expires 90 days from the signature date, and we are unable to accept an incomplete application that is dropped off at our office.**

Required Documents

1. Heating Type Document

- Copy of a Seattle City Light (SCL) electric bill and/or Puget Sound Energy (PSE) bill and/or oil bill.

– OR –

If you pay your heat cost as a flat rate included in your rent, you must instead provide all three of these documents:

- Heat with Rent (HWR) verification form signed and dated by landlord.
- Copy of a signed rental lease stating that heat is included with rent.
- A rent receipt, rental ledger, or recertification letter from the last 6 months that shows recent residency at current address.

2. Social Security Card/Documentation

Please provide social security cards/documentation for ALL household members living in the home. This includes adults and minors living in the household.

- U.S. Social Security Card

For any household member missing their social security card, a U.S. birth certificate or U.S. passport, plus one of the following alternatives that show their full social security number (SSN) are required:

- 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.)

3. Income Documentation for the Three Months Prior to the Application Signature Date. 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 from the previous month from when you sign the application. For pay stubs, please refer to pay date (not pay period) to determine for which month of income it is valid. If you cannot provide any pay stubs you must fill out the Self-Declaration of Income Form.
- **SSA, SSI, Pension, TANIF, and ABD:** For any income documentation award, please provide the 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, if earnings are more than the allowable standard deduction AND the household member can provide proof of self-employed business, such as a business card, bank statement, or a screenshot of website.
- **Child support:** 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. Also 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 have received \$0 earned income or benefits.
- **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 Other Programs We Offer?

Please check the boxes for the programs you are interested in. Note: Returning this form does not guarantee assistance. Please visit our website at byrdbarrplace.org/energy or call us at 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.

Want to stay up-to-date on your application? Opt-in to receive text messages from Byrd Barr Place.

I would like to opt-in to receive text messages.

By checking this box, I agree to receive text messages from Byrd Barr Place in relation to my application status and any additional information or documents that may be needed. I acknowledge that I may receive text messages regarding additional programs for which I may be eligible.

PHONE NUMBER: _____

Did you know you can also apply for the Seattle City Light 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.

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: <i>(If different)</i> | | | |
| 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:** _____ 4

(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/ITIN | Date of birth (mm/dd/yy) |
| Second adult in household (last) | (first) | (Middle initial) | Last four of SSN/ITIN | Date of birth (mm/dd/yy) |
| Account number | | 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) | |
| Housing Status | Housing Type | Monthly 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 (House, duplex, triplex, tiny home) 2 <input type="checkbox"/> 4+ Family (1 & 2 story apt. bldg., townhouse/condo with 4+ units) 3 <input type="checkbox"/> Hi-Rise (3-story or more apt. bldg.) 4 <input type="checkbox"/> Mobile/Manufactured Home (or RV 40 feet+) 5 <input type="checkbox"/> RV (Recreational Vehicle under 40 feet) | Household's Monthly Gross* Income \$ _____ per month <i>*Before taxes and other deductions</i> | | |
| Household's Monthly Gross 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 | | | |
| By signing and dating below, you agree to the following: I certify that the income information I have provided to demonstrate my eligibility for the Bill Discount Rate and PSE HELP program is accurate. I realize that upon request I may be asked for supporting documentation for verification. Also, eligibility for the Bill Discount Rate and PSE HELP programs must be re-declared each year, so I will need to reapply annually to maintain any assistance I receive. I hereby authorize Puget Sound Energy, Inc. (PSE) to disclose and exchange information about my application to my local Community Action Agency (Agency) and the Washington State Department of Commerce (Commerce). I understand that this information is or may be confidential and will be protected from unauthorized disclosure. I may revoke this authorization at any time by written notice to PSE and/or my local Agency. | | | | |
| Applicant's signature | | | Date | |

PSE Past Due Bill Forgiveness application



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

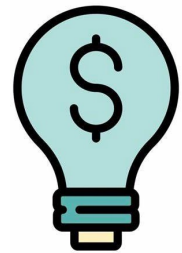
| Applicant information (required) | | |
|--|----------------------------------|----------------------------------|
| Applicant's name (last) | (first) | (Middle initial) |
| Account number | | |
| To Receive Email Communication (optional) | | |
| Email address | | |
| Preferred Language | <input type="checkbox"/> English | <input type="checkbox"/> Spanish |
| Terms & Conditions (required) | | |
| <p>By signing and dating below, you agree to the following:</p> <p>By entering into the Past Due Bill Forgiveness plan, you agree to pay your total current usage charges on time for 12 bills in order to receive forgiveness of a portion of your past-due balance. After 12 on-time payments the past-due balance, up to \$2,500, is forgiven.</p> <p>Failure to pay total current usage charges on-time may cause you to be removed from the plan. If you are removed from Past Due Bill Forgiveness after three missed and or late payments, any unforgiven past-due amounts will be due immediately. If your balance due is not paid, you may be subject to disconnection. You will not be eligible to enroll in the plan again for 24 months from the start date of your last enrollment.</p> <p>You may choose to be removed from Past Due Bill Forgiveness at any time. If you make this request, any unforgiven past-due amounts will be due immediately. If your balance due is not paid, you may be subject to disconnection. Please contact PSE at 1-888-225-5773 (TTY:1-800-962-9498) to make this request.</p> | | |
| 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 at Seattle City Light or Puget Sound Energy for more information and how to apply!

Seattle City Light: Call (206) 684-3800, email SCLEnergyAdvisor@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 and Money Saving Tips.

Applicant Signature: _____ **Date:** _____

Email: _____

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 | | 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 |
| | Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | | | | | | Military Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | *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 | *Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | 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 |
| | Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | | | | | | Military Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Secondary Applicant <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 | | 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 |
| | Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | | | | | | 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 | | 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 |
| | Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | | | | | | 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 | | 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 |
| | Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | | | | | | 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 | | 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 |
| | Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | | | | | | 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 <u>Name:</u> | 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 <u>Name:</u> | 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 <u>Name:</u> | 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 With Rent (HWR) Verification Form

- This form **MUST 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:** _____

Email: _____ **Telephone:** _____

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



Declaration Statement of No Income (DSNI)

I, _____, do hereby declare that I have not received any income for the
(full name)
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 2024 | <input type="checkbox"/> December 2024 | <input type="checkbox"/> May 2025 |
| <input type="checkbox"/> August 2024 | <input type="checkbox"/> January 2025 | <input type="checkbox"/> June 2025 |
| <input type="checkbox"/> September 2024 | <input type="checkbox"/> February 2025 | <input type="checkbox"/> July 2025 |
| <input type="checkbox"/> October 2024 | <input type="checkbox"/> March 2025 | <input type="checkbox"/> August 2025 |
| <input type="checkbox"/> November 2024 | <input type="checkbox"/> April 2025 | |

(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:** _____



Self-Declaration of Income (SDI)

I, _____, do hereby state that the following dollar amounts represents my income for the three months prior to the date of my application:

| Months: | Amount: | <input type="checkbox"/> Gross | <input type="checkbox"/> Net |
|----------|---------|--------------------------------|------------------------------|
| 1. _____ | | | 1. _____ |
| 2. _____ | | | 2. _____ |
| 3. _____ | | | 3. _____ |

Income Type:

Cash Personal Check Direct Deposit Benefit Earned Income

Other: _____

(REQUIRED) I received this income from: _____

(REQUIRED) I could not provide any income documents because: _____

Please submit any documentation showing the income received, such as a bank statement, receipt, letter, personal check, etc.

Applicant Signature: _____ **Date:** _____

EAP Staff Signature: _____ Date: _____



Self-Employed Declaration of Income (SEDI)

Business Name: _____ Business Type: _____

I, _____, declare that I earned the **gross income**, before business expenses were deducted for the following months:

| | | |
|----------|----------|----------|
| 1) _____ | 2) _____ | 3) _____ |
| \$ _____ | \$ _____ | \$ _____ |

To deduct business expenses, please check one option:

- I will provide itemized receipts dated in the three previous months. Please call 206-812-4940 to have a copy of a list of allowable deductions mailed to you, or email energyassistance@byrdbarr.place for a copy.
- I do not have receipts. Please apply a standard deduction. (Recommended)

Please submit the following required documentation with this form.

1. Proof of business, such as a business license, business card, etc.
2. Business ledger, bank deposit statements, invoices, or screenshots of app-based earnings.

I certify that the information contained in this employment statement is complete and accurate. I understand that I am signing this declaration under penalty of criminal prosecution if I knowingly give false information that results in assistance for which I am not eligible.

Client Signature: _____ **Date:** _____

EAP Staff Signature: _____ Date: _____

***This section below is to be completed by EAP Staff. Do NOT complete.**

| | Gross Income | Standard Deduction | Total Allowable Deduction | Total Net |
|----------------|--------------|--------------------|---------------------------|-----------|
| Month 1 | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Month 2 | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Month 3 | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| TOTAL | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

AVERAGE MONTHLY NET INCOME: \$ _____



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 to 70 pounds 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 upon with your property management.
- Upon delivery, the recipient takes 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.

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 LIHEAP since Oct. 1, 2024.

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

Client’s Signature: _____ Case Manager Signature: _____

Date: _____

Email Address: _____

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

Client Phone: _____

Shipping Address: _____

Residential Address: _____