

**Please be sure you have the following documentation available to submit with your application:**

1. Verification of US Citizenship or status as an alien qualifying for federal public benefits for all household members, such as:
  - Social Security Cards (with no restrictions written on them)
2. Proof of Social Security Number for all household members, such as:
  - Social Security Cards, or
  - A statement from the Social Security Administration that includes your Social Security Number
3. Proof of utility account Service, such as:
  - Utility bill
4. Proof of address, such as:
  - Utility bill, or
  - Mortgage statement, or
  - Lease agreement
5. Proof of Income for the 3 months prior to the date you apply by pay date (not pay period). For example, if you apply on December 15th, you would need to provide proof of income for September, October, and November, such as:
  - Stubs (for wages or unemployment)
  - Most recent tax documentation (for self-employment)
  - Award letter (for Social Security, SSI, or a pension)
  - Court order or other verification (for child support received or paid)

**Once you are certain you have the documentation needed to apply, please proceed to the next page.**

**HOUSEHOLD INFORMATION FORM (HIF) (10/2014)**

<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>EdgpyKF:</b>
<b>*County:</b>			<b>Certification Date:</b>

**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:** \_\_\_\_\_

<b>Phone Number:</b> _____	<b>Go chCf f t gur:</b> _____	<b>Lived at Residence:</b> <b>Years:</b> _____ <b>Months:</b> _____
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<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"/> 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	<b>*Total Number of People in the Household:</b> _____ <b>*Household's Monthly Income:</b> \$ _____
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<b>Target Group #1:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>*Primary Heat Source:</b> 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	<b>*Annual Heat Cost:</b> \$ _____ <input type="checkbox"/> Back Up Heat Cost <b>Total Energy Cost:</b> \$ _____ <input type="checkbox"/> Used Surrogate Data <b>*Total Annual Electric Costs:</b> \$ _____
<b>Target Group #2:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

**Staff:** \_\_\_\_\_ **P.O.#:** \_\_\_\_\_

**HOUSEHOLD ELIGIBILITY AMOUNT:** \$ \_\_\_\_\_

**Payment to Vendor(s):** **Direct Pay to Applicant:** \$ \_\_\_\_\_

#1 _____	Acct. #: _____	\$ _____
#2 _____	Acct. #: _____	\$ _____

**TOTAL EAP PAID TO DATE:** \$ \_\_\_\_\_

**SECTION F: Ngy 'Kpego g'Tcvg'Cuukwpeg'Rt qi tco '\*NK'CR+**

**Staff:** \_\_\_\_\_ **P.O.#:** \_\_\_\_\_

Vendor #: _____	\$ _____
Vendor #: _____	\$ _____
Vendor #: _____	\$ _____
Vendor #: _____	\$ _____
Vendor #: _____	\$ _____

**TOTAL NK'CRPAID 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. 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.)

**Household Member Information Form (10/2014)**

<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>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<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>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <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>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<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>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Health Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
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**Note:** All fields designated with an (\*) are required information. SSN's for the primary and secondary applicants are also required.

**Please be sure to have all adult household members who have had no income over the prior three months complete and sign their own copy of the *Declaration of No Income* on the next page.**

**If all of your adult household members had income during the prior three months, your application is now complete.**

## Declaration of No Income

I, \_\_\_\_\_, do hereby declare that I have not received any income for the month(s) of:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

The reason that I have had no income for the months listed above is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have been meeting my basic living needs for food, shelter and utilities in the following way:

Food: \_\_\_\_\_

Shelter: \_\_\_\_\_

Utilities: \_\_\_\_\_

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.

\_\_\_\_\_  
Client Signature/Date

\_\_\_\_\_  
Agency Representative/Date