

## Basic Information Form for \_\_\_\_\_

### Contact Information

What is your preferred method of contact?

Phone

Email

Phone Number:

Email Address (if applicable):

\_\_\_\_\_  
 \_\_\_\_\_  
 (Please make sure we have a reliable way to contact you if needed)  
 Are you new to Hopelink?      Yes      No

What do you use to primarily heat your home?

Electricity

Oil

Natural Gas

Propane

Wood

Do you have a secondary source of energy?

Yes

No

Is it required to run your primary heat source?

Yes

No

Electricity

Gas

What type of home do you live in?

Single house, duplex, or tri-plex

Apartment building with 3+ stories

Townhome

Mobile Home

Apartment building with 1 or 2 stories

RV

Please select one of the following:

I own or mortgage my home

I rent a room/I am a sub-letter

I rent my home (unsubsidized)

I live in temporary housing

I have subsidized housing (i.e. Section 8)

How would you describe your housing situation?

Stable

At risk (I'm worried about making payments)

Losing housing (Eviction procedures are either imminent or starting)

**\*\*If you have or are about to get an eviction notice, notify Hopelink staff when submitting your packet**

Did you receive LIHEAP energy assistance last year?

No

Yes, through Hopelink

Yes, through another agency

Do you have any 18 year olds in your household still in high school?      Yes      No

If so, please list their name(s):

Are you interested in receiving information about energy conservation, energy savings, and home weatherization from our program?      Yes      No

When completing your application in the following pages, be sure to fill out all the highlighted sections.



## Energy Assistance – CHECKLIST FORM

**Staff processing your application will not have access to previous application documents. Please check off all the following required documents once you have included them with your application packet:**

### 1. Household **IDENTIFICATION**—provide copies of:

- ☐ **Picture ID** – for primary applicant (not expired)
- ☐ **Social Security card** – for every adult 18 or older in the household (if no Social Security Number, our staff will reach out to you with other options)
- ☐ **Birth Certificate or Social Security card for every child** in the household (17 years old or younger)

### 2. Energy **BILL**

Do you have an energy bill?

- ☐ Yes (if yes, provide bill that lists the applicant's name **as the primary customer or co-customer**)
- ☐ No (if no, include documentation of residence address)  
Is heat included with rent? ☐ **HEAT WITH RENT FORM\*\***

### 3. **Utility** Information

Please select your energy vendor:

- ☐ Puget Sound Energy
- ☐ Seattle City Light
- ☐ Other (Please write in): \_\_\_\_\_

Utility Account Number: \_\_\_\_\_

### 4. **INCOME** Documentation (select income type(s) on the left and include documentation for that type)

If you receive:	Then provide the following documentation:
<input type="checkbox"/> No income	<b>No-Income Declaration Form**</b>
<input type="checkbox"/> Social Security/SSI/SSD income	Current Year Award Letter
<input type="checkbox"/> Earned Income (from employer)	3 Months PAYSTUBS prior to month packet is submitted (i.e. <i>date packet submitted 10/15/2019, then 3 months paystubs needed for July, August, September "pay dates"</i> )
<input type="checkbox"/> Pension / Retirement Income	Current Year Award Letter or 3 Months Bank Statements
<input type="checkbox"/> DSHS Cash Benefit? (TANF/GAU)	No Additional Documents Needed
<input type="checkbox"/> Child Support / Cash Income? (i.e. <i>child support, cash gift, worked for cash</i> )	<b>Self-Declaration of Income Form**</b>
<input type="checkbox"/> Dividends/Interest?	Bank Statements for the 3 months prior to the month packet is submitted
<input type="checkbox"/> Self Employed / Other Income? (i.e. <i>L&amp;I worker's compensation, Private disability, Unemployment benefits, etc.</i> )	Please see more detailed information – page 2

\*\* A Hopelink form is required for this situation. Forms are available to print from our website <https://www.hopelink.org/need-help/energy> or can be provided by front desk staff at your local Hopelink center.

## **More information about income documentation (Informational Only):**

- ❖ **Earned Income – Receiving paystubs**
  - Please bring in the paystubs that have **pay dates** in the three months prior to dropping off the packet
- ❖ **SSA/SSI/SSDI**
  - Please bring in the award letter(s) that cover the three months prior to dropping off a packet
  - If that's not possible, bank statements showing the deposits from Social Security in the three months prior to dropping off the packet
- ❖ **Worker's compensation**
  - Please bring in the award letter(s) or paystub(s) showing the amounts received over the three months prior to dropping off a packet
  - If you have access to your online portal for Washington's L&I, take a screenshot of the payment history showing the three months prior to dropping off the packet
- ❖ **Pension/annuity/life insurance**
  - Please bring in a recent award letter or paystubs showing the amount received
  - If that's not possible, bank statements showing the deposits for the pension from the three months prior to dropping off the packet
- ❖ **Interest/Dividends**
  - If you receive interest, please bring in bank statements showing this for the three months prior to dropping off the packet
- ❖ **Private disability**
  - Please bring in the award letter(s) or paystubs covering the three months prior to dropping off the packet
- ❖ **Unemployment**
  - If you have access to the Employment Security online portal, please bring in a screenshot showing the payments received in the three months prior to dropping off the packet.
  - If this doesn't work, ask Hopelink staff for a self-request of records form that we can fax to unemployment (this will extend processing time).
- ❖ **Self-employed income**
  - It is recommended to schedule an in-person appointment for self-employed applicants, especially if there are significant business expenses to deduct from gross earnings.
  - You will almost certainly need to discuss your earnings, applicable expenses, and options for counting income with Hopelink staff during the application process.
  - Please include business ledgers or business bank statements, as well as receipts for any expenses you want to claim in the three months prior to dropping off the packet.
  - Keep in mind, the expenses we can deduct are limited and not the same as those allowed when filing taxes.
  - If you don't want to claim expenses, please fill out a self-employed declaration of income form and you will receive a standard \$100 deduction per month of reported income.

**Reminder:** We can accept your applications via email! Email your completed packet and supplemental documentation to [EnergyPrograms@hopelink.org](mailto:EnergyPrograms@hopelink.org). We can accept documents as scans, pdfs, or pictures.

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

<b>*Agency:</b>	<b>Assistance Provided:</b> <input type="checkbox"/> *Energy Assistance <b>OR</b> <input type="checkbox"/> *Crisis - Imminent <b>OR</b> <input type="checkbox"/> *Crisis - No Heat <input type="checkbox"/> Other Emergency Services <input type="checkbox"/> Conservation Education	<input type="checkbox"/> Interested in Weatherization <input type="checkbox"/> Tribal Member <input type="checkbox"/> Received Food Assistance <input type="checkbox"/> Heat with rent <input type="checkbox"/> Received EAP last program year	<b>File Number:</b>
<b>*County:</b>			<b>Certification Date:</b>

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

<b>*Primary Applicant:</b>			
(Last Name)		(First Name)	(Middle Initial)
<b>*Residence Address:</b>			
City, State, Zip:			
<b>Mailing Address:</b> (If different)			
City, State, Zip:			
<b>Phone Number:</b> ( ) -	<b>Message Phone:</b> ( ) -	<b>Lived at Residence:</b> Years: Months:	
<b>*Housing Status:</b> 1 <input type="checkbox"/> Own/buy 2 <input type="checkbox"/> Subsidized 3 <input type="checkbox"/> Rental 4 <input type="checkbox"/> Roomer/Boarder 5 <input type="checkbox"/> Temp Housing <b>Cost per Month:</b> \$	<b>*Housing Type:</b> 1 <input type="checkbox"/> 1-3 Family 2 <input type="checkbox"/> 4+ Family 3 <input type="checkbox"/> Hi-Rise 4 <input type="checkbox"/> Mobile 5 <input type="checkbox"/> RV <b>Number of Bedrooms:</b>	<b>*Income/Benefits:</b> <input type="checkbox"/> SSI <input type="checkbox"/> 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>  \$
<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)**

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

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

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

I certify that I have provided and reviewed all information on each page of this document and it is accurate to the best of my knowledge. I understand that I may be subject to criminal prosecution if I have knowingly provided false information. I further understand that I may request a Fair Hearing if the provision of the above information is not acted on to determine my eligibility within a reasonable time or if I do not receive benefits for which I feel I am eligible. I give my permission for this agency and Washington State Department of Commerce (COMMERCE) to request/release necessary information that may result in my receiving benefits from this assistance request and from similar and related programs administered by the State of Washington, including food assistance. I also give the above listed heating vendor(s) permission to establish a line of credit, and/or to release my account information to this agency or COMMERCE for current and future data analysis and eligibility determination. If the vendor is Seattle City Light, 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.)

**Due to the impacts of COVID-19, we have approval to accept electronic signatures if an applicant can't print and sign forms. If you choose to sign electronically, please check this box to certify:**

"Due to COVID-19 I certify my electronic signature or typed name as my confirmation and consent of this application"

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

**Household Member Information Form (10/2015)**

<b>*Last Name</b>		<b>*First Name</b>		<b>MI</b>	<b>*SSN</b> (required if primary) ____-____-____	<b>*DOB</b> ____/____/____
<b>*Relation to Primary</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative	<b>*Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Race</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other		<b>Education (24 Years or Older)</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 Year College Graduate <b>Included in Calculation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					<b>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>*Last Name</b>		<b>*First Name</b>		<b>MI</b>	<b>*SSN</b> (required if secondary) ____-____-____	<b>*DOB</b> ____/____/____
<b>*Relation to Primary</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative	<b>*Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Race</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other		<b>Education (24 Years or Older)</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 Year College Graduate <b>Included in Calculation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					<b>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Secondary Applicant</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>*Last Name</b>		<b>*First Name</b>		<b>MI</b>	<b>SSN</b> ____-____-____	<b>*DOB</b> ____/____/____
<b>*Relation to Primary</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative	<b>*Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Race</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other		<b>Education (24 Years or Older)</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 Year College Graduate <b>Included in Calculation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					<b>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>*Last Name</b>		<b>*First Name</b>		<b>MI</b>	<b>SSN</b> ____-____-____	<b>*DOB</b> ____/____/____
<b>*Relation to Primary</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative	<b>*Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Race</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other		<b>Education (24 Years or Older)</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 Year College Graduate <b>Included in Calculation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					<b>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>*Last Name</b>		<b>*First Name</b>		<b>MI</b>	<b>SSN</b> ____-____-____	<b>*DOB</b> ____/____/____
<b>*Relation to Primary</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative	<b>*Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Race</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other		<b>Education (24 Years or Older)</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 Year College Graduate <b>Included in Calculation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					<b>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>*Last Name</b>		<b>*First Name</b>		<b>MI</b>	<b>SSN</b> ____-____-____	<b>*DOB</b> ____/____/____
<b>*Relation to Primary</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative	<b>*Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Race</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other		<b>Education (24 Years or Older)</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 Year College Graduate <b>Included in Calculation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					<b>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>*Last Name</b>		<b>*First Name</b>		<b>MI</b>	<b>SSN</b> ____-____-____	<b>*DOB</b> ____/____/____
<b>*Relation to Primary</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative	<b>*Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Race</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other		<b>Education (24 Years or Older)</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 Year College Graduate <b>Included in Calculation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					<b>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Note:** All fields designated with an (\*) are required information. SSN's for the primary and secondary applicants are also required.

# PSE HELP APPLICATION

AGENCY # (Required)	COUNTY	CERTIFICATION DATE	FILE # (Optional)
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**SECTION A: HOUSEHOLD INFORMATION (Required)**

APPLICANT'S NAME (LAST)	(FIRST)	(MIDDLE INITIAL)	LAST FOUR OF SSN	DATE OF BIRTH (MM/DD/YY)
SECOND ADULT IN HOUSEHOLD (LAST)	(FIRST)	(MIDDLE INITIAL)	LAST FOUR OF SSN	DATE OF BIRTH (MM/DD/YY)

EMAIL ADDRESS

RESIDENCE ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT THAN RESIDENCE)	CITY	STATE	ZIP

PHONE ( )	MESSAGE PHONE ( )	DATE MOVED INTO RESIDENCE (MM/DD/YY)
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**SECTION B: BILLING INFORMATION (Required)**

HOW DOES APPLICANT'S NAME APPEAR ON PSE BILL? <input type="checkbox"/> PRIMARY <input type="checkbox"/> CO-CUSTOMER <input type="checkbox"/> NOT LISTED* <small>*Note: PSE will sign you up for service as co-customer, or primary dependent on Section B questions 1-4.</small>	<b>If the Applicant is the Primary on the PSE bill please skip to Section C.</b>
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PRIMARY NAME ON PSE BILL (LAST)	(FIRST)	(MIDDLE INITIAL)	LAST FOUR OF SSN	DATE OF BIRTH (MM/DD/YY)
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Is the Primary name listed on the PSE bill: 1. At least 18 years of age or emancipated*? No ___ Yes ___ 2. Still living at residence*? No ___ Yes ___ 3. Spouse of applicant? No ___ Yes ___ 4. Deceased spouse of applicant No ___ Yes ___ <small>(If you answer "yes" to #4, the Applicant's name will appear as primary. Their account number will be changed.)</small>	<b>*Note: If you answered No to questions 1 or 2, PSE will automatically sign you up for service as the primary and contact agency with your new account number. PSE may contact landlord to avoid discrepancies. A Deposit may be requested. Payment arrangements may be made on the deposit by contacting customer service prior to the due date @ 1-888-225-5773 M - F 7:30 am - 6:30 pm.</b>
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**SECTION C: HELP**

TOTAL # PEOPLE IN HOUSEHOLD	HOUSEHOLD MEMBERS (VOLUNTARY) # of people in household who are: ___ 0-2 yrs    ___ 3-5 yrs    ___ 6-17 yrs    ___ 60+ yrs    ___ Disabled ___
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HOUSING STATUS	HOUSING TYPE	ENERGY TYPE	ANNUAL USAGE COST	INCOME SOURCE(S)	INCOME
1 <input type="checkbox"/> Own/buy	1 <input type="checkbox"/> 1-3 Family	1 <input type="checkbox"/> All Electric	<input type="checkbox"/> Back Up Energy Cost	1 <input type="checkbox"/> SSI    7 <input type="checkbox"/> PEN	Household's Monthly Income  \$ _____ . _____
2 <input type="checkbox"/> Subsidized	2 <input type="checkbox"/> 4+ Family	2 <input type="checkbox"/> Gas + Electric	<input type="checkbox"/> Used Surrogate Data	2 <input type="checkbox"/> TANF    8 <input type="checkbox"/> MIL	
3 <input type="checkbox"/> Rental	3 <input type="checkbox"/> Hi-Rise	3 <input type="checkbox"/> Gas only	Gas \$ _____	3 <input type="checkbox"/> GA    9 <input type="checkbox"/> CS	
	4 <input type="checkbox"/> Mobile	4 <input type="checkbox"/> Electric Base	Electric \$ _____	4 <input type="checkbox"/> VA    10 <input type="checkbox"/> UI	
	5 <input type="checkbox"/> RV		LIHEAP \$ _____	5 <input type="checkbox"/> SSA    11 <input type="checkbox"/> Self Employ	
\$ _____ per month			Heat Cost \$ _____ <small>(If applicable)</small>	6 <input type="checkbox"/> EI    12 <input type="checkbox"/> Other	
			Total \$ _____		

RECEIVED LIHEAP THIS PROGRAM YEAR?: <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____	STAFF NAME
INTERESTED IN HOME WEATHERIZATION?: <input type="checkbox"/> YES <input type="checkbox"/> NO	PURCHASE ORDER #

<b>2-Year Certification</b> Certify eligibility for two years after demonstrating a steady household income. Not Applicable: _____ 1st Year Qualified: _____ 2nd Year Qualified: _____ No Steady Income Source(s) & Occupant(s): _____	#1 Gas Acct. # _____ #2 Electric Acct. # _____	vendor # _____ vendor # _____ vendor # _____ vendor # _____	\$ _____ \$ _____ \$ _____ \$ _____ <b>APPLICANT'S TOTAL ELIGIBILITY AMOUNT:</b> \$ _____
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I, \_\_\_\_\_, certify that I have provided and reviewed the above information, which is accurate to the best of my knowledge. I understand that I may be subject to criminal prosecution if I have knowingly provided false information. Additionally, I hereby authorize Puget Sound Energy, Inc. ("PSE"), this Agency, and Washington State Department of Commerce (COMMERCE) to exchange and release, disclose and make available to each other, information about me, my use of PSE products and services and/or my application for or participation in the PSE HELP program. This includes any information furnished or disclosed by me to this Agency herein or otherwise and any other information necessary or useful in assessing, documenting or confirming my eligibility or ineligibility to receive PSE HELP benefits (including Employment Security, Unemployment Insurance and DSHS Food Stamp benefits) or for current or future data analysis. I do so with full knowledge 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 this Agency. Until such time as I do so revoke this authorization in writing, however, this authorization shall remain in full force and effect and PSE, this Agency, and COMMERCE may rely on this authorization in exchanging, releasing, disclosing and making available to each other all such information.

APPLICANT'S SIGNATURE	DATE
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Please list all household members (including children) currently living in your home. For all adults, select their type(s) of income for each of the 3 months prior to this month.

## Declaration of Household

↓ Month/Year (Last month) ↓

↓ Month/Year (2 months ago) ↓

↓ Month/Year (3 months ago) ↓

Client Name	Date of Birth	Type of Income	Type of Income	Type of Income
1. Primary Applicant		<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____	<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____	<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____
2.		<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____	<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____	<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____
3.		<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____	<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____	<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____
4.		<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____	<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____	<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____
5.		<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____	<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____	<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____

Primary Client Name: \_\_\_\_\_

Date: \_\_\_\_\_



Please list all household members (including children) currently living in your home. For all adults, select their type(s) of income for each of the 3 months prior to this month.

## Declaration of Household

↓ Month/Year (Last month) ↓

↓ Month/Year (2 months ago) ↓

↓ Month/Year (3 months ago) ↓

Client Name	Date of Birth	Type of Income	Type of Income	Type of Income
6.		<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____	<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____	<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____
7.		<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____	<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____	<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____
8.		<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____	<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____	<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____
9.		<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____	<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____	<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____
10.		<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____	<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____	<input type="checkbox"/> Employed, receiving paystubs <input type="checkbox"/> Working for cash or side jobs <input type="checkbox"/> Self Employment <input type="checkbox"/> TANF or GAU <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension/IRA <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> No income <input type="checkbox"/> Other _____

Primary Client Name: \_\_\_\_\_

Date: \_\_\_\_\_



# Hopelink Energy Assistance

## SAVE ENERGY, SAVE MONEY

### More Ways to Save!

- **Fill it up...** Fill your dishwasher, washer, and dryer to its capacity and you'll get the maximum use of energy every time you run a load. Also, let the dishes air-dry. To do this, either turn off the heat-dry setting or prop open the dishwasher door after the wash cycle is over and turn the entire machine off.
- **Dry towel in clothes dryer...** One way to significantly cut down on clothes drying time is to toss a heavy, dry towel into the dryer along with wet clothes. Remove the towel about 15 minutes into the drying time and hang it up nearby to use during the next cycle!
- **A 10-minute shower can use less water than a full bath.** With a new 2.5 gallon-per-minute (low-flow) shower head, a 10-minute shower will use about 25 gallons of water, saving you 5 gallons of water over a typical bath. A new showerhead also will save the extra energy it takes to heat the water — up to \$145 each year for electric water heaters.
- **Unplug at night...** Cell phones usually only take a couple of hours to charge up, so leaving your phone charging overnight can add up to a big waste, especially if you do it every evening. This applies to other devices as well (tablets, Bluetooth speakers, handheld gaming units). Additionally, being plugged-in at full charge wears down battery life efficiency in the modern lithium-ion batteries that power our phones and tablets these days.

### Suggestions for Online Information and Resources

- **Puget Sound Energy:**  
<http://pse.com/savingsandenergycenter/>
- **Seattle City Light:**  
<http://www.seattle.gov/light/Conserve/>
- **Recycling:** [1800recycle.wa.gov](http://1800recycle.wa.gov)
- **Weatherization:** [www.kcha.org/wx](http://www.kcha.org/wx)

### Acknowledgment

I received information and materials from Hopelink's Energy Program about energy conservation opportunities that can help lower my energy costs:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Due to the impacts of COVID-19, we have approval to accept electronic signatures. If you choose to sign electronically, please check this box to certify:**

**hopelink**

"Due to COVID-19 I certify my electronic signature or typed name as my confirmation and consent of this application"

## **Client Release of Information**

### **Hopelink**

#### **Privacy Policy**

Your privacy is important. We will never give your name or contact information to any person or organization outside of Hopelink without your explicit permission. We will not assume we have your permission unless we have individual contact with you by phone, email, post, or in-person meeting.

We do not sell, rent or share our mailing lists with any non-Hopelink person or organization.

If you have any questions or concerns about your privacy regarding contact with Hopelink, please contact us at [hopelink@hope-link.org](mailto:hopelink@hope-link.org).

#### **Data Confidentiality Policy for Community Services**

Hopelink's Community Services division utilizes a client database to collect information about the characteristics and service needs of families seeking Hopelink's services. This allows Hopelink to provide the most effective services and to improve our services over time. In addition, most of the funding that Hopelink receives requires us to collect information about the individuals and families receiving our services to verify their eligibility and to demonstrate that the funds are being used correctly and effectively.

Hopelink protects this information with security policies to protect your privacy. Our computer system is secure and uses up-to-date protection features such as data encryption, passwords, and identity checks required for each system user. As with any data system, there is always a small risk of a security breach, and someone might obtain and use your information inappropriately. If you ever suspect your data in the Hopelink Community Services database has been misused, immediately contact us at [hopelink@hope-link.org](mailto:hopelink@hope-link.org).

The data you provide will be used to allow Hopelink to provide quality services to you and your family. The data will be combined with other Hopelink programs for the purpose of further analysis. Only staff members and volunteers who have signed appropriate confidentiality agreements will be able to see your information. The data you provide may be disclosed to a funding source (Funder) to evaluate services needed, to impact public policy and to better understand the families Hopelink serves. Your name and other identifying information will not be included in any reports or publications without a separate Release of Information signed by you.

## Client Consent to the Release of Information

### -Hopelink Client Data Systems

I understand that by receiving services from Hopelink, I do consent that Hopelink enters the personal and household information I have given them into the Community Services client data system.

I understand that representatives from Hopelink may contact me by mail, email and phone/text. Hopelink will not release my contact information without my prior written consent.

I understand that my information is electronically tracked in order to assess my household needs and provide better services such as housing, utility assistance, food and other services.

My information may be shared internally among Hopelink Community Services programs. If I am applying for utility, energy or rental assistance, my identifying information may be shared with my utility provider by phone, e-mail or in written form in order to secure payment to the correct account.

I understand that this information may be used for further data analysis at the program and agency level and to provide summary data for program evaluations, reports and/or funders.

An agency representative has answered my questions about my privacy concerns. I understand that my personal information will not be made public and will only be used with strict confidentiality.

As the household representative, my signature below authorizes Hopelink to enter information collected about me and my household during the enrollment process and throughout the time that I or my household receives services from Hopelink.

**Due to the impacts of COVID-19, we have approval to accept electronic signatures if an applicant can't print and sign forms. If you choose to sign electronically, please check this box to certify:**

---

Signature of Client

---

Date

---

Name of Client

---

Date of Birth:

---

Staff Name:

---

HHID