



## Centerstone's Energy Assistance Program LIHEAP: 2017-2018

### Is My Household's Average Monthly Income at or Below the Following Amounts?

*Eligibility is based on the average monthly income my household received for the previous 3 months*

Number of people in Household	LIHEAP (All Heat Sources) <u>Average Monthly Income</u> <u>Maximum</u>	PSE HELP (Gas Only) <u>Average Monthly Income</u> <u>Maximum</u>
1 person	\$1,256	\$1,508
2 people	\$1,692	\$2,030
3 people	\$2,127	\$2,553
4 people	\$2,563	\$3,075
5 people	\$2,998	\$3,598
6 people	\$3,433	\$4,120
7 People	\$3,869	\$4,643
8 People	\$4,304	\$5,165
9 People	\$4,740	\$5,600

*If your household is 10+ please call us for income requirements (206) 812-4940*

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

### Do I live within one of these zip codes within Seattle City Limits?

**98106, 98178, 98177, or 98133**

*Please verify you are in our service area before applying by calling (206) 812-4940*

### What Documents do I Need to Apply?

<input type="checkbox"/> <b>Sign and date Household Information Form. <u>Your name must be on the SCL and/or PSE bill.</u></b>
<input type="checkbox"/> <b>Your energy bill(s) for <u>Seattle City Light</u>, <u>Puget Sound Energy</u>, or <u>Recent Oil Receipt</u></b>
<input type="checkbox"/> <b>Last 3 months of income, for all adults over 18 years old, <u>not including the current month</u></b>
<input type="checkbox"/> <b>Copy of Social Security cards for <u>ALL</u> household members or government issued residency document (If you do not have a social security you may still apply, please call us (206) 812-4940)</b>
<input type="checkbox"/> <b>Photo copy of government issued ID of the person who signed the application</b>
<input type="checkbox"/> <b>A Copy of your lease or property tax statement (or another proof of address document)</b>
<input type="checkbox"/> <b>Read, sign and date Energy Saving Tips</b>



## Centerstone's Energy Assistance Program LIHEAP: 2017-2018

### Where do I Return my Documents?

Mail	Drop Off	Make an Appointment	Email
722 –18 <sup>th</sup> Ave. Seattle, WA 98122	Hours 9:00am- 4:00pm Monday-Friday	Call (206) 486-6828 OR go to <a href="http://www.center-stone.org">www.center-stone.org</a> to schedule an appointment online	<a href="mailto:energyassistance@center-stone.org">energyassistance@center-stone.org</a>

### What Should I do After I Apply?

- We will review your application for eligibility
- We will calculate your grant. Grants range between **\$100 and \$1,000**
- We will let Seattle City Light, Puget Sound Energy, or your oil provider know how much you will receive. If you use oil your provider will schedule a delivery
- Seattle City Light or Puget Sound Energy will apply a promise to pay on your account, but payment will not reflect on your energy bill until your provider posts the payment on your account
- If you are a Seattle City Light or Puget Sound Energy account holder, payment may take 6 to 8 weeks to show up on your bill and you can still accrue late charges on your bill
- It is important to try and maintain regular payments on your Seattle City Light and Puget Sound Energy Bills in order to avoid late fees, and disconnection, especially if pledge isn't enough to cover past due balance.

### What do I do if I Have a Shut-Off Notice, or I am disconnected?

- Schedule an appointment **(206) 486-6828** or online **[www.center-stone.org](http://www.center-stone.org)**
- Or come to our office during our drop in hours between 9am and 4pm Mon-Fri with complete and copied documents
- Notify Seattle City Light or Puget Sound Energy right away that you are applying to Centerstone
- A member of our staff will contact you to notify you of your grant and will notify your energy provider once it's been processed
- **If you do not hear from us after two business days, please call us to verify your application was accepted and processed (Only if you have a shut- off or Urgent notice)**
- If you have been disconnected, you will need to call your energy vendor to get reconnected. If you are a PSE gas Customer you will need to get a new account number in order for us to give a grant

### Do I Need Additional Help?

Seattle City Light	(206) 684-3000
SCL ELIA/Project Share	(206) 684-3688
Utility Discount Program	(206) 684- 0268
Puget Sound Energy	1-(888) 225-5773

**HOUSEHOLD INFORMATION FORM (HIF) (10/2015)**

<b>*Agency:</b>	<b>Assistance Provided:</b> <input type="checkbox"/> *Energy Assistance <u>OR</u> <input type="checkbox"/> *Crisis - Imminent <u>OR</u> <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**

**\*Primary Applicant:** \_\_\_\_\_  
 (Last Name) (First Name) (Middle Initial)

**\*Residence Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
 (If different)  
**City, State, Zip:** \_\_\_\_\_

**Phone Number:** ( ) - ( ) - ( )  
**Message Phone:** ( ) - ( ) - ( )  
**Lived at Residence:** Years: Months:

<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"/> TANF <input type="checkbox"/> GA <input type="checkbox"/> VA <input type="checkbox"/> Soc. Sec. <input type="checkbox"/> Military <input type="checkbox"/> Earned Income <input type="checkbox"/> Pension <input type="checkbox"/> Self Employed <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> Other	<b>*Total Number of People in the Household:</b> _____ <b>*Household's Monthly Income:</b> \$ _____
---	---	---	--

**Target Group #1:**  Yes  No  
**Target Group #2:**  Yes  No

**\*Primary Heat Source:**  
 1  Electric  
 2  Natural Gas  
 3  Propane  
 4  Oil  
 5  Wood  
 6  Coal

**\*Annual Heat Cost:** \$ \_\_\_\_\_  Back Up Heat Cost  
**Total Energy Cost:** \$ \_\_\_\_\_  Used Surrogate Data  
**\*Total Annual Electric Costs:** \$ \_\_\_\_\_

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

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

**Payment to Vendor(s):**

	<b>HOUSEHOLD ELIGIBILITY AMOUNT:</b>	\$ _____
	<b>Direct Pay to Applicant:</b>	\$ _____
#1 _____ Acct. #:		\$ _____
#2 _____ Acct. #:		\$ _____
	<b>TOTAL EAP PAID TO DATE:</b>	\$ _____

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

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

<b>Heat System: Repairs</b> <input type="checkbox"/>	Vendor #:	_____	\$ _____
<b>Replacement</b> <input type="checkbox"/>	Vendor #:	_____	\$ _____
<b>Other Repairs &amp; Services:</b>	Vendor #:	_____	\$ _____
	Vendor #:	_____	\$ _____
<b>Shelter Assistance:</b>	Vendor #:	_____	\$ _____
			\$ _____
	<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. 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.)

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 (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>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>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>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>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</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>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</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>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</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>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</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>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</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>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Health Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No



## DECLARATION STATEMENT OF NO INCOME

*\*Each person in the household 18 years or older with no income must complete their own form.*

I \_\_\_\_\_, do hereby declare that I have not received any

(First Name) (Last Name)

Income for the month(s) or pay date(s) of:

This application is signed in the month of \_\_\_\_\_

Looking at the chart below, write in any or all of the three months before the month the application was signed where you had no income or were not paid by your employer.

<b>January</b>	October, November, December	<b>July</b>	April, May, June
<b>February</b>	November, December, January	<b>August</b>	May, June, July
<b>March</b>	December, January, February	<b>September</b>	June, July, August
<b>April</b>	January, February, March	<b>October</b>	July, August, September
<b>May</b>	February, March, April	<b>November</b>	August, September, October
<b>June</b>	March, April, May	<b>December</b>	September, October, November

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

You must fill out this form completely or your application may not be accepted.

**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:**

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

*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 I may be denied future services.*

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

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

**Agency Representative:** \_\_\_\_\_

**BVS**





## Energy and Money Savings Tips

Below are a few ideas to help you save money and use less energy

- Unplug electronic devices when not in use or when leaving home
- Consider investing in a power strip to easily turn off multiple devices
- Turn off lights in rooms that aren't being used
- Reduce your refrigerator's temperature (36 to 38 degrees)
- Make sure appliances are turned off after each use
- Consider replacing bulbs with energy efficient lighting (CFL and LED lightbulbs)
- Seal drafts in windows and doors with weather stripping, caulking, or plastic film
- Avoid using space heaters as much as possible, as they are expensive, unsafe, and not the most energy efficient when it comes to heating your entire home
- Vacuum vents and heating baseboards regularly
- Add light colored curtains to windows and keep shades open during the day for sunlight and closed at night to keep warm air in
- Consider installing a water saving shower head
- Lower water heaters thermostat to 120 degrees
- Dust light fixtures regularly
- Take showers, not baths
- Run the dishwasher with full loads only and let dishes air dry
- Lower the thermostat every time you leave the house
- Wash full loads of laundry with cold water, air dry clothes, and clean lint trap
- Raise the heat temperature in your home gradually, since sudden increases will substantially increase your energy usage



**Rebates for energy efficient appliances, showerheads, and light bulbs are available. Go online or call your Energy Advisor for more information and how to apply!**

**Seattle City Light:** Call (206) 684-3800, email [SCLEnergyAdvisor@seattle.gov](mailto:SCLEnergyAdvisor@seattle.gov) or go to [seattle.gov/light/conserve](http://seattle.gov/light/conserve)

**Puget Sound Energy:** Call 1-800-562-1482, email [EnergyAdvisor@pse.com](mailto:EnergyAdvisor@pse.com) or go to "Energy Savings Center" online

**I acknowledge that I have read the above Energy Saving Tips.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_

**Are you a homeowner interested in a FREE furnace repair, replacement, or cleaning?  YES  NO**

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

