

HOUSEHOLD INFORMATION FORM (HIF) (10/2015)

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

SECTION A: Household Contact & Eligibility Information

***Primary Applicant:** _____
 (Last Name) (First Name) (Middle Initial)

***Residence Address:** _____
City, State, Zip: _____

Mailing Address: _____
 (If different)
City, State, Zip: _____

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

*Housing Status: 1 <input type="checkbox"/> Own/buy 2 <input type="checkbox"/> Subsidized 3 <input type="checkbox"/> Rental 4 <input type="checkbox"/> Roomer/Boarder 5 <input type="checkbox"/> Temp Housing Cost per Month: \$ _____	*Housing Type: 1 <input type="checkbox"/> 1-3 Family 2 <input type="checkbox"/> 4+ Family 3 <input type="checkbox"/> Hi-Rise 4 <input type="checkbox"/> Mobile 5 <input type="checkbox"/> RV Number of Bedrooms: _____	*Income/Benefits: <input type="checkbox"/> SSI <input type="checkbox"/> Earned Income <input type="checkbox"/> TANF <input type="checkbox"/> Pension <input type="checkbox"/> VA <input type="checkbox"/> Self Employed <input type="checkbox"/> Soc. Sec. <input type="checkbox"/> Child Support <input type="checkbox"/> Military <input type="checkbox"/> Unemployment <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 Total Energy Cost: \$ _____ <input type="checkbox"/> Used Surrogate Data *Total Annual Electric Costs: \$ _____
Target Group #2: <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION B: Energy Assistance (EAP)

Staff: _____ **P.O.#:** _____

Payment to Vendor(s):

	HOUSEHOLD ELIGIBILITY AMOUNT:	\$ _____
	Direct Pay to Applicant:	\$ _____
#1 _____ Acct. #: _____		\$ _____
#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 #: _____	\$ _____
		\$ _____
	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. 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 (10/2015)

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