



Scott Lake Maintenance Co.
2631 114th Way SW
Olympia WA 98512

PLEASE KEEP THIS PAGE ATTACHED TO PACKET

Community Action Council Energy Assistance Program

MAIL IN APPLICATION

Instruction Sheet

Please read and follow the directions carefully

**BE SURE TO SIGN AND DATE ALL FORMS IN
THIS PACKET. FAILURE TO SIGN
FORMS WILL DELAY YOUR ASSISTANCE!**

**THERE WILL BE NO IN-PERSON OR PHONE APPOINTMENT. THIS
PACKET TAKES THE PLACE OF YOUR SCHEDULED APPOINTMENT.**

ALL forms must be:

- ☐ Signed (All signatures must be **written in ink**)
- ☐ Dated (Please sign all forms in the month of _____)

Along with the completed forms, we MUST have copies of ALL the following:

- ☐ Proof of Heat Source (Electric & gas bill, fuel bill, wood statement, propane receipt, etc.)
- ☐ Proof of Physical Address (please note mailing address if different) ☐ Photo
Identification (for primary applicant, must have date of birth on it)
- ☐ Social Security Cards (for **all** household members **including children**) ☐ Proof of all
Household Income (received in the following three (3) months):
_____, _____, _____

It is recommended that you send income information for _____ as well. **Note:**
*Based on when income was **RECEIVED. PAY DATE**, not pay period.*

☐☐☐☐ **Return this packet with ALL information requested to:** ☐☐☐☐

Community Action Council • 3020 Willamette Dr. NE, Lacey, WA 98516 • 360-438-1100

PLEASE RETURN THIS PACKET WITH ORIGINAL SIGNATURES AND ALL REQUIRED DOCUMENTS

We must receive this packet with original signatures, but you can

email your supporting documents to energy@cacimt.org

If you email documents, be sure to put "HOMEBOUND – YOUR LAST NAME" on the subject line.

Name _____
Orig. Appt. Date _____

Heat Source _____
Reason **OFFICE CLOSED**

IMPORTANT INFORMATION

A completed Homebound Packet may take several weeks for processing from the time it is received. Depending on current funding, processing times may be longer. Incomplete packets OR missing verifications may delay processing. Energy staff will process your application as quickly as possible. Time spent on inquiries about your application only delay the process. Calls should be limited to informing us if you have no heat or lights. Upon completion of your packet/application, you will be sent a Benefit Estimate notification via mail to the mailing address you have provided.

***PLEASE RETURN THIS PACKET BY: _____

DATE STAMP
(For office use only)



Community Action Council

Of Lewis, Mason & Thurston Counties

Energy Assistance Program

Client Social Service Tracking ~ Information Intake Form

The information requested on this form is used for statistical purposes and is shared between the programs within Community Action Council only. Please provide as accurate data as possible as this data may affect your application for services. The information you provide will help us better serve you.

Complete both sides

Social Security # ____ - ____ - ____	Name (Primary Applicant): _____ (First Name) (MI) (Last Name)	Date of Birth: ____/____/____	Age: ____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Residential Address: _____ (Street) _____ (City) (State) (Zip Code)		Phone Number: (____) ____ - ____ Email: _____ Total number of people in your household: _____ Does everyone in the home have a Social Security Number? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you receive Energy Assistance through us last <input type="checkbox"/> Yes <input type="checkbox"/> No year? Are you or someone in your household a member of a Native American Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you receive Food Assistance in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your home been weatherized? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you interested in FREE weatherization services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address (if different): _____ (Street) _____ (City) (State) (Zip Code)		Signature _____ Date _____		
Client Characteristics (check all that apply): <input type="checkbox"/> I am disabled. <input type="checkbox"/> I am a military veteran. Domestic <input type="checkbox"/> Asian <input type="checkbox"/> Married <input type="checkbox"/> I am Hispanic or Latino. <input type="checkbox"/> Black or African American <input type="checkbox"/> Separated <input type="checkbox"/> I have health insurance. <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> I have a Provider One card. Pacific Islander <input type="checkbox"/> I do NOT have health insurance. <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> Other	Race (check all that apply): <input type="checkbox"/> American Indian or Native Partnership or Other <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Marital Status: Alaskan <input type="checkbox"/> Single (Tribe: _____) <input type="checkbox"/>	Highest Education Level: <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 / Non-Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> 12+ some post-secondary <input type="checkbox"/> 2 or 4 year college graduate	
Housing Status: <input type="checkbox"/> Own/Buy <input type="checkbox"/> Boarder <input type="checkbox"/> House <input type="checkbox"/> Duplex/Triplex <input type="checkbox"/> Subsidized <input type="checkbox"/> Temporary <input type="checkbox"/> Apartment (2 story building or less) <input type="checkbox"/> Rental <input type="checkbox"/> Other <input type="checkbox"/> Hi-Rise (3 stories or more)		Housing Type: _____ Date moved into current residence: _____		Language: <input type="checkbox"/> English <input type="checkbox"/> Other _____
Monthly Payment \$ _____ <input type="checkbox"/> Mobile <input type="checkbox"/> RV/Less than 40' <input type="checkbox"/> Other				

What is your **MAIN** source of **HEAT**? _____

What is your **MAIN** source of **COOLING**? _____

Other Energy Types: ☐ All Electric ☐ Natural Gas Only
☐ Electric & Gas ☐ Other _____

☐ Central AC ☐ Ductless AC ☐ Portable AC
☐ Fans ☐ Other _____ ☐ None

Name on Energy Bill if different: _____

Are you in need of a portable air conditioner? ☐ Yes ☐ No

If yes, are they currently living with you? ☐ Yes ☐ No Spouse ☐ Yes ☐ No

Please list ALL OTHER Household Members' information on reverse side.

First Name	MI	Last Name	SSN	Date of Birth	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
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		Race (check all that apply): <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"/> Other		Highest Education Level (18 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		Characteristics (check all that apply): <input type="checkbox"/> Disabled <input type="checkbox"/> Military Veteran <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Health Insurance <input type="checkbox"/> Provider One Card <input type="checkbox"/> No Health Insurance
First Name	MI	Last Name	SSN	Date of Birth	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
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		Race (check all that apply): <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"/> Other		Highest Education Level (18 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		Characteristics (check all that apply): <input type="checkbox"/> Disabled <input type="checkbox"/> Military Veteran <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Health Insurance <input type="checkbox"/> Provider One Card <input type="checkbox"/> No Health Insurance
First Name	MI	Last Name	SSN	Date of Birth	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
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		Race (check all that apply): <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"/> Other		Highest Education Level (18 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		Characteristics (check all that apply): <input type="checkbox"/> Disabled <input type="checkbox"/> Military Veteran <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Health Insurance <input type="checkbox"/> Provider One Card <input type="checkbox"/> No Health Insurance
First Name	MI	Last Name	SSN	Date of Birth	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
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		Race (check all that apply): <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"/> Other		Highest Education Level (18 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		Characteristics (check all that apply): <input type="checkbox"/> Disabled <input type="checkbox"/> Military Veteran <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Health Insurance <input type="checkbox"/> Provider One Card <input type="checkbox"/> No Health Insurance

Household Income Information

(Please check all sources of income received by **ANY** member of your household listed above.)

- ☐ Wages/Salary ☐ Unemployment ☐ TANF ☐ Self-Employment
☐ SSA/SSDI ☐ SSI ☐ L & I ☐ GAU/GAX

☐ Pension ☐ VA ☐ Child Support (In/Out) ☐ Food Stamps

☐ No Income ☐ Other _____

For Staff Use Only

FILE COMPLETE	STAFF INITIALS	HEAT SOURCE	LIHEAP	OES ARREARS	CONT BENEFIT	PSE	FUEL FUNDS	WX	LIHWAP	OES FURNACE

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

HOUSEHOLD INFORMATION FORM (HIF) (7/2016)

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

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:	*Housing Type:	*Income/Benefits:	*Total Number of People in the Household:
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: \$	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:	<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	*Household's Monthly Income: \$
Target Group #1:	*Primary Heat Source:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	1 <input type="checkbox"/> Electric 2 <input type="checkbox"/> Natural Gas 3 <input type="checkbox"/> Propane 4 <input type="checkbox"/> Oil 5 <input type="checkbox"/> Wood 6 <input type="checkbox"/> Coal		
Target Group #2:	Annual Heat Cost: \$ <input type="checkbox"/> Back Up Heat Cost Total Energy Cost: \$ <input type="checkbox"/> Used Surrogate Data *Total Annual Electric Costs: \$		
<input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION B: Energy Assistance (EAP)

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

SECTION C: Other Emergency Services (OES)

Staff:	P.O.#:
Heat System: Repairs <input type="checkbox"/>	Vendor #: \$
Replacement <input type="checkbox"/>	Vendor #: \$
Other Repairs & Services:	Vendor #: \$
	Vendor #: \$
Shelter Assistance:	Vendor #: \$
	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:



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)	SSN	DATE OF BIRTH (MM/DD/YYYY)
SECOND ADULT IN HOUSEHOLD (LAST)		(FIRST)	(MIDDLE INITIAL)	SSN	DATE OF BIRTH (MM/DD/YYYY)
EMPLOYER NAME				PHONE () () ()	
RESIDENCE ADDRESS			CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT THAN RESIDENCE)			CITY	STATE	ZIP
PHONE () () ()		MESSAGE PHONE () () ()		DATE MOVED INTO RESIDENCE (MM/DD/YYYY)	

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*		If the Applicant is the Primary on the PSE bill please skip to Section C.			
*Note: PSE will sign you up for service as co-customer, or primary dependent on Section B questions 1-4.					
PRIMARY NAME ON PSE BILL (LAST)		(FIRST)	(MIDDLE INITIAL)	SSN	DATE OF BIRTH (MM/DD/YYYY)
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 ___ (If you answer "yes" to #4, the Applicant's name will appear as primary. Their account number will be changed.)					
*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.					

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 ___ MSFW			
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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"/> GAU 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	
			Heat Cost \$ _____ (if applicable)	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 #

#1 Gas Acct. # _____	APPLICANT'S ELIGIBILITY AMOUNT: \$ _____
#2 Electric Acct. # _____	vendor # _____ \$ _____
	vendor # _____ \$ _____
	vendor # _____ \$ _____
	vendor # _____ \$ _____
	TOTAL PAID TO DATE: \$ _____

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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Statement of Funding Contingency

Community Action Council *Energy Assistance Program*

By signing my name below, I hereby state that I understand:

- ❖ Funding is provided by the Federal Government and/or Puget Sound Energy and there is no guarantee that these funds will be available at the time of my appointment.
- ❖ Payment of all benefits are contingent upon our agency having received funding.
- ❖ It may take 6-8 weeks for my assistance to be applied to my account once my file is complete.
- ❖ Should funds not be available at the time of this application, the application will be processed in the order it was taken if and when funds are available. At that time, payment will be made to my account at the energy provider that I indicated on my application.
- ❖ My application will be reviewed for accuracy and that my benefit is subject to change should new information be discovered.
- ❖ It is my responsibility to continue making payments to my energy provider.
- ❖ **FREE weatherization may be available for my home.** Weatherization may help reduce my energy consumption and make my home more comfortable. **If interested, I should ask for an application, or call 360-438-1100.**
- ❖ During the course of my interview, I was introduced to conservation education tips and referrals to help lower my utility cost and make my home more efficient.

Client Signature _____

Date _____