

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:
*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:
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*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"/> 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	*Total Number of People in the Household: *Household's Monthly Income: \$
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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.)