

**HOUSEHOLD INFORMATION FORM (HIF) (10/2024)**

<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 - Life Threatening <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**

**\*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"/> 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> \$ _____
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**Target Group #1:**  Yes     No  
**Target Group #2:**  Yes     No

**\*Primary Heat Source:**  
 1  Electric                      4  Oil  
 2  Natural Gas                5  Wood  
 3  Propane                        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.#:** \_\_\_\_\_

**HOUSEHOLD ELIGIBILITY AMOUNT:** \$ \_\_\_\_\_

**Payment to Vendor(s):** **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**  Vendor #: \_\_\_\_\_ \$ \_\_\_\_\_  
**Replacement**  Vendor #: \_\_\_\_\_ \$ \_\_\_\_\_  
**Other Repairs & Services:** Vendor #: \_\_\_\_\_ \$ \_\_\_\_\_  
 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.

Fair Hearing: <http://www.commerce.wa.gov/wp-content/uploads/2016/06/liheap-fair-hearing-request-form.pdf>

**\*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 (10/2024)**

<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 <input type="checkbox"/> Prefer Not To Answer <input type="checkbox"/> Non Binary		<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>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>*Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not To Answer <input type="checkbox"/> Non Binary		<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>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 <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Non Binary		<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>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> ____/____/____	
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	<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>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 <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Non Binary		<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>Health Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	