

HOUSEHOLD MEMBER AND INCOME INFORMATION FORM

Months of: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____
 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____

HOUSEHOLD MEMBERS NAMES (18 YEARS AND OLDER)	RELATIONSHIP	SOURCE OF INCOME	TOTAL GROSS INCOME PER MONTH			GROSS AMOUNT	20% 10%	ADJUSTED INCOME
			\$	\$	\$			
Primary Applicant	Self	-----	-----	-----	-----	-----	-----	-----
Child Support Y/N		-----	-----	-----	-----	-----	-----	-----
Secondary Applicant		-----	-----	-----	-----	-----	-----	-----
Child Support Y/N		-----	-----	-----	-----	-----	-----	-----
Other Adult		-----	-----	-----	-----	-----	-----	-----
Child Support Y/N		-----	-----	-----	-----	-----	-----	-----

ALL Previous Addresses (since Oct. 1st): _____ {Checked by} _____ {_____}
 _____ {_____}

Page 2 Total \$ _____ + Total Adjusted Income \$ _____
 # of Months _____ Household's Average Monthly Income \$ _____
Divided by 3 or 12
 If over for one (1), three (3) months and twelve (12) months were offered? Intake initials _____

Client has declared a hardship?

Current Address for Heat in Rent if verified by telephone: _____ **Heat in Rent:** Verified w/ _____ phone _____ intake _____
 or Documents Included _____ Rmr/Brdr? _____ Direct Check for Heat in Rent: _____

Vendor&Code/Account _____ **Split Grant %** _____ **Name on Bill** _____
Vendor&Code/ Account _____ **Direct Check for No Vendor** _____ **Relation to Applicant** _____

*I realize that although I have submitted a completed application for Energy Assistance, I may not receive assistance if I am ineligible or if energy funding has been exhausted. I certify that I have provided and reviewed the information given on the Household Information Form (HIF application) and the Household Member & Income Information form 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 also 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 further 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 and may also be used for income verification (including Employment Security Unemployment Insurance and DSHS Food Stamp benefits). I hereby authorize energy program staff to use my social security number for those purposes only.

Date of Application: _____ **Primary Applicant Signature:** _____