

# Clallam County PUD Low Income Discount Form

↓ Staff use only ↓

Form EAP5002 Rev. 5/21 ch

<input type="checkbox"/> EAP <b>OR</b> <input type="checkbox"/> Crisis Imminent <b>OR</b> <input type="checkbox"/> No Heat <input type="checkbox"/> OES <input type="checkbox"/> Conservation Education	<input type="checkbox"/> <b>Apply for Clallam PUD Low Income Discount</b>	 228 W 1st, Ste J, Port Angeles 360-452-4726
 Bringing Energy To Life™	Check all that apply to <b>any</b> household members: <input type="checkbox"/> Interested in Weatherization <input type="checkbox"/> Received Food Assistance <input type="checkbox"/> Received Energy Assistance last program yr. <input type="checkbox"/> Tribal Member <input type="checkbox"/> Heat included in Rent <input type="checkbox"/> History of Respiratory Health Issues	

*Last Name	*First Name	*MI	*SSN (required)	*DOB
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*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 Gender Identification: _____ 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	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
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**Main Applicant: Gross income for the previous four months**

*Source of Income	*Gross Income - First Month	*Gross Income - Second Month
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Secondary Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No <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 Gender Identification: _____ 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+ Soe Post-Secondary <input type="checkbox"/> 2 or 4 Year College Graduate	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
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**Total # of People in Household: \_\_\_\_\_ Secondary/18 & Older– Gross Income for previous four months:**

*Source of Income	*Gross Income - First Month	*Gross Income - Second Month
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Residential Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ 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"/> Rm/Brdr 5 <input type="checkbox"/> Temp Hsg	<b>Dwelling Type:</b> 1 <input type="checkbox"/> 1-3 Unit 2 <input type="checkbox"/> 4+ Unit 3 <input type="checkbox"/> Hi-Rise 4 <input type="checkbox"/> Mobile 5 <input type="checkbox"/> RV	<b>Have you applied for Liheap with OlyCAP or any other agency?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, date: _____ Award: \$ _____	<b>Income/Benefits:</b> 1 <input type="checkbox"/> SSI 2 <input type="checkbox"/> TANF 3 <input type="checkbox"/> GA/ABD 4 <input type="checkbox"/> VA 5 <input type="checkbox"/> Soc Sec 6 <input type="checkbox"/> Military 7 <input type="checkbox"/> Earned Income 8 <input type="checkbox"/> Pension 9 <input type="checkbox"/> Self Empl 10 <input type="checkbox"/> Child Support 11 <input type="checkbox"/> Unempl.Comp 12 <input type="checkbox"/> Other: _____	<b>Number of Bedrooms:</b>  _____  <b>Rent/Mortgage:</b>  Monthly \$ _____
<b>Heat Source:</b> 3 <input type="checkbox"/> Oil 1 <input type="checkbox"/> Electric 4 <input type="checkbox"/> Wood 2 <input type="checkbox"/> Propane 5 <input type="checkbox"/> Other: _____				

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 assistant 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 and may also be used for income verification (including Employment Security Unemployment Insurance and DSHS Food Stamp benefits). I hereby authorize my organization program staff to use my social security number for those purposes only. 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: \_\_\_\_\_

Please complete for additional members of the household. If more than 6 in the household, request additional pages

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	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino						Military Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
						Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Gross income for the <u>previous two months</u> - 18 and older</b>							
*Source of Income		*Gross Income - First Month		*Gross Income - Second Month			

  

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