



<b>Date of Birth:</b>	<b>Primary SSN:</b>			
<b>Date of Birth:</b>	<b>Secondary SSN:</b>	Check if appropriate: <input type="checkbox"/> Receive Senior property tax exemption  <input type="checkbox"/> Receive disabled tax exemption	<b>Household Members (voluntary)</b> <i># of people in household who are:</i>	
	<b>Secondary Applicant:</b>		0 – 2 yrs	60+ yrs
	(Last Name) (First Name)		3 – 5 yrs	Disabled
			6–17 yrs	MSFW

**Section A: RESIDENCE ADDRESS** ↓

<b>Primary Applicant:</b>			
	(Last Name)	(First Name)	(Middle Initial)

**Address:**

**City, State, Zip:**

	<b>Phone:</b>	<b>Msg. Phone:</b>		<b>Lived at Residence:</b>	<b>yrs</b>	<b>mos</b>
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Housing Status	Housing Type	Type of Septic System	Income/Benefits		TI # People in Household
1 <input type="checkbox"/> Owner-Occupant 2 <input type="checkbox"/> Other <i>* Applicant must own and live at the property</i>	1 <input type="checkbox"/> Single-Family 2 <input type="checkbox"/> Duplex or Triplex 3 <input type="checkbox"/> Mobile	1 <input type="checkbox"/> Gravity 2 <input type="checkbox"/> Mound 3 <input type="checkbox"/> Sand Filter 4 <input type="checkbox"/> Aerobic Treatment Unit (ATU) 5 <input type="checkbox"/> Pressure Distribution 6 <input type="checkbox"/> Not Sure	1 <input type="checkbox"/> SSI 2 <input type="checkbox"/> TANF 3 <input type="checkbox"/> GAU 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 Employ 10 <input type="checkbox"/> Child Support 11 <input type="checkbox"/> Unempl Comp 12 <input type="checkbox"/> Other	<b>Household's Monthly Income</b>  \$
<b># of Bedrooms:</b>					

**Voluntary Data**

Female Primary Wage Earner	Ethnicity (enter #)	Race (enter #)	Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No  # Male: ____ # Female: ____	— Hispanic or Latino  — Not Hispanic or Latino	— American Indian or Native Alaskan — Black or African American — Native Hawaiian or Pacific Islander — Asian — White — Multi-Racial	

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. I further understand that I may request a review of my application by contacting the Office of Energy & Sustainability at (425) 388-3117 if the provision of the above information is not acted on to determine my eligibility within a reasonable time or if I feel an eligibility determination is incorrect. I also give my permission for this agency to request necessary information that may result in my receiving benefits from this assistance request. I understand that provision of my social security number is necessary to avoid duplicate assistance benefits 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 program staff to use my social security number for those purposes only.

**Applicant Signature:** \_\_\_\_\_ **Intake Date:** \_\_\_\_\_