



“民主代金券计划”(Democracy Voucher Program)申请 Democracy Voucher Program Application

西雅图市(City of Seattle) – Seattle Ethics and Elections Commission
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如果您不是注册选民，请填写本申请表来参加民主代金券计划(Democracy Voucher Program)。
Please complete this application to enroll in the Democracy Voucher Program if you are not a registered voter.

资格 Eligibility

您必须勾选所有选项才有资格获得民主代金券(Democracy Voucher):
You must check ALL boxes to be eligible to receive Democracy Vouchers:

- 我已年满 18 周岁
I am at least 18 years old
- 我是西雅图居民，且至少在西雅图居住了 30 天
I am a Seattle resident and have been for at least 30 days
- 我是美国公民、美国国民或合法的永久居民 (“绿卡持有者”)
I am EITHER a U.S. citizen, a U.S. national, or a lawful permanent resident (“green card holder”)

如果您无法勾选所有方框，请勿申请此计划。
If you cannot check ALL boxes, DO NOT APPLY for this program.

联络数据 Contact Information

申请人名字 (正楷书写) (First Name (Please Print))	中间名首字母 (Middle Initial)	姓氏 (Last Name)
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出生日期 (月/日/年) (Date of Birth [Month/Day/Year]): _____

电话号码 (Phone Number): _____

电子邮件 (E-mail):

居住地址 (Residential Address):

街道地址 (Street Address)	单元号 (Unit Number)	城市 (City)	州 (State)	邮政编码 (Zip Code)
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邮寄地址 (如与居住地址相同，请留空) (Mailing Address [Leave blank if Residential Address and Mailing Address are the same])

街道地址 (Street Address)	单元号 (Unit Number)	城市 (City)	州 (State)	邮政编码 (Zip Code)
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身份证明 Proof of Identity

请勿提交原件。仅提交有效文档的副本。

请注意：所有文件都受到《华盛顿州公开记录法案》的约束。如果一名公众成员索要随此申请提交的任何文档，市相关部门就必须完全或部分披露信息。

Do not submit original documents. Submit copies of valid documents only.

Please note: All documents submitted are subject to the Washington State Public Records Act. If a member of the public requests any of the documents submitted with this application, the City will be required to release them, in whole or in part.

在下方选择一项来提供您的身份证明和西雅图的住址。

Choose one option below to provide proof of your identity and residency in Seattle.

选项 1：提供一份副本 Option 1: Provide one copy	选项 2：从每个部分提供一份副本 Option 2: Provide one copy from EACH section
<ul style="list-style-type: none">• 华盛顿州驾驶执照 (Washington State Driver's License) <p>或者 (OR)</p> <ul style="list-style-type: none">• 华盛顿州身份证 (Washington State Identification card)	<p>第 1 节：身份证明： (Section 1: Proof of Identity):</p> <ul style="list-style-type: none">• 美国任何目前的联邦、州或地方政府签发的带相片身份证件或者 (Any current federal, state, or local U.S. government-issued photo identification, or)• 一份当前的美国永久居民卡或美国“绿卡” (A current U.S. Permanent Resident Card or U.S. "green card") <hr/> <p>第 2 节：西雅图居住证明： (Section 2: Proof of Seattle Residency):</p> <ul style="list-style-type: none">• 一份包含您姓名和西雅图地址的目前有效的邮件或账单复印件，或者 (A copy of a current piece of mail or bill with your name and your Seattle address, or)• 一份包含您姓名和西雅图地址的目前有效的租赁协议复印件。 (A copy of a current rental agreement with your name and your Seattle address.) <p>都没有？请联系 Seattle Ethics and Elections 办公室。 (Do not have either? Contact the Seattle Ethics and Elections Office.)</p>

代金券偏好 Voucher Preferences

您希望如何收到自己的代金券？

(How would you like to receive your vouchers?)

邮件
(Mail)

在线
(Online)


请选择您的偏好语言：


(Please select your preferred language:)

- 阿姆哈拉语 (Amharic)
- 高棉语 (Cambodian)
- 中文 (繁体)
(Chinese [Traditional])
- 中文 (简体)
(Chinese [Simplified])

- 英语 (English)
- 韩语 (Korean)
- 老挝语 (Laotian)
- 奥罗莫语 (Oromo)
- 俄语 (Russian)
- 索马里语 (Somali)

- 西班牙语 (Spanish)
- 塔加拉语 (Tagalog)
- 泰语 (Thai)
- 提格里尼亚语 (Tigrinya)
- 乌克兰语 (Ukrainian)
- 越南语 (Vietnamese)

 如有相关要求，Seattle Ethics and Elections 将为残障人士提供合理的便利条件，从而确保他们能够获得计划。如果您希望请求提供某种便利，或请求提供其他语言版本的数据，请致电(206)727-8855。

 Upon request, Seattle Ethics and Elections will provide reasonable accommodations for individuals with disabilities to help ensure access to programs. If you would like to request an accommodation, or for materials in other languages, please call (206) 727-8855.

宣誓
Attestation

我宣誓本人是西雅图居民，且至少在西雅图居住了 30 天，本人年满 18 周岁，属于美国公民、美国国民或合法的永久居民（“绿卡持有者”）。

I attest that I am a Seattle resident and have been for at least 30 days, I am at least 18 years of age, AND I am either a U.S. citizen, a U.S. national, or a lawful permanent resident (“green card holder”).

本人理解，作为本申请表的一部分，本人向 Seattle Ethics and Elections Commission 提供的信息和文件受《华盛顿州公共记录法》约束，并可在第三方要求的情况下予以披露。

I acknowledge that the information and documents provided to the Seattle Ethics and Elections Commission as part of this application are subject to the Washington State Public Records Act and may be subject to disclosure if requested by a third party.

签名（必填项）(Signature [required]):

X _____ 日期 (Date): _____

返还您的申请

Return Application

透过邮件寄送： (Send by mail): Democracy Voucher Program PO Box 35196 Seattle, WA 98124-5196	以电子邮件附件方式发送： (E-mail as an attachment): democracyvoucher@seattle.gov 传真 (Fax): (206) 684-8590	亲自递送： (Deliver in person): Seattle Ethics and Elections Commission 700 5th Ave, Suite 4010 Seattle, WA 98104 周一至周五：上午 8:00 至下午 5:00 (Monday-Friday: 8:00 a.m. – 5:00 p.m.)
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**有疑问吗？
Questions?**

致电 (Call): (206) 727-8855 （语言帮助可用） (language assistance available)

电子邮件 (E-mail): democracyvoucher@seattle.gov

请造访 (Visit): seattle.gov/democracyvoucher