



Tlingit-Haida
Regional
Housing
Authority

Tlingit-Haida Regional Housing Authority
Low Income Home Energy Assistance Program
PO Box 32237
5446 Jenkins Drive
Juneau, AK 99803
Tele: (907) 780-6868

FY 2010 TLINGIT-HAIDA REGIONAL HOUSING AUTHORITY ENERGY ASSISTANCE APPLICATION



FY 2010 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM APPLICATION

The following documents are required to determine your eligibility for the Tlingit-Haida Regional Housing Authority's LIHEAP Program:

Most Recent Income Verification:

- If you are employed send copies of all income that you received the prior month.
- If you receive Social Security, SSI, APA, TANF or General Assistance send a copy of your most recent award letter.
- If you receive food stamps, a recent award letter that shows countable income can be used to determine your eligibility.

Most Recent Utility Bill:

- You must provide a copy of your heating bill.
- If you heat with oil/propane, you must provide a copy of your oil bill that shows the name of your oil vendor.
- If you heat with electricity, you must provide a copy of your light bill that has your account number.
- If heat is included in your rent, you must provide a copy of your rental agreement.

Upon Approval:

- **Applicants** will receive a “**Notice of Determination**” regarding eligibility status **within 45 days** of receipt of the LIHEAP application.
- **Home heating vendor(s)** will be notified how much your household is eligible to receive for home heating assistance.
- **Your signature on this application is your declaration that the information given in this application is true and correct.**

Use this chart to determine if you should apply for the Energy Assistance Program			
Federal LIHEAP - 150% Alaska Poverty		AK HAP Program – 151-225% Alaska Poverty	
Household Size	Gross Monthly Income	Household Size	Gross Monthly Income
1	1,691	1	2,537
2	2,276	2	3,414
3	2,861	3	4,292
4	3,446	4	5,169
5	4,031	5	6,047
6	4,616	6	6,924
7	5,201	7	7,802
Each additional person	585	Each additional person	877

Residence in Skagway, Tenakee, and Pelican – please mail your completed Energy Assistance Program application to Tlingit & Haida Regional Housing Authority – Energy Assistance Program, PO Box 32237, Juneau, AK 99803.

TLINGIT-HAIDA REGIONAL HOUSING AUTHORITY ENERGY ASSISTANCE APPLICATION
 FY 2010 Community Telephone Numbers

AGENCY	CONTACT PERSON	TELEPHONE NUMBER
Angoon Community Association	Juanita Silva	788-3411
CCTHITA	3 rd Floor Receptionist	586-1432
Craig Tribal Family & Youth Svc.	Cindy Mills	826-3948
Douglas Indian Association	Case Worker - 1107 W. 8th St	364-2916
Haines Tribal Family & Youth Svc	Stella Howard	766-2810
Hoonah Indian Association	Hattie Dalton	945-3545
Hydaburg Social Services	Eileen Carle	285-3662
Organized Village of Kake Social Services Office	Ann Jackson	785-6471
Kasaan IRA Office	Richard Peterson	542-2230
Ketchikan Indian Community	April Edenshaw	228-5218
Ketchikan TANF Office	Romay Edenshaw	225-2033
Klawock Tribal Family & Youth Svc	Henrietta Kato	755-2326
Klukwan Social Services	Anna Stevens	767-5505
Metlakatla Indian Community Employment & Training	Darby Christiansen	886-5872
Petersburg Indian Association	Romona Brooks	772-3636
Saxman Tribal Family & Youth Svc	Janice Jackson	225-2518 ext 27
Sitka Tribe of Alaska	Phil Nielsen	747-7152
Sitka TANF Office	Barbara Borgen George Jackson	747-3790
Tlingit-Haida Regional Housing Authority LIHEAP	Martha McKinley	780-3112
Wrangell Tribal Family & Youth Services	Betty Newman	874-3482
Pelican – Skagway – Tenakee	Mail applications to THRHA	



For THRHA Use Only			
Date Received			
FED LIHEAP	STATE LIHEAP	CASE #	ACTION DATE

2010 ENERGY ASSISTANCE PROGRAM APPLICATION

IMPORTANT: ONLY ONE APPLICATION PER HOUSEHOLD PER PROGRAM YEAR - November 1, 2009 to May 15, 2010 – Applications will be accepted if post marked by May 15, 2010. Applications are processed in the order they are received and may take up to 45 days to process. ***Please continue to pay your utility bills.***

PLEASE PRINT NEATLY

NAME OF HEAD OF HOUSEHOLD 1.	BIRTH DATE 2.	SOCIAL SECURITY NUMBER 3.
MAILING ADDRESS 4.		OCCUPATION 5.
STREET ADDRESS (Physical Address) 6.		DAYTIME/MESSAGE PHONE 7.
8. CITY	STATE	ZIP CODE

9. AS HEAD OF HOUSEHOLD, DID YOU WORK OR RECEIVE INCOME LAST MONTH? YES NO

10. PLEASE START WITH YOUR NAME AND LIST EVERYONE WHO RESIDES WITH YOU.	BIRTHDATE	RELATIONSHIP TO APPLICANT	ALASKA NATIVE/ AMERICAN INDIAN?		SOCIAL SECURITY NUMBERS (REQUIRED – APPLICATION IS INCOMPLETE IF NOT PROVIDED)
			YES	NO	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

11. Racial-Ethnic Heritage of Head of Household (OPTIONAL):

White Hispanic
 Alaska Native/American Indian Asian/Pacific Islander
 African-American Other

12. Tlingit & Haida Enrollment Number:

Native Corporation you are enrolled to:

Note: For Households who receive a Permanent Fund Dividend – Crisis Assistance is not available during the month of November (not applicable to elders and disabled).

13. Are you or anyone in your household: Age 60 or over <input type="checkbox"/> Yes <input type="checkbox"/> No Legally handicapped <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Do you have other people residing with you who are not listed on page 1? <input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are you or anyone in your household receiving: Food Stamps <input type="checkbox"/> Yes <input type="checkbox"/> No TANF/Alaska Temporary Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No Supplemental Security Income <input type="checkbox"/> Yes <input type="checkbox"/> No Social Security <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Are any members of your household legal aliens admitted under Section 245A (Amnesty) or 210A (replenishment agricultural workers) of the Immigration and Nationality Act? <input type="checkbox"/> Yes <input type="checkbox"/> No

17. HOUSEHOLD INCOME

Household Member #1	Amount Gross Income	Types of Income (Previous 30 days)	Additional Household Members Income	Amount Gross Income
Example – John Doe	\$1008.00	(Social Security)	Jane Doe	\$983.00
		Employment Wages		
		Social Security Income		
		Supplemental Security		
		Pension/Retirement		
		Aid to Disabled		
		General Assistance		
		TANF		
		Child Support		
		Alimony		
		Foster Care		
		Veterans Benefits		
		Unemployment		
		Workers Comp		
		Food Stamps		
		Self Employment (Complete self employment form)		
		Family/friends Support		
		Bingo		
		Tips/Gratuities		
		Rental Income		
		Dividends		
		Permanent Fund		
		Other Income		
Total Income	\$	Total Income		\$

18. Are you seasonal employed? Yes No (Example: construction, fisherman, fish cannery, or logging.) If you answered yes, you will be required to fill out a seasonal employment form).

19. If you have little or no income and are not receiving Food Stamps, TANF/ATAP or Adult Public Assistance; explain how you are meeting your basic living expenses.

Rent: _____

Food: _____

Utilities: _____

RESIDENCE INFORMATION

20. Residence Information (check one)

Apartment or Condominium: <input type="checkbox"/> 1-3 attached units <input type="checkbox"/> 4 or more attached units <input type="checkbox"/> Group home <input type="checkbox"/> Military housing	<input type="checkbox"/> House <input type="checkbox"/> Duplex <input type="checkbox"/> Boat <input type="checkbox"/> Cabin	<input type="checkbox"/> Travel trailer (less than 35 ft.) <input type="checkbox"/> Trailer (35 ft. or more or with lean-to for extra living space) <input type="checkbox"/> Nursing/Pioneer home	<input type="checkbox"/> Tent <input type="checkbox"/> Pick-up camper* <input type="checkbox"/> Boarding home* <input type="checkbox"/> Hotel or motel* <i>*Provide proof of 2 months' residence</i>
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21. How many bedrooms are in your home?

22. Are you billed directly for your home heating expenses? Yes No
Is your home heat included in your rent? Yes No
 If neither of the above, please explain: _____

NOTE: If you are house-sitting, please provide proof that you are paying heating costs.

23. What is your main heating source:
 Electricity Fuel Oil Propane Wood Heat included with rent

24. Do you own your home? Yes No
 What is your monthly mortgage payment? _____

25. If you are renting, what is the name of your apartment complex? _____
 (Attach a copy of your rental agreement and most recent rent receipt.)

A. Is your rent subsidized by: <input type="checkbox"/> AHFC <input type="checkbox"/> HUD <input type="checkbox"/> SECTION 8 <input type="checkbox"/> FHA <input type="checkbox"/> THRHA	B. List the owner, landlord or Manager? Name: _____ Address: _____ Phone Number: _____
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26. If you are house sharing, list names of other roommates or households living at this residence but not included on this application, and describe how expenses are shared. (If it is determined that you falsified this information, you will be deemed ineligible for the program.)

HEATING AND ELECTRICAL INFORMATION

27. Provide current utility/heating bills with application – application is incomplete if not provided.

Vendor to be paid	Account Number	Person whose name is on the bill	Estimated Average monthly bill?	Amount of Current bill
Fuel Company				
Electric Company				

28. Has anyone in your household been approved assistance from an Alaska Heating Assistance Program?

IMPORTANT NOTICE ABOUT YOUR RIGHTS

FAIR HEARING

Any person whose application is denied or not acted upon with reasonable promptness, or whose benefits are reduced or terminated, has a right to a hearing before the Tlingit-Haida Energy Assistance Program.

If you desire a hearing you may request a hearing by telephone, in person, or in writing, to the Coordinator of the Tlingit-Haida Energy Assistance Program. You must make your request within thirty (30) days after you receive a notice regarding a decision on your Energy Assistance Application. At the hearing you may represent yourself, or you may be represented by legal counsel (e.g. Alaska Legal Service) or by another person of your choice (e.g., friend or relative).

CIVIL RIGHTS

The Civil Rights Act of 1974 states "No person in the United States on the ground of race, color, or national origin shall be excluded from participation or be denied the benefits of federal assistance". If you feel you have been discriminated against you may file a complaint with the Tlingit-Haida Energy Assistance Program or the U.S. Department of Human Services.

AGREEMENT TO RECEIVE ENERGY ASSISTANCE

- I agree to notify the THRHA of any changes in income, address, living arrangements, number of household members, or resources, within ten (10) days from the date I know of the change.
- I certify that I have checked the information on the application carefully, and that it is a true and complete statement of facts according to the best of my knowledge and belief.
- I understand that it is against the law to make false statements, and that I am subject to prosecution if I do.
- I understand I must live in the home for which I am applying.
- I authorize the release of information from my fuel/utility vendor(s) to the THRHA and further authorize the THRHA to communicate with my vendor(s) on my behalf as it relates to the Energy Assistance Program.
- I understand that my household can submit only "one" application for Energy Assistance per program year.
- I understand that THRHA will confidentially use this information to provide improved services acquire other grants.

Furthermore, I certify that this is the only application submitted from, or on behalf of my household and I have read the above agreement.

Applicant's Signature

Date

Witness if signed with an "X"

To AVOID a delay in processing your Energy Assistance application you must submit the following:

- Proof of income.
- Most recent heating/electrical or rental receipts.
- Applications is signed and dated by all adult members of household.

Field Staff: Please initial below for each item received

- ____ Proof of monthly income for all adults living in household.
- ____ Housing and heating information, including copies of recent energy related bills.
- ____ Verify that all adult members of the household have signed and dated application.

Signature of person verifying accuracy of application

Date verified

VERIFICATION OF SEASONAL EMPLOYMENT

Seasonal Employment – Verification of seasonal employment form. Be sure that you have included income verification with this application to verify your seasonal income. Seasonally employed we will take your gross income for the months you worked, and will divide your gross income by twelve to come up with a monthly income average for the year.

Name of Seasonal Worker	Type of Employment (List employment such as Construction, Tourism, etc.)	List the months employed (such as June - September Months of Employment)	Seasonal Gross Income Received	Currently receiving Unemployment benefits? Yes / No

Name of Current Employer	Address	Telephone Number
Name of Previous Employer	Address	Telephone Number

EMPLOYER: PLEASE PROVIDE SEASONAL EMPLOYMENT INFORMATION REGARDING YOUR EMPLOYEE LISTED ABOVE.

Date of Employment	Date First Pay Check Issued	Gross Amount Issued
Date of Last Day of Employment	Date of Last Paycheck	Gross Amount Issued

EMPLOYEE AND EMPLOYER MUST SIGN THIS STATEMENT

Employer Signature	Date
Employee Signature	Date

VERIFICATION OF SELF-EMPLOYMENT

If someone in your household has been self-employed (arts and crafts, commercial fisherman, charter fishing, carving, taxi driver, etc.) in the past year, you must submit verification of income. We will take your income received, less business related expenses, total income received for 12 months, and divided by twelve to arrive at a monthly income average.

BUSINESS INCOME			BUSINESS EXPENSES		
DATE	SOURCE	AMOUNT	DATE	SOURCE	AMOUNT
TOTAL 12 MONTH INCOME		\$	TOTAL 12 MONTH EXPENSES		\$

Please provide copies of your settlement, Sales Tax Receipts, fish tickets, check stubs, etc. You must also provide copies of your expenditures. Please make sure that you send copies of income received, and expenditures. **We will not be responsible for “original” receipts.**

I certify that under penalty of perjury, that if I provide false information that I am in violation of AS11.56210. My signature certifies that the income and expenditure information used to determine my eligibility for the Tlingit-Haida Energy Assistance Program is correct to the best of my knowledge.

Signature	Date