



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 2012 TLINGIT-HAIDA REGIONAL HOUSING AUTHORITY ENERGY ASSISTANCE APPLICATION

**THRHA Fraud Policy – Information you need to know**  
Our goal is to discourage fraud through investigation, public education and prosecuting people who commit fraud. Fraud is intentionally making false statements, misrepresenting facts, or situations to get benefits a person is not eligible to receive.  
A person commits fraud if they deliberately:  
• Alter or forge paperwork  
• Conceal, misrepresent or withhold eligibility information  
• Failure to report changes in household composition within ten days  
• Speak or write false or misleading statements.  
Fraud penalties may include loss of benefits and criminal prosecution. Offenders will be required to repay all money that was fraudulently received.  
**Report fraud anonymously at [www.thrha.org](http://www.thrha.org)**  
You may also report fraud in writing, in person or via telephone.  
All reports are anonymous and thoroughly investigated.



**FY 2012  
LOW INCOME HOME ENERGY ASSISTANCE  
PROGRAM APPLICATION**

<p><b>SERVING BOTH NATIVE &amp; NON-NATIVE CLIENTS RESIDING IN</b></p> <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;">Angoon</td> <td style="padding: 2px;">Hydaburg</td> <td style="padding: 2px;">Klawock</td> </tr> <tr> <td style="padding: 2px;">Craig</td> <td style="padding: 2px;">Kake</td> <td style="padding: 2px;">Metlakatla</td> </tr> <tr> <td style="padding: 2px;">Hoonah</td> <td style="padding: 2px;">Kasaan</td> <td style="padding: 2px;">Saxman</td> </tr> </table>	Angoon	Hydaburg	Klawock	Craig	Kake	Metlakatla	Hoonah	Kasaan	Saxman	<p><b>NATIVE ONLY CLIENTS – PLEASE PROVIDE A COPY OF CERTIFICATE OF INDIAN BLOOD</b></p> <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;">Haines</td> <td style="padding: 2px;">Pelican</td> <td style="padding: 2px;">Skagway</td> </tr> <tr> <td style="padding: 2px;">Juneau</td> <td style="padding: 2px;">Petersburg</td> <td style="padding: 2px;">Tenakee</td> </tr> <tr> <td style="padding: 2px;">Ketchikan</td> <td style="padding: 2px;">Sitka</td> <td style="padding: 2px;">Wrangell</td> </tr> </table>	Haines	Pelican	Skagway	Juneau	Petersburg	Tenakee	Ketchikan	Sitka	Wrangell
Angoon	Hydaburg	Klawock																	
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Haines	Pelican	Skagway																	
Juneau	Petersburg	Tenakee																	
Ketchikan	Sitka	Wrangell																	
<p><b>Residents of Skagway, Tenakee, and Pelican</b> – please mail your completed Energy Assistance Program application to Tlingit-Haida Regional Housing Authority – Energy Assistance Program, PO Box 32237, Juneau, AK 99803.</p>																			

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

- **Copy of Social Security Card for all family members.**

**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.**

<b>Use this chart to determine if you should apply for the Energy Assistance Program</b>			
Federal LIHEAP - 150% Alaska Poverty		AK HAP Program – 151-225% Alaska Poverty	
Household Size	Gross Monthly Income	Household Size	Gross Monthly Income
1	1,700	1	2,549
2	2,298	2	3,447
3	2,895	3	4,343
4	3,492	4	5,238
5	4,091	5	6,136
6	4,688	6	7,031
7	5,285	7	7,927
Each additional person	597	Each additional person	896



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

**2012 ENERGY ASSISTANCE PROGRAM APPLICATION**

**IMPORTANT: ONLY ONE APPLICATION PER HOUSEHOLD PER PROGRAM YEAR** - November 1, 2011 to May 15, 2012 – Applications will be accepted if post marked by May 15, 2012. 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.***

**CHECK BOX IF YOU**  
 RECEIVED A DISCONNECT NOTICE – PLEASE ATTACH COPY OF DISCONNECT NOTICE  
 OUT OF FUEL

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.
CITY 8.	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): <input type="checkbox"/> White <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other	12. Tlingit & Haida Enrollment Number:  Native Corporation you are enrolled to:
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<b>13. Are you or anyone in your household:</b> Age 60 or over ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Legally handicapped..... <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>14. Do you have other people residing with you who are not listed on page 1?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>15. Are you or anyone in your household receiving:</b> 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	<b>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?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**17. HOUSEHOLD INCOME**

Types of Income (Previous 30 days)	Head of Household	Other Adult Name:	Other Adult Name:	Other Adult Name:
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				
<b>TOTAL INCOME</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**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)**

<b>Apartment or Condominium:</b> <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  
 If yes, 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.)

<b>A. Is your rent subsidized by:</b> <input type="checkbox"/> AHFC <input type="checkbox"/> HUD <input type="checkbox"/> SECTION 8 <input type="checkbox"/> FHA <input type="checkbox"/> THRHA	<b>B. List the owner, landlord or Manager?</b> 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 for assistance from the 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.

I certify that this is the only application submitted on behalf of my household and any members that reside within my household. Furthermore, I certify that I have read and understand the above agreement.

Applicant's Signature	Date	Witness if signed with an "X"
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- To AVOID delay in processing your Energy Assistance application, please include the following:
- Proof of income, Tribal Enrollment, and Social Security.
  - Most recent heating/electrical or rental receipts.
  - Application and Release of Information are 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.

\_\_\_\_ ALL adult members of the household have signed and dated application.

\_\_\_\_ Copies of Social Security cards for ALL members of the household.

Signature of person verifying accuracy of application	Date verified
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**AUTHORIZATION FOR RELEASE OF INFORMATION**

**CONSENT:** I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **Tlingit-Haida Regional Housing Authority** any information or materials needed to complete and verify my application for participation in the LIHEAP program.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

**COMPUTER MATCHING NOTICE AND CONSENT:** I understand and agree that THRHA may conduct computer matching programs to verify the information supplied for my application. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. THRHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

**CONDITIONS:** I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

<b>Head of Household Signature:</b>	<b>Printed:</b> <b>Date:</b>
<b>Spouse Signature:</b>	<b>Printed:</b> <b>Date:</b>
<b>Adult Member Signature:</b>	<b>Printed:</b> <b>Date:</b>
<b>Adult Member Signature:</b>	<b>Printed:</b> <b>Date:</b>

**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 (Construction, Tourism, Fishing, etc.)	List the months employed (such as June – September)	Seasonal Gross Income received	Currently receiving Unemployment benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Name of Current Employer</b>	<b>Address</b>	<b>Telephone Number</b>
<b>Name of Previous Employer</b>	<b>Address</b>	<b>Telephone Number</b>
<b>Date of Employment</b>	<b>Date First Pay Check Issued</b>	<b>Gross Amount Issued</b>
<b>Date of Last Day of Employment</b>	<b>Date of Last Paycheck</b>	<b>Gross Amount Issued</b>

**EMPLOYER MUST SIGN THIS STATEMENT**

<b>Employer Signature</b>	<b>Date</b>
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## 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
<b>TOTAL 12 MONTH INCOME</b>		\$	<b>TOTAL 12 MONTH EXPENSES</b>		\$

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.

<b>Signature</b>	<b>Date</b>
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