



Regional Housing Authority

**FY 2017
LOW INCOME HOME ENERGY
ASSISTANCE PROGRAM
APPLICATION**

Incomplete applications will NOT be processed

SERVING BOTH NATIVE & NON-NATIVE CLIENTS RESIDING IN:			NATIVE ONLY CLIENTS :		
Angoon	Hydaburg	Klawock	Haines	Pelican	Skagway
Craig	Kake	Metlakatla	Juneau	Petersburg	Tenakee
Hoonah	Kasaan	Saxman	Ketchikan	Sitka	Wrangell
Use this chart to determine if you should apply for the Energy Assistance Program					
Federal LIHEAP - 150% Alaska Poverty					
Household Size			Gross Monthly Income		
1			\$ 1,855		
2			\$ 2,502		
3			\$ 3,150		
4			\$ 3,797		
5			\$ 4,445		
6			\$ 5,092		
7			\$ 5,740		
8			\$ 6,390		
Each additional person after 8			\$650		

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 members listed on application.

Last 30 days of Income Verification:

If you or anyone on the application is 18 years or older and is employed, send copies of all income that was 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.
- **IF YOU ARE SELF EMPLOYED YOU MUST SEND IN ALL PAGES OF YOUR MOST CURRENT INCOME TAXES. NO EXCEPTIONS.**
- **IF YOU OR A FAMILY MEMBER ARE CLAIMING ZERO INCOME, PLEASE COMPLETE THE ZERO INCOME FORM on the last page of this application.**
- **Physical address MUST BE on the application**

Most Recent Utility Bill(s):

You must provide a copy of your heating bill and/or receipt or electric bill.

If heat is included in your rent, you must provide a copy of your rental agreement and rent receipt.

YOUR SIGNATURE ON THIS APPLICATION IS YOUR DECLARATION THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT.

MAIL: THRHA Energy Assistance Program
PO Box 32237
Juneau, AK 99803

FAX: 1-866-232-3681
Email: energy@thrha.org

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.

**Zero Income
Self-Affidavit**

Applicants Name: _____ Date: _____

You have applied for LIHEAP. This Program requires us to certify all of your income to determine your household's eligibility. Program requirements state we must verify all income or lack of income for eligibility. We must determine this prior to granting your eligibility for all household family members claiming zero income.

I, _____, certify that:

I have no income from any sources including my assets. I am not currently working, receiving grants of any kind or have any other sources of income. I plan to pay the following expenses as stated below:

Expense Type:	Source of Funds
Food:	_____
Shelter/Rent:	_____
Medical:	_____
Other Living Expenses:	_____

I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is fraudulent and may be subject to criminal penalties.

Signature of Applicant/Resident: _____ Date: _____

Signature of Witness: _____ Date: _____

Office Use Only:
Date Received: _____ Notes: _____



Regional Housing Authority

2017 ENERGY ASSISTANCE PROGRAM APPLICATION

IMPORTANT: ONLY ONE APPLICATION PER HOUSEHOLD, PER PROGRAM YEAR - November 1, 2016 to May 15, 2017 – Applications will be accepted if post marked by May 15, 2017. 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 – ATTACH COPY OF 3-DAY DISCONNECT NOTICE
 OUT OF FUEL

1. NAME OF HEAD OF HOUSEHOLD	BIRTH DATE	SOCIAL SECURITY NUMBER
MAILING ADDRESS		EMAIL ADDRESS
STREET ADDRESS (Physical Address)		DAYTIME/MESSAGE PHONE
CITY	STATE	ZIP CODE

2. 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	

Tribal Enrollment Number:	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
Native Corporation you are enrolled to:	

3. Are you or anyone in your household: Legally Disabled Yes No; Age 60 or over Yes No; Receiving Public assistance Yes No; Receiving Food Stamps Yes No; TANF Yes No; Receiving Unemployment Yes No

Please attach award letters for all that apply to your household.

Are you or anyone in your household: Honorably Discharged Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have other people residing with you who are not listed on page 1? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or anyone in your household receiving: Supplemental Security Income..... <input type="checkbox"/> Yes <input type="checkbox"/> No Social Security..... <input type="checkbox"/> Yes <input type="checkbox"/> No	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

4. HOUSEHOLD INCOME

Name of Household Member:	Type of Income:	GROSS Monthly Income:

Are you seasonally employed? Yes No
 (Example: construction, fisherman, fish cannery, or logging.)
If you answered yes, you will be required to send in a copy of your most recent tax returns.

RESIDENCE INFORMATION

5. Residence Information (check one)

Apartment or Condominium: <input type="checkbox"/> 1-2 bedrooms <input type="checkbox"/> 3-4 or more bedrooms	<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"/> 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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Do YOU pay directly for your home heating? Yes No
 Is your home heat included in your rent? Yes No (If 'yes', provide Rental Agreement)
 If neither of the above, please explain: _____

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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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.)

6. What is your main heating source, CIRCLE ONE. If more than one, please indicated which one is Secondary.

Electricity Fuel Oil Propane Wood Heat included with rent

HEATING AND ELECTRICAL INFORMATION

7. Provide current utility/heating bills with application – application is **incomplete if not provided and will not be processed until all items are turned in, if left blank a pending letter will be sent requesting necessary documents.**

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				

8. Has anyone in your household been approved for assistance from the Alaska Heating Assistance Program?

***** *****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 effect for a year and one month from the date signed.

Head of Household Signature:	Printed: Date:
Spouse Signature:	Printed: Date:
Adult Member Signature:	Printed: Date:
Adult Member Signature:	Printed: Date:

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 1964 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 and 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"

To AVOID delay in processing your Energy Assistance application, please include the following:

- Proof of income and Social Security Card
- Most recent heating/electrical or rental receipts.
- Application and Release of Information are signed and dated by all adult members of household.



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 2017 TLINGIT-HAIDA REGIONAL HOUSING AUTHORITY ENERGY ASSISTANCE APPLICATION

THRA 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.thra.org

You may also report fraud in writing, in person or via telephone. All reports are anonymous and thoroughly investigated.