



**FY 2019  
LOW INCOME HOME ENERGY ASSISTANCE  
PROGRAM APPLICATION**

If you are legally disabled or over age 60, Tlingit Haida Regional Housing Authority (**THRHA**) will process your Low Income Home Energy Assistance Program (**LIHEAP**) application beginning **November 1, 2018**. Applications for the general public will be processed beginning **December 1, 2018** through **May 15, 2019**.

**THRHA can serve both Native and non-Native clients residing in:** Angoon, Hydaburg, Klawock, Klukwan, Craig, Kake, Metlakatla, Hoonah, Kasaan and Saxman.

**THRHA can only serve Native clients residing in:** Haines, Pelican, Skagway, Juneau, Petersburg, Tenakee, Ketchikan and Wrangell.

<b>Please use this chart to determine whether your household meets the income guidelines Federal LIHEAP - 150% Alaska Poverty</b>	
<b>Household Size</b>	<b>Gross Monthly Income (In Prior Month)</b>
1	\$ 1,897
2	\$ 2,572
3	\$ 3,247
4	\$ 3,922
5	\$ 4,597
6	\$ 5,272
7	\$ 5,947
8	\$ 6,662
<b>Each additional person after 8</b>	<b>\$675</b>

**Applications may be delayed or denied if they are submitted without the documents requested below. The following documents are required to determine your eligibility for the program:**

- Copy of social security card for all members listed on the application.
- Last 30 days of income verification: If you or anyone on the application (18 years or older) is employed please provide copies of all income that is received for the prior month.
  - If you receive social security, SSI, APA, TANF, food stamps or general assistance please 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, please send all pages of your most current income taxes. If you or a family member are claiming zero income, please complete the zero-income form on page 7.

**Most Recent Utility Bill(s):**

- A copy of your heating bill and/or receipt of your electric bill is required to process your application. If heat is included in your rent, please provide a copy of your rental agreement and rent receipt.

**Please mail, fax or e-mail the LIHEAP application to:**

**THRHA  
Attn: LIHEAP  
5446 Jenkins Drive  
Juneau, AK 99801**

**You may fax the application to:  
866.232.3681**

**E-mail: [energy@thrha.org](mailto:energy@thrha.org)**



**Regional Housing Authority**

**Check box if you:**      **Received Disconnect Notice:**       **Out of Fuel:**

**Head of Household Information**

Today's Date:

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Age	Birth Date	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

E-mail Address	Phone
<input type="text"/>	<input type="text"/>

Racial Ethnic Heritage of Head of Household	Native Corporation Enrollment
<input type="text"/>	<input type="text"/>

Tribal Enrollment Number:

Physical Street	Physical City	Physical State	Physical Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Is your mailing address different than your physical address?**    Yes     No

Mailing Street	Mailing City	Mailing State	Mailing Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



**Regional Housing Authority**

**Resident Information**

**Resident 1**

Household Resident Name

Birthdate

Alaska Native/American Indian

Social Security Number

Relationship to Applicant

Has this person been claimed on any other housing assistance applications this fiscal year?

**Resident 2**

Household Resident Name

Birthdate

Alaska Native/American Indian

Social Security Number

Relationship to Applicant

Has this person been claimed on any other housing assistance applications this fiscal year?

**Resident 3**

Household Resident Name

Birthdate

Alaska Native/American Indian

Social Security Number

Relationship to Applicant

Has this person been claimed on any other housing assistance applications this fiscal year?

**Resident 4**

Household Resident Name

Birthdate

Alaska Native/American Indian

Social Security Number

Relationship to Applicant

Has this person been claimed on any other housing assistance applications this fiscal year?



**Regional Housing Authority**

**Resident 5**

Household Resident Name

Birthdate

Alaska Native/American Indian

Has this person been claimed on any other housing assistance applications this fiscal year?

Social Security Number

Relationship to Applicant

**Resident 6**

Household Resident Name

Birthdate

Alaska Native/American Indian

Has this person been claimed on any other housing assistance applications this fiscal year?

Social Security Number

Relationship to Applicant

**Resident 7**

Household Resident Name

Birthdate

Alaska Native/American Indian

Has this person been claimed on any other housing assistance applications this fiscal year?

Social Security Number

Relationship to Applicant

**Resident 8**

Household Resident Name

Birthdate

Alaska Native/American Indian

Has this person been claimed on any other housing assistance applications this fiscal year?

Social Security Number

Relationship to Applicant



**Regional Housing Authority**

**Assistance Information**

**Are you or anyone in your household?**

- |                              |                          |                                                                                                                                                                           |                          |
|------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Legally Disabled?            | <input type="checkbox"/> | LIHEAP Application TANF?                                                                                                                                                  | <input type="checkbox"/> |
| Receiving Food Stamps?       | <input type="checkbox"/> | Honorably Discharged Veteran?                                                                                                                                             | <input type="checkbox"/> |
| Receiving Public Assistance? | <input type="checkbox"/> | 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"/> |
| Receiving Unemployment?      | <input type="checkbox"/> |                                                                                                                                                                           |                          |

**Are you or anyone in your household receiving?**

- |                              |                          |                              |                          |
|------------------------------|--------------------------|------------------------------|--------------------------|
| Supplemental Security Income | <input type="checkbox"/> | Are you seasonally employed? | <input type="checkbox"/> |
| Social Security              | <input type="checkbox"/> |                              |                          |



**Regional Housing Authority**

**Household Income**

**Income 1**

Name of Household Member

Type of Income

Gross Monthly Income

**Income 2**

Name of Household Member

Type of Income

Gross Monthly Income

**Income 3**

Name of Household Member

Type of Income

Gross Monthly Income

**Income 4**

Name of Household Member

Type of Income

Gross Monthly Income

**Income 5**

Name of Household Member

Type of Income

Gross Monthly Income

**Income 6**

Name of Household Member

Type of Income

Gross Monthly Income



**Regional Housing Authority**

**Zero Income Self Affidavit**

**Are you Claiming Zero Income**

**Applicant Name**

**Zero Income Self Affidavit Date**

**Zero Income  
Self-Affidavit**

You have applied for LIHEAP. This program requires us to certify all 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 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**

**Medical**

**Shelter/Rent**

**Other living expenses**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



**Regional Housing Authority**

**Residence Information**

**Residence Type (Please select only one)**

- Mobile home with heated living space of 980 square feet or more
- Mobile home less than 35 feet in length
- Two-bedroom unit in an apartment building of four or more attached units
- Boarding House
- One-room house
- Duplex home
- One-bedroom unit in an apartment building of four or more attached units
- Travel trailer
- Two-bedroom single family home
- Studio apartment
- Three-or-more-bedroom single family
- Cabin without bedrooms
- Triplex home
- RV/Tent
- Pickup Camper
- Hotel
- One-bedroom dwelling
- Boat
- One-room dwelling

**Home Heat Included in Rent**      YES       NO

If you are sharing a house, please list names of other roommates or households living at this residence but not included in this application, and describe how expenses are shared. (If it is determined that you falsified this information, you will be deemed ineligible for this program.)

**Please list the owner, landlord or manager below:**

**Landlord Name**

**Landlord Address**

**Landlord Phone**

**Rent Subsidized By:**

- AHFC       FHA       HUD       THRHA       Section 8





**Regional Housing Authority**

**Heating and Electrical Information**

Has anyone in your household been approved for assistance from the Alaska Heating Assistance Program this fiscal year? YES  NO

**Primary Vendor Information**

**Primary Heating Source**

Electricity  Fuel Oil  Propane  Heat included in Rent  Wood

**Primary Vendor**

**Account Number**

**Account Name on Bill**

**Amount of Current Bill**

Is the account under your name? YES  NO

If not, whose name is the account under?

Explain why the account is not under your name



**Regional Housing Authority**

**Secondary Vendor Information**

**Secondary Heating Source**

Electricity  Fuel Oil  Propane  Heat included in Rent  Wood

**Secondary Vendor**

**What percentage of your payment would you like to go to the Primary vendor (cannot be less than 50%)**

**Account Number**

**Account Name on Bill**

**Amount of Current Bill**

**Is the account under your name?** YES  NO

**If not, whose name is the account under?**

**Explain why the account is not under your name**



**Regional Housing Authority**

**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 become aware of the change.

- I understand that it is against the law to make false statements, and that I am subject to prosecution if I do.
- 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 and that the home I am applying for is the home I live in.

I understand that THRHA will confidentially use this information to provide improved services and acquire other grants. I certify that the information given above is true and complete to the best of my knowledge. I am signing knowing I am the designated representative of my whole household and this is the only application submitted for the members of this household. I understand that providing false or misleading information regarding anyone in my household is fraudulent and may be subject to criminal penalties. Furthermore, I certify that I have read and understand the above agreement.

**THRHA Fraud Policy**

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 qualify for benefits a person is not eligible to receive.

**Fraud is deliberately:**

- Altering or forging paperwork
- Speaking or writing false or misleading statements
- Concealing, withholding and misrepresenting information
- Failure to report changes within a household's composition within ten days

Penalties of fraud may include loss of benefits and criminal prosecution and you will be required to repay all benefits that were fraudulently received. **You can report fraud to [energy@thrha.org](mailto:energy@thrha.org) or 907.780.6868. All reports of fraud will remain confidential.**

**Applicant Signature**

**Date**