

Low Income Home Energy Assistance Program

FY2020 Application Form

The application must be completely filled out by the Head of Household. The following documents are required to determine your eligibility for Sitka Tribe of Alaska LIHEAP:

- Copy of Social Security Card for all members listed on application**
- Last 30 days of Income Verification:**

If you or anyone on this application is 18 years or older and is employed, send copies of all income that was received in the prior month.

 - If you receive Social Security, SSI, APA, TANF, or General Assistance, provide 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.
 - If you or a family member are claiming zero income, please complete the zero income form on the last page of this 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: STA Social Services
ATTN: LIHEAP
456 Katlian Street
Sitka, AK 99835

Fax: 907-747-7643
Email: clara.gray@sitkatriben-sn.gov

IF YOU'VE RECEIVED LIHEAP THROUGH ANOTHER TRIBAL PROGRAM OR DHS BETWEEN NOVEMBER 2019 AND MAY 2020, YOU ARE INELIGIBLE FOR ASSISTANCE FROM STA LIHEAP.

Upon Approval:

- Applicants will receive a "Notice of Decision" regarding eligibility status within 30 days of receipt of LIHEAP application.
- Home heating vendor(s) will be notified how much your household is eligible to receive for home heating assistance.
- Approved applicants will receive assistance towards their current heating bill, which will be mailed directly to the vendor.



Sitka Tribe of Alaska
Low Income Home Energy Program
FY2020 Application

IMPORTANT: ONLY ONE APPLICATION PER HOUSEHOLD PER PROGRAM YEAR – NOVEMBER 1, 2019, TO MAY 15, 2020

Applications will be accepted, if postmarked by May 15, 2020. Applicants are processed in the order they are received and may take up to 30 days to process. Please continue to pay your utility bills.

CHECK HERE IF YOU:

- RECEIVED A DISCONNECT NOTICE – ATTACH COPY OF 3-DAY DISCONNECT NOTICE**
- OUT OF FUEL**

| NAME OF HEAD OF HOUSEHOLD | | BIRTH DATE | | SOCIAL SECURITY NO. | |
|---|---------------|------------------------------|---|----------------------------|---|
| MAILING ADDRESS | | | | EMAIL ADDRESS | |
| PHYSICAL ADDRESS | | | | TELEPHONE NO. | |
| NAME (List ALL household members, starting with self) | BIRTH DATE | RELATIONSHIP TO APPLICANT | ALASKA NATIVE / AMERICAN INDIAN? | | SOCIAL SECURITY NUMBERS (REQUIRED) |
| | | | YES | NO | |
| | | Self | | | |
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| HEAD OF HOUSEHOLD TRIBAL ENROLLMENT NUMBER | | | | | |

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
- Receiving 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 Yes No
- Receiving Supplemental Security Income Yes No
- Receiving Social Security Yes No

Do you have people residing with you who were not previously listed? Yes No

Are any of the members of your household legal aliens admitted under Section 245A (Amnesty) or 210A (replenishment agricultural workers) of the Immigration and Nationality Act? Yes No

| Household Income | | |
|-----------------------------------|-----------------|-----------------------|
| Name of Household Member: | Type of Income: | Gross Monthly Income: |
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| | | |
| TOTAL GROSS MONTHLY INCOME | | |

Examples of income are Employment, TANF, Social Security, SSI, Pension/Retirement, Unemployment Compensation, STA General Assistance, Veterans Benefits, Child Support, Alimony, etc. (If 18 years or older and unemployed, list name and UNEMPLOYED next to name)

INCOME FOR ALL HOUSEHOLD MEMBERS MUST BE PROVIDED TO DETERMINE ELIGIBILITY.

Are you seasonally employed (example: construction, fisherman, fish cannery, or logging)? Yes No

If yes, you will be required to submit a copy of your most recent tax returns

| | | | |
|---|---------------------------------|--|--|
| Residence Information (check one) | | | |
| Apartment or Condominium: | <input type="checkbox"/> House | <input type="checkbox"/> Travel trailer (less than 35') | <input type="checkbox"/> Pick-up camper* |
| <input type="checkbox"/> 1-2 bedroom | <input type="checkbox"/> Duplex | | <input type="checkbox"/> Boarding home* |
| <input type="checkbox"/> 3 or more bedrooms | <input type="checkbox"/> Boat | <input type="checkbox"/> Trailer (35' or more or with extensions for extra living space) | <input type="checkbox"/> Hotel or motel* |
| | <input type="checkbox"/> Cabin | | <i>*Provide proof of 2 months' residence</i> |
| | <input type="checkbox"/> Tent | | |

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: _____

| | |
|---|---|
| <p>Is your rent subsidized by:</p> <input type="checkbox"/> BIHA <input type="checkbox"/> Section 8 <input type="checkbox"/> HUD <input type="checkbox"/> FHA <input type="checkbox"/> AHFC | <p>List the owner, landlord, or manager:</p> Name: _____ Address: _____ Phone: _____ |
|---|---|

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|--|
| <p>If you are house sharing, list the names of the other roommates or households living at this residence, but are not included on this application and describe how expenses are shared.</p> |
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| | | | | |
|--|----------|---------|------|-------------------------|
| <p>Circle your main heating source. If more than one, please indicate which one is secondary.</p> | | | | |
| Electricity | Fuel Oil | Propane | Wood | Heat included with rent |

| Heating and Electrical Information. Provide current utility/heating bills with application. | | | | |
|--|--------------------|---|---------------------------------------|-------------------------------|
| Vendor to be paid | Account No. | Person whose name is on the bill | Estimated average monthly bill | Amount of current bill |
| | | | | |
| | | | | |

Has anyone in your program been approved for assistance from the Alaska Heating Assistance Program? Yes No

Would you like to be contacted for possible additional assistance, should there be remaining funds after April 15th? Yes No

| Authorization for Release of Information | |
|---|---------------------------------|
| <p>CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Sitka Tribe of Alaska any information or materials needed to complete and verify my application for participation in LIHEAP.</p> <p>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.</p> <p>COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that STA 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. STA 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; US Postal Service; Social Security Agency; and State Welfare and Food Stamps Agencies.</p> | |
| 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 Sitka Tribe of Alaska Social Services Department.

If you desire a hearing, you may request a hearing by telephone, in person, or in writing to the Social Services Director. You must make your request within thirty (30) days after you receive a notice regarding a decision on your LIHEAP application. At the hearing, you may represent yourself or you may be represented by legal counsel or by another person of your choice.

Civil Rights

The Civil Rights Act of 1946 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 discriminated against, you may file a complaint with the Sitka Tribe of Alaska Social Services Department or the US Department of Human Services.

Agreement to Receive Energy Assistance

- I agree to notify STA LIHEAP 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 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 STA and further authorize STA to communicate with my vendor(s) on my behalf as it relates to LIHEAP.
- I understand that my household can submit only one application for LIHEAP per program year.
- I understand that STA 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

**Zero Income
Self-Affidavit**

Applicant's 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 Expense: | _____ |

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 Application/Resident: _____ Date: _____

Signature of Witness: _____ Date: _____