204 Siginaka Way, Suite 300, Sitka, AK 99835 907-747-3207 www.sitkatribe.org

Low Income Home Energy Assistance Program (LIHEAP)

FY2027 Application Form Instructions

Please note: Only one application may be submitted per household per program year and must be submitted by the head of the household. Applications are processed in the order they are received and may take up to 30 days. Please continue to pay your utility bills while you are waiting for assistance. If an application meets the definition of a crisis, STA staff must provide an intervention that resolves the crisis within 48 hours for eligible households. If an application qualifies as a life-threatening crisis, STA staff must provide an intervention that resolves the crisis within 18 hours for eligible households. If the household has an elder, young child, or a resident who is experiencing a disability, the application must be processed within 7 days. Prior to processing, the application must be complete with all required documents.

Applicant Checklist

☐ **Copy of Head of Household's ID**

☐ **Last 30 days of Income Verification:**

- If you or anyone in your household is 18 years or older, provide copies of all income that was received in the prior month.
- If you receive Supplemental Security Income (SSI), Adult Public Assistance (APA), Temporary Assistance for Needy Families (TANF), General Assistance (GA), Social Security, or Senior Benefits provide a copy of your most recent award letter.
    - Bank statements (for past 30 days) can be provided instead of the award letter.
- If you receive SNAP (food stamps),TANF, or SSI; a recent award letter can be used for eligibility, but STA staff still need to review countable income (both TANF and SSI amounts) to determine your benefit amount.
- If you are self-employed, please provide your most current income tax return.
- 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 or receipt from heating bill/fuel purchase.
- If heat is included in your rent, you must provide a copy of your rental agreement.

☐ **Replacement or Repair Invoice:**

- If you are seeking repair or replacement assistance for heaters, water heaters, major appliances, doors, windows, roof repair (energy related) caulking or insulation, please attach an invoice from a licensed professional to show the most cost-efficient method of choice.

Your signature on this application is your declaration that the information given in this application is true and correct.

Note: If you have received LIHEAP through another Tribal program or the State since October 2026, you may be ineligible for assistance for the Sitka Tribe of Alaska LIHEAP program.

Mail: STA Social Services
204 Siginaka Way, Ste 300
Sitka, AK 99835

Email: socialservices@sitkatribe-nsn.gov

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 about how much your household is eligible to receive for home heating assistance.
- Assistance will be mailed directly to the vendor.

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Low Income Home Energy Assistance Program FY2027 Application

Please answer the questions below regarding your household:

☐ I have received a 2 day disconnect notice from the electric department

☐ I am out of heating fuel and have no other source of heat

☐ I have not received a 2 day disconnect notice nor am I out of fuel

For staff use only: If the applicant checked either the first or second box, their application meets the definition of a "crisis application"

Head of Household Name	**Birth date**
Mailing Address	**Email Address**
Physical Address	**Phone Number**

List all Household Members below, starting with head of household:

Full Name	Birth date	Relationship to applicant	AN/AI?	Sex	Hispanic?	Social Security #
		SELF				

Head of Household Tribal Enrollment # _____

Are you or anyone in your household:

	Yes?	No?
Legally disabled		
Age 60 or older		
Age 6 years or younger		

For staff use only: If the applicant answered "yes" to any of the above questions, their application meets the definition of a "priority application." Is this application a priority application? ☐ Yes

Are you or anyone in your household:

Receiving SNAP (food stamps) ☐Yes ☐No

Receiving SSI ☐Yes ☐No

Receiving TANF ☐Yes ☐No

Please provide information on income for each member of your household below:

Name of Household Member:	Type of Income:	Net Monthly Income:
TOTAL NET MONTHLY INCOME		

Examples of income are: Wages, Self- Employment Income, Contract Income, Payments from mortgage of Sales Contracts, Unemployment Insurance, Strike Pay, Social Security Administration (SSA) benefits [excluding Medicare deduction], Supplemental Security Income (SSI), Retirement/pension benefits, General Assistance benefits, Temporary Assistance for Needy Families (TANF) benefits, one-time lump-sum payments (such as rebates/credits, winnings from lotteries, refund deposits), rental income, income from employment through Workforce Investment Act (WIA), income from work study programs, alimony, child support, interest, dividends, royalties, commissions, legal settlements, Veterans Administration (VA) benefits, stipends from senior companion programs, such as VISTA, funds received by household for the care of a foster child, Ameri-Corp program payments for living allowances, earnings, and in-kind aid. (If 18 years or older and unemployed, list name and **unemployed** next to name)

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)

Do you own the home you live in? ☐Yes ☐No

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: _____

If you have any form of subsidized rent, check where the subsidy comes from:

☐BIHA ☐Section 8 voucher ☐Other HUD voucher

☐FHA ☐AHFC

If you rent your home, provide information on owner, landlord or property manager:

Owner/Landlord Name: _____

Address: _____

Phone: _____

Which heating sources do you use?

☐Electricity ☐Fuel Oil Propane ☐Wood ☐Heat included in rent

If you checked more than one source, which one do you use for most of your heat?

☐Electricity ☐Fuel Oil Propane ☐Wood ☐Heat included in rent

Heating/Electrical Information. Provide copies of current utility and 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 State of Alaska Heating Assistance Program? ☐Yes ☐No

Are you seeking repair or replacement assistance for heaters, water heaters, major appliances, doors, windows, roof repair (energy related) caulking or insulation? ☐Yes ☐No

If yes, you must provide an invoice from a licensed professional that does this work.
Repair/Replacement assistance is only available for up to but not exceeding $2500.00. The client will be responsible for paying anything above this amount.

Authorization for Release of Information	
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. I direct STA to release information about my LIHEAP eligibility directly to municipal and local fuel and utility vendors for the purpose of furnishing payment directly to these municipal and local businesses. 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 LIHEAP.	
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 been discriminated against, you may file a complaint with the Sitka Tribe of Alaska Social Services Department or the US Department of Human Services.

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Agreement to Receive Energy Assistance

Initials	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 attest that in order to receive LIHEAP benefits, I am a U.S. Citizen or qualified non-citizen.
	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 residence 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. See ROI on page 7.
	I understand that my household can submit only one application for LIHEAP per program year.
	I understand that STA will confidentially use this information on this form to provide improved services and acquire other grants.
	I certify that I have received a copy of the Appeals Policy.

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 Signature: _____ Date: _____

Witness signature (if signed with an X)

Witness: _____ Date: _____

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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 _____

Persons in Family/Household	100 % of HHS Poverty Guidelines	125% of HHS Poverty Guidelines	150% of HHS Poverty Guidelines	60% of SMI
1	$19,950	$24,937.50	$29,925	$40,138
2	$27,050	$33,812.50	$40,575	$52,489
3	$34,150	$42,687.50	$51,225	$64,839
4	$41,250	$51,562.50	$61,875	$77,190
5	$48,350	$60,437.50	$72,525	$89,540
6	$55,450	$69,312.50	$83,175	$101,890
7	$62,550	$78,187.50	$93,825	$114,241
8	$69,650	$87,062.50	$104,475	$126,592

Low Income Home Energy Assistance

Program FY2027 LIHEAP Benefit Matrix

Benefit Amount Based on FPL Electricity

Only

Household Size	0-100% FPL	101-125% FPL	126-150% FPL	151% FPL to 60% SMI
1-3	$1,300	$1,040	$871	$650
4-7	$1,560	$1,248	$1,045	$780
8 or more	$1,690	$1,487	$1,132	$845

Propane and/or Fuel Oil

Household Size	0-100% FPL	101-125% FPL	126-150% FPL	151% FPL to 60% SMI
1-3	$1,200	$960	$804	$600
4-7	$1,440	$1,152	$965	$720
8 or more	$1,560	$1,248	$1,045	$780

Electricity and Fuel Oil

Household Size	0-100% FPL	101-125% FPL	126-150% FPL	151% FPL to 60% SMI
1-3	$1,250	$1,000	$838	$625
4-7	$1,500	$1,200	$1,005	$750
8 or more	$1.625	$1.300	$1,089	$813

Electricity included in Rent

Household Size	0-100% FPL	101-125% FPL	126-150% FPL	151% FPL to 60% SMI
1-3	$700	$560	$469	$350
4-7	$840	$672	$563	$420
8 or more	$910	$728	$610	$455

Social Services Program Appeal Procedure

An applicant who is denied services or benefits, or a client who has their services or benefits terminated or reduced has the right to appeal the denial, reduction, or termination of benefits by following this procedure. Failure to follow the procedure shall be sufficient grounds for an appeal to be denied.

Appeal to Department Director

An applicant or client has thirty (30) days from the date of receipt of a written decision by Social Services program staff to submit an appeal to the Social Services Department Director. The appeal must be in writing to the Department Director, delivered by electronic mail, US mail, or in person by hand. Any decision not appealed within 30 days shall be final.

Upon receipt of an appeal, the Social Services Department Director may designate another qualified STA employee with no involvement in the original decision to address the appeal if he/she/they is unavailable or has a conflict of interest.

The Department Director or their designee shall schedule a hearing with the client to review the decision within ten (10) business days of receipt of the written appeal. The applicant shall be provided with a written notice of the hearing, which shall include:

- the date, time and location of the hearing, which may be held in person or virtually by videoconference unless the applicant/client objects to a virtual hearing;
- statement of the facts and issues giving rise to the appeal;
- statement that the applicant has the right to give oral and/or written evidence during the appeal and to confront and cross-examine any witnesses at the hearing;
- notice that the applicant or client has a right to one continuance, of not more than 10 days, with respect to the date of the hearing;
- notice that the applicant or client may, in reasonable time before the hearing, copy or examine all information in their file related to the proposed action being contested.

Failure of the applicant or client to respond to the notice of hearing, or failure to appear at the hearing or request a continuance, shall be sufficient grounds to deny the appeal.

The hearing shall be informal, orderly, and recorded. The applicant or client may have an advocate or legal representative in attendance at the hearing at their own expense. A copy of the transcript of the hearing will be provided to the applicant or recipient upon request within five (5) business days.

The Department Director or his/her their designee shall review information presented at the hearing, the program regulations, policies, procedures, and information in the applicant or client's file in considering the appeal. The Department Director or their designee shall make a decision on the

appeal within ten (10) business days following the hearing, or within ten (10) business days after the client has not responded to a request to schedule a meeting or failed to appear for a scheduled hearing. The decision shall be in writing, shall state the evidence considered and the reasons for the decision, and shall be delivered to the applicant in person, by certified mail with return receipt, or by electronic mail.

Appeal to the General Manager

An applicant or client has ten (10) business days from the date of receipt of a decision by the Social Services Department Director or their designee to appeal to the Tribe's General Manager. Grounds of appeal shall be limited to the following:

- Failure by the Social Services Department Director or their designee to follow the Appeals Procedure.
- Conflict of Interest or other violation of STA Code of Conduct on the part of the Social Services Department Director or their designee related to the decision.

The appeal must be in writing to the General Manager, delivered by electronic mail, US mail, or in person by hand. The General Manager may designate another qualified STA employee with no prior involvement in the case to address the appeal if he/she/they is unavailable or has a conflict of interest.

The General Manager or their designee shall review the decision issued by the Social Services Department Director or their designee and all documentation related to the decision in the applicant or client's file, including the transcript of the hearing, and shall make a decision within ten (10) business days of receipt of the appeal. The decision of the General Manager or their designee shall be final and not subject to further appeal.