



**FY 2020
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, 2019**. Applications for the general public will be processed beginning **December 1, 2019** and extended through **August 1, 2020** due to **COVID-19**.

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.

Please use this chart to determine whether your household meets the income guidelines Federal LIHEAP - 150% Alaska Poverty	
Household Size	Gross Monthly Income (In Prior Month)
1	\$ 1,950
2	\$ 2,641
3	\$ 3,332
4	\$ 4,023
5	\$ 4,715
6	\$ 5,406
7	\$ 6,097
8	\$ 6,788
Each additional person after 8	\$691

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



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"/>

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?

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



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Assistance Information

Are you or anyone in your household?

- | | | | |
|------------------------------|--------------------------|---|--------------------------|
| Legally Disabled? | <input type="checkbox"/> | Honorably Discharged Veteran? | <input type="checkbox"/> |
| Receiving Food Stamps? | <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 Public Assistance? | <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"/> | Examples: Fisherman, construction, business owner, cannery | |
| TANF? | <input type="checkbox"/> | (Attach most recent tax return) | |



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Household Income

Types of income include: Wages, Social Security, Supplemental Security, Pension/Retirement, Aid to Disabled, General Assistance, TANF, Child Support, Alimony, Foster Care, Veterans Benefits, Unemployment, Workers Comp, Rental Income, Dividends, Self Employment (Attach most recent tax return), other income. **Any adult member (18 +) claiming zero income must complete, sign and return a Zero Income Affidavit.**

1

Name of Household Member	Type of Income	Gross Monthly Income
<input type="text"/>	<input type="text"/>	<input type="text"/>

Income 2

Name of Household Member	Type of Income	Gross Monthly Income
<input type="text"/>	<input type="text"/>	<input type="text"/>

Income 3

Name of Household Member	Type of Income	Gross Monthly Income
<input type="text"/>	<input type="text"/>	<input type="text"/>

Income 4

Name of Household Member	Type of Income	Gross Monthly Income
<input type="text"/>	<input type="text"/>	<input type="text"/>

Income 5

Name of Household Member	Type of Income	Gross Monthly Income
<input type="text"/>	<input type="text"/>	<input type="text"/>

Income 6

Name of Household Member	Type of Income	Gross Monthly Income
<input type="text"/>	<input type="text"/>	<input type="text"/>



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Zero Income Affidavit

Low Income Household Energy Assistance

(To be completed by adult household members (18+) who are claiming zero income)

I, _____, have applied for Low Income Household Energy Assistance. Program regulations require verification of all income from participating households.

I have not received income from any of these sources:

- Wages from employment (including commissions, tips bonuses, fees, etc.);
- Income from operation of a business (If seasonal you must submit your most recent tax return);
- Rental income from real or personal property;
- Social Security payments (EX: SSA, SSI), annuities, insurance policies, retirement funds, pensions, or death benefits;
- Unemployment or disability payments;
- Public assistance payments (EX: TANF, GA);
- Periodic allowances such as child support, alimony, or gifts received from persons not living in my household;
- Any other source not named above.

Please explain how you (or your family) have paid for all of your living expenses when your household has had no income or not enough income. If you have not been able to pay for some or all of your expenses, please explain below.

Required to be filled out:

Food: _____

Utilities: _____

Housing: _____

I certify that the information contained in the Zero Income Affidavit is complete and accurate to the best of my knowledge.

Client Name

Date

Residence Information

Residence Type (Please select only one)

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

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

If you heat with fuel, what type of heating system do you have?

Furnace/Boiler System

Toyo/Monitor

Other



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



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 or 907.780.6868. All reports of fraud will remain confidential.**

Applicant Signature

Date