



## Regional Housing Authority

## LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) & LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP)

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/Low Income Household Water Assistance Program (LIHWAP) application **beginning October 1, 2021**.

Applications for the general public will be processed **beginning November 1, 2021 through May 15, 2022**.

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	\$ 2,011
2	\$ 2,721
3	\$ 3,431
4	\$ 4,141
5	\$ 4,851
6	\$ 5,561
7	\$ 6,272
8	\$ 6,981
Each additional person after 8	\$710

**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 or a family member are claiming zero income, please complete the zero-income form on page 6.**
- ☐ 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.

### Most Recent Utility Bill(s):

- ☐ A copy of your fuel/oil, electric, propane, and water 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.

**Apply Online! [www.RegionalHousingAuthority.org](http://www.RegionalHousingAuthority.org) - Quickest Way to Apply!**

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

THRHA Attn: LIHEAP/LIHWAP • 5446 Jenkins Drive • Juneau, AK 99801  
Fax: 866.232.3681 or E-mail: [energy@thrha.org](mailto:energy@thrha.org)





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Check box if you:

DISCONNECT NOTICE FOR ELECTRICITY:

☐

OUT OF FUEL:

☐

DISCONNECT NOTICE FOR WATER:

☐

Today's Date:

First Name

Last Name

Middle Name

--	--	--

Age

Birth Date

Social Security Number

--	--	--

E-mail Address

Phone

--	--

Racial Ethnic Heritage of Head of Household

Native Corporation/Tribe

--	--

Tribal Enrollment  
Number:

Physical Street

Physical City

Physical State

Physical Zip

--	--	--	--

Is your mailing address different than your physical address?

Yes

☐

No

☐

Mailing Street

Mailing City

Mailing State

Mailing Zip

--	--	--	--

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### ■ Resident 1

Household Resident Name	Birthdate
<input type="text"/>	<input type="text"/>

Alaska Native/  
American Indian

☐

Social Security Number	Relationship to Applicant
<input type="text"/>	<input type="text"/>

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

☐

### ■ Resident 2

Household Resident Name	Birthdate
<input type="text"/>	<input type="text"/>

Alaska Native/  
American Indian

☐

Social Security Number	Relationship to Applicant
<input type="text"/>	<input type="text"/>

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

☐

### ■ Resident 3

Household Resident Name	Birthdate
<input type="text"/>	<input type="text"/>

Alaska Native/  
American Indian

☐

Social Security Number	Relationship to Applicant
<input type="text"/>	<input type="text"/>

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

☐

### ■ Resident 4

Household Resident Name	Birthdate
<input type="text"/>	<input type="text"/>

Alaska Native/  
American Indian

☐

Social Security Number	Relationship to Applicant
<input type="text"/>	<input type="text"/>

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

☐

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### **■ Resident 5**

Household Resident Name	Birthdate
<input type="text"/>	<input type="text"/>

Alaska Native/  
American Indian

☐

Social Security Number	Relationship to Applicant
<input type="text"/>	<input type="text"/>

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

☐

### **■ Resident 6**

Household Resident Name	Birthdate
<input type="text"/>	<input type="text"/>

Alaska Native/  
American Indian

☐

Social Security Number	Relationship to Applicant
<input type="text"/>	<input type="text"/>

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

☐

### **■ Resident 7**

Household Resident Name	Birthdate
<input type="text"/>	<input type="text"/>

Alaska Native/  
American Indian

☐

Social Security Number	Relationship to Applicant
<input type="text"/>	<input type="text"/>

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

☐

### **■ Resident 8**

Household Resident Name	Birthdate
<input type="text"/>	<input type="text"/>

Alaska Native/  
American Indian

☐

Social Security Number	Relationship to Applicant
<input type="text"/>	<input type="text"/>

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

☐

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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.**

#### ■ 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

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WATER ASSISTANCE PROGRAM (LIHWAP)**

**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/Water 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 taxreturn);
- Rental income from real or personal property;
- Social Security payments (EX: SSA, SSA), 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.

Applicant Signature

Print Name

Date

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WATER ASSISTANCE PROGRAM (LIHWAP)**

**ASSISTANCE INFORMATION**

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

☐

Legally Disabled?

☐

Honorably Discharged Veteran?

☐

Receiving Food Stamps?

☐

Are any members of your household legal  
aliens admitted under section 245A (Amnesty)  
or 210A (replenishment agricultural workers)  
of the Immigration and Nationality Act?

☐

Receiving Public Assistance?

☐

Receiving Unemployment?

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

☐

Supplemental Security Income

☐

Are you seasonally employed?

☐

Social Security

**Examples:** Fisherman, construction,  
business owner, cannery, etc.  
(Attach most recent tax return)

☐

TANF?

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### ASSISTANCE INFORMATION

#### Please select your residence type:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 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"/> Three-or-more-bedroom single family                                      | <input type="checkbox"/> One-bedroom dwelling           | <input type="checkbox"/> Boarding House    |
| <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 |   |  |

#### 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 **ONLY** if your heat is included in your rent:

Landlord Name	Landlord Address	Landlord Phone

Rent Subsidized By: ☐ AHFC ☐ FHA ☐ HUD ☐ THRHA ☐ Section 8 ☐

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### 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

All information is required: Primary Heating Source (If you use oil it must be listed as your primary):

#### Primary Heating Source (If you use oil it must be listed as your primary):

Fuel Oil ☐ Electricity ☐ 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

☐ Heat Pump

☐ Other

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## SECONDARY VENDOR INFORMATION

### Secondary Heating Source

Electricity ☐

Propane ☐

Heat included in Rent ☐

Wood ☐

Secondary Vendor

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

Account Number

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:

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WATER ASSISTANCE PROGRAM (LIHWAP)**

### WATER UTILITY INFORMATION

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:

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## AGREEMENT TO RECEIVE ENERGY/WATER 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/Water 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

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