



Regional Housing Authority

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) & LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP) FY 23

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 November 1, 2022**. Applications for the general public will be processed **beginning December 1, 2022 through May 30, 2023**.

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. (Attach copy of enrollment card)

Please use this chart to determine whether your household meets the income guidelines
FY 23 Federal LIHEAP & LIHWAP - 150% Alaska Poverty

| Household Size | Gross Monthly Income (In Prior Month) |
|--------------------------------|---------------------------------------|
| 1 | \$ 2,123 |
| 2 | \$ 2,861 |
| 3 | \$ 3,599 |
| 4 | \$ 4,335 |
| 5 | \$ 5,073 |
| 6 | \$ 5,811 |
| 7 | \$ 6,548 |
| 8 | \$ 7,286 |
| Each additional person after 8 | \$737 |

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 7.**
- ☐ 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 - Quickest Way to Apply!

Please mail, fax or e-mail
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THRHA Attn: LIHEAP/LIHWAP • 5446 Jenkins Drive • Juneau, AK 99801
Fax: 866.232.3681 or E-mail: energy@thrha.org



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APPLICATION PROCESSING

It may take up to 45 days to process your application. **Continue to pay your bills while waiting for a decision on your application.** If you have a disconnect notice, contact your utility company to set up a payment agreement. Let them know you have applied for program assistance.

Avoid Delays

- Providing all the information requested on the application will avoid delays.
- Complete (carefully), sign and date the application.
- Attach copies of pay stubs received in the month before we receive your application for anyone in the household who worked. Attach all benefit letters that show monthly benefit amounts. Any adult (18+) household member that is claiming zero income, must complete, sign and date a Zero Income Affidavit.
- If you have worked seasonally or are self-employed, attach a copy of your most recent income tax return.
- Attach copies of social security cards for all household members listed on the application.
- Attach copies of your most recent heat, electric and water bills.
- If heat is included in rent, attach a copy of your rental agreement.
- If you live in Section 8 or subsidized housing, attach a copy of your rental housing worksheet.
- **It is your responsibility to provide all required documentation to process your application.**

Your Rights and Responsibilities

Any person whose application is denied or not acted upon with reasonable promptness, or whose benefits are reduced or terminated, has the right to a fair hearing. You must request a hearing in writing. Contact the Tlingit Haida Regional Housing Authority Energy Assistance program. Hearing requests must be made within 30 days after you are mailed a notice of decision on your Heating Assistance case. At the hearing you may represent yourself. You may also be represented by legal counsel (e.g., Alaska Legal Services Corporation) or by another person of your choice.

Rights

No person in the United States, on the ground of race, color, national origin, or disability, shall be excluded from participation or be denied the benefits of Federal Assistance or THRHA.

Reporting Changes

Not having current information may delay your benefit. It is very important that you report changes in your address, phone number or in household size within 10 days. Report all changes to the Energy Assistance program at **907-780-6868 or email energy@thrha.org**

Benefits

You can receive one benefit each fiscal year. The fiscal year runs from November 1st for elders and disabled, and December 1st of the current year for the general public, and **the program ends May 30th of the following year.**

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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

| | | |
|----------------------|----------------------|----------------------|
| <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/Tribe

| | |
|----------------------|----------------------|
| <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"/> |
|----------------------|----------------------|----------------------|----------------------|

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■ Resident 1

| | | | | |
|----------------------|----------------------|----------------------|-----------------------------------|--------------------------|
| First Name | Last Name | Date of Birth | Alaska Native/ American Indian | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |

| | | | |
|------------------------|---------------------------|---|--------------------------|
| Social Security Number | Relationship to Applicant | Has this person been claimed on any other heating assistance applications this fiscal year? | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | | |

■ Resident 2

| | | | | |
|----------------------|----------------------|----------------------|-----------------------------------|--------------------------|
| First Name | Last Name | Date of Birth | Alaska Native/ American Indian | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |

| | | | |
|------------------------|---------------------------|---|--------------------------|
| Social Security Number | Relationship to Applicant | Has this person been claimed on any other heating assistance applications this fiscal year? | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | | |

■ Resident 3

| | | | | |
|----------------------|----------------------|----------------------|-----------------------------------|--------------------------|
| First Name | Last Name | Date of Birth | Alaska Native/ American Indian | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |

| | | | |
|------------------------|---------------------------|---|--------------------------|
| Social Security Number | Relationship to Applicant | Has this person been claimed on any other heating assistance applications this fiscal year? | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | | |

■ Resident 4

| | | | | |
|----------------------|----------------------|----------------------|-----------------------------------|--------------------------|
| First Name | Last Name | Date of Birth | Alaska Native/ American Indian | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |

| | | | |
|------------------------|---------------------------|---|--------------------------|
| Social Security Number | Relationship to Applicant | Has this person been claimed on any other heating assistance applications this fiscal year? | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | | |

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■ Resident 5

| | | | | |
|------------------------|---------------------------|---|-----------------------------------|--------------------------|
| First Name | Last Name | Date of Birth | Alaska Native/ American Indian | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Social Security Number | Relationship to Applicant | Has this person been claimed on any other heating assistance applications this fiscal year? | | |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | | |

■ Resident 6

| | | | | |
|------------------------|---------------------------|---|-----------------------------------|--------------------------|
| First Name | Last Name | Date of Birth | Alaska Native/ American Indian | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Social Security Number | Relationship to Applicant | Has this person been claimed on any other heating assistance applications this fiscal year? | | |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | | |

■ Resident 7

| | | | | |
|------------------------|---------------------------|---|-----------------------------------|--------------------------|
| First Name | Last Name | Date of Birth | Alaska Native/ American Indian | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Social Security Number | Relationship to Applicant | Has this person been claimed on any other heating assistance applications this fiscal year? | | |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | | |

■ Resident 8

| | | | | |
|------------------------|---------------------------|---|-----------------------------------|--------------------------|
| First Name | Last Name | Date of Birth | Alaska Native/ American Indian | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Social Security Number | Relationship to Applicant | Has this person been claimed on any other heating assistance applications this fiscal year? | | |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | | |

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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) FY 23**

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.

Are you or anyone in your household receiving?

- 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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ASSISTANCE INFORMATION

Are you or anyone in your household?

- | | |
|---|---|
| <input type="checkbox"/> 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? | |

Are you or anyone in your household receiving?

- | | |
|---|---|
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Are you seasonally employed or self employed? |
| <input type="checkbox"/> Social Security | Examples: Fisherman, construction, business owner, cannery, etc. (Attach most recent tax return) |
| <input type="checkbox"/> 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.

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

Applicant Signature

Date

| | |
|--|--|
| | |
|--|--|

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