Regional Housing Authority

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM APPLICATION FY 2027
(LIHEAP)

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, 2026. Applications for the general public will be processed beginning December 1, 2026, through June 30, 2027.

THRHA can serve both Tribal Members and non-Tribal Members residing in: Angoon, Hydaburg, Klawock, Klukwan, Craig, Kake, Metlakatla, Hoonah, Kasaan and Saxman.

THRHA can only serve Tribal Members residing in: Haines, Pelican, Skagway, Juneau, Petersburg, Tenakee, Ketchikan and Wrangell. **(ATTACH A COPY OF TRIBAL ENROLLMENT CARD)**

FY 2027 Federal LIHEAP – 150% Alaska Poverty

Household Size	Gross Monthly Income (In Prior Month)
1	$2,494
2	$3,381
3	$4,269
4	$5,156
5	$6,044
6	$6,931
7	$7,819
8	$8,706
Each additional person after 8	$887

Applications may be delayed or denied if they are submitted without the documents required 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+) is employed, please provide copies of all income that is received for the **prior 30 days**. If you or a family member (18+) are claiming zero income, each will need to complete, sign and date a Zero Income Affidavit.

☐ 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 recent fuel/oil, electric, propane bills are 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, email or fax the application to:	THRHA Attn: LIHEAP | 5446 Jenkins Drive | Juneau, AK 99801 **E-mail**: energy@thrha.org **Fax:** 1-866-232-3681 **Phone:** 907-780-6868

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 the most recent pay stubs for all adult (18+) household members, (1 if paid monthly, 2 if paid biweekly, 4 if paid weekly). Attach all current 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, see page 7 of the application.
- Attach copies of social security cards for all household members listed on the application.
- If heat is included in rent, attach a copy of your rental agreement.
- If you live in subsidized housing (Section 8, HUD, AHFC, AHDC etc.) 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 20 days after you are mailed a notice of decision on your 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 ten (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. The program ends June 30th of the following year.

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Check box if you:

DISCONNECT NOTICE FOR ELECTRICITY ☐ **OUT OF FUEL ☐**

Today's Date:

Male ☐ or Female ☐

First Name	Last Name	Middle Name

Age	Birth Date	Social Security Number

Email Address	Phone Number

Racial Ethnic Heritage of Head of Household	Native Corporation

Tribal Enrollment Number:

Physical Street	Physical City	Physical State	Physical Zip

Is your mailing address different than your physical address? Yes ☐ No ☐

Mailing Address	Mailing City	Mailing State	Mailing Zip Code

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Household Members

Household Members (First, MI, Last)	Birthdate	Relationship	Social Security Number (Required)	Ethnicity

Has anyone in your household applied for Heating Assistance from the State of Alaska?

Yes ☐ **No** ☐

If YES, stop here. You cannot receive Heating Assistance from both the State of Alaska and a Tribal or Native organization.

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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, Adoption Subsidies, Veterans Benefits, Unemployment, Workers Comp, Rental Income, Dividends, Self-Employment (Attach most recent tax return), seasonal income, all other income.

Any adult household member (18+) claiming zero income must complete, sign, date and return a Zero Income Affidavit.

Household Member (First, MI, Last)	Type of Income	Gross Monthly Income

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Zero Income Affidavit

Low Income Household Energy Assistance Program

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

I _____, have applied for the Low Income Home Energy Assistance Program. Program regulations require verification of all income from participating household members over the age of 18.

I have not received income from any of these sources:

- Wages from employment (including commissions, tips, bonuses, fees, etc.);
- Income from operations of a business (If seasonal or self-employed, 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, APA);
- 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 zero income or limited income. If you have not been able to pay some or all of your expenses, please explain below.

The following information is required in order to process your application.

Food: _____

Utilities: _____

Housing: _____

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

Signature: _____ Date: _____

Assistance Information

Are you or anyone in your household?

Legally Disabled	Yes ☐	No ☐
Receiving Food Stamps	Yes ☐	No ☐
Receiving Public Assistance	Yes ☐	No ☐
Receiving Unemployment	Yes ☐	No ☐
Honorably Discharged Veteran	Yes ☐	No ☐
Are any members of your household legal aliens admitted under section 245A (Amnesty) or 210A (replenishment agricultural workers) of the Immigration and Nationality Act?	Yes ☐	No ☐

Are you or anyone in your household receiving?

Supplemental Security Income	Yes ☐	No ☐
Social Security	Yes ☐	No ☐
TANF	Yes ☐	No ☐
Are you seasonally employed or self-employed?	Yes ☐	No ☐

If you are self-employed (Examples: Fisherman, construction, business owner) attach most recent IRS 1040 and Schedules C, K or S and any other tax forms supporting self-employment or partnerships.

If you are self-employed through fishing, please send a copy of your entire fishing settlement for the past 12 months. If you have computerized records, you may provide a copy of your ledger documenting your business-related income and expenses for the previous 12-month period. Please sign and date the ledger.

If you are seasonally employed (Examples: Tourism, cannery worker, teacher) we can accept the final check stub showing year-to-date gross income.

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Housing Information

Please select your residence type:

☐ Mobile home with heated living space of 980 square feet or more	☐ Two-bedroom single family home	☐ RV/Tent or pickup camper
☐ Mobile home less than 35 feet in length	☐ Three or more-bedroom single family home	☐ Travel Trailer
☐ Two or more-bedroom unit in an apartment building of four or more attached units	☐ One-room house	☐ One bedroom dwelling
☐ One bedroom unit in an apartment building of four or more attached units	☐ Duplex home	☐ Hotel
☐ Studio Apartment	☐ Triplex home	☐ Boat

Are there any other persons living with you at this residence who are not listed on the application? If yes, list names and birth dates of other persons living at the residence and describe how rent and utility expenses are shared.

Do you own or rent your home? **Own ☐** **Rent ☐** **Other ☐**

Please list the owner, landlord or manager below.

Name	Email Address	Phone Number

Are your housing costs based on a percentage of your income (subsidized, Section 8, HUD, AHFC, AHDC, etc.) If YES, attach a copy of your rental housing worksheet and utility allowance breakdown.

☐ AHFC **☐ HUD** **☐ Section 8** **☐ THRHA** **☐ AHDC** **☐ Other**

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Heating and Electrical Information

Primary Vendor Information

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

☐ **Fuel Oil** ☐ **Electricity** ☐ **Propane** ☐ **Heat Included in Rent** ☐ **Wood**

What type of heating system do you have? (REQUIRED)

☐ **Furnace/Boiler System** ☐ **Toyo/Monitor** ☐ **Heat Pump** ☐ **Other _____**

Primary Vendor

Account Number

Name on Bill

Amount of Current Bill

Is the account under your name? ☐ **Yes** ☐ **No**

If not, whose name is the account name under and explain why the account is not under your name.

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Secondary Vendor Information

☐ **Fuel Oil** ☐ **Electricity** ☐ **Propane** ☐ **Heat Included in Rent** ☐ **Wood**

Secondary Vendor

Account Number

Name on Bill

Amount of Current Bill

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

Is the account under your name? ☐ **Yes** ☐ **No**

If not, whose name is the account under and explain why the account is not under your name.

Agreement to Receive Low Income Home Energy Assistance

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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**

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