

Date Application Received: _____ Initials _____

YAKUTAT TLINGIT TRIBE

Human Services and Education Department

P.O. Box 387, Yakutat, Alaska 99689

Phone (907) 784-3124 Fax (907) 784-3664

HEATING ASSISTANCE PROGRAM

Name: _____ Social Security: _____

Mailing Address: _____

Daytime Phone: _____ Ethnicity (Optional) _____

Are you or anyone in your household: Legally Disabled? _____ Age 60 or over? _____

Have Children Under Age 6? _____ Unemployed? _____ Receiving Unemployment benefits? _____

If unemployed, how many household members are unemployed? _____

Household Members (List yourself and all household members)	Date of Birth	Age	Relationship to you	Social Security	US Citizen	Income Received last month
			Self			

Head of household must provide a copy of their picture ID and Social Security Card or their application cannot be processed.

Welfare Assistance

Did you receive any of the following welfare assistance grants last month? If so, attach proof.

- | | |
|---|--|
| <input type="checkbox"/> Tribal Employment Assistance | <input type="checkbox"/> SSI |
| <input type="checkbox"/> TANF | <input type="checkbox"/> Public Assistance |
| <input type="checkbox"/> Food Stamps | |

HOUSEHOLD INCOME

List all net income received by anyone in your household during the calendar month before you complete and sign the application. For example, if you apply in November, list all net income with an October check date, regardless of the pay period date. If any household member works in a seasonal occupation you must also provide verification of that income for the prior 12 months.

Attach proof of all income listed below. **If you do not include proof your application will be delayed or denied.** Acceptable proof of income includes wage stubs showing gross income and year to date figures, a completed employer work statement, or a signed letter from your employer.

Name of Household Member	Type of income	Net Income Amount	Form of Proof
TOTAL MONTHLY INCOME		\$	

SEASONAL EMPLOYMENT: Have you or anyone in your household been employed in an occupation with a regular work season of 11 months or less during the past 12 months (seasonal employment)? Ex. logging, fishing, school district. Yes _____ No _____

Your total income for the previous 12 month period will be divided by 12 to arrive at an average monthly income. Yes _____ Provide pay stubs for the most recent 12 month period or have your employer complete a work statement.

SELF-EMPLOYMENT: Have you or anyone in the household been self-employed at any time during the past 12 months? Ex. charter fishing, commercial fishing, carving, daycare, and taxi driving.

Yes ____ Complete the following Form (or use additional pages as needed) and **attach proof of income and business expenses.** Include only expenses necessary to the cost of doing business. **Depreciation costs are not allowable.**

Business INCOME:

Business EXPENSE:

Date _____ Source _____ Amount _____ Date _____ Source _____ Amount _____

Date _____ Source _____ Amount _____ Date _____ Source _____ Amount _____

Date _____ Source _____ Amount _____ Date _____ Source _____ Amount _____

Total INCOME _____

TOTAL EXPENSE _____

ADJUSTED GROSS INCOME (Expenses deducted from income) _____

Residence Information

What kind of housing do you live in?

- ☐ Subsidized Apartment (Sunrise Apartments)
 - ☐ Unsubsidized Apartments
 - ☐ House
 - ☐ Trailer/Cabin/Boat
-

Heating and Electric Information

What is the main fuel used to heat your home?

Natural Gas ____ Fuel Oil ____ Wood ____ Electricity ____ Propane ____ Kerosene ____ Other ____

Who pays for your home heat?

Self ____ Landlord ____ Other ____ (please explain)

If you are paying directly for heat and electricity, would you like us to send a portion of your grant to your electric account? Yes ____ No ____

Attach copies of most recent heat and electric bills to this application. You must show you pay for heat directly or through rent, to be eligible. If your bills are in someone else's name please explain: _____

NOTE: ***Continue to pay your bills** while waiting for a decision on your application. It may be up to 30 days to process your application. If your bills are overdue or in danger of running out of fuel, or your electricity is being cut-off please contact our office immediately.*

Crisis Assistance

Do you have an eviction notice and live in subsidized housing, electricity disconnect notice or are you out of fuel? Yes ____ No ____ If yes, attach the notice to this application for emergency processing.

Important Notice about Your Rights

The Yakutat Tlingit Tribe has established a uniform grievance and appeals procedure. Clients have 30 days after the receipt of the decision in writing to appeal. Clients who feel a decision is not fair and equitable may appeal in the following manner:

Step 1: Submit an appeal in writing to the Program Supervisor- If unsatisfied; further appeal may be made to:

Step 2: Executive Director- Response to the appeal will be made in writing within 30 days after receipt of the appeal. If unsatisfied, further appeal may be made to:

Step 3: President- Response to the appeal will be made in writing within 30 days after receipt of the appeal. If unsatisfied, further appeal may be made to:

Step 4: Yakutat Tlingit Tribe Council- As above, response will be made in writing within 30 days. To further appeal decision, grievant may contact appropriate funding agencies.

Step 5: Funding Agency- Contact addresses are available for further appeal.

Agreement to Receive Heating Assistance

- I do understand that a department representative may call at my home, and may contact other people in order to verify my eligibility for assistance.
- I authorize the Alaska Department of Labor to release any information to the Yakutat Tlingit Tribe that may assist in my Heating Assistance application.
- I understand that I must live in the home for which I am applying.
- I understand that my household can submit only one heating application per year.
- I've included the following documents needed to complete the heating application:

Please Initial

_____ **Proof of Income (past 30 days)**
_____ **Recent Heating Bill (past 30 days)**
_____ **Recent Electric Bill (past 30 days)**

Statement of Truth

I certify under penalty of perjury, or of unsworn falsification in violation of AS.56.210, that the statements made regarding the persons in my home and the income and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge.

Applicant Signature

Date

YTT USE ONLY

Proof of income and energy costs have been provided? ____ Yes ____ No

Applicant has been: ____ Approved ____ Denied

____ Pended (due to missing documents i.e. income or expenses)

____ Pended (due to lack of Funds) and Placed on WAIT LIST

Notification grant award/denial has been provided to the client? Yes ____ Date ____

If approved, Purchase Order # _____ was issued to: _____ (Vendor Name)

Purchase Order # _____ was issued to: _____ (Vendor Name)

For: \$ _____ LIHEAP Grant \$ _____ LIHEAP Grant

\$ _____ LIHEAP Crisis \$ _____ LIHEAP Crisis

Log sheets completed for: _____ LIHEAP Grant Log

Case Worker Signature: _____

Date: _____

Low Income Heating Assistance RELEASE OF INFORMATION

I hereby authorize, the Yakutat Tlingit Tribe's Low Income Heating Assistance Program (LIHEAP) to obtain information related to my application to participate in the program. I hereby disseminate income information for the purpose of assisting me in obtaining LIHEAP assistance.

Please check ones you don't want us to correspond with.	Income
	<ul style="list-style-type: none">• Wages
	<ul style="list-style-type: none">• Commercial Fishing Income
	<ul style="list-style-type: none">• Bank Statements
	<ul style="list-style-type: none">• Stocks and Bonds
	<ul style="list-style-type: none">• Native Dividends
	<ul style="list-style-type: none">• Alaska Permanent Fund Dividend
	<ul style="list-style-type: none">• Retirement Income
	<ul style="list-style-type: none">• IRS Income tax statements
	<ul style="list-style-type: none">• Child Support Payments
	Alaska Public Assistance
	<ul style="list-style-type: none">• TANF benefits
	<ul style="list-style-type: none">• Child Support
	<ul style="list-style-type: none">• Social Security Benefits
	<ul style="list-style-type: none">• Veterans Administration
	<ul style="list-style-type: none">• Workers Compensation
	<ul style="list-style-type: none">• Longevity Bonus
	<ul style="list-style-type: none">• Workers Compensation

Applicant Printed Name

Other Applicant Printed Name

Applicant Social Security Number

Other Applicant Social Security Number

Applicant Signature

Date

Other Applicant Signature

Date

This Release of Information is valid for one year from the date signed but I may revoke this consent by written notice at any time.