

**Mail your application to:
Heating Assistance Program**

400 Willoughby, Suite 301, Juneau, AK 99801-1700
In Juneau Phone 465-3058, all other areas toll-free Phone 1-800-470-3058
In Juneau Fax 465-3319, all other areas toll-free Fax 1-888-282-3319

For Office Use Only
Date Received

Application for Heating Assistance

1. Which program are you applying for? (Check one program)

Heating Assistance pays a portion of home heating costs.
 Subsidized Rental Housing Utility Deposit (SRHUD) helps pay a utility deposit when households are moving into Section 8 or subsidized rental housing, provided that heat is included in the rent.

2. Who are you? (Please Print)

Name (First, MI, Last)	Birthdate	Male or Female <input type="checkbox"/> <input type="checkbox"/>	Social Security Number
Mailing Address	City	State	Zip Code
Physical Address	City	State	Zip Code
Daytime Phone	Message and/or Cell Phone	Email (Optional)	
Ethnicity (Optional) Are you Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No Your Racial Heritage (optional): You may check one or more. <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> African-American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other			

People in your household

3. Tell us about other people living in your home. If you need more space, attach another sheet of paper.

Household Members (First, MI, Last)	Birthdate	Relation (NR= Not Related)	Social Security Number	US Citizen or qualified alien (Yes/ No)
Example: Joe D Jones	2/10/74	NR	555-55-5555	Y

4. Are there any other persons living with you at this residence who are not listed above? Yes No
If Yes, list the names of roommates or other persons living at this residence and describe how rent and utility expenses are shared. _____

5. Are you or anyone in your household:

Legally Disabled Yes No Age 60 or over Yes No Receiving Food Stamps Yes No

6. Have you or any of the adults in your household applied for Heating Assistance from a tribal or native organization in your area? Yes No
If "Yes," you cannot receive Heating Assistance from both the State of Alaska and a tribal or native organization.

Income in your household

Example of how to report income

Application signed in ↓	Checks issued to you in
September →	August
October →	September
November →	October
December →	November

Application signed in ↓	Checks issued to you in
January →	December
February →	January
March →	February
April →	March

Note: If you are self-employed or a seasonal employee, go to Form B or C to determine your monthly income.

7. Do you, or anyone who lives with you, receive income? Yes No

If Yes, report income that was issued to you. See example above for how to report income. If income is from paid employment, report gross pay before any deductions. Attach copies of pay stubs or have the employer complete Form A.

Type of Income Codes					
WA	Wages	TT	Tribal TANF	FC	Foster Care Payments
SEA	Seasonal Work	WC	Worker's Compensation	BIA	BIA General Assistance
SE	Self-Employment	BP	Bingo/Pull Tab Winnings	SL	Student Loans/Grants
ATAP	Alaska Temporary Assistance	UI	Unemployment Insurance	IN	Interest
SSI	Supplemental Security Income	TI	Tips and Gratuities	CS	Child Support and Alimony
SSA	Social Security	RI	Rental Income	CO	Cash Outs of Retirement or Pension
PFD	Permanent Fund Dividend	FLS	Family Support (Please Explain)	APA	Adult Public Assistance Program
VB	Veteran's Benefits	GR	General Relief	PE	Pension (other than Veteran's benefits)
SB	Senior Benefits	DI	Dividends	OT	Other (Please Explain)_____

Household member	Type of Income (See codes above)	Gross Monthly Income	Form of Proof	Last day of work	Occupation
Example: Susan Jones	WA	800.00	Pay stubs	January 31	Sales Clerk

8. Seasonal or Self-Employment Income. See Form B or C for examples of seasonal or self-employment, how to calculate your monthly gross income and what kind of documentation you may send for proof of income.

9. If your household's income does not cover your basic living expenses, explain how you are paying the following costs.

Rent: _____

Utilities: _____

Food: _____

Questions about your residence

10. What kind of housing do you live in? Check the box that applies

Apartment or Condominium: ↓	<input type="checkbox"/> House	<input type="checkbox"/> Boat	<input type="checkbox"/> Van or Car*
<input type="checkbox"/> Duplex 2 units	<input type="checkbox"/> Cabin	<input type="checkbox"/> Group Home	<input type="checkbox"/> Pick-Up Camper*
<input type="checkbox"/> Triplex 3 units	<input type="checkbox"/> Renting a Room	<input type="checkbox"/> Travel Trailer (less than 35 feet) Lean-to Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Tent*
<input type="checkbox"/> 4 or more units	<input type="checkbox"/> Studio/Efficiency	<input type="checkbox"/> Mobile Home (35 feet or more)	<input type="checkbox"/> Motel /Hotel/Hostel*
	If you live in temporary housing, provide a statement from someone who can prove you have lived there for 60 days.		<input type="checkbox"/> Boarding Home

11. If you live in a trailer or mobile home 35 feet or more, what is the exterior length:____ft and width:____ft

12. How many bedrooms are in your home? (A loft counts as one bedroom) _____

13. How much rent or mortgage do you pay each month? Rent: \$_____ Mortgage: \$_____ Space Rent: \$ _____

14. Is your rent based on 30 percent or less of your income (subsidized or Section 8)? Yes No If yes, attach a copy of your rental housing worksheet.

15. We may need to contact your landlord or manager to get information to process your application.

Name of landlord:_____ Address:_____ Phone Number:_____

Questions about your heating and electric

16. What is your main heat source? (Check only one. If you have more than one, check the one you use the most.)

Natural Gas Fuel Oil Electricity Kerosene Coal Propane Wood Other_____

17. Who pays for your home heat? Self Landlord Other (If other, please explain) _____

18. Who pays for your electricity? Self Landlord Other (If other, please explain) _____

19. If you pay both heat and electricity, would you like part of your grant sent to your electric account? Yes No

Please tell us the name of your fuel and/or electric company

20. _____
Name of Fuel Company Account Number Name on Bill Amount of Current Bill

21. _____
Name of Electric Company Account Number Name on Bill Amount of Current Bill

- Attach copies of your most recent fuel and/or electricity bill(s).
- If heat is included in your rent, attach a copy of your rental agreement and most recent rent receipt.

22. If your account for fuel or electric is in someone else's name, please explain _____

23. Do you have any comments about your need for Heating Assistance? (If you need more space, attach another piece of paper.) _____

24. Do you have a disconnect notice or are you out of fuel? Complete questions 1-23 of this application and answer questions 1-3 below to see if you can request emergency application processing.

- 1. Are you out of fuel or have a disconnect notice that is within 48 hours? Yes No Attach copy of disconnect notice
- 2. Prior month's total gross income for all household members _____ Attach proof of income
- 3. Add monthly rent or mortgage plus balance of electric and heat bills _____ Attach copies of heat and electricity bills
 - A: Did you answer yes to number 1? Yes No
 - B: Is line 3 larger than line 2? Yes No

Check this box if you answered yes to A and B and would like your application reviewed for emergency processing.

25. Would you like to have someone contact you about the weatherization program? Yes No

Signature

Statement of Truth

To receive assistance, you must agree to all of the statements below and sign this form.

- I understand that a Department representative may call at my home, and may contact other people in order to verify my eligibility for assistance. I also understand that information I give may be verified by computer cross-matching with other agencies.
- I authorize the Alaska Department of Labor to release to the Division of Public Assistance information about my eligibility for unemployment insurance and work history.
- I authorize the Division of Public Assistance to communicate with my vendor(s) and other agencies on my behalf as it relates to the Heating Assistance Program.
- I understand that I must live in the home for which I am applying.
- I have read the Rights and Responsibilities and the Release of Information sections of the application and I understand them, including fraud and penalties, as described in this application.

I certify under penalty of perjury, or of unsworn falsification in violation of AS11.56.210, 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.

26. X _____
Signature of Adult listed on Page 1, Question 2 Date Signature of Witness, if signed with an "X"
(Legal guardians provide documentation)

27. X _____
Signature of Other Adult Applicant Date Signature of Witness, if signed with an "X"

Fee Agent and Office Use Only

- I have completed the Fee Agent Interview Report form.
- I certify that I have checked the information on the application carefully and that it is a true and complete statement of facts according to the best of my knowledge.
- I understand that it is against the law to make false statements and that I am subject to prosecution if I do.
- I understand that if this application is not complete, I may not be paid.

Date _____ Print Name _____ Daytime Phone _____

Address: _____

Employment Statement - Form A

State of Alaska
Heating Assistance Program
400 Willoughby, Suite 301
Juneau, Alaska 99801-1700

In Juneau Phone 465-3058
All other areas toll-free Phone 1-800- 470-3058
In Juneau Fax 465-3319
All other areas toll-free Fax 1-888-282-3319
Email: liheap@alaska.gov

Employee Name: _____ SSN: _____

Employee Signature _____ Occupation: _____

Business Name (Please Print): _____ Please complete, sign, and fax or mail this form to the address above. Your assistance is appreciated.

For Employer Use Only

Date employment began: _____ Date first paycheck issued: _____

Date employment ended (if employee is no longer working for you): _____

Date last paycheck was issued: _____ Gross amount issued _____

Provide the information below for the last eight (8) paychecks issued or attach a copy of a computer print out.

Gross Pay	Issue Date	Tips Received

Employer Address: _____

Employer Signature (Required): _____

Payroll Contact Number: _____

****Note: The Employer Must Sign this Statement****

State of Alaska
Dept. of Health & Social Services
Heating Assistance Program - DPA
400 Willoughby, Suite 301
Juneau, Alaska 99801-1700