

TANANA CHIEFS CONFERENCE

FOR CENTRAL OFFICE USE



ATTN: Energy Assistance
 122 First Avenue, Suite 600
 Fairbanks, Alaska 99701
1-800-478-6822 ext. 3457
 or (907) 452-8251

Received

MAIL APPLICATION AND ALL REQUIRED PROOFS OF INCOME TO THE ABOVE ADDRESS

- Pending Additional Info.
- Income Verification
- Vendor Agreement
- Other Household Info.
- Application Approved
- Application Denied
- Benefit Level # _____
- Weatherization

ENERGY ASSISTANCE/WEATHERIZATION APPLICATION

APPLICATION DEADLINE is April 30, 2012

Applications Postmarked or received after April 30, 2012 will not be considered for assistance

The TCC Low Income Home Energy Assistance Program assists with home heating, emergency heating and weatherization expenses. Both homeowners and renters (even if heat is included in rent) may apply. Eligibility is based on your household's size and gross income during the previous calendar month prior to the month you apply.

To expedite your request for assistance, ask your local TFYS, TWDS or other Authorized Tribal Representative to check your application for completeness and accuracy. They can verify the information that you've provided by signing on the bottom of the last page. You must provide proof of your Social Security Number (i.e. social security card, tribal membership card, or State of Alaska I.D. card) and have copies of letters or check stubs that verify all the income information that you indicated in your application. We cannot process your application without proof of all household members' monthly income for the previous month and the Social Security Number of the head of the household.

PLEASE COMPLETE EACH SECTION OF THE APPLICATION AND PROVIDE DOCUMENTATION OR ASSISTANCE MAY BE DELAYED OR DENIED.

HOUSEHOLD MEMBERS		
1. Name of Head of Household (Applicant)	Birth Date	Social Security Number
Mailing Address	AK Native/American Indian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/Village Zip Code	Occupation	Daytime or Message Phone

As head of household, did you work or receive income during the previous month prior to this application? Yes No

Other Household Members Name <i>List ALL People living in this Household</i>	Birth Date	Relationship to Applicant <i>(child, spouse, etc.)</i>	Disabled?	Social Security #
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.			<input type="checkbox"/> Yes <input type="checkbox"/> No	

HOUSEHOLD INCOME

- Are you or anyone in your household receiving:
- Food Stamps Yes No
- ATAP-Alaska Temporary Assistance Program Yes No
- ASAP-Athabascan Self-Sufficiency Assistance Partnership Yes No
- Supplemental Security Income Yes No
- Social Security Yes No
- Adult Public Assistance Yes No
- Veteran's Benefits Yes No
- Unemployment Insurance Benefits..... Yes No

REPORTING \$0 INCOME, for you and/or your household members for the 30 days prior to the month of application, **please include signatures of two people (not from your household) who can verify.**

I verify that the household members on this application have not received any type of income for the reporting period.

1. _____
 Name Date

2. _____
 Name Date

Report any and all gross income received by any member of your household for the 30 days prior to the month of application. For example, if you apply in November, you must report any income received in the month of October. **Please explain any gaps in receipt of the income described below.**

Examples of income include the following:

TYPES OF INCOME

- | | | |
|---|--|--|
| (WA) Wages | (GA) BIA General Assistance/TWEP | (CO) Cashouts of Retirement or Pension |
| (TI) Tips or Gratuities | (UI) Unemployment Insurance | (SE) Self-Employment |
| (ATAP) Alaska Temporary Assistance Program | (VB) Veterans' Benefits | (DI) Dividends & Interest |
| (ASAP) Athabascan Self-Sufficiency Assistance Partnership | (APA) Adult Public Assistance-OAA, APD, AB | (PE) Pension (other than Veteran's Benefits) |
| (SSA) Social Security | (RI) Rental Income | (SL) Student Loans |
| (SSI) Supplemental Security Income | (CS) Alimony and Child Support | (SG) Student Grants |
| (GR) General Relief | (WC) Workers Compensation | (OT) Other (please explain) |

Names of all household members who received income in the previous month. List 1 month income for ALL members of your household.	Type of Income <i>(see categories above)</i>	Gross Income from the previous month	Form of Proof Sent with Application <i>(copy of check, etc.)</i>	FOR OFFICE USE ONLY
TOTAL - Household income for the previous month			VERIFIED INCOME	

YOUR APPLICATION WILL BE DELAYED OR DENIED, IF YOU DO NOT ATTACH ALL PROOF OF INCOME FOR HOUSEHOLD MEMBERS FOR THE 30 DAYS PRIOR TO THE MONTH OF APPLICATION. Examples of proof of income include: Wage stubs or a letter from your employer or the agency awarding you benefits, award letters, direct deposit slips, copies of checks, or if self-employed, a profit loss statement listing all income received and reasonable business expenses for the 30 days.

If you had little or no income and are not receiving Food Stamps, ATAP or Adult Public Assistance; indicate how you are meeting your living expenses for food and shelter.

- Subsistence lifestyle
- Personal savings
- Other; please explain _____
- _____
- _____

HOME HEATING INFORMATION

WHAT IS THE PRIMARY HEATING SOURCE OF YOUR HOME? _____

PLEASE CHECK ONE. Wood Oil Coal Other _____

Do you currently heat your home with a Toyo or Monitor oil stove or other oil stove rated at 85% or above efficiency? Yes No

Supplier	Name Appearing on Your Bill	Estimated Yearly Fuel Expense	Average quantity of Oil or Wood You Use Each Year
Name of Your Fuel Oil/Heating Vendor			
Name of Your Wood Vendor			

HOUSING INFORMATION

TYPE OF HOUSING YOU LIVE IN (check one):

- | | | | |
|------------------------------------|---|--|---|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> 1-3 attached units | <input type="checkbox"/> Travel Trailer (less than 35 ft.) | <input type="checkbox"/> Pick-up Camper* |
| <input type="checkbox"/> House | <input type="checkbox"/> 4 or more attached units | <input type="checkbox"/> Mobile Home (35 ft. + OR with lean-to for extra living space) | <input type="checkbox"/> Boarding Home* |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Group Home | <input type="checkbox"/> Tent * | <input type="checkbox"/> Hotel or Motel * |
| <input type="checkbox"/> Cabin | <input type="checkbox"/> Military Housing | | |

***Please provide proof of residency**

Are you billed directly for your home heating expenses? Yes No

OR is your home heating included in your rent? Yes No

OR if neither of the above, please explain: _____

NOTE: If you are house-sitting, please provide proof that you are paying heating costs.

Please check if you: own your home? are Buying? are Renting? Amount paid per Month? _____

If you are renting:

- a. Is your rent subsidized by:
- | | | |
|-------------------------------|---|------------------------------------|
| <input type="checkbox"/> ASHA | <input type="checkbox"/> HUD | <input type="checkbox"/> Section 8 |
| <input type="checkbox"/> FHA | <input type="checkbox"/> Not subsidized | |

b. Who is the Owner, Landlord or Manager Name _____

Other* _____ Address _____

*Please explain: _____ Phone Number _____

EMERGENCY ASSISTANCE

IF YOU ARE IN DANGER OF RUNNING OUT OF HOME HEATING FUEL OR HAVING YOUR HEATING UTILITY SERVICE DISCONNECTED, CONTACT TCC IMMEDIATELY AT 1-800-478-6822, EXT. 3457 or (907) 452-8252, EXT. 3457

Use this space for any additional information – for comments about this program or any other information you feel is important for us to know in considering your application.

IMPORTANT NOTICE ABOUT YOUR RIGHTS

Fair Hearing

Any person whose application is denied or not acted upon with reasonable promptness (within 30 days from the receipt of a completed application or within 30 days from the receipt of funding from the granting agency) or whose benefits are reduced or terminated, has a right to a fair hearing before the Tanana Chiefs Conference, Inc. Family Services Department Director.

If you desire a hearing you may request it by telephone, in person, or in writing, through the Director of Family Services, Tanana Chiefs Conference, Inc. 122 First Avenue, Suite 600, Fairbanks, Alaska 99701. You must make your request within 30 days after you are mailed a notice of decision on your application.

Tanana Chiefs Conference, Inc. Family Services staff are available to help you request a hearing. At the hearing you may represent yourself. You may also be represented (at your own expense) by legal counsel or by another person of your choice.

Civil Rights

The Civil Rights Act of 1974 states "No person in the United States, on the ground of race, color, or national origin, shall be excluded from participating or being denied the benefits of federal assistance." If you feel you have been discriminated against, you may file a complaint with Tanana Chiefs Conference, Inc. Family Services or with the United States Department of Health and Human Services.

AGREEMENT TO RECEIVE ENERGY ASSISTANCE

If your household receives assistance, you must agree to all of the statements below. Any member of your household who deliberately breaks any rules and receives benefits to which they are not entitled will be sanctioned from receiving future assistance until they repay the benefits and may be prosecuted.

- ✓ I agree to notify TCC, Family Services of any changes in address or number of household members within 10 days from the date of the change.
- ✓ I understand that a TCC representative may call my home, and may contact other people in order to verify my eligibility for assistance. I also understand that the information I give, may be verified by computer cross-matching with other state or federal agencies.
- ✓ I authorize the State of Alaska, Department of Labor to release to TCC, Family Services information about my eligibility for unemployment insurance and work credits. I authorize the Alaska Division of Public Assistance, the U.S. Social Security Administration, Bureau of Land Management and Bureau of Indian Affairs to release to TCC, Family Services, employment, income and/or benefit information relating to myself and any of the household members included in this application for the purpose of determining eligibility for assistance through this program.
- ✓ I authorize the Tanana Chiefs Conference, Inc. Family Services to communicate with my vendor(s) and other private, state and federal agencies on my behalf, as it relates to the Low Income Home Energy Assistance Program.
- ✓ I understand that my household can submit only one Energy Assistance Program application per year, from either TCC the State of Alaska or other state or tribal LIHEAP and certify that this is the only application submitted from or on behalf of my household for assistance between October 1 to September 30 of the current federal fiscal year.
- ✓ **I certify under penalty of perjury, that the statements made regarding the persons in my home and their income, and all other items that pertain to my possible eligibility for benefits are true and correct 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.**

➔ **SIGN HERE**

TODAY'S DATE

Did You Remember To:

- INCLUDE PROOF OF INCOME FOR THE PAST 30 DAYS FOR EACH PERSON IN YOUR HOUSEHOLD.**
- Make sure each section was complete,
- Read the agreement above,
- Provided Proof of Social Security Number (Head of Household)
- Signed and dated your application and
- Have your Authorized Tribal Representative sign below (**Note: this applies only if you reside in a tribal community**).

Has the information in this application been verified by an Authorized Tribal Representative

Yes No

NAME OF TRIBAL REPRESENTATIVE

DATE

TITLE

WEATHERIZATION

Check here if you want to be considered for additional assistance to weatherize your house this summer.

Please Note: requesting assistance above and providing the information below does not guarantee that you will be eligible to receive weatherization assistance - you will be notified by June 30, if funding is available and if your application for weatherization has been approved for consideration based on the priorities established by the program [Preference will be given to lowest income elders, individuals with disabilities and large families who have not received assistance within the past three years.]

Did you receive assistance from the LIHEAP Weatherization Program:

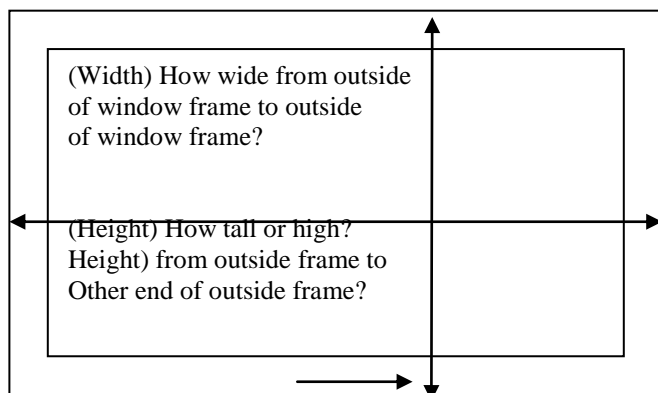
Last year? Yes No Within the past two years? Yes No Within the past three years? Yes No

If you qualify to receive Weatherization Assistance this summer, what home improvements do you think would result in lowering your home heating bill (check all that apply). Preference will be given to lowest income elders, individuals with disabilities and large families who have not received assistance within the past three years.

- | | | |
|---|--|--|
| <input type="checkbox"/> Caulking & Chinking | <input type="checkbox"/> More Insulation | <input type="checkbox"/> More Efficient heating unit (Stove) |
| <input type="checkbox"/> More Efficient Windows | <input type="checkbox"/> Tighter Doors | <input type="checkbox"/> Other (List Below) |

Please add any additional comments about your need for weatherization assistance below (or on another piece of paper). _____

Windows



Rough Opening Size:

Width by Height

Window #

1. _____ x _____
2. _____ x _____
3. _____ x _____
4. _____ x _____
5. _____ x _____
6. _____ x _____

Please circle type of window

- Bedroom/Opening/Non-Opening?
 Bedroom/Opening/Non-Opening?
 Bedroom/Opening/Non-Opening?
 Bedroom/Opening/Non-Opening?
 Bedroom/Opening/Non-Opening?
 Bedroom/Opening/Non-Opening?

If an opening window; do you want the leverage/handle on the right or the left side of window?

For Fire Code Regulations, please state if any of the Windows are for bedroom

Doors

Door A

Door B

Door C

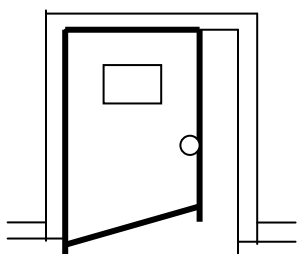
Door D

Left Hand Swing

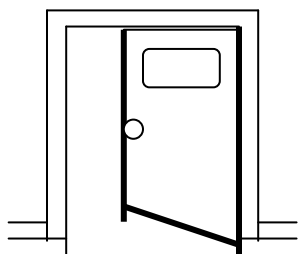
Right Hand Swing

Left Hand Reverse

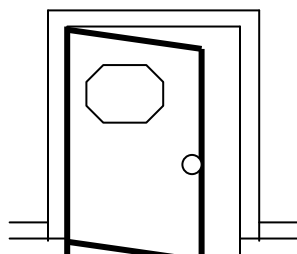
Right Hand Reverse



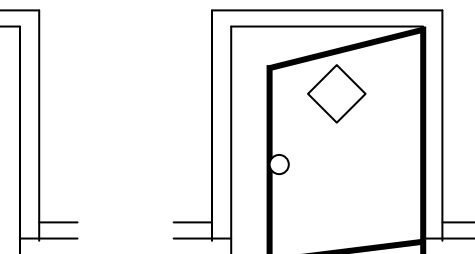
Hinges on Left



Hinges on Right



Hinges on Left



Hinges on Right

Insid

Insid

Standing outside looking at door. Door swings

Looking at it from the outside Door swing outward.

Front door: A B C D

Back door: A B C D

Circle the door swing you want.

Rough Opening Size: Door Frame

Measurements Width _____ x Height _____
 Width _____ x Height _____

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2012 Energy Assistance Program Income Information

Types of proof of income you must include with your energy assistance application:

- 1. Wages (a copy of last month's paycheck(s))**
- 2. Unemployment Checks (approval letter, monetary determination)**
- 3. Athabaskan Self-Sufficiency Assistance Partnership (ASAP) Benefits**
- 4. Alaska Temporary Assistance (ATAP) Benefits**
- 5. Adult Public Assistance Benefits (APA)**
- 6. Supplement Security Income (SSI)**
- 7. Alimony and Child Support**
- 8. Retirement Benefits**
- 9. Veteran's Benefits**
- 10. General Assistance (GA)**
- 11. Self Employment**
- 12. Rental Income**
- 13. Tips or Gratuities**
- 14. Workers Compensation**
- 15. Cash-out of Retirement or Pension**
- 16. Student Loans**
- 17. Student Grants, etc.**
- 18. Last Month's Bank Statement to Verify Direct Deposits**

***State of Alaska Dividends is exempt. Native Corporation dividends, up to \$2,000 per year, are not counted as income and will not affect your benefits.**