



**FY 2021
LOW INCOME HOME ENERGY
ASSISTANCE PROGRAM APPLICATION**

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, 2020**.

Applications for the general public will be processed beginning **December 1, 2020 through May 15, 2021**.

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.

Please use this chart to determine whether your household meets the income guidelines Federal LIHEAP - 150% Alaska Poverty	
Household Size	Gross Monthly Income (In Prior Month)
1	\$ 1,993
2	\$ 2,693
3	\$ 3,393
4	\$ 4,093
5	\$ 4,793
6	\$ 5,493
7	\$ 6,193
8	\$ 6,893
Each additional person after 8	\$650

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 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. If you are self-employed, please send all pages of your most current income taxes. If you or a family member are claiming zero income, please complete the zero-income form on page 7.

Most Recent Utility Bill(s):

- A copy of your heating bill and/or receipt of your electric 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 - RegionalHousingAuthority.org - Quickest Way to Apply!

Please mail, fax or e-mail the LIHEAP application to:

**THRHA
Attn: LIHEAP
5446 Jenkins Drive
Juneau, AK 99801**

You may fax the application to:

**866.232.3681 or
E-mail: energy@thrha.org**



Check box if you: Received Disconnect Notice: Out of Fuel:

Head of Household Information

Today's Date:

First Name Middle Name Last Name

Age Birth Date Social Security Number

E-mail Address Phone

Racial Ethnic Heritage of Head of Household Native Corporation Enrollment

Tribal Enrollment Number

Physical Street Physical City Physical State Physical Zip

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

Mailing Street Mailing City Mailing State Mailing Zip



Regional Housing Authority

Resident Information

Resident 1

Household Resident Name

Birthdate

Alaska Native/American Indian

Social Security Number

Relationship to Applicant

Has this person been claimed on any other heating assistance applications this fiscal year?

Resident 2

Household Resident Name

Birthdate

Alaska Native/American Indian

Social Security Number

Relationship to Applicant

Has this person been claimed on any other heating assistance applications this fiscal year?

Resident 3

Household Resident Name

Birthdate

Alaska Native/American Indian

Social Security Number

Relationship to Applicant

Has this person been claimed on any other heating assistance applications this fiscal year?

Resident 4

Household Resident Name

Birthdate

Alaska Native/American Indian

Social Security Number

Relationship to Applicant

Has this person been claimed on any other heating assistance applications this fiscal year?

Resident 5

Household Resident Name	Birthdate	Alaska Native/American Indian	<input type="checkbox"/>
<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 6

Household Resident	Birthdate	Alaska Native/American Indian	<input type="checkbox"/>
<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 7

Household Resident	Birthdate	Alaska Native/American Indian	<input type="checkbox"/>
<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 8

Household Resident Name	Birthdate	Alaska Native/American Indian	<input type="checkbox"/>
<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"/>		



Regional Housing Authority

Assistance Information

Are you or anyone in your household?

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

Are you or anyone in your household receiving?

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



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Household Income

Types of income include: Wages, Social Security, Supplemental Security, Pension/ Retirement, Aid to Disabled, General Assitance, 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 +) claming zero income must complete, sign and return a Zero Income Affidavit.

Income 1

Name of Household Member	Type of Income	Gross Monthly Income
<input type="text"/>	<input type="text"/>	<input type="text"/>

Income 2

Name of Household Member	Type of Income	Gross Monthly Income
<input type="text"/>	<input type="text"/>	<input type="text"/>

Income 3

Name of Household Member	Type of Income	Gross Monthly Income
<input type="text"/>	<input type="text"/>	<input type="text"/>

Income 4

Name of Household Member	Type of Income	Gross Monthly Income
<input type="text"/>	<input type="text"/>	<input type="text"/>

Income 5

Name of Household Member	Type of Income	Gross Monthly Income
<input type="text"/>	<input type="text"/>	<input type="text"/>

Income 6

Name of Household Member	Type of Income	Gross Monthly Income
<input type="text"/>	<input type="text"/>	<input type="text"/>



Regional Housing Authority

**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 Assistance. Program regulations require verification of all income from participating households.

I have not received income from any of these sources:

- Wages from employment (including commissions, tips bonuses, fees, etc.);
- Income from operation of a business (If seasonal you must submit your most recent tax return);
- 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.

Client Name

Date



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Residence Information

Residence Type (Please select only one)

- Mobile home with heated living space of 980 square feet or more
Mobile home less than 35 feet in length
Two-bedroom unit in an apartment building of four or more attached units
Boarding House
One-room house
Duplex home
One-bedroom unit in an apartment building of four or more attached units
Travel trailer
Two-bedroom single family home
Studio apartment
Three-or-more-bedroom single family
Cabin without bedrooms
Triplex home
RV/Tent
Pickup Camper
Hotel
One-bedroom dwelling
Boat
One-room dwelling

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.

Empty box for roommate information

Please list the owner, landlord or manager below ONLY if your heat is included in your rent:

Landlord Name

Empty box for Landlord Name

Landlord Address

Empty box for Landlord Address

Landlord Phone

Empty box for Landlord Phone

Rent Subsidized By:

- AHFC
FHA
HUD
THRHA
Section 8



Regional Housing Authority

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):

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

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 Primary vendor (cannot be less than 50%)

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 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 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.**

[Signature line]

Applicant Signature

[Date line]

Date