

Tribal Heating Assistance

Cook Inlet Tribal Council, Inc.
3600 San Jeronimo Drive
Anchorage, Alaska 99508
Phone 793-3300, Fax 907-793-3394

Application for Tribal Heating Assistance

When can I apply?

Applications for Heating Assistance are accepted October 1, 2016 through April 30, 2017. If you are legally disabled or age 60 or older, we will accept your application as early as September.

Applications for the Subsidized Rental Housing Utility Deposit (SRHUD) are accepted throughout the year.

What are the income guidelines?

Household Size	Gross Income (In Prior Month)
1.....	\$1,855
2.....	\$2,502
3.....	\$3,150
4.....	\$3,797
5.....	\$4,445
6.....	\$5,092

For each additional household member add \$647

How is the grant calculated?

Eligibility is not solely based on income. Grants are calculated using a point system based on: the area of the state where you live, fuel type, dwelling type, household size and income. Each item has a point value. If you have low heating cost points after all factors are calculated, you may not qualify.

How do I apply?

Both completed applications and supporting documents need to be mailed, faxed or dropped off to Cook Inlet Tribal Council, Inc. 3600 San Jeronimo Drive, Anchorage, AK 99508. Fax 907-793-3394.

Programs

Tribal Heating Assistance

Helps households pay a portion of home heating expenses.

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 rent.

Required Checklist:

- Tribal Heating Assistance Application-with all questions answered
- Copy of Adult Applicant's Certificate of Indian blood or tribal enrollment
- Include proof of income or have your employer complete Form A or Form B
- Include a copy of your latest rent receipt and rental agreement if you are renting
- Include a copy of your latest home heating and electric bill, or wood vendor receipt
- Sign and date the application with today's date
- Sign and date the Release of Information with today's date
- Provide social security numbers and dates of birth for all household members

How long will it take?

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 your bills are overdue or you are in danger of running out of fuel, contact your heat or utility company to set up a deferred payment agreement. Let them know you have applied for Heating Assistance.

How often can I receive Heating Assistance?

You can receive one grant each season between October 1- April 30.

Are the grants sent directly to me?

Your grant is paid to your fuel vendor and/or electric company and will be credited to your account.

Do I qualify if my heat is included in my rent?

If heat is included in your rent and you do not live in subsidized housing, you may qualify for Heating Assistance.

Do I qualify if I live in Section 8 or subsidized rental housing?

Heating Assistance: If heat is included in your rent, you do not qualify for Heating Assistance.

Subsidized Rental Housing Utility Deposit (SRHUD): If you are requesting help with a utility deposit required to establish electric service for Section 8 or subsidized rental housing and heat is included in your rent, you may be eligible. If you pay for your heat you will not qualify for a SRHUD but you may qualify for Heating Assistance.

Can I apply for Heating Assistance if I do not live in the home?

No. You must live in the home to qualify.

How do I report income? (Please provide proof of all income with your application.)

List all your income received the month prior to the date you signed your application. Without proof, your application may be delayed or denied. Acceptable proof includes wage stubs showing check date, gross income and year-to-date figures, an employer work statement (Form A) or signed letter from your employer. Year-end statements or award letters are required for Social Security and retirement benefits. **Bank statements are not adequate proof.** If you are a seasonal worker or self-employed, go to Form B or C to determine your monthly income.

What if I have a disconnect notice or am out of fuel?

If you have run out of fuel or have a notice that you will be disconnected in 48 hours, contact your heat or utility company immediately to see if you can make payment arrangements. If they cannot make an arrangement with you, you may get emergency processing if you send in a complete application and attach copies of your disconnect notice, home heating and electricity bills, and proof of income for all household members. Your application will be reviewed for emergency processing. If you do not qualify, your application will be processed in the date order it was received in the Heating Assistance Office, or other Division of Public Assistance office.

Can I transfer my grant?

Once you have received your grant, it cannot be transferred unless you have moved to an area that is served by a different heat/electric company. Contact our office if you move so we can help you transfer your grant.

How do I avoid delays?

Providing all the information requested on the application will avoid delays.

- Complete (print carefully), sign and date the application.
- Attach copies of pay stubs received in the month before you apply for anyone in the household who worked. If you cannot locate all of your pay stubs, have your employer(s) fill out Form A.
- If you have worked seasonally, attach copies of pay stubs for the last 12 months. If you cannot locate all of your pay stubs, have your employer(s) fill out Form B.
- If you have been self-employed, provide an itemized listing of all business related income and expenses received during the last 12 months using Form C, and provide a copy of your most recent income tax return.
- If you live in a trailer or mobile home 35 feet or longer, list the exterior length and width in question 12.
- Attach copies of your most recent fuel and/or electricity bill(s). You must show a cost to be eligible.
- If heat is included in your rent, attach a copy of your rental agreement and most recent rent receipt showing heat is included in your rent.
- Attach a copy of your disconnect notice if it is within 48 hours and you are requesting emergency processing.
- If you live in Section 8 or subsidized housing, attach a copy of your rental housing worksheet.
- **It is your responsibility to provide all required documentation to process your application.**

Can I receive a grant from both the state and a tribal organization?

No. You cannot receive Heating Assistance from the state if you are eligible for assistance from a tribal organization.

Would you like to lower the cost of heating your home?

Weatherization programs may be able to help lower your heating cost by installing energy efficient improvements. For your local weatherization program go to <http://www.ahfc.state.ak.us/grants/weatherization.cfm> or call:

Phone	Weatherization provider	Service area
800-478-8080	Alaska Community Development Corporation	Mat-Su, Kenai-Pen, Copper River, Kodiak, Bristol Bay, Aleutians, Southeast Alaska except Juneau
800-478-5323	Interior Weatherization	Interior Alaska
800-478-7227	RurAL Cap	Anchorage, Juneau, western and northern Alaska

Your Rights and Responsibilities

What if I disagree with your decision?

Any person whose application is denied or not acted upon with reasonable promptness, or whose benefits are reduced or terminated, has a right to file a grievance. Grievances must be filed in writing within 30 days of the decision. Grievances may be submitted to the Tribal Heating Assistance office, mailed or faxed. You may request a copy of the CITC Client Grievance Policy at the Tribal Heating Assistance office or call 793-3300.

Do I need to tell you if something changes?

Yes. Not having current information may delay your assistance. **It is very important that you report changes in your address, phone number or in household members moving into or out of the home within 10 days.** Report changes to the Tribal Heating Assistance office at Cook Inlet Tribal Council, Inc. 793-3300.

What happens if I do not follow the rules?

Any member of your household who deliberately breaks any rules and receives assistance to which they are not entitled must repay the benefits and may be prosecuted.

Do I qualify for emergency assistance?

To qualify for emergency assistance your household is facing immediate service termination or is without heat & your household's gross income is less than their shelter cost. Or if the disconnection occurred of heat or electric were to occur it would pose a serious threat to their life due to pre-existing medical conditions. See emergency worksheet below for qualification:

Cook Inlet Tribal Council, Inc. Tribal Heating Assistance Emergency Application Process

The CITC Tribal Heating Assistance Program provides Emergency Heating Assistance to those that qualify.

In order to qualify:

1. Your household must have your natural gas or electricity disconnected within 48 hours (must show disconnect notice) **or** be out of propane, wood, etc.
2. Submit a completed and signed application
3. Include copies of all prior month income, rental agreement or rent receipt, Certificate of Indian Blood or Tribal Enrollment
4. Your household shelter must be more than your prior calendar month gross income. Fill out following worksheet to determine if you are eligible for emergency processing:

Total Gross Income (before any deductions): \$_____

- Shelter Cost (rent or mortgage): \$_____
- Total Balance of Electric Bill: \$_____
- Total Balance of Gas Bill: \$_____

Total Shelter Costs: \$_____

If your Total Shelter Costs is **more than** your Total Gross Income you may request emergency processing.

Application for Heating Assistance

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.
- I am out of fuel or have a disconnect notice for within 48 hours (Attach copy of disconnect notice).

PART ONE: COMPLETE ON ADULT APPLICANT THAT IS ALASKA NATIVE AND/OR AMERICAN INDIAN

Participant Name:

	<u>Last Name:</u>	<u>First Name:</u>	<u>Middle Name:</u>	<u>Suffix:</u>
<u>Current Name:</u>				
<u>Maiden/Other Name(s):</u>				

Birth Date: _____ Estimated

Social Security Number: _____

Gender: Male Female

Home Address (Residence): _____ Rent
 _____ Own
 _____ Staying w/ Relatives or Friends
 Mailing Address Same

If not Provided, Due to Homelessness? No Yes

Have You Moved to Anchorage in the Past 3 Years? Yes No If Yes, From Where?

Mailing Address: _____

Home Number: _____

Cell Number: _____

Work Number: _____

Email Address: _____

Home Work

Registered for Selective Service
(Males between the ages of 18 and 25, according to federal guidelines):

Yes
 No

Veteran:

Yes
 No

Marital Status:

Single
 Married
 Divorced

Separated
 Widowed

Participant Race (Check All That Apply):

White
 Black, African Am.
 American Indian or Alaska Native
 Asian Indian
 Chinese
 Filipino
 Japanese
 Korean

Vietnamese
 Native Hawaiian
 Guamanian or Chamorro
 Samoan
 Other Asian
 Other Pacific Islander
 Other Race. Specify: _____

Participant of Hispanic, Latino or Spanish origin:

No, not of Hispanic, Latino or Spanish origin
 Yes, Mexican, Mexican Am. Chicano
 Yes, Puerto Rican
 Yes, Cuban

Yes, another Hispanic, Latino or Spanish origin
Specify: _____

Alaska Native Ethnicity:

Aleut
 Alutiiq
 Athabascan
 Eyak
 Haida
 Inupiat

Siberian Yup'ik
 Tlingit
 Tsimshian
 Yup'ik / Cup'ik
 Don't Know

Regional Corporation Affiliation:

Shareholder
 Family Member
 Descendant of

Ahtna
 Aleut
 ASRC
 Bering Straits
 Bristol Bay
 Calista
 Chugach
 CIRI

Doyon
 Koniag
 NANA
 Sealaska
 13th Region
 None
 Unknown

Employment Status:

Currently Working:

Yes
 No

Part-Time
 Full-Time

Main Occupation:

- | | |
|--|---|
| <input type="checkbox"/> Architecture & Engineering | <input type="checkbox"/> Installation, Maintenance & Repair |
| <input type="checkbox"/> Arts, Design, Entertainment, Sports & Media | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Building & Grounds Cleaning & Maintenance | <input type="checkbox"/> Life, Physical & Social Science |
| <input type="checkbox"/> Business & Financial Operations | <input type="checkbox"/> Management |
| <input type="checkbox"/> Community & Social Services | <input type="checkbox"/> Military Specific |
| <input type="checkbox"/> Computer & Mathematical | <input type="checkbox"/> Office & Administrative Support |
| <input type="checkbox"/> Construction & Extraction | <input type="checkbox"/> Personal Care & Service |
| <input type="checkbox"/> Education, Training & Library | <input type="checkbox"/> Production |
| <input type="checkbox"/> Farming, Fishing & Forestry | <input type="checkbox"/> Protective Service |
| <input type="checkbox"/> Food Preparation & Serving Related | <input type="checkbox"/> Sales & Related |
| <input type="checkbox"/> Healthcare Practitioners & Technical | <input type="checkbox"/> Student |
| <input type="checkbox"/> Healthcare Support | <input type="checkbox"/> Transportation & Material Moving |
| | <input type="checkbox"/> Other: |
-

If Unemployed, Last Date of Employment:

- _____
- Estimated
 Never Worked

Education Status:

Last Grade Level Completed:

- | | |
|--|---|
| <input type="checkbox"/> Pre-K / Headstart | <input type="checkbox"/> 10 th Grade |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 11 th Grade |
| <input type="checkbox"/> 1 st Grade | <input type="checkbox"/> 12 th Grade |
| <input type="checkbox"/> 2 nd Grade | <input type="checkbox"/> Vocational / Technical College |
| <input type="checkbox"/> 3 rd Grade | <input type="checkbox"/> Some College |
| <input type="checkbox"/> 4 th Grade | <input type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> 5 th Grade | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> 6 th Grade | <input type="checkbox"/> Master's Degree and/or Above |
| <input type="checkbox"/> 7 th Grade | |
| <input type="checkbox"/> 8 th Grade | |
| <input type="checkbox"/> 9 th Grade | |

Certificate/Degree Title:

_____ Completion Year: _____

Emergency Contact Information:

Emergency Contact Name:

Last: _____ First: _____

Middle: _____

Emerg. Cont. Home Number:

Emerg. Cont. Cell Number:

Emerg. Cont. Work Number:

Emerg. Cont. Email Address:

_____ Home Work

PART TWO: PROVIDE INFORMATION ON ALL HOUSEHOLD MEMBERS

Additional Household Member Information

Please complete these questions for each family member in Participant's home.

Total Number of Individuals in Home: _____

People in your household

1. 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 (Required)	Relation (NR= Not Related)	Social Security Number (Required)	US Citizen or qualified alien (Yes/ No)	Receive income last month?
Example: Joe D Jones	2/10/74	NR	###-##-####	Y	N
		Self			

2. 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. _____

3. Are you or anyone in your household:

Legally Disabled? Yes No

Age 60 or over? Yes No

Receiving Public Assistance? Yes No

4. Have you or any of the adults in your household applied for Heating Assistance from the State of Alaska Heating Assistance Program? Yes No

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

Questions about your residence Please note: all questions on this page need to be completed or your application will be considered incomplete & processing will be delayed.

5. 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 longer)	<input type="checkbox"/> Motel/Hotel/Hostel*

If you live in temporary housing, provide a signed statement from someone who can prove that you have lived there for 60 consecutive days. Boarding Home

6. If you live in a trailer or mobile home 35 feet or longer, what is the exterior length: _____ft and width: _____ft

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

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

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

10. 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 _____

11. 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 _____

12. If you heat with wood, do you harvest it yourself? Yes No

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

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

15. If you pay both heat and electricity, should part of your grant be sent to your electric account?

Yes No

- Attach copies of your most recent fuel statement, electricity bill, or wood vendor receipts.
- If heat is included in your rent, attach a copy of your rental agreement and most recent rent receipt or a statement from your landlord showing heat is included in your rent.

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

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

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

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

Income in your household

Example of how to report income

Application signed in:		Provide proof of all income received in:
September	4	August
October	4	September

Application signed in:		Provide proof of all income received in:
January	4	December
February	4	January

23. List all your income from the month prior to the date you signed your application. Without proof, your application may be delayed or denied. Acceptable proof includes wage stubs showing check date, gross income and year-to-date figures, an employer work statement (Form A) or signed letter from your employer. Year-end statements or award letters are required for Social Security and retirement benefits. **Bank statements are not adequate proof.** If you are a seasonal worker or self-employed, go to Form B or C to determine your monthly income.

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)
		DI	Dividends	OT	Other (Please Explain) _____

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

Employer Name _____ Phone Number _____

24. Does anyone have income from seasonal/self-employment? (farming, logging, home party sales)
 Yes No See Form B or C for examples, how to calculate gross income and what to send as proof of income.

25. Does anyone in your house receive rental income from property? Yes No

Owner: _____ Monthly Income: _____

26. If your household income doesn't cover basic living expenses, explain how you are paying these costs.

Rent: _____

Utilities: _____

Food: _____



**Cook Inlet Tribal Council, Incorporated
CITC TRIBAL HEATING ASSISTANCE**

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, authorize the release of information requested by Cook Inlet Tribal Council, Tribal Heating Assistance program. The requested information shall be used solely in the administration of the CITC Tribal Heating Assistance program and shared with the State of Alaska DHHS for the administration of Heating Assistance and will not be released to any other programs. The requested information may also be used for the purpose of criminal prosecution for violation of the CITC Tribal Heating Assistance program.

Persons or organizations that may be contacted include, but are not limited to: the State of Alaska Department of Health & Social Services, Department of Law, the Department of Fish and Game, the Department of Labor, the Department of Military Affairs, the Department of Revenue, Alaska State Housing Authority, local governments, tax assessors, financial institutions, private corporations, landlords, employers, school authorities, and private individuals.

This authorization expires 12 months from the date of signature

A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL

Your Signature

Witness signature if "X" signed

Printed Name

Printed Name of Witness

Social Security Number

Date



Employment Statement - Form A

Tribal Heating Assistance
 Cook Inlet Tribal Council, Inc.
 3600 San Jeronimo Drive
 Anchorage, AK 99508
 Phone 907-793-3300, Fax 793-3394

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): _____ Date: _____

Payroll Contact Number: _____

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

Seasonal Work Statement - Form B

Tribal Heating Assistance
 Cook Inlet Tribal Council, Inc.
 3600 San Jeronimo Drive
 Anchorage, AK 99508
 Phone 907-793-3300, Fax 907-793-3394

Examples of seasonal employment may include: construction, fishing, fish processing, logging, mining, trapping, tourism related, firefighting, oil field and school district occupations. Be sure to submit verification of income from all sources. Your total income for the previous 12 months will be divided by 12 to arrive at a monthly average.

Employee Name: _____ SSN: _____

Employee Signature: _____ Occupation: _____

EMPLOYER: This form is to be used to verify seasonal employment income for the past 12- month period. Please complete, sign, and mail or fax 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):		
Date last paycheck was issued:		Gross amount issued:
Circle the past 12 months of seasonal employment: 20__ JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC 20__ JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC		
Provide the information below for the past 12-month period.		
Gross Pay/ Issue Date	Gross Pay/ Issue Date	Gross Pay/ Issue
Business name (Please Print):		
Employer Address:		
Employer Signature (Required):		Date:
Payroll Contact Number:		
**** Note: The Employer Must Sign This Statement ****		

Tribal Heating Assistance DECLARATION OF NO INCOME

Complete this form if you are 18 or older and you claim no income

Household Member Information: Complete the information below for the adult household member who claims no income.
Name:
Address:
Relation to Applicant:
Describe how shelter, food, utilities and other bills are paid for:
<i>I certify that I am over the age of 18 and the information provided is true and accurate and by signing the form, I am under penalty of criminal prosecution if false information results in assistance for which I am not eligible.</i>
Signature:
Date:

Head of household information: Provide the name and address of the primary applicant.	
Primary Applicant's Name:	
Applicant's Address:	