Tribal Heating Assistance Program Information

When can I apply?
Applications for Heating Assistance are accepted October 1 through July 31 of each year. 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?

<table>
<thead>
<tr>
<th>Household Size (In Prior Month)</th>
<th>Gross Income</th>
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<tbody>
<tr>
<td>1</td>
<td>$1,950</td>
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<tr>
<td>2</td>
<td>$2,641</td>
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<tr>
<td>3</td>
<td>$3,332</td>
</tr>
<tr>
<td>4</td>
<td>$4,023</td>
</tr>
<tr>
<td>5</td>
<td>$4,715</td>
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<tr>
<td>6</td>
<td>$5,406</td>
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</tbody>
</table>

For each additional household member add $691

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. All changes in your household must be reported within 10 business days.

How do I report income? (Proof of all income should be provided with application.)
List all your income received the month prior to the date you signed your application. 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, please request form B or C from the heating assistance staff.

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 visit http://www.ahfc.state.ak.us/grants/weatherization.cfm

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 the applicant’s responsibility to provide all required documentation for their application.

What if I disagree with the decision on my application?
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.

**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
- Declaration of No Income form signed and complete by all adult household members who claim no income in the prior month of application date
- Provide social security numbers and dates of birth for all household members.
The purpose of CITC’s Heating Assistance Program (HAP) is to help households pay a portion of home heating expenses for heating and emergency applications.

We also have the Subsidized Rental Housing Utility Deposit (SRHUD) which helps pay a utility deposit when households are moving into Section 8 or Subsidized rental housing, provided that heat is included in rent.

**FRAUD:**

It is considered “Fraud” if applicants withhold or provide false information in order to qualify for programs.

- HAP requires everyone in the household to be reported on the application. Everyone living in the home needs to be reported.
- Household members can only be counted in a household once per year.
- All income is required to be reported & withholding information in order to qualify is fraud.
- Those receiving HAP grants for oil, wood, and other types of heating cannot sell or use items for anything other than heating.

**Penalties include but are not limited to:**

- 1st offense: Denied services 1 year
- 2nd offense: Denied services 3 years
- 3rd offense: Permanent debarment

**HOW TO REPORT FRAUD:**

Write a detailed letter with your name and contact information to:
CITC-Tribal Heating Assistance
3600 San Jeronimo Drive
Anchorage, AK 99508
Or contact by phone, fax or email:

Brittany Suralta, Senior Manager
Phone: (907)793-3330
Email: bsuralta@citci.org
Fax: (907)793-3394

You may also contact:
CITC-Heating Assistance
3600 San Jeronimo Drive
Anchorage, AK 99508
Phone: (907)793-3300
Fax: (907)793-3394
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. Emergency Applications are only accepted November 1 – March 31.

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.
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.

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<th>Gross Pay</th>
<th>Issue Date</th>
<th>Tips Received</th>
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Employer Address: _____________________________________________________________

Employer Signature (Required): __________________________ Date: ______________

Payroll Contact Number: __________________________

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

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<tr>
<td>Date Employment Began:</td>
<td>Date first paycheck issued:</td>
</tr>
<tr>
<td>Date Employment Ended (if employee is no longer working):</td>
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<tr>
<td>Date last paycheck was issued:</td>
<td>Gross amount issued:</td>
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Circle the past 12 months of seasonal employment: 20___ JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Provide the information below for the past 12-month period.

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<th>Gross Pay/ Issue Date</th>
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<th>Gross Pay/ Issue</th>
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Business name (Please Print): ______________________________________

Employer Address: ________________________________________________

Employer Signature (Required): __________________________ Date: ______

Payroll Contact Number: _________________________________________

**** Note: The Employer Must Sign This Statement ****
Examples of self-employment include: commercial or charter fishing, carving, trapping, baby-sitting or day care, crafts, home party sales, cosmetic sales, taxi driving, owning your own business and rental income.

Please provide a copy of your most recent IRS 1040 and Schedules C, K, or S and any other tax forms supporting self-employment or partnerships. We can either deduct 50% of your gross earnings toward the cost of doing business or you can provide an itemized listing of all business related income and expenses received during the prior 12 months. If we do not receive this listing, we will use the 50% deduction for self-employment business expenses.

Allowable business expenses are those expenses that are necessary, non-personal costs of doing business.

- Non-allowable business expenses are depreciation, amortization and the principal portion of payments on business debt, personal or home expenses which the household would incur regardless of the business.

Your total 12-month self-employment income, less allowable business related expenses, and any other earned and unearned income, will be divided by 12 to arrive at a monthly average. Attach additional pages as necessary.

If you are self-employed through fishing, please send a copy of your entire fishing settlement for the past 12 months. If you have computerized records, you may provide a copy of your ledger documenting your business related income and expenses for the previous 12-month period. Please sign and date the ledger.

Name of Self-Employed Person: __________________________ Name of Business: __________________________

Type of Business: __________________________ Business Address: __________________________

Circle the past 12 months of 20____ JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Self-employment: 20____ JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

You may be asked to provide additional documentation such as: copies of ledger books, trip tickets or letters from people who have paid you.

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<tr>
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<th>Source</th>
<th>Amount</th>
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12 Month Income Total

12 Month Expenses Total

Attach additional pages as necessary.

I certify under penalty of perjury, or of unsworn falsification in violation of AS11.56.210, that this income and expenditure information is true and correct to the best of my knowledge.

Signature: __________________________ Printed Name: __________________________ Date: __________________________
Complete this form if you are 18 or older and you claim no income.

<table>
<thead>
<tr>
<th>Household Member Information: Complete the information below for the adult household member who claims no income.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
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<tr>
<td>Address:</td>
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<tr>
<td>Relation to Applicant:</td>
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<td>Describe how shelter, food, utilities and other bills are paid for:</td>
</tr>
</tbody>
</table>

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.

Signature:          
Date:               

<table>
<thead>
<tr>
<th>Head of household information: Provide the name and address of the primary applicant.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant’s Name:</td>
</tr>
<tr>
<td>Applicant’s Address:</td>
</tr>
</tbody>
</table>
Client Grievance Policy Acknowledgement Statement

I have read and been briefed on the CITC Client Grievance Policy and Procedures. I fully understand my rights and responsibilities as a CITC Program Recipient.

Client Signature:

Date:

Distribution: One copy to the Client and the original form for the CITC Office File.