



Orutsararmiut Native Council
LIHEAP Program
117 Alex Hatley Drive
PO Box 927 Bethel, Alaska 99559-0927
Phone: (907) 543-2608 ♦ Fax: (907) 543-2639

Low-Income Home Energy Assistance Program (LIHEAP)

LIHEAP Program Requirements

- **Must be a Bethel Resident for the last six (6) months**
- **Applicant must provide two (2) forms of identification:**
 - Photo ID **AND** Social Security Card
- **Must meet Income Guidelines – Submit Income Verification for the last thre (3) months**
 - Current Paystubs Unemployment Insurance/Benefits
 - Child Support/Alimony Veteran’s Benefits Social Security Income/Benefits
 - Retirement Pension/Benefits Aid to Permanently Disabled Old Age Assistance
 - ATAP stubs Current Bank Statement
- **Must provide copies of the following documents:**
 - Current Electric bill
 - Current Fuel bill
 - Last year’s Tax Return
 - Rental Agreement (from landlord if renting)
 - ALL adults over the age of 18 years old must show proof of income. **If not working, adult must sign Declaration of No Income, form available upon request.***

If you are interested in applying for the Low-Income Home Energy Assistance Program (LIHEAP) or if you know someone that could benefit from this funding program opportunity, stop by our office for an application, or call us at 543-2608 and ask for an application today!





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LIHEAP Program
 117 Alex Hatley Drive
 PO Box 927 Bethel, Alaska 99559-0927
 Phone: (907) 543-2608 ♦ Fax: (907) 543-2639

Application Date: _____

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM APPLICATION (LIHEAP)

IMPORTANT – Carefully read this application, all questions must be completed before your application can be processed. If a question does not apply to your situation, write “N/A”. If you do not understand the question, ask the worker or fee agent to help you. Your application cannot be processed unless you include proof of all income received by all household members during the past month. Failure to submit all required information will result in a delay of action on your application. You will receive a notice of your eligibility decision within 30 (thirty) days of our receipt of the application. In most eligible cases, all benefits will be sent to the fuel / utility company on the applicant’s behalf.

APPLICANT INFORMATION

Name: _____ Social Security# _____ - _____ - _____ Date of Birth: ____ / ____ / ____

Alien Registration Number: _____

Mailing Address: _____

P.O. Box or Street Address
City
State
Zip

Physical Address: _____

Street Address
City
State
Zip

Home Phone #: _____ Message Phone#: _____ Work Phone#: _____

List all household members including yourself living in your home

#	Name	SSN	Birthdate	Age	Relationship
1					Self
2					
3					
4					
5					
6					
7					

STOP! Only one (1) Energy Assistance grant is allowed per household in a program year. If you or someone in your household has already applied for this year’s program, **DO NOT submit another application. Program year is from October 2014 to September 2015.**



REQUIRED STATISTICS

Are you or anyone in your household?

- Age 60 or older? Yes No
- Legally Disabled? Yes No
- Receiving Food Stamps? Yes No
- Receiving Temporary Assistance for Needy Families (TANF)? Yes No
- Receiving Supplemental Security Income (SSI)? Yes No
- Veteran's Benefits under section 415, 521, 541, or 542 of Title 38 or section 306 of the Veteran's and Survivors Pension Improvement Act? Yes No
- Foster Parent? Yes No
- Is anyone a shareholder in an Alaskan Native Corporation? Yes No

If yes, which Corporation? _____

Racial-Ethnic Heritage -

This information is for use on statistical reports only. This question is optional; it will not affect your eligibility.

- Black (not of Hispanic Origin)
- Alaska Native
- Asian or Pacific Islander
- Hispanic
- White (not of Hispanic Origin)

HOUSEHOLD INCOME

Income from Employers – List each household member now working. If more than one job is held, list each separately. Include paystubs for the prior month. **Failure to supply proof of income will result in delay or denial.**

#	Person Working	Employer	How Often Paid	Gross Monthly Income	Total Income for 90 days
1				\$	\$
2				\$	\$
3				\$	\$
4				\$	\$
5				\$	\$



HOUSING INFORMATION

Do you Own or Rent your home? How many bedrooms are in your home? _____
 Monthly Mortgage / Rent? \$ _____ List the dimensions of your home (length/width) _____

Renters – Submit lease agreement signed by your landlord.

- Do you pay for your own heating? Yes No
 Do you pay your own electricity? Yes No
 How many apartments are in your building? 1-3 4 or more

LIHEAP does not provide services to household who reside in AHFC Housing, BNC, AVCP, or ECHO Apartments.

Landlord's Name: _____ Address: _____

If you live in public housing, please check which type: FHA Rural Rental AHFC HUD

What is your primary (main) fuel type to heat your home? Fuel / Stove Oil Wood Electricity

If wood is the only source used, do you cut it yourself? Yes No

If you buy wood, please list name of seller: _____

ENERGY INFORMATION

Fuel Company - Please check one	Account Number	Name on Account
<input type="checkbox"/> North Star Gas <input type="checkbox"/> Top Fuel		

Electric Company	Account Number	Name on Account
<input type="checkbox"/> AVEC list your account number		

Mandatory – If no AVEC number listed, account will not be credited. Grant Award will be used for fuel only.

Please verify if you would like LIHEAP funding assistance for fuel only, or fuel and electricity assistance.

- Fuel only Both, Fuel & Electricity



SELF EMPLOYED INCOME

If anyone in your household is self-employed (i.e., trapping, arts & crafts, commercially fished, etc.)

Mandatory – You must supply the Energy Assistance Department with the previous year’s tax information.

Person Self-Employed	Type of Business	Income for last 90days	Income Last Year

List all income from other sources:

Type	Verification	Who Received It?	Amount
Social Security (blue / green check)	Certificate of Award		\$
Supplemental Security Income (SSI gold check)	Certificate of Award		\$
Aid to Families of Dependent Children	Verification Amount		\$
Unemployment Insurance	U.I. Determine & Check Stub		\$
Child Support / Alimony	Court Order		\$
Retirement Pension	Award Letter & Check Stub		\$
Veteran’s Benefit	Award Letter		\$
Aid to the Blind	Submit copy of Notice of Act or monthly check stub		\$
Aid to the Permanently Disabled	Same as above		\$
Old Age Assistance	Same as above		\$
Payments from Room / Boarders			\$
Money from Family NOT in your household			\$

*** DO NOT list Alaska Longevity Bonus, Permament Fund Dividends, or ANCSA Payments.**

What was your household’s total gross income for the last 30 days? \$ _____

***Be sure to include proof of ALL INCOME for the past month/30 days with your application.
- Failure will result in delay/denial -**

This box to be completed by ONC Case Worker – Actual Calculation(s) of Income Received:



AGREEMENT

If your household received assistance, you must agree to the statement below. Any member of your household who deliberately breaks any rules and receives benefits to which they are not entitled will be required to repay the benefits and be prosecuted.

*I agree to notify the Orutsararmiut Native Council of any changes in address or number of household members within ten (10) days from the date that I know of the changed.

*I certify that I have checked the information on the application carefully and that it is true and complete statement of facts according to the best of my knowledge and belief.

*I understand that an ONC representative may call at my home, and may contact other people in order to verify my eligibility for assistance. I also understand that computer cross matching with other agencies may verify information I give.

*I authorize the Orutsararmiut Native Council to communicate with vendor(s) and/or other agencies on my behalf as it relates to the Energy Assistance Program.

*I understand that my household can submit only one (1) application for Energy Assistance per year. Furthermore, I certify that this is the only application submitted from or on behalf of my household.

*I understand that I may have to provide documents to prove what I have said. I agree to do this. If documents are not available, I agree to give the name of a person or organization that the office may contact to obtain the necessary proof.

YOUR SIGNATURE -

YOU CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF YOUR KNOWLEDGE. YOU ALSO UNDERSTAND THAT KNOWINGLY REPRESENTING OR WITHHOLDING INFORMATION TO QUALIFY FOR ASSISTANCE IS FRAUD AND MAY RESULT IN MORE THAN \$5,000.00 IN FINES, IMPRISONMENT OF FIVE (5) YEARS OR MORE OR BOTH, AND THAT YOU MUST PAY BACK ANY BENEFITS RECEIVED AS A RESULT OF GIVING FALSE INFORMATION.

All other household members 18 years of age or older will need to sign a release form and/or affidavit of zero income, please see coordinator for additional forms.

Signature of Adult household member (1)

Signature of Adult household member (2)

Print Name of Adult household member (1)

Print Name of Adult household member (2)

Date

Date



ADDITIONAL INFORMATION

LIHEAP ELIGIBILITY

Eligibility for the Energy Assistance Program is based on average **GROSS** monthly income from the previous month. The following chart will help you determine if you should apply:

Household Size	Monthly Gross Income	Household Size	Monthly Gross Income
1	\$ 2,733.00	7	\$ 8,448.00
2	\$ 3,686.00	8	\$ 9,401.00
3	\$ 4,638.00	9	\$10,353.00
4	\$ 5,591.00	10	\$11,306.00
5	\$ 6,543.00	11	\$12,259.00
6	\$ 7,496.00	12	\$13,211.00

IN CASE OF AN EMERGENCY

If you are in danger of running out of fuel, contact the Energy Assistance Program at ONC.

IMPORTANT NOTICE ABOUT YOUR RIGHTS – Any person whose application is denied or not acted upon within reasonable promptness, or whose benefits are reduced or terminated has a right to a hearing.

If you desire a hearing, you may request it by telephone, in person, or in writing the following:

Executive Director
Orutsararmiut Native Council (ONC)
P.O. Box 927
Bethel, Alaska 99559-0927

You must make your request within thirty (30) days after you receive a notice of decision on your EAP case. At your hearing you may represent yourself. Legal counsel, (e.g., Alaska Legal Services), may also represent you, or by another person of your choice (e.g., friend or relative).

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 participation in, be denied the benefits of Federal Assistance.”

If you feel you have been discriminated against, you may file compliant with the Division of Public Assistance or with the United States Department of Health and Human Services.





DECLARATION OF NO INCOME

Every adult over 18 years of age living in the household must read and sign this if not receiving any income
With my signature down below, I do hereby declare that I have not received any income for the past 3
month(s) of:

1. _____ 2. _____ 3. _____

The reason that I have had no income for the months listed above is as follows:

READ BEFORE SIGNING:

Knowingly representing or withholding information to qualify for assistance is Fraud and may result in more than \$5000.00 in fines, imprisonment of five (5) years or both. And you must pay back any benefits received as a result of giving false information.

I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

Print Name

Signature and Date

Print Name

Signature and Date

Print Name

Signature and Date

Witness name

Witness Signature and Date

