Low-Income Home Energy Assistance Program (LIHEAP)

Please complete application and provide required verifying documents to prevent a delay or denial of your application. Only one energy assistance grant is allowed per household in a program year**.** Program year is from October 1, 2018 to September 30, 2019. Benefit payments are made directly to vendors.

Must be a Bethel Resident.

Applicant must provide at least one form of identification from the following list:

Tribal ID/CDIB Card Valid State ID Birth Certificate Social Security Card Other:

All adults 18 and older must provide proof of income for the last 30 days or month.

Current paystubs

Current bank statement

Unemployment Insurance Benefits

Social Security Income/Benefits

Child Support or Alimony Veteran’s benefits

Retirement Pension/Benefits

Permanent Disability

SNAP Benefit Letter

Recent Tax Return

Other:

Unemployed applicants with no income must sign the **Declaration of No Income Form** contained in this application packet.

The documents below are required in order to process your LIHEAP application:

Current AVEC electric bill Current fuel bill Rental agreement, when applicable.

Eligibility for the Energy Assistance and Weatherization Programs are based on **average gross monthly income** from the previous month and the current Federal Poverty Guidelines.  
LIHEAP does not provide services to households who reside in subsidized housing (AHFC, BNC, AVCP Housing).

**Crisis Situations**

Please notify the case manager if you have a shut off notice or have less than 5 gallons of heating fuel, medical and/or life-sustaining equipment in need of electricity, have elders over 60 years of age and/or children under 5 years old living in your household.

**Weatherization**

Please provide as much information of the type of weatherization for which you are applying. If you are asking for repairs or replacement of a boiler, provide us with a brand, part number, pictures, etc. Provide a quote from a licensed and bonded contractor (if available).

Date:

Applicant Name:

Address:

Contact Number:

Email Address:

List all household members. Use back of page if you need more space.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Name** | **Relationship** | **Date of Birth** | **Social Security No.** | **Gender** |
| **1** |  |  |  | xxx-xx- | M F |
| **2** |  |  |  | xxx-xx- | M F |
| **3** |  |  |  | xxx-xx- | M F |
| **4** |  |  |  | xxx-xx- | M F |
| **5** |  |  |  | xxx-xx- | M F |
| **6** |  |  |  | xxx-xx- | M F |
| **7** |  |  |  | xxx-xx- | M F |

**Required Statistics**: Check all that apply.

Age 60 or older

Legal Disability

Receiving Food Stamps

Temporary Assistance for Needy Families

Supplemental Security Income

Military Veteran

Foster Parent

Race and Ethnic Heritage: This information is for use on statistical reports. It will not have an effect on eligibility.

Black Alaska Native Asian or Pacific Islander Hispanic White

**Household Income**: Adults 18 years of age and older must provide proof of income for the past month. If the household does not have income to declare, the **Declaration of No Income Form** must be filled out.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Person Working | Employer & City | Pay Frequency | Weekly Hours | Hourly Wage | Monthly Gross Income |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | Total Monthly Income | | $ |

|  |  |  |
| --- | --- | --- |
| Copy of verification required | Who Received It? | Amount |
| Social Security |  | $ |
| Supplemental Security Income |  | $ |
| TANF |  | $ |
| Unemployment Insurance |  | $ |
| Child Support/Alimony |  | $ |
| Retirement Pension |  | $ |
| Veteran’s Benefit |  | $ |
| Aid to the Blind |  | $ |
| Aid to the Permanently Disabled |  | $ |
| Old Age Assistance |  | $ |
| Payments from Room/Boarders |  | $ |
| Self-Employment |  | $ |
| Foster Parent |  | $ |

**Type of Home**: Own Rent, submit a signed copy of Rental Agreement.

Number of bedrooms: \_\_\_\_\_\_ Dimensions (in square feet): \_\_\_\_\_\_\_\_

Monthly Mortgage/Rent: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you pay to heat your home? No Yes If Yes, submit a copy of your last bill or receipt

Do you pay for electricity?  No  Yes If Yes, submit a copy of your current bill.

If you live in an apartment building, how many apartments are in your building?  1-3  4 +

If you live in Public Housing, please check the type: FHA Rural Rental AHFC HUD

Main source of heat: Fuel/Stove oil  Wood  Electric

**Benefit Distribution Election**

75% Fuel, 25 % Electric  25% Fuel, 75% Electric  50% Fuel, 50% Electric

100% Fuel  100% Electric

**Acknowledgement, Agreements, and Authorization of Release of Information**

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 a complaint with ONC, the Alaska Division of Public Assistance or with the United States Department of Health and Human Services.

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 to the following:

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

You must make your request within thirty (30) days after you receive a notice of decision on your LIHEAP application. At your hearing you may represent yourself, you may choose others to represent you at your own expense.

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 may be subject to prosecution.

I agree to notify ONC within 10 days of any changes in address or number of household members.

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

I understand that an ONC representative may call my home and may contact other entities 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 ONC to communicate with vendors and other agencies on my behalf as it relates to this application for services. A copy of this form is as valid as the original and will not expire.

I understand that my household can submit only one application for Energy Assistance per year. Furthermore, I certify that this is the only application submitted by my household.

I understand that I may have to provide documents to proof of information provided. 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.

Printed Name and Date of Birth Signature Date

**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 below, I do hereby declare that I have not received any income for the past 3 months of:

Month Name:

Month Name:

Month Name:

The reason I have had no income for the months listed above is as follows; how I’ve been able to support myself and my family:

Printed Name and Signature of adult Date

Printed Name and Signature of adult Date

Printed Name and Signature of adult Date

Printed Name and Signature of adult Date

Printed Name and Signature of adult Date