



Application for Heating Assistance

When can I apply?

Applications for Heating Assistance are accepted October 1st through August 31st. If you are legally disabled or age 60 or older, we will accept your application as early as September. The program begins issuing grants on the first working day in November.

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

What are the income guidelines?

Household Size	Gross Income
1.....	\$1,993
2.....	\$2,693
3.....	\$3,393
4.....	\$4,093
5.....	\$4,793
6.....	\$5,493

For each additional household member add \$700

How is the benefit calculated?

Eligibility is not solely based on income. Benefits are calculated using a point system based on: the area of the state where you live, heat 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?

You can mail, drop off, email or fax your application to any Public Assistance office. Office contact information can be found at <http://dhss.alaska.gov/dpa/Pages/contacts.aspx>

Programs

Heating Assistance

Helps households pay a portion of home heating expenses. Households must have at least \$200 in out-of-pocket heating costs and provide receipts for those costs before applying for the program

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.

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 can I check on my application?

You can check to see if we received your application or find out your grant amount by calling our 24-hour information hotline: 1-888-804-6330. You will be asked:

- ✓ Your case number. This number was listed on your Notice of Receipt of Heating Assistance Application.
- ✓ Your security code is the last four digits of your social security number.

Information for the new heating season will not be available on the hotline until the second business day in November. Any information on the hotline before that date is for last year; not for the current year.

How often can I receive Heating Assistance?

You can receive one benefit each season between November 1 and August 31.

Are the benefits sent directly to me?

In most cases, your benefit is paid to your heat vendor and/or electric company and credited to your account.

Can I apply for Heating Assistance if my heat is included in my rent?

If heat is included in your rent, you **may** qualify for Heating Assistance. Please include a copy of your lease and your latest rent payment receipt.

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**. If you live in subsidized housing and pay for your heat, you **may** qualify for heating assistance. If you receive a utility allowance, your benefit will be reduced.

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 we receive 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 B) 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, self-employed, or work a variable schedule, go to Form C or A to determine your income.

Do I report my Permanent Fund Dividend?

PFD income is not counted towards your eligibility for Heating Assistance. However, your Native dividend **may** be counted. Please list them as it helps us understand how you are meeting your expenses.

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

If you have run out of heat 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 meet the expedite criteria, your application will be processed in the date order it was received.

Can I transfer my benefit?

Once you have received your benefit, 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 benefit.

Can I share my benefit?

You cannot sell, barter or share your benefit. The benefit is for your household only. If you are unable to pick up your oil and want to designate another person do to so, you must make that request to the vendor, in writing, stating the date, name of person picking up the fuel, how much fuel is to be picked up, and that the fuel is for your home. Sign the letter. The person picking up fuel must provide ID to prove they are the person you designated.

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How do I avoid delays?

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

- Complete (print carefully), sign and date the application, and send it in immediately.
- Attach copies of pay stubs received in the month before we receive your application for anyone in the household who worked. If you cannot locate all of your pay stubs, have your employer(s) fill out Form B.
- 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 C.
- 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 A, and provide a copy of your most recent income tax return.
- If you live in a trailer or mobile home, list the exterior length and width in question 9.
- If you live on a boat, please provide us with the square footage of your heated living space.
- Provide a copy of your ID (Example: social security card, license, state ID, BIA/Tribal enrollment card, passport)
- Attach copies of your most recent heat **and** 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 benefit 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.

Can I pick my own vendor or do I have to use an approved vendor?

If an approved vendor is in your area, you must choose one of the approved vendors. If your vendor is not approved, forward us their information so we can contact them about becoming an approved vendor.

How do I know if I will receive Heating Assistance from a tribal organization?

Your benefits can be delayed if you apply with the wrong organization. For a list of communities served by tribal organizations please go to our website at: <http://dhss.alaska.gov/dpa/Documents/dpa/programs/hap/FY19-Tribal-Organizations-HAP.pdf> or contact your local tribal organization or the Heating Assistance office.

Can a Fee Agent help me complete my application if I live in rural Alaska?

Yes. Some areas have fee agents to help you complete your application. You do not have to use a fee agent.

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 <https://www.ahfc.us/efficiency/energy-programs/weatherization/> or call:

Phone	Weatherization provider	Service area
800-478-8080 907-452-5323 800-478-7227 907-279-2511	Alaska Community Development Corp. Interior Weatherization RurAL Cap Statewide RurAL Cap Anchorage	Mat-Su, Kenai-Penn, Copper River, Kodiak Interior Alaska Anchorage, Juneau, western and northern Alaska Southeast Alaska except Juneau

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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 a fair hearing. You must request a hearing in writing. Contact any Public Assistance office or write the Heating Assistance Program. Hearing requests must be made within 30 days after you are mailed a notice of a decision on your Heating Assistance case. At the hearing you may represent yourself. You may also be represented by legal counsel (e.g., Alaska Legal Services Corporation) or by another person of your choice.

How are my rights protected?

No person in the United States, on the ground of race, color, national origin, or disability, shall be excluded from participation or be denied the benefits of federal assistance. If you feel you have been discriminated against, you may file a complaint with the Division of Public Assistance or with the United States Department of Health and Human Services.

Do I need to tell you if something changes?

Yes. Not having current information may delay your benefit. **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 Heating Assistance program at 1-800-470-3058.

What happens if I do not follow the rules?

You may be prosecuted if you knowingly give false or incorrect information to try to get heating assistance benefits you are not eligible for, or to help someone else get benefits for which they are not eligible.

It is illegal to sell, barter or trade any heating fuel purchased with heating assistance benefit dollars. If you break these rules, you may be prosecuted and will have to repay the benefits.

Release of Information

Your signature on this application gives the Department of Health and Social Services and the Department of Law permission to ask for:

- o Information about your finances
- o Information about your utility/heating costs and usage and billing history with your utility/heating vendor
- o Information about your citizenship and personal history

This information is only used in the administration of the Heating Assistance program and will not be released to any other person or agency outside of the Department of Health and Social Services except our weatherization partner, Alaska Housing Finance Corporation; or any other agency we are working with on your behalf as it relates to your heating assistance application and benefits including the right to provide verification of your eligibility and participation to agencies administering the CITGO Fuel Program.

The people or organizations that may be contacted include, but are not limited to: heating and electric companies, the Alaska Housing Finance Corporation, Department of Labor and Workforce Development, Department of Law, Department of Military and Veterans Affairs, Department of Corrections, Department of Revenue, U.S. Immigration Services, employers, landlords, Native corporations, private individuals, Social Security Administration, and tax assessors.

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Application for Heating Assistance

1. Which program are you applying for? (Check one program)

- ☐ Heating Assistance to pay 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 requesting expedite processing, available after November 1, and have completed the questions below.
- Are you out of fuel or is your electricity or natural gas service CURRENTLY SHUT OFF? ☐ Yes ☐ No (If No, go to question 2). **If you answered YES you must include proof of your account and vendor with this application.**
 - Do you expect to be out of fuel (oil/propane/wood) **or** to be disconnected from electricity/natural gas within 48 hours? ☐ Yes ☐ No **If YES, you must include a copy of your shut-off notice showing a scheduled disconnect date within 48 hours of today with this application.**
 - Are your costs for rent/mortgage/utilities more than your monthly gross income? ☐ Yes ☐ No **If you answered NO, you DO NOT QUALIFY for expedited processing.** Your application will be processed in the order it was received.
 - Have you included a copy of your shut-off notice? ☐ Yes ☐ No

For more information on eligibility criteria for expedited processing please go to www.heatinghelp.alaska.gov, click on Client Resources and then Emergency Processing Worksheet.

People in Your Household

2. Head of household (Please Print)

Name (First, MI, Last)	Birthdate	Male or Female <input type="checkbox"/> <input type="checkbox"/>	Social Security Number
Mailing Address	City	State	Zip Code
US Citizen or qualified alien <input type="checkbox"/> Yes <input type="checkbox"/> No			
Physical Address	City	State	Zip Code
Daytime Phone	Message and/or Cell Phone		Email (Optional)
Your Ethnicity/Racial Heritage (optional): You may check one or more. American Indian/Alaska Native <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a tribal enrollment card? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> African-American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other			Receive income last month? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please include a copy of a photo ID, Social Security card, BIA card or tribal enrollment card for all adult members of the household.

3. 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	Gender (Male/ Female)	How Related?	Social Security number (Required)	US Citizen or legal alien (Yes/ No)	Ethnicity	Receive income last month?
Example: Joe D Jones	2/10/74	M	Not	###-##-####	Y		N

4. Are there any other persons living with you at this residence who are not listed above? ☐ Yes ☐ No
If Yes, list names of other persons living at this residence and describe how rent and utility expenses are shared.

5. Are you or anyone in your household:

Legally Disabled ☐ Yes ☐ No Age 60 or over ☐ Yes ☐ No Receiving Public Assistance ☐ Yes ☐ No

6. Has anyone in your household applied for Heating Assistance from a tribal/Native organization? ☐ Yes ☐ No
Do you have a tribal enrollment card? ☐ 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

7. Do you rent or own? ☐ Rent ☐ Own

8. 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"/> RV or Boat (you must complete #9 below)	<input type="checkbox"/> Tent*
<input type="checkbox"/> 4 or more units	<input type="checkbox"/> Studio/Efficiency	<input type="checkbox"/> Mobile Home or House Boat (you must complete #9 below)	<input type="checkbox"/> Motel /Hotel/Hostel*
If you live in temporary housing, provide a signed statement from someone proving you lived there for 60 consecutive days.			<input type="checkbox"/> Boarding Home

9. If you live in a RV, mobile home, or boat, what's the length:____ft width:____ft of your fully enclosed heated living space? **Please circle which of these you live in.**

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

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

12. Are your housing costs based on a percentage of your income (subsidized or Section 8)? ☐ Yes ☐ No
If YES, attach a copy of your rental housing worksheet and utility allowance breakdown.

13. We may need to contact your landlord or manager to get information to process your application.

Landlord Name:_____ Address:_____ Daytime Phone:_____

Questions About Your Energy Usage

We must report this information to the federal government in order to secure program funding. Please keep receipts for all your energy purchases to submit with next year's application.

14. 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 _____
15. If you heat with fuel oil, what type of heating system do you have? (Please check one.)
☐ Toyo/Monitor ☐ furnace/boiler system ☐ other _____
16. Did you buy fuel from more than one company this past year? ☐ Yes ☐ No
If yes, please list names of all places you purchased heating fuel from: _____

17. Do you use any other forms of fuel to heat your home? ☐ Yes ☐ No
If yes, what type(s)? _____
18. How much do you spend annually on this(these) secondary energy source(s)? _____
19. Who is/are your vendor(s) for the secondary source? _____
20. If you heat with wood, do you harvest it yourself? ☐ Yes ☐ No
21. How much do you spend on wood annually? _____ How many cords do you burn a season? _____
22. Who pays for your home heat? ☐ Self ☐ Landlord ☐ Other (If other, please explain) _____

If heat is included in your rent, attach a copy of your rental agreement and your most recent rent receipt or a statement from your landlord showing heat is included in your rent.
23. Who pays for your electricity? ☐ Self ☐ Landlord ☐ Other (If other, please explain) _____

24. If you pay both heat and electricity, should part of your grant be sent to your electric account? ☐ Yes ☐ No

Please tell us the name of your heat vendor and electric company

You must use an approved Heating Assistance vendor.

25. _____
Name of Heat Vendor Account Number Name on Account Amount of Current Bill

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

You must attach copies of your most recent heating and electric bill. If you heat with wood, you must attach at least \$200 in vendor receipts for wood purchased to heat your home or receipts for wood cutting supplies such as a saw, chain saw blades, or two-cycle oil if you cut your own wood.

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

28. Do you use air conditioning? ☐ Yes ☐ No If yes, what type? ☐ Window ☐ Central

Income in Your Household

Example of how to report income

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

XYZ company 123 Lane Anchorage, AK 99501				Earnings Statement		
EMPLOYEE NO. 045345	EMPLOYEE NAME JOHN J. DOE	SOCIAL SECURITY NO. xxx-xx-9898	PERIOD BEG. 01/18/2011	PERIOD END 02/01/2011	CHECK DATE 02/04/2011	
EARNINGS	HOURS	RATE	CURRENT AMOUNT	WITHOLDINGS/DEDUCTIONS	CURRENT AMOUNT	YEAR TO DATE
REGULAR PAY	87.60		2307.69	STATE TAX AMT DEFERRED CMP FED TAX AMT HI TAX OASDI	0.00 0.00 281.54 33.46 96.92	0.00 0.00 1126.15 133.85 387.69
CURRENT AMOUNT 2307.69	CURRENT DEDUCTIONS 499.62	NET PAY 1808.08	YTD EARNINGS 9230.77	YTD DEDUCTIONS 1998.46	YTD NET PAY 7232.31	CHECK NO. 48974

29. List all your income from the month prior to the date we receive 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 B) 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're a seasonal worker or self-employed, use Form C or A to determine your monthly income.

Type of Income Codes

AD	Adoption Subsidies	GR	General Relief	SL	Student Loans/Grants
APA	Adult Public Assistance Program	IN	Interest	SSI	Supplemental Security Income
ATAP	Alaska Temporary Assistance	ND	Native Dividends	TI	Tips and Gratuities
BIA	BIA General Assistance	PE	Pension (other than Veteran's benefits)	UI	Unemployment Insurance
BP	Bingo/Pull Tab Winnings	PFD	Permanent Fund Dividend	VB	Veteran's Benefits
CO	Cash Outs of Retirement/Pension	RI	Rental Income	WA	Wages
CS	Child Support and Alimony	SEA	Seasonal Work	WC	Worker's Compensation
DI	Dividends	SE	Self-Employment	TT	Tribal TANF
FLS	Family Support (Please Explain)	SB	Senior Benefits	OT	Other (Please Explain)_____
FC	Foster Care Payments	SSA	Social Security		

Household member	Income Type (See above)	Employer's Name	Employer's Phone Number	Last Month's Gross Income	Last day of work	Weekly? Monthly?
Example: Susan Jones	WA	XYZ Grocery	907-555-5555	800.00	January 31	Weekly

30. Does anyone have income from seasonal/self-employment? (farming, logging, home party sales) ☐ Yes ☐ No
See Form C or A for examples, how to calculate gross income and what to send as proof of income.
31. Does anyone in your house receive rental income from property? ☐ Yes ☐ No
Owner: _____ Monthly Rental Income: _____
32. If your household income doesn't cover basic living expenses, explain how you are paying these costs.
Rent: _____ Utilities: _____ Food: _____

Please Read and Sign the Next Page 

Please Review and Check Boxes

- | | |
|---|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Answer all 33 questions.<input type="checkbox"/> Provide social security numbers, dates of birth, citizenship/ethnicity for each household member.<input type="checkbox"/> Include a copy of your latest home heating and electric bill, or wood vendor receipts. Please include wood vendor receipts showing at least \$200 of out-of-pocket costs.<input type="checkbox"/> Include a copy of your ID. | <ul style="list-style-type: none"><input type="checkbox"/> Include a copy of Power of Attorney (if applicable).<input type="checkbox"/> Include proof of income or have your employer complete Form B or Form C.<input type="checkbox"/> Include a copy of your latest rent receipt and rental agreement if you are renting.<input type="checkbox"/> Sign and date the application with today's date.<input type="checkbox"/> Include a copy of your shut-off notice if you are requesting expedited processing. |
|---|--|

Signature

I, _____ (print name) of _____ (print address) give the
Department of Health and Social Services and the Department of Law permission to ask for:

- Information about my finances as well as the finances of other household members listed on this application.
- Information about my utility/heating costs including usage and billing history with my primary fuel & electric vendors.
- Information about my citizenship and personal history.

I understand:

- That I must notify heating assistance within 10 days if I move or change household members.
- That a Department representative may call my home, and may contact other people in order to verify my eligibility for assistance. I also understand that information I give may be verified by computer cross-matching with other agencies.
- That I must be currently living in the home for which I am applying.

I authorize:

- The Division of Public Assistance to communicate with my vendor(s) and other agencies on my behalf as it relates to the Heating Assistance Program.
- The Alaska Department of Labor to release to the Division of Public Assistance information about my eligibility for unemployment insurance and work history.

I have read the Program Rules, Rights and Responsibilities and the Release of Information sections of the application packet and I understand them, including fraud and penalties, as described in this application.

I certify under penalty of perjury, or of unsworn falsification in violation of AS 11.56.210, that the statements made regarding the persons in my home, including U.S. citizenship or lawful immigrant status, income, and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge.

33. X _____
Signature of Adult listed on Page 1, Question 2 Date Signature of Witness, if signed with an "X"
(Legal guardians provide documentation)

34. X _____
Signature of Other Adult Applicant Date Signature of Witness, if signed with an "X"

Fee Agent and Office Use Only

- ☐ 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.
- ☐ I understand that it is against the law to make false statements and that I am subject to prosecution if I do.
- ☐ I understand that if this application is not complete, I may not be paid.

Date _____ Name _____ Daytime Phone _____
Address: _____

Employment Statement - Form B

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 C

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 Date

Business name (Please Print): _____

Employer Address: _____

Employer Signature (Required): _____ Date: _____

Payroll Contact Number: _____

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

Would You Like to Register to Vote?

You may register to vote in Alaska if:

1. You are a United States citizen.
2. You are a resident of Alaska.
3. You are at least 18 years of age or will be 18 within 90 days of completing the registration application.
4. You are not a convicted felon, unless you have been unconditionally discharged.
5. You are not registered in another state, unless you cancel that registration. (There is an area on the Alaska registration application for you to cancel if needed.)

Important Notices

1. Applying to register or declining to register to vote will not affect the services or the amount of benefits that you will be provided by this agency.
2. If you would like help filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the registration form in private.
3. If you decline to register to vote, your decision will be confidential. If you choose to register to vote, the office at which your voter registration application is submitted will remain confidential and will be used only for your voter registration purposes.
4. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Director of the Division of Elections by calling 907-465-4611, or toll-free at 866-952-8683 or you may write to: Director, Division of Elections, PO Box 110017, Juneau, AK 99811-8569.

If you are not registered where you live now, would you like to apply to register to vote here today?

(Check one)

- ☐ Yes. I would like to register to vote. (Please fill out the attached registration application.)
- ☐ No. I do not want to register to vote.

Note: If you do not check either box, you will be considered to have decided NOT to register to vote at this time.

Name of Applicant

Date

This form will be retained with this agency.

Completed voter registration applications will be mailed to the Division of Elections.

STATE OF ALASKA VOTER REGISTRATION APPLICATION

Refer to instructions on the reverse side for specific information and identification requirements.

Please print clearly in blue or black ink.

1. You MUST complete this section for registration: <input type="checkbox"/> Yes <input type="checkbox"/> No I am a citizen of the United States. <input type="checkbox"/> Yes <input type="checkbox"/> No I am at least 18 years old or will be within 90 days of completing this application. If you checked NO to either question, do not complete this form as you are not eligible to register to vote.			
Last Name	First Name	Middle Initial	Suffix
Former Name: (If your name has changed) _____			
You MUST provide the Alaska residence address where you claim residency. Do not use PO, PSC, HC or RR.			
House No. _____	Street Name _____	Apt No. _____	City _____ <div style="text-align: right;">Alaska State _____</div>
<input type="checkbox"/> Keep my residence address confidential. (Your mailing address in section 5 must be DIFFERENT from your residence address in section 4 to remain confidential.)			
5. Mailing Address: (Address where you receive your mail if different from above) _____ _____ _____		7. <input type="checkbox"/> I am a voter with a disability and would like information on alternative voting methods.	
		8. <input type="checkbox"/> I am interested in serving as an election official. (Provide your phone number and/or email address in section 9.)	
		9. Daytime Phone No.: _____ Evening Phone No.: _____ Email Address: _____	
6. *AK Voter Number: _____ <div style="text-align: center;">(If known)</div>			
10. Identifiers – You MUST provide at least one: *SSN or Last 4 of SSN: _____ / _____ / _____ *Alaska Driver's License or State ID Number _____ <input type="checkbox"/> I have not been issued a Social Security Number, Alaska Driver's License or State ID number.			
11. You MUST provide: *Date of Birth _____ / _____ / _____ <div style="text-align: center;">Month Day Year</div>		12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
13. Political Affiliation For political affiliation choices in Alaska, see instruction number 4 on the reverse side. Write political affiliation: _____			
14 I am registered to vote in another state, cancel my registration in: City: _____ State: _____ County: _____ Zip: _____			
Voter Certificate. Read and Sign: I certify, under penalty of perjury, that the above information I provided on this document is true and correct. I am not registered to vote in another state, or I have provided information to cancel that registration. I further certify that I am a resident of Alaska and I have not been convicted of a felony, or having been so convicted, have been unconditionally discharged from incarceration, probation and/or parole. <u>WARNING:</u> If you provide false information on this application you can be convicted of a misdemeanor AS 15.56.050.			
*SIGNATURE: _____		DATE: _____	
Your signature must be a handwritten signature. A typed or digital signature is not valid.			
Registrar/Agency/Official – Check ID and complete this section			
_____ Registrar Name		OR	_____ Agency Name
_____ Voter No or SSN			_____ NVRA Agency

*Items are kept confidential by the Division of Elections and are not available for public inspection except that confidential addresses may be released to government agencies or during election processes as set out in state law.

State of Alaska - Division of Elections

Voter Registration Application

To register to vote in Alaska you must be a U.S. Citizen, a resident of Alaska, and at least 18 years old or will be 18 years old within 90 days of completing this application.

Initial registration or registration changes must be made at least 30 days prior to an election. Once your application is processed, a notice will be mailed to you within 3 to 4 weeks.

1. When Completing This Application You **MUST** Provide:

- **Alaska Residence Address Where You Claim Residency** – A complete physical residence address in Alaska must be included on your application. The residence address you provide will be used to assign your voter record to a voting district and precinct. Your application will be denied if you do not provide an Alaska residence address or you provide a PO Box, HC No. and Box, PSC Box, Rural Route No., Commercial Address or Mail Stop Address or a residence address outside of Alaska on Line 4 of the application.

If your residence has been assigned a street name and house number, provide this information or indicate exactly where you live such as, highway name and milepost number, boat harbor, pier and slip number, subdivision name with lot and block or trailer park name and space number. If you live in rural Alaska, you may provide the community name as your residence address.

If you have a different mailing address than your residence address, you may choose to keep your residence address confidential. Confidential addresses are not released to the general public, but may be released to government agencies or during election processes as set out in state law.

If you are temporarily out of state and have intent to return, you may maintain your Alaska residence as it appears on your current record. If you provide a new residence address, it must be within Alaska. Active military and military spouses are exempt from intent requirement.

- **Proof of Identity** – Your identity must be verified. If you have been issued a Social Security number, Alaska Driver's License, or Alaska State ID card, you **MUST** provide at least one number on Line 10 of the application. If you have never been issued one of the identification numbers, please indicate so by checking the box on Line 10.
- **Date of Birth** – You **MUST** provide your date of birth.

2. Are you submitting this application by mail, by fax, or email? If so, and if you are not already registered to vote in Alaska, your identity must be verified either at the time you register or the first time you vote. If you would like to ensure that your identity is verified at the time you register, submit a copy of one of the below:

- Current and valid photo identification
- Passport
- Birth certificate
- Driver's license
- State identification card
- Hunting and Fishing license

3. Have you been convicted of a felony? If so, you may register to vote only if you have been unconditionally discharged. Provide a copy of your discharge papers with this application if available.

4. Political Affiliation. Write your political affiliation. Recognized political parties are parties who have gained recognized political party status under Alaska Statute. Political groups are parties who have applied for recognized political party status but have not met the qualifications. Alaska political affiliations are as follows:

Recognized Political Parties:

- Alaska Democratic Party
- Alaska Republican Party
- Alaskan Independence Party

Political Groups:

- Alaska Constitution Party
- Alaska Libertarian Party
- Green Party of Alaska
- Moderate Party of Alaska
- OWL Party

Other:

- Nonpartisan (not affiliated with a political party or group)
- Undeclared (do not wish to declare a political affiliation)

Mail, fax or email (as a PDF, TIFF or JPEG attachment) your completed application to one of the offices listed below:

Region I Elections Office

PO Box 110018
Juneau AK 99811-0018
(907) 465-3021 Telephone
(907) 465-2289 – Fax
Toll Free 1-866-948-8683
electionsr1@alaska.gov

Region II Elections Office

Anchorage Office
2525 Gambell Street Suite 100
Anchorage AK 99503-2838
(907) 522-8683 – Telephone
(907) 522-2341 – Fax
Toll Free 1-866-958-8683
electionsr2a@alaska.gov

Region III Elections Office

675 7th Avenue Suite H3
Fairbanks AK 99701-4542
(907) 451-2835 – Telephone
(907) 451-2832 – Fax
Toll Free 1-866-959-8683
electionsr3@alaska.gov

Region IV Elections Office

PO Box 577
Nome AK 99762-0577
(907) 443-5285 – Telephone
(907) 443-2973 – Fax
Toll Free 1-866-953-8683
electionsr4@alaska.gov

Matanuska-Susitna Office

North Fork Professional Building
1700 E. Bogard Road Suite B102
Wasilla AK 99654-6565
(907) 373-8952 – Telephone
(907) 373-8953 – Fax
Electionsr2m@alaska.gov

Native Language Assistance

Toll Free 1-866-954-8683

Visit our website at: www.elections.alaska.gov

State of Alaska
Dept. of Health & Social Services
Heating Assistance Program - DPA
PO Box 110642
Juneau, Alaska 99811-0642