



# Application for Heating Assistance

## When can I apply?

Applications for Heating Assistance are accepted October 1 through April 30 of each year. 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 November 1.

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.....	\$2,537
2.....	\$3,414
3.....	\$4,292
4.....	\$5,169
5.....	\$6,047
6.....	\$6,924

*For each additional household member add \$877*

## 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?

All Public Assistance offices will accept your application. You can also mail or fax the application to:

Heating Assistance Program  
 400 Willoughby, Suite 301  
 Juneau, AK 99801-1700

In Juneau Fax 465-3319

All other areas toll-free Fax 888-282-3319

## Programs

### 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.

## 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: Anchorage 269-5777 or all other areas toll free 1-888-804-6330. You will be asked:

- ✓ The social security number of the person listed on page 1, question 2, of your application;
- ✓ Your security code is the last four digits of the phone number listed on page 1, question 2, of your application. If there is not a daytime phone listed, use message or cell number.
- ✓ If you did not list any phone numbers, your security code will be the 4 digit birth year of the person listed on page 1, question 2 of your application.
- ✓ For your records, write your security code here \_\_\_\_\_.

## How often can I receive Heating Assistance?

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

## Are the grants sent directly to me?

In most cases, your grant is paid to your fuel vendor and/or electric company.

## 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 (SHRUD):** 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 SHRUD 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 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 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.

## Do I report my Permanent Fund Dividend?

PFD income is not counted towards your eligibility for Heating Assistance. However, list it as it helps us understand how you are meeting your expenses.

## 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 issued 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 more, 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.**

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

For a list of communities served by tribal organizations go to:

<http://www.hss.state.ak.us/dpa/programs/hap/tribal.html> or contact your local tribal organization or the Heating Assistance office. It can delay your benefits if you apply with the wrong organization.

Tribal organizations providing Heating Assistance are:

- Aleutian/Pribilof Islands Association - 276-2700
- Association of Village Council Presidents - 543-3521
- Kenaitze Indian Tribe I.R.A. - 283-3633
- Kuskokwim Native Association - 675-4384
- Orutsarmiut Native Council - 543-2608
- Seldovia Indian Tribe - 234-7898
- Tanana Chiefs Conference - 452-8251
- Tlingit - Haida Regional Housing Authority - 780-6868
- Yakutat Tlingit Tribe – 784-3238 ext 235

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

**No. You cannot receive Heating Assistance from the state and a tribal organization.**

## 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 <http://www.ahfc.state.ak.us/grants/weatherization.cfm> or call:

Phone	Weatherization provider	Service area
907-343-4881 800-478-8080	Municipality of Anchorage Alaska Community Development Corporation	Anchorage Mat-Su, Kenai-Pen, Copper River, Kodiak, Bristol Bay, Aleutians, Southeast Alaska except Juneau
800-478-5323 800-478-7227	Interior Weatherization RurAL Cap	Interior Alaska Juneau, western and northern Alaska

**Read and Keep this Page**

# 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 may request a hearing by telephone, in person, or 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 benefits. **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 office: in Juneau 465-3058, all other areas toll free 1-800-470-3058 or email at [liheap@alaska.gov](mailto:liheap@alaska.gov).

## What happens if I do not follow the rules?

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

# 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 information about your finances, family 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. The Release of Information will be in effect while you are an applicant or recipient of Heating Assistance and for any later investigations of your eligibility and receipt of benefits.

The people or organizations that may be contacted include, but are not limited to: fuel 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 Revenue, U.S. Immigration Services, employers, landlords, Native corporations, private individuals, Social Security Administration, and tax assessors.

**Filing Deadline: April 30**

Office Use Only

Date Received

# Application for Heating Assistance

## 1. 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).

## 2. Who are you? (Please Print)

Name (First, MI, Last)	Birthdate	Male or Female <input type="checkbox"/> Male <input type="checkbox"/> Female	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. Are you Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> African-American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other			

## People in your 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	Relation (NR= Not Related)	Social Security Number	US Citizen or qualified alien (Yes/ No)	Receive income last month?
<b>Example: Joe D Jones</b>	<b>2/10/74</b>	<b>NR</b>	<b>555-55-5555</b>	<b>Y</b>	<b>N</b>

4. 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. \_\_\_\_\_

5. Are you or anyone in your household:  
 Legally Disabled  Yes  No    Age 60 or over  Yes  No    Receiving Public Assistance  Yes  No

6. Have you or any of the adults in your household applied for Heating Assistance from a tribal or Native organization in your area?  Yes  No    If "Yes," stop here. You cannot receive Heating Assistance from both the State of Alaska and a tribal or Native organization.

# Income in your household

## Example of how to report income

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

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

7. 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 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 above)	Gross Income	Form of Proof	Last day of work	Weekly? Monthly?
<b>Example: Susan Jones</b>	<b>WA</b>	<b>800.00</b>	<b>Pay stubs</b>	<b>January 31</b>	<b>Weekly</b>

Employer Name \_\_\_\_\_ Phone Number \_\_\_\_\_

8. 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.

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

Owner: \_\_\_\_\_ Monthly Rental Income: \_\_\_\_\_

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

Rent: \_\_\_\_\_

Utilities: \_\_\_\_\_

Food: \_\_\_\_\_

# Questions about your residence

11. What kind of housing do you live in? Check the box that applies

<input type="checkbox"/> 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 more)	<input type="checkbox"/> Motel /Hotel/Hostel*

\*If you live in temporary housing, provide a statement from someone who can prove you have lived there for 60 days.

Boarding Home\*

12. If you live in a trailer or mobile home 35 feet or more, what is the exterior length:\_\_\_\_ft and width:\_\_\_\_ft

13. How many bedrooms are in your home? (A loft counts as one bedroom) \_\_\_\_\_

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

15. 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.

16. 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

17. 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\_\_\_\_\_

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

19. Who pays for your home heat?  Self  Landlord  Other (If other, please explain) \_\_\_\_\_

20. Who pays for your electricity?  Self  Landlord  Other (If other, please explain) \_\_\_\_\_

21. If you pay both heat and electricity, would you like part of your grant sent to your electric account?  Yes  No

•**Attach copies of your most recent fuel, electricity bill(s), 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

22. \_\_\_\_\_  
Name of Fuel Company                      Account Number                      Name on Bill                      Amount of Current Bill

23. \_\_\_\_\_  
Name of Electric Company                      Account Number                      Name on Bill                      Amount of Current Bill

24. If your account for fuel or electric is in someone else's name, please explain \_\_\_\_\_

# Signature

## Statement of Truth

To receive assistance, you must agree to all of the statements below and sign this form.

- I understand that I must notify heating assistance within 10 days if I move or change household members.
- I understand that a Department representative may call at 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.
- I authorize the Alaska Department of Labor to release to the Division of Public Assistance information about my eligibility for unemployment insurance and work history.
- 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.
- I understand that I must live in the home for which I am applying.
- I have read the Rights and Responsibilities and the Release of Information sections of the application 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 AS11.56.210, that the statements made regarding the persons in my home and the income and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge.**

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

26. X \_\_\_\_\_  
Signature of Other Adult Applicant      Date      Signature of Witness, if signed with an "X"

## Did you remember?

- Answer all 26 questions
- 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
- Read the agreement above
- Sign and date the application with today's date

### Fee Agent and Office Use Only

- I have completed the Fee Agent Interview Report form.
- 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 \_\_\_\_\_ Print Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address: \_\_\_\_\_

Address \_\_\_\_\_



# Employment Statement - Form A

State of Alaska  
Heating Assistance Program  
400 Willoughby, Suite 301  
Juneau, Alaska 99801-1700

In Juneau Phone 465-3058  
All other areas toll-free Phone 1-800- 470-3058  
In Juneau Fax 465-3319  
All other areas toll-free Fax 1-888-282-3319  
Email: liheap@alaska.gov

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): \_\_\_\_\_

Payroll Contact Number: \_\_\_\_\_

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

# Seasonal Work Statement - Form B

State of Alaska  
 Heating Assistance Program  
 400 Willoughby, Suite 301  
 Juneau, Alaska 99801-1700

In Juneau Phone 465-3058, all other areas toll-free Phone 1-800- 470-3058  
 In Juneau Fax 465-3319, all other areas toll-free Fax 1-888-282-3319  
 Email: liheap@alaska.gov

**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 self-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 \*\*\*\***



State of Alaska  
Dept. of Health & Social Services  
Heating Assistance Program - DPA  
400 Willoughby, Suite 301  
Juneau, Alaska 99801-1700