



****ONE TIME PER YEAR****
OCTOBER 1, 2009 - SEPTEMBER 30, 2010
 Contingent upon availability of funds

REVISED 06/28/10 NO AKHAP

Heating Assistance Program

DOCUMENTATION TO BRING

- Recent copies of Utility Bills
- Proof of Present Address (lease, deed, receipt)
- Bank Statement
- Certificate of Degree of Indian Blood or Tribal Card or letter from a Federally Recognized Tribe
- Income (Social Security, Unemployment, Disability, Etc)
- **ALL INCOME MUST BE REPORTED**
- Paystub (Recent stub that shows gross)
- Shut off Notice (if applicable)
- Proof of Total Members in the Household (Birth certificates, school records, etc.)
- Social Security Cards or numbers

Family Size	Gross Income
1	\$1,619.00
2	\$2,276.00
3	\$2,861.00
4	\$3,446.00
5	\$4,031.00
6	\$4,616.00
7	\$5,201.00
8	\$5,786.00

Gross Income: An individual's total personal income before taking taxes or deductions into account.

ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED

Documentation from prior applications will not be used to process your application for the new program year.

If you have any questions, please call 283-3633 ext. 273. Kenaitze Indian Tribe is open Monday through Friday, from 8:00 am – 12:00 pm & 1:00 pm – 5:00 pm. Applications can be mailed, faxed, or available on the web @ www.kenaitze.org under the Social Services link. Please call and schedule an appointment.

Sincerely,

Roberta Turner, LIHEAP Coordinator
socialservices@kenaitze.org

Kenaitze Indian Tribe
P.O. Box 988
Kenai, AK 99611
907-283-3633
907-283-3052 Fax
www.kenaitze.org Website



Energy Assistance Application

GENERAL

Last name	First	MI	Date received
Date of Birth	Social Security Number	Phone number	
Mailing address		City	State Zip
Physical address		City	State Zip
Racial Heritage (optional): You may check one or more			
<input type="checkbox"/> American Indian		<input type="checkbox"/> Alaska Native	
<input type="checkbox"/> Caucasian		<input type="checkbox"/> African-American	
<input type="checkbox"/> Asian		<input type="checkbox"/> Other: _____	
Have you or any adult in your household applied for Heating Assistance from the State of Alaska? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" you cannot receive Heating Assistance from both a Tribal or Native organization and the State of Alaska.			
Are you or anyone in your household (mark all that apply)			
<input type="checkbox"/> 60 years or older		<input type="checkbox"/> Child 6 or under	
<input type="checkbox"/> Disabled		<input type="checkbox"/> Child 5 or under	
<input type="checkbox"/> Food Stamps or Public Assistance		<input type="checkbox"/> Child 2 or under	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Child 3 – 5 years	

HOUSING INFORMATION (if you need more space, attach another sheet of paper)

Name (First, MI, Last)	Relation (to self)	Social Security Number	DOB	AGE

Do you share your home with roommates? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____	
Do you live in a: <input type="checkbox"/> House <input type="checkbox"/> Apt. <input type="checkbox"/> Duplex <input type="checkbox"/> Trailer <input type="checkbox"/> Other_____	
Do you live in: <input type="checkbox"/> N/A <input type="checkbox"/> SEC 8 <input type="checkbox"/> HUD housing <input type="checkbox"/> Tribal housing	
Are you a: <input type="checkbox"/> N/A <input type="checkbox"/> Roomer <input type="checkbox"/> Boarder If so, where:_____	
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Rent	How many apartments are in your building?
If renting, name of your Landlord_____ Phone #_____	
Address of Landlord_____	
How many stories (levels) is your house?	How many bedrooms?
	How many bathrooms?
Do you have a (mark all that apply): <input type="checkbox"/> Kitchen <input type="checkbox"/> Living rm <input type="checkbox"/> Dining rm <input type="checkbox"/> Garage <input type="checkbox"/> Den	
Please provide the dimensions for all that apply: ** Cannot process without Trailer/Cabin dimensions**	
Trailer_____	
Lean to_____	
Cabin_____	

ENERGY INFORMATION

Have you ever received energy assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when, where? _____	
How is your home heated: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Propane	
Are energy utilities included in your rent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part, how much_____	
Name of electric company_____	Account #_____
What name is on the bill?_____	Shut off notice: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of your gas dealer_____	Account #_____
What name is on the bill?_____	Shut off notice: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of fuel/stove oil dealer_____	Account #_____
What name is on the bill?_____	Shut off notice: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of your propane dealer_____	Account #_____
What name is on the bill?_____	Shut off notice: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of your wood dealer_____	Phone #_____
Address of wood dealer_____	
How much per winter?_____	

INCOME **ALL INCOME MUST BE REPORTED**

What is your occupation? _____

Proof must be provided for all persons in the household. This includes all income received **thirty days (30)** prior to application. Proof includes: bank statements, paycheck stubs, fishing statements, letters of determinations, federal or state entities, computer print-outs from the Division of Social Services, etc. Tax return if self employed.

If you have no income, make a written statement as to how you survive, support yourself, your family and how you have existed. This will be considered your income statement. Use the Comments section provided on the next page. **If you do not include proof of your income or write an income statement, you application will be returned to you.**

Person working	Employer	Dates of employment	Gross mo. income
			\$
			\$
			\$
			\$

Income type	Who received it	Amount
Civil Service retirement check		\$
Government/Other retirement checks		\$
Money from roomers or boarders		\$
Alimony		\$
Child support or Adoption Subsidy		\$
Social Security payments		\$
Food stamps		\$
GR – General relief		\$
AB – Aid to the Blind		\$
SSI – Supplemental Secondary Income		\$
Disabled Veterans benefits		\$
Federal/State Survivor benefits		\$
ATAP – Alaska Temporary Assistance Program		\$
OAA – Old Age Assistance		\$
APD – Aid to Permanently Disabled		\$
Unemployment Insurance		\$
Workers Compensation		\$
Scholarships or grants for education		\$
Longevity benefits		\$
Other		
TOTAL		\$

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Comments:

I understand that it is against the law to make false statements on this application. I agree to notify KIT/LIHEAP within ten (10) days of any changes in my circumstances (i.e. loss of job, change of residence, or family size). Failure to do so may cause me to be dropped from the program.

Notice of Right to appeal: Any person whose application is denied or not acted upon with reasonable promptness, or whose benefits are reduced or terminated, has the right to a fair hearing. It is the policy of the Kenaitze Indian Tribe (KIT) that its customers have certain rights and responsibilities, including the right to file a complaint. It is the policy of KIT that customers are entitled to be informed of their rights and responsibilities and to a timely and orderly resolution to their complaints. Such complaints may pertain to but not be limited to (a) eligibility (b) staff conduct, (c) quality of care, (d), access to services, and (e) confidentiality. KIT will make every effort to resolve the complaint within a reasonable time frame and in accordance with Tribal, State, or Federal Law.

****Grants are based on Family Size, Income and Dwelling Type****

Applicant signature

Date

Fee agent/Witness signature

Date

Authorization for Release of Information
Required for all household members 18 and older

I, _____, residing at (address)_____

do hereby authorize the release of information requested by the Kenaitze Indian Tribe Energy Assistance Program. The requested information shall be used solely in the administration of Energy Assistance and will not be released to any other person or agency outside the Energy Assistance Program or its agents. I hereby authorize the Kenaitze Indian Tribe to obtain and exchange *information related to my applications to participate in their programs, specifically to verify my receipt of benefits and payments.* This release of information *shall be in effect while I'm an applicant or recipient of Energy Assistance, and for any later investigation pertaining to my eligibility and receipt of Energy Assistance benefits.*

Persons or organizations that may be contacted include, but are not limited to: the Department of Public Assistance, Department of Law, the Department of Public Safety, the Department of Fish & Game, the Department of Labor and Workforce Development, the Department of Military Affairs, Alaska State Housing Authority, Social Security Administration, local and tribal governments, public assistance program contractors and grantees, health care providers, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, school authorities, private individuals and all departments and programs within and administered by the Kenaitze Indian Tribe.

A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL

Applicant Signature

Signature of Witness if signed with an 'X'

Printed Name of Applicant

Printed Name of Witness

Social Security Number

Date

Date

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Applicant Signature

Signature of Witness if signed with an 'X'

Printed Name of Applicant

Printed Name of Witness

Social Security Number

Date

Date

Name: _____ Application Date: _____

OFFICE USE ONLY

<u>Type of Assistance</u>	<u>Total Dollars Awarded</u>	<u>Number of Assisted Households</u>	<u>151% - 175%</u>	<u>176% - 200%</u>	<u>201% - 225%</u>	<u>Income Data Unavailable</u>	<u>60 years or older</u>	<u>Disabled</u>	<u>Age 5 years or under</u>	<u>Age 2 years or under</u>	<u>Age 3 years to 5 years</u>
Heating											
Winter/Yr Round Crisis											
Other Crisis (specify)											

FOR OFFICE USE ONLY:

- Low Income Home Energy Assistance – LIHEAP
- Alaska Heating Assistance Program – AKHAP
Division of Alaska Department of Health and Social Services
- APPROVED (GRANT AMOUNT) \$** _____

DENIED (REASON)

DATA ENTERED: _____