



Heating Assistance Program

Kenaitze Indian Tribe
PO BOX 988, Kenai, AK 99611
907-283-3633 ph/907-283-3052 Fax
www.kenaitze.org

October 01, 2010-September 30, 2011
Contingent upon availability of funds

I understand that it is against the law to make false statements on this application. I agree to notify Kenaitze Indian Tribe/LIHEAP within (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.

STOP Fraud and Abuse:

- Prevention – addressing opportunities for improper program administration and use.
- Detection – implementing measures to identify and mitigate opportunities for improper program use or implementation that are regularly applied to program operations.
- Correction – executing immediate action to make program repairs if program integrity has been compromised.
- Prosecution – reporting of abuses to law enforcement officials.

Gross Income: An Individual's total personal income before taking taxes or deductions into account.	Family Size	Gross Income
	1	\$2,537.00
	2	\$3,414.00
	3	\$4,292.00
	4	\$5,169.00
	5	\$6,047.00
	6	\$6,924.00
	7	\$7,802.00
	8	\$8,679.00

Roberta Turner, LIHEAP Coordinator
socialservics@kenaitze.org

What do I need to bring?

- | | |
|--|--|
| <input type="checkbox"/> Utility Bills (recent copies) | <input type="checkbox"/> Proof of Present Address (lease, deed, receipt) |
| <input type="checkbox"/> CDIB or Tribal Card | <input type="checkbox"/> Shut off Notice if Applicable |
| <input type="checkbox"/> ID for all adult's | <input type="checkbox"/> Proof of total members in the Household |

ALL INCOME MUST BE REPORTED: (Social Security, Unemployment, Disability, Wages (paystubs), Adoption Subsidy, Foster Care Payments, Alimony, Annuity, Retirement, Pension, Workman's Compensation, etc.)

ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED

****Documentation from prior applications will not be used****

Low-Income Home Energy Assistance Program – LIHEAP

Applicant: Last name	First	MI	Sex: M / F	Date
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Date of Birth	Social Security Number	Phone number/Other Phone /
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Mailing address	City	State	Zip
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Physical address	City	State	Zip
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Have you or any adult in your household applied for Heating Assistance with the State of Alaska? YES NO

If "Yes" you cannot receive Heating Assistance from both Tribal or Native Organization and the State of Alaska

HOUSEHOLD MEMBERS

Name (First, M, Last)	Relation (to self)	Social Security #	DOB	Age	Sex (circle)
					M / F
					M / F
					M / F
					M / F
					M / F
					M / F
					M / F
					M / F

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"/> American Indian	<input type="checkbox"/> Alaska Native
<input type="checkbox"/> Disabled	<input type="checkbox"/> Child 5 or under	<input type="checkbox"/> Caucasian	<input type="checkbox"/> African/American
<input type="checkbox"/> Food Stamps/Public Assistance	<input type="checkbox"/> Child 2 or under	<input type="checkbox"/> Asian	<input type="checkbox"/> Other
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Child 3 to 5		

Do you share your home with roommates? YES NO If yes, how many _____

Do you live in a: House Apt. Duplex Trailer Other: _____ How many bedrooms? _____

****Cannot process without Trailer/Cabin Dimensions**** Trailer: _____ X _____ Lean to: _____ X _____ Cabin: _____ X _____

Do you: Own Buying Renting

Landlord Name/Address/Phone: _____ / _____ / _____

Have you ever received energy assistance? YES NO If so, when, where? _____

How is your home heated? Electric Gas Oil Wood Propane

Are Energy Utilities included in your rent? YES NO Part, How much: _____

Electric Company: _____ **Account Number:** _____ **Shut off:** Y N

Gas Company: _____ **Account Number:** _____ **Shut off:** Y N

Oil Company: _____ **Account Number:** _____ **Shut off:** Y N

Propane Company: _____ **Account Number:** _____ **Shut off:** Y N

Wood Dealer: _____ **Phone Number:** _____ **Shut off:** Y N

WHOSE NAME IS ON THE BILL? _____

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.

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

Income type	Who received it	Amount
Alimony		\$
Annuity		\$
Foster Care Payments		\$
General Assistance (Native Organizations)		\$
Interest/Dividends from Savings/investments		\$
Military Benefits		\$
Pension/Retirement Benefits		\$
Public Assistance		\$
Self-employment		\$
Social Security		\$
Subsidized Adoption Payments		\$
Unemployment		\$
Veteran's Benefits		\$
Wages (paystubs)		\$
Worker Compensation		\$
OTHER:		\$
OTHER:		\$
OTHER:		\$
TOTAL		\$

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, your application will be returned to you.

Comments:

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.

Declarations:

- ❖ Was informed on all eligibility requirements
- ❖ Was informed of time periods by which the application is processed and notification is to be sent to the household
- ❖ Was informed of the right to appeal eligibility determinations, payment amounts or tribes failure to act on the application with reasonable promptness.
- ❖ Was informed of the appeal procedure
- ❖ Was informed for the penalty of fraud
- ❖ Understood the questions on the application
- ❖ Will notify LIHEAP coordinator of changes in information, such as moving to a new house, changing vendor, changing fuel type, etc.

By signing the application you certify that the information is true and complete.

Applicant 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

Printed Name of Applicant

Social Security Number

Signature of Applicant

Date