



Kenaitze Indian Tribe

Na'ini Family and Social Services

1001 Mission Ave / P.O. Box 988 Kenai, AK 99611

Phone: 907.335.7600 | Fax: 907.202.8359

✉ socialservices@kenaitze.org | 🌐 www.kenaitze.org

Kenaitze Indian Tribe is an alcohol free, drug free, healthy, and safe environment

ENERGY ASSISTANCE 2019-2020

Yes **No** Have you or any of the adults in your household applied for Heating Assistance from the State of Alaska? If yes, please stop here (ask for assistance).

The Kenaitze Indian Tribe's Energy Assistance Program is to assist low to moderate income individuals or families with heating costs.

Family Size	Net Income	You are eligible if you meet the following requirements:
1	\$1,950	<ul style="list-style-type: none"> ❖ Alaska Native / American Indian and enrolled in a Federally Recognized Tribe or have a Certificate of Degree of Indian Blood ❖ Reside within Service area (Cooper Landing, Kasilof, Kenai, Sterling, Soldotna, and Nikiski) ❖ Net Income: An individual's total personal income after taking taxes or deductions into account ❖ Incomplete Applications will NOT be processed ❖ Process can take up to 30 days
2	\$2,641	
3	\$3,333	
4	\$4,024	
5	\$4,715	
6	\$5,406	
7	\$6,098	

EMAIL: socialservices@kenaitze.org

Please bring the following with you:

- ___ ID card for all adults
- ___ Social Security Cards (ALL MEMBERS)
- ___ Proof of total members in household (birth certs, school records, ATAP printout)
- ___ Certificate of Degree of Indian Blood (CDIB)/Tribal Card or letter from federally recognized tribe.
- ___ ALL INCOME MUST BE REPORTED: ALL INCOME regardless of source – Social Security Benefits Award letter/or the last 3 months of Bank Statements/Seasonal Work – **BANK STATEMENT** 30 days or month prior - ****Attach verification****
- ___ Lease Agreement/ Rental Agreement (If applies)
- ___ Utility Bills (recent)
- ___ Signed Release of Information (ROI) (ALL MEMBERS)



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Energy Assistance 2019-2020

****DO NOT LEAVE ANY SPACES BLANK, IF NOT APPLICABLE – WRITE N/A****

Mailing Address:	City / State:	Zip:	Home / Cell Phone:
Physical Address:	City / State:	Zip:	Message Phone:

AKN = Alaska Native

AI = American Indian

All Household Members (First, MI, Last)	Relationship	Age	Sex (M/F)	Social Security #	Birth Date	AKN/ AI	Office Use	
							ID	SS
	SELF					Y \ N	✓	
						Y \ N		
						Y \ N		
						Y \ N		
						Y \ N		
						Y \ N		
						Y \ N		
						Y \ N		
						Y \ N		

Housing Information:

Renting \$_____ Own \$_____ Buying \$_____

How Many Bedrooms?

Household Composition: # of Adults _____ # of Children _____

Elderly (55+): **Y N** Disabled: **Y N** Child 6 or under: **Y N**

Dwelling Type:

- | | |
|---|---|
| <input type="checkbox"/> House / Cabin
<input type="checkbox"/> Boat
<input type="checkbox"/> Studio
<input type="checkbox"/> RV/Pick up Camper / Tent
<input type="checkbox"/> One bedroom dwelling
<input type="checkbox"/> Other: | <input type="checkbox"/> Trailer (Dimensions _____ X _____ = _____ sq. ft.)
<input type="checkbox"/> Duplex
<input type="checkbox"/> Triplex
<input type="checkbox"/> Apartment 4 or more units –
How many apartments are in your building complex? _____ |
|---|---|

Name of **main heating** vendor _____ Account # _____

What name is on the bill? _____ Shut off notice: Yes No

NOTICE: The customer receiving the grant must be the customer on the gas account (no roommates, landlords, or other party)

Name of **electricity** vendor _____ Account # _____

What name is on the bill? _____ Shut off notice: Yes No



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ATTACH VERIFICATION

<u>Person Working</u>	<u>Employer</u>	<u>How often are you paid?</u>	<u>Monthly Amount - Net</u>
			\$
			\$
<u>Income Type</u>			
<u>Income Type</u>	<u>Who Receives it</u>	<u>Monthly Amount - Net</u>	
**Adoption Subsidy		\$	
**Alaska Permanent Fund Dividend - AK PFD		\$	
**Alimony		\$	
Adult Public Assistance – APA		\$	
Alaska Temporary Assistance Program - ATAP		\$	
Bingo or Pull Tab Winnings		\$	
Checking Account		\$	
Child Support		\$	
Disabled Insurance		\$	
**Disabled Veterans Benefits		\$	
Federal / State Survivor Benefits		\$	
**Food Stamps		\$	
**Foster Care Payments		\$	
General Assistance - GA		\$	
Government / Other Retirement Checks		\$	
General Relief – GR		\$	
Individual Indian Money – IIM		\$	
Longevity Benefits		\$	
Medicare / Medicaid		\$	
Money from Roomers or Boarders		\$	
**Native Dividends - # of Shares:		\$	
**Native Dividends – Corporation Name:			
Pension		\$	
Retirement		\$	
Savings Account		\$	
Seasonal Employment		\$	
Self-Employment (Request Paperwork)		\$	
Social Security – SSA – Excluding Medicare		\$	
Supplemental Secondary Income – SSI		\$	
Student Loans / Grants / Scholarships		\$	
Temporary Asst. for Needy Families – TANF		\$	
Tips or Gratuities		\$	
Unemployment Insurance		\$	
Workers Compensation		\$	
**Work Force Innovative Opportunities Act		\$	
Other		\$	
** Excluded income – still report for application purposes		\$	
Total		\$	



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Program Certifications

APPLICATION CERTIFICATION LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP):

I/We 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.

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 Tribe that its un'ina have certain rights and responsibilities, including the right to file a complaint or comment. It is the policy of the Tribe that un'ina 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. The Tribe will acknowledge the complaint within three business days, and in accordance with applicable Tribal, State, or Federal Law.

Income: includes but not limited to pay stub (s), social security award letter, bank statement, tax statement, zero income statement, and/or unemployment insurance letter. Income is calculated the month prior or 30 days prior to the date of the application and/or the most recent award letter or paystubs. Paystubs for working individuals/families. Social Security benefits can be verified by the award letter or bank statement. Household members who do not have income will either sign a no income statement or a self-certification statement. A release of information can be used to obtain income for internal/external agencies. For self-employed household members, previous year tax return or a self-employment worksheet will be filled out and used to calculate income as follows: collect 3 months of income statements add together for a total and divide the total by 3 to obtain a monthly average. For seasonally employed applicants: a seasonal employment form will be completed showing annual seasonal income. Annual seasonal income will be divided by 12 (months) to determine a monthly average/wage/income. Income calculated for everyone over the age of 18.

Notice of Action: If the application is approved the Notice of Action is faxed, emailed or in the event of crisis or emergency phoned in directly to the vendor. The same notice is sent to the client. The notice includes the client address, amount, vendor, and account number (if applicable), as some are cash account status only mainly for oil and propane vendors.

If the application is denied only the client is notified with an explanation as to why it was denied. If the application was denied they are welcome to reapply if their circumstances change. A copy of the Notice of Action is maintained in the client file.

I authorize Kenaitze Indian Tribe social services to exchange my information to my utility vendor for coordination of services

Please note the State of Alaska Eligibility Information System (EIS) is accessed to verify certain contents disclosed in your Energy Assistance Program application.

Un'ina Signature:

Date:



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Consent for Release of Confidential Information

(Required for all household members 18 and older)

I, _____, authorize the mutual exchange of information and communication for:

Myself – Social Security Number _____ - _____ - _____

My child _____ (Child Legal Name)

As Legal Guardian / Power of Attorney on Behalf of: _____

Between Na'ini Social Services Programs with Kenaitze Indian Tribe and

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, Utility Vendors, Native corporations, Stock Brokerage Firms, Landlords, Employers, School Authorities, private individuals and all departments and programs within and administered by the Kenaitze Indian Tribe.

I authorize the communication to be exchanged in writing, verbally, electronically, and / or other to manage by plan. **Check** each type of information you would like to be disclosed.

_____ History

_____ Lease / rental agreement

_____ Income statement

_____ Treatment plan / case plan

_____ Financial statement

_____ Certificate of birth / death

_____ School records / performance

_____ Medical records

_____ Verification of Indian Ancestry (CDIB or Tribal Card)

_____ Verification of Native Dividends

_____ Other (Specify):

The above information is to be exchanged for the purpose of: **Coordination of Services**

I understand that some of my records are protected under the federal regulations governing Confidentiality of Protected Health Information (HIPAA and 42 CFR, Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent expires:

_____ One year from date signed, or:

Un'ina Signature:

Date: