

Application for Heating Assistance

When can I apply?

Applications for Heating Assistance are accepted October 1st, 2023 through September 30th, 2024. If you are disabled, age 60 or older or have children under the age of 6, your application will be expedited when received for the benefit year.

What are the income guidelines?

Household Size	Monthly Income
1.....	\$2,917
2.....	\$3,815
3.....	\$4,713
4.....	\$5,611
5.....	\$6,508
6.....	\$7,406
7.....	\$7,575
8.....	\$7,743

For each additional person, add \$168

How do I apply?

After completing your application and receiving a signature from the Tribal Authorized Signer for your Village, applications can be mailed, emailed or faxed to Tanana Chiefs Conference ATTN: Energy Assistance.

Email: energyassist@tananachiefs.org

Fax: (907) 459-3870

Address: 122 1st Ave, Suite 600, Fairbanks, Alaska 99701
ATTN: Energy Assistance

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 you are in danger of running out of heating fuel or wood, contact your Tribal Authorized Signer to complete the emergency heating assistance process.

Programs

Heating Assistance

Helps supplement home heating expenses for wood and oil or provide wood harvesting supplies to self-wood harvesters.

Weatherization

Helps cover the costs of materials for home owners to reduce their energy bills by making their homes more energy efficient. Services may include upgrades and repairs to home heating appliances, windows, doors, hot water heaters, insulation and sealant, replacement or repair of fuel tanks and stands, energy related roof repair, major appliance repair or replacement, LED lighting and home winterization materials.

Application Process

- 1.) Complete application, gather backup documentation and have a Tribal Authorized Signer certify the application
- 2.) Submit application to Tanana Chiefs Conference Energy Assistance
- 3.) You and Tribal Authorized Signer will be notified that your application has been received
- 4.) If additional information is needed, you and your Tribal Authorized Signer will be contacted by phone and mail
- 5.) A decision will be made within 45 days of receipt of your application
- 6.) If approved, your vendor will be paid directly. You, your vendor and your Council will be informed of your award amount.
- 7.) You can check the status of your application with your Tribal Authorized Signer or by emailing energyassist@tananachiefs.org



ENERGY ASSISTANCE APPLICATION FOR SERVICES

DATE RECEIVED BY TCC:

Beneficiary Information

First Name	Middle	Last	III, Jr., Sr.
Maiden Name or other names used		Regional Corporation	
Mailing Address	City	State	Zip
Physical Address	City	State	Zip
Home Phone	Message Phone	Cell Phone	E-Mail
How long has beneficiary lived at the above physical address? ____ Years ____ Months	Beneficiary Income for last 12 months \$ _____ Are you a Veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you within 48 hours of running out of fuel? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Is the beneficiary 18 years of age or older and still living with parents, or guardians AND claimed on their income tax return last year? <input type="checkbox"/> YES <input type="checkbox"/> NO			

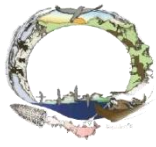
List all additional people who live in Beneficiary's household

First Name	Last Name	Relationship to Beneficiary	Birth Date	SSN	Marital Status (see codes below)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Disabled: <input type="checkbox"/> YES <input type="checkbox"/> NO	Member of Federally Recognized Tribe <input type="checkbox"/> YES <input type="checkbox"/> NO	Tribal Affiliation (see codes below)	Highest Grade Completed
		SELF				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
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						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Marital Status - Married (MA), Not Married (NM), Separated (SE), Legally Separated (LS), Divorced (DI) or Widowed (WI)

Tribal Affiliation Codes -

- | | | | |
|------------------------|--------------------|----------------------------|-------------------------|
| • Alatna (ALA) | • Dot Lake (DOT) | • Koyukuk (KOY) | • Ruby (RUB) |
| • Allakaket (ALL) | • Eagle (EAG) | • Lake Michumina (LAK) | • Shageluk (SHA) |
| • Anderson (AND) | • Evansville (EVA) | • Manley Hot Springs (MAN) | • Stevens Village (STE) |
| • Anvik (ANV) | • Fort Yukon (FOR) | • McGrath (MCG) | • Takotna (TAK) |
| • Arctic Village (ARC) | • Galena (GAL) | • Medfra (MED) | • Tanana (TAN) |
| • Beaver (BEA) | • Grayling (GRA) | • Minto (MIN) | • Tanacross (TAC) |
| • Birch Creek (BIR) | • Healy Lake (HEA) | • Nenana (NEN) | • Telida (TEL) |
| • Canyon Village (CAN) | • Holy Cross (HOL) | • Nikolai (NIK) | • Tetlin (TET) |
| • Central (CEN) | • Hughes (HUG) | • Northway (NOR) | • Venetie (VEN) |
| • Chalkyitsik (CHA) | • Huslia (HUS) | • Nulato (NUL) | • Other (OTH) |
| • Circle (CIR) | • Kaltag (KAL) | • Rampart (RAM) | |



INCOME FOR YOUR HOUSEHOLD

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 (Work Statement), self-employment income report form, Social Security benefit statement, prior month bank statement, tax statements, unemployment insurance statement or signatures from two people outside of your household that verify you have zero income/live subsistence lifestyle.

Type of Income Codes

WA – Wages	TI – Tips or Gratuities	ASP –Athabaskan Self-Sufficiency
GR – General Relief	PFD – Alaska Permanent Fund Div.	NCD – Native Corporation Dividend
PAB – Public Assistance Burial Funds	GA – BIA General Assistance/TWEP	UI – Unemployment Insurance
VB – Veterans Benefits	APA – Adult Public Assistance – OAA, APD, AB	RI – Rental Income
CS – Alimony and/or Child Support	WC – Workers Compensation	FS – Food
GW – Gambling Winnings	STL – State Longevity	CO – Cash Outs of Retirement/Pension
SE – Self Employment	PE –Pension or Retirement (not VA)	DI – Disability Insurance/SSA/SSI
SC – Scholarships and/or Student Grants/Loans	FC – Foster Care Payments	OTH – Other Income

First	Last	Type of Income (Use Codes Above)	Amount	Where From	Office Use

If **REPORTING \$0 INCOME** for you and/or your household members for the month prior to signing this application, you will need to obtain signatures of two people who do not live in your household who can verify your report of \$0 income.

I verify that the household members on this application have not received any type of income for the reporting period.

1.) Name: _____ Date: _____

2.) Name: _____ Date: _____

If you had little or no income and are NOT receiving any financial assistance, indicate how you are meeting your living expenses for food and shelter. (Please check all boxes that apply)

☐ Subsistence Lifestyle

☐ Personal Savings

☐ Other; Please explain:



HOUSING INFORMATION

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

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Duplex 2 units | <input type="checkbox"/> House | <input type="checkbox"/> Travel Trailer (less than 35') | <input type="checkbox"/> Van or Car* |
| <input type="checkbox"/> Triplex 3 units | <input type="checkbox"/> Cabin | <input type="checkbox"/> Group Home | <input type="checkbox"/> Pick-Up Camper* |
| <input type="checkbox"/> 4 or more units | <input type="checkbox"/> Renting a Room | <input type="checkbox"/> RV or Boat | <input type="checkbox"/> Tent* |
| *If you check a box with a * next to it, you'll need to provide proof of residency with intent to stay with your application | | <input type="checkbox"/> Mobile Home (35'+ OR with a lean-to for extra living) | <input type="checkbox"/> Motel /Hotel/Hostel* |
| | | | <input type="checkbox"/> Boarding Home* |

Please check which box best describes your home ownership:

- ☐ Own your Home ☐ Buying your home ☐ Renting

Please check which box best describes how you pay to heat your home:

- ☐ Billed directly for home heating ☐ Home heating included in rent ☐ Wood Self-Harvester

How much is your rent or mortgage? _\$ _____

If renting, do you receive any of the following subsidies?

- ☐ None ☐ ASHA ☐ HUD ☐ Section 8 ☐ FHA ☐ Other _____

Landlord/Mortgage Holder Information:

Name: _____ Phone: _____

HOME HEATING INFORMATION

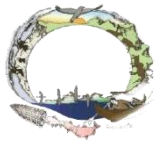
What is your main heat source?

- | | |
|---|---|
| <input type="checkbox"/> Wood \$ _____ # of cords _____ | <input type="checkbox"/> Oil \$ _____ # gal _____ |
| <input type="checkbox"/> Propane \$ _____ # of pounds _____ | <input type="checkbox"/> Gas \$ _____ # gal _____ |
| <input type="checkbox"/> Coal \$ _____ # of pounds _____ | <input type="checkbox"/> Other _____ - \$ _____ # _____ |

What **ONE** heating source are you requesting payment toward if approved for service? (Please check only one)

- ☐ Wood
☐ Oil
☐ Other _____

Do you currently heat your home with a Toyo or Monitor oil stove or other oil stove rated at 85% or above efficiency? ☐ Yes ☐ No



Please tell us the name of your heat vendor (REQUIRED)

You must use an approved Heating Assistance vendor and provide proof of heating cost by submitting a copy of your most recent heating bill or statement from your vendor.

1. _____
Name of Heat Vendor Account Number Name on Account

Use this space for any additional information you feel is important for us to know in considering your application?

WEATHERIZATION REQUEST INFORMATION

☐ Please check here if you want to be considered for additional assistance to weatherize your home

Please check which applies:

- ☐ I have not receive weatherization in the past 3 years
- ☐ I received weatherization last year
- ☐ I received weatherization 2 years ago
- ☐ I received weatherization 3 years ago

Do you use air conditioning?

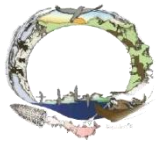
☐ Yes ☐ No

If yes, what type? ☐ Window ☐ Central

What home improvements do you think would result in lowering your heating bill? (Check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Insulation | <input type="checkbox"/> Tighter Doors/Windows | <input type="checkbox"/> Caulking and Chinking |
| <input type="checkbox"/> Storm Windows | <input type="checkbox"/> Heating Appliance Replacement/Repair | <input type="checkbox"/> Replace Water Heater |
| <input type="checkbox"/> LED lighting | <input type="checkbox"/> Roof Repair/Insulation | <input type="checkbox"/> Appliance Repair/Replacement |
| <input type="checkbox"/> Replace Fuel Tank/Stand | <input type="checkbox"/> General winterization materials (visqueen, water pipe wrap, etc) | |

Use this space for any additional information you feel is important for us to know in considering your request for weatherization?



AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize to release income and or benefit information to the Tanana Chiefs Conference, Family Services & Support Division Energy Assistance Programs. The requested information shall be used solely for the purpose of determining eligibility for assistance from Tanana Chiefs Conference Energy Assistance Programs. Collateral's that may be contacted included, but are not limited to; State of Alaska, Department of Labor, Department of Military Affairs, Alaska State Housing Authority, U.S. Social Security Administration, Tax Assessors, State of Alaska Division of Public Assistance, Financial Institutions, Native Corporations, Tribal Enrollment Records, heating assistance vendors, Stock Brokerage Firms, Landlords, Employers, Retirement Pensions, and School Authorities.

This release of information shall remain in effect for eight months from the date indicated below.

_____ Head of Household Applicant Signature	_____ DOB	_____ SSN	_____ Date
_____ 1 st Household Member Adult Signature	_____ DOB	_____ SSN	_____ Date
_____ 2 nd Household Member Adult Signature	_____ DOB	_____ SSN	_____ Date
_____ 3 rd Household Member Adult Signature	_____ DOB	_____ SSN	_____ Date
_____ 4 th Household Member Adult Signature	_____ DOB	_____ SSN	_____ Date
_____ 5 th Household Member Adult Signature	_____ DOB	_____ SSN	_____ Date
_____ 6 th Household Member Adult Signature	_____ DOB	_____ SSN	_____ Date
_____ 7 th Household Member Adult Signature	_____ DOB	_____ SSN	_____ Date

A reproduction of this release is as valid as the original



Family Services and Support Division - Release of Information

The purpose of this Release of information is to make applying for services within Tanana Chiefs Conference (TCC) more efficient and less burdensome. By signing this Release of Information, you give permission to TCC's Family Services and Support Division programs and personnel to access the information contained in the Standard Application for Service. This means that for many services within TCC's Family Services and Support Division, you will only have to complete The Standard Application for Services ONCE and then update when it changes.

If you refuse to sign this Release of Information, you are still eligible to receive services from TCC's Family Services and Support Division. However, you will have to fill out multiple Standard Application for Services as you need additional services.

I, _____, hereby authorize TCC Family Services and Support Division programs and personnel to share and use information contained in the Standard Application for Service to determine eligibility for services.

I understand that this authorization is voluntary. I understand that I may revoke this authorization at any time by notifying TCC's Family Services and Support Division in writing, but if I do, it won't have any effect on actions taken on this authorization before my revocation was received.

Signature of Client / Guardian

Date

Witness (if marked with "X" above)

Date

Revocation

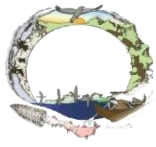
This authorization expires on the following date _____
or until TCC FS&S Services are no longer required.

Signature of Client / Guardian

Date

Witness (if marked with "X" above)

Date



IMPORTANT NOTICE ABOUT YOUR RIGHTS

Fair Hearing

Any person whose application is denied or not acted upon with reasonable promptness (within 60 days from the receipt of a completed application or within 60 days from the receipt of funding from the granting agency) or whose benefits are reduced or terminated, has a right to a fair hearing before the Tanana Chiefs Conference, Inc. Family Services and Support (FS&S) Division Director.

If you desire a hearing you may request it by telephone, in person, or in writing, through the Director of Family Services and Support, Tanana Chiefs Conference, Inc. 122 First Avenue, Suite 600, Fairbanks, Alaska 99701. You must make your request within 30 days after you are mailed a notice of decision on your application.

Tanana Chiefs Conference, Inc. Family Services and Support staff are available to help you request a hearing. At the hearing you may represent yourself. You may also be represented (at your own expense) by legal counsel or by another person of your choice.

Civil Rights

The Civil Rights Act of 1974 states "No person in the United States, on the ground of race, color, or national origin, shall be excluded from participating or being denied the benefits of federal assistance." If you feel you have been discriminated against, you may file a complaint with Tanana Chiefs Conference, Inc. Family Services and Support or with the United States Department of Health and Human Services.

AGREEMENT TO RECEIVE ENERGY ASSISTANCE

If your household receives assistance, you must agree to all of the statements below. Any member of your household who deliberately breaks any rules and receives benefits to which they are not entitled will be sanctioned from receiving future assistance until they repay the benefits and may be prosecuted

- I agree to notify TCC, Family Services and Support of any changes in address or number of household members within 10 days from the date of the change.
- I understand that a TCC representative may call my home, and may contact other people in order to verify my eligibility for assistance. I also understand that the information I give, may be verified by computer cross-matching with other state or federal agencies.
- I authorize the Tanana Chiefs Conference, Inc. Family Services and Support to communicate with my vendor(s) and other private, state and federal agencies on my behalf, as it relates to the Low Income Home Energy Assistance Program.
- I understand that my household can submit only one Energy Assistance Program application per year, from either TCC, State of Alaska or other state or tribal LIHEAP and certify that this is the only application submitted from or on behalf of my household for assistance between October 1 to September 30 of the current federal fiscal year.
- I certify under penalty of perjury, that the statements made regarding the persons in my home and their income, and all other items that pertain to my possible eligibility for benefits are true and correct 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.

Printed Name

Signature

Date



APPLICATION CERTIFICATION

PERMANENT CONTACT

Provide the following information on an individual who does not live with you, but who knows how to contact you if you move.

Name

E-mail or Mailing Address

Phone

Relation to Applicant

CERTIFICATION OF APPLICANT

I certify to the best of my knowledge that the information on this application is accurate and true. I understand that the information is subject to verification.

Signature of Applicant

Date

Tribal Representative Review

Has this information in this application been reviewed by an authorized Tribal Representative?

☐ Yes

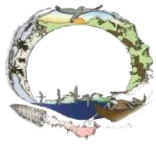
☐ No

Name

Title

Signature

Date



MONTHLY SELF-EMPLOYMENT INCOME REPORT FORM

**Gross Income has to be reported for the one month prior to the date you signed your application.*

Name: _____

Month: _____ SSN: _____ Business Name: _____ Type of Business: _____

Year-Round Employment? ☐ Yes ☐ No

Seasonal Employment? ☐ Yes ☐ No If Yes, Which Months?

Income Received Ledger:

Use the ledger below to record income, expenses, tips, etc. It is a good tool for your own financial records and it can be used for Public Assistance & Energy Assistance. List the amount of self-employment income.

Date Income Received	Gross Income Amount	Type of Work Performed	Expenses
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Total Gross Income (A): \$		Total Expenses (B): \$	
Total Gross Income after expenses has been deducted (A – B): \$			



WORK STATEMENT FORM

Only have employer complete if you **DO NOT** have copies of Pay Stubs for the month prior to the date you signed your application.

NOTE: A separate work statement needs to be filled out for all household members that you listed on having income on page 3 of your application.

Employee Name _____ SSN: _____

Employer Name _____

Gross Wages paid to the above employee for the month of _____, 20_____.

Gross Pay	Issue Date

****NOTE: The Employer Must Complete & Sign This Statement****

Employer Name (Please Print): _____

Employer Signature: _____ Date: _____

Employer Phone: _____ Employer Address: _____

Employee Signature: _____ Date: _____



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 have your Tribal Authorized Signer certify your application
- Make sure every household member's Social Security number is listed on the application and that all adults over the age of 18 have signed Page 6
- Attach copies of pay stubs or other proof of income 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 the Work Statement
- 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 the Work Statement
- If you have been self-employed, provide an itemized listing of all business related income and expenses received during the past month using the Monthly Self Employment Income Report Form
- Provide a copy of your ID (Example: driver's license, state ID, BIA/Tribal enrollment card, passport, Tribal Enrollment records)
- Attach copies of your most recent heating bill(s) or supplies bought if you self-harvest wood. You must show a cost to be eligible.
- If heat is included in your rent, attach a copy of your rental agreement or provide a statement from your landlord showing heat is included in your rent and your most recent rent receipt.
- Attach a copy of the letter of need from you Tribe if you're within 48 hours of being out of heating oil or wood and you are requesting emergency processing.
- **It is your responsibility to provide all required documentation to process your application and to have a Tribal Authorized Signer certify the application**