Tanana Chiefs Conference

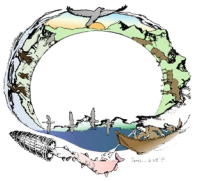
Family Services and Support Division
122 First Avenue, Suite 500
Fairbanks, AK 99701-4897
Phone: 907-452-8251
Toll-Free In State: 1-800-478-6822
Toll-Free Out Of State: 1-800-770-8251

Weatherization Application

Please Bring the Items Listed Below With Your Application

Sending proof with your application may help you receive benefits faster!

- ☐ **Copy of State ID**
- ☐ **Pay Stubs from last 30 days OR Bank Statement showing all deposits**
- ☐ **Heating Fuel / Wood Delivery Receipt**



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Date received by TCC:

Applicant Information

Last Name:	First Name:	Suffix (Jr, Sr):	Maiden Name or Any Other Names Used:
Primary Phone:	Other Phone:	Email:	
Mailing Address:	City:	State:	Zipcode:
Physical Address:	City:	State:	Zipcode:
How long have you lived at the above address?	Income for the last 12 months?	If the beneficiary is 18 years of age or older and still living with parents or guardians AND claimed on their income tax return last year? ☐ Yes ☐ No	

List all additional people in the household.

Name (Last, First)	Relationship to Beneficiary	DOB	SSN	Marital Status*	Disabled (Y or N)	Veteran (Y or N)	Tribal Affiliation*
DOE, JANE	SELF	11/11/11	111-11-1111	NM	N	N	OTH

*Use codes below to complete this section.

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

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

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Report all gross monthly income of the beneficiary's household.

WA - Wages
TI - Tips or Gratuities
ASP - Athabascan Self-Sufficiency
GR - General Relief
PFD - Alaska Permanent Fund Div.
NCD - Native Corporation Dividend
PAB - Public Assistance Burial Funds
GA - GIA General Assistance/TWEP
UI - Unemployment Insurance
VB - Veterans Benefits
APA - Adult Public Education (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

Name (Last, First)	Type of Income (Use Above Codes)	Amount	Where from	How often the payment is recieved	Office use
DOE, JANE	WA	$900	WORK PLACE	MONTHLY	

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

☐ Subsistence Lifestyle
☐ Personal Savings
☐ Other (Please Explain):

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Weatherization Request			
Preferred Weatherization Service:			Square Footage:
New Wood Stove: ☐ Yes ☐ No		If yes, inches of pipe:	
New Toyo Stove: ☐ Yes ☐ No		If yes, model:	
Exterior Door: ☐ Yes ☐ No	If yes, swing type:	Door Height:	Door Width:
New Windows: ☐ Yes ☐ No		If yes, # of windows:	# of Window Shrink Kits:
LED Bulbs: ☐ Yes ☐ No		If yes, wattage:	
Caulking/Chinking: ☐ Yes ☐ No		If yes, # of bottles:	
Dehumidifier: ☐ Yes ☐ No			

Installer Contact Information	
Name:	Company:
Phone:	Address:
Email:	

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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. Collaterals that may be contacted include 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, 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
1st Household Member Adult Signature	DOB	SSN	Date
2nd Household Member Adult Signature	DOB	SSN	Date
3rd Household Member Adult Signature	DOB	SSN	Date
4th Household Member Adult Signature	DOB	SSN	Date
5th Household Member Adult Signature	DOB	SSN	Date
6th Household Member Adult Signature	DOB	SSN	Date
7th Household Member Adult Signature	DOB	SSN	Date

A reproduction of this release is as valid as the original.

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Application Certification

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 been reviewed by an authorized Tribal Representative? ☐ Yes ☐ No

Name of Tribal Representative	Title
Signature of Tribal Representative	Date