

**TANANA CHIEFS CONFERENCE**

*FOR CENTRAL OFFICE USE*



**ATTN: Energy Assistance**  
 122 First Avenue, Suite 600  
 Fairbanks, Alaska 99701  
**1-800-478-6822 ext. 3457**  
 or (907) 452-8251

Date Received:

- Pending Additional Info.
- Income Verification
- Vendor Agreement
- Other Household Info.
- Application Approved
- Application Denied
- Benefit Level # \_\_\_\_\_
- Weatherization

**MAIL APPLICATION AND ALL REQUIRED PROOFS OF INCOME TO THE ABOVE ADDRESS**

**ENERGY ASSISTANCE/WEATHERIZATION APPLICATION**

**APPLICATION DEADLINE is April 30, 2014**

Applications Postmarked or received after April 30, 2014 will not be considered for assistance

The TCC Low Income Home Energy Assistance Program assists with home heating, emergency heating and weatherization expenses. Both homeowners and renters (even if heat is included in rent) may apply. Eligibility is based on your household's size and gross income during the previous calendar month prior to the month you apply.

To expedite your request for assistance, ask your local TFYS, TWDS or other Authorized Tribal Representative to check your application for completeness and accuracy. They can verify the information that you've provided by signing on the bottom of the last page. You must provide proof of your Social Security Number (i.e. social security card, tribal membership card, or State of Alaska I.D. card) and have copies of letters or check stubs that verify all the income information that you indicated in your application. We cannot process your application without proof of all household members' monthly income for the previous month and the Social Security Number of the head of the household.

**PLEASE COMPLETE EACH SECTION OF THE APPLICATION AND PROVIDE DOCUMENTATION OR ASSISTANCE MAY BE DELAYED OR DENIED.**

HOUSEHOLD MEMBERS		
<b>1. Name of Head of Household (Applicant)</b>	Birth Date	Social Security Number
Mailing Address	AK Native/American Indian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address	Occupation	Daytime or Message Phone
City/Village	Zip Code	Community/Village Name
Email:		

As head of household, did you work or receive income during the previous month prior to this application?  Yes  No

<b>Other Household Members Name</b> <i>List ALL People living in this Household</i>	Birth Date	Relationship to Applicant <i>(child, spouse, etc.)</i>	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security #
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.			<input type="checkbox"/> Yes <input type="checkbox"/> No	



**HOME HEATING INFORMATION**

**WHAT IS THE PRIMARY HEATING SOURCE OF YOUR HOME?** \_\_\_\_\_  
**PLEASE CHECK ONE.**  Wood  Oil  Coal  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

Heating Vendor/Supplier	Name Appearing on Your Bill	Estimated Yearly Fuel Expense	Average quantity of Oil or Wood You Use Each Year
Name of Your Fuel Oil/Heating Vendor			
Name of Your Wood Vendor			

**HOUSING INFORMATION**

TYPE OF HOUSING YOU LIVE IN (check one):  
 Apartment  1-3 attached units  Travel Trailer (less than 35 ft.)  Pick-up Camper\*  
 House  4 or more attached units  Mobile Home (35 ft. + OR with lean-to for extra living space)  Boarding Home\*  
 Duplex  Group Home  Tent \*  Hotel or Motel \*  
 Cabin  Military Housing  
 \*Please provide proof of residency

Are you billed directly for your home heating expenses?  Yes  No  
 OR is your home heating included in your rent?  Yes  No  
 OR if neither of the above, please explain: \_\_\_\_\_

**NOTE:** If you are house-sitting, please provide proof that you are paying heating costs.  
 Please check if you:  own your home?  are Buying?  are Renting? Amount paid per Month? \_\_\_\_\_

If you are renting:  
 a. Is your rent subsidized by:  
 ASHA  HUD  Section 8  
 FHA  Not subsidized  
 b. Who is the Owner, Landlord or Manager Name \_\_\_\_\_  
 Other\* \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_  
 \*Please explain: \_\_\_\_\_ Phone Number \_\_\_\_\_

**EMERGENCY ASSISTANCE**

**IF YOU ARE IN DANGER OF RUNNING OUT OF HOME HEATING FUEL OR HAVING YOUR HEATING UTILITY SERVICE DISCONNECTED, CONTACT TCC IMMEDIATELY AT 1-800-478-6822, EXT. 3457 or (907) 452-8252, EXT. 3457**

**Use this space for any additional information** – for comments about this program or any other information you feel is important for us to know in considering your application.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMPORTANT NOTICE ABOUT YOUR RIGHTS**

**Fair Hearing**

Any person whose application is denied or not acted upon with reasonable promptness (within 30 days from the receipt of a completed application or within 30 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 Department Director.

If you desire a hearing you may request it by telephone, in person, or in writing, through the Director of Family Services, 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 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 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 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 State of Alaska; Department of Labor, Child Support Enforcement Division, to release to TCC, Family Services information about my eligibility for unemployment insurance, work credits and support amounts received. I authorize the Alaska Division of Public Assistance, the U.S. Social Security Administration, Bureau of Land Management and Bureau of Indian Affairs to release to TCC, Family Services, employment, income and/or benefit information relating to myself and any of the household members included in this application for the purpose of determining eligibility for assistance through this program.
- ✓ I authorize the Tanana Chiefs Conference, Inc. Family Services 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 the 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.**

<b>→ SIGN HERE</b>	TODAY'S DATE
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- Did You Remember To:**
- INCLUDE PROOF OF INCOME FOR THE 30 DAYS PRIOR FOR THE MONTH OF APPLICATION ON EACH PERSON IN YOUR HOUSEHOLD. DO NOT SEND BANK STATEMENTS**
  - Make sure each section was complete,
  - Read the agreement above,
  - Provided Proof of Social Security Numbers for ALL members of the household
  - Signed and dated your application and
  - Have your Authorized Tribal Representative sign below (**Note: this applies only if you reside in a tribal community**).

<b>Has the information in this application been verified by an Authorized Tribal Representative</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border-bottom: 1px solid black; padding: 2px;"><b>NAME OF TRIBAL REPRESENTATIVE</b></td> <td style="width: 20%; border-bottom: 1px solid black; padding: 2px;"><b>DATE</b></td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; padding: 2px;"><b>TITLE</b></td> </tr> </table>	<b>NAME OF TRIBAL REPRESENTATIVE</b>	<b>DATE</b>	<b>TITLE</b>	
<b>NAME OF TRIBAL REPRESENTATIVE</b>	<b>DATE</b>				
<b>TITLE</b>					

# WEATHERIZATION

Check here if you want to be considered for additional assistance to weatherize your house this summer.

*Please Note: requesting assistance above and providing the information below does not guarantee that you will be eligible to receive weatherization assistance - you will be notified by June 30, if funding is available and if your application for weatherization has been approved for consideration based on the priorities established by the program [ Preference will be given to lowest income elders, individuals with disabilities and large families who have not received assistance within the past three years.]*

\*\*\*\*\*

Did you receive assistance from the LIHEAP Weatherization Program:

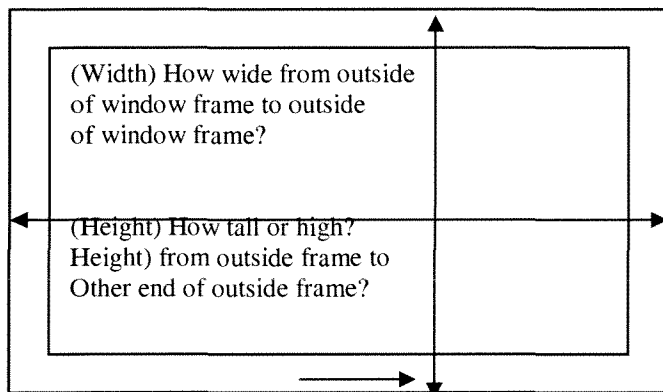
Last year?  Yes  No Within the past two years?  Yes  No Within the past three years?  Yes  No

If you qualify to receive Weatherization Assistance this summer, what home improvements do you think would result in lowering your home heating bill (check all that apply). Preference will be given to lowest income elders, individuals with disabilities and large families who have not received assistance within the past three years.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Caulking & Chinking    | <input type="checkbox"/> More Insulation | <input type="checkbox"/> More Efficient heating unit (Stove) |
| <input type="checkbox"/> More Efficient Windows | <input type="checkbox"/> Tighter Doors   | <input type="checkbox"/> Other (List Below)                  |

Please add any additional comments about your need for weatherization assistance below (or on another piece of paper).

## Windows



## Rough Opening Size:

Width by Height

Window #

1. \_\_\_\_\_ x \_\_\_\_\_
2. \_\_\_\_\_ x \_\_\_\_\_
3. \_\_\_\_\_ x \_\_\_\_\_
4. \_\_\_\_\_ x \_\_\_\_\_
5. \_\_\_\_\_ x \_\_\_\_\_
6. \_\_\_\_\_ x \_\_\_\_\_

Please circle type of window

1. Bedroom/Opening/Non-Opening?
2. Bedroom/Opening/Non-Opening?
3. Bedroom/Opening/Non-Opening?
4. Bedroom/Opening/Non-Opening?
5. Bedroom/Opening/Non-Opening?
6. Bedroom/Opening/Non-Opening?

If an opening window; do you want the leverage/handle on the right or the left side of window?

For Fire Code Regulations, please state if any of the Windows are for bedroom

## Doors

**Door A**

**Door B**

**Door C**

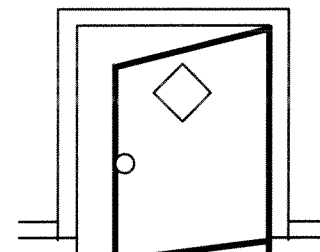
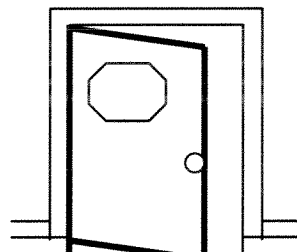
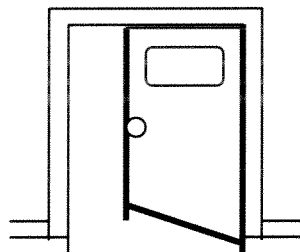
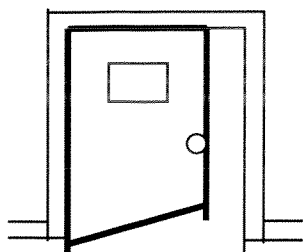
**Door D**

Left Hand Swing

Right Hand Swing

Left Hand Reverse

Right Hand Reverse

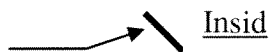
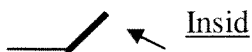


Hinges on Left

Hinges on Right

Hinges on Left

Hinges on Right



Standing outside looking at door. Door swings

**Front door: A B C D**

**Back door: A B C D**

**Circle the door swing you want.**

Looking at it from the outside  
Door swing outward.

**Rough Opening Size: Door Frame**

Measurements Width \_\_\_\_\_ x Height \_\_\_\_\_

Width \_\_\_\_\_ x Height \_\_\_\_\_



Tanana Chiefs Conference  
Energy Assistance Program  
122 First Ave, Suite 600  
Fairbanks, AK 99701  
1(800) 770-8251 Ext 3457

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize the release of information requested by the Tanana Chiefs Conference, Inc., Family Services Energy Assistance Program. The requested information shall be used solely in the administration of Energy Assistance Program. Collateral's that may be contacted include, but are not limited to: State Records, the Department of Labor, the Department of Military Affairs, Alaska State Housing Authority, Social Security Administration, Municipality of Anchorage, Tax Assessors, Financial Institutions, Native Corporations, Stock Brokerage Firms, Landlords, Employers, Retirement Pensions, School Authorities and Private Individuals.

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

_____	_____	_____	_____
Head of Household Applicant Signature	DOB:	SSN:	Date
_____	_____	_____	_____
1 <sup>st</sup> Household Member Adult Signature	DOB:	SSN:	Date
_____	_____	_____	_____
2 <sup>nd</sup> Household Member Adult Signature	DOB:	SSN:	Date
_____	_____	_____	_____
3 <sup>rd</sup> Household Member Adult Signature	DOB:	SSN:	Date
_____	_____	_____	_____
4 <sup>th</sup> Household Member Adult Signature	DOB:	SSN:	Date

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

Phone Number

# **2014 Energy Assistance Program Income Information That Must Be Attached to Application**

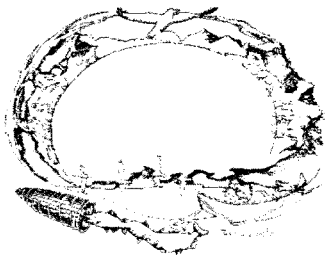
## **Types of proof of income you must include with your energy assistance application:**

1. Wages (a copy of last month's paycheck(s) Or (Attached Work Statement Filled out by Employer)
2. Unemployment Checks (approval letter, monetary determination)
3. Athabascan Self-Sufficiency Assistance Partnership (ASAP) Benefits
4. Alaska Temporary Assistance (ATAP) Benefits
5. Adult Public Assistance Benefits (APA)
6. Supplement Security Income (SSI)
7. Alimony and Child Support
8. Retirement Benefits
9. Veteran's Benefits
10. General Assistance (GA)
11. Self Employment (Attached Self Employment Income To Complete)
12. Rental Income
13. Tips or Gratuities
14. Workers Compensation
15. Cash-out of Retirement or Pension
16. Student Loans
17. Student Grants, etc.

**\*State of Alaska Dividends is exempt. Native Corporation dividends, up to \$2,000 per year, are not counted as income and will not affect your benefits.**



**ONLY have employer complete if you DO NOT have copies of pay stubs from the prior month for ALL household members worked income**



**TANANA CHIEFS CONFERENCE**  
**DEPARTMENT OF FAMILY SERVICES**  
 122 1<sup>st</sup> Ave, Suite 600, Fairbanks, Alaska 99701  
 Phone (907) 452-8251 Fax (907) 459-3870

**WORK STATEMENT**

TCC ID#: 92-0040308

(Please have your employer complete the following information. Your assistance is appreciated.)

EMPLOYEE: \_\_\_\_\_ SSN: \_\_\_\_\_  
 EMPLOYER: \_\_\_\_\_ JOB LOCATION: \_\_\_\_\_  
 EMPLOYER ADDRESS: \_\_\_\_\_ EMPLOYER PHONE: \_\_\_\_\_

PROVIDE BELOW, IF JOB IS CURRENT OR NEW:

DATE STARTED: _____	GROSS WAGES/SALARY: _____
PAY RATE: _____	TOTAL HOURS PER DAY: _____
ACTUAL HOURS PER DAY: (i.e.; 8:00 a.m. to 5:00 p.m.) _____	
DAYS PER WEEK (circle): Sunday Monday Tuesday Wednesday Thursday Friday Saturday	
THIS JOB IS (circle):	Permanent Temporary Seasonal On-Call
THIS JOB IS (circle):	Part-time Full-time Job Training/Work Experience
PAY PERIOD ENDING: _____	PAYDAYS: _____

PROVIDE BELOW, THE MOST RECENT PAY INFORMATION:

PERIOD ENDED	DATE PAY RECEIVED	# HOURS WORKED	GROSS WAGES
1.)			
2.)			
3.)			
4.)			
5.)			

PROVIDE BELOW, THE MOST RECENT PAY INFORMATION:

REASON JOB ENDED (circle)	fired	laid-off	quit
If employee quit or other, give the reason given:			
_____			
_____			
LAST DAY OF WORK: _____		DATE OF FINAL CHECK AVAILABLE: _____	
GROSS AMOUNT: _____		DATE OF FINAL CHECK RECEIVED: _____	
AMOUNT STILL OWED EMPLOYEE: _____		ANTICIPATED PAY WILL BE GIVEN: _____	
WILL EMPLOYEE BE RETURNING TO THIS JOB: ( ) NO ( ) YES IF YES, WHEN: _____			

\_\_\_\_\_  
 Employers Signature and Title:

\_\_\_\_\_  
 Date:

\_\_\_\_\_  
 Print Name:

**Tanana Chiefs Conference  
Athabascan Self-Sufficiency Assistance Partnership**

**Monthly Self-Employment Business and/or Tip Ledger**

Name \_\_\_\_\_ Month \_\_\_\_\_ SSN \_\_\_\_\_

Business Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Year-Round Employment? Yes  No

Seasonal Employment? Yes  No  If yes, which months?

*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 daily income, daily tips, daily business expenses and hours worked. Please explain expenses in detail. Maintain the ledger daily and at the end of the month give it to your eligibility worker as proof of income. If you anticipate changes to your self-employment income next month, please attach an explanation to this form.*

Date	Business Gross Income	Daily Tips	Business Expenses Explained <i>Example: Cleaning Supplies</i>	Expenses <i>Example: \$40</i>	Hours Worked
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
Total					
Total Business Gross Income and Daily Tips			\$		
Minus Total Business Expenses			\$		
Adjusted Net Income:			\$		