

**Low Income Home Energy Assistance (LIHEAP) and  
Household Water Assistance (LIHWAP) Program  
FY2022 Application Form**

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The application must be filled out by the Head of Household. The following documents are required to determine your eligibility for Sitka Tribe of Alaska LIHEAP:

- Copy of Social Security Card for all members listed on application.**
- Copy of Head of Households ID**
- Last 30 days of Income Verification:**

If you or anyone on this application is 18 years or older and is employed, send copies of all income that was received in the prior month.

  - If you receive Social Security, SSI, APA, TANF, or General Assistance, provide a copy of your most recent award letter.
  - If you receive food stamps, a recent award letter that shows countable income can be used to determine your eligibility.
  - If you are self-employed, you must send in all pages of your most current income taxes.
  - If you or a family member are claiming zero income, please complete the zero-income form on the last page of this application.
- Most Recent Utility Bill(s):**
  - You must provide a copy of your heating bill and/or receipt or electric bill.
  - You must provide a copy of your water bill
  - If heat is included in your rent, you must provide a copy of your rental agreement and rent receipt.
- Replacement or Repair Invoice:**
  - If you are seeking heating repair or replacement assistance, please attach an invoice from a licensed professional to show the most cost-efficient method of choice.

**Your signature on this application is your declaration that the information given in this application is true and correct.**

**Mail:** STA Social Services

204 Siginaka St. Suite #A

**Fax:** 907-747-4915

**Email:** jade.nodes@sitkatriben-sn.gov

**IF YOU'VE RECEIVED LIHEAP THROUGH ANOTHER TRIBAL PROGRAM OR the State since October 2021, YOU MAY BE INELIGIBLE FOR ASSISTANCE FROM STA LIHEAP.**

**Upon Approval:**

- Applicants will receive a "Notice of Decision" regarding eligibility status within 30 days of receipt of LIHEAP application.
- Home heating vendor(s) will be notified how much your household is eligible to receive for home heating assistance.
- Assistance will be mailed directly to the vendor.



**Sitka Tribe of Alaska**

**Low Income Home Energy and Household Water Assistance Program**

**FY2022 Application**

**IMPORTANT: ONLY ONE APPLICATION PER HOUSEHOLD PER PROGRAM YEAR.** Applications are processed in the order received and may take up to 30 days to process. Please continue to pay your utility bills.

**CHECK HERE IF YOU:**

- RECEIVED A DISCONNECT NOTICE – ATTACH COPY OF 3-DAY DISCONNECT NOTICE**
- OUT OF FUEL**

<b>NAME OF HEAD OF HOUSEHOLD</b>		<b>BIRTH DATE</b>		<b>SOCIAL SECURITY NO.</b>	
<b>MAILING ADDRESS</b>				<b>EMAIL ADDRESS</b>	
<b>PHYSICAL ADDRESS</b>				<b>TELEPHONE NO.</b>	
NAME (List ALL household members, starting with self)	BIRTH DATE	RELATIONSHIP TO APPLICANT	ALASKA NATIVE / AMERICAN INDIAN?		SOCIAL SECURITY NUMBERS (REQUIRED)
			YES	NO	
		Self			
<b>HEAD OF HOUSEHOLD TRIBAL ENROLLMENT NUMBER</b>					

**Are you or anyone in your household:**

- Legally Disabled  Yes  No
- Age 60 or over  Yes  No
- Receiving public assistance  Yes  No
- Receiving food stamps  Yes  No
- Receiving TANF  Yes  No
- Receiving Unemployment  Yes  No

**Please attach award letters for all that apply to your household**

**Are you or anyone in your household:**

- Honorably Discharged Veteran  Yes  No
- Receiving Supplemental Security Income  Yes  No
- Receiving Social Security  Yes  No

**Do you have people residing with you who were not previously listed?**  Yes  No

**Are any of the members of your household legal aliens admitted under Section 245A (Amnesty) or 210A (replenishment agricultural workers) of the Immigration and Nationality Act?**  Yes  No

<b>Household Income</b>		
Name of Household Member:	Type of Income:	Gross Monthly Income:
<b>TOTAL GROSS MONTHLY INCOME</b>		

Examples of income are Employment, TANF, Social Security, SSI, Pension/Retirement, Unemployment Compensation, STA General Assistance, Veterans Benefits, Child Support, Alimony, etc. (If 18 years or older and unemployed, list name and UNEMPLOYED next to name)

**INCOME FOR ALL HOUSEHOLD MEMBERS MUST BE PROVIDED TO DETERMINE ELIGIBILITY.**

**Are you seasonally employed (example: construction, fisherman, fish cannery, or logging)?**  Yes  No

If yes, you will be required to submit a copy of your most recent tax returns

<b>Residence Information (check one)</b>			
Apartment or Condominium:	<input type="checkbox"/> House	<input type="checkbox"/> Travel trailer (less than 35')	<input type="checkbox"/> Pick-up camper*
<input type="checkbox"/> 1-2 bedroom	<input type="checkbox"/> Duplex		<input type="checkbox"/> Boarding home*
<input type="checkbox"/> 3 or more bedrooms	<input type="checkbox"/> Boat		<input type="checkbox"/> Hotel or motel*
	<input type="checkbox"/> Cabin	<input type="checkbox"/> Trailer (35' or more or with extensions for extra living space)	<i>*Provide proof of 2 months' residence</i>
	<input type="checkbox"/> Tent		

**Do you pay directly for your home heating?**  Yes  No

**Is your home heat included in your rent?**  Yes  No

If yes, provide Rental Agreement.

If neither of the above, please explain: \_\_\_\_\_

<p><b>Is your rent subsidized by:</b></p> <p><input type="checkbox"/> BIHA      <input type="checkbox"/> Section 8      <input type="checkbox"/> HUD</p> <p><input type="checkbox"/> FHA      <input type="checkbox"/> AHFC</p>	<p><b>List the owner, landlord, or manager:</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p>
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<p><b>If you are house sharing, list the names of the other roommates or households living at this residence, but are not included on this application and describe how expenses are shared.</b></p>    
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<b>Circle your main heating source.</b> If more than one, please indicate which one is secondary.				
Electricity	Fuel Oil	Propane	Wood	Heat included with rent

**If you do not receive water through the city utility office, you must provide a lease stating that water is included in rent or contact caseworker for other options.**



**Important Notice About Your Rights**

**Fair Hearing**

Any person whose application is denied or not acted upon with reasonable promptness, or whose benefits are reduced or terminated, has a right to a hearing before Sitka Tribe of Alaska Social Services Department.

If you desire a hearing, you may request a hearing by telephone, in person, or in writing to the Social Services Director. You must make your request within thirty (30) days after you receive a notice regarding a decision on your LIHEAP/ LIHWAP application. At the hearing, you may represent yourself or you may be represented by legal counsel or by another person of your choice.

**Civil Rights**

The Civil Rights Act of 1946 states “No person in the United States on the ground of race, color, or national origin shall be excluded from participation or be denied the benefits of federal assistance.” If you feel you have discriminated against, you may file a complaint with the Sitka Tribe of Alaska Social Services Department or the US Department of Human Services.

**Agreement to Receive Energy Assistance**

- I agree to notify STA LIHEAP/LIHWAP of any changes in income, address, living arrangements, number of household members, or resources within ten (10) days from the date I know of the change.
- I certify that I have checked the information on the application carefully, and that it is true and complete statement of facts according to the best of my knowledge and belief.
- I understand that it is against the law to make false statements, and that I am subject to prosecution if I do.
- I understand I must live in the home for which I am applying.
- I authorize the release of information from my fuel/utility vendor(s) to STA and further authorize STA to communicate with my vendor(s) on my behalf as it relates to LIHEAP.
- I understand that my household can submit only one application for LIHEAP per program year.
- I understand that STA will confidentially use this information to provide improved services and acquire other grants.

**I certify that this is the only application submitted on behalf of my household and any members that reside within my household. Furthermore, I certify that I have read and understand the above agreement.**

<b>Applicant’s Signature</b>	<b>Date</b>	<b>Witness if signed with an X</b>

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**Zero Income  
Self-Affidavit**

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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You have applied for LIHEAP. This program requires us to certify all of your income to determine your household's eligibility. Program requirements state we must verify all income or lack of income for eligibility. We must determine this prior to granting your eligibility for all household family members claiming zero income.

**I, \_\_\_\_\_, certify that I have no income from any sources, including my assets. I am not currently working, receiving grants of any kind, or have any other sources of income. I plan to pay the following expenses as stated below:**

<b>Expense Type</b>	<b>Source of Funds</b>
Food:	_____
Shelter/Rent:	_____
Medical:	_____
Other Living Expense:	_____

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I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is fraudulent and may be subject to criminal penalties.

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Signature of Application/Resident: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_



**Sitka Tribe of Alaska**

**Low Income Home Energy and Water Assistance Program**

**FY2022 LIHEAP/LIWHAP Benefit Matrix**

**HHS Poverty Guidelines (Annual)**

<b>Persons in Family/Household</b>	<b>100 % of HHS Poverty Guidelines</b>	<b>110% of HHS Poverty Guidelines</b>	<b>150% of HHS Poverty Guidelines</b>	<b>60% of SMI</b>
<b>1</b>	\$16,090	\$17,699	\$24,135	\$32, 470
<b>2</b>	\$21,770	\$23,947	\$32,655	\$42,461
<b>3</b>	\$27,450	\$30,195	\$41,175	\$52,451
<b>4</b>	\$33,130	\$36,443	\$49,695	\$62,442
<b>5</b>	\$38,810	\$42,691	\$58,215	\$72,433
<b>6</b>	\$44,490	\$48,939	\$66,735	\$82,423
<b>7</b>	\$50,170	\$55,187	\$75,255	\$84,297
<b>8</b>	\$55,850	\$61,435	\$83,775	\$86,170

**Sitka Tribe of Alaska**

**Low Income Household Water Assistance Program**

**FY2022 LIWHAP Benefit Matrix**

**HHS Poverty Guidelines (Annual)**

**Household pays own utility (water) bill**

<b>Household Size</b>	<b>0-100% FPL</b>	<b>101-110% FPL</b>	<b>111-150% FPL</b>	<b>151% FPL to 60% SMI</b>
<b>1-3</b>	\$350	\$280	\$235	\$175
<b>4-7</b>	\$420	\$336	\$281	\$210
<b>8 or more</b>	\$455	\$400	\$305	\$228

**Utilities (water) included in rent**

<b>Household Size</b>	<b>0-100% FPL</b>	<b>101-110% FPL</b>	<b>111-150% FPL</b>	<b>151% FPL to 60% SMI</b>
<b>1-3</b>	\$175	\$140	\$117	\$88
<b>4-7</b>	\$210	\$168	\$141	\$105
<b>8 or more</b>	\$228	\$182	\$152	\$114





**Sitka Tribe of Alaska**  
**Low Income Home Energy Assistance Program**  
**FY2022 LIHEAP Benefit Matrix**  
**Benefit Amount Based on FPL**

**Electricity Only**

<b>Household Size</b>	<b>0-100% FPL</b>	<b>101-110% FPL</b>	<b>111-150% FPL</b>	<b>151% FPL to 60% SMI</b>
<b>1-3</b>	\$1,300	\$1,040	\$871	\$650
<b>4-7</b>	\$1,560	\$1,248	\$1,045	\$780
<b>8 or more</b>	\$1,690	\$1,487	\$1,132	\$845

**Propane and/or Fuel Oil**

<b>Household Size</b>	<b>0-100% FPL</b>	<b>101-110% FPL</b>	<b>111-150% FPL</b>	<b>151% FPL to 60% SMI</b>
<b>1-3</b>	\$1,200	\$960	\$804	\$600
<b>4-7</b>	\$1,440	\$1,152	\$965	\$720
<b>8 or more</b>	\$1,560	\$1,248	\$1,045	\$780

**Electricity and Fuel Oil**

<b>Household Size</b>	<b>0-100% FPL</b>	<b>101-110% FPL</b>	<b>111-150% FPL</b>	<b>151% FPL to 60% SMI</b>
<b>1-3</b>	\$1,250	\$1,000	\$838	\$625
<b>4-7</b>	\$1,500	\$1,200	\$1,005	\$750
<b>8 or more</b>	\$1,625	\$1,300	\$1,089	\$813

**Electricity included in Rent**

<b>Household Size</b>	<b>0-100% FPL</b>	<b>101-110% FPL</b>	<b>111-150% FPL</b>	<b>151% FPL to 60% SMI</b>
<b>1-3</b>	\$700	\$560	\$469	\$350
<b>4-7</b>	\$840	\$672	\$563	\$420
<b>8 or more</b>	\$910	\$728	\$610	\$455