



**Bristol Bay Native Association - Workforce Development**  
P.O. Box 310 • Dillingham, AK 99576 • Phone 907-842-2262 or 1-888-285-2262  
Fax (833)693-0570

**PLEASE READ BEFORE FILLING OUT APPLICATION!**

Aleknagik

Chignik Bay

Chignik Lagoon

Chignik Lake

Clarks Point

Curyung

Egegik

Ekuk

Ekwok

Igiugig

Iliamna

Ivanof Bay

Kanatak

King Salmon

Kokhanok

Koliganek

Levelock

Manokotak

Naknek

New Stuyahok

Newhalen

Nondalton

Pedro Bay

Perryville

Pilot Point

Port Heiden

Portage Creek

South Naknek

Togiak

Twin Hills

Ilaashik

September 2023

Dear Previous Heating Assistance Recipient - LIHEAP

BBNA will be administering the FY 2023 federal Low Income Home Energy Assistance Program (LIHEAP).

**LIHEAP Application processing period is November 1, 2022 – May 31, 2023**

**\*\*Applications will be accepted October 1, 2022 – May 31, 2023\*\***

**2023 Income Guidelines - 150% of Federal Poverty**

Household size	Gross Income (In Prior Month)
1	\$2,123.00
2	\$2,861.00
3	\$3,598.00
4	\$4,336.00
5	\$5,073.00
6	\$5,811.00

\* Please add \$737.50 for each additional household member over 6 members\*

**BBNA will process applications in the following priority order:**

- **Elderly or disabled**
- **Households with children under the age of six**
- **All other households**

**How is the grant calculated?** Grants are calculated using a point system. Points are given based on the town you reside in, what type of fuel you use to heat your home, the type of building you live in, your household size and household income.

**With this in mind, it is important that you:**

- Keep paying your heating bills while waiting for a decision on your application. Making regular payments each month to your electric and fuel vendors will prevent a crisis.
- If you have a payment arrangement with your vendor, keep it. Do not count on heating assistance to keep your heat and lights on.
- **Plan ahead now.** Set aside some (or all) of your PFD and/or Native corporate dividends to pay for fuel and electricity this coming winter (**this will not affect your eligibility for Heating Assistance**).

- If your household has already applied for FY2023 between (October 1, 2022 - May 31, 2023), and was approved, **DO NOT APPLY AGAIN.**
- If your household applied between (October 1, 2022 - May 31, 2023) but was denied due to being over the income guidelines, please **reapply in a new month if your income decreases.**
- Sign up for weatherization. You can find the agency serving your area on the State's Heating Assistance website: <http://www.heatinghelp.alaska.gov>
- Put plastic over drafty windows, weather strip and caulk around doors and windows, put a door sweep on the bottom of your door to stop drafts, use fluorescent bulbs, wrap your hot water heater, and turn down the thermostat on your water heater.
- Put on an extra layer of clothing, or socks and slippers, before turning up your heat.

**How long will it take?** Our goal is 45 days or less to determine income eligibility for heating assistance.

**Final Checklist: ✓ Did you remember?**

***Failure to submit all required information may delay or deny your application.***

	Answer all questions?
	Include copies of picture ID and tribal card if tribally enrolled?
	Provide social security numbers and date of birth for all household members?
	Regular Employment: copies of paycheck stubs or payroll report/summary printout from the prior month, Form A (included in LIHEAP app), or copies of your most recent Tax Return IRS 1040 pages 1 and 2?
	Benefits and assistance: (i.e. SSI/SSA, APA, TANF, GA, UI, etc.) copies of year-end statements or award letters for all benefits and assistance received by your household?
	Seasonal employment: (including commercial fishing (CREWMEMBERS), cannery work, lodging, firefighting, etc.) copies of all paycheck stubs for the last 12 months, FORM B (included in LIHEAP app), or your most recent Tax Return IRS 1040 pages 1 and 2?
	Self employed: (including commercial fishing (PERMIT HOLDERS) and business income and expenses?) FORM C (included in LIHEAP app), copies of your most recent income Tax Return IRS 1040 and Schedules C, K, or S, and any other tax forms supporting self-employment or partnerships?
	Include copies of most recent Bank Statements?
	Include copies of Stipends (meeting stipends?)
	Include copies of fuel, electric bills/statements and wood vendor receipts?
	Include a copy of your Rental agreement and or rent receipts if you rent?
	Read and Sign the Statement of Truth form and agree to program requirements?
	Sign and Date the Application?
	Other – You may be required to submit a Bank Statement

Please send **copies**, not originals. If you are unable to make copies, please include a note requesting your originals be returned to you.

**\*\*\*\*\*It is your responsibility to provide all required documents to successfully process your application.\*\*\*\*\***

Submit Your Application to: [BBNA Workforce Development - Heating Assistance Program](#)

P.O. Box 310, Dillingham, AK 99576-0310

Region Wide 1-888-285-2262, Local (907) 842-2262, Fax: (833) 693-0570, Email: [eligibility@bbna.com](mailto:eligibility@bbna.com)

**Filing Deadline: May 31, 2023**

# Application for Heating Assistance FY 2023

## 1. Which program are you applying for?

Heating Assistance

Subsidized Rental Housing Utility Deposit (SRHUD)

Out of Fuel OR

48 Hour Disconnect Notice (attach a copy of the notice)

\*Verification of accounts will be required to determine crisis need \*

**\*Our goal is 45 days or less to determine income eligibility for heating assistance.**

**To avoid a crisis, continue to make regular monthly payments on your fuel and electric utilities. \***

## 2. Tell us about you, the applicant.

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male Female

Social Security No: \_\_\_\_\_ US Citizen or Qualified Alien? Yes No

Your Mailing Address:
P.O. Box _____
City _____ State AK _____
Zip Code _____
Daytime Phone _____
E-mail (optional) _____

Your Physical Address:
Street _____
City _____ State AK _____
Zip Code _____
Message Phone _____
Cell Phone _____

**Your Ethnicity / Racial Heritage:** (Optional) Alaska Native African-American American Indian Asian  
Caucasian Hispanic Pacific Islander Other

## 3. Tell us about the people living in your household. (If you need more space, attach another sheet)

Household Members (First, MI, Last)	Date of Birth	Relation (NR=Not Related)	Social Security Number (Required)	US Citizen/Qualified Alien? (Yes/No)	Receive Income Last Month? (Yes/No)
Example: Susan B. Jones	01-21-1999	NR	000-00-0000	Yes	Yes

**4. Are there any other persons living with you at this residence who are not listed above?**

Yes No If "Yes," please list the name and describe how rent and utility expenses are being shared.

Name	Rent & Utility Expenses Shared

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

Receiving Public Assistance      Yes      No      Legally Disabled      Yes      No  
Age 60 or Over      Yes      No      Receive Food Stamps      Yes      No

**6. Have you or anyone else in your household applied for Heating Assistance from the State of Alaska or while living outside of the Bristol Bay region?**

Yes      No      If yes, when did you apply? \_\_\_\_\_  
 Where did you apply? \_\_\_\_\_

**7. List all gross income your household received from the month prior to the date you sign the application. You must attach all proof of income to the application.**

**Income Codes:**

- |            |                              |     |                                 |     |   |
|------------|------------------------------|-----|---------------------------------|-----|---|
| WA         | Wages                        | TT  | Tribal TANF                     | FC  | Foster Care Payments                    |
| SEA        | Seasonal Work                | WC  | Worker's Compensation           | BIA | BIA General Assistance                  |
| SE         | Self-Employment              | BP  | Bingo/ Pull Tab/ Other Winnings | SL  | Student Loans/Grants                    |
| ATAP       | Alaska Temporary Assistance  | UI  | Unemployment Insurance          | IN  | Interest                                |
| SSI        | Supplemental Security Income | TI  | Tips & Gratuities               | CS  | Child Support & Alimony                 |
| SSA        | Social Security              | RI  | Rental Income                   | CO  | Cash Outs (Retirement or Pension)       |
| PFD        | Permanent Fund Dividend      | FLS | Family Support (Please Explain) | APA | Adult Public Assistance Program         |
| VB         | Veteran's Benefits           | GR  | General Relief                  | PE  | Pension (other than Veteran's Benefits) |
| <b>FSH</b> | <b>Fishing Wages</b>         | DI  | Dividends                       | OT  | Other (Please Explain)                  |

**Employer name and contact information:**

Household Member	Type of Income (use codes above)	Gross Income	Weekly or Monthly?	Form of Proof	Last Day of Work
<b>Example: Susan Jones</b>	<b>WA</b>	<b>\$800.00</b>	<b>Weekly</b>	<b>Pay Stubs</b>	<b>January 31, 2011</b>

**8. Does anyone in your household have income from seasonal or self-employment work?**

(Fishing, fish processing, mining, construction, wood gathering, etc.)

Yes No If "Yes," please submit Form B Seasonal Work Statement or Form C Self Employment Statement including all proof of income and expenses.

**9. Does anyone in your household receive rental income from property?**

Yes No If "Yes," please provide the owner's name and how much income is received monthly.

Owner \_\_\_\_\_ Income (monthly) \_\_\_\_\_

**10. If your household income does not cover basic living expenses, explain how you are paying for the following:**

Rent: \_\_\_\_\_

Utilities: \_\_\_\_\_

Food: \_\_\_\_\_

**11. What kind of housing do you live in?**

- Apartment/Condominium
- Duplex (2 Units)
- Triplex (3 Units)
- 4 or more Units
- House
- Cabin
- Room (renting)
- Group Home
- Studio/Efficiency
- Boat
- Own Home(How old \_\_\_\_\_)
- Rent Home (attach Rental Agreement)

**Is your Home a:**

- HUD Home
- BIA Home

**Do you still have a Mortgage on your home:**

- YES
- NO

**Temporary Housing:**

- Van
- Pick-Up Camper
- Tent
- Boarding Home
- \*Motel/Hotel/Hostel

- Travel Trailer (Less than 35 ft.)
- Mobile Home (More than 35 ft.)

**Please provide the exterior length and width**  
Length(ft.) \_\_\_\_\_ Width(ft.) \_\_\_\_\_

**\*\* If you live in temporary housing, please provide a signed statement from someone who can prove you have lived there for 60 days.\*\***

**12. How many bedrooms are there in your home? \_\_\_\_\_**

**13. How much rent, mortgage or space rent do you pay each month?**

Rent \_\_\_\_\_ Mortgage \_\_\_\_\_ Space Rent \_\_\_\_\_

**14. If you rent, please provide a contact name and phone number for your landlord or manager. Remember to attach a copy of your rental agreement.**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**15. Is your rent based on 30 percent of your income (subsidized or section 8)?**

Yes No If "Yes," please attach a copy of your rental housing worksheet.

If heat and/or electricity is included in your rent, you **MUST** attach a copy of your rental Agreement and most recent rent receipt or statement from your landlord.

# Questions About Your Heating & Electricity

You must attach copies of your most recent fuel and electric utility statements, or wood vendor receipts.

**16. What is the primary heating source for your home?**

Fuel Oil      Wood stove      Propane      Kerosene      Coal      Electricity

**17. What is the secondary heating source for your home?**

Does Not Apply

Fuel Oil      Wood stove      Propane      Kerosene      Coal      Electricity

**18. What type of heat source do you have?**

Boiler      Furnace      Toyostove      Monitor19.

How old is your primary heat source? \_\_\_\_\_

What make and model is the primary heating source? \_\_\_\_\_

**19. If you heat with wood, please answer the following:**

Does not apply

I harvest my own wood.      I purchase wood from a vendor      Wood Vendor Name? \_\_\_\_\_

How many cords used a year? \_\_\_\_\_ What do heat with wood? \_\_\_\_\_

If you harvest your own wood, where do you harvest it? \_\_\_\_\_

Wood stove make and model# \_\_\_\_\_ Age of woodstove \_\_\_\_\_

**20. Who pays for your home heat?**

Self      Landlord      Other (explain)

**21. Who pays for your home electricity?**

Self      Landlord      Other (explain)

**22. Have you applied or received weatherization assistance on your home?**

Yes - applied      No, have not applied      Applied, but have not received help yet

Which agency did you apply to? \_\_\_\_\_ What year did you apply? \_\_\_\_\_

**\* Please attach copies of your electric and fuel statements required for verification**

**23. If you pay both heat and electricity, should part of your grant be sent to your electric account?**

Yes      No

**24. Please tell us about your Fuel and/or Electric Company.**

Name of Fuel Company \_\_\_\_\_ Name of Electric Company \_\_\_\_\_

Name on Account \_\_\_\_\_ Name on Account \_\_\_\_\_

Account Number \_\_\_\_\_ Account Number \_\_\_\_\_

Amount of Current Bill \_\_\_\_\_ Amount of Current Bill \_\_\_\_\_

**If your fuel or electric account is in someone else's name, please explain.**

Explanation: \_\_\_\_\_

# Signature

## Statement of Truth

**To receive assistance, you must agree to all of the statements below & sign.**

- \* I understand that I must notify BBNA within 10 days, if I move or household members change.
- \* I understand that a BBNA representative may call my home, may contact other people and complete a home visit to determine my eligibility for assistance.
- \* I understand that information I give may be verified by computer cross-matching with other agencies.
- \* I authorize BBNA to release to the Division of Public Assistance information about my eligibility for unemployment insurance and work history.
- \* I authorize BBNA to communicate with my vendor(s) and other agencies on my behalf as it relates to the Heating Assistance program.
- \* I understand that I must be currently living in the home for which I am applying.
- \* I have read the Rights and Responsibilities sections of the application packet and understand them.
- \* I will not sell, barter, trade or give away the heating benefits I may receive.
- \* I have read the Release of Information sections of the application packet and understand them, including the penalties for fraud.

**I certify under penalty of perjury or of unsworn falsification in violation of AS 11.56.210 that the statements made regarding the persons in my home, the income and all other items that pertain to my possible eligibility for assistance are true and correct to the best of my knowledge.**

**25. X**

\_\_\_\_\_  
Signature of Adult listed on Page 1, Question 2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness if signed with an "X"  
(Legal Guardians provide documentation)

**26. X**

\_\_\_\_\_  
Signature of Other Adult Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness if signed with an "X"

**Final Checklist: Did you remember?** (Failure to submit all required information may delay or deny your application)

Answer all questions

Include copies of picture ID & Tribal ID card if tribally enrolled

Provide Social Security numbers & dates of birth for all household members

Include copies of Regular employment income: paycheck stubs, payroll summary

Include copies of Benefits & Assistance statements: SSA/SSI, APA, TANF, GA, UI,

Include copies of Seasonal & Self Employment income

Include copies of fuel/electric statements & wood vendor receipts

Include a copy of your Rental Agreement if you are renting

Read & Sign the Statement of Truth form & agree to program requirements

## 2023 Income Guidelines

Household Size    Gross Income (Prior Month)

1	\$2,123.00
2	\$2,861.00
3	\$3,598.00
4	\$4,336.00
5	\$5,073.00

For each additional Household member add \$737

# Employment Statement (Form A)

BBNA Workforce Development - Heating Assistance Program  
P.O. Box 310  
Dillingham, AK 99576-0310  
Region Wide: 1-888-285-2262, Local (907)842-2262  
E-Fax: (833)693-0570

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Employer Use Only

Date Employment Started: \_\_\_\_\_ Started: \_\_\_\_\_  
Date Employment Ended (if employee no longer works for you): \_\_\_\_\_  
Date Last Paycheck Issued: \_\_\_\_\_ Gross Amount Issued: \_\_\_\_\_

### Payroll Contact Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Provide the information below for the last eight (8) paychecks issued or attach a copy of a computer printout.

<u>Gross Pay \$</u>	<u>Issue Date</u>	<u>Tips Received \$</u>

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

**Employer: Please complete, sign, fax or mail this form to the above address. Thank You!**



# Seasonal Work Statement (Form B)

BBNA Workforce Development - Heating Assistance Program  
 P.O. Box 310  
 Dillingham, AK 99576-0310  
 Region Wide: 1-888-285-2262, Local (907)842-2262  
 E-Fax: (833)693-0570

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

## For Employer Use Only

Date Employment Started: \_\_\_\_\_ Date First Paycheck Started: \_\_\_\_\_

Date Employment ended (if employee no longer works for you): \_\_\_\_\_

Date Last Paycheck Issued: \_\_\_\_\_ Gross Amount Issued: \_\_\_\_\_

Circle the past 12 months of seasonal employment: 20 \_\_\_\_\_ JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC  
 20 \_\_\_\_\_ JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Provide information below for the past 12-month period

<u>Gross Pay \$/Issue Date</u>	<u>Gross Pay \$/Issue Date</u>	<u>Gross Pay \$/Issue Date</u>

Address: \_\_\_\_\_

Payroll Contact Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

**Employer: Please complete, sign, fax or mail this form to the above address. Thank You!**

# Self-Employment Income and Expenses (Form C)

BBNA Workforce Development - Heating Assistance Program  
 P.O. Box 310  
 Dillingham, AK 99576-0310  
 Region Wide: 1-888-285-2262, Local (907)842-2262  
 E-Fax: (833)693-0570

Examples of self-employment include: commercial fishing, guiding, charter fishing, carving, trapping, baby-sitting, day care, home party sales, cosmetic sales, taxi driving, owning your own business and rental income.

**Name of Self-Employed Person:** \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Circle the past 12 months of seasonal employment:**    20 \_\_\_\_\_    JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC  
 20 \_\_\_\_\_    JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Provide an itemized list of all business related income and expenses received during the prior 12 months.

Allowable business expenses are those that are necessary, non-personal costs of doing business. Non-Allowable business expenses are depreciation, amortization and the principle portion of payments on business debt, personal or home expenses which the household would incur regardless of the business expense.

**Itemized Business Income:**

**Itemized Business Expenses:**

Date	Source	Amount		Date	Source	Amount
<b>12 Month Income Total</b>				<b>12 Month Expense Total</b>		

Your total 12-month self-employment income, less allowable business related expenses, and any other earned and unearned income, will be divided by 12 to arrive at a monthly average. Attach additional pages as necessary. If you are self-employed through fishing, please send a copy of your entire fishing settlement for the past 12 months. If you have computerized records, you may provide a copy of your ledger documenting your business related income and expenses for the previous 12 month period. Please sign & date the ledger.

**You must also provide a copy of your most recent IRS 1040 & Schedule C income tax forms**

I certify under penalty and perjury or of unsworn falsification in violation of AS 11.56.240, that this income and expenditure information is true and correct to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_ **Page 8 of 9**

## When can I apply?

**One benefit is issued per “season”. Applications will be accepted from October 1 – May 31. Benefit processing will begin November 1.**

## What are the 2023 income guidelines?

Household size	Gross Income in Prior Month
1	\$2,123.00
2	\$2,861.00
3	\$3,598.00
4	\$4,336.00
5	\$5,073.00
6	\$5,811.00
For each additional household member add \$737.50	

## Are the benefits sent directly to me?

Benefits are a one-time payment issued to your fuel or electric company and will be credited to your account.

## Can I transfer my grant?

Once you have received your grant, it cannot be transferred unless you have moved to an area that is served by a different fuel and/or electric company.

## Your Rights and Responsibilities

What if I disagree with your decision?

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 fair hearing. You may request a fair hearing by telephone, in person, or in writing. Contact BBNA Workforce Development Heating Assistance Program or write to BBNA Workforce Development - Heating Assistance Program. Hearings must be made within 30 days after you are mailed a notice of a decision on your Heating Assistance case. At the hearing, you may represent yourself. You may also be represented by legal counsel (e.g., Alaska Legal Services Corporation) or by another party of your choice.

How are my rights protected?

No person in the United States, on the grounds of race, color, national origin, or disability, shall be excluded from participation or be denied the benefits of federal assistance. If you feel that you have been discriminated against, you may file a complaint with BBNA Workforce Development, with the Division of Public Assistance or with the United States Department of Health and Human Services.

Do I need to tell you if something changes?

Yes. Not having current information may delay your benefits. It is very important that you report changes in your address, phone number or in household members moving into or out of the home within 10 days. Report changes to BBNA Workforce Development - Heating Assistance Program at 1-888-285-2262 or 1-907-842-2262.

What happens if I do not follow the rules?

Any member of your household who deliberately breaks the rules and receives benefits to which they are not entitled must repay the benefits and may be prosecuted.

## Release of Information

Your signature on this application gives Bristol Bay Native Association Workforce Development Heating Assistance program, the Department of Health and Social Services, and the Department of Law permission to ask for information about your finances, family and personal history. This information is only used in the administration of the BBNA Heating Assistance Program and will not be released to any other program or agency outside Department of Health and Social Services. The Release of Information will be in effect while you are an applicant or recipient of Heating Assistance and for any later investigations of your eligibility and receipt of benefits.

The people or organizations that may be contacted include, but are not limited to: fuel and electric companies, the Alaska Housing Finance Corporation, Department of Labor and Workforce Development, Department of Law, Department of Military and Veterans Affairs, Department of Revenue, U.S. Immigration Service, employers, landlords, Native corporations, private individuals, Social Security Administration, and tax assessors.

## How are the grants calculated?

Grants are calculated using a point system. Points are given based on the town you reside in, what type of fuel you use to heat your home, the type of building you live in, your household size and household income.

## How long will it take?

Our goal is 45 days or less to determine income edibility. Continue to pay your bills while waiting on a decision on your application. If your bills are overdue or you are in danger of running out, contact your heat or electric company to set up a deferred payment agreement.

## Do I qualify if heat is included in my rent?

If heat is included in your rent and you do not live in subsidized housing, you may qualify for Heating Assistance.

## How do I report income?

List all income received in the month prior to the date you signed your application. Without proof, your application will be delayed or denied. Acceptable proof includes wage stubs, employer work statements (form A), Seasonal work statements (Form B), self-employment income & expenses (Form C) and year end statements or award letters from Social Security.