



ELDER ENERGY ASSISTANCE APPLICATION

The KICHA Energy Assistance program helps income eligible American Indian/Alaska Native (AI/AN) elders 60+ with energy costs associated in heating their place of residence. The program provides financial help and information needed to manage fuel costs. It is our goal that all people who apply for the program are treated with respect and understanding. Assistance is limited to \$700 annually and awarded on a first come first served basis until funds are exhausted.

ELIGIBILITY GUIDELINES

Eligibility is based on household gross income using the following criteria the following documents may be requested to verify income:

- The most recent calendar month's income verification prior to award
- Previous year's tax return (if applicable)
- Annual Statement of Benefits - Social Security
- Annual Statement of Benefits – Supplement Security Income
- Annual Statement of Benefits – Retirement
- Self-employment worksheet for self-employed household members for the prior 12 months. (Schedule C of Tax Return)

The standard used to determine maximum allowable income for eligibility is 80% of the median income guidelines issued annually by Housing and Urban Development (HUD) for the Ketchikan Gateway Borough area.

Maximum eligible income **FY21** to May is:

Persons in Household	Annual Income	Monthly Income
1	\$52,584	\$4,382
2	\$60,096	\$5,008
3	\$67,608	\$5,634
4	\$75,120	\$6,260
5	\$81,130	\$6,761
6	\$87,139	\$7,262
7	\$93,149	\$7,262
8	\$99,158	\$8,263



For office use only

Date Received: _____
 Service Date: _____
 Grant Amount: _____

2021 KIC Housing Authority Elder Energy Assistance Program Application

Before completing this application, carefully read the "Eligibility Guidelines"

Part 1. Personal Information

Your Social Security Number: <div style="border: 1px solid black; width: 100%; height: 30px; display: flex; align-items: center; justify-content: center; margin-top: 5px;"> - - </div>	Disclosure of Social Security Number for the primary applicant is required. If you do not provide your verifiable social security number, your application cannot be processed. KIC will use Social Security Numbers to verify information supplied on the application, to prevent, detect, and correct fraud, waste, and abuse, and for the purpose of responding to requests for information from agency programs funded by block grants for temporary assistance for families in need
Your Name: _____ DOB: ____/____/____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> First Name M.I. Last Name </div>	
Current Home Address: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Street Apt. City AK State Zip </div>	
Mailing Address: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Street Apt. City AK State Zip </div>	
() _____ () _____ Home Phone: _____ Cell or other phone _____	
Email: _____	

Part 2. Household Information

List all household members starting with applicant

First, M.I., Last name	Social Security Number	DOB mm/dd/yyyy	Tribal Enrollment Number	Relationship to applicant
	- -	/ /		Self
	- -	/ /		
	- -	/ /		
	- -	/ /		
	- -	/ /		
	- -	/ /		

SOURCES OF INCOME AND OTHER ASSISTANCE

(Check all that apply for your household and send proof of income)

<input type="checkbox"/> Wages	<input type="checkbox"/> State of Alaska Senior Benefits	<input type="checkbox"/> Self-Employment/Farm Income* Date Business started: _____
<input type="checkbox"/> Alaska PFD	<input type="checkbox"/> Rental Income	<input type="checkbox"/> Unemployment Compensation
<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Interest or Dividend Income	<input type="checkbox"/> Contract for Deed Interest
<input type="checkbox"/> Veterans' Benefits	<input type="checkbox"/> Social Security Retirement Benefits	<input type="checkbox"/> Social Security Disability Income (SSDI)
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Retirement Survivors Disability Insurance (RSDI)	<input type="checkbox"/> Retirement Income
<input type="checkbox"/> Pension/Annuity (including quarterly and annual)	<input type="checkbox"/> Judgments or ANSCA Per Capita Payments	<input type="checkbox"/> Diversionary Work (DWP)
<input type="checkbox"/> Long/Short-term Disability	<input type="checkbox"/> FIP	<input type="checkbox"/> General Assistance (GA)
<input type="checkbox"/> Alimony or Spousal Support	<input type="checkbox"/> Other:	<input type="checkbox"/> Child Support (is not income)
<input type="checkbox"/> Food Support (is not income)	<input type="checkbox"/> Earned Income Tax Credit	<input type="checkbox"/> No Income

List all expected income for the calendar year for each member of the household. Include all annuity payments such as PFD's and ANSCA corporation payments.

Household Member	Income Source (Employment, PFD, SSI, GA, etc.)	Amount	Frequency (i.e., monthly/weekly)	Verification Attached (i.e. Check stub/w-2 etc.)
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

You will be required to send proof of all gross income received by all members in your household for the **most recent calendar month as well as your most recent tax return**. Send copies, originals will not be returned.

*If self-employed, copies of most recent IRS-1040 tax return, including Schedule C.

Criminal and Administrative Actions for False Information

I/we understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or state criminal law. I/we understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination from KICHA programs.

Signature and Date of adult household members:

Applicant: _____ Co-Applicant _____

Date ____/____/____

Best ways to reach you if we have additional questions:

- US Mail Phone Email (address on page 1)

Do you have any relatives working at KIC? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "YES", please list them here.
Name:	Relationship:	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

This page must be completed with all employment information before application will be considered, **if you are not employed be sure to put N/A**. Income earned by **all** household members must be reported. Upon selection you will be required to submit complete copies of federal tax returns and/or most recent month income verification for all adult residents.

Head of Household Employer:	
Position:	
Employer Address:	
Work Phone Number:	Date Employed:
Gross (Before Taxes) Monthly Earnings \$	
Co-Head of Household Employer:	
Position:	
Employer Address:	
Work Phone Number:	Date Employed:
Gross (Before Taxes) Monthly Earnings \$	
Other Adult Household Member Employer:	
Position:	
Employer Address:	
Work Phone Number:	Date Employed:
Gross (Before Taxes) Monthly Earnings \$	

Part 3. Housing Information

<p>Type of Housing:</p> <p><input type="checkbox"/> House</p> <p><input type="checkbox"/> Apartment/Condo</p> <p><input type="checkbox"/> Townhouse</p> <p><input type="checkbox"/> Mobile Home</p> <p><input type="checkbox"/> Duplex</p> <p><input type="checkbox"/> Triplex</p> <p><input type="checkbox"/> Four-plex</p> <p><input type="checkbox"/> Other</p> <p>How long have you lived in your current home?</p> <p>_____ Years _____ Months</p>	<p>Renters: Do you get a rent subsidy or do you live in subsidized housing? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Is heat included in your rent? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Is electricity included in your rent? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Landlord's Name: _____ Phone: _____</p> <p>Address: _____</p> <p>Homeowners: Are you having problems with your heating system? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>if yes, please describe problem:</p> <p>_____</p> <p>_____</p> <p>Business Use of Home: If you are self-employed, is the business at your home? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes, what kind of business and what work is done in your home or on your property? _____</p> <p>Do you rent out part of your home to anyone? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>
--	---

Part 4. Heat Sources (Oil, wood pellet, wood stove, electricity, other)

Main Heat Source _____

Secondary Heat Source _____

What energy companies supply heat and electricity to your home? Which energy company do you want the energy assistance to go to? Select only one.

	Heating No. 1	Heating No. 2	KPU Electric
Company Name			
Name on Acct			
Account Number			

SEND A COPY OF YOUR LAST HEAT AND ELECTRIC BILLS OR FUEL RECEIPT WITH THIS APPLICATION FOR THE VENDOR OF YOUR CHOICE.

If you are having an energy emergency right now, check type of emergency below and send a copy of the notice from your energy company showing the amount owed:

Already disconnected
 Company: _____ Disconnect Date: _____ Amount Owed: _____

Received disconnect notice
 Company: _____ Date Scheduled: _____ Amount Owed: _____

Please contact your energy company to set up a payment plan.

Do you use electricity to heat your home? Yes No. If yes, check the box (s) below to indicate how it is used.

- Furnace fan/blower only
- Space heaters used as needed
- Space heaters are the only source of heat for one or many rooms. List the room(s): _____

- Other electric heat used.** Check all that apply:
- Baseboard Heat In Floor System Electric Furnace Heat Pump

******* You must complete all blanks on the application or it may slow down the processing of your application. Please check to make sure you have fully completed the application. *******



Ketchikan Indian Community Housing Authority (KICHA) Authorization for release of information 2021

1. I give my consent and authorization for any Federal, State, or local agency to release to the Ketchikan Indian Community Housing Authority (KICHA) any information needed to complete and verify my application for assistance.
2. I authorize the Social Security Administration and the Alaska Department of Health and Social Services (ADHSS) and its affiliated agencies to share with KICHA data concerning my Social Security Number and public benefits received within the last year for eligibility for benefits.
3. I authorize KICHA to:
 - Contact my employer to verify my income.
 - If I rent, to contact my landlord to confirm my residency and standing.

signing, I affirm that all data in this application is correct. I also acknowledge that

- I currently reside in the address listed on this application.
- I am signing on behalf of all household members.
- I may have to prove my statements.
- I may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.
- I understand that filling out this application does not guarantee that my household will receive assistance.

Head-of-Household	
Print Name _____	Birth Date ____ / ____ / ____
Social Security Number ____ - ____ - ____	
Signature _____	Date ____ / ____ / ____
Co-Applicant	
Print Name _____	Birth Date ____ / ____ / ____
Social Security Number ____ - ____ - ____	
Signature _____	Date _____
Adult Member	
Print Name _____	Birth Date ____ / ____ / ____
Social Security Number ____ - ____ - ____	
Signature _____	Date ____ / ____ / ____

I authorize release of information regarding my credit, references (personal/landlord etc.) criminal history, and financial information to a representative of KICHA for period of (1) year from the date signed.

ELDER ENERGY ASSISTANCE APPLICATION CHECKLIST

Please review application for completeness prior to mailing or delivering to KICHA

- Completed Application – Signed and dated
- Copy of KIC enrollment card, Certificate of Indian Blood or Tribal Enrollment card- for all household members
- Copy of Picture I.D – for all household members
- Copy of Social Security Card – for all household members

- Signed, Authorization for Release of Information, page 6

Income Information

- Copy of most recent month's income for all adult members of household ,or,
- Copy of previous year's tax return (If applicable)

Heating Information

- Copy of most recent heating or electric bill

Ketchikan Indian Community Housing Authority

429 Deermount Street | Ketchikan, AK 99901

Fax (800) 821-4901 | Direct: 907-228-9222

Email: Housing@kictribe.org

Statement of No Income

I, _____ attest to not having any income.

Dated: ____ / ____ / ____

Signature

Do you have any relatives working at KIC? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "YES", please list them here.
Name: _____ _____ _____ _____	Relationship: _____ _____ _____ _____	

