Bristol Bay Native Association

P.O. Box 310, Dillingham, Alaska 99576 Phone (907) 842-5257

Aleknagik
Chignik Bay
Chignik
Lagoon
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
Ugashik

September 17, 2010

Dear Low Income Heating Assistance Applicant,

BBNA Workforce Development Program is managing the Low Income Heating Energy Assistance Program (LIHEAP) and the AK Heating Assistance Programs for your community.

Please fill out the attached application for Low Income Heating Energy Assistance Program. Please be sure to list all household members and list all available household income. Please return the completed application back to:

BBNA Workforce Development Center – LIHEAP
Box 310
Dillingham, AK 99576

Be sure to list your phone number(s) so we may contact you. You may fax your application form and back up information to 907-842-3498.

Applications are accepted October 1 to September 30 each year. It may take up to 45 days to process your application. **Please continue to pay your bills while waiting for a decision on your application. If your bills are overdue and you are in danger of running out of fuel, contact your heat or utility company to set up a payment plan.** Let them know you have applied for Heating Assistance with BBNA.

Eligibility is not solely based on income. Grants are calculated using a point system based on: the village you reside in, fuel type, dwelling type, household size and income. Each item has a point value. If you have low heating cost points after all factors are calculated, you may not qualify.

You can check to see if we received your application and/or the status, you may call 1-888-285-2262.

BBNA is using the State of Alaska LIHEAP application and a copy is attached or this may be found on our BBNA website at www.bbna.com.

Thank you

Rae Belle Whitcomb
Director, Workforce Development

To process your Energy Assistance application please include the following:

Case Documentation:

- ☐ Signed Application
- ☐ Identification Card if new to WFD.
- ☐ Bank Accounts for Household members if income direct deposited(including children)

Monthly Shelter Costs:

- ☐ Rent amounts
- ☐ Lease agreements

Monthly Utility Costs:

- ☐ Electricity Statement
- ☐ Fuel oil Utility Statement
- ☐ Wood

Income: all sources:

- ☐ Income from: (for all household members)
- ☐ Employment (paycheck stubs)
- ☐ Seasonal employment
- ☐ Fishing statement
- ☐ Medical Transfer payment of Fishing Permit
- ☐ Shareholder Dividends
- ☐ State of Alaska Permanent Fund Dividend form
- ☐ Corporation Dividends (BBNC, etc)
- ☐ Unemployment Benefits
- ☐ Foster Care Payments
- ☐ Tax return form

Assistance amounts received from:

- ☐ General Assistance (last amount and date received)
- ☐ Food Stamps
- ☐ Medicaid
- ☐ ATAP (from State of Alaska)
- ☐ TANF (from Tribal Agency)
- ☐ Child Support (payment or money received, for child(s) applied for)
- ☐ Social Security

State of Alaska
Department of Health & Social Services
Division of Public Assistance - Heating Assistance Program
http://www.hss.state.ak.us/dpa/heat
liheap@alaska.gov
Juneau 465-3058, Statewide 800-470-3058

Please summit to:
BBNA Workforce ATTN: LIHEAP
P.O Box 310
Dillingham, AK 99576
FAX: (907)-842-3498

Application for Heating Assistance

When can I apply?

Applications for Heating Assistance are accepted October 1, 2010 through April 30, 2011 of each year. If you are legally disabled or age 60 or older, we will accept your application as early as September. The program begins issuing grants on November 1, 2010.

Applications for the Subsidized Rental Housing Utility Deposit (SRHUD) are accepted throughout the year.

What are the income guidelines?

Household Size	Gross Income (In Prior Month)
1	$2,537
2	$3,414
3	$4,292
4	$5,169
5	$6,047
6	$6,924

For each additional household member add $877

How is the grant calculated?

Eligibility is not solely based on income. Grants are calculated using a point system based on: the area of the state where you live, fuel type, dwelling type, household size and income. Each item has a point value. If you have low heating cost points after all factors are calculated, you may not qualify.

How do I apply?

All Public Assistance offices will accept your application. You can also mail or fax the application to:

Please summit to:
BBNA Workforce ATTN: LIHEAP
P.O Box 310
Dillingham, AK 99576
FAX: (907)-842-3498

Programs

Heating Assistance

Helps households pay a portion of home heating expenses.

Subsidized Rental Housing Utility Deposit (SRHUD)

Helps pay a utility deposit when households are moving into Section 8 or subsidized rental housing, provided that heat is included in rent.

How long will it take?

It may take up to 45 days to process your application. **Continue to pay your bills while waiting for a decision on your application.** If your bills are overdue or you are in danger of running out of fuel, contact your heat or utility company to set up a deferred payment agreement. Let them know you have applied for Heating Assistance.

How can I check on my application?

You can check to see if we received your application or find out your grant amount by calling our 24-hour information hotline: Anchorage 269-5777 or all other areas toll free 1-888-804-6330. You will be asked:

- ✓ The social security number of the person listed on page 1, question 2, of your application;
- ✓ Your security code is the last four digits of the phone number listed on page 1, question 2, of your application. If there is not a daytime phone listed, use message or cell number.
- ✓ If you did not list any phone numbers, your security code will be the 4 digit birth year of the person listed on page 1, question 2 of your application.
- ✓ For your records, write your security code here _____.

Read and Keep this Page

How often can I receive Heating Assistance?

You can receive one grant each season between November 1- April 30.

Are the grants sent directly to me?

In most cases, your grant is paid to your fuel vendor and/or electric company and will be credited to your account.

Do I qualify if my 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.

Do I qualify if I live in Section 8 or subsidized rental housing?

Heating Assistance: If heat is included in your rent, you do not qualify for Heating Assistance.
Subsidized Rental Housing Utility Deposit (SRHUD): If you are requesting help with a utility deposit required to establish electric service for Section 8 or subsidized rental housing and heat is included in your rent, you may be eligible. If you pay for your heat you will not qualify for a SRHUD but you may qualify for Heating Assistance.

Can I apply for Heating Assistance if I do not live in the home?

No. You must live in the home to qualify.

How do I report income? (Please provide proof of all income with your application.)

List all your income received the month prior to the date you signed your application. Without proof, your application may be delayed or denied. Acceptable proof includes wage stubs showing check date, gross income and year-to-date figures, an employer work statement (Form A) or signed letter from your employer. Year-end statements or award letters are required for Social Security and retirement benefits. **Bank statements are not adequate proof.** If you are a seasonal worker or self-employed, go to Form B or C to determine your monthly income.

Do I report my Permanent Fund Dividend?

PFD income is not counted towards your eligibility for Heating Assistance. However, list it as it helps us understand how you are meeting your expenses.

What if I have a disconnect notice or am out of fuel?

If you have run out of fuel or have a notice that you will be disconnected in 48 hours, contact your heat or utility company immediately to see if you can make payment arrangements. If they cannot make an arrangement with you, you may get emergency processing if you send in a complete application and attach copies of your disconnect notice, home heating and electricity bills, and proof of income for all household members. Your application will be reviewed for emergency processing. If you do not qualify, your application will be processed in the date order it was received in the Heating Assistance Office, or other Division of Public Assistance office.

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 heat/electric company. Contact our office if you move so we can help you transfer your grant.

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How do I avoid delays?

Providing all the information requested on the application will avoid delays.

- Complete (print carefully), sign and date the application.
- Attach copies of pay stubs received in the month before you apply for anyone in the household who worked. If you cannot locate all of your pay stubs, have your employer(s) fill out Form A.
- If you have worked seasonally, attach copies of pay stubs for the last 12 months. If you cannot locate all of your pay stubs, have your employer(s) fill out Form B.
- If you have been self-employed, provide an itemized listing of all business related income and expenses received during the last 12 months using Form C, and provide a copy of your most recent income tax return.
- If you live in a trailer or mobile home 35 feet or longer, list the exterior length and width in question 12.
- Attach copies of your most recent fuel and/or electricity bill(s). You must show a cost to be eligible.
- If heat is included in your rent, attach a copy of your rental agreement and most recent rent receipt showing heat is included in your rent.
- Attach a copy of your disconnect notice if it is within 48 hours and you are requesting emergency processing.
- If you live in Section 8 or subsidized housing, attach a copy of your rental housing worksheet.
- **It is your responsibility to provide all required documentation to process your application.**

How do I know if I will receive Heating Assistance from a tribal organization?

For a list of communities served by tribal organizations go to:
http://www.hss.state.ak.us/dpa/programs/hap/tribal.html or contact your local tribal organization or the Heating Assistance office. It can delay your benefits if you apply with the wrong organization.

Tribal organizations providing Heating Assistance are:

- Aleutian/Pribilof Islands Association - 276-2700
- Assoc. of Village Council Presidents - 543-3521
- Bristol Bay Native Association - 842-2262
- Kenaitze Indian Tribe I.R.A. - 283-3633
- Kodiak Area Native Association - 486-9800
- Kuskokwim Native Association - 675-4384
- Orutsararmiut Native Council - 543-2608
- Seldovia Indian Tribe - 234-7898
- Tanana Chiefs Conference - 452-8251
- Tlingit-Haida Regional Housing Authority - 780-6868
- Yakutat Tlingit Tribe – 784-3302

Can I receive a grant from both the state and a tribal organization?

No. You cannot receive Heating Assistance from the state and a tribal organization.

Can a Fee Agent help me complete my application if I live in rural Alaska?

Yes. Some areas have fee agents to help you complete your application. You do not have to use a fee agent.

Would you like to lower the cost of heating your home?

Weatherization programs may be able to help lower your heating cost by installing energy efficient improvements. For your local weatherization program go to http://www.ahfc.state.ak.us/grants/weatherization.cfm or call:

Phone	Weatherization provider	Service area
907-343-4881	Municipality of Anchorage	Anchorage
800-478-8080	Alaska Community Development Corporation	Mat-Su, Kenai-Pen, Copper River, Kodiak, Bristol Bay, Aleutians, Southeast Alaska except Juneau
800-478-5323	Interior Weatherization	Interior Alaska
800-478-7227	RurAL Cap	Juneau, western and northern Alaska

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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 hearing by telephone, in person, or in writing. Contact any Public Assistance office or write the Heating Assistance Program. Hearing requests 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 person of your choice.

How are my rights protected?

No person in the United States, on the ground of race, color, national origin, or disability, shall be excluded from participation or be denied the benefits of federal assistance. If you feel you have been discriminated against, you may file a complaint 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 the Heating Assistance office: in Juneau 465-3058, all other areas toll free 1-800-470-3058 or email at liheap@alaska.gov.

What happens if I do not follow the rules?

Any member of your household who deliberately breaks any 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 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 Heating Assistance Program and will not be released to any other person or agency outside of the 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 Services, employers, landlords, Native corporations, private individuals, Social Security Administration, and tax assessors.

Read and Keep this Page

Mail your application to: Heating Assistance Program
400 Willoughby, Suite 301, Juneau, AK 99801-1700
Juneau Phone 465-3058, Fax 465-3319, Statewide 800-470-3058, Fax 888-282-3319
Filing Deadline: April 30, 2011

Office Use Only
Date Received

Application for Heating Assistance

1. Which program are you applying for? (Check one program)

- ❑ Heating Assistance pays a portion of home heating costs.
- ❑ Subsidized Rental Housing Utility Deposit (SRHUD) helps pay a utility deposit when households are moving into Section 8 or subsidized rental housing, provided that heat is included in the rent.
- ❑ I am out of fuel or have a disconnect notice for within 48 hours (Attach copy of disconnect notice).

2. Who are you? (Please Print)

Name (First, MI, Last)	Birthdate	Male or Female ❑ ❑	Social Security Number
Mailing Address	City	State	Zip Code	US Citizen or qualified alien ❑ Yes ❑ No
Physical Address	City	State	Zip Code
Daytime Phone	Message and/or Cell Phone	Email (Optional)

Your Ethnicity/Racial Heritage (optional): You may check one or more. Are you Hispanic? ❑ Yes ❑ No
❑ Caucasian ❑ American Indian ❑ Alaska Native ❑ Asian ❑ African-American ❑ Pacific Islander ❑ Other

People in your household

3.Tell us about other people living in your home. If you need more space, attach another sheet of paper.

Household Members (First, MI, Last)	Birthdate (Required)	Relation (NR= Not Related)	Social Security Number (Required)	US Citizen or qualified alien (Yes/ No)	Receive income last month?
Example: Joe D Jones	**2/10/74**	**NR**	**###-##-####**	**Y**	**N**

4. Are there any other persons living with you at this residence who are not listed above? ❑ Yes ❑ No
If Yes, list the names of roommates or other persons living at this residence and describe how rent and utility expenses are shared._____

5. Are you or anyone in your household:
Legally Disabled ❑ Yes ❑ No Age 60 or over ❑ Yes ❑ No Receiving Public Assistance ❑ Yes ❑ No

6. Have you or any of the adults in your household applied for Heating Assistance from a tribal or Native organization in your area? ❑ Yes ❑ No If "Yes," stop here. You cannot receive Heating Assistance from both the State of Alaska and a tribal or Native organization.

Income in your household

Example of how to report income

Application signed in:	Provide proof of all income received in:
September →	August
October →	September

Application signed in:	Provide proof of all income received in:
January →	December
February →	January

7. List all your income from the month prior to the date you signed your application. Without proof, your application may be delayed or denied. Acceptable proof includes wage stubs showing check date, gross income and year-to-date figures, an employer work statement (Form A) or signed letter from your employer. Year-end statements or award letters are required for Social Security and retirement benefits. **Bank statements are not adequate proof.** If you are a seasonal worker or self-employed, go to Form B or C to determine your monthly income.

Type of 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 Winnings	SL	Student Loans/Grants
ATAP	Alaska Temporary Assistance	UI	Unemployment Insurance	IN	Interest
SSI	Supplemental Security Income	TI	Tips and Gratuities	CS	Child Support and Alimony
SSA	Social Security	RI	Rental Income	CO	Cash Outs of 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)
		DI	Dividends	OT	Other (Please Explain)_____

Household member	Type of Income (See codes above)	Gross Income	Form of Proof	Last day of work	Weekly? Monthly?
Example: Susan Jones	**WA**	**800.00**	**Pay stubs**	**January 31**	**Weekly**

Employer Name _____ Phone Number _____

8. Does anyone have income from seasonal/self-employment? (farming, logging, home party sales) ❑ Yes ❑ No
See Form B or C for examples, how to calculate gross income and what to send as proof of income.

9. Does anyone in your house receive rental income from property? ❑ Yes ❑ No

Owner:_____Monthly Rental Income:_____

10. If your household income doesn't cover basic living expenses, explain how you are paying these costs.

Rent:_____

Utilities:_____

Food:_____

Questions about your residence

11. What kind of housing do you live in? Check the box that applies

Apartment or Condominium: ↓	❑ House	❑ Boat	❑ Van or Car*
❑ Duplex 2 units	❑ Cabin	❑ Group Home	❑ Pick-Up Camper*
❑ Triplex 3 units	❑ Renting a Room	❑ Travel Trailer (less than 35 feet) Lean-to Attached ❑ Yes ❑ No	❑ Tent*
❑ 4 or more units	❑ Studio/Efficiency	❑ Mobile Home (35 feet or longer)	❑ Motel /Hotel/Hostel*
*If you live in temporary housing, provide a signed statement from someone who can prove you have lived there for 60 days.			❑ Boarding Home*

12. If you live in a trailer or mobile home 35 feet or longer, what is the exterior length:____ft and width:____ft

13. How many bedrooms are in your home? (A loft counts as one bedroom) _____

14. How much rent or mortgage do you pay each month? Rent: $_____ Mortgage: $_____ Space Rent: $ _____

15. Is your rent based on 30 percent of your income (subsidized or Section 8)? ❑ Yes ❑ No If yes, attach a copy of your rental housing worksheet.

16. We may need to contact your landlord or manager to get information to process your application.

Name of landlord:_____ Address:_____ Phone Number:_____

Questions about your heating and electric

17. What is your main heat source? (Check only one. If you have more than one, check the one you use the most.)

❑ Natural Gas ❑ Fuel Oil ❑ Electricity ❑ Kerosene ❑ Coal ❑ Propane ❑ Wood ❑ Other_____

18. If you heat with wood, do you harvest it yourself? ❑ Yes ❑ No

19. Who pays for your home heat? ❑ Self ❑ Landlord ❑ Other (If other, please explain) _____

20. Who pays for your electricity? ❑ Self ❑ Landlord ❑ Other (If other, please explain) _____

21. **If you pay both heat <u>and</u> electricity, should part of your grant be sent to your electric account?** ❑ Yes ❑ No
- **Attach copies of your most recent fuel, electricity bill(s), or wood vendor receipts.**
- If heat is included in your rent, attach a copy of your rental agreement and most recent rent receipt or a statement from your landlord showing heat is included in your rent.

Please tell us the name of your fuel and/or electric company

22. _____

Name of Fuel Company | Account Number | Name on Account | Amount of Current Bill

23. _____

Name of Electric Company | Account Number | Name on Account | Amount of Current Bill

24. If your account for fuel or electric is in someone else's name, please explain_____

_____

Signature

Statement of Truth

To receive assistance, you must agree to all of the statements below and sign this form.

- I understand that I must notify heating assistance within 10 days if I move or change household members.
- I understand that a Department representative may call at my home, and may contact other people in order to verify my eligibility for assistance. I also understand that information I give may be verified by computer cross-matching with other agencies.
- I authorize the Alaska Department of Labor to release to the Division of Public Assistance information about my eligibility for unemployment insurance and work history.
- I authorize the Division of Public Assistance 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 and the Release of Information sections of the application packet and I understand them, including fraud and penalties, as described in this application.

I certify under penalty of perjury, or of unsworn falsification in violation of AS11.56.210, that the statements made regarding the persons in my home and the income and all other items that pertain to my possible eligibility for benefits 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"

Did you remember?

- ❑ Answer all 26 questions
- ❑ Include proof of income or have your employer complete Form A or Form B
- ❑ Include a copy of your latest rent receipt and rental agreement if you are renting
- ❑ Include a copy of your latest home heating and electric bill, or wood vendor receipt
- ❑ Read the Statement of Truth above
- ❑ Sign and date the application with today's date
- ❑ Provide social security numbers and dates of birth for all household members

Fee Agent and Office Use Only

- ❑ I have completed the Fee Agent Interview Report form.
- ❑ I certify that I have checked the information on the application carefully and that it is a true and complete statement of facts according 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.
- ❑ I understand that if this application is not complete, I may not be paid.

Date_____ Print Name _____ Daytime Phone _____

Address: _____

Address_____

Employment Statement - Form A

State of Alaska
Heating Assistance Program
400 Willoughby, Suite 301
Juneau, Alaska 99801-1700

In Juneau Phone 465-3058
All other areas toll-free Phone 1-800- 470-3058
In Juneau Fax 465-3319
All other areas toll-free Fax 1-888-282-3319
Email: liheap@alaska.gov

Employee Name: _____ SSN: _____

Employee Signature: _____ Occupation: _____

Business Name (Please Print): _____ Please complete, sign, and fax or mail this form to the address above. Your assistance is appreciated.

For Employer Use Only

Date employment began: _____ Date first paycheck issued: _____

Date employment ended (if employee is no longer working for you): _____

Date last paycheck was issued: _____ Gross amount issued: _____

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

Gross Pay	Issue Date	Tips Received

Employer Address: _____

Employer Signature (Required): _____ Date: _____

Payroll Contact Number: _____

******Note: The Employer Must Sign this Statement******

Seasonal Work Statement - Form B

State of Alaska
Heating Assistance Program
400 Willoughby, Suite 301
Juneau, Alaska 99801-1700

In Juneau Phone 465-3058, all other areas toll-free Phone 1-800- 470-3058
In Juneau Fax 465-3319, all other areas toll-free Fax 1-888-282-3319
Email: liheap@alaska.gov

Examples of seasonal employment may include: construction, fishing, fish processing, logging, mining, trapping, tourism related, firefighting, oil field and school district occupations. Be sure to submit verification of income from all sources. Your total income for the previous 12 months will be divided by 12 to arrive at a monthly average.

Employee Name:_____ SSN:_____

Employee Signature:_____ Occupation:_____

EMPLOYER: This form is to be used to verify seasonal employment income for the past 12- month period. Please complete, sign, and mail or fax this form to the address above. Your assistance is appreciated.

For Employer use only

Date Employment Began:_____ Date first paycheck issued: _____

Date Employment Ended (if employee is no longer working): _____

Date last paycheck was 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 the information below for the past 12-month period.

Gross Pay/ Issue Date	Gross Pay/ Issue Date	Gross Pay/ Issue Date

Business name (Please Print): _____

Employer Address: _____

Employer Signature (Required):_____ Date: _____

Payroll Contact Number:_____

**** **Note: The Employer Must Sign This Statement** ****

Self-Employment Income and Expenses - Form C

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

Provide an itemized listing of all business related income and expenses received during the prior 12 months.
Also, provide a copy of your most recent IRS 1040 and Schedule C income tax forms.

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

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 and date the ledger.

Name of Self-Employed Person:_____ Name of Business:_____

Type of Business:_____ Business Address:_____

Circle the past 12 months of self-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

You may be asked to provide additional documentation such as: copies of ledger books, trip tickets or letters from people who have paid you.

Itemized Business Income			Itemized Business Expenses		
Date	Source	Amount	Date	Source	Amount
	12-Month Income Total			12-Month Expenses Total	

Attach additional pages as necessary.

I certify under penalty of perjury, or of unsworn falsification in violation of AS11.56.210, that this income and expenditure information is true and correct to the best of my knowledge.

Signature: _____ Printed Name: _____ Date: _____