Association of Village Council Presidents
Social Services – Energy Assistance Program
PO Box 219
Bethel, AK 99559
(800) 478-3521 / (907) 543-7400
Fax (907) 543-7479

OR CURRENT RESIDENT

2014 AVCP Energy Assistance Program APPLICATION

BEFORE YOU BEGIN!

Only one (1) AVCP Energy Assistance Program award is allowed per household in a program year.

1. If your household has already applied between October 1, 2013 and July 31, 2014, and was approved, do not apply again.
2. If your household applied between October 1, 2013 and July 31, 2014, but was denied due to being over the income guidelines, please reapply if your income decreases.

IMPORTANT NOTICE ABOUT YOUR RIGHTS OF FAIR HEARING

Any person whose application is denied or not acted upon with reasonable promptness, or whose benefits are reduced or terminated, has the right to a fair hearing before an AVCP select committee. If you desire a hearing you may request one by calling 1(907)543-7400 or write to: AVCP Social Services Director, PO Box 219, Bethel, Alaska 99559. At the hearing you may represent yourself, be represented by legal counsel, or another person of your choice. You must request the hearing within thirty (30) days after receiving a notice.

Title VI of the 1964 Civil Rights Act states "NO PERSON IN THE UNITED STATES SHALL, ON THE GROUNDS OF RACE, COLOR, OR NATIONAL ORIGIN, BE EXCLUDED FROM PARTICIPATION IN, BE DENIED THE BENEFITS OF, OR BE SUBJECTED TO DISCRIMINATION UNDER ANY PROGRAM OR ACTIVITY RECEIVING FEDERAL FINANCIAL ASSISTANCE." If you feel you have been discriminated against under this provision, you may file a complaint with the U.S. Department of Health and Human Services or the U.S. Department of Justice.

SERVICE AREA

The Association of Village Council Presidents administers the Energy Assistance Program (EAP) for select villages in the Yukon and Kuskokwim Delta Region. This program is funded by the Low Income Home Energy Assistance Program (LIHEAP), and the Alaska Affordable Heating Program (AKAHP). The purpose of the program is to assist eligible households to pay the cost of home heating, electrical payments, and to provide Crisis Heating Assistance (see below).

IN CASE OF EMERGENCY OR NEED CRISIS HEATING ASSISTANCE

PLEASE DO NOT CALL US UNTIL YOU HAVE SUBMITTED AN APPLICATION!

If you are in danger of running out of fuel, contact your village tribal council office. Once we open the Crisis Heating Assistance program, we will notify all village Tribal Council offices of the number of available cases for your village, and provide them with the Crisis Assistance application. THIS IS A ONE-TIME GRANT!

To report **Fraud or Abuse** of Energy Assistance funds, please call an AVCP Energy Assistance Program representative toll free at 1(800)478-3521 or direct at 1(907)543-7400.

Frequently Asked Questions

When can I apply?

From the announced opening of the program until July 31, 2014. Applications must be postmarked by July 31, 2014. We will not accept applications from August 1, 2014 until the opening of the 2015 fiscal year program.

What are the monthly income guidelines?

Household Size	LIHEAP – Gross Income (In Prior Month)	AKAHP – Gross Income (In Prior Month)	Household Size	LIHEAP – Gross Income (In Prior Month)	AKAHP – Gross Income (In Prior Month)
1	$ 1,793	$ 2,690	10	$ 7,452	$ 11,178
2	$ 2,422	$ 3,633	11	$ 8,081	$ 12,121
3	$ 3,051	$ 4,576	12	$ 8,710	$ 13,065
4	$ 3,680	$ 5,520	13	$ 9,338	$ 14,008
5	$ 4,308	$ 6,463	14	$ 9,967	$ 14,951
6	$ 4,937	$ 7,406	15	$ 10,596	$ 15,894
7	$ 5,566	$ 8,349	16	$ 11,225	$ 16,837
8	$ 6,195	$ 9,292	+1, add:	$629	$943
9	$ 6,823	$ 10,235			

Who can get Expedited Processing for their application?

1. **Priority Groups**: Households running low on fuel and have at least one member who is:
   a) 2 years old or younger, b) 60 years old or older c) legally disabled.
2. Any household that has received an electricity shutoff notice; **you must send us a copy**. We allow this since most heating oil stoves require electricity to operate.

How long will it take?

It depends on how our caseload progresses. Our target is up to 45 days, but in the past we have been backed up to 3 months or more. The main factor that delays our processing is the overwhelming amount of applications we receive in a short period of time. **Please be patient with us as we are working as fast as we can to serve all applicants.**

Do I need to mail my application after I fax it?

No. Once you have confirmed we received all pages you faxed to us, there is no need to mail your application.

What are the main reasons applications aren't completed right away?

1) ***Main Reason***: All required Proof of Income not provided with application.
2) Missing information such as Date of Birth and Social Security Number. This information is required to verify identity and better determine eligibility.
3) Unable to contact applicants because the phone number(s) on the application have been changed or disconnected. If we are unable to contact you by phone to complete your case, we have no choice but to send you a letter then "Pend" your case, and then move onto other cases until you respond to our letter.

Can I transfer my grant?

Once you are awarded an EAP grant it cannot be transferred unless you move to a village served by a different heat/electric company within the AVCP Service Area. If the village/city you are moving to is served energy assistance by another agency, the unused grant funds will be refunded to us by your vendor. You will then have to reapply for energy assistance from your new village/city's servicing agency. Please call us if you are moving for assistance.

READ AND KEEP THIS PAGE

What Proof of Income do I need to provide with my application?

1. Attach copies of wage stubs received in the month before you apply for all working members of your household. If you cannot locate all required wage stubs, have your employer(s) fill out **Form B**. You can also get a payroll report/summary printout or copies of your most recent Tax Return IRS 1040 pages 1 and 2.
2. If you worked seasonally (including commercial fishing CREWMEMBERS), attach copies of all wage stubs for the last 12 months. If you cannot locate all required wage stubs, have your captain/employer(s) fill out **Form C**. You can also submit copies of your most recent Tax Return IRS 1040 pages 1 and 2.
3. If you have been self-employed (including commercial fishing PERMIT HOLDERS), provide an itemized listing of all business related income and expenses received during the last 12 months using **Form A**. You can also provide 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.
4. Provide copies of year-end statements or award letters for all benefits and assistance received by your household.
5. The only Proof of Income we do not need are for dividends as they are not counted; this includes the Permanent Fund Dividend.
6. **Please send copies, not originals. We cannot guarantee we'll be able to return the originals to you. If you are unable to make copies please include a note requesting your originals be returned to you.**

How do I avoid delays?

- Complete application (printed clearly); signed and dated by the applicant **AND** Tribal Administrator.
- Attach copies of Proof of Income for **all income** (minus dividends) received by your household.
- Attach copies of your most recent fuel statement and electricity bill.
- Attach a copy of your electricity shutoff notice if you are requesting expedited processing.
- Attach all other required documents such as **Forms A**, **B**, or **C**, rental agreements, or rental housing worksheets.
- **It is your responsibility to provide all required documentation to completely process your application.**

What if I need help paying for things other than heating or electricity?

If you need help paying for other things like your wireless cellphone bill, food, clothing, etc. you will need to apply to other programs because this program is for heating and electricity only. We also run the Bureau of Indian Affairs (BIA) General Assistance, Temporary Assistance for Needy Families (TANF), and other programs. You can call us at (800) 478-3521 or (907) 543-7300/7400 for more information. Please call the Division of Public Assistance to seek additional resources at (800) 478-2686 or (907) 543-2686. **Please do not send us copies of bills other than fuel and electricity.**

Temporary Assistance for Needy Families (TANF) Clients

If you are a TANF client you may be able to get heating assistance through Supportive Services. Please contact a TANF representative at (800) 478-3521 or (907) 543-7400 for more information or to apply if you have children under 18.

How can I check my application?

You can call us after faxing your application to confirm we received all pages. Please wait 3-5 days after mailing before calling us to confirm receipt. Once applications are entered into our database, 0-2 days after we receive it, we'll be able to give an estimate of when an EAP Representative might get to your application. When calling, please be ready to provide the Head of Household's name and SSN.

Please keep track of your submitted application:

Date I mailed my application:	Confirmed on:
Date I faxed my application:	Confirmed on:

Please do not mail if you confirmed we received all pages of your fax.

READ AND KEEP THIS PAGE

APPLICATION - DETACH AND SUBMIT BY MAIL OR FAX

Mail your application to: AVCP, Inc.
Social Services – Energy Assistance Program
PO Box 219, Bethel, AK 99559

Or fax to: (907) 543-7479

Filing Deadline: July 31, 2014

SECTION 1: APPLICANT INFORMATION

*****MISSING INFORMATION WILL DELAY APPLICATION*****

	First Name	M. I.	Last Name, Suffix	Date of Birth	SSN
Head of Household					
Legally Disabled ☐ Yes ☐ No	Age 60 or over ☐ Yes ☐ No		☐ Native ☐ Non-Native		
Spouse/Significant Other					
Legally Disabled ☐ Yes ☐ No	Age 60 or over ☐ Yes ☐ No		☐ Native ☐ Non-Native		

Mailing Address | City | State | Zip Code

******New requirement for CITGO distribution. Eligible households will not be served without this******

Physical Address | City | State | Zip Code

Daytime Phone* | ☐Message* ☐Cell Phone* | Email (Optional)

*Notify us if your phone number(s) are changed or disconnected in case we need to contact you to complete your case.

SECTION 2: HOUSEHOLD INFORMATION

***If no one else lives in your household, write "NONE"**

Name (First, M.I., Last, Suffix)	Date of Birth MM/DD/YYYY	Age (yrs), "X" one 0-2	3-5	60+	SSN ###-##-####	Relation	Legally Disabled
							Y / N
							Y / N
							Y / N
							Y / N
							Y / N
							Y / N
							Y / N
							Y / N
							Y / N
							Y / N
							Y / N
							Y / N
							Y / N
							Y / N
							Y / N

Is anyone in this household a TANF Client? ☐ Yes ☐ No If yes, who?

FOR OFFICE USE ONLY:

Case #: | EAP Rep: | Date Rec'd:

LIHEAP	Level		Fuel		Electricity		Tot LIHEAP $	
AKAHP	Level		Fuel		Electricity		Tot AKAHP $	

HH Size	Heat Source	Mo. Income	Annual Inc.	0-2yrs.	3-5yrs.	≤5yrs.	Eld/Dis

APPLICATION - DETACH AND SUBMIT BY MAIL OR FAX

SECTION 3: HOUSING TYPE

***Select one and answer related questions**

☐ Own House ↓	☐ HUD ↓	☐ Rental ↓
Owner:	Are you still making monthly house payments other than insurance payments? ☐ Yes ☐ No	Who pays for your home heat? ☐ Self ☐ Landlord ☐ Other (Please explain): Who pays for your electricity? ☐ Self ☐ Landlord ☐ Other (Please explain):
Is the owner living in this house? ☐ Yes ☐ No	If yes, how much do you pay each month? House payment:	If heat and/or electricity are included in your rent, attach a copy of your rental agreement and most recent rent receipt or a statement from your landlord showing heat and/or electricity is included in your rent.
If no, please explain:	Insurance payment:	Landlord name:_____ Address:_____ Daytime Phone:_____ How much do you pay each month for rent?

Did you or anyone in your household receive energy assistance from any other tribal, native, or state organization between 10/1/2013 and 9/30/2014? ☐ Yes ☐ No
If yes, from who and how much?

Have you moved since you last applied for EAP? ☐ Yes ☐ No
If yes, from what city or village? When?

SECTION 4: HEAT SOURCE AND SPLIT OPTION

What heat source are you requesting assistance with? ☐ Stove Oil ☐ Wood*

You may select only one, we cannot assist you with both, if both or if no selection is made your EAP Award will be issued for Stove Oil.

*If you select Wood, your EAP Award will provide you gasoline and motor oil to harvest your own wood. You will not be able to get Stove Oil. *Motor oil is 2-stroke, 4-stroke, and gear case outboard and snowmobile oil only.*

If approved, how would you like your EAP Award split between Heat and Electricity?

☐ 100% Heat
☐ (Default)* 75% Heat, 25% Electricity
**If multiple/no selection(s) are made the default will apply*
☐ 50% Heat, 50% Electricity
☐ 25% Heat, 75% Electricity
☐ 100% Electricity

Applicants will not be able to change heat source and split option after checks are issued to fuel and electricity vendors.
The EAP Award funds are **strictly** for home heating and electricity payments.
Non-chargeable items include groceries, propane, tanks and engine parts; NOT FOR SUBSISTENCE USE!

YOU MUST ATTACH COPIES OF YOUR MOST RECENT FUEL STATEMENT AND ELECTRICITY BILL.

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

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

If your account for fuel or electricity is in someone else's name, please explain:

APPLICATION - DETACH AND SUBMIT BY MAIL OR FAX

SECTION 5: HOUSEHOLD INCOME

Example of how to report income:

Application signed in:	Provide proof of all income received:
Any day of October →	September 1-30
Any day of November →	October 1-31

Calculated by pay date, not pay period

Acceptable Proof of Income:	Not Acceptable:
1. Wage stubs showing check date, gross income and year-to-date figures	1. Bank statements
2. **Form A**, **B**, and **C** completely filled out and signed	2. **Form B** and **C** '*Employer Section*' filled out by applicant or non-employer
3. Payroll records or summary printout	3. **Form B** and **C** not signed by employer
4. Year-end statements or award letters for all benefits and assistance	4. Wage stubs that do not show gross income and year-to-date figures
5. Most recent Tax Return IRS 1040 and Schedules C, K, or S	5. Dividends are not counted as income so do not list and do not send proof of income

Type of Income Codes

WA	Wages	**TT**	Tribal TANF	**BIA**	BIA General Assistance
SEA	Seasonal Work	**TSS**	TANF Supportive Services	**SL**	Student Loans/Grants
SE	Self-Employed	**WC**	Worker's Compensation	**IN**	Interest
APA	Adult Public Assistance Program	**BP**	Bingo/Pull Tab Winnings	**CS**	Child Support and Alimony
FS	Food Stamps	**UI**	Unemployment Insurance	**CO**	Cash Outs of Retirement or Pension
SSI	Supplemental Security Income	**TIP**	Tips and Gratuities		
SSA	Social Security	**RI**	Rental Income	**PE**	Pension (other than Veteran's Benefits
VB	Veteran's Benefits	**FAM**	Family Support (Please Explain)		
SVR	Survivor Benefits	**GR**	General Relief	**OT**	Other (Please Explain) _____
SR	Senior Benefits	**FC**	Foster Care Payments		

List all your income for the month prior to the date you signed your application.

Provide proof of income for all household income, without proof, your application may be delayed or denied.

Household member	Income Code (See above)	Employer's Name*	Last Month's Gross Income	Form of Proof	Last day of work	Weekly? Monthly?
Example: John Doe	*WA*	*Atsaq, Inc.*	*543.21*	*Pay stubs*	*9/30/2013*	*Monthly*

*Employer Name	Phone Number
*Employer Name	Phone Number

Does anyone have income from seasonal/self-employment? (commercial fishing, logging, firefighting, small business, cannery) ☐ Yes ☐ No

See **Form A** and **C** for examples, how to calculate gross income and what to send as proof of income.

If your household income **does not** cover basic living expenses, explain how you are paying these costs.

Rent:_____

Utilities:_____

Food:_____

APPLICATION - DETACH AND SUBMIT BY MAIL OR FAX

SECTION 6: NEW STOVE REQUEST

***** Toyostoves and Wood Stoves Only *****

What type of stove are you requesting assistance with? ☐ Toyostove ☐ Wood Stove

What kind of stove(s) do you currently have?

Toyostove Model: Year:

Wood Stove Model: Year

AVCP will assist with Toyostoves only once every five (5) years.	If you are requesting a Toyostove, have you received one from us before? ☐ Yes ☐ No If yes, when?
AVCP will assist with Wood Stoves only once every ten (10) years.	If you are requesting a Wood Stove, have you received one from us before? ☐ Yes ☐ No If yes, when?

What is the size of your house in either measurements or square feet? ***Example: 30 ft. X 30 ft. or 900 ft.²***	Do you live in HUD housing? ☐ Yes ☐ No If yes, are you still making house payments other than monthly insurance payments? ☐ Yes ☐ No

SECTION 7: SIGNATURES

Statement of Truth and Agreement

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

- I understand that I must notify the AVCP Energy Assistance Program within 10 days if I move or change household members.
- I understand that an AVCP EAP representative may call my home, work, 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 understand that knowingly withholding or giving false information in order to qualify for assistance is fraud and may result in more than $5,000.00 in fines, imprisonment for five (5) years or more, or both, and that I must pay back any benefits received as a result of fraud.
- I authorize AVCP to communicate with my vendor(s) and other agencies on my behalf as it relates to the Energy Assistance Program.
- I understand that I must be currently living in the home for which I am applying.
- I agree not to misuse any funds or assistance received for the purpose of home heating; this includes selling, bartering/trading, or giving fuel to other households.

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, income, and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge.

Signature of Adult listed on Page 1	Date	Signature of Witness, if signed with an "X" (Legal guardians provide documentation)
X		

Tribal Administrator

- Your signature verifies this application:
  - is for one (1) household
  - includes every member of the applicant's household
  - has all required information and documents for successful processing
- **This application will not be processed without this signature.**

Signature of Tribal Administrator	Date	Contact Phone Number
X		

IF REQUIRED DETACH AND SUBMIT WITH APPLICATION, OTHERWISE DISCARD

Form A – Self-Employment Income and Expenses

Examples of self-employment include:

-Commercial Fishing Permit Holder -Carving -Baby-sitting or daycare -Crafts -Owning your own business -Rental Income

Please provide a copy of your most recent Tax Return IRS 1040 and Schedules C, K, or S and any other tax forms supporting self-employment or partnerships. We can either deduct 50% of your gross earnings toward the cost of doing business or you can provide an itemized listing of all business related income and expenses received during the prior 12 months. If we do not receive this listing, we will use the 50% deduction for self-employment business expenses.

- 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 commercial fishing, please send copies 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.

For application under Head of Household:	Name of Self-Employed Person:
Type of Business:	Business Name:

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, commercial fishing tickets and receipts.

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 AS 11.56.210, that this income and expenditure information is true and correct to the best of my knowledge.

Signature **(Required)**: Printed Name: Date:

IF REQUIRED DETACH AND SUBMIT WITH APPLICATION, OTHERWISE DISCARD

Form B – Employment Statement

Association of Village Council Presidents
Social Services - Energy Assistance Program
PO Box 219
Bethel, AK 99559
(800) 478-3521 / (907) 543-7400

Fax (907) 543-7479

For application under Head of Household:	Employee Name:	SSN:
Employee Signature **(Required)**:	Occupation:	

For Employer Use Only

This form is to be used to verify employment income for the previous month if the employee is unable to provide proof of income. Please complete, sign, and fax or mail this form to the address above. Your assistance is appreciated.

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

Gross Pay	Issue Date	Tips Received

Business Name:

Employer Address:

Employer Signature **(Required)**: Date:

Payroll Contact Phone Number:

*****Note: The employer must sign this Statement, otherwise it is not valid and will not be accepted as proof of income*****

IF REQUIRED DETACH AND SUBMIT WITH APPLICATION, OTHERWISE DISCARD

Form C – Seasonal Work Statement

Association of Village Council Presidents
Social Services - Energy Assistance Program
PO Box 219
Bethel, AK 99559
(800) 478-3521 / (907) 543-7400
Fax (907) 543-7479

Examples of seasonal employment include:
-Commercial Fishing Crewmember -Construction -Fish processing -Logging -Mining -Firefighting -School district occupations

Be sure to submit proof of income from all sources. Your total income for the previous 12 months will be divided by 12 to arrive at a monthly average.

For application under Head of Household:	Employee Name:	SSN:
Employee Signature **(Required)**:	Occupation:	

For Employer Use Only

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.

Date employment began:	Date first paycheck was issued:
Date employment ended (if employee is no longer working for you):	
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 information below for the past 12-month period.

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

Business Name:

Employer Address:

Employer Signature **(Required)**: Date:

Payroll Contact Phone Number:

*****Note: The employer must sign this Statement, otherwise it is not valid and will not be accepted as proof of income*****