



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

2017 AVCP Crisis Heating Assistance Program APPLICATION



BEFORE YOU BEGIN!



Only one (1) AVCP Crisis Heating Assistance Program award is allowed per household per program year.

1. If your household has already applied between October 1, 2016 and July 31, 2017, and was approved, do not apply again.
2. If your household applied between October 1, 2016 and July 31, 2017, but was denied due to being over the income guidelines, please reapply in a new month 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). The purpose of the program is to assist eligible households pay the cost of home heating and electrical payments. We also provide Crisis Heating Assistance (see below), and Weatherization Assistance through separate applications.

What is Waste, Fraud, and Abuse?

Waste is applying for and receiving assistance even though it is not needed. Receiving assistance when not needed takes away funding for other eligible households in need.

Fraud is withholding or providing false information in order to become eligible for assistance, such as not including income from all working adults in the household on an application.

Abuse is improper use of government assistance, such as:

1. selling, bartering/trading or giving fuel from one's EAP account
2. using EAP or CHAP benefit for subsistence or recreational use.

EAP and CHAP benefits are awarded for use only by the recipient for the purpose of home heating or assisting with electricity bills. We take reports of Waste, Fraud, and Abuse seriously.

PENALTIES INCLUDE, BUT ARE NOT LIMITED TO:

- Refund of **ALL** EAP credit balances from fuel and electricity accounts
- Repayment of **ALL** used benefits
- Notification to other AVCP departments/programs of **waste, fraud, and abuse** activity
- Prohibited participation in the EAP, CHAP, and WAP programs for a period of one year or more

To report suspected **Waste, 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.

AVCP Crisis Heating Assistance Program

Fax to: (907) 543-7479

**Or mail to: AVCP Social Services Department
Crisis Heating Assistance Program
PO Box 219, Bethel, AK 99559**

Filing Deadline: May 31, 2017

| | | | |
|---|----------------------|----------------|---|
| Head of Household (First, M.I., Last Name): | | Date of Birth: | Social Security Number: |
| Mailing Address: | Village, State, Zip: | | Daytime Phone #: <input type="checkbox"/> Message <input type="checkbox"/> Cell: |

Please list all household members: If no one else in household, write "None."

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

| | | | | |
|---------------|------------------------------------|--|---|--|
| Type of home: | <input type="checkbox"/> Own House | <input type="checkbox"/> HUD: Are you still making payments other than insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Rental: Who pays for your home heat? <input type="checkbox"/> Self <input type="checkbox"/> Landlord | <input type="checkbox"/> Other (Please explain): |
|---------------|------------------------------------|--|---|--|

What heat source are you requesting Crisis Heating Assistance with? Stove Oil* Wood
**You may select only one, we cannot assist with both, if both or if no selection is made, CHAP will be issued for Stove Oil.*

List all your income from the prior month to the date you sign this application. Report all income from Wages, Seasonal Work, Self-Employment, Adult Public Assistance, Food Stamps, Supp. Security Income, Social Security, Veteran/Survivor/Senior/Pension Benefits, Tribal TANF, TANF Supportive Services, Worker's Comp, Bingo/Pull-tab Winnings, Unemployment, Rental Income, Family Support, Gen. Relief, Foster Care Payments, BIA Gen. Asst., Student Loans, Interest, Child Support and Alimony, Cash Outs of Retirement or Pension, and all other income received by your household.

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

| Household Member | Income Source | Employer's Name | Last Month's Gross Income | Last day of work | Weekly? Monthly? |
|------------------|---------------|-----------------|---------------------------|------------------|------------------|
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FOR OFFICE USE ONLY:

| | | | |
|------------------------------|-------------|-----------------|-------------|
| Case #: | EAP Rep: | Date Processed: | Date Rec'd: |
| CHAP | Level | Fuel | Electricity |
| | | | Total CHAP |
| | | | |
| HH Size | Heat Source | Mo. Income | Annual Inc. |
| | | | |
| | | 0-2yrs. | 3-5yrs. |
| | | ≤5yrs. | Eld/Dis |
| Eligibility Verified By: (P) | | (S) | Date: |

AVCP Crisis Heating Assistance Program

Release of Information (ROI)

Your signature on this application gives the Association of Village Council Presidents, Social Services Department, Crisis Heating Assistance Program permission to request:

- Information about your finances
- Information about your utility/heating costs and usage and billing history with your utility/heating vendor
- Information about your citizenship and personal history

This information is only used in the administration of the Crisis Heating Assistance Program and will not be released to any other person or agency outside of AVCP; or any other agency we are working with on your behalf as it relates to your CHAP application and benefits including the right to provide verification of your eligibility and participation to agencies administering the CITGO Fuel Program.

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

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 Social Services Department within 10 days if I move or change household members.
- I understand that an AVCP Social Services Department representative may call my home, work, and 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 departments and agencies.
- I authorize the Alaska Department of Labor to release to the AVCP Social Services Department information about my eligibility for unemployment insurance and work history.
- I authorize the AVCP Social Services Department to communicate with my vendor(s) and other agencies on my behalf as it relates to the Crisis Heating 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 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 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" <small>(Legal guardians provide documentation)</small> |
| X | | |

Release of Information (ROI) Authorization from all other working adults in the household:

| Print Name | Signature | Date |
|------------|-----------|------|
| | | |
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Tribal Administrator Verification (delegated signer understands and assumes responsibility for this role)

- By signing this I verify that this household is in need of assistance and the application: is for one (1) household, includes every member of the applicant's household, applicant is currently living in the home for which they are applying, has all required information and documents for successful processing
- **This application will not be processed without this signature.**

| | | |
|------------|--------------------|---------------|
| Print Name | Signature X | |
| Date: | Title: | Phone Number: |