



Association of Village Council Presidents
Social Services Department
Energy Assistance Program
PO Box 219
Bethel, AK 99559
(800) 478-3521 / (907) 543-7300
Fax (907) 543-7479



OR CURRENT RESIDENT

2020 AVCP Energy Assistance Program APPLICATION



BEFORE YOU BEGIN!



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

1. If your household has already applied between October 1, 2019 and July 31, 2020, and was approved, do not apply again.
2. If your household applied between October 1, 2019 and July 31, 2020 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 of receiving a notice of a benefit decision.

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

AVCP 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.

IN CASE OF EMERGENCY – CRISIS HEATING ASSISTANCE PROGRAM (CHAP)

If you are in danger of running out of fuel or getting your lights disconnected contact our office. We will verify it with the vendor.

THIS IS A ONE-TIME GRANT!

The tribal office will be provided with CHAP slots for your village.

FY 2020 Monthly Income Guidelines

| Household Size | Gross Monthly Income | Gross Annual Income | Household Size | Gross Monthly Income | Gross Annual Income |
|----------------|----------------------|---------------------|----------------|----------------------|---------------------|
| 1 | \$1,950 | \$23,400 | 11 | \$8,862 | \$106,350 |
| 2 | \$2,641 | \$31,695 | 12 | \$9,553 | \$114,645 |
| 3 | \$3,332 | \$39,990 | 13 | \$10,245 | \$122,940 |
| 4 | \$4,023 | \$48,285 | 14 | \$10,936 | \$131,235 |
| 5 | \$4,715 | \$56,580 | 15 | \$11,627 | \$139,530 |
| 6 | \$5,406 | \$64,875 | 16 | \$12,318 | \$147,825 |
| 7 | \$6,097 | \$73,170 | 17 | \$13,010 | \$156,120 |
| 8 | \$6,788 | \$81,465 | 18 | \$13,701 | \$164,415 |
| 9 | \$7,480 | \$89,760 | 19 | \$14,392 | \$172,710 |
| 10 | \$8,171 | \$98,055 | 20 | \$15,083 | \$181,005 |

Frequently Asked Questions

When can I apply?

From the announced opening of the program until July 31, 2020. **Applications must be postmarked by July 31, 2020.**

Assistance is subject to the availability of funds.

Who should apply?

Households in need of heating and/or electricity payment assistance. If the household has fuel and/or electricity credit, the total credit needs to be \$200 less than the annual total cost.

Who can get Expedited Processing for their application?

- 1) **Priority Groups:** Households that have at least one member who is:
 - a) 60 years old or older.
 - b) legally disabled.
 - c) 2 years old or younger.
- 2) Any household that has received an electricity disconnect/shutoff notice; **must submit a copy with application.**

How long will it take?

Our goal is 30 days or less.

What are the main reasons applications are pending?

- 1) **Main Reason:** Missing required Proof of Income documents.
- 2) Missing information such as *DOB* and/or *SSN* on application.
- 3) Phone number(s) changed or disconnected and we were not notified.
****If we are unable to contact you by phone to complete your case, we have no choice but to "Pend" your case, send a letter notice, and then move onto other cases until you respond. **PENED CASES WILL BE DENIED AFTER 30 DAYS. CLIENTS WILL THEN HAVE TO REAPPLY.***

Account Management

Fuel and electric credit balances can be transferred if you are moving to another village within our Service Area. If you move outside of our Service Area any remaining credit balances from your EAP benefit will be refunded to us. This is because you will have to reapply for assistance from another LIHEAP provider.

****Please call us if you are moving for assistance.*

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

1. Regular employment: copies of paycheck stubs or payroll report/summary printout from the prior month, **Form B**, or copies of your most recent Tax Return IRS 1040 pages 1 and 2.
2. Seasonal employment (including commercial fishing **CREWMEMBERS**): copies of all paycheck stubs for the last 12 months, **Form C**, or your most recent Tax Return IRS 1040 pages 1 and 2.
3. Self-employed (including commercial fishing **PERMIT HOLDERS**): **Form A**, 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. Benefits and assistance (i.e. SSI/SSA, APA, UI, etc.): copies of year-end statements or award letters for all benefits and assistance received by your household. **No BANK STATEMENTS**
5. Dividends and stipends, such as the Permanent Fund Dividend or meeting stipends are not needed.
6. **Please send copies, not originals. 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/stipends) 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 documents to successfully process your application.**

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. **We now require a copy of all fuel and electricity statements to show current balance.**

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 to anyone else.
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 AVCP Energy Assistance Program.

Toll free: 1-800-478-3521

Direct: 1-907-543-7300

How do I submit my application?

1. Mail your application to us with copies of required documents. If mailing, **DO NOT FAX.**
2. Scan into PDF format and email to us.
3. **ONLY IF URGENT: Fax your application and documents only if the household is at risk of running out of fuel and needs to be verified by the T.A. in writing or received an electricity disconnect/shutoff notice**

Other Resources:

AVCP BIA General Assistance for Compacted Tribes: (800) 478-3521 or (907) 543-7300

Families with or without minor children may apply. Assists with basic needs.

Temporary Assistance for Needy Families (TANF): (800) 478-3521 or (907) 543-7300

Families with minor children may apply. Assists with basic needs; households with current TANF clients in good standing may also be able to get heating assistance through TANF Supportive Services.

Please contact a TANF representative for more information.

Division of Public Assistance: (800) 478-2686 or (907) 543-2686

Contact DPA for information on available resources such as Food Stamps and General Relief Assistance.

APPLICATION - DETACH AND SUBMIT BY MAIL

SECTION 3: HOUSING TYPE

***Select only one from GRAY row and answer all related questions**

| | | |
|--|--|--|
| <input type="checkbox"/> Own House ↓ | <input type="checkbox"/> HUD ↓ | Rental: <input type="checkbox"/> House or Apt ↓ |
| Owner: | Are you still making monthly house payments other than insurance payments? <input type="checkbox"/> Yes <input type="checkbox"/> No | Who pays for your home heat? <input type="checkbox"/> Self <input type="checkbox"/> Landlord <input type="checkbox"/> Other (Please explain): Who pays for your electricity? <input type="checkbox"/> Self <input type="checkbox"/> Landlord <input type="checkbox"/> Other (Please explain): |
| Is the owner living in this house? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, how much do you pay each month? <u>House payment:</u> | 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: | \$ <u>Insurance payment:</u> \$ | Landlord's Name: _____ Address: _____ Daytime Phone: _____ |
| How much do you pay each month? \$ | | |
| Did you or anyone in your household receive energy assistance from any other tribal, native, or state organization between 10/1/2018 and 9/30/2019? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from who and how much? | | |
| Have you moved since you last applied for EAP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from what city or village? _____ When? _____ | | |

SECTION 4: HEAT SOURCE AND SPLIT OPTION

What heat source are you requesting assistance with? **SELECT ONLY ONE!**

Heating/Stove Oil *DEFAULT if none are selected

Gas and Motor Oil to harvest own wood* (amount equals 50% of stove oil benefit)
**If you select Gas and Motor Oil, your EAP Award will provide you fuel to harvest your own wood. You will not be able to get Heating/Stove Oil or Napaimute Wood. Motor oil is 2-stroke, 4-stroke, and gear case outboard and snowmobile oil only.*

Napaimute Enterprises, LLC Wood per cord, half cord chopped, and/or cubic foot.
Deliverable to: Akiachak, Akiak, Atmaultluk, Kasigluk, Kwethluk, Napaskiak, Napakiak, Nunapitchuk, Oscarville, Tuluksak, Lower Kalskag, Upper Kalskag

Heat and Electricity Split Option:

Applicants **WILL NOT** be able to make changes once payment is made to vendors. Plan ahead and choose carefully.

| | |
|---|--|
| <input type="checkbox"/> 100% Heat | <input type="checkbox"/> 50% Heat, 50% Electricity |
| <input type="checkbox"/> Default* 75% Heat, 25% Electricity | <input type="checkbox"/> 25% Heat, 75% Electricity |
| <i>*If multiple/no selection(s) are made the default will apply</i> | |
| <input type="checkbox"/> 100% Electricity | |

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/RECREATION USE!

ACCOUNT NUMBERS REQUIRED. COPY OF MOST RECENT BILL/STATEMENT REQUIRED.

| | | | |
|--------------------------|-----------------------|-----------------|-------------------------------|
| Name of Fuel Company | Account Number | Name on Account | Amount of Current Bill/Credit |
| Name of Electric Company | Account Number | Name on Account | Amount of Current Bill/Credit |

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

APPLICATION - DETACH AND SUBMIT BY MAIL

SECTION 5: HOUSEHOLD INCOME

Example of how to report income:

***Calculated by pay date,
not pay period***

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

Proof of Income must show pay date

Acceptable Proof of Income:

1. Paycheck stubs showing Name, check date, gross income and year-to-date figures
2. **Form A, B, and C** completely filled out and signed
3. Payroll records or summary printout
4. Year-end statements or award letters for all benefits and assistance
5. Most recent Tax Return IRS 1040 and Schedules C, K, or S

Not Acceptable:

1. BANK STATEMENTS
2. **Form B and C 'Employer Section'** filled out by applicant or non-employer
3. **Form B and C** not signed by employer
4. Paycheck stubs that do not show gross income and year-to-date figures
5. Dividends are not counted as income so do not list and do not send proof of income

Type of Income Codes

| | | |
|--|--|---|
| WA Wages (paycheck stubs) | 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 | PE Pension (other than Veteran's Benefits) |
| SSA Social Security | RI Rental Income | OT Other (Please Explain) |
| VB Veteran's Benefits | FAM Family Support (Please Explain) | |
| SVR Survivor Benefits | GR General Relief | |
| SR Senior Benefits | FC Foster Care Payments | |

List all your income from the prior month to the date you sign this application.

Provide proof of income for all household income. Without proof, your application may be **pending or denied**.

| Household member | Income Code (See above) | Employer's Name* | Last Month's Gross Income | Form of Proof | First or Last day of work | Bi-Weekly/Monthly |
|------------------|-------------------------|------------------|---------------------------|---------------|---------------------------|-------------------|
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*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

SECTION 6: TRIBAL VERIFICATION

Tribal Administrator Verification

- 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.
- The household, if requesting Gasoline and Motor Oil to harvest their own firewood for the purpose of home heating, are confirmed to:
 - Have a Wood Stove in their home in good working condition.
 - Have vehicle(s) to harvest their own wood, or have a close relative to do so for them.
 - Understand that the firewood collected with this benefit are to be used solely for the purpose of home heating.
- Applicant understands that changes to their benefit will no longer be allowed once payment is complete to fuel and electricity vendors.
- Credit will no longer be transferrable from fuel to electricity vendors or vice versa.
- Fuel type cannot be changed except for instances of loss of heating unit AND confirmed by the Tribe.
- Applicant understands the definitions of **Waste, Fraud, and Abuse of Government Benefits** and is truly in need of assistance.

In the event the Tribal Administrator is not available, the delegated signer must clearly understand and assume responsibility for this verification role.

- This application will not be processed without this signature.

| | | |
|--|--------|---|
| Print Name of Tribal Administrator or Delegate | | Signature of Tribal Administrator or Delegate |
| | | X |
| Date: | Title: | Phone Number: |
| | | |

FY 2020 CRISIS HEATING ASSISTANCE PROGRAM (CHAP) CHANGE:

Change 1: CHAP application is discontinued. Clients in need of Crisis Heating Assistance will have to fill out the regular EAP application. EAP staff will expedite application processing for those in Crisis need. Once the EAP benefit is exhausted, and the household is in Crisis need, contact EAP and a Crisis benefit will be issued upon income reverification. **There is no need to fill out another application.**

Reason: We were processing two applications for households that applied for both EAP and CHAP. Staff will be more productive assisting households with EAP then CHAP if needed.

Change 2: Once a households EAP is exhausted, contact EAP for Crisis Heating Assistance if in need. CHAP can now assist with **one of the following:**

1. Heating Fuel (Stove Oil).
2. Gasoline and Motor Oil for harvesting of own firewood.
3. Utility (Electricity).

Reason: We understand the need for electricity to run Toyo stoves, boilers, or furnaces. Utility assistance amount will match the heating fuel amount.

Quyana,
EAP Staff

APPLICATION - DETACH AND SUBMIT BY MAIL

SECTION 7: HOUSEHOLD SIGNATURES

Release of Information (ROI)

Your signature on this application gives the Association of Village Council Presidents 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 to be used for the administration of the Energy Assistance Program. The information is not to be released to a person or an agency outside of AVCP. Your authorization remains in effect while you are an applicant or recipient of Energy Assistance Program services, and during any later investigation into 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, 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 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 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" (Legal guardians provide documentation) |
| X | | |

Release of Information (ROI) Authorization from all other working adults or anyone receiving any assistance (TANF, SSI, SSA, APA, Retirement, Child support, Unemployment) in the household:

| Print Name | Signature | Date |
|------------|-----------|------|
| | | |
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| | | |

Form B – Employment Statement

Association of Village Council Presidents
 Social Services - Energy Assistance Program
 PO Box 219
 Bethel, AK 99559
 (800) 478-3521 / (907) 543-7300

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 |
|-----------|------------|---------------|
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|--|-------|
| 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*****

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) 543-7300

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 |
|------------------------|------------------------|------------------------|
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|--|-------|
| 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*****