



**State of Alaska**  
 Department of Health & Social Services  
 Division of Public Assistance - Heating Assistance Program  
<http://heatinghelp.alaska.gov>  
[liheap@alaska.gov](mailto:liheap@alaska.gov)  
 Juneau 465-3058, Statewide 1-800-470-3058

# Application for Heating Assistance

## When can I apply?

Applications for Heating Assistance are accepted October 1st through April 30th. 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 the first working day in November.

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.....	\$1,855
2.....	\$2,502
3.....	\$3,150
4.....	\$3,797
5.....	\$4,445
6.....	\$5,092
<i>For each additional household member add \$648</i>	

## How is the benefit calculated?

Eligibility is not solely based on income. Benefits are calculated using a point system based on: the area of the state where you live, heat 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:

Heating Assistance Program  
 10002 Glacier Highway, Suite 200  
 Juneau, AK 99801-8569  
 In Juneau Fax 465-3319

All other areas toll-free Fax 1-888-282-3319

## Programs

### Heating Assistance

Helps households pay a portion of home heating expenses. Households must have at least \$200 in out-of-pocket heating costs and provide receipts for those costs before applying for the program

### 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 as head of household of your application;
- ✓ Your security code is the last four digits of the phone number listed on page 1 as head of household of your application. If there is not a daytime phone listed, use message or cell number.
- ✓ If you do not list any phone numbers, your security code will be the 4 digit birth year of the head of household.
- ✓ For your records, write your security code here \_\_\_\_\_.

## How often can I receive Heating Assistance?

You can receive one benefit each season between November 1 and April 30.

## Are the benefits sent directly to me?

In most cases, your benefit is paid to your heat vendor and/or electric company and credited to your account.

## Can I apply for Heating Assistance if my heat is included in my rent?

If heat is included in your rent, you **may** qualify for Heating Assistance. Please include a copy of your lease and your latest rent payment receipt.

## 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.** If you live in subsidized housing and pay for your heat, you **may** qualify for heating assistance depending upon the amount of utility allowance you receive in your subsidy.

**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 B) 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, self-employed, or work a variable schedule, go to Form C or A to determine your income.

## Do I report my Permanent Fund Dividend?

PFD income is not counted towards your eligibility for Heating Assistance. However, your Native dividend **may** be counted. Please list them as it helps us understand how you are meeting your expenses.

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

If you have run out of heat 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 meet the expedite criteria, your application will be processed in the date order it was received.

## Can I transfer my benefit?

Once you have received your benefit, 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 benefit.

## Can I share my benefit?

You cannot sell, barter or share your benefit. The benefit is for your household only. If you are unable to pick up your oil and want to designate another person do to so, you must make that request to the vendor, in writing, stating the date, name of person picking up the fuel, how much fuel is to be picked up, and that the fuel is for your home. Sign the letter. The person picking up fuel must provide ID to prove they are the person you designated.

**Read and Keep this Page**

## How do I avoid delays?

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

- Complete (print carefully), sign and date the application, and send it in within 60 days of signing.
- 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 B.
- 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 C.
- 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 A, and provide a copy of your most recent income tax return.
- If you live in a trailer or mobile home, list the exterior length and width in question 9.
- If you live on a boat, please provide us with the square footage of your heated living space.
- Provide a copy of your ID (Example: social security card, license, state ID, BIA/Tribal enrollment card, passport)
- Attach copies of your most recent heat **and** 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.**

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

**No. You cannot receive Heating Assistance from the state if you are eligible for assistance from a tribal organization.**

## Can I pick my own vendor or do I have to use an approved vendor?

If an approved vendor is in your area, you must choose one of the approved vendors. If your vendor is not approved, forward us their information so we can contact them about becoming an approved vendor.

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

Your benefits can be delayed if you apply with the wrong organization. For a list of communities served by tribal organizations please go to our website at: <http://www.hss.state.ak.us/dpa/programs/hap/tribal.html> or contact your local tribal organization or the Heating Assistance office.

## 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
800-478-8080	Alaska Community Development Corp.	Mat-Su, Kenai-Penn, Copper River, Kodiak, Bristol Bay, Aleutians,
800-478-5323	Interior Weatherization	Interior Alaska
800-478-7227	RurAL Cap Statewide	Anchorage, Juneau, western and northern Alaska
907-279-2511	RurAL Cap Anchorage	Southeast Alaska except Juneau

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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 must request a hearing 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 benefit. **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](mailto:liheap@alaska.gov).

## What happens if I do not follow the rules?

You may be prosecuted if you knowingly give false or incorrect information to try to get heating assistance benefits you are not eligible for, or to help someone else get benefits for which they are not eligible.

It is illegal to sell, barter or trade any heating fuel purchased with heating assistance benefit dollars. If you break these rules, you may be prosecuted and will have to repay the benefits.

# 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:

- o Information about your finances
- o Information about your utility/heating costs and usage and billing history with your utility/heating vendor
- o Information about your citizenship 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 except our weatherization partner, Alaska Housing Finance Corporation; or any other agency we are working with on your behalf as it relates to your heating assistance 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: heating 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 Corrections, Department of Revenue, U.S. Immigration Services, employers, landlords, Native corporations, private individuals, Social Security Administration, and tax assessors.

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Office Use Only
Date Received

**Filing Deadline: April 30**

# Application for Heating Assistance

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

<input type="checkbox"/> Heating Assistance to pay a portion of home heating costs.
<input type="checkbox"/> 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.
<input type="checkbox"/> I am out of heat and requesting expedited processing.
<input type="checkbox"/> I have a disconnect notice and my service will be shut off within 48 hours. I am requesting expedited processing (you <b>must</b> attach a copy of your disconnect notice).

## 2. Head of household (Please Print)

Name (First, MI, Last)	Birthdate	Male or Female <input type="checkbox"/> <input type="checkbox"/>	Social Security Number
Mailing Address	City	State	Zip Code US Citizen or qualified alien <input type="checkbox"/> Yes <input type="checkbox"/> 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. American Indian/Alaska Native <input type="checkbox"/> Yes <input type="checkbox"/> No    Do you have a tribal enrollment card? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> African-American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other			Receive income last month? <input type="checkbox"/> Yes <input type="checkbox"/> No

# People in Your Household

Please include a copy of a photo ID, Social Security card, BIA card or tribal enrollment card for all adult members of the 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)	How Related?	Social Security Number (Required)	US Citizen or legal alien (Yes/ No)	Ethnicity	Receive income last month?
<b>Example: Joe D Jones</b>	<b>2/10/74</b>	<b>Not</b>	<b>###-##-####</b>	<b>Y</b>		<b>N</b>

4. Are there any other persons living with you at this residence who are not listed above?  Yes  No  
 If Yes, list names of 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. Has anyone in your household applied for Heating Assistance from a tribal/Native organization?  Yes  No  
 Do you have a tribal enrollment card?  Yes  No **If "Yes," stop here.** You cannot receive Heating Assistance from both the State of Alaska and a tribal or Native organization.

# Questions About Your Residence

7. Do you rent or own?  Rent  Own

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

<input type="checkbox"/> Apartment or Condominium: ↓	<input type="checkbox"/> House	<input type="checkbox"/> Boat	<input type="checkbox"/> Van or Car*
<input type="checkbox"/> Duplex 2 units	<input type="checkbox"/> Cabin	<input type="checkbox"/> Group Home	<input type="checkbox"/> Pick-Up Camper*
<input type="checkbox"/> Triplex 3 units	<input type="checkbox"/> Renting a Room	<input type="checkbox"/> RV, Motor Home or Boat (less than 980 square feet of heated space)	<input type="checkbox"/> Tent*
<input type="checkbox"/> 4 or more units	<input type="checkbox"/> Studio/Efficiency	<input type="checkbox"/> Mobile Home or House Boat (980 square feet or more of heated space)	<input type="checkbox"/> Motel /Hotel/Hostel*
*If you live in temporary housing, provide a signed statement from someone proving you lived there for 60 consecutive days.			<input type="checkbox"/> Boarding Home*

9. If you live in a trailer, RV, motor home, mobile home or boat, what's the length:\_\_\_\_ft width:\_\_\_\_ft of your fully enclosed heated living space?

10. How many bedrooms are in your home? (A loft counts as one bedroom) \_\_\_\_\_

11. How much rent or mortgage do you pay each month? Rent: \$\_\_\_\_\_ Mortgage: \$\_\_\_\_\_ Space Rent: \$ \_\_\_\_\_

12. Are your housing costs based on a percentage of your income (subsidized or Section 8)?  Yes  No  
If yes, attach a copy of your rental housing worksheet.

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

Landlord Name:\_\_\_\_\_ Address:\_\_\_\_\_ Daytime Phone:\_\_\_\_\_

# Questions About Your Energy Usage

We must report this information to the federal government in order to secure program funding. Please keep receipts for all your energy purchases to submit with next year's application.

14. 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\_\_\_\_\_

15. If you heat with fuel oil, what type of heating system do you have? (Please check one.)

Toyo/Monitor  furnace/boiler system  other \_\_\_\_\_

16. Did you buy fuel from more than one company this past year?  Yes  No

If yes, please list names of all places you purchased heating fuel from: \_\_\_\_\_

\_\_\_\_\_

17. Do you use any other forms of fuel to heat your home?  Yes  No

If yes, what type(s)? \_\_\_\_\_

18. How much do you spend annually on this(these) secondary energy source(s)? \_\_\_\_\_

19. Who is/are your vendor(s) for the secondary source? \_\_\_\_\_

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

21. How much do you spend on wood annually? \_\_\_\_\_ How many cords do you burn a season? \_\_\_\_\_

22. Who pays for your home heat?  Self  Landlord  Other (If other, please explain) \_\_\_\_\_

23. Who pays for your electricity?  Self  Landlord  Other (If other, please explain) \_\_\_\_\_

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.

24. If you pay both heat and electricity, should part of your grant be sent to your electric account?  Yes  No

## Please tell us the name of your heat vendor and electric company

**You must use an approved Heating Assistance vendor.**

25. \_\_\_\_\_  
Name of Heat Vendor                      Account Number                      Name on Account                      Amount of Current Bill

26. \_\_\_\_\_  
Name of Electric Company                      Account Number                      Name on Account                      Amount of Current Bill

**You must attach copies of you most recent heating and electric bill. If you heat with wood, you must attach at least \$200 in vendor receipts for wood purchased to heat your home or receipts for wood cutting supplies such as a saw, chain saw blades, or two-cycle oil if you cut your own wood.**

27. If your account for fuel or electric is in someone else's name, please explain \_\_\_\_\_

## Additional Required Information

28. Did you receive weatherization last year?  Yes  No

If yes, are your bills lower now that your home has been weatherized?  Yes  No

29. Did you receive any information about how to save energy this past year?  Yes  No

If yes, have you tried any of the tips?  Yes  No

Are your bills lower as a result of this education?  Yes  No

30. Did you receive a shut-off notice this past year?  Yes  No

If yes, for  Electric  Primary Heat  Both

31. Were your utilities shut off before you applied for heating assistance?  Yes  No

If yes, did your benefit restore your service?  Yes  No

32. Did you run out of fuel last year?  Yes  No

If yes, did you run out before or after you applied for heating assistance?  Before  After

33. Did you receive help to pay heating costs from any other source such as a church, social agency, veteran's group, tribal corporation or housing group?  Yes  No

If yes, who assisted you and how much money did they pay? \_\_\_\_\_

34. Do you use air conditioning?  Yes  No

If yes, what type?  Window  Central

# Income in Your Household

## Example of how to report income

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

XYZ company 123 Lane Anchorage, AK 99501						Earnings Statement	
EMPLOYEE NO.	EMPLOYEE NAME	SOCIAL SECURITY NO.	PERIOD BEG.	PERIOD END	CHECK DATE		
045345	JOHN J. DOE	xxx-xx-9898	01/18/2011	02/01/2011	02/04/2011		
EARNINGS	HOURS	RATE	CURRENT AMOUNT	WITHOLDINGS/DEDUCTIONS	CURRENT AMOUNT	YEAR TO DATE	
REGULAR PAY	87.60		2307.69	STATE TAX AMT DEFERRED CMP FED TAX AMT HI TAX OASDI	0.00 0.00 281.54 33.46 96.92	0.00 0.00 1126.15 133.85 387.69	
CURRENT AMOUNT	CURRENT DEDUCTIONS	NET PAY	YTD EARNINGS	YTD DEDUCTIONS	YTD NET PAY	CHECK NO.	
2307.69	499.62	1808.08	9230.77	1998.46	7232.31	48974	

35. 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 B) 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're a seasonal worker or self-employed, use Form C or A to determine your monthly income.

### Type of Income Codes

AD	Adoption Subsidies	GR	General Relief	SL	Student Loans/Grants
APA	Adult Public Assistance Program	IN	Interest	SSI	Supplemental Security Income
ATAP	Alaska Temporary Assistance	ND	Native Dividends	TI	Tips and Gratuities
BIA	BIA General Assistance	PE	Pension (other than Veteran's benefits)	UI	Unemployment Insurance
BP	Bingo/Pull Tab Winnings	PFD	Permanent Fund Dividend	VB	Veteran's Benefits
CO	Cash Outs of Retirement/Pension	RI	Rental Income	WA	Wages
CS	Child Support and Alimony	SEA	Seasonal Work	WC	Worker's Compensation
DI	Dividends	SE	Self-Employment	TT	Tribal TANF
FLS	Family Support (Please Explain)	SB	Senior Benefits	OT	Other (Please Explain) _____
FC	Foster Care Payments	SSA	Social Security		

Household member	Income Type (See above)	Employer's Name	Employer's Phone Number	Last Month's Gross Income	Last day of work	Weekly? Monthly?
<b>Example: Susan Jones</b>	<b>WA</b>	<b>XYZ Grocery</b>	<b>907-555-5555</b>	<b>800.00</b>	<b>January 31</b>	<b>Weekly</b>

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

37. Does anyone in your house receive rental income from property?  Yes  No  
Owner: \_\_\_\_\_ Monthly Rental Income: \_\_\_\_\_

38. If your household income doesn't cover basic living expenses, explain how you are paying these costs.  
Rent: \_\_\_\_\_ Utilities: \_\_\_\_\_ Food: \_\_\_\_\_

**Please Read and Sign the Next Page** 



# Signature

Your application must be received within 60 days of the signature date.

I, \_\_\_\_\_ (print name) of \_\_\_\_\_ (print address) give the Department of Health and Social Services and the Department of Law permission to ask for:

- Information about my finances as well as the finances of other household members listed on this application.
- Information about my utility/heating costs including usage and billing history with my primary fuel & electric vendors.
- Information about my citizenship and personal history.

**I understand:**

- That I must notify heating assistance within 10 days if I move or change household members.
- That a Department representative may call 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.
- That I must be currently living in the home for which I am applying.

**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.
- The Alaska Department of Labor to release to the Division of Public Assistance information about my eligibility for unemployment insurance and work history.

**I have read the Program Rules, 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 AS 11.56.210, that the statements made regarding the persons in my home, including U.S. citizenship or lawful immigrant status, income, and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge.**

39. X \_\_\_\_\_  
Signature of Adult listed on Page 1, Question 2      Date      Signature of Witness, if signed with an "X"  
(Legal guardians provide documentation)

40. X \_\_\_\_\_  
Signature of Other Adult Applicant      Date      Signature of Witness, if signed with an "X"

## Did you remember?

<input type="checkbox"/> Answer all 40 questions	<input type="checkbox"/> Include a copy of your ID?
<input type="checkbox"/> Provide social security numbers, dates of birth, citizenship/ethnicity for each household member	<input type="checkbox"/> Include a copy of Power of Attorney (if applicable)
<input type="checkbox"/> Include a copy of your latest home heating and electric bill, or wood vendor receipts. Please include wood vendor receipts showing at least \$200 of out-of-pocket costs.	<input type="checkbox"/> Include proof of income or have your employer complete Form B or Form C
<input type="checkbox"/> Read and sign the release above	<input type="checkbox"/> Include a copy of your latest rent receipt and rental agreement if you are renting
	<input type="checkbox"/> Sign and date the application with today's date

### 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 \_\_\_\_\_ Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address: \_\_\_\_\_

# Self-Employment Income and Expenses - Form A

**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.**

**Please provide a copy of your most recent IRS 1040 and Schedules C, K, or S and any other tax forms supporting self-employment or partnerships.** Please provide an itemized listing of all business related income and expenses received during the prior 12 months.

- 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: \_\_\_\_\_

# Employment Statement - Form B

State of Alaska  
Heating Assistance Program  
10002 Glacier Highway, Suite 200  
Juneau, Alaska 99801-8569

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\*\*\*\***



## Would You Like to Register to Vote?

### You may register to vote in Alaska if:

1. You are a United States citizen.
2. You are a resident of Alaska.
3. You are at least 18 years of age or will be 18 within 90 days of completing the registration application.
4. You are not a convicted felon, unless you have been unconditionally discharged.
5. You are not registered in another state, unless you cancel that registration. (There is an area on the Alaska registration application for you to cancel if needed.)

### Important Notices

1. Applying to register or declining to register to vote will not affect the services or the amount of benefits that you will be provided by this agency.
2. If you would like help filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the registration form in private.
3. If you decline to register to vote, your decision will be confidential. If you choose to register to vote, the office at which your voter registration application is submitted will remain confidential and will be used only for your voter registration purposes.
4. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Director of the Division of Elections by calling 907-465-4611, or toll-free at 866-952-8683 or you may write to: Director, Division of Elections, PO Box 110017, Juneau, AK 99811-8569.

### If you are not registered where you live now, would you like to apply to register to vote here today?

(Check one)

- Yes. I would like to register to vote. (Please fill out the attached registration application.)
- No. I do not want to register to vote.

**Note: If you do not check either box, you will be considered to have decided NOT to register to vote at this time.**

---

Name of Applicant

---

Date

*This form will be retained with this agency.*

*Completed voter registration applications will be mailed to the Division of Elections.*

# STATE OF ALASKA VOTER REGISTRATION APPLICATION

Refer to instructions on the reverse side for specific information and identification requirements.

**Please print clearly in blue or black ink.**

<p><b>1. You MUST complete this section for registration:</b></p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   I am a citizen of the United States.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   I am at least 18 years old or will be within 90 days of completing this application.</p> <p><b>If you checked NO to either question, do not complete this form as you are not eligible to register to vote.</b></p>			
<b>2. Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Suffix</b>
<p><b>3. Former Name:</b> (If your name has changed)</p>			
<p><b>4. You MUST provide the Alaska residence address where you claim residency. Do not use PO, PSC, HC or RR.</b></p> <p>_____</p> <p><b>House No.</b>      <b>Street Name</b>      <b>Apt No.</b>      <b>City</b>      <b>Alaska State</b></p> <p>*<input type="checkbox"/> Keep my residence address confidential. (Your mailing address in section 5 must be DIFFERENT from your residence address in section 4 to remain confidential.)</p>			
<p><b>5. Mailing Address:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>		<p><b>7.</b>   <input type="checkbox"/> I am a voter with a disability and would like information on alternative voting methods.</p>	
		<p><b>8.</b>   <input type="checkbox"/> I am interested in serving as an election official. (Provide your phone number and/or email address in section 12.)</p>	
		<p><b>9.</b> Daytime Phone No.: _____</p> <p>Evening Phone No.: _____</p> <p>Email Address: _____</p>	
<p><b>6.</b> *AK Voter Number: _____ (If known)</p>			
<p><b>10. Identifiers – You MUST provide at least one:</b></p> <p>*SSN or Last 4 of SSN: _____ / _____ / _____      *Alaska Driver’s License or State ID Number _____</p> <p><input type="checkbox"/> I have not been issued a Social Security Number, Alaska Driver’s License or State ID number.</p>			
<p><b>11. You MUST provide:</b></p> <p>*Date of Birth _____ / _____ / _____</p> <p style="text-align: center; font-size: small;">Month                      Day                      Year</p>		<p><b>12. Gender</b>    <input type="checkbox"/> Male    <input type="checkbox"/> Female</p>	
<p><b>13. Political Affiliation</b> For political affiliation choices in Alaska, see instruction number 5 on the reverse side. Write political affiliation: _____</p>			
<p><b>14</b> I am registered to vote in another state, cancel my registration in:</p> <p><b>City:</b> _____      <b>State:</b> _____      <b>County:</b> _____      <b>Zip:</b> _____</p>			
<p><b>Voter Certificate. Read and Sign:</b> I certify, under penalty of perjury, that the above information I provided on this document is true and correct. I am not registered to vote in another state, or I have provided information to cancel that registration. I further certify that I am a resident of Alaska and I have not been convicted of a felony, or having been so convicted, have been unconditionally discharged from incarceration, probation and/or parole.</p> <p><b>WARNING:</b> If you provide false information on this application you can be convicted of a misdemeanor AS 15.56.050.</p>			
<p><b>*SIGNATURE:</b> _____</p>		<p><b>DATE:</b> _____</p>	
<p><b>Your signature must be a handwritten signature. A typed or digital signature is not valid.</b></p>			
<p><b>Registrar/Agency/Official – Check ID and complete this section</b></p>			
<p>_____</p>		<p>OR</p>	<p>_____</p>
<b>Registrar Name</b>		<b>Voter No or SSN</b>	<b>Agency Name</b>

\*Items are kept confidential by the Division of Elections and are not available for public inspection except that confidential addresses may be released to government agencies or during election processes as set out in state law.

# State of Alaska - Division of Elections

## Voter Registration Application

**To register to vote in Alaska you must be a U.S. Citizen, a resident of Alaska, and at least 18 years old or will be 18 years old within 90 days of completing this application.**

Initial registration or registration changes must be made at least 30 days prior to an election. Once your application is processed, a notice will be mailed to you within 3 to 4 weeks.

### 1. When Completing This Application You **MUST** Provide:

- **Alaska Residence Address Where You Claim Residency** – A complete physical residence address in Alaska must be included on your application. The residence address you provide will be used to assign your voter record to a voting district and precinct. Your application will be denied if you do not provide an Alaska residence address or you provide a PO Box, HC No. and Box, PSC Box, Rural Route No., Commercial Address or Mail Stop Address or a residence address outside of Alaska on Line 4 of the application.

If your residence has been assigned a street name and house number, provide this information or indicate exactly where you live such as, highway name and milepost number, boat harbor, pier and slip number, subdivision name with lot and block or trailer park name and space number. If you live in rural Alaska, you may provide the community name as your residence address.

If you have a different mailing address than your residence address, you may choose to keep your residence address confidential. Confidential addresses are not released to the general public, but may be released to government agencies or during election processes as set out in state law.

*If you are temporarily out of state and have intent to return, you may maintain your Alaska residence as it appears on your current record. If you provide a new residence address, it must be within Alaska. Active military and military spouses are exempt from intent requirement.*

- **Proof of Identity** – Your identity must be verified. If you have been issued a Social Security number, Alaska Driver's License, or Alaska State ID card, you **MUST** provide at least one number on Line 10 of the application. If you have never been issued one of the identification numbers, please indicate so by checking the box on Line 10.
- **Date of Birth** – You **MUST** provide your date of birth.

### 2. Are you submitting this application by mail, by fax, or email? If so, and if you are not already registered to vote in Alaska, your identity must be verified either at the time you register or the first time you vote. If you would like to ensure that your identity is verified at the time you register, submit a copy of one of the below:

- Current and valid photo identification
- Passport
- Birth certificate
- Driver's license
- State identification card
- Hunting and Fishing license

### 3. Are you registering from outside the State of Alaska? If so, you must provide proof of Alaska residency, such as a copy of your current Alaska driver's license/ID, current Alaska hunting or fishing license, student loan or college tuition documents showing Alaska as state of residence, proof of employment in Alaska that indicates the date on which you were employed, military leave and earnings statement that identifies Alaska as the state of legal residence or other documentation that supports your claim as an Alaska resident. If you do not provide proof of Alaska residency, your application will not be processed.

### 4. Have you been convicted of a felony? If so, you may register to vote only if you have been unconditionally discharged. Provide a copy of your discharge papers with this application if available.

### 5. Political Affiliation. Write your political affiliation. Recognized political parties are parties who have gained recognized political party status under Alaska Statute. Political groups are parties who have applied for recognized political party status but have not met the qualifications. Alaska political affiliations are as follows:

#### **Recognized Political Parties:**

- Alaska Democratic Party
- Alaska Libertarian Party
- Alaska Republican Party
- Alaskan Independence Party

#### **Political Groups:**

- Alaska Constitution Party
- Green Party of Alaska
- Twelve Visions Party of Alaska
- UCES' Clowns Party
- Veteran's Party of Alaska

#### **Other:**

- Nonpartisan (not affiliated with a political party or group)
- Undeclared (do not wish to declare a political affiliation)

Mail, fax or email (as a PDF, TIFF or JPEG attachment) your completed application to one of the offices listed below:

#### **Region I Elections Office**

PO Box 110018  
Juneau, AK 99811-0018  
(907) 465-3021 – Telephone  
(907) 465-2289 – Fax  
Toll Free 1-866-948-8683  
electionsr1@alaska.gov

#### **Region II Elections Office**

Anchorage Office  
2525 Gambell Street Suite 100  
Anchorage, AK 99503-2838  
(907) 522-8683 – Telephone  
(907) 522-2341 – Fax  
Toll Free 1-866-958-8683  
electionsr2a@alaska.gov

#### **Matanuska-Susitna Office**

North Fork Professional Building  
1700 E. Bogard Road, Suite B102  
Wasilla, AK 99654-6565  
(907) 373-8952 – Telephone  
(907) 373-8953 – Fax

#### **Region III Elections Office**

675 7<sup>th</sup> Avenue Suite H3  
Fairbanks, AK 99701-4542  
(907) 451-2835 – Telephone  
(907) 451-2832 – Fax  
Toll Free 1-866-959-8683  
electionsr3@alaska.gov

#### **Region IV Elections Office**

PO Box 577  
Nome, AK 99762-0577  
(907) 443-5285 – Telephone  
(907) 443-2973 – Fax  
Toll Free 1-866-953-8683  
electionsr4@alaska.gov

#### **Native Language Assistance**

Toll Free 1-866-954-8683

**Visit our website at:** [www.elections.alaska.gov](http://www.elections.alaska.gov)

State of Alaska  
Dept. of Health & Social Services  
Heating Assistance Program - DPA  
10002 Glacier Highway, Suite 200  
Juneau, Alaska 99801-8569