



Application for Heating Assistance

When can I apply?

Applications for Heating Assistance are accepted October 1, 2012 through April 30, 2013 of each year. If you are legally disabled or age 60 or older, we will accept your application as early as September. The program begins issuing grants on November 1, 2012.

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

What are the income guidelines?

| Household Size | Gross Income (In Prior Month) |
|----------------|----------------------------------|
| 1..... | \$2,619 |
| 2..... | \$3,548 |
| 3..... | \$4,475 |
| 4..... | \$5,405 |
| 5..... | \$6,332 |
| 6..... | \$7,261 |

For each additional household member add \$928

How is the grant calculated?

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

How do I apply?

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

Heating Assistance Program
 10002 Glacier Highway, Suite 305
 Juneau, AK 99801-1700

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.

Subsidized Rental Housing Utility Deposit (SRHUD)

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

How long will it take?

It may take up to 45 days to process your application.

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

How can I check on my application?

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

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

How often can I receive Heating Assistance?

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

Are the grants sent directly to me?

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

Do I qualify if my heat is included in my rent?

If heat is included in your rent and you do not live in subsidized housing, you may qualify for Heating Assistance.

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

Heating Assistance: If heat is included in your rent, you do not qualify for Heating Assistance.

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

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

No. You must live in the home to qualify.

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

List all your income received the month prior to the date you signed your application. Without proof, your application may be delayed or denied. Acceptable proof includes wage stubs showing check date, gross income and year-to-date figures, an employer work statement (Form 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 or self-employed, go to Form C or A to determine your monthly income.

Do I report my Permanent Fund Dividend?

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

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

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

Can I transfer my grant?

Once you have received your grant, it cannot be transferred unless you have moved to an area that is served by a different heat/electric company. Contact our office if you move so we can help you transfer your grant.

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.
- 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 35 feet or longer, list the exterior length and width in question 12.
- Attach copies of your most recent fuel and/or electricity bill(s). You must show a cost to be eligible.
- If heat is included in your rent, attach a copy of your rental agreement and most recent rent receipt showing heat is included in your rent.
- Attach a copy of your disconnect notice if it is within 48 hours and you are requesting emergency processing.
- If you live in Section 8 or subsidized housing, attach a copy of your rental housing worksheet.
- **It is your responsibility to provide all required documentation to process your application.**

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

For a list of communities served by tribal organizations go to:

<http://www.hss.state.ak.us/dpa/programs/hap/tribal.html> or contact your local tribal organization or the Heating Assistance office. It can delay your benefits if you apply with the wrong organization.

Tribal organizations providing Heating Assistance are:

| | |
|---|--|
| <ul style="list-style-type: none">• Aleutian/Pribilof Islands Association - 276-2700• Assoc. of Village Council Presidents - 543-3521• Bristol Bay Native Association - 842-2262• Chuathbaluk Traditional Council - 467-4313• Kenaitze Indian Tribe I.R.A. - 335-7200• Kodiak Area Native Association - 486-9800• Kuskokwim Native Association - 675-4384 | <ul style="list-style-type: none">• Orutsararmiut Native Council - 543-2608• Seldovia Indian Tribe - 234-7898• Tanana Chiefs Conference - 452-8251• Tlingit-Haida Regional Housing Authority - 780-6868• Yakutat Tlingit Tribe - 784-3302• Cook Inlet Tribal Council - 793-3300 |
|---|--|

Can I receive a grant 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 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 Corporation | Mat-Su, Kenai-Pen, Copper River, Kodiak, Bristol Bay, Aleutians, Southeast Alaska except Juneau |
| 800-478-5323 | Interior Weatherization | Interior Alaska |
| 800-478-7227 | RurAL Cap | Anchorage, Juneau, western and northern Alaska |

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Your Rights and Responsibilities

What if I disagree with your decision?

Any person whose application is denied or not acted upon with reasonable promptness, or whose benefits are reduced or terminated, has a right to a fair hearing. You may request a hearing by telephone, in person, or in writing. Contact any Public Assistance office or write the Heating Assistance Program. Hearing requests must be made within 30 days after you are mailed a notice of a decision on your Heating Assistance case. At the hearing you may represent yourself. You may also be represented by legal counsel (e.g., Alaska Legal Services Corporation) or by another person of your choice.

How are my rights protected?

No person in the United States, on the ground of race, color, national origin, or disability, shall be excluded from participation or be denied the benefits of federal assistance. If you feel you have been discriminated against, you may file a complaint with the Division of Public Assistance or with the United States Department of Health and Human Services.

Do I need to tell you if something changes?

Yes. Not having current information may delay your benefits. **It is very important that you report changes in your address, phone number or in household members moving into or out of the home within 10 days.** Report changes to the Heating Assistance office: in Juneau 465-3058, all other areas toll free 1-800-470-3058 or email at liheap@alaska.gov.

What happens if I do not follow the rules?

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 information about your finances, family, utility/heating costs and usage, 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.

The people or organizations that may be contacted include, but are not limited to: fuel and electric companies, the Alaska Housing Finance Corporation, Department of Labor and Workforce Development, Department of Law, Department of Military and Veterans Affairs, Department of 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, 2013

Application for Heating Assistance

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

Heating Assistance to pay a portion of home heating costs.

Subsidized Rental Housing Utility Deposit (SRHUD) helps pay a utility deposit when households are moving into Section 8 or subsidized rental housing, provided that heat is included in the rent.

I am out of fuel and requesting expedited processing.

I have a disconnect notice and my service will be shut off within 48 hours. I am requesting expedited processing (you **must** attach a copy of your disconnect notice).

2. Head of household (Please Print)

| | | | |
|--|---------------------------|---|------------------------|
| Name (First, MI, Last) | Birthdate | Male or Female <input type="checkbox"/> Male <input type="checkbox"/> Female | Social Security Number |
| Mailing Address | City | State | Zip Code |
| Physical Address | City | State | Zip Code |
| Daytime Phone | Message and/or Cell Phone | Email (Optional) | |
| Your Ethnicity/Racial Heritage (optional): You may check one or more. Are you Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> African-American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other | | | |

People in your household

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

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

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

5. Are you or anyone in your household:

Legally Disabled Yes No Age 60 or over Yes No Receiving Public Assistance Yes No

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

Income in your household

Example of how to report income

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

| 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 1128.15 133.85 387.69 | |
| CURRENT AMOUNT | | | 2307.69 | CURRENT DEDUCTIONS | 499.62 | NET PAY | 1808.08 |
| | | | YTD EARNINGS | 9230.77 | YTD DEDUCTIONS | 1998.46 | YTD NET PAY |
| | | | | | | 7232.31 | CHECK NO. |
| | | | | | | | 48974 |

7. List all your income from the month prior to the date you signed your application. Without proof, your application may be delayed or denied. Acceptable proof includes wage stubs showing check date, gross income and year-to-date figures, an employer work statement (Form 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

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

| Household member | Income Type (See above) | Employer's Name | Last Month's Gross Income | Form of Proof | Last day of work | Weekly? Monthly? |
|-----------------------------|-------------------------|--------------------|---------------------------|------------------|-------------------|------------------|
| Example: Susan Jones | WA | XYZ Grocery | 800.00 | Pay stubs | January 31 | Weekly |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Employer Name _____ Phone Number _____

Employer Name _____ Phone Number _____

8. 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.

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

Owner: _____ Monthly Rental Income: _____

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

Rent: _____

Utilities: _____

Food: _____

Questions about your residence

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

| | | | |
|---|--|--|---|
| Apartment or Condominium: ↓ | <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 or Motor Home | <input type="checkbox"/> Tent* |
| <input type="checkbox"/> 4 or more units | <input type="checkbox"/> Studio/Efficiency | <input type="checkbox"/> Mobile Home (35 feet or longer) | <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"/> Travel Trailer (less than 35 feet) Lean-to Attached <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Boarding Home* |

12. If you live in a trailer, RV, motor home or mobile home 35 feet or longer, what's the length:____ft width:____ft

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

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

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

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

Landlord Name:_____ Address:_____ Daytime Phone:_____

Questions about your heating and electric

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

Natural Gas Fuel Oil Electricity Kerosene Coal Propane Wood Other_____

18. If you heat with wood, do you harvest it yourself? Yes No If no, you must provide a wood vendor receipt.

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

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

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.

21. 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 fuel and/or electric company

22. _____
Name of Fuel Company Account Number Name on Account Amount of Current Bill

23. _____
Name of Electric Company Account Number Name on Account Amount of Current Bill

You must attach copies of your most recent fuel statement, electricity bill, or wood vendor receipts.

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

Additional Required Information

Please answer all questions.

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

If yes, who else did you buy fuel from _____

26. Did you receive weatherization last year? Yes No

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

27. 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

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

If yes, for electric or primary heat? _____

If yes, did your heating assistance benefit prevent your service from being shut off? Yes No

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

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

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

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

If yes, did you apply for expedited assistance? Yes No

31. 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? _____

Please Read and Sign the Next Page

Signature

Statement of Truth

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

- I understand that I must notify heating assistance within 10 days if I move or change household members.
- I understand that a Department representative may call at my home, and may contact other people in order to verify my eligibility for assistance. I also understand that information I give may be verified by computer cross-matching with other agencies.
- I authorize the Alaska Department of Labor to release to the Division of Public Assistance information about my eligibility for unemployment insurance and work history.
- I authorize the Division of Public Assistance to communicate with my vendor(s) and other agencies on my behalf as it relates to the Heating Assistance Program.
- I understand that I must be currently living in the home for which I am applying.
- I have read the 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.

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

33. X _____
Signature of Other Adult Applicant Date Signature of Witness, if signed with an "X"

Did you remember?

- Answer all 33 questions
- Include proof of income or have your employer complete Form B or Form C
- Include a copy of your latest rent receipt and rental agreement if you are renting
- Include a copy of your latest home heating and electric bill, or wood vendor receipt
- Read the Statement of Truth above
- Sign and date the application with today's date
- Provide social security numbers and dates of birth for all household members

Fee Agent and Office Use Only

- I have completed the Fee Agent Interview Report form.
- I certify that I have checked the information on the application carefully and that it is a true and complete statement of facts according to the best of my knowledge.
- I understand that it is against the law to make false statements and that I am subject to prosecution if I do.
- I understand that if this application is not complete, I may not be paid.

Date _____ Print Name _____ Daytime Phone _____

Address: _____

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. 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 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 305
Juneau, Alaska 99801-1700

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

Employee Name: _____ SSN: _____

Employee Signature: _____ Occupation: _____

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

For Employer Use Only

Date employment began: _____ Date first paycheck issued: _____

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

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

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

| Gross Pay | Issue Date | Tips Received |
|-----------|------------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Employer Address: _____

Employer Signature (Required): _____ Date: _____

Payroll Contact Number: _____

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

Seasonal Work Statement - Form C

State of Alaska
 Heating Assistance Program
 10002 Glacier Highway, Suite 305
 Juneau, Alaska 99801-1700

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

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

Employee Name: _____ SSN: _____

Employee Signature: _____ Occupation: _____

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

For Employer use only

Date Employment Began: _____ Date first paycheck issued: _____

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

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

Circle the past 12 months of seasonal employment: 20__ JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
 20__ JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Provide the information below for the past 12-month period.

Gross Pay/ Issue Date

Gross Pay/ Issue Date

Gross Pay/ Issue Date

| Gross Pay/ Issue Date | Gross Pay/ Issue Date | Gross Pay/ Issue Date |
|-----------------------|-----------------------|-----------------------|
| | | |
| | | |
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| | | |
| | | |

Business name (Please Print): _____

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 99811-0017.

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>1. You MUST complete this section for registration.</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>If you checked NO to either question, do not complete this form as you are not eligible to register to vote.</p> | | |
| <p>2. Last Name</p> | <p>First Name</p> | <p>Middle Initial Suffix (Sr., Jr., etc.)</p> |
| <p>3. Former Name: (If your name has changed)</p> | | |
| <p>4. You MUST provide the Alaska residence address where you claim residency. Do not use PO, PSC, HC or RR.</p> <p style="text-align: right;">ALASKA</p> <p>House # Street Name Apt # City State</p> <p><small>*<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.)</small></p> | | |
| <p>5. Mailing Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>10. <input type="checkbox"/> I am a voter with a disability and would like information on alternative voting methods.</p> <p>11. <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>12. *Daytime Phone No. _____</p> <p style="padding-left: 20px;">*Evening Phone No. _____</p> <p style="padding-left: 20px;">*Email Address _____</p> | |
| <p>6. You MUST provide at least ONE</p> <p>*Social Security No. _____/_____/_____</p> <p>*Last 4 Digits of Social Security No. _____</p> <p>*Alaska Driver's License No. _____</p> <p>*Alaska State ID Card No. _____</p> <p><input type="checkbox"/> I have not been issued a Social Security, Alaska Driver's License or State ID number.</p> | <p>13. Political Affiliation For information on political types see reverse No. 5.</p> <p style="padding-left: 20px;"><u>Select only ONE Below</u></p> <p style="padding-left: 40px;">Political Parties:</p> <p style="padding-left: 60px;"><input type="checkbox"/> Alaska Democratic Party</p> <p style="padding-left: 60px;"><input type="checkbox"/> Alaska Libertarian Party</p> <p style="padding-left: 60px;"><input type="checkbox"/> Alaska Republican Party</p> <p style="padding-left: 60px;"><input type="checkbox"/> Alaskan Independence Party</p> <p style="padding-left: 20px;">or Political Groups:</p> <p style="padding-left: 40px;"><input type="checkbox"/> Green Party of Alaska</p> <p style="padding-left: 40px;"><input type="checkbox"/> Alaska Constitution Party</p> <p style="padding-left: 40px;"><input type="checkbox"/> Veterans Party of Alaska</p> <p style="padding-left: 20px;">or Other:</p> <p style="padding-left: 40px;"><input type="checkbox"/> Nonpartisan (no party affiliation)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Undeclared (no party declared)</p> <p style="padding-left: 40px;"><input type="checkbox"/> _____</p> | |
| <p>7. You MUST provide</p> <p>*Date of Birth _____/_____/_____</p> <p style="padding-left: 40px;"><small>Month Day Year</small></p> | | |
| <p>8. *AK Voter Number _____</p> <p style="text-align: center;"><small>(If known)</small></p> | | |
| <p>9. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p> | | |
| <p>14. If you are registered to vote in another state, you MUST cancel that registration by providing the following:</p> <p>City: _____ State: _____ County: _____ Zip Code: _____</p> | | |
| <p>Voter Certificate. Read and Sign: 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><u>WARNING:</u> If you provide false information on this application you can be convicted of a misdemeanor AS 15.56.050.</p> | | |
| <p>*SIGNATURE: _____ DATE: _____</p> | | |
| <p>Registrar/Agency/Official – Check ID and complete this section</p> <p>Registrar Name _____</p> <p style="text-align: center; border: 1px solid black; padding: 5px; font-size: 1.2em;">NVRA Agency</p> <p>OR</p> <p>Agency Name _____</p> | <p style="text-align: center;">For Office Use Only</p> <p>VN _____</p> <p>D/P _____</p> | |

*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 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 not be processed if you leave the residence address blank or if you provide a PO Box, HC No. and Box, PSC Box, Rural Route No., Commercial Address or Mail Stop Address on Line 4 of the application.

If your residence has been assigned a street number, provide that number. If not, 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 a rural village in 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.

Are you temporarily out of State? If so, and you have intent to return (active military and military spouses are exempt from intent requirements), 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.

- ◆ **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 6 of the application. If you have never been issued one of the identification numbers, please indicate so by checking the box on Line 6.
- ◆ **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 Alaska driver's license, Alaska hunting or fishing license, student loan or college tuition documents showing Alaska as state of residence, proof of employment in Alaska, 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. Those parties that have gained recognized political party status under Alaska Statutes 15.60.010(25) are listed under **Political Parties**. Those groups that have applied for party status but have not met the qualifications to be a recognized political party under Alaska Statutes 15.60.010(25) are listed under **Political Groups**. Under **Other**, nonpartisan means you are not affiliated with any recognized political party or group and undeclared means you do not wish to declare a political affiliation. If you do not check a political affiliation, you will be registered as undeclared unless you are already registered under an affiliation.

Mail, fax or email (as a pdf, tiff or jpg attachment) your completed application to one of the offices below:

Visit our website at: www.elections.alaska.gov

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

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
 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 7th Avenue Suite H3
 Fairbanks, AK 99701-4594
 (907) 451-2835 – Telephone
 (907) 451-2832 – Fax
 Toll Free 1-866-959-8683

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

Yup’ik Language Assistance
 Toll Free 1-866-954-8683

State of Alaska
Dept. of Health & Social Services
Heating Assistance Program - DPA
10002 Glacier Highway, Suite 305
Juneau, Alaska 99801