



Fax or mail your application to:

State of Alaska
 Heating Assistance Program
 400 Willoughby, Suite 301
 Juneau, Alaska 99801-1700

In Juneau: 465-3058
 All other areas: 1-800-470-3058
 Fax: 907 465-3319

Juneau Office Date Stamp

Subsidized Rental Housing Utility Deposit

The Heating Assistance Program Subsidized Rental Housing Utility Deposit is a special grant that is available to households that need help with the initial utility or fuel deposit required to establish service in Section 8 or subsidized rental housing.

Please Print Neatly!

1. Your First Name	MI	Last Name	Male <input type="checkbox"/>	Female <input type="checkbox"/>	2. Birthdate	3. Social Security Number
4. Mailing Address						5. Daytime or Message Phone
6. City/Village			Zip Code			7. Occupation
8. Physical Address						

9. Your Racial Heritage (optional) Check one or more.

- Caucasian
 Hispanic
 Alaska Native/American Indian
 Asian
 African-American
 Pacific Islander
 Other

10. Names of Other Household Members Currently Living With You	Birthdate	Relationship To You	Social Security Number	Occupation	Income Last Month?	
					Yes	No

If you need more space, attach another piece of paper.

11. Have any of the adults in your household applied for heating assistance from a tribal or native organization in your area?
 Yes No If you checked "Yes", STOP HERE. You cannot receive heating assistance from the State of Alaska.

•Residence Information

12. How much rent do you pay each month? Rent: \$ _____

13. **Attach (1) a copy of your rental agreement, (2) a copy of the worksheet received from your housing program and (3) a statement from your utility company that itemizes the deposit amount required to set up utility service in your name.**

14. Who is the owner, landlord or manager?

Name: _____ Address: _____ Phone Number: _____

15. Are you or anyone in your household receiving:	
Veteran's Benefits..Case No. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food Stamps.....Case No. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
ATAP/ASAP.....Case No. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplemental Security Income.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult Public Assistance...Case No. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployment Insurance Benefits.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

16. Are you or anyone in your household:	
Legally disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
Age 60 or over	<input type="checkbox"/> Yes <input type="checkbox"/> No

•Household Income

17. List all gross income received by anyone in your household during the calendar month before you complete and sign the application. For example, if you apply in November, list all gross income with an October date, regardless of the pay period date. If any household member works in a seasonal occupation or is self-employed, you must also complete Supplemental Earnings Form B, or C. You may obtain these forms by contacting our office at **1-800-470-3058**, or on our website at www.hss.state.ak.us/dpa/heat
18. Attach proof of all income listed below. **If you do not include proof your application will be delayed or denied.** Acceptable proof of income includes wage stubs showing gross income and year-to-date figures, a completed Supplemental Earnings Form A, or a signed letter from your employer. Year-end statements or award letters are required for Social Security and retirement benefits.

Types of income include the following:

Wages	WA	BIA General Assistance	BIA	Cashouts of Retirement or Pension	CO
Tips or Gratuities	TI	Unemployment Insurance	UI	Dividends	DI
AK Temporary Assist	ATAP/ASAP	Adult Public Assistance OAA,APD,AB	APA	Pension (other than Veteran's Benefits)	PE
Foster Care Payments	FC	Veteran's Benefits	VB	Interest	IN
Social Security	SSA	Rental Income	RI	Bingo/Pull Tab Winnings	BP
Supplemental Security	SSI	Child Support and Alimony	CS	Student Loans/Grants	SL
General Relief	GR	Worker's Compensation	WC	Other (please explain)	OT

Name of Household Member	Type of Income	Gross Amount	Form of Proof Included	For Office Use Only
			Total	

If you need more space, attach another piece of paper.

•Important Notice About Your Rights

Fair Hearing

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 Hearing Assistance Program. Hearing requests must be made within 30 days after you are mailed a notice of a decision on your HAP 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.

Civil Rights

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.

•Agreement to Receive Heating Assistance

To receive assistance, you must agree to all of the statements below. Any member of your household who deliberately breaks any rules and receives benefits to which they are not entitled must repay the benefits and may be prosecuted.

- I understand that a Department representative may call at my home, and may contact other people in order to verify my eligibility. 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 certify under penalty of perjury, or of unsworn falsification in violation of AS11.56.210, that the statements made regarding the persons in my home and the income and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge.**

Did You Remember To:

- answer all questions/items, and include Supplemental Earnings form if applicable,
- include proof of income,
- include a copy of your housing worksheet and utility company statement,
- read the agreement above, and
- sign and date the application with today's date?

Signature of person listed on Page 1, line 19.

Today's Date

Witness - if signed with an "X" (Legal guardians provide documentation)