



# Application for Heating Assistance

## When can I apply?

Applications are accepted October 1st through April 30th.

Applications that indicate the household is in crisis are accepted October 1st through September 30th.

Applications requesting Subsidized Rental Housing Utility Deposit (SRHUD) are accepted October 1st through September 30th.

The program begins issuing grants on the first working day in October.

## What are the income guidelines?

Household Size	Monthly Income
1.....	\$2,350
2.....	\$3,192
3.....	\$4,033
4.....	\$4,875
5.....	\$5,715
6.....	\$6,556

*For each additional household member add \$841*

## How is the benefit calculated?

Benefits are calculated using a point system, based on the following criteria: the area of the state where you live, primary heating fuel type, dwelling type, household size, and gross income. Each item has an assigned point value. If you have low heating cost points after all factors are calculated, you may not qualify.

## How do I apply?

You can mail, e-mail, fax, or drop-off your application at any Alaska Public Assistance Office.

Office contact information can be found on the last page of this application booklet and online at <https://health.alaska.gov/dpa/Pages/contacts.aspx>.

## Programs

### Heating Assistance

Helps supplement home heating expenses by issuing a one time payment to the applicant's approved primary heating fuel vendor.

### Crisis Assistance

Helps applicants by issuing a one time payment to the applicant's approved vendor in the following crisis situations\*:

- Out of primary heating fuel or within 48 hours of running out of primary heating fuel.
- The primary heating fuel or electric service has been disconnected or is within 48 hours of service disconnection.
- Received an eviction for non-payment of rent when heat is included in a non-subsidized rental payment.

\*Applicants must meet the standard heating assistance criteria in order to be eligible for Crisis Assistance.

### 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?

The program begins issuing grants on the first working day of October. However, 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 electric vendor 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 Virtual Contact Center (VCC) at 1-800-478-7778. **DO NOT** select the automated system option. Simply remain on the line and wait to speak with a representative.

## How often can I receive assistance?

Households are limited to one benefit per season from one of the three programs (Heating Assistance, Crisis Assistance, or SRHUD). The Heating Assistance season runs from October 1st of the current year through April 30th of the following calendar year. Applications for Crisis and SRHUD assistance are accepted through September 30th.

## Are the benefits sent directly to me?

In most situations, your benefit is paid to your primary heating fuel vendor and/or electric vendor 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 assistance. Please include a copy of your lease agreement and your latest rent payment receipt.

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

**Heating or Crisis Assistance: If heat is included in your rent, you do not qualify.** If you live in subsidized housing and pay for your heat, you **may** qualify for heating or crisis assistance. If you receive a utility allowance, your benefit will be reduced.

**Subsidized Rental Housing Utility Deposit (SRHUD):** If you are requesting help with a utility deposit that is 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 of your household's income received in the month prior to the date we receive your application.**

Without proof, your application will be considered incomplete and will be denied. Acceptable proof includes pay stubs showing name of employer, pay period date, payment issuance date, gross income earned, and gross year-to-date figures; or a completed 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**, as they do not show the gross benefit amount. If you are a seasonal worker, self-employed, or work a variable schedule, submitting a completed Form A or Form C is considered acceptable proof of income.

## What if I have a service disconnect notice or I am out of primary heating fuel?

If you have run out of primary heating fuel or have a notice that your electricity or natural gas will be disconnected within 48 hours, contact your primary heating fuel or electric vendor immediately to see if you can make payment arrangements. If they cannot make an arrangement with you, you may qualify for expedited processing of your application. Expedited processing can only be initiated if you submit a complete application and indicate you are in crisis. An application is considered complete when all questions have been answered on the application, the application has been signed, and required verification (proof of income, vendor billing statements/disconnection notices, rental agreements, etc.) have been 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 primary heating fuel/electric vendor. Contact your local public assistance 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. Your benefit is only to be used by you or a member of your household who is named on your application. If your household is unable to pick-up fuel or have fuel delivered by an approved vendor you must notify the Heating Assistance Program (HAP) Coordinator that you require additional assistance. The HAP program coordinator can be reached by emailing: vendors.liheap@alaska.gov.

**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 all pay stubs received in the month before we receive your application 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 primary heating fuel **and** electricity bill(s).
- If heat is included in your rent, attach a copy of your rental agreement showing heat is included in your rent and your most recent rent receipt.
- Attach a copy of your disconnect notice if it is within 48 hours and you are requesting expedited 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 to apply 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 residential area, you must choose one of the approved vendors. The list of approved vendors can be viewed at <http://heatinghelp.alaska.gov>.

## 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 visit [https://www.acf.hhs.gov/ocs/map/liheap-map-tribal-contact-listing#AK\\_5212](https://www.acf.hhs.gov/ocs/map/liheap-map-tribal-contact-listing#AK_5212) or contact your local tribal organization.

## Can a Fee Agent help me complete my application if I live in rural Alaska?

Yes. Some areas have fee agents available to help you complete your application. Using a fee agent is optional.

## 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 <https://www.ahfc.us/efficiency/energy-programs/>

Phone	Weatherization provider	Service area
800-478-8080	Alaska Community Development Corp.	Mat-Su, Kenai-Penn, Copper River, Kodiak
907-452-5323	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 submit your request in writing. Fair Hearing requests are accepted in-person or by drop-box at all Public Assistance office locations or by email to [hss.dpa.offices@alaska.gov](mailto:hss.dpa.offices@alaska.gov). Hearing requests must be made within 30 days after you are mailed a notice of a decision on your Heating Assistance application. 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 program at 1-800-478-7778 or [hss.dpa.offices@alaska.gov](mailto:hss.dpa.offices@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 to receive, 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 the Department of Law permission to ask for:

- o Information about your finances
- o Information about your electricity/heating costs and usage and billing history with your electricity/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 except our weatherization partner, Alaska Housing Finance Corporation; or any other agency we are working with on your behalf.

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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# Application for Heating Assistance

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

- Heating Assistance to pay a portion of home heating and electricity 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 the rent.
- I am in crisis and requesting expedite processing, and have completed the questions below.
- Are you out of fuel or is your electricity or natural gas service CURRENTLY DISCONNECTED?  Yes  No (If No, go to question 2). **If you answered YES you must include proof of your vendor account information with this application.**
  - Do you expect to be out of fuel (oil/propane/wood) **or** to be disconnected from electricity/natural gas within 48 hours?  Yes  No **If YES, you must include a copy of your service disconnection notice showing a scheduled disconnect date within 48 hours of your application submission.**
  - Do you or someone in your household have a medical condition that requires you to have uninterrupted heat and/or electric service?  Yes  No
  - Have you included a copy of your service disconnection notice?  Yes  No

For more information on eligibility criteria for expedited processing please go to [www.heatinghelp.alaska.gov](http://www.heatinghelp.alaska.gov), click on **Client Resources**.

## People in Your Household

### 2. Head of Household (Please Print and Use Legal Names)

Name (First, MI, Last)	Birthdate	Male, Female, Other <input type="checkbox"/> <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 or Directions to your House	City	State	Zip Code
Daytime Phone	Message and/or Cell Phone	Email (Optional)	
Your Ethnicity/Racial Heritage (optional): Check all that apply: <input type="checkbox"/> Hispanic, Latino, or Spanish Origins <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other			Did you receive income last month? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Include a copy of a government issued driver license or 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	Gender	How Related?	Social Security number (Required)	US Citizen or legal alien (Yes/ No)	Race	Ethnicity
<b>Example: Joe D Jones</b>	<b>2/10/74</b>	<b>M</b>	<b>Not</b>	<b>###-##-####</b>	<b>Y</b>	<b>Asian</b>	<b>N/A</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.

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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

## 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 or Boat (you must complete #9 below)	<input type="checkbox"/> Tent*
<input type="checkbox"/> 4 or more units	<input type="checkbox"/> Studio/Efficiency	<input type="checkbox"/> Mobile Home or House Boat (you must complete #9 below)	<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 RV, mobile home, or boat, what's the length:\_\_\_\_ft width:\_\_\_\_ft of your fully enclosed heated living space? **Please circle which of these you live in.**

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 expenses based on a percentage of your income (subsidized or Section 8)?  Yes  No  
**If YES, attach a copy of your rental housing worksheet and utility allowance breakdown.**

13. We may need to contact your landlord or property manager to obtain 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 vendor 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. If you heat with wood, do you harvest it yourself?  Yes    No
19. Who pays for your primary home heating fuel?  Self    Landlord    Other (If other, please explain)  
\_\_\_\_\_  
\_\_\_\_\_

If heat is included in your rent, attach a copy of your rental agreement showing heat is included in your rent and your most recent rent receipt or a statement from your landlord.

20. Who pays for your electricity?  Self    Landlord    Other (If other, please explain) \_\_\_\_\_  
\_\_\_\_\_
21. If you pay for your primary heating fuel and electricity, you can elect to have your grant split between your accounts. Would you like 50% of your grant sent to your electric account?  Yes    No  
**Failing to answer this question will result in 100% of your grant being issued to your primary heating fuel vendor.**

## Provide the name of your primary heating fuel **and** electric vendor (**REQUIRED**).

You must use an approved Heating Assistance vendor. The list of approved vendors can be viewed at <http://heatinghelp.alaska.gov>.

22. \_\_\_\_\_

Name of Primary Heating Fuel Vendor	Account Number	Name on Account	Amount of Current Bill
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23. \_\_\_\_\_

Name of Electric Vendor	Account Number	Name on Account	Amount of Current Bill
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**You must attach copies of your most recent primary heating fuel 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 harvesting supplies such as a saw, chain saw blades, or two-cycle oil if you cut your own wood.**

24. If your primary heating fuel or electric account is in someone else's name, please explain: \_\_\_\_\_  
\_\_\_\_\_

25. Do you use air conditioning?  Yes    No      If yes, what type?  Window    Central

# Income in Your Household

## Example of how to report income

Application received 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

26. List all your income from the month prior to the date we receive 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 A or C 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>

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

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

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

**Please Read and Sign the Next Page** 



# Please Review and Check Boxes

<ul style="list-style-type: none"><li><input type="checkbox"/> Answer all 29 questions.</li><li><input type="checkbox"/> Provide social security numbers, dates of birth, citizenship/ethnicity for each household member.</li><li><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.</li><li><input type="checkbox"/> Include a copy of your ID.</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Include a copy of Power of Attorney (if applicable).</li><li><input type="checkbox"/> Include proof of income or have your employer complete Form B or Form C.</li><li><input type="checkbox"/> Include a copy of your latest rent receipt and rental agreement if heat is included in your rent.</li><li><input type="checkbox"/> Sign and date the application with today's date.</li><li><input type="checkbox"/> Include a copy of your shut-off notice if you are requesting expedited processing.</li></ul>
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## Signature

I, \_\_\_\_\_ (print name) of \_\_\_\_\_ (print address) give the Department of Health 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 potential eligibility for benefits are true and correct to the best of my knowledge.**

30. \_\_\_\_\_  
Signature of Adult (Head of Household)                      Date                      Signature of Witness if signed with an "X"

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

### Fee Agent and Office Use Only

- 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, SE, 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

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Name (Please Print): \_\_\_\_\_

Please list your pay information from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ in the blank area below. You may provide copies of your paychecks or a printout showing your pay information if that is more convenient.

Please complete, sign, and fax or e-mail this form to 1-888-269-6520 or [hss.dpa.offices@alaska.gov](mailto:hss.dpa.offices@alaska.gov).

## 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 involving moral turpitude, or having been so convicted, 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.**

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Name of Applicant

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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.

<b>1. You MUST complete this section for registration:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No I am a citizen of the United States. <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. <b>If you checked NO to either question, do not complete this form as you are not eligible to register to vote.</b>			
<b>2. Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Suffix</b>
<b>3. Former Name:</b> (If your name has changed)			
<b>4. You MUST provide the Alaska residence address where you claim residency. Do not use PO, PSC, HC or RR.</b>  House No. _____ Street Name _____ Apt No. _____ City _____ <b>Alaska State</b> _____ <b>*<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.)</b>			
<b>5. Mailing Address:</b> (Address where you receive your mail if different from above) _____ _____ _____		<b>7.</b> <input type="checkbox"/> I am a voter with a disability and would like information on alternative voting methods.	
		<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 9.)	
		<b>9.</b> Daytime Phone No.: _____ Evening Phone No.: _____ Email Address: _____	
<b>6.</b> *AK Voter Number: _____ (If known)			
<b>10. Identifiers – You MUST provide at least one:</b> *SSN or Last 4 of SSN: _____ *Alaska Driver's License or State ID Number _____ <input type="checkbox"/> I have not been issued a Social Security Number, Alaska Driver's License or State ID number.			
<b>11.</b> You MUST provide: *Date of Birth _____ Month Day Year		<b>12. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>13. Political Affiliation</b> For political affiliation choices in Alaska, see instruction number 4 on the reverse side. Write political affiliation: _____			
<b>14</b> I am registered to vote in another state, cancel my registration in: City: _____ State: _____ County: _____ Zip: _____			
<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 involving moral turpitude, or having been so convicted, have been unconditionally discharged from incarceration, probation and/or parole.			
<b>WARNING:</b> If you provide false information on this application you can be convicted of a misdemeanor AS 15.56.050.			
<b>*SIGNATURE:</b> _____		<b>DATE:</b> _____	
<b>Your signature must be a handwritten signature. A typed or digital signature is not valid.</b>			
<b>Registrar/Agency/Official – Check ID and complete this section</b>			
_____ <b>Registrar Name</b>		OR	<b>NVRA Agency</b> _____ <b>Agency Name</b>
_____ <b>Voter No or SSN</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. Have you been convicted of a felony involving moral turpitude? 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.

### 4. 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 Republican Party
- Alaskan Independence Party

#### Political Groups:

- Alaska Constitution Party
- Alaska Libertarian Party
- Alliance Party of Alaska
- FreedomReform Party
- Moderate Party of Alaska
- Green Party of Alaska
- OWL Party
- Patriot's Party of Alaska
- Progressive Party of Alaska
- UCES' Clowns Party
- Veterans 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 St Ste 100  
Anchorage, AK 99503-2838  
(907) 522-8683 – Telephone  
(907) 522-2341 – Fax  
Toll Free 1-866-958-8683  
electionsr2a@alaska.gov

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

675 7<sup>th</sup> Ave Ste 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

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

North Fork Professional Building  
1700 E Bogard Rd Ste B102  
Wasilla AK 99654-6565  
(907) 373-8952 – Telephone  
(907) 373-8953 – Fax  
electionsr2m@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  
 Department of Health  
 Heating Assistance Program – DPA  
 PO Box 110642  
 Juneau, Alaska 99811-0642

## Public Assistance Offices

<p><b>ANCHORAGE</b>          University Center          4001 Ingra Street, Suite 131          Anchorage, AK 99503          Phone: 1-800-478-7778          Fax: (907) 269-6520 or 1-888-269-6520  <a href="mailto:hss.dpa.offices@alaska.gov">hss.dpa.offices@alaska.gov</a></p>	<p><b>BETHEL</b>          460 Ridgecrest Drive, Suite 121          Mailing: P.O. Box 365          Bethel, AK 99559          Phone: 1-800-478-7778          Fax: 1-888-269-6520  <a href="mailto:hss.dpa.offices@alaska.gov">hss.dpa.offices@alaska.gov</a></p>	<p><b>FAIRBANKS</b>          675 7<sup>th</sup> Ave, Station E          Fairbanks, AK 99701          Phone: 1-800-478-7778          Fax: 1-888-269-6520  <a href="mailto:hss.dpa.offices@alaska.gov">hss.dpa.offices@alaska.gov</a></p>
<p><b>HOMER</b>          3670 Lake Street, Suite 200          Homer, AK 99603          Phone: 1-800-478-7778          Fax: 1-888-269-6520  <a href="mailto:hss.dpa.offices@alaska.gov">hss.dpa.offices@alaska.gov</a></p>	<p><b>JUNEAU</b>          10002 Glacier Highway, Suite 201          Mailing: P.O. Box 110642          Juneau, AK 99811-0642          Phone: 1-800-478-7778          Fax: 1-888-269-6520  <a href="mailto:hss.dpa.offices@alaska.gov">hss.dpa.offices@alaska.gov</a></p>	<p><b>KENAI</b>          11312 Kenai Spur Highway, Suite 2          Kenai, AK 99611          Phone: 1-800-478-7778          Fax: 1-888-269-6520  <a href="mailto:hss.dpa.offices@alaska.gov">hss.dpa.offices@alaska.gov</a></p>
<p><b>KETCHIKAN</b>          2030 Sea Level Drive, Suite 301          Ketchikan, AK 99901          Phone: 1-800-478-7778          Fax: 1-888-269-6520  <a href="mailto:hss.dpa.offices@alaska.gov">hss.dpa.offices@alaska.gov</a></p>	<p><b>KODIAK</b>          211 Mission Road, Suite 101          Kodiak, AK 99615          Phone: 1-800-478-7778          Fax: 1-888-269-6520  <a href="mailto:hss.dpa.offices@alaska.gov">hss.dpa.offices@alaska.gov</a></p>	<p><b>LONG TERM CARE</b>          University Center          4001 Ingra Street, Suite 131          Anchorage, AK 99503          Phone: 1-800-478-7778          Fax: (907) 269-6520 or 1-888-269-6520  <a href="mailto:hss.dpa.offices@alaska.gov">hss.dpa.offices@alaska.gov</a></p>
<p><b>NOME</b>          214 E. Front Street          Nome, AK 99762          Mailing: 675 7<sup>th</sup> Ave, Station E          Fairbanks, AK 99701          Phone: 1-800-478-7778          Fax: 1-888-269-6520  <a href="mailto:hss.dpa.offices@alaska.gov">hss.dpa.offices@alaska.gov</a></p>	<p><b>SITKA</b>          304 Lake Street, Suite 101          Sitka, AK 99835          Phone: 1-800-478-7778          Fax: 1-888-269-6520  <a href="mailto:hss.dpa.offices@alaska.gov">hss.dpa.offices@alaska.gov</a></p>	<p><b>WASILLA</b>          855 W. Commercial Drive          Wasilla, AK 99654          Phone: 1-800-478-7778          Fax: 1-888-269-6520  <a href="mailto:hss.dpa.offices@alaska.gov">hss.dpa.offices@alaska.gov</a></p>

**If you need a language interpreter, call 1-800-478-7778 and we will provide one at no cost to you. If you are deaf, hard of hearing, or have a speech disability, dial 711 to reach an Alaska Relay Communications Assistant.**