



ALEUTIAN PRIBILOF ISLANDS ASSOCIATION, INC.
ENERGY ASSISTANCE APPLICATION
APPLICATIONS WILL BE ACCEPTED BEGINNING 10/1/12

| Required Information: | | | | |
|---|-----------------------------------|---------------------|----------------------|-------------------------------|
| 1. First Name | Middle Initial | Last Name | | 2. Social Security Number |
| 3. Physical Address | | | City | State |
| | | | Zip | 4. Date of Birth (mm/dd/yyyy) |
| 5. Mailing Address (If Different) | | | City | State |
| | | | Zip | 6. Home or Message Phone |
| 7. Tribal Affiliation | | | | 8. Cell Phone |
| <input type="checkbox"/> Agdaagux <input type="checkbox"/> Nelson Lagoon <input type="checkbox"/> St. George <input type="checkbox"/> Atka <input type="checkbox"/> Nikolski <input type="checkbox"/> St. Paul <input type="checkbox"/> Akutan <input type="checkbox"/> Pauloff Harbor <input type="checkbox"/> Unga <input type="checkbox"/> Belkofski <input type="checkbox"/> Qagan Tayagungin <input type="checkbox"/> False Pass <input type="checkbox"/> Qawalangin | | | | 9. SSN |
| | | | | -- -- |
| 10. Who can we contact if we cannot reach you at the number above? | | | | |
| Name: _____ Phone Number: _____ | | | | |
| People in your household: | | | | |
| Other Household Members - (First, MI, Last) | Alaskan Native or American Indian | Relation | Date Of Birth | Social Security Number |
| | Yes / No | | | |
| | Yes / No | | | |
| | Yes / No | | | |
| | Yes / No | | | |
| | Yes / No | | | |
| 11. Are you, or is anyone in your household: | | | | |
| Age 60 or over <input type="checkbox"/> Yes <input type="checkbox"/> No Age 6 or younger <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Legally Handicapped <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 12. Have you, or any of the adults in your household, applied for Heating Assistance through the State of Alaska <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Income: | | | | |
| Person Working- (First, MI, Last) | Employer's Name | Dates of Employment | Gross Monthly Income | |
| | | | | |
| | | | | |
| | | | | |

| Income Type | Who Receives It | How Often | Amount |
|--|-----------------|-----------|--------|
| Alimony | | | |
| Child Support Payments | | | |
| SSI/SSDI | | | |
| ATAP | | | |
| APA | | | |
| Disabled Veterans Benefits | | | |
| Retirement 1: | | | |
| Retirement 2: | | | |
| Money from roomers/boarders | | | |
| Federal/State Survivor Benefits | | | |
| Unemployment Insurance | | | |
| Workers Compensation | | | |
| Other Public Assistance, please explain below: _____ _____ | | | |
| Other: _____ | | | |

What was your household's total *gross income* for the last 2 months: \$ _____

If you have no income, please provide a written statement as to how you survive, support yourself and/or your family, and how you have existed. This will serve as your income statement. Please use the "Comments" section below, and be sure to be as detailed as possible. You must sign and date your income statement, and have a witness sign as well.

COMMENTS

Housing Information:

13. Do you live in a: House
 Apartment
 Duplex
 Trailer
 Other _____

14. Do you live in: Military Housing
 Tribal Housing
 ASHA
 Sec. 8
 HUD Housing
 Other _____

15. How many bedrooms: _____

16. Do you: Own Rent Other, (explain) _____

17. If you rent, what is the name of the landlord: _____

Landlord's phone number: _____ Monthly rent amount: \$ _____

Name appearing on rental agreement: _____

Are your utilities included in your rent? Yes No

Utilities:

18. Is your home heated by: Fuel Oil #1 Diesel Fuel #2 Other, (explain) _____

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

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

21. If you are granted an Energy Assistance award, how would you like it distributed between the vendors you have listed.

Fuel _____ (\$ or %) Electricity _____ (\$ or %)

(Please note, you must select either a dollar amount (\$) or a percentage (%), and percentages must equal 100%. If you do not specify, your award will be divided equally between the vendors listed.)

22. Name of heating fuel vendor: _____

Monthly Bill Amount: \$ _____ Account Number: _____

Name Appearing on Bill: _____

23. Name of electricity vendor: _____

Monthly Bill Amount: \$ _____ Account Number: _____

Name Appearing on Bill: _____

24. If either your fuel or electric bill are under another name, please explain why: _____

Statement of truth:

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

- I understand that I must notify APIA within 30 days if I move or change household members.
- I understand that an APIA representative may call my home and may contact other people in order to verify my eligibility for assistance.
- I understand that information I give may be verified by computer cross matching with other agencies.
- I authorize the Alaska Department of Labor to release information about my eligibility for Unemployment Insurance, and work history, to APIA.
- I authorize APIA to communicate with my vendor(s) and other agencies on my behalf as it relates to the Energy Assistance Program.
- I understand that I must live in the home for which I am requesting energy assistance.
- I have read the Release of Information section of the application and I understand it, including fraud and penalties, as described in this application.

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.

I also understand that providing false information or misuse of program funding is considered fraud. _____
Initial

Signature of Applicant

Date

ALL REQUESTS FOR ENERGY ASSISTANCE SERVICES MUST BE MADE BETWEEN OCTOBER 1, 2011 AND SEPTEMBER 15, 2012. ALL AWARDS ARE SUBJECT TO AVAILABILITY OF FUNDS.

PLEASE MAKE SURE YOU HAVE ATTACHED THE FOLLOWING:

- | | |
|---|--|
| <input type="checkbox"/> APPLICATION IS COMPLETE AND SIGNED | <input type="checkbox"/> TRIBAL CARD |
| <input type="checkbox"/> ROI COMPLETED AND SIGNED | <input type="checkbox"/> MOST RECENT FUEL AND/OR ELECTRIC BILL |
| <input type="checkbox"/> W-9 COMPLETED AND SIGNED | <input type="checkbox"/> RENT OR MORTGAGE RECEIPT |
| <input type="checkbox"/> PROOF OF WAGES FOR THE LAST 2 MONTHS (Paystubs, SSI/SSDI award notice or bank deposits) | |

ALEUTIAN/PRIBILOF ISLANDS ASSOCIATION, INC.
EMPLOYMENT, TRAINING, & RELATED SERVICES PROGRAM
 Phone (907)-276-2700
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

| | |
|---|--|
| To: President/CEO, Senior management, And Accounting Department | Return To: APIA –ETR Division 1131 E International Airport Rd Anchorage, AK 99518 Phone: 276-2700 / Fax: 279-4351 Attention: |
| Client's Name: | |

Initial

- _____ I hereby request and authorize you to release to the Aleutian Pribilof Islands Association's Employment Program the following types of information, which pertain to me.
- _____ I hereby authorize the Aleutian Pribilof Islands Association's Employment Training Relations services division to release to you the following types of information, which pertain to me, as requested.
- _____ I hereby authorize Aleutian Pribilof Islands Association's Employment Training Relations services to submit necessary documentation to the accounting department for internal accounting procedures.

**CONSENT MAY REVOKED IN WRITING AT ANY TIME, EXCEPT WHEN ACTION
 HAS BEEN TAKEN THEREON.**

| Information | Date Client Authorized | Client's Initials | Information | Date Client Authorized | Client's Initials |
|------------------------------|------------------------|-------------------|----------------------------|------------------------|-------------------|
| School Transcripts | | | Substance Abuse Records | | |
| Other Academic Information | | | Hospital Records & Reports | | |
| Employment Information | | | Psychiatric Evaluations | | |
| Financial Information | | | Psychological Testing | | |
| Criminal History Information | | | Psychosocial Evaluations | | |

(OPTIONAL) THIS RELEASE OF INFORMATION EXPIRES WITHOUT NOTICE ON: _____
Date

 Parent / Guardian Signature

 Client Signature

 Client's Social Security Number

 Date

 Client's Maiden / Other Name Used

 Client's Birth date: Month/Day/Year

 **Witness' Signature Date

 **Witness' Signature Date

**IF A CLIENT IS A MINOR, SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED.
 IF UNABLE TO WRITE HIS OR HER NAME, THE CLIENT MAY SIGN WITH AN "X" OR OTHER MARK.
 SIGNATURES OF TWO WITNESSES ARE REQUIRED IN THIS CASE.**

The information obtained from this release is CONFIDENTIAL and is intended only for the designated recipient. The information received may contain information from records protected by federal law and regulations governing confidentiality of alcohol/drug abuse patient records and protected medical information (42 CFR Part 2, and the Health Insurance Portability Accountability Act (HIPPA), 45 CFR Part 164).

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Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

| | | |
|--|--|---|
| Print or type See Specific Instructions on page 2. | Name (as shown on your income tax return) | |
| | Business name/disregarded entity name, if different from above | |
| | Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____ | |
| | <input type="checkbox"/> Exempt payee | |
| | Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| City, state, and ZIP code | | |
| List account number(s) here (optional) | | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| | | | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|--|--|
| Social security number | | | | | | | | | |
| | | | | | | | | | |
| - - | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| | | | | | | | | | |
| - - - - - | | | | | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.