

# SVT APPLICATION FOR ENERGY ASSISTANCE PROGRAM FY-2025/2026

Please CIRCLE the right answer:

Are you or anyone in your household?

\* Alaska Native Y N

\* American Indian Y N

\* Age 60 or Over Y N

\* Legally Handicapped Y N

\* Receiving Food Stamps Y N

\* Receiving AFDC Y N

**AGREEMENT:** I understand that it is against the law to make false statements on this application. I agree to notify SVT/LIHEA Program within ten (10) days of any changes (i.e., job, residence, or family size). Failure to do so may result in my removal from the program.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**THIRD PARTY/FEE AGENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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### **HOUSING:**

**PLEASE CIRCLE OR FILL IN THE BLANK:**

**Do You:** Own      Buying      Rent

**DO YOU LIVE IN A:**      House      Apartment      Duplex      Trailer      Other

**DO YOU HAVE A:** Kitchen      Living Room      Dining Room      Garage      Den

**How many Bedrooms** \_\_\_\_\_ **How Many Bathrooms** \_\_\_\_\_ **Other** \_\_\_\_\_

**HOW MANY APARTMENTS ARE IN YOUR BUILDING:** 1      2      3      4      5+

**DO YOU LIVE IN:** ASBA      SEC 8      HUD HOUSING      TRIBAL HOUSING

**ARE YOU A:** Roomer or Boarder      If so, Where \_\_\_\_\_

**WHAT IS THE SIZE OF YOUR:** Trailer \_\_\_\_\_ House \_\_\_\_\_ Cabin \_\_\_\_\_

**HOW IS YOUR HOME HEATED:** Electric      Gas      Oil      Wood      Propane

**IS YOUR HOME:** One Story      Two Story      Three Story

**\* YOU MUST PROVIDE A COPY OF YOUR MOST CURRENT HEATING BILL \***

Name of your Electric Company		Acc#	
What Name is on the Bill?			
Fuel/Stove Oil Dealer		Acc#	
What Name is on the Bill?		Acc#	
Name of your Propane Dealer		Acc#	
What Name is on the Bill?			
Name of your Wood Dealer?		Phone#	
How much per Winter?			
Address of Wood Dealer			
Do you cut your own Wood?		How Much?	

If renting, name of your landlord: \_\_\_\_\_  
 Address of Landlord \_\_\_\_\_

Are the energy utilities included in your rent? YES NO PART  
 If So, What Part? \_\_\_\_\_

**IF YOU RENT, YOU MUST INCLUDE A RENT RECEIPT. IF ALL UTILITIES ARE INCLUDED IN YOUR RENT THE LANDLORD MUST NOTE THIS ON YOUR RENT RECEIPT**  
**PLEASE SUPPLY WRITTEN VERIFICATION OF ALL INCOME RECEIVED**

**HOUSEHOLD INCOME:** Proof must be Provided for all persons in the household. This includes all income received ninety days (90) prior to application. **PROOF:** Paycheck stubs, Fishing statements, Letters of Determination from federal or state entities, computer print-outs from the Division of Social Services, Etc.. Net Income if self employed.

**What is your occupation?**

PERSON WORKING	EMPLOYER NAME	DATES OF EMPLOYMENT	GROSS MO INCOME

INCOME TYPE	WHO RECEIVES IT	HOW MUCH MONEY
Civil Service Retirement Check		
Government/Other Retirement Ck		
Money from Roomers or Boarders		
Alimony		
Child Support		
Social Security Payments		
Food Stamps		
GR - General Relief		
AB - Aid to the Blind		
Disabled Veterans Benefits		
Federal/State Survivor Benefits		
AFDC - Aid to Fam. w/dep children		
OAA - Old Age Assistance		
APD - Aid to Permanently Disabled		
Unemployment Insurance		
Workers Compensation		
Scholarship or Grants for Education		
Longevity Benefits		
BIA Assistance		
Native Dividends		
Permanent Fund		
OTHER		

If you have listed no income or have no income, make a written statement as to how you survive, support yourself, your family, and how you have existed. This will be your income statement. Use the COMMENTS section provided below. Please date and sign your income statement and have a witness sign your statement.

**IF YOU DO NOT INCLUDE PROOF OF YOUR INCOME OR WRITE AN INCOME STATEMENT, YOUR APPLICATION WILL BE RETURNED**

<b>Comments:</b>

Signature\_\_\_\_\_DATE\_\_\_\_\_

Fee Agent/Witness\_\_\_\_\_DATE\_\_\_\_\_

Any person whose application is denied or not acted upon with reasonable promptness, thirty (30) days, or whose benefits are reduced or terminated, has a right to a fair hearing. If you desire a hearing, you may request it by telephone, in person, or in writing. You must make your request within thirty (30) days of receiving a Client Notice of Action. 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 (e.g. friend or relative).

**\* LOW INCOME HOME ENERGY ASSISTANCE PROGRAM \***

**\*HOUSEHOLD INCOME GUIDELINES \***

<b>Household Size</b>	<b>Maximum Annual Gross Income</b>	<b>Maximum Monthly Gross Income</b>
<b>1</b>	<b>\$29,325</b>	<b>\$2,443</b>
<b>2</b>	<b>\$39,645</b>	<b>\$3,303</b>
<b>3</b>	<b>\$49,965</b>	<b>\$4,163</b>
<b>4</b>	<b>\$60,285</b>	<b>\$5,023</b>
<b>5</b>	<b>\$70,605</b>	<b>\$5,883</b>
<b>6</b>	<b>\$80,925</b>	<b>\$6,743</b>
<b>7</b>	<b>\$91,245</b>	<b>\$7,603</b>
<b>8</b>	<b>\$101,565</b>	<b>\$8,463</b>

For each additional household member, consult the Intake Specialist for household size over 8.

LIHEAP applications will be accepted from October 1, 2025 to April 30, 2026 (contingent upon availability of funds).

**SELDOVIA VILLAGE TRIBE**

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM**

**P.O. Drawer L**

**Seldovia, Alaska 99663**

**Phone #: (907) 234-7898**