SELDOVIA VILLAGE TRIBE

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)APPLICATION FY 2026–2027

Revision Date: August 2026

OFFICE USE ONLY

Date Received	Application #	Reviewed By	Status
Complete	Incomplete	Approved	Denied
Benefit Amount	Review Date	Case #	
Notes			

Applicant Checklist

- ☐ Completed application
- ☐ CIB or Tribal Enrollment
- ☐ Heating bill
- ☐ Income verification (90 days)
- ☐ Rent receipt (if applicable)
- ☐ No-income statement (if applicable)

Section 1 – Applicant Information

Applicant Name: _____

Date of Birth: _____

Social Security Number: _____

Phone Number: _____

Email (optional): _____

Mailing Address: _____

Physical Address: _____

City/State/ZIP: _____

Regional Corporation(s): _____

Tribe(s): _____

Received Energy Assistance Before? ☐ Yes ☐ No If yes, when/where: _____

More than one household at this address? ☐ Yes ☐ No Number: _____

Roommates? ☐ Yes ☐ No Number: _____

Section 2 – Household Members

Name	Relationship	DOB	SSN	AN/AI	60+	Disability

Section 3 – Housing Information

Ownership: ☐ Own ☐ Buying ☐ Rent

Residence: ☐ House ☐ Apartment ☐ Duplex ☐ Cabin ☐ Mobile Home ☐ Other _____

Housing Program: ☐ Tribal Housing ☐ HUD ☐ Section 8 ☐ Other _____

Bedrooms: ____ Bathrooms: ____ Apartments in Building: ____

Heating Source(s): ☐ Electricity ☐ Fuel Oil ☐ Propane ☐ Firewood ☐ Natural Gas ☐ Pellet ☐ Other ____

Home Configuration: ☐ One Story ☐ Two Story ☐ Three Story

Section 4 – Utility & Heating Providers

Electric Utility Provider

Provider	
Account Number	
Name on Utility Account	

Fuel Oil Provider

Provider	
Account Number	
Name on Utility Account	

Propane Provider

Provider	
Account Number	
Name on Utility Account	

Firewood Supplier

Provider	
Account Number	
Name on Utility Account	

Do you harvest your own firewood? ☐ Yes ☐ No Estimated annual amount: _____

Rental Information

Landlord Name: _____

Landlord Address: _____

Utilities included in rent? ☐ Yes ☐ No ☐ Partially

If partially, explain: _____

Attach a copy of your most recent heating bill. If renting, attach a rent receipt.

Section 5 – Household Income

Provide verification for all income received during the 90 days prior to application.

Household Member	Employer/Source	Dates	Gross Monthly Income

Benefit Income

Income Type	Recipient	Monthly Amount
Employment		
Self-Employment		
Fishing Income		
Social Security Retirement		
SSI		
SSDI		
SNAP		
TANF		
Alaska Senior Benefits		
Veterans Benefits		
Workers' Compensation		
Unemployment		
Child Support		
Alimony		
Retirement/Pension		
Native Corporation Dividends		
Permanent Fund Dividend		
BIA Assistance		
Scholarships/Grants		
Rental/Room & Board		
Other		

Section 6 – No Income Statement

If no household income is reported, explain how household expenses are met.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Applicant Signature: _____ Date: _____

Witness/Fee Agent: _____ Date: _____

Section 7 – Certification & Authorization

I certify that the information provided is true and complete. I authorize the Seldovia Village Tribe Energy Assistance Program to verify information contained in this application with employers, utility providers, landlords, Tribal programs, and government agencies as necessary to determine eligibility.

Privacy Notice: Information collected will be used solely to determine eligibility and administered confidentially as permitted by law.

Applicant Signature: _____ Date: _____

Third Party/Fee Agent: _____ Date: _____

Section 8 – Fair Hearing Rights

If your application is denied, delayed, reduced, or terminated, you may request a fair hearing within 30 days of receiving notice.

FY 2026–2027 Household Income Guidelines

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

For households over eight people, contact the Intake Specialist.

Applications accepted October 1, 2026 through April 30, 2027, subject to available funding.

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