

# Heating Assistance Program Manual

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## **1 Introduction**

The purpose of the Heating Assistance Program (HAP) is to provide assistance under the federal Low-Income Home Energy Assistance Act to low-income households to offset the cost of home heating. The Heating Assistance Program has been operating since 1979.

The HAP is 100% federally funded by the Low Income Home Energy Assistance Program (LIHEAP) block grant, which is administered by the U.S. Department of Health and Human Services, Administration for Children and Families (ACF), Office of Community Services (OCS), Division of Energy Assistance (DEA). In Alaska, LIHEAP Funds are administered by the Department of Health and Social Services (DHSS), Division of Public Assistance (DPA) and, in some areas, by Native- Tribal Organizations. This manual contains policies and procedures of the state-administered HAP only.

HAP provides the financial assistance to help low-income households pay home heating costs by:

- making a one-time payment or an extension of credit to home heating suppliers on behalf of eligible households; or
- making a one-time direct payment to households whose heat is included in their rent or whose fuel is provided by a vendor who does not participate in the program.

## 2 Definitions

**Alaska poverty level** – means the poverty guidelines for Alaska updated annually in the Federal Register by the U.S. Department of Health and Human Services under authority of section 673 (2) of the Omnibus Budget Reconciliation Act of 1981.

**Applicant** – means an individual who has filed an application with the division for heating assistance for the individual's use or on whose behalf an application has been filed with the division.

**Completed application** – means an application, on a form authorized by the division, that contains the applicant's name, mailing address, and signature or witnessed mark, as well as the information requested by the division to determine eligibility.

**Disabled** – means a person with a physical or mental impairment, which limits one or more major life activity, as determined by eligibility for:

- Veterans disability benefits,
- Social Security disability insurance,
- Supplemental Security Income (SSI),
- State of Alaska Adult Public Assistance (APA) and its subtypes including, but not limited to, Interim Assistance (IA),
- disability retirement benefits from a government agency because of a disability considered permanent, or
- an annuity payment under the Railroad Retirement Act and either is determined to be eligible to receive Medicare or is determined to be disabled.

**Division** – means the division of public assistance in the Department of Health and Social Services.

**Earned income** – means income that is paid to a person to compensate them for work performed.

**Elderly** – means a person who is age 60 years or older.

**Fee agent** – means a division-paid volunteer who is authorized by the division to conduct face-to-face interviews with applicants and assist applicants in completing applications and related forms.

**Fully subsidize** – means regular monthly financial assistance provided by a government, housing authority or non-profit entity, that covers the annual cost to within \$200.

**Gross monthly income** – means total cash receipts before taxes, earned and unearned, derived from any source by any member of the household in the calendar month before the date of signature on the completed application. The division will prorate income from self-employed occupations and seasonal employment during the 12-month period

before the date of signature on the completed application over a 12-month period to determine the household's gross monthly income.

**Head of household** – means the person who signed the application at item # 25 and is listed on line # 1 of the application form.

**Heating assistance** – means any financial assistance granted under the Heating Assistance Program.

**Home heating costs** – means an amount that the household pays for its own home heating needs either directly, or indirectly through rent.

**Household** – means an individual or a group of individuals who are living together as one economic unit and for whom residential heating is customarily purchased in common, or who make undesignated payments for heat in the form of rent.

**Low Burden** – means an eligibility denial for a household whose gross income, household size and estimated annual heating costs are calculated to be less than the minimum necessary to qualify for heating assistance.

**Pay** - means to give money to in exchange for goods or services rendered.

**Pend notice** – means a “Notice of Action” sent by the HAP to the applicant requesting the information needed to complete the application in order to make an eligibility determination.

**Pledge** – means a promise to pay vendor. The ET calls the vendor to pledge an award amount for a client.

**Qualified alien** – means legal immigrants as defined in section 431 of PRWORA.

**Seasonal employment** – means employment with a regular work season of 11 months or less that is compensated on a salary basis.

**Self-employed occupations** – means occupations in which an individual receives income from the production or sale of goods or services as determined under 7 AAC 45.445 (a) - (g).

**Shared household** – means a home in which more than one household (see definition above) resides. Examples include multiple, unrelated adults residing in one unit with each contributing towards a portion of the heating costs or multiple generations/families residing in the same unit and each contributing to a portion of the overall heating costs.

**Shelter costs** – means the total of the household's regular monthly rent or mortgage obligation for the shelter it occupies, the cost of 30 days of heating fuel or the amount of the natural gas utility bill, and the amount of the electric bill.

**Subsidized rental housing** – means rental housing subsidized by a government, housing authority, or non-profit entity, in which tenants pay 30 percent or less of their adjusted monthly income for rent and home heat.

**Subsidized rental housing utility deposit (SRHUD)** – means a special grant available to households that need help with the initial utility deposit required to establish service for Section 8 or subsidized rental housing.

**Unearned Income** – means income received that is not compensation for work performed. Unearned income examples may include but are not limited to: Workers Compensation, Alaska Temporary Assistance, Adult Public Assistance, Unemployment Insurance Benefits, Veteran's Benefits, Social Security Benefits, Supplemental Security Income, Child Support, etc.

**United States citizen** – means a citizen of one of the 50 states, the District of Columbia, Puerto Rico, Guam, or the Virgin Islands; and United States nationals, including nationals from American Samoa or Swain's Island.

**Vendor** – means an individual, business, or private or public agency that sells home heating related energy.

**Verification** – means documentation or third-party information that establishes the accuracy of statements on the application.

### **3 The Application Process**

#### **3.1 Application Form Availability**

An applicant must apply for heating assistance benefits on the DPA HAP application form. The form must be signed by the head-of-household, or an individual authorized by the household to act on its behalf.

At the beginning of each program year, applications are sent directly to all households that received heating assistance in the previous year, households denied the prior year as “Not Timely”, and to those that have contacted the program to request one. Applications are also available at or from: all DPA Offices; Fee Agents; home heating suppliers; senior centers; Special Supplemental Food Program for Women, Infants and Children (WIC) clinics; Head Start Centers; concerned agencies; the internet at <http://www.hss.state.ak.us/dpa/heat>, and

Heating Assistance Program  
400 Willoughby, Suite 301  
Juneau, AK 99801-1700  
Phone: 1-800-470-3058  
FAX: 907-465-3319  
Electronic Mail: [liheap@health.state.ak.us](mailto:liheap@health.state.ak.us)

Application forms are mailed to the elderly and disabled in mid-August, to rural areas in late August, and to the remaining urban areas in mid-September.

#### **3.15 Minimum Requirements to Be Acceptable**

The minimum requirements for an application to be acceptable, it must include:

1. The name and address of the head of household on page 1
2. The head of household must have signed and dated page 4

As long as the application meets these requirements, HAP will register the application and pend for additional information.

#### **3.2 Completed Applications**

A completed application includes:

1. Responses to HAP application form questions 1 through 26;
2. The applicant’s signature and the date on line 25. If the application is signed by a representative who is not a member of the household, legal documentation of Power of Attorney (POA) must be provided unless the information is on file; (Noted in <F9> case notes from the prior year.)

3. Proof of gross income from all household members;
4. A copy of the current heat and electric bills if the applicant pays for home energy directly, and/or wood vendor receipts; and
5. A copy of the rental agreement and a recent rent receipt if the applicant rents their home.

### **3.3 *Submitting the Application***

The completed application may be submitted:

- in person,
- to a division office,
- to an authorized fee agent,
- by United States mail, or
- by fax, or
- Scanned and e-mailed.

An application for heating assistance must be postmarked or received by the division during the period that begins September 1 and ends April 30 of each year. Information received on pending cases will be accepted after April 30, as long as it is received within the pending time frame.

Applications for subsidized rental housing utility deposits (SRHUD) are accepted throughout the year.

### **3.4 *Application Receipt***

#### **3.4.1 *Entering Applications***

Envelopes are opened and applications date stamped in order of date received. Enter the date stamped by the DPA offices as date received.

On the last working day of April, the fax machine is set to print the time and date on all in-coming faxes. Envelopes are saved and attached to all applications received after the April 30 filing deadline. HAP will honor all applications with envelopes date stamped April 30, regardless of the date it is received in HAP. Use actual date the application was received when registering the applications.

Applications are entered into the computer in order of date received. The exceptions are expedite request cases and SRHUD applications, which are given priority in being entered and given expedite service.

Applicant last names are entered as all one word, with no punctuation and no spaces, except when entering a hyphenated last name. The title Jr/Sr follows the first name with a comma and no space, i.e. Jones, Sam,Jr.

If the applicant's birth date is not on the application, it is entered as 05/05/55. If the Social Security Number is missing, it is entered as all fives. Missing fields on the application are highlighted. Caseworkers are required to locate the missing information and enter it into the computer.

Ethnicity is entered with the letters A through F. A = White, B = Hispanic, C = Alaska Native/American Indian, D = Asian/Pacific Islander, E = African American, F = Unknown.

The count of children under age 6 is based on the child's age as of the date the application was signed (per Section 7.1).

The computer generated file label is checked for accuracy and the application is filed by receipt date in numerical case number order.

Application data entered into the computer system generates a receipt card. The card is mailed to the applicant to notify them of the date their application was received and to advise them to expect action taken on their case within 45 days of the printed receipt date. An alternate receipt card is generated prior to November 1.

Processing consists of: approving and issuing benefits, pending for additional information or denying benefits.

An original application received by the HAP cannot be returned to the applicant. If no action has been taken on the case, it can be denied as Application Withdrawn. An eligibility determination must be made on every application, or it must be forwarded to a tribal LIHEAP for eligibility determination.

### **3.4.2 Duplicate Applications**

The Heating Assistance Software (HAS) screens for duplicate household members during the application entry process. A warning screen will flash on the screen if the computer detects a name, date of birth, or social security number that matches that being entered. The entry worker determines if the application being entered is a duplicate by checking to see if the person already has a file.

If the applicant has a file and the case has already been processed, the first case number is noted on the subsequent application and it is given to the caseworker. Entry of the second application is abandoned.

- If the first case was approved for a grant, the caseworker will send a letter to the applicant that explains that only one grant is allowed in a program year and notes this in <F9> notes.

- If the first case was denied, the caseworker processes the more recent application using the already established case number for the applicant.

If the duplicate checker is flashing but it is determined that the person is not known to HAS, the duplicate checker is overridden and the case set up to be processed.

If the duplicate checker is flashing because a household member has been served in another household (but was not the head of household), the second application is entered into the computer.

- If the first case has an assigned caseworker, both case files are given to the caseworker. The caseworker will determine whether or not that household member was previously served. (See Section 6-13 for handling applications from previously served applicants.)
- If the first case is still waiting processing, the second file is clipped to it and they are filed together in the drawer under the first case number. Put notes in <F9> notes in both cases indicating case file location.

### **3.4.3 Tribal Applications**

Some tribal organizations serve the Alaska Native and American Indian (and in some cases non-native) households in their communities. The computer will not allow entry of these applications. The HAS flashes a note at the bottom of the screen indicating that the applicant may be eligible to be served by another agency.

The worker checks the listing of cities and villages in the file to see which tribal organization should serve the applicant, checks to see which agency served the household last year, makes a copy of the first page of the application for the file, sends the original application to the appropriate tribal organization and enters the name of the applicant on the “AN” Alert list in HAS.

A referral letter is sent to the applicant letting them know their application was forwarded to a tribal organization.

In situations where the household consists of both native and non-native adults, HAP will serve the household if the head-of-household is non-native. The person who signs the application is considered the head-of- household. The caseworker contacts the appropriate tribal organization to determine if the household has already been served. If the household has not been served and the applicant is eligible for the HAP, the caseworker sends a copy of the first page of the application to the tribal organization with the words “Served by the State” written on it.

If the tribal organization refuses service to a household that should be eligible to be served by them, the situation is brought to the attention of the Program Coordinator for resolution.

### 3.5 *Expedited Application Processing*

Expedited service is provided to households facing immediate service termination, or who are without heat. Expedited service results in a promise of payment (pledge to vendor) to remedy the heating emergency.

#### 3.5.1 **Criteria for Expedited Processing**

Expedited service is provided to a household *only if all of the following expedited service criteria are met:*

- the applicant has requested expedited service;
- the household's gross income is less than their shelter cost. *Shelter cost means:*
  1. *the sum of the household's regular monthly rent or mortgage obligation for the shelter it currently occupies,*  
*plus*
    2. *the cost of 30 days of heating fuel – shown on 12 month fuel use history*
      - *(not to exceed \$500 for oil or propane heat; \$350.00 for wood or coal heat).*
  - Or*  
*the amount of the current natural gas utility bill,*
    - *May include a past due amount, delinquent amount, and deposit and reconnect fee.*
  - plus*
    3. *the amount of the current electric bill.*
      - *May include a past due amount, delinquent amount, and deposit and reconnect fee.*
- the applicant has suffered or will suffer within 48 hours, termination of fuel or home heating-related utility services; and
- the applicant has submitted a complete, verified and signed application, including a rent receipt or rental agreement if heat is included in the rent.
- the applicant must submit a copy of the shut-off notice or written notification from the vendor including the date of the proposed action and the past due amount; a fuel vendor statement of fuel use over past 12 months.

### **3.5.2 Expedited Time Frames**

Expedited eligibility service is available from November 1 through April 30.

Applicants eligible for expedited service will be provided some form of assistance that will resolve the heating emergency, no later than 18 business hours after they complete a verified application.

### **3.5.3 Expedited Application Procedures**

#### **3.5.3.1 Registration**

All applications are reviewed for expedited service. This would be either a disconnect notice or a note that describes the emergency.

- If an application is incomplete, the applicant is contacted to let them know. This is documented in <F9> notes.
- If there is no indication of an emergency, it will be noted in <F9> notes (Faxed application received, no emergency noted) and the worker will file the application in the drawer at the front of the applications received on that date.
- If there is an emergency the file is placed in the blue expedite box. The worker taking the expedite request call puts an “N” in the expedite field in HAS. The caseworker should change it to a “Y” if the applicant qualifies for expedite processing.

If an applicant calls to request an expedite and the application is currently waiting processing:

- the conversation and time is documented in <F9> notes,
- the file is pulled, and
- the file is placed in the blue expedite box.
- the worker taking the expedite request call puts an “N” in the expedite field in HAS. The caseworker should change it to a “Y” if the applicant qualifies for expedite processing.

Applicants requesting expedited processing will be advised by phone contact of the determination and action.

#### **3.5.3.2 HAP Worker**

The HAP worker verifies that the application meets the expedited processing criteria.

The vendor(s) is contacted to assess the situation; a utility vendor is asked to hold off on the disconnection for at least a day, if possible. This conversation is documented in <F9> notes.

If the application is incomplete, the worker will try to contact the applicant once by telephone. If leaving a message, the HAP worker will identify herself as “heating assistance” and ask the applicant to call back using the toll-free number. Missing information is documented in <F9> notes; along with the date and time an attempt was made to contact the applicant.

If the applicant has a disconnect scheduled from 48 to 72 hours in the future, the expedite caseworker will put the file at the back of the blue expedite box and work them as time is available.

To determine whether to expedite an application from a household with seasonal or self-employment income that has not worked in the past two or more months, the worker will use the prior month income to determine whether income exceeds shelter cost. If so, the full 12-month income, averaged, is used to determine program eligibility and grant amount.

If the applicant does not meet the expedited service criteria, the applicant is to be notified by phone by the HAP worker and then this is noted in <F9> notes and the file is returned to the front of the drawer to be worked on that receipt date. HAP worker enters “N” in the expedite field on the registration page in HAS. The applicant is referred to community resources.

If the applicant meets the expedited service criteria, the HAP worker enters the “Y” in the expedite field and completes the eligibility and grant determination process according to the regular program rules. The applicant is notified by phone of their eligibility and award amounts.

The vendor(s) is contacted by telephone to pledge payment to stop a disconnect or supply fuel to the household. To pledge payment the HAP worker will notify the vendor of the total grant amount for fuel, or pledge the amount needed to prevent electric disconnect.

If the grant amount is insufficient to stop an electrical disconnect or to restore service the caseworker will:

- Negotiate with the vendor to see if they will accept the grant amount to continue or restore service.
- Contact the applicant to notify them that the grant amount is insufficient to prevent the electrical disconnect. Ask the applicant if they can pay the remainder of the amount needed to restore or continue service.

- If the applicant is unable to provide the amount needed to restore or continue service, the caseworker will ask the applicant if the entire grant amount should be pledged to the primary heat source instead of to the electric company.

The pledge amount, time, vendor representative, and caseworker initials are documented in <F9> notes.

#### **3.5.4 Expedited Processing Households With Elderly Or Disabled Members**

Elderly or disabled applicants must be able to apply for and receive some form of assistance to resolve the emergency situation within 18 hours, without leaving their home. Telephone requests for assistance are forwarded to a HAP caseworker who collects name, date of birth and/or type of disability, Social Security Number (SSN), mailing address, street address, telephone number, a description of the emergency, and if there are any other household members. The date and time of the call is noted.

If an application is completed over the phone with the customer, we can use last year's application data as a guideline, if available.

If the applicant is eligible, they are advised that the completed application form is being sent to them for signature on the signature page.

All conversations are documented in <F9> notes, including a note of the time of day.

The worker enters a reminder note in Outlook to call the applicant back in three weeks if the signed application has not yet been received.

If the signed application has not been received after another three weeks, it is noted in <F9> notes. An "X" is also entered for Last Action, and the case number is entered in the Tracking Alert List.

#### **3.5.5 Subsidized Rental Housing Utility Deposit (SRHUD)**

An application for a SRHUD is made on the regular Heating Assistance Program form with the SRHUD box checked on page 1.

An applicant requesting a SRHUD is instructed to provide their utility fax sheet and the worksheet they received from the housing program.

After being entered into the HAS, SRHUD applications are placed in red file folders and taken to the appropriate caseworker.

## **4 Eligibility Factors**

### ***4.1 Eligible Household***

A household must meet all four of the following requirements to be eligible to participate in the Heating Assistance Program:

- 1) the dwelling for which heating assistance is requested is located in the state, and at least one member of the household is physically present in the state at the time of application for, and receipt of, heating assistance; and the household
  - physically resides in the dwelling for which heating assistance is requested; or
  - is seeking heating assistance to help with the natural gas or electric utility deposit necessary to move into rental housing in the state;
- 2) at least one member of the household is a United States citizen or a qualified alien;
- 3) the household's annual unsubsidized home heating costs exceed \$200; and
- 4) the household's gross monthly income is not more than 150 percent of the current federal poverty guidelines for Alaska for LIHEAP or 225 percent for the AKHAP.

### ***4.2 Subsidized Rental Housing Utility Deposit (SRHUD)***

HAP will award heating assistance for the minimum amount needed (up to \$500) to establish natural gas or electric utility service required to participate in subsidize rental housing. Unlike the regular HAP, SRHUDs are available year around. In order to be eligible for a SRHUD, the applicant must meet all of the following requirements:

- (1) the housing program will fully subsidize the household's home heating costs;
- (2) the applicant has requested a subsidized rental housing utility deposit;
- (3) the household has not received a regular grant within 180 days of the request for a subsidized rental housing utility deposit;
- (4) the division has verified the application as required by 7 AAC 44.041; and
- (5) the amount of the heating assistance, up to a maximum of \$500, is sufficient to establish utility service.

HAP will not award heating assistance under this section more than once to a household in a 24-month period.

#### ***4.3 Ineligible Household***

A household is not eligible to participate in the Heating Assistance Program if any of the following situations apply at the time of eligibility determination:

- The household is eligible for or has received benefits from an Indian organization providing heating assistance funded by the Low-Income Home Energy Assistance Program (LIHEAP), unless an agreement to the contrary has been executed between the division and the Indian organization. (**See Section 14 and 15** for a detailed listing of Indian organizations and communities they serve).
- The household resides in a crisis center, hotel, motel, tent, or other shelter normally intended for temporary occupancy, and has resided there for less than 60 consecutive days before the date of signature on the completed application; unless they are seeking a utility deposit.
- The household resides in a hospital, nursing home, Alaska Pioneers' Home, or other public or private institution to receive treatment for a mental or physical illness.
- The household resides in a student dormitory, correctional facility; or on a military base.
- The household resides in subsidized rental housing and has no direct home heating costs.

## **5 Eligibility Determination Time Frames**

### ***5.1 Order Received***

An application for heating assistance is processed in the order in which it is received, unless it meets the expedited processing requirement or is for a Subsidized Rental Housing Utility Deposit (SRHUD).

### ***5.2 One Award Per Season***

Only one heating assistance grant is awarded per household for applications received during the period that begins September 1 and ends April 30 of each year.

### ***5.3 Processing Time Frames***

#### **5.3.1 Heating Assistance**

The HAP will make an eligibility determination and mail the “Notice of Action” to the applicant as soon as possible, but no later than 45 calendar days after the completed application is received by the HAP office in Juneau.

#### **5.3.2 Expedited Heating Assistance**

An applicant qualifying for an expedited eligibility determination will have the eligibility determination completed and assistance awarded within 18 business hours after receipt of a completed application in the HAP office in Juneau.

#### **5.3.3 Subsidized Rental Housing Utility Deposit (SRHUD)**

The HAP will make an eligibility determination and will authorize SRHUD assistance to an eligible applicant as soon as possible, but no later than 10 days after receipt of the completed application in the HAP office in Juneau. If the household’s income is not clearly indicated in the application, and cannot be ascertained through the other information resources available to the HAP, the application will be pended for this information.

## **6 Determining Eligibility**

### **6.1 Application During Filing Period**

An application that is not postmarked or received by the Division of Public Assistance during the period that begins September 1 and ends April 30 is ineligible and is denied as “NT” – Not Timely.

### **6.2 Annual Heating Costs of \$200 or Less (See also 8.2, Verification)**

An applicant that does not pay in money for heat or rent, or pays \$200 or less annually, is ineligible for heating assistance. The application is denied as “NC” – No Cost.

Examples include:

- An applicant that pays directly for heat, but has a heating subsidy that covers the cost to within \$200 annually.
- An applicant receiving State of Alaska General Relief (GA) if the heat is included in the rent and the State is paying the entire monthly rental payment.
- An applicant that is living with a parent or other relative who is paying for heat and not charging the applicant for rent.
- An applicant that self-harvests wood or coal and provides no receipt to indicate they have a cost (in money) associated with obtaining their fuel.
- An applicant that has a credit balance with a fuel vendor from a prior HAP grant that exceeds the amount the household spent for fuel during the previous 12-month period.

If the household pays for heat or rent, the caseworker does not need verification that the amount exceeds \$200 annually unless the household lives in subsidized rental housing.

### **6.3 Ineligible Dwelling**

An application received from a household residing in an ineligible dwelling is denied as “OT” – Other. The caseworker will explain the reason for the denial in the notice text. An ineligible dwelling is:

- An out-of-state dwelling
- A dwelling the applicant is not residing in at time of application or receipt of heating assistance because he or she is out-of-state,
- A dwelling the applicant is not residing in at time of application or receipt of heating assistance because they have moved out of the dwelling before their application was processed. They will need to reapply for assistance at the new address,
- A dwelling the applicant does not reside in at the time heating assistance is requested, unless the applicant is seeking a utility deposit to move in,

- a hospital, nursing home, “Alaska Pioneers Home”, public or private institution to receive treatment for a mental or physical illness, student dormitory, correctional facility, or located on a military base.

#### **6.4 *No United States Citizen or Qualified Alien***

An application from a household that does not include a U.S. Citizen or Qualified Alien is ineligible and is denied as “OT” – Other. The caseworker will type in the following text: “Your household does not contain a U.S. Citizen or Qualified Alien.”

#### **6.5 *Subsidized Rental Housing with Direct Heating Costs***

An applicant that is receiving regular monthly financial assistance to subsidize their annual home heating costs to within \$200 is ineligible for heating assistance. To be eligible, an applicant with direct home heating costs receiving a rental subsidy must demonstrate that their annual heating cost, after subtracting the annual heating allowance, exceeds \$200. In the absence of such verification, the application will be denied as “SR” – Subsidized Rental. The benefit level for a household with unsubsidized heating costs exceeding \$200 is determined in accordance with the Heating Assistance Benefit Computation in **Section 13**.

#### **6.6 *Subsidized Rental Housing with No Direct Heating Cost***

A household that resides in subsidized rental housing and has no direct home heating costs is ineligible for heating assistance. The application is denied as “SR” – Subsidized Rental.

#### **6.7 *Temporary Shelter***

An applicant that is residing in a dwelling normally intended for temporary occupancy, and has resided there less than 60 consecutive days before the date of signature on the completed application, is ineligible for the HAP. The application is denied as “OT” – Other. The exception to this rule is a household in temporary shelter that is applying for a utility deposit to move into rental housing in Alaska.

An example of the text for this denial is: (The reason is ... “that you did not provide written verification that you were living at XYZ motel for 60 consecutive days or more before the date you signed your application. A motel is considered a dwelling normally intended for temporary occupancy.”)

Examples of a temporary shelter include a: crisis center, hotel, motel, Bed & Breakfast, boarding home, hostel, tent, car, van or pick-up camper.

#### **6.8 *Tribal LIHEAP***

This determination of household ineligibility is made at the time the application is entered into the Heating Assistance Software (HAS). The application is forwarded to the

tribal LIHEAP and a letter is sent to the applicant. If an applicant requests an eligibility determination by the HAP, the application is denied as “OT” - Other.

An example of the text for this denial is: (The reason is ... “your household is eligible to be served by the tribal organization in your area.”)

## **6.9 *Income Eligibility***

### **6.9.1 Categorical Households**

Federal regulations call certain households “categorical” because they are enrolled in programs that are income tested and will usually be eligible for heating assistance. The HAP may use categorical eligibility for determining the household’s total income for the income portion of the benefit computation when all household members are receiving assistance from any public assistance program. The caseworker will use the most recent income from the household’s open public assistance case in EIS as their gross monthly income for heating assistance.

If only a portion of the household members are on a public assistance program, the caseworker may use the income in EIS to verify said members income but will still need to obtain proof of income for other household members.

### **6.9.2 Alaska Poverty Guidelines**

An applicant’s gross monthly household income must be at or below 150 percent of the current federal Poverty Guidelines for Alaska to be eligible for heating assistance.

### **6.9.3 Calculating Income**

The HAP calculates the household’s **gross** monthly income by counting:

- total cash receipts
- before taxes
- earned and unearned,
- derived from any source
- derived by any member of the household, including a non-U.S. Citizen or illegal alien household member
- received in the calendar month before the date of signature on the completed application.

### **6.9.4 Countable Income**

Wages and salaries before any deductions or garnishments; cost of living allowance (COLA), leave cash-outs, vacation pay, bonuses, stipends, and back-pay.

Net self-employment income for the previous 12-month period, after allowable deductions.

Gross regular and adjustments or recoupment payments from public assistance, Social Security, unemployment insurance, Worker's Compensation, strike benefits from union funds, veteran's benefits, training stipends and Vocational Rehabilitation payments except payment of tuition or training related expenses.

Alimony, child support, military family allotments, or other support from an absent family member or someone not living in the household. Child support or alimony payment made directly to a mortgage company on behalf of a client is considered income.

Foster care payments. Households receiving foster care income may choose not to count foster care income if they do not consider the foster child/adult to be a member of their household. In these cases, the foster child/adult is not counted as a household member. A foster adult not considered a member of the household must be considered a household sharer, or room renter.

Subsidized adoption payments

Unemployment Insurance Benefits (UIB) Direct Deposit benefits are counted as income on the date of issuance (including recoupment payments, if any).

Title V income received by senior citizens under the Community Service Employment Program (CSEP) and/or Mature Alaskan Seeking Skills Training (MAAST).

Government employee pensions, private pensions, insurance and annuity payments.

Income from dividends, interest, rents, royalties, income from estates, trusts and inheritance.

Income received from Native corporations that are not corporate dividends or elder benefits.

G.I. Bill payments

Jury duty payments issued to the applicant

Permanent Fund Dividends received by a household *for a person that is not a household member*.

Bingo and lottery-type winnings

Retirement and SBS payments or cash-outs

Payments from sale of personal property, house, boat, loan repayments, escrow payments, etc.

BIA General Assistance (GA) paid directly to the household

Cash gifts of over \$20.00 per person, per month

Income from the sale of stocks or bonds

Lump sum payments unless specified as not countable

Trade Readjustment Act (TRA) payments

Higher Education Act Title IV income

### **6.9.5 Non-Countable Income**

Student study grants

Alaska Senior Assistance Program payments

Native Corporation Dividends and Native Corporation Elder Benefits

Alaska Permanent Fund Dividends

Wages received by a student under 18 years of age that is not the head of household  
*Applicants 18 yrs of Age – When looking at applications with a HH member that is 18 years old, use the date and signature of application to determine if the person was 18 years old at the time the application was signed.*

Payments received for reimbursement of expenses incurred in connection with employment, such as travel, meals, mileage, training, or per diem reimbursement

Payments received for reimbursement of medical expenses

Payments for jury duty issued directly to the employer

Food or rent in lieu of wages

Non-cash or in-kind income - means unearned income in the form of food or shelter that you receive and that is paid for by someone else. In-kind support and maintenance can be received from someone inside or outside the home. Shelter includes room, rent, mortgage payments, real property taxes, heating fuel, gas, electricity, water, sewerage and garbage collection service.

Money received from an educational, personal, commercial, or other loan for which the borrower has an obligation to repay

Social Security advance. This income is a loan from a financial institution to a person receiving direct deposit Social Security income. It is paid to the bank when the monthly SSA benefit is received.

Allowances received under the Alaska Job Opportunities and Basic Skills (JOBS) program

Vista Volunteer Income (Domestic Volunteers Service Act)

Any payments (salary, wages, stipends or reimbursements) paid to volunteers under the Senior Corps and AmeriCorps programs of the Corporation for National and Community

Service (CNCS) are exempt income. Senior Corps includes Foster Grandparents, the Senior Companion Program, and RSVP (Retired and Senior Volunteer Corps). AmeriCorps programs include AmeriCorps\*State and National, AmeriCorps\*Vista, and AmeriCorps\*NCCC (National Civilian Community Corps). Volunteer status and participation in an exempt program must be verified.

Payments received for support services or reimbursement of out-of-pocket expenses, such as lunches or transportation, made to an individual serving as a volunteer

Payments made to, or on behalf of, a household member by the Division of Vocational Rehabilitation, Department of Education, for purposes related to training programs in which the individual is enrolled

The portion of Supplemental Security Income (SSI) payment that is deducted as a payee fee, up to 10% of the monthly benefit not to exceed \$35 (or \$68 if the disability is based on drug addiction or alcoholism). Updated 10/24/08. cs

Cash gifts that do not exceed a total of \$20.00 per month, per individual in the household

Federal income tax refunds or earned income tax credits

Food Stamps and Food Stamp hold harmless payments

Alaska General Relief Assistance payments

Veterans' benefits provided to children of Vietnam veterans (including adult children) who were born with the congenital defect spina bifida

Veterans' benefits paid to children of women Vietnam veterans born with certain other birth defects

Crime Victims Benefits

Income specifically excluded by federal law

### **6.9.6 Seasonal Employment**

The HAP prorates income from seasonal employment during the 12-month period before the date of signature on the completed application, over a 12-month period, to determine the household's gross monthly income. To this amount the caseworker will add all additional income received in the prior month.

#### **6.9.6.1 Threshold Test (\$30,000 2009/2010 threshold)**

Each season the HAP establishes a seasonal income threshold test. This approach increases the efficiency of eligibility determinations for very low-income households. The threshold test is used to determine if a prior month figure can be used for very low-income households with seasonal income, rather than the 12-month computation. The threshold test amount is the maximum annual qualifying income for a one-person household, rounded down to the next lower thousand dollars.

To apply the threshold test, the caseworker compares the gross income from the most recent available four consecutive employment quarters prior to the date of signature on the application, with the threshold test. If the annual gross income is less than the threshold test, the caseworker will compute the **seasonal** gross **earned** income using the lesser of either the prior calendar month or the averaged earned income amount. If only one of the above is available, the caseworker will use that information rather than pend for additional income verification. **To this amount the caseworker will add all unearned income received in the prior month.**

**The threshold test method will not be used if it results in an over income denial. The previous 12-month earned and unearned income average will be used to determine eligibility in this situation.**

#### **6.9.6.2 Examples of Seasonal Employment (\$30,000 2009/2010 threshold)**

Seasonal employment means employment with a regular work season of 11 months or less that is compensated on a salary basis. Examples may include: construction, fish processing, fishing, logging, mining, trapping, fire fighting, school district, oil field, or tourism jobs.

#### **6.9.7 Self-Employment**

Self-employment is the process of actively earning income directly from one's own business, trade, or profession. Persons are considered self-employed if they:

- are responsible for obtaining or providing a service or product; and
- earn income directly from their own business; and
- are not required to have federal income tax and FICA payments withheld from their earnings; and
- are not required to complete an IRS W4 form for an employer; and
- are not covered by worker's compensation.

Self-employment may include income from a trade or business, hobby, commercial boarding house, rental property, or other income producing property.

The HAP prorates income from self-employment ventures during the 12-month period before the date of signature on the completed application, over a 12-month period, to determine the household's gross monthly income.

The countable net income for self-employment is determined by deducting allowable business expenses from the total gross self-employment income for the 12-months prior to the month of application. **See 8.5.4 Verification of SE Income at Page 8-4.**

#### **6.9.7.1 Threshold Test**

Each season the HAP establishes a self-employment threshold test. This approach increases the efficiency of eligibility determinations for very low-income households. The threshold test is used to determine if a prior month figure can be used for very low-income households with self-employment income, rather than the 12-month computation. The threshold test amount is the maximum annual qualifying income for a one-person household, rounded down to the next lower thousand dollars.

To apply the threshold test, the caseworker compares the gross amount of the self-employment venture (before expenses) with the threshold test. If the total annual gross self-employment income is less than the threshold test, the caseworker will compute net self-employment income using only the prior calendar month. **The threshold test method will not be used if it results in an over income denial. The previous 12-month income average will be used to determine eligibility in this situation.**

#### **6.9.7.2 Examples of Self-Employment**

Examples of self-employed individuals include: artists, basket weavers, carvers, cosmetic sales persons, craft persons, day care providers, fisher persons, grocers, home party sales, persons that own and manage rental property, persons providing and charging room and board, store keepers, taxi drivers, repair persons, trappers, woodcutters.

#### **6.9.7.3 Allowable Self-Employment Expenses**

Allowable expenses are expenses identified as belonging to the self-employment enterprise that are necessary, non-personal costs of doing business. Expenses must have been ***paid*** within the 12-month income period, and include, but are not limited to:

- wages and benefits paid to other than a household member
- raw materials, stock, supplies
- interest portion of regular payments made for the purchase of income producing real estate, capital assets, equipment, machinery or durable goods.

- fishing - interest on boat mortgage, groceries for crew, bait, boat fuel, boat moorage, vessel insurance, crew wages, boat utility costs, boat repair and maintenance, and gear purchase.
- home child care - expenses directly related to the provision of child care such as food, toys, supplies, and the cost of transportation of children while in providers' care, etc.
- advertising
- licenses to do business
- mileage and travel expenses *directly* related to business
- home expenses *directly* related to the operation of the business
- office rental - allowed only on office space that is located outside the home. Home office rent is not an allowable business expense.
- telephone
- sales tax
- vehicle expenses if the vehicle is used exclusively for the business

#### **6.9.7.4 Non-Allowable Self-Employment Expenses**

Non-allowable expenses include, but are not limited to:

- the portion of regular payments on business indebtedness which goes toward the principal for the purchase of income producing real estate, capital assets, equipment, machinery, or durable goods
- class tuition, unless class is required for line of work (i.e. CPR class tuition for child care providers)
- net losses from periods prior to the twelve months used to determine eligibility are not allowable. Self-employment losses for the current 12-month period may not be used to offset other income. Any self-employment loss will be considered as zero income.
- federal, state and local *income* taxes for self and family
- retirement plans and health insurance for self and family

- work-related personal expenses such as transportation to and from work
- depreciation and amortization
- entertainment
- child care expenses
- payment of wages to another household member
- personal or home expenses which the household would incur regardless of the business

### **6.9.8 Guidelines for Computing Income**

The cents on the final income amounts of 50 cents or more are rounded up to the nearest dollar. Amounts of 49 cents or less are rounded down.

If a household member was self-employed during the prior 12 months, but is no longer self-employed, HAP will consider the prior 12-month income unless the self-employed person is now legally disabled.

If a household member was seasonally employed during the prior 12 months, but is no longer seasonally employed, HAP will consider the prior 12-month income unless the seasonally employed person is now legally disabled.

A household may have submitted incomplete income verification or be over income for the month of application, but eligible in the subsequent month. In such cases the household does not have to reapply. The same application is used for the determination of eligibility for the subsequent month.

Applications dated or postmarked in the month of April must be determined based upon income received in the month of March.

In some cases the application is signed months before it arrives at the HAP. In these cases eligibility is based upon income received during the month prior to the month the application was received in the HAP office. Request a new application if the original was received more than two months after the signature date.

Income from *all* members in the household, including illegal aliens, is counted, except earned income from students under the age of 18, who are not the head of the household.

All unearned income is counted, unless it is specifically listed in **Section 6.9.5 Non-Countable Income**.

### **6.10 Resources**

The HAP does not use a resource test; therefore resources are *not* counted.

### **6.11 Over Income**

A household with income that exceeds 150 percent of poverty, as computed in **Section 6.9**, is ineligible for heating assistance.

- If the household income was based on the prior calendar month, the application is denied as “OI” – Over Income.
- If the household income was based on an average of the prior 12-month period, the application is denied as “OS” – Over Seasonal/Self-Employed.

### **6.12 Low Burden**

The household’s gross income, household size and estimated annual heating costs are used to compute the household’s estimated home heating burden, expressed as a point value. An applicant whose household heating cost points are calculated to be less than 2.0 is ineligible for heating assistance. **See Sec. 13 for Computation and LB Letter.**

### **6.13 Previously Served –Already Awarded Heating Assistance This Season.**

The HAP awards only one heating assistance grant per household during the program’s season. Applications from households in the following situations are denied as “PS” – Previously Served.

Household composition is determined at the time of application. Individuals moving into or out of the household after the grant is determined are considered previously served, as grants are household not individual based.

An application from a person who received heating assistance as a member of another household earlier in the season is ineligible for another heating assistance grant.

An application from a person who is currently residing with a previously served household is ineligible for heating assistance.

An application from a household seeking a SRHUD that has received a HAP grant within the prior 180 days, or a SRHUD within the prior 24-month period, is ineligible for heating assistance.

In cases where households have separated after the award has issued and both adults in the household listed on the application request heating assistance separately, HAP must

contact the vendors to determine if there is a heating assistance credit remaining on the account. If so, the HAP caseworker should instruct the vendor(s) to freeze the balance and not issue any further product to the household until they receive written instructions from the HAP. The HAP caseworker will then prepare letters to the original vendors, both adults involved and any new vendors instructing the original vendors to forward half of the frozen balance to the vendors designated by the member who left the household (the client will need to provide proof of an account at a new location).

## 6.14 Denial Notice-of-Action Reason Codes and Text

### **We regret that your application for Heating Assistance has been DENIED.**

AW	The reason is that your application was withdrawn. If your circumstances change, your case may be redetermined anytime before April 30 <sup>th</sup> . To reapply please call or write to the office shown above, or visit a fee agent. You will need to provide income information for the most recent month. If you reapply, send the application to the attention of your caseworker. Your case cannot be redetermined after the April 30 filing deadline.
IA	The reason is that your application was incomplete and you did not respond to our request for information. If your circumstances change, your case may be redetermined anytime before April 30 <sup>th</sup> . To reapply please call or write to the office shown above, or visit a fee agent. You will need to provide income information for the most recent month. If you reapply, send the application to the attention of your caseworker. Your case cannot be redetermined after the April 30 filing deadline. You did not supply .....
LB	The reason is that your household does not meet the eligibility requirement for a grant. Eligibility for heating assistance is based on an “energy burden” point system which considers your type of housing, fuel costs in your area, household size and income. A household must have a minimum of 2.0 heating cost points to qualify. Your household’s heating cost points were calculated to be 0.75. If your circumstances change, your case may be redetermined anytime before April 30 <sup>th</sup> . To reapply please call or write to the office shown above, or visit a fee agent. You will need to provide income information for the most recent month. If you reapply, send the application to the attention of your caseworker. Your case cannot be redetermined after the April 30 filing deadline.
NC	The reason is you do not pay for home heating. If your circumstances change, your case may be redetermined anytime before April 30 <sup>th</sup> . To reapply please call or write to the office shown above, or visit a fee agent. You will need to provide income information for the most recent month. If you reapply, send the application to the attention of your caseworker. Your case cannot be redetermined after the April 30 filing deadline.
NT	The reason is that your application was neither received nor postmarked by April 30 <sup>th</sup> . That deadline, set by regulation, is indicated on the application. We have recorded your name and address, and will be sending you an application for next year’s program in the fall.
OF	The reason is the Heating Assistance Program ran out of grant funds. Applications are processed on a first come, first served basis per (7 AAC 44.080(n)). Grant funds were exhausted prior to the date your application was received. We have kept your name and address, and will send you an application for next year’s program in the fall.
OI	The reason is that your household income is over the maximum allowed. Your household’s one month income was calculated to be \$1,800.00. This exceeds the allowable maximum of \$1,494.00. If your circumstances change, your case may be redetermined anytime before April 30 <sup>th</sup> . To reapply please call or write to the office shown above, or visit a fee agent. You will need to provide income information for the most recent month. If you reapply, send the application to the attention of your caseworker. Your case cannot be redetermined after the April 30 filing deadline.
OS	The reason is that your household income is over the maximum allowed. Your household’s average monthly income for the prior 12 months was calculated to be \$1,800.00. This exceeds the allowable maximum of \$1,494.00. If your circumstances change, your case may be redetermined anytime before April 30 <sup>th</sup> . To reapply please call or write to the office shown above, or visit a fee agent. You will need to provide income information for the most recent month. If you reapply, send the application to the attention of your caseworker. Your case cannot be redetermined after the April 30 filing deadline.
OT	<p>The reason is</p> <ul style="list-style-type: none"> <li>* This is a field you fill in manually by selecting “List Denial Notes” through the Actions menu.</li> <li>* </li> <li>* Don’t forget or your denial will go out without a reason and we surely don’t want that.</li> </ul>

	<p style="text-align: center;">*</p> <p>If your circumstances change, your case may be redetermined anytime before April 30<sup>th</sup>. To reapply please call or write to the office shown above, or visit a fee agent. You will need to provide income information for the most recent month. If you reapply, send the application to the attention of your caseworker. Your case cannot be redetermined after the April 30 filing deadline.</p>
PS	The reason is that your household has already been helped this year.
SR	The reason is that you live in subsidized rental housing which pays your heating costs. We do not assist households in this type of housing unless you pay directly for your home heat and your annual unsubsidized heating costs exceed \$200. If you have questions about heating costs in your rental housing, contact your housing manager. If your circumstances change, your case may be redetermined anytime before April 30 <sup>th</sup> . To reapply please call or write to the office shown above, or visit a fee agent. You will need to provide income information for the most recent month. If you reapply, send the application to the attention of your caseworker. Your case cannot be redetermined after the April 30 filing deadline.
UD	The reason is you do not qualify for a Subsidized Rental Housing Utility Deposit. If you have questions about this denial, please call or write to the office shown above.

## **7 Determining Benefit Level**

The Detailed HAP Benefit Computation Schedule is included in **Section 13**.

### ***7.1 Application Update***

The presence of a child under age 6 in the household is an important factor in determining the benefit level. The caseworker will verify that the count of children under age 6 is entered correctly. The age is based on the child's age as of the date the application was signed.

### ***7.2 Assistance Categories***

The presence of an individual that is over age 60, or is legally disabled, is an important factor in determining the benefit level. The caseworker will verify that this information is indicated.

The caseworker enters a "Y" for all applicable Assistance Categories:

- Veteran's Benefits
- Food Stamps
- ATAP/ASAP
- Disabled
- Supplemental Security Income
- Adult Public Assistance
- Elderly - the "Y" is automatically entered from the birth date typed in at application entry. If the caseworker entered or corrected the birth date, the "Y" must be manually entered as appropriate.
- UIB - instead of entering a "Y," the worker enters the number of household members receiving Unemployment Insurance Benefits in that checkbox on the grant worksheet.

### ***7.3 Household Size and Composition***

The household composition is an important factor in determining an applicant's eligibility and grant amount. If the household composition is not clearly indicated in the application, and cannot be ascertained through the EIS, the application will be pended for this information.

If the applicant lists a child in the household that was served in another household, the child may be served again. This usually occurs when child custody is shared.

All U.S. Citizens and Qualified Aliens residing in the household at the time of application are included when computing the household size. If a person who contributed financial support for the month prior to the application date is no longer in the household, the person is not counted. A person moving into the household prior to the grant determination is included as a household member.

If the applicant lists another household member as a house sharer in Question #4 of the application, the individual(s) that comprise the other household are not included in the applicant's household size.

An applicant's spouse living in the applicant's dwelling must be included in the applicant's household. The spouse cannot be considered as a house sharer.

**See also, Sec. 7.7 House Percent Share, 9.3 Multiple Households and 9.4 House Sharers**

#### ***7.4 Household Income***

The household income is an important factor in determining an applicant's eligibility and grant amount. If the household's income is not clearly indicated in the application, and cannot be ascertained through the other information resources available to the HAP, the application will be pended for this information.

The caseworker enters the household's total gross income as computed and verified in Section 8.

If the household's gross monthly income exceeds the maximum allowable, the HAS flags the case as "OI" – Over Income.

## 7.5 Housing Situation

As indicated below, the number of bedrooms or mobile home dimensions may be an important factor in determining an applicant's eligibility and grant amount. If this information is not clearly indicated in the application, is needed to select the correct housing category, and is not available from a prior year HAP, the application will be pending for the information. Fractions of bedrooms are rounded down to the nearest whole number.

The caseworker enters the code for the housing category that describes the household's dwelling. If more than one factor applies, the code listed first is used:

<b>Code</b>	<b>Housing Category</b>	<b>Factor</b>
<b>8</b>	<b>Subsidized Rental Housing Utility Deposit</b>	<b>N/A</b>
<b>1</b>	<b>mobile home with heated living space of 980 square feet or more</b>  When square footage is not specified, the caseworker checks first to see if the grant amount using the correct number of bedrooms would be the same as using mobile home option number 1. If the grant amount would be the same, the caseworker uses the Housing Category for number of bedrooms and documents this in <F9> notes.	<b>1.4</b>
<b>2</b>	<b>travel trailer or mobile home less than 35 feet in length, or in an RV, tent or pickup camper</b>  If the travel trailer has an attached lean-to for extra living space, the code for the number of bedrooms is entered instead.	<b>0.4</b>
<b>3</b>	<b>one-room dwelling such as a studio apartment, hotel or boarding home</b>  Some applicants check the "renting a room" box on the application when they are actually renting their own apartment. If the applicant lists 1 bedroom: check prior year HAS, pend for clarification of the dwelling, or contact the housing authority to determine if there are efficiency or one-bedroom apartments and the rental prices. If the applicant lists 2 or more bedrooms, use code 7 or 0 based on the number of bedrooms.	<b>0.15</b>
<b>4</b>	<b>a boat</b>	<b>0.35</b>
<b>5</b>	<b>one-bedroom dwelling, or a one-room house or cabin without bedrooms</b>	<b>0.55</b>
<b>6</b>	<b>three-or-more-bedroom single family, duplex or triplex home</b>	<b>1.3</b>
<b>7</b>	<b>two-bedroom unit in an apartment building of four or more attached units</b>	<b>0.7</b>
<b>0</b>	<b>2-bedroom single family, duplex or triplex home; 3 or more bedroom unit in an apartment building of four or more attached units.</b>	<b>1.0</b>

## 7.6 Fuel Type

The primary fuel used to heat the home is an important factor in determining an applicant's eligibility and grant amount. If the primary heat source is not clearly indicated on the application, or if no heating bill has been included, the application will be pended for this information.

The fuel types are:

Code	Fuel Name
C	Coal
E	Electric
K	Kerosene
N	Natural Gas
O	Oil
P	Propane
W	Wood

For the purposes of identifying the fuel type, it does not matter if the applicant pays for their own heat, or has heat included in the rent payment.

If the household uses natural gas and another fuel type for heat, the caseworker will enter the fuel type as natural gas.

If the household uses wood or coal for heat, the caseworker must differentiate between purchased and self-harvest fuel, based on the type of receipt furnished by the applicant.

- If the household uses self-harvested wood or coal for heat, the caseworker will enter the fuel type as wood or coal and enter a "Y" for Self-Harvest.
- If the household uses purchased wood or coal for heat, the caseworker will enter the fuel type as wood or coal and leave the "Self-Harvest" field blank.

**See Section 10.2 for Wood Purchase Guidelines**

## 7.7 Housing Percent Share

If the household resides in a single residence with one or more other households, the heating cost points are reduced to the household's proportion of the total number of households in the dwelling. If there are two households, the caseworker enters the share as 50%; with three households the share is entered as 33%, etc. In a house sharer situation, a household's share should never exceed 50%. The amount each household contributes to heat or rent is not considered. **See also, 9.3 Multiple Households and 9.4 House Sharers.**

## **7.8 Grant Computation**

When all of the above information has been entered into the HAS, the caseworker uses the F1 key to compute the household's benefit amount.

If the household's total points compute to less than 2.0, the household is denied as "Low Burden". The calculations used by the computer to make this determination are described in the Heating Assistance Benefit Computation in **Section 13**.

If the housing category is Number 8 (SRHUD), a computer window pops up which allows the caseworker to enter the amount of the utility deposit(s), up to a maximum of \$500. The grant amount is the amount required by the utility to establish service. The deposit amount is provided by the utility, either via fax or through phone contact with the caseworker. After assigning the grant to the appropriate vendor(s), the caseworker records in <F9> notes if the amount was obtained via fax, or notes the name of the vendor contact who verified the deposit amount via phone. The caseworker then enters the household in the alert list as a "UD" - Utility Deposit.

The amount of heating assistance may be reduced by the amount of the unpaid balance that the household owes the division for previously awarded heating assistance to which the household was not entitled. The HAP uses this method of recoupment of overpayments only if the household has not responded to the request for repayment, or the household defaults on its repayment agreement. The caseworker enters "RC" in tracking.

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## **8 Verification Process**

### **8.1 Physical Residence Address**

A physical address is needed to ensure the applicant resides in the HAP versus a tribal service area, and allows the HAP to determine if multiple applications have been received from the same residence. If the address is not available on EIS or on utility bills, and the community has physical addresses, the application is pended for the physical address.

- Non-acceptable verification: listing “same” as a P.O. Box or General Delivery mailing address.

### **8.2 Heat or Rent Cost**

An applicant shows they have a heating cost by one of the following:

- Providing a copy of a heat or electric bill which the applicant is responsible for paying.
- A house sitter or caretaker must also indicate the length of time he or she has been residing in the dwelling in order to determine if they are responsible for paying a cost for heat. A collateral letter from the homeowner shall be provided for a house sitter or caretaker.
- Providing a rent receipt and rental agreement as an indication that they pay for heat through the rental payment. The rental agreement is used to help HAP staff determine if the applicant is participating in a subsidized rental housing program, and to determine the main source of heat. Rent receipt and/or rental agreement verification is documented in <F9> notes. It is not necessary to make a copy of the rental agreement for the case file.
- Demonstrating that their heating costs exceed their subsidy by over \$200 if participating in a subsidized rental housing program. This is done by furnishing documentation of the annual heating cost and annual heating subsidy. Although it is the applicant’s responsibility to provide this documentation, it is HAP policy to assist applicants in obtaining the necessary information whenever possible.
- Showing that they are directly responsible for paying home heating expenses if receiving State of Alaska General Relief for the month of application.
- Information included in EIS or HAS case notes verifying wood heat, if the information was obtained within one year of the current HAP application date. Contact the Casework Supervisor if uncertain whether or not the information is sufficient to make a determination.

### **8.3 *Sixty Consecutive Days Residence in Temporary Shelter***

The applicant provides a signed and dated letter from someone they know who can verify their living situation and can verify that they have been residing in a temporary shelter for sixty or more consecutive days.

### **8.4 *Household Composition***

The division verifies household composition through the Division of Public Assistance records, or by applicant statement notifying HAP staff of a change in the household.

### **8.5 *Income***

The division reviews and verifies each household's gross income for the month prior to application. Verification may be provided through: documentary evidence (wage stub, award letter, etc.); Division of Public Assistance and Department of Labor records; or impartial third parties such as fee agents, village council representatives, or social service agencies.

The applicant must document gross income received in the month prior to the month in which the application for heating assistance was signed. For those who are seasonally or self-employed the previous 12 month income must be documented.

Due to extenuating circumstances such as death, or medical reasons, etc. the caseworker may determine that it is in the client's best interest to use the signature month rather than the prior month. Note such in <F9> notes as PPJ and why this was done.

#### **8.5.1 Acceptable Documentation of Income**

**Adult Public Assistance (OAA, APD, AB)** - Division of Public Assistance records

- Non-acceptable income verification: Statement or phone call from applicant

**Alaska Temporary Assistance Program (ATAP/ASAP)** – Division of Public Assistance records, ASAP or TANF records or check stubs

- Non-acceptable income verification: Statement or phone call from applicant

**Alimony and Child Support** - Benefit information may be available from Child Support Services Division, check stubs, court order showing amount awarded, statement from applicant

**BIA General Assistance** - Check stub, letter from BIA office

- Non-acceptable income verification: Statement or phone call from applicant

**Bingo/Pull Tab Winnings** - Bingo/Pull Tab Statement, letter from game provider

- Non-acceptable income verification: Statement or phone call from applicant, phone call from fee agent or game provider

**Cashouts of Retirement or Pension** - Benefit statement letter, year-end statement, current pay stubs showing gross amount

- Non-acceptable income verification: Statement or phone call from applicant

**Dividends** - Bank statement to verify dividend

- Non-acceptable income verification: Statement or phone call from applicant

**General Relief** - Division of Public Assistance records

- Non-acceptable income verification: Statement or phone call from applicant

**Interest** - Bank statement to verify interest income

- Non-acceptable income verification: Statement or phone call from applicant

**Pension (other than Veteran's Benefits)** - Benefit statement letter, year end statement

- Non-acceptable income verification: Bank statement, statement or phone call from applicant

**Rental Income** - Rental Agreement showing amount of rental income, rent receipts, last year's HAP case

- Non-acceptable income verification: Statement or phone call from applicant

**Social Security** - Year-end statement, benefit award letter, Social Security office (SVES), Division of Public Assistance records, last year's HAP case

- Non-acceptable income verification: Bank statement, phone call/statement from applicant

**Student Loans/Grants** - Award Letters for Pell Grants and Stafford Loans, billing statements, statement from applicant

**Supplemental Security** - Current year end statement, benefit statement letter, Social Security office (SVES), Division of Public Assistance records, last year's HAP case

- Non-acceptable income verification: Bank statement, phone call/statement from applicant, check stub

**Tips or Gratuities** - Pay stubs (originals, copies, fax) that list the tips, statement from applicant, EIS case notes

**Unemployment Insurance** - Department of Labor records, check stubs from other states

- Non-acceptable income verification: Statement or phone call from applicant

**Veteran's Benefits** - Benefit statement letter, bank statement, benefit information may be available through the toll free number: 1-800-827-1000

Or on line at [www.va.gov](http://www.va.gov)

- Non-acceptable income verification: Statement or phone call from applicant

**Wages** - Pay stubs from the prior month (originals, copies, fax), letter or work statement from employer showing gross wages and issue date/pay period, seasonal work statement from employer, final settlement statement for fishermen, fishermen (crew) 1099

- Non-acceptable income verification: pay stubs, deposit slips or letter showing **net** wages, statement/phone call from applicant, income tax returns (unless self-employed), W-2 forms (unless seasonally employed)

**Worker's Compensation** - Check stubs, letter, fax or e-mail from Worker's Compensation office

- Non-acceptable income verification: statement or phone call from applicant

### **8.5.2 Little or No Income**

An applicant with little or no income must indicate how basic living expenses are being met. Income information should be verified on EIS and on the Department of Labor network.

If there is conflicting information on the application, EIS, or Department of Labor network, the application must be pended for clarification.

If an applicant is receiving Food Stamps and their gross countable income is zero for the previous month, no other income verification is required.

If there is no indication of how an applicant is meeting basic living expenses, reports little or no income, is not receiving Food Stamps, and has no explanation in HAS prior year <F9> case notes, the application is pended for more information.

Collateral contacts may be requested of the applicant to explain how basic living expenses are being met. A Collateral Contact Statement is a statement from a third party that addresses the household's income situation and that supports the applicant's claim of little or no income. The statement should also explain how the applicant is meeting living expenses. Collateral letters must contain the author's name, address, and phone number.

### **8.5.3 Verification of Self-Employment Income**

A signed, itemized profit and loss statement must be provided. (Blank profit and loss forms are available in the HAP office.) The profit and loss statement should contain an itemized listing, in date order, of all business-related income and expenses for the prior 12-month period. The statement must be signed by the self-employed individual. It is

not necessary for the applicant to submit receipts or have the profit and loss statement notarized.

Income tax form 1040 and Schedule C from the prior calendar year is required for those with self-employment income.

Self-employed fishermen may send a copy of a Settlement Sheet to verify fishing income. Self-employed crew members may send a 1099 form to verify fishing income.

Self-employment income can never be counted as less than zero. Self-employment expenses can only be used to offset self-employment income. If there is no self-employment income, expenses are not allowed. Loss from one business venture cannot be deducted from the income of another business venture. If there is more than one self-employment venture, each is considered separately.

#### **8.5.4 Inadequate Income Documentation**

When a household's income is not verified by the applicant or cannot be verified from the previously mentioned sources, the caseworker must request additional information.

If a household's expenses exceed income by a considerable amount, no past-due bills are evident, and no explanation of how the applicant is meeting living expenses is provided, the caseworker must request additional information.

#### **8.5.5 Alternate Month to Determine Eligibility**

An applicant may request that their application be determined using a month other than the month of application.

- If the case has not yet been processed, deny the application as "Application Withdrawn" and advise the applicant to reapply.
- If the case has already been approved, it cannot be re-determined.

## 9 Cases Requiring Specialized Procedures

### 9.1 HAS Alerts

When the caseworker enters her initials into HAS, or opens the grant calculation screen using <F5>, the computer system may pop up an alert window. This window alerts the caseworker that the household may be ineligible, or that there is information that the caseworker needs to be aware of in processing the case. The alert list includes:

<b>Alert Code</b>	<b>Reason</b>	<b>Description</b>
<b>AN</b>	Alaska Native	an Alaska Native or American Indian household served by a LIHEAP tribal provider.
<b>FR</b>	Fraud	the applicant has provided fraudulent information in the past and may have a prior grant debt to repay prior to receiving another HAP grant. Consult with the supervisor when you see this alert.
<b>NG</b>	Natural Gas	eligibility in alert year should have been based on gas heat. Check the address where client was living in the year with the alert. If living at the same address, determine as gas heat.
<b>RC</b>	Recoupment	the applicant owes HAP money from a grant they received that was for the incorrect amount. The amount owed can be deducted from future HAP benefits. Consult with the supervisor when you see this alert.
<b>SE</b>	Subsidized Eligible	the applicant lives in subsidized rental housing, but met the program eligibility requirements.
<b>SH</b>	Subsidized Housing (AHFC)	the applicant lives in AHFC administered subsidized rental housing or receives a Section 8 subsidy.
<b>SR</b>	Subsidized Rental Housing	the applicant lives in subsidized rental housing and is ineligible for HAP per our determination or applicant statement. The housing list is maintained at: <a href="h:\users\hap\shared\wp\lists\sublst.doc">h:\users\hap\shared\wp\lists\sublst.doc</a>
<b>TR</b>	Tracking	there is information about this applicant of which the caseworker should be aware. Look in the case notes for the year specified in the alert. Review the information that caused the alert.
<b>UD</b>	Utility Deposit	the household has received a SRHUD

To add an alert to a case in HAS:

- Select Ineligibles from the Main Menu. A pop-up screen will appear. Enter the requested information with the Source Code chosen from the Reasons listed above.
- Enter the FY that the alert relates to.

- Add a note using <F9>. The first word of the note should be TRACKING, or whichever reason applies to the situation. Enter the entire words in capital letters.
- Review the information for accuracy. Inaccurate information will not generate the alert as intended.
- The caseworker will enter a <F9> case note into the case that generated the alert, to acknowledge that the alert was researched.

## ***9.2 Subsidized Heat and Application Processing***

Applications involving subsidized heat are handled in the following manner.

### **9.2.1 Subsidized Housing Alert - SH**

If the heat is included in the rent, the application is denied with reason code SR. The caseworker records in <F9> Notes: “SH per AHFC, heat included”

If the applicant pays directly for heating costs, the caseworker determines if she is in AHFC Low Rent or AHFC Section 8 housing. The AHFC Low Rent housing list is located at: H:\Users\Hap\Shared\AHFC\lowrent.xls.

- If the applicant is listed on the Low Rent list, the application is denied with reason code SR. The caseworker records in <F9> Notes: “SH AHFC LR”
- If the applicant is not listed on the Low Rent list and pays directly for heat, the caseworker follows the procedures described in **Section 9.2.3**.

### **9.2.2 Subsidized Rental Housing Alert - SR or SR and SH**

The caseworker determines if the applicant is in the same residence as the year in which she was previously determined “SR”.

If the applicant has moved, the caseworker disregards the “SR” and removes the alert from the alert list.

If the applicant is in the same residence as the year in which she was determined “SR”, the application is denied with reason code SR.

The caseworker records in <F9> Notes: “SR, name of complex” or “SR per applicant”

The alert should not be updated.

### **9.2.3 Subsidized Eligible Alert–SE (SH Section 8 with Direct Heat Costs)**

The applicant resides in subsidized rental housing but pays directly for heat and may qualify for the HAP.

The caseworker determines if the applicant is in the same residence as the year in which she was previously determined “SE”.

If the applicant has moved, the caseworker disregards the “SE” and removes the alert from the alert list.

If the applicant is in the same residence as the year in which she was determined “SE”, or has an “SH” Section 8 alert and has direct heat costs, the caseworker simultaneously pends the application and requests a copy of the contract screen from AHFC or the tenant utility worksheet from the housing program (if the applicant has not provided it). The caseworker reviews the contract screen/worksheet to determine if:

- The household actually pays directly for home heating costs, and
- The household’s Total Family Contribution (TFC) exceeds 30% of adjusted income by more than \$17 monthly (\$200 annually). Another way to state this is that Gross Rent (rent + utilities) exceeds the Payment Standard (30% of adjusted income + the maximum subsidy) by more than \$17 monthly.

The caseworker obtains a copy of the contract screen and utility breakdown from AHFC, or the utility worksheet from the housing program (if the applicant has not provided it), and determines if the household’s annual heating cost exceeds the annual heat subsidy by over \$200.

### **9.2.4 Annual Heating Cost Does Not Exceed Heat Subsidy By Over \$200**

If the Total Family Contribution (TFC) does not exceed 30% of adjusted income by more than \$17 the caseworker denies the application with reason code SR.

The caseworker records in <F9> Notes: “SR, TFC does not exceed by > \$17.”

The caseworker enters or updates the Alert list: “SR” and FY (current year)\_\_\_ Type in all CAPS,

### **9.2.5 Annual Heating Cost Exceeds Annual Heat Subsidy By Over \$200**

If the heating cost exceeds the subsidy by over \$200 the caseworker writes a note on the approval NOA referring the applicant to the weatherization provider for their area. (HUD complexes are not eligible for AHFC weatherization services.)

The caseworker records in <F9> Notes: “SE, annual heat cost of \$\_\_\_\_\_ exceeds annual heat subsidy of \$\_\_\_\_\_ by \$\_\_\_\_\_.

The caseworker enters or updates the Alert list: “SE” Type in all CAPS, and double check the SSN and spelling of the name after entering.

### **9.2.6 Appears to Reside in Subsidized Rental Housing**

Further information is needed if the applicant has not indicated she lives in subsidized rental housing, but:

- is not participating in “Mutual Help,”
- has a rental payment of 30 percent of her income, or
- has her heat paid by another party.

The caseworker pends for a copy of the lease agreement and the rental worksheet. If the response to the pend is unclear, the caseworker calls the landlord to learn about fuel type and to determine if they have subsidized rentals. The worker shall not identify the applicant or the specific unit unless authorized by the applicant.

### **9.2.7 Applicant Requests Review of Subsidized Rental Denial**

If the applicant requests a review of the SR denial, the caseworker obtains the breakdown of the utility allowance:

- For AHFC Section 8 housing and southeast area Low Rent – information is available from Juneau AHFC office.
- For AHFC Low Rent housing in other areas of the state – the Juneau AHFC office provides the caseworker with the Preliminary Screen, which provides the Property Manager name and phone number. The caseworker calls (or has the applicant call) the Property Manager to obtain the breakdown of the utility allowance.
- For all other subsidized housing – information must be obtained from the unit’s Property Manager. The native housing authority property manager contact information is provided in Section 14.2.

# Preliminary Screen

pts51 CCSTA(1) 2.4.1 Client Preliminary Display 08/30 13:56

Client Unit No Vendor Soc Sec Num Last Name First Name MI

Applicant status C COMPLETE/H

Conventional status T Current tenant, move in date 08/12/00  
Original lease date 12/07/99

Leased housing status B Prior applicant

Homebuyer status

Housing pgms, elig JCV  
not elig JS8

Location code HFSS HOUSED:FAMILY SELF SUFFICIENCY

Manager code 41 ANNA-MARG REAR 907/586-3750

FSS Dates Begin Date 02/01/01 End Date Extension Date

Family count 4 Bedrooms reqd 3 calc 3 alt 3

Annual income 48,456 actual 3 cert 1

Notes on file

Balance: S8 TA 664.00 Sec Dep 0.00 Purge memo

Bad debt: S8 TA Last change 08/12/02

Change? (. / ? PR DE FA AS IN LO AP QU CO NO PT PI PW)

Applicant Status codes:  
T=Tenant  
C=Complete  
A=Applicant  
B=Prior Tenant  
W=Withdrawn

Conventional = Public Housing/AHFC owned  
Leased housing = Section 8

Property Manager name and phone number

Continued on next page:

The caseworker:

- multiplies the natural gas (or electric) allowance for heat (plus cooking and water if same utility vendor) by 12 months to determine the annual subsidy.
- calls (or has the applicant request written documentation from) the heating vendor for the 12-month utility cost for the unit.
- Determines if the applicant paid more than \$200 after subtracting the annual utility allowance from the annual heating utility cost.
- If case determination does not change, prints a new Denial NOA that compares the annual heating costs to the utility subsidy. For example: "Mary, ENSTAR has advised us that your annual heat cost is \$ 600, and AHFC shows your annual heat subsidy to be \$540. This means your unsubsidized heat cost is \$60." Note: when denying a case that was previously denied, the caseworker must press Alt+N in order to schedule a reprint of the NOA. The NOA will not automatically reprint with the second denial.
- The caseworker records in <F9> Notes: "not SE, annual heat cost is \$\_\_\_\_\_ per ENSTAR, annual heat subsidy is \$\_\_\_\_\_ per AHFC".

If the applicant is paying more than \$200 over the utility subsidy amount, proceeds with processing the application, following the procedures described in **Section 9.2.5**.

## 9.2.8 Examples of Subsidized Housing Screens and Worksheets

### Example: No Direct Home Heating Costs

Deny application using reason code "SR".

#### Contract Screen #1

```
pts51 CCSS8 2.3.3.7 Display voucher contracts (current) 08/30 13:50
Client Soc Sec Num Client Name (Last, First MI) Vendor Vendor Sort Name

(C) Voucher Contract Screen 0026
Cert # VOU0853 Contr # AK901VO0057-00725 Pay std..... 864.00
Cert Bdrm 1 Util allow 0.00 Adj inc 937.00 30% 281.00
Unit # 0005624 Util pror% 100 Est sub..... 583.00
Leased 09/01/01 Adj utilit 0.00 Tot inc 1,081.00 10% 108.00
Expire 08/31/03 Subsidy..... 452.00
Cancel Owner rent 733.00 HAP 452.00 Tn rent 281.00
Vacate code Utilities 0.00 UAP 0.00 Tn util 0.00
Max. deposit 281.00 Gross rent 733.00 TFC 281.00
Sec. deposit Presrvatn: dt rent GP
S236 Mkt Rent 50058 assist. status 3 Last rent increase
Hold code 50058 rental rehabl 0 Last HAP chk 236020V8
Mod/rehab 50058 proj self-suff 0 Last UAP chk
Port 50058 Y 50058 over-inc admis Process thru date 09/30/02
Recertification 09 / 01 Hard to house Y Admission date 10/01/96

Display? (/ ? C U A V P R)
```

#### Unit Screen #2

```
pts51 CCSS8 2.3.3.7 Display voucher contracts (current) 08/30 13:51
Client Soc Sec Num Client Name (Last, First MI) Vendor Vendor Sort Name

(U) Unit Address Unit 0005624 Information Screen
Addr.#1 Vendor number
Addr.#2 Vendor Name
Zip Cd Manager Code 23
Telephone number bedrooms 1 Manager Name
Census tract number Elevator Elsie Rado
Map page grid 50058 type 0 Bldg Mgr
Code Description Phone
Fair mkt. rent J02 JUNEAU 2001-2002 Tenant Paid Codes
Joint UAP payee Heat
Utility account Cooking
Utility code JU2 JUNEAU FY 2002 Water heat Stove
Utility allowance... 0.00 Water Othr elec
Rehab amt. 0.00 Bank code Sewer Other
GL account Trash Air cond
Mod Rehab SRO program for Homeless? (Y/N) N Accessibility
HUD owned property? Year built 1993 Structure type 3
Display? (/ ? N I)
```

Tenant  
does not  
pay for  
utilities.

No code -  
indicates  
tenant is  
not paying  
for utilities.

Example: Subsidized Eligible Household #1

The household's Gross Rent exceeds the Payment Standard by more than \$16 monthly (\$200 annually). Proceed with application processing.

Contract Screen #1

pts51 CCSS8 2.3.3.7 Display voucher contracts (current) 08/30 13:47  
Client Soc Sec Num Client Name (Last, First MI) Vendor Vendor Sort Name

```
(C) Voucher Contract Screen 0044
Cert # VOU2135 Contr # AK901VO0082-00205 Pay std..... 843.00
Cert Bdrm 1 Util allow 175.00 Adj inc 745.00 30% 224.00
Unit # 0013694 Util pror% 100 Est sub..... 619.00
Leased 09/01/01 Adj utilit 175.00 Subsidy..... 621.00
Expire 08/31/02
Cancel Owner rent 840.00 HAP 621.00 Tn rent 219.00
Vacate code Utilities 175.00 UAP 0.00 Tn util 175.00
Max. deposit 224.00 Gross rent 1,015.00 TFC 394.00
Sec. deposit Presrvatn: 0 rent GP
S236 Mkt Rent 50058 assist. status 3 Last rent increase
Hold code 50058 rental rehabil 0 Last HAP chk 233754V8
Mod/rehab 50058 proj self-suff 0 Last UAP chk
Port 50058 50058 over-inc admis Process thru date 08/31/02
Recertification 07 / 31 Hard to house Y Admission date 04/12/97
Display? (/ ? C U A V P R)
```

30% of  
adjusted  
income

Total Family  
Contribution  
(TFC)  
exceeds  
30% of  
adjusted  
income by  
\$17 or  
more.

Gross rent (rent + utilities) exceeds Payment Standard  
(30% of adjusted income + max subsidy) by \$17 or more.

Unit Screen #2

pts51 CCSS8 2.3.3.7 Display voucher contracts (current) 08/30 13:48  
Client Soc Sec Num Client Name (Last, First MI) Vendor Vendor Sort Name

```
(U) Unit Address Unit 0013694 Information Screen
Addr.#1 Vendor number
Addr.#2 Vendor Name
Zip Cd Manager Code 32
Telephone number bedrooms 2 Manager Name
Census tract number Elevator Sheryl Tichenor
Map page grid 50058 type 0 Bldg Mgr
Code Description Phone
Fair mkt. rent J01 JUNEAU 2000 - 2001
Joint UAP payee Heat D
Utility account Cooking D
Utility code JWO JUNEAU WALK UP 2000 Water heat D
Utility allowance... 175.00 Water
Rehab amt. 0.00 Bank code Sewer
GL account Trash
Mod Rehab SRO program for Homeless? (Y/N) Accessibility
HUD owned property? Year built 1966 Structure type 2
Display? (/ ? N I)
```

Codes  
indicate  
tenant is  
paying for  
utilities.  
A - Nat Gas  
B - Propane  
C - Oil  
D - Electric

Example: Subsidized Eligible Household #2

The Gross Rent exceeds the Payment Standard by more than \$16 monthly (\$200 annually). Proceed with application processing.

Kodiak Island Housing Authority									
<b>Tenant Itemized Worksheet</b>									
2002		Action: Interim Reexam		Effective Date: March 1, 2002					
Prepared By: _____				Admission Date: December 18, 2001 Next Recertification Date: December 1, 2002					
Head of Household: _____				SSN: _____		Voucher/Cert #: _____			
Address of Unit: _____, Kodiak, AK 99615									
HOUSEHOLD DETAIL									
Full Name	Relationship	Sex	DOB (MM/DD/YY)	SSN	Disability				
	Head	M			Yes				
INCOME DETAIL									
Name	Income Type	Frequency	Hours/Wk	Rate	Multiplier	Annual Income	Excluded Amount	Annual Income (adjusted)	
	Social Security	Annually	n/a	7608.00	1	7608		7608	
	General Assistance	Annually	n/a	2700.00	1	2700		2700	
	PFD	Annually	n/a	1850.00	1	1850		1850	
								<b>Total Annual Income:</b>	<b>12158</b>
ASSET DETAIL									
Name	Description of Asset	Percent	Cash Value	Annual Income					
				Total Asset Columns:	0	0			
				Passbook Rate:	0.0325				
				Imputed Asset Income:	0				
				Final Asset Income:	0				
						<b>Total Annual Income With Assets:</b>	<b>12158</b>		
EXPENSE DETAIL									
Expense Type	Frequency	Rate	Multiplier	Annual Expense					
Medical Expense	Annually	600.00	1	600.00					
				<b>Total Annual Expenses:</b>	<b>600</b>				
8. ALLOWANCES									
8i.	Medical/disability assistance allowance			235					
8j.	Elderly/disability allowance (default = \$400)			400					
8n.	Dependent allowance			0					
8p.	Yearly child care cost that is not reimbursed			0					
8q.	Travel cost to work/school (Indian Housing only)			0					
8r.	Optional earned income deduction (Public/Indian Housing only)								
8u.	Total Allowances: 8i + 8j + 8n + 8p + 8q + 8r				635				
9. TTP									
9a.	Total monthly income			1013					
9c.	TTP if based on annual income: 9a x 0.10			101					
9d.	Adjusted monthly income			960					
9f.	TTP if based on adjusted annual income: 9d x 0.30			288					
9g.	Welfare Rent per month (if none, put 0)			0					
9h.	Minimum TTP, put 0 if waived			25					
9j.	TTP, highest of 9c, 9f, 9g, 9h. (If OFTO, skip 9h.)			288					
12. Section 8: Vouchers									
12j.	Voucher payment standard			786					
(for new leases, enter lower of payment standard or gross rent)									
12k.	TTP			288					
12m.	Maximum subsidy: 12j minus 12k (if 12k is larger, put 0)			498					
12n.	Utility allowance, if any			169					
12p.	Rent to owner			750					

Payment Standard (30% of adjusted income + max subsidy)

30% of adjusted income

Continued on next page:



Example: Subsidized Eligible Household #3

The Gross Rent exceeds the Payment Standard by more than \$16 monthly (\$200 annually). Proceed with application processing.

<b>HOUSING CHOICE VOUCHER WORKSHEET</b>			Alaska Housing Finance Corporation Public Housing Division 270 W. Pioneer Ave., Suite D Homer, AK 99603	
Family Name: _____	Client # _____	Date: <u>1-10-02</u>	<b>ALVIN J. GLIDDEN HOUSING PROGRAM SPE</b>	
Contract Rent== \$ <u>\$625</u>	Tenant Rent== \$ <u>\$301.00</u>	HAP-----	<u>\$324</u>	
<b>RENT AND UTILITIES CANNOT EXCEED</b>			<u>743</u> <b>743</b>	
<b>Step 1: Calculate Minimum Tenant Contribution</b>				
1) Monthly Adjusted Income( Annual Adj Income/12)--->	Insert-->	<u>1048</u>	<u>\$314</u>	
2) 30% of monthly adjusted income:	Insert-->	<u>1081</u>	<u>\$108</u>	
3) Monthly gross income(annual income/12)-----	Insert-->	<u>0</u>	<u>25</u>	
4) 10% of monthly gross income	Insert-->		<b>314</b>	
5) Welfare Rent				
6) PHA minimum rent				
7) Minimum Tenant Contribution (highest of 2,4,5,6)				
<b>Step 2: Calculate Maximum Subsidy</b>				
8) Payment Standard----->	Insert-->	<u>638</u>	<u>\$314</u>	
9) Less Minimum Tenant Contribution( Line 7)			<u>\$324</u>	
10) Maximum Subsidy(line 8 minus Line 9)				
<b>Step 3: Calculate Gross Rent</b>				
11) Rent to Owner(plug In)----->	Insert----->	<u>625</u>	<u>803</u>	
12) Utility Allowance(plug in)----->	Insert----->	<u>178</u>	<b>803</b>	
13) Gross Rent(line 11 plus line 12)				
<b>Step 4: Calculate Total Family Contribution</b>				
14) Gross Rent(line 13)			<u>803</u>	
15) Payment Standard(line 8)			<u>638</u>	
16) Amount Gross Rent Exceeds Payment Standard(line 14 minus line 15) (Enter Zero(0) if Gross Rent(line 14) is Lower than line 15)			<u>\$165</u>	
17) Minimum TC(Line 7)			<u>\$314</u>	
18) Total Family Contribution (Line 16 plus Line 17)			<b>\$479</b>	
<b>Step 5: Check Maximum Initial Rent Burden</b>				
19) 40% of monthly adjusted income(40 % of Line 1)			<b>\$419</b>	
# If Total Family Contribution (line 18) is equal or less than Line 19, go to step 6				
# If Total Family Contribution (line 18) is Greater Than Line 19, Unit Cannot be Approved:				
<b>Step 6: calculate the HAP Payment</b>				
20) Payment Standard minus Minimum TC(line 15 minus Line 17)			<u>\$324</u>	
21) Gross Rent Minus Minimum TC(Line 14 Minus Line 17)			<u>489</u>	
22) HAP Payment equals the Less of (line 20 or Line 21)			<u>324</u>	
<b>Step 7: Calculate Tenant Rent</b>				
23) Total Family Contribution(line 18)			<u>479</u>	
24) Minus Utility Allowance(line 12)			<u>\$178</u>	
25) Tenant Rent(line 23 minus line 24) utility reimbursement if negative			<b>\$301</b>	

Gross Rent (rent + utilities) exceeds Payment Standard (30% of adjusted income + max subsidy) by \$17 or more.

DEC.7,01 REV.

Example: Heat Appears to Be Fully Subsidized #1

As the Payment Standard covers the Gross Rent, the tenant's heat appears fully subsidized. To be eligible the applicant must have annual unsubsidized heating costs that exceed \$200 annually (\$17 or more monthly). Deny application using reason code "SR".

**Contract Screen #1**

pts36 CCSS8 2.3.3.7 Display voucher contracts (current) 08/30 14:49  
Client Soc Sec Num Client Name (Last, First MI) Vendor Vendor Sort Name

(C) Voucher Contract Screen 0008  
Cert # WIN0582 Contr # AK901V00061-01022 Pay std..... 1,100.00  
Cert Bdrm 2 Util allow 195.00 Adj inc 3,085.00 30% 926.00  
Unit # 0013895 Util pror\* 100 Est sub..... 174.00  
----- Tot inc 3,125.00 10% 313.00  
Leased 10/08/01 Adj utilit 195.00 Subsidy..... 169.00  
Expire 09/30/02  
Cancel Owner rent 900.00 HAP 169.00 Tn rent 731.00  
Vacate code Utilities 195.00 UAP 0.00 Tn util 195.00  
-----  
Max. deposit 926.00 Gross rent 1,095.00 TFC 926.00  
Sec. deposit Presrvatn: dt rent GP  
S236 Mkt Rent 50058 assist. status 3 Last rent increase  
Hold code 50058 rental rehabl 0 Last HAP chk 236678V8  
Mod/rehab 50058 proj/self-suff 0 Last UAP chk 228754V8  
Port 50058 50058 over-inc admis Process thru date 09/30/02  
Recertification 10 / 01 Hard to house Admission date 10/08/01  
Display? (/ ? C U A V P R)

30% of adjusted income

Total Family Contribution (TFC) is no more than \$16 over 30% of adjusted income.

Gross rent (rent + utilities) is less than Payment Standard (30% of adjusted income + max subsidy).

**Unit Screen #2**

pts51 CCSS8 2.3.3.7 Display voucher contracts (current) 08/30  
Client Soc Sec Num Client Name (Last, First MI) Vendor Vendor Sort Name

(U) Unit 0013895 Information Screen  
Unit Address Vendor number  
Addr.#1 Vendor Name  
Addr.#2  
Zip Cd JUNEAU, AK 99801 manager Code 32  
Telephone number # bedrooms 2 Manager Name  
Census tract number Elevator Sheryl Tichenor  
Map page grid 50058 type 0 Bldg Mgr  
Code Description Phone  
Fair mkt. rent J02 JUNEAU 2001-2002 Tenant Paid Codes  
Joint UAP payee Heat D  
Utility account Cooking D Stove  
Utility code JU2 JUNEAU FY 2002 Water heat D Refrig.  
Utility allowance... 195.00 Water Othr elec A  
Rehab amt. 0.00 Bank code Sewer Other  
GL account Trash Air cond  
Mod Rehab SRO program for Homeless? (Y/N) Accessibility  
HUD owned property? Year built 1983 Structure type 2  
Display? (/ ? N I)

Codes indicate tenant is paying for utilities.  
A - Nat Gas  
B - Propane  
C - Oil  
D - Electric

Example: Heat Appears to Be Fully Subsidized #2

As the Net Tenant Contribution (NTC) including utility allowance is no more than \$16 over 30% of adjusted income, the tenant's heat appears fully subsidized. To be eligible the applicant must have annual unsubsidized heating costs that exceed \$200 annually (\$17 or more monthly). Deny application using reason code "SR".

USDA—RURAL HOUSING SERVICE TENANT CERTIFICATION										Form Approved OMB No. 0575-0033	
<b>PART I — PROJECT AND UNIT IDENTIFICATION</b>											
1. Effective Date M M D D Y Y 11 10 1 01		2. Project Name Sleepy Spruce			3. Borrower ID and Project Number			4. Unit Type 2BR		5. Unit Number	
for: <input checked="" type="checkbox"/> Initial Certification <input type="checkbox"/> Re-Certification <input type="checkbox"/> Other		<p><b>WARNING STATEMENT:</b> Section 1001 of Title 18, United States Code provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both."</p> <p><b>STATEMENT REQUIRED BY THE PRIVACY ACT:</b> Title V of the Housing Act of 1949 authorizes RHS to collect the information on this form. Your disclosure of the information is voluntary. However, failure to disclose certain information may delay the processing of your eligibility or rejection. RHS will not deny eligibility if you refuse to disclose your Social Security Number. This information is collected principally to determine eligibility for occupancy and to determine your tenant contribution for rent. However, the information collected may be released to appropriate Federal, State and Local Agencies, credit bureaus and servicing agents when relevant to civil, criminal or regulatory proceedings or to enforce regulations by manual or automated verification procedures.</p> <p align="center"><i>Round all monetary figures up to the nearest dollar at .50 and above.</i></p>									
<b>PART II — TENANT HOUSEHOLD INFORMATION</b>											
6. Tenant Subsidy Code (enter code)		<p>11. Minor, Disabled, Handicapped or Full-Time Student 18 or Older</p> <p>12. Elderly, Disabled or Handicapped</p>									
<p>0 — No Deep Tenant Subsidy</p> <p>1 — Rental Assistance (RA)</p> <p>2 — Existing HUD Certificates</p> <p>3 — Other Public RA</p> <p>4 — Private RA</p> <p>5 — HUD Voucher</p> <p>7 — Other Types at Basic Rent</p>		<p>8. Household Member Name (Last, First and Middle Initial)</p> <p>9. Date of Birth</p> <p>10. (Complete this only when household member is not the Tenant or a Co-Tenant)</p> <p>11. (Complete this only when household member is a Tenant or Co-Tenant)</p> <p>12. (Check below when coded above)</p>									
7. Social Security Number		<p>13. Race/National Origin of Tenant (enter code)</p> <p>1 — White, Non Hispanic</p> <p>2 — Black, Non Hispanic</p> <p>3 — Asian, Pacific Isld.</p> <p>4 — American Indian</p> <p>5 — Alaskan Native</p> <p>6 — Hispanic</p>									
8a. Number of Foster Children (if any)		<p>14. Net Family Assets (NOTE: if Line 14 does not exceed \$5,000, enter zero on Line 15.)</p> <p>15. Imputed Income from Assets (Bank Passbook Savings Rate (" ) x Line 14.)</p> <p>16. Income from Assets</p>									
<b>PART III — ASSET INCOME</b>											
<p>17. Income</p> <p>a. Wages, Salaries, etc.</p> <p>b. Soc. Sec., Pensions, etc.</p> <p>c. Assistance</p> <p>d. Income Contributed by Assets (Greater of Line 15 or Line 16)</p> <p>e. Other</p> <p>f. Annual Income</p>											
<p>18. Adjustments to Income</p> <p>a. \$480 x total of Line 11</p> <p>b. \$400 if elderly status</p> <p>c. Medical exceeding 3% of Line 17.f. (if elderly, handicapped or disabled)</p> <p>d. Child Care</p> <p>e. Total Adjustments</p> <p>19. Adjusted Annual Income (Line 17.f. minus Line 18.e.)</p>											
<b>PART IV — INCOME CALCULATIONS</b>											
<b>PART V — INCOME LEVELS</b>											
<p>20. Number of Household Members</p> <p>21. Current Eligibility Income Level (Enter Code)</p> <p>22. Date of Initial Project Entry</p> <p>23. Eligibility Income Level at Initial Project Entry (Enter Code)</p>											
<b>PART VI — CERTIFICATION BY TENANT</b>											
<p>I certify that the information in PARTS II through IV is true and correct to the best of my knowledge and belief. Inquiries may be made to verify this information.</p> <p>a. Date: M M D D Y Y</p> <p>b. Tenant Signature</p> <p>c. Date: M M D D Y Y</p> <p>d. Co-Tenant Signature</p>											

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0033. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Continued on next page:

**PART VII—PRELIMINARY CALCULATIONS**

24 Adjusted Monthly Income (Line 19 + 12)

25 Monthly Income (Line 17 f. + 12)

1082 x .30  
 a \$ 11162 x .10

= b. \$ 325  
 = b. \$ 11162

30% of adjusted income

26 Designated Monthly Welfare Shelter Payment

\$ 11162

27 Highest of Line 24.b., Line 25.b., or Line 26.

337

28 Gross Basic Rent

a. Basic Rent

b. Utility Allowance

c. (Line 28.a. + Line 28.b.)

\$ 1670  
 \$ 179  
 \$ 1849

29 Gross Note Rate Rent

a. Note Rate Rent

b. Utility Allowance

c. (Line 29.a. + Line 29.b.)

\$ 1965  
 \$ 179  
 \$ 2144

**PART VIII—DETERMINING GROSS TENANT CONTRIBUTION (GTC)**

Decision: (check one)

☒ A. If tenant receives rental assistance (RA) enter Line 27 on Line 30 below. If Line 27 exceeds Line 28.c., go to Decision B since this Tenant will not receive RA.

☐ B. If tenant does not receive RA and this project receives Plan II Interest Credit, enter the greater of Line 27 or Line 28.c. (but not to exceed Line 29.c.) on Line 30 below.

☐ C. If tenant does not receive RA and this project is a Plan I, Full Profit or Labor Housing project complete Lines C.1. thru C.3. and enter Line C.3. on Line 30.

C.1. Enter Line 29.c.

\$

C.2. Add Plan I Surcharge (if any)

\$

C.3. Total (enter on Line 30)

\$

Net Tenant  
 Contribution  
 (NTC) is no more  
 than \$16 over  
 30% of adjusted  
 income.

**PART IX—DETERMINING NET TENANT CONTRIBUTION (NTC)**

30. GTC (From PART VIII)

31. Utility Allowance (Line 28.b. or Line 29.b.)

32 Final NTC (Line 30 minus Line 31)

(Amount Tenant pays Borrower for rent. If Line 32 is negative, Borrower pays the difference to Tenant for utilities.)

\$ 325  
 \$ 11162  
 \$ 1246

**PART X—CERTIFICATION BY BORROWER**

I certify that the information on this form has been verified as required by federal law and the tenant household

Project Name (optional):

☒ is eligible to live in the unit, or ☐ has been granted ineligible occupancy by RHS.

Steep Spruce

a. Date Signed

b. Signature of Borrower or Borrower's Representative

MMDDYY  
102901**PART XI—RHS CERTIFICATION**

Based on information provided by the Borrower, the calculations for this form are correct.

a. Date

b. Signature of RHS Representative

MMDDYY  
111111

Example: Heat Appears to Be Fully Subsidized #3

As the Total Tenant Payment (TTP) is no more than \$16 over 30% of adjusted income, the tenant's heat appears fully subsidized. To be eligible the applicant must have annual unsubsidized heating costs that exceed \$200 annually (\$17 or more monthly). Deny application using reason code "SR".

Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures OMB No. 2502-0204											
Part I GENERAL INFORMATION											
1. Effective date:	01/01/2002	2. Move in date:	01/05/2001	6. Action Processed:		7. Type of Subsidy:					
3. Project Name:	Chinook Apartments	8. a. Annual	= 4	9. a. Section 8		b. Same subsidy ?	= 1				
4. Project Number:	17635024	10. Previous:		11. Displacement:		12. Preference:					
5. Contract Number:		13. Secondary Subsidy	= No Secondary Subsidy								
6a. Date code:	None	8b. 62 or older ?		8c. Continuous ?		9a. Race:		9b. Non-Hisp	= 2		
Part II HOUSEHOLD COMPOSITION											
Mbr #	14a. Last Name	14b. First Name	14c. M.I.	15. Relationship	16. Sex	17. Birth Date	18. Age	19. Status			
Head				Head	F		41	H			
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
Mbr #	20. Social Security	21. Code	22. Place of Birth/ARN	23. Occupation	24a. Number of Family Members: 01						
Head		EC	Washington	N/A							
2					24b. Number of Foster Children and Live-In Attendants: 00						
3											
4											
5					25. Number of Dependents: 00						
6											
7											
8											
9											
10					Household Assistance Status						
11					All members are eligible						
12											
Part III NET FAMILY ASSETS AND INCOME											
26a. Type of Asset	26b. C or I	26c. Cash Value	26d. Yearly Income	Part IV ALLOWANCES							
CHECKING	C	119	0	36. Dependent Allowance:	0	47. WELFARE RENT:	0				
SAVINGS	C	38	1	37. Child Care Allowance:	0	48. HCDA percentage:	30.00%				
				38. 3% of Annual Income:	329	49. 50059 Worksheet:	E				
				39a. Handicap Expenses:	0	50. Tot Tenant Pymt:	264				
				39b. Handicap Allowance:	0	51. Tenant Rent:	148				
				40a. Medical Expenses:	168	52. Utility Reimbmt:	0				
				40b. Medical Allowance:	0	53. Assistance Pymt:	704				
				41. Elderly Allowance:	400	54. % of Adj Income:	39.00%				
				42. Total Allowance:	400	55. 83 HURRA Affect:	No				
				43. Adjusted Income:	10557						
Total 157 1											
27. IMPUTED ASSET INCOME @ 2.00% 0											
28. INCOME (annual amounts)				V PROJECT INFORMATION							
Mmbr.	Care Code	Source	Amount	Claim Id	VII UNIT ASSIGN						
1	SS - Social Security		\$5904		44. Contract Rent:	852	56. Next Recert:	01/01/2003			
1	SI - Supplemental Se		\$708		45. Utility Allowance:	116	57. # of Bedrooms:	02			
1	G - General Assistan		\$4344		46. Gross Rent:	968	58. Building Code:				
							59. Unit Number:	6A			
Part VIII - CERTIFICATIONS											
I am not after reading.											
11/28/2001											
Angeline M. Mawson											
11/28/2001											
Spouse											
11/28/2001											
For Chinook Apartments											
Run Date/Time 11/28/2001, 02:23P											
30% of adjusted income											
Total Tenant Payment (TTP) is no more than \$16 over 30% of adjusted income.											
RKSHEET FOR COMPUTING TOTAL TENANT PAYMENT/TENANT RENT											
Section 8 / RAP Tenants											
A-1. 913.00 Monthly Income ( Item 31 / 12 )											
A-2. 880.00 Monthly Adjusted Income ( Item 43 / 12 )											
A-3. 0.30 HCDA % ( Item 48 )											
A-4. 264.00 Monthly Adjusted Income * HCDA % ( A2 * A3 )											
A-5. 91.00 10% of Monthly Income ( A1 * 0.10 )											
A-6. 0.00 Welfare Rent ( only for certain welfare recipients )											
A-7. 264.00 Total Tenant Payment ( largest of A4, A5, or A6 - Item 50 ) (Minimum = 25.00 )											

Example: Heat Appears to Be Fully Subsidized #4

As the Payment Standard (30% of adjusted income + maximum subsidy) covers the Gross Rent (rent + utilities), the tenant's heat appears fully subsidized. To be eligible the applicant must have annual unsubsidized heating costs that exceed \$200 annually (\$17 or more monthly). Deny application using reason code "SR".

HOUSING CHOICE VOUCHER WORKSHEET

Family Name:	Client #	Date
<div></div>	<div></div>	01-Dec-01
Contract Rent==\$	Tenant Rent==\$	HAP----->
<div>\$600</div>	<div>-\$37.00</div>	<div>\$637</div>

**RENT AND UTILITIES CANNOT EXCEED**

715

**Step 1: Calculate Minimum Tenant Contribution**

1) Monthly Adjusted income( Annual Adj Income/12)---	Insert-->	<div>164</div>
2) 30% of monthly adjusted income:		<div>\$49</div>
3) Monthly gross income(annual income/12)-----	Insert-->	<div>164</div>
4) 10% of monthly gross income		<div>\$16</div>
5) Welfare Rent	Insert-->	<div>0</div>
6) PHA minimum rent	Insert-->	<div>25</div>
7) Minimum Tenant Contribution (highest of 2,4,5,6)		<div>49</div>

**Step 2: Calculate Maximum Subsidy**

8) Payment Standard----->	Insert-->	<div>698</div>
9) Less Minimum Tenant Contribution( Line 7)		<div>\$49</div>
10) Maximum Subsidy(line 8 minus Line 9)		<div>\$649</div>

**Step 3: Calculate Gross Rent**

11) Rent to Owner(plug in)----->	Insert-->	<div>600</div>
12) Utility Allowance(plug in)----->	Insert-->	<div>86</div>
13) Gross Rent(line 11 plus line 12)		<div>686</div>

**Step 4: Calculate Total Family Contribution**

14) Gross Rent(line 13)		<div>686</div>
15) Payment Standard(line 8)		<div>698</div>
16) Amount Gross Rent Exceeds Payment Standard(line 14 minus line 15) (Enter Zero(0) if Gross Rent(line 14) is Lower than line 15)		<div>\$0</div>
17) Minimum TC(Line 7)		<div>\$49</div>
18) Total Family Contribution (Line 16 plus Line 17)		<div>\$49</div>

**Step 5: Check Maximum Initial Rent Burden**

19) 40% of monthly adjusted income(40 % of Line 1)		<div>\$66</div>
--	--	-----------------

≠ If Total Family Contribution (line 18) is equal or less than Line 19, go to step 6

≠ If Total Family Contribution (line 18) is Greater Than Line 19, Unit Cannot be Approved:

**Step 6: calculate the HAP Payment**

20) Payment Standard minus Minimum TC(line 15 minus Line 17)		<div>\$649</div>
21) Gross Rent Minus Minimum TC(Line 14 Minus Line 17)		<div>637</div>
22) HAP Payment equals the Less of (line 20 or Line 21)		<div>637</div>

**Step 7: Calculate Tenant Rent**

23) Total Family Contribution(line 18)		<div>49</div>
24) Minus Utility Allowance(line 12)		<div>\$86</div>
25) Tenant Rent(line 23 minus line 24) utility reimbursement if negative		<div>-\$37</div>

UG.30.01

Gross Rent (rent + utilities) does not exceed Payment Standard (30% of adjusted income + max subsidy).

### ***9.3 Multiple Households Residing in the Same Dwelling***

When more than one household is residing in the dwelling, the caseworker must determine if the applicant household is:

- renting a room in the dwelling,
- the owner/occupant who rents out a portion of the dwelling, or
- sharing the dwelling.

If the applicant checks the application box for “Renting a Room”, the application is determined using Housing Category Code 3 (**See Sec. 7.5**).

A foster adult not considered a member of the household must be considered a household sharer, or room renter.

If the applicant owns the dwelling and is receiving rental income, eligibility is determined by counting all rental income, using the Housing Category for the total number of bedrooms in the dwelling, and counting the number of people in the applicant’s household. A room renter is not counted as a member of the applicant’s household. The owner/occupant’s rental income may be considered a self-employment venture if the applicant chooses to deduct the non-personal costs of doing business.

If the applicant is sharing the dwelling with one or more households, and is neither a room renter nor an owner/occupant renting space in the dwelling as described above, the households are considered to be house sharers. Eligibility is determined as described in **Section 7.7**. The other household members are entered into HAS as described in **Section 9.4 below**.

### ***9.4 Household Sharers File***

If an applicant lists other households as living in the same dwelling, the members of the other households must be entered into the computer. This ensures that each household in the dwelling gets their proportionate share of the grant, and if one of the households listed as house sharing subsequently applies for a grant the worker can cross reference the cases.

The worker adds the members of the sharer household(s) into the case that lists them as a sharer.

- The name(s) are added by pressing <F1>, rather than by pressing “enter” which would delete the name of the head-of-household.
- The relationship code is listed as HS for house sharer.

After the names of the sharers are added to the case, the household size field on the grant computation screen is checked to ensure that sharers are not counted as household members. **See also, Sec. 7.4 Household Composition and 7.7 Housing Percent Share.**

### ***9.5 Pending Applications***

When an application is incomplete and the necessary information is not available through sources in the HAP office, a notice requesting additional information is sent to the applicant. This request is sent on a Notice of Action form and is known as a pend notice. Applicants are given 30 days to respond to a pend notice.

Caseworkers receive a weekly computer list of all cases pended for more than 30 days and all cases re-pended for more than 15 days.

If the information requested in the pend notice is received, the caseworker proceeds with processing. If the applicant responds with partial information, this is entered in notes and the case is filed. When the case comes up on the pend list, the application is re-pended.

Applications pended solely for mobile home dimensions are not re-pended. The caseworker determines the grant based using the code for the number of bedrooms in a single-family home.

A re-pend notice is sent if partial information was received and more information is required to process the application. The applicant is then given 15 days to respond to the re-pend notice. Applications pended in April or May are re-pended once prior to being denied for incomplete application.

If the information is not received within the allotted time frame, the application is denied as an incomplete application. An applicant may re-apply at any time prior to the April 30 filing deadline.

If the requested information is received within 15 days of the denial date, the application can be processed using the original application date. If the information is received more than 15 days after the denial date, the applicant will be required to reapply.

#### **9.5.1 Reasons for Pending**

The pending reasons, as programmed into the HAS, are listed below:

- Unsigned Application

The caseworker sends a copy of the application form and pend notice to the applicant for signature and **keeps the original application** in the file.

- Missing Proof of Income

- Missing Self-Employment documentation
- No Visible Means of Support
- Mobile Home dimensions missing.

When square footage is not specified, the caseworker checks first to see if the grant amount using the correct number of bedrooms would be the same as using mobile home option number 1. If the grant amount would be the same, the caseworker uses the Housing Category for number of bedrooms and documents this in <F9> notes. Applications pending solely for mobile home dimensions are not denied. The caseworker determines the grant based using the code for the number of bedrooms in a single-family home.

- Child Support Verification Request
- Wood Heating Verification Request

HAP workers may not choose a vendor for the applicant unless there is only one vendor in the village. If the applicant indicates direct heating expenses, and does not list a vendor, the case is pending. The HAP will not assign a vendor to an applicant or indicate any preference among vendors. However, the HAP may share fuel price information for vendors in the area, or encourage applicants to contact vendors to compare prices before they choose their vendor.

- Number of Bedrooms Missing
- Who Lives with you
- Other (you will fill in manually)
- Subsidized housing verification
- Temporary Shelter
- Rent Receipt/Agreement Request
- Missing Seasonal Income Proof
- Physical Residence Address Request.

Caseworkers request additional verification if unclear, inconsistent, or contradictory information is contained in the application or in the supporting documents.

If preprinted pend requests do not apply, the worker selects “other” for the reason and types in the needed information.

When information from another source contradicts statements made by the applicant, the applicant must be provided an opportunity to clarify the questionable information.

### **9.5.2 Reasons for Re-pending**

Reasons for re-pending an application are:

- The initial pend notice was unclear.
- Only partial information was received in response to the initial pend.
- From April 1 through the end of the program year, an application that has already been pended and is still incomplete, will be re-pended.
- The applicant is elderly or disabled.
- There are extenuating circumstances in which a re-pend is necessary. This should be documented in case notes.

### 9.5.3 Text for Pend Notice-of-Action

	Your application for Heating Assistance received on 08/30/02 was incomplete. A determination cannot be made on your case until you provide the information requested below. Your request for assistance will be denied if the information is not received by 10/19/02
1	You did not sign your application. A copy of your application has been returned for your signature. Please sign in the signature box on page 4 and return the application to your caseworker.
2	You did not include proof of all income received by your household in the month of August, or the information you provided is incomplete. Please send pay stubs to verify GROSS income, or send a signed statement from your employer that verifies your GROSS income for the entire month. Original documents sent as verification will be returned to you.
3	You did not satisfactorily document self-employment income for the 12 months prior to the month you applied for assistance. Please provide a signed, itemized profit/loss statement or ledger listing all income received and expenses related to the business for this period. A form will be mailed to you separately.
4	You claimed little or no income for the month of August. You did not explain how you are meeting basic living expenses (food, shelter, etc). Please send a signed statement that explains how you are meeting basic living expenses.
5	Please provide the dimensions of the heated living space of your mobile home. Length ___ ft X Width ___ ft. If you have additional heated living space in your mobile home, please describe the addition and provide the dimensions, Length ___ ft by Width ___ ft.
6	Please provide verification of the Child Support you received in the month of August. You may provide check copies, verification from Child Support Enforcement, or a copy of your court order that specifies the amount of support you receive.
7	If your primary heat source is wood, provide a receipt to verify the cost of your wood heat. You must provide a receipt for either the purchase of wood OR the purchase of wood cutting supplies to be eligible for a wood grant.
8	Please tell us how many bedrooms your residence has, or if you live in a single room dwelling.
9	Explain who lives with you. Provide names, birthdates, and social security numbers for everyone living in your household.
10	: You fill this field in manually to request more information :
11	Send your caseworker a copy of the worksheet used by your housing manager to determine the amount you pay for rent. The form verifies your total monthly rent payment and the income your rental amount is based upon. This form also verifies the utility allowance you received.
12	Provide proof that you have lived in your current residence for at least 60 consecutive days. The proof can be rent receipts or a statement from your landlord, which specifies the exact date you moved in and if you are still living there. The statement must verify your residence address.
13	Send a copy of your most recent rent receipt and your rental agreement.
14	You did not satisfactorily document seasonal income for the 12 months prior to the month you applied. Send all pay stubs or a computer printout from your employer for the specified period. A work statement is being sent to you, which may be completed and signed by the employer. Original documents sent as verification will be returned to you.
15	You did not list your physical residence address. If you do not have a street address, please provide an explanation of the location of your residence.

## **9.6 *Atypical Household Situations***

### **9.6.1 Ionia**

Ionia, Inc. is a non-profit organization set up to help mentally disabled individuals. All households have at least one disabled household member in it. Many of these families are related. They are all separate homes and cabins. Some of these residences do not have electricity yet, but they are working on getting electric hooked up for all the homes. The 54932 Burdock Road is a corporate address and mail is distributed to each household. The rent is based on the fair market value for a home in that area, not subsidized. Ionia, Inc. also sells wood, but the households are free to shop around for a cheaper price.

### **9.6.2 Office of Public Advocacy**

Applications received from the Office of Public Advocacy are processed in the following manner:

The type of residence varies: group home, renting a room, living in an apartment, etc.

The caseworker will pend for information that is not provided, unless the applicant resides at the same physical location as last year and the needed information can be obtained.

Power of Attorney (POA) must be provided if the application is not signed by the applicant.

The signature on the application must be that of the public advocate or the applicant.

The caseworker will make an <F9> case note to indicate who has the Power of Attorney and when it expires (if noted). This allows next year's application to be processed when the POA is not provided and the application is signed by the same advocate.

## **10 Issuing Benefits**

### ***10.1 Time Frames for Assistance Payments***

The program begins awarding payments on November 1 of each year.

Expedited eligibility determination and assistance payment awards begin on November 1 of each year and run through April 30 of the following year.

If a disaster occurs in an area where the household is located, the division may begin issuing heating assistance payments before November 1 if the governor has issued a disaster proclamation and the disaster has increased the need for heating assistance to the household.

Payments for subsidized rental housing utility deposits (SRHUDs) are made throughout the year.

### ***10.2 Use of Heating Assistance Program (HAP) Payments***

A heating assistance payment can only be used for the purchase of:

- fuel oil, kerosene, propane, natural gas, electricity, wood, coal, or other petroleum products used for home heating, lighting, or cooking needs;
- payment of incidental charges, including deposits, delivery charges, connection fees, and late-payment charges associated with their purchase or delivery;
- rental payments if the household pays home heating costs indirectly through rent;

If a community is out of fuel, HAP recipients may use a small portion of their oil grant to purchase gasoline to travel to a neighboring community to procure fuel. If this situation arises, the caseworker notifies the Vendor Coordinator who will discuss the situation with the affected fuel vendors.

A household may use a portion of their oil grant to purchase one bottle of propane for cooking or lights.

A household may use up to 25 % of their heating grant to purchase gasoline if the household generates their own electricity.

A household cannot use a portion of their oil grant to purchase gas to self-harvest wood.

Ethyl Glycol cannot be purchased with HAP grant funds. It is used as anti-freeze.

### ***10.3 Distribution of Grant Between Home Heating and Electricity***

After the grant amount has been determined the grant distribution is made. Home heating is the priority. Typically, seventy-five percent of the grant is issued for home heating with the remaining 25 percent issued for electricity. Exceptions to the 75/25 guideline are as follows:

- The entire grant is paid to the primary heat source if requested by the applicant, if the applicant checks “no” on application question number 21, or if the applicant owes more than the total grant amount to the fuel company.
- The applicant’s expenses and income are considered in making grant distribution decisions. If the applicant has income, could reasonably pay the electric bills, and the heat is not electric, a portion for electricity should only be given if the applicant requested it.
- The entire grant is issued to the electric company if electricity is the primary heat source.
- If an applicant has an electric disconnect, the minimum amount needed to maintain service is authorized to the electric company.
- If the applicant does not pay for heat directly, but does pay for electricity, up to one year’s worth of credit is issued to electricity based upon an average winter bill (take 3 winter months X 4).
- If the grant amount is \$170 or less, the grant is not split unless there are extenuating circumstances.
- Any other exception to the 75/25 guideline is made on a case by case basis after consultation with the Casework Supervisor.

The caseworker documents the reasoning for exceptions to the 75/25 guideline in notes.

### ***10.4 Methods of Payment***

#### **10.4.1 Vendor Payment**

In most cases, payment is issued directly to the applicant’s vendor(s), who credits the payment to the household’s account.

If an applicant’s oil service is in the landlord’s name (and this service is solely for the applicant’s dwelling) the grant is issued to the oil vendor under the applicant’s name. The grant is not issued under the landlord’s name.

Vendor payments are made only to vendors listed in the HAS, which means that they have signed a vendor agreement with the Division of Public Assistance, Heating Assistance Program, and agree to the conditions contained in the agreement.

HAP vendors must avert disconnection of service, reconnect discontinued service, or deliver fuel upon notification from HAP that the household is entitled to receive heating assistance.

Applicants do **not** have the option to request a direct cash payment in order to “shop around for the best fuel price”. The applicant must name the vendor from whom they intend to purchase the fuel.

#### **10.4.2 Direct Payment (DP)**

Payment is issued directly to the applicant if the household:

- is paying home heating and electricity costs indirectly through rent,
- is cutting their own wood (unless they list a native village store as vendor in order to buy gas for the chainsaw),
- is purchasing wood from a vendor that has not signed a HAP vendor agreement,
- is purchasing oil or propane from the local gas station,
- is paying heating costs directly to their landlord,
- has electricity as the primary heat source and has a grant in an amount which is insufficient to restore disconnected service.

Direct payments are not issued in response to an applicant’s request to “shop around for the best price”.

#### **10.4.3 Vendor Payment and Direct Payment**

A portion of the grant amount is issued to the applicant's home electricity vendor and the remainder to the applicant if the household pays home heating costs indirectly through rental payments, but pays directly for home electricity.

#### **10.4.4 Two-Party Payment (2P)**

A two-party payment is a check mailed to the applicant but made payable to both the applicant and a vendor or another person. A two-party payment is issued if the vendor is not listed in the HAS (does not have a signed HAP vendor agreement).

#### **10.4.5 Applicant and Vendor**

A two-party payment is issued to the applicant and the vendor if:

- The applicant indicates she wants to purchase wood but has no prior wood receipt.
- the specified vendor is not a participating vendor, or
- the applicant states that she pays for heat and lights, the accounts are not in her name, *and* the caseworker is unable to ascertain the account number.

#### **10.4.6 Applicant and Another Adult in the Household**

A two-party payment is issued to the applicant and another adult in the household if there are two non-related adults in the household and:

- heat or electricity is included in the rent, or
- the household heats with wood or coal.

The payment is made out to both adults to insure that they are both aware of the grant.

#### **10.4.7 Applicant and Landlord**

A two-party payment is issued to the applicant and the landlord only under special circumstances, as many applicants do not want their landlord to know that they have applied for assistance. Consequently, issuance of two-party checks may violate the applicant's confidentiality. Two-party payments involving the landlord are only issued when two of the following conditions are met:

- an applicant's heat is included in the rent,
- there is an eviction notice or the threat of action taken because of non-payment to the landlord,
- the applicant has involved the landlord in the application process, who therefore became aware of the situation by direct contact with the applicant.

#### **10.5 Entering Grant Payment Information Into the HAS**

When entering grant payment information into the HAS use:

Line 1 - primary heating fuel

Line 2 - electric or secondary fuel

Line 3 - additional fuel (second electric meter, propane for cooking)

Line 4 - direct payment to applicant (or additional two-party payment)

Line 5 - two-party payment

If the grant is being issued entirely to electricity and the household has a different primary heat source, the caseworker will note this case on the grant exception log, in the event that a supplemental payment is issued later in the season.

It is **very important** that account numbers are listed for vendor payments. If a payment is issued to an account that is not in the applicant's name, the account number is entered if available. If the account number is not available, the last name is entered on the account in the account number field. The caseworker makes an <F9> case note to explain the reason for applying a payment to an account not in the applicant's name. The note includes the name of the person listed on the account and the relationship to the applicant, if known.

A Notice of Action is generated to both the applicant and the vendor(s) following the final computer entry.

## **10.6 Grant Payment Maintenance**

HAP warrants are issued two days after the paid date indicated on the HAS F2 Payment Screen. All direct payment warrants are mailed. Vendor payments may be either mailed or made by electronic fund transfer. There is no option for customer pick-up and under no circumstance is a recipient to be directed to the location where warrants are printed and mailed.

### **10.6.1 Bad Debt**

Grant funds can be used to pay the oldest portion of an outstanding bill. In most instances the caseworker can negotiate with the vendor to use part of the grant to resolve the urgent need and the remainder to cover part of the debt.

### **10.6.2 Grant Changes**

Check the HAS F2 Payment Screen before making any changes to an existing grant. If the grant status is "Pending" on the F2 screen, the grant has not yet been paid out to the vendor. Take the case file to the Casework Supervisor to proceed with changing the grant. If the change is not made the same day it was entered, the client and vendor NOA's should be found and voided, if not already mailed.

If the grant status is "Paid" on the F2 screen, take the case file to the Accounting Technician prior to making any changes to the grant.

### 10.6.3 Grant Transfers

As the primary focus of the HAP is home heat, a request to transfer some of the grant balance from heat to electricity are accommodated only if the recipient has an electrical disconnect notice. In this circumstance, only the amount needed to stop the disconnect is transferred.

A recipient requesting to transfer some of his grant balance because the household has a broken furnace is referred to their weatherization provider. The caseworker follows up by calling the weatherization provider directly to describe the situation.

A recipient requesting to transfer some of his grant balance from oil to wood is advised that his case must first be re-determined as a wood grant, and what the new amount would be. If there would still be a balance available after re-determination and the recipient wants to proceed the caseworker:

- Re-determines the grant and contacts the vendor to see how much of the oil grant is left,
- requests the vendor refund the balance of the grant,
- documents in <F9> case notes all that transpired and what to do with the refund.

The vendor coordinator processes the refund when it arrives according to the instructions in <F9> case notes.

The HAP will contact the vendor to request the grant be transferred to another vendor, if the household has moved outside the vendor's service territory.

A recipient moving to another dwelling in which the heat and electricity are included in the rent will have their grant refunded and issued to them as a direct payment.

If the household moves without closing their account or leaving a forwarding address, the vendor refunds any remaining HAP credit to the state.

In cases where households have separated after the award has been issued and both adults in the household listed on the application request heating assistance separately, HAP must:

- contact the vendors to determine if there is a heating assistance credit remaining on the account. If so, the HAP caseworker instructs the vendor(s) to freeze the balance and not issue any further product to the household until they receive written instructions from the HAP.
- The HAP caseworker will then prepare letters to the original vendors, both adults involved and any new vendors instructing the original vendors to forward half of the frozen balance to the vendors designated by the member who left the household (the client will need to provide proof of an account at a new location).

#### **10.6.4 Deceased Household Member**

If a household member dies, the remaining credit balance can be used by the remaining household members.

If there are no other household members, the vendor refunds the remaining credit to the HAP. The remaining credit balance can be used by the estate to pay heating or electric service expenses incurred by the individual prior to her death.

If the applicant, who is the sole household member dies prior to the date the case is processed, the caseworker may contact the heat and electric vendors to see if there is unpaid debt. If so, the caseworker will issue the grant up to the amount needed to pay the debt. The case will be left “out of balance” if the grant exceeds the debt. The caseworker will change the last action code on the case to “X”.

When a household member dies in the month of application, the caseworker will determine whether the household will benefit better by using the signature month rather than the prior month’s income due to the change in circumstance.

#### **10.6.5 Dissolution of Household**

In cases where households have been dissolved after the award has been issued and both adults in the household listed on the application request heating assistance separately, HAP must contact the vendors to determine if there is a heating assistance credit remaining on the account. If so, the HAP caseworker should instruct the vendor(s) to freeze the balance and not issue any further product to the household until they receive written instructions from the HAP. The HAP caseworker will then prepare letters to the original vendors, both adults involved and any new vendors instructing the original vendors to forward half of the frozen balance to the vendors designated by the member who left the household (the client will need to provide proof of an account at a new location).

## 11 Hearings

An opportunity for a fair hearing must be granted to an applicant who requests a hearing within 30 days of the mailing of the notice of action. The hearing can be requested in writing or by telephone.

Applicants requesting a fair hearing should first be directed to their caseworker. **The caseworker notes the date of the initial fair hearing request in <F9> case notes.** It is important to be aware that case notes are a part of the file, which may be provided to the applicant and the fair hearing officer. All notes must be professional and without extensive abbreviations.

The caseworker reviews the information and factors used to determine eligibility and/or grant amount with the applicant and proceeds in one of the following three ways:

- The applicant agrees that the factors used to determine her case are correct and states that she has decided not to pursue the fair hearing. In this situation the caseworker documents the conversation in <F9> case notes.
- Further information provided by the applicant appears to change the earlier determination on the case. If so, the caseworker reviews the case with the Casework Supervisor prior to re-determining the case. All conversations and actions are documented in <F9> case notes.
- If the applicant continues to disagree with the action taken on her case the caseworker brings the case file to the Casework Supervisor. All conversations with the applicant and the basis/reason for the fair hearing request must be documented in <F9> notes. The Casework Supervisor will review the eligibility determination on the case again, and then forward the file to the Project Assistant.

## 12 Administrative Policies and Procedures

### 12.1 Non-Discrimination

In accordance with Title VI of the U.S. Civil Rights Act of 1964, Federal regulations and Alaska law, no individual shall, on the grounds of age, race, sex, color, religious creed, political beliefs, national origin or physical ability, be excluded from participation in the Heating Assistance Program, be denied the benefits of this program, or be otherwise subjected to discrimination under the administration of the Heating Assistance Program.

### 12.2 Confidentiality

All information about an applicant must remain confidential. Discussing a case with a co-worker in order to complete a determination is acceptable. Discussing a case with another DPA employee involving a family member or friend is not acceptable. Discussing a case with a friend/acquaintance outside of the office is not acceptable.

All written information which specifically identifies an applicant must be properly stored in the appropriate file cabinet when not in use, and properly discarded as necessary (i.e. shredded, ripped up, burned, or archived.)

Caseworkers must be conscientious about not leaving identifying applicant information exposed to office visitors.

Caseworkers must not give applicant information to the applicant's landlord, or request applicant information from a landlord, unless the applicant authorizes it or has listed the landlord as a collateral contact. Many applicants do not want their landlords to know that they have applied for heating assistance. Caseworkers should respect applicant privacy.

The following people may be given information regarding a case, upon request. Requests from people other than those listed must be referred to the Program Coordinator. Requests for information from newspaper or radio reporters must always be referred to the Program Coordinator.

Applicant - If an applicant calls to ask for information regarding their HAP case, the worker should ask the person to identify themselves by providing their Social Security number before revealing any information. The worker must ensure that the information the caller provides matches the information on the application.

Concerned Agency Representatives, Friends, Interpreters - Information may be given to third party representatives **only if** the applicant has authorized their participation and there is a justifiable reason why this person is intervening (i.e. language barrier, hearing disorder, disability, etc.).

Fee Agent and Department of Public Assistance (DPA) Employees - Caseworkers may answer questions from DPA representatives regarding specific applications.

Legislator or Legislator's Staff - Requests for case specific information in response to a constituent request may be answered by the caseworker. The Program Coordinator should be informed about the contact.

Ombudsman's Office - Requests for case specific information may be answered by the caseworker. The Program Coordinator should be informed about the contact. All other Ombudsman calls should be referred to the Program Coordinator.

Vendor - If a vendor calls to ask if one of their customers has applied for heating assistance, the answer to that question may be provided. Information regarding payment to that vendor only may be provided.

For specific confidentiality rights and responsibilities, refer to Division of Public Assistance Administrative Procedures, and Alaska State Statutes 47.05020 through 47.05.030, and Alaska Administrative Codes 7 AAC 37.010 through 7 AAC 37.130.

### ***12.3 Prudent Person Judgment (PPJ)***

The HAP policies and procedures in this manual are intended to be a guide for the processing of heating assistance applications. They are intended to be sufficiently flexible to allow caseworkers to exercise reasonable judgment in processing cases. This flexibility is provided because of the impossibility of writing procedures that would cover every conceivable circumstance a worker might encounter when determining eligibility.

The term “prudent person judgment” refers to the judgments made by an individual in a given situation. In making an eligibility decision, the caseworker should decide if the action is prudent and reasonable based on state regulation, experience and knowledge of the program. If a caseworker encounters a problem case for which they are having a hard time making a decision, they should consult the Casework Supervisor or Program Coordinator. Otherwise, it is expected that caseworkers make decisions that can be defended as reasonable and prudent, and that they clearly record the reasons for their judgments in the Heating Assistance Software (HAS) case notes <F9>.

Problems which are not readily resolved should be brought to the attention of the Casework Supervisor or Program Coordinator and discussed at staff meetings in order to clarify the policy and update the manual.

#### ***12.4 Changing Application Information***

If the caseworker uses information to process the case that differs with that on the application, the “changes” are noted in red ink with the source of the information noted (AHFC, EIS, applicant statement, ENSTAR, gas list, etc.).

#### ***12.5 Hotline (IVR) File Transfer***

The Interactive Voice Response (IVR) file for the DPA Information Hotline is generated every weekday after 4:00 p.m. The Hotline is actually updated with this information by the System Operations (SYSOPS) Unit at 6:00 p.m.

Every season caseworkers are assigned primary and back-up responsibility for generating the file. If HAP is operating with both a regular and a disaster data base (such as “FISH”), the disaster (FISH) IVR file must be run first. This allows the disaster data to be appended to the regular file and transmitted to SYSOPS as one file.

#### ***12.6 Thank You Letters and Notes***

Place a copy of all thank-you letters and notes received from HAP customers in the “Thank – You Letters” file bin.

#### ***12.7 Mysterious Correspondence***

Information occasionally arrives that cannot be connected to a case by the computer. This information will be placed in the mysterious correspondence basket. The front desk worker enters names on the document as household members to HAS case # 33350 (53350 for FISH). When a case is entered that includes one of these names, the information is added to the case file.

#### ***12.8 Collect and Toll Free Calls***

The toll free number is **1-800-470-3058**.

Collect calls are not accepted.

#### ***12.9 Processing Applications of Staff, Friends or Relatives***

Applications submitted by HAP employees must be processed by the Casework Supervisor.

Applications received from relatives or close personal friends of Division staff must be processed by the Casework Supervisor.

## ***12.10 Caseworker Procedures for Application Processing***

### **12.10.1 Preliminary Review**

1. Caseworker pulls about 10 cases from the filing cabinet. If there is a FISH HAS, these applications are distributed between the caseworkers and processed first.
2. Reviews each application and circles or highlights important information such as:
  - type of housing (compute sq ft for mobile homes)
  - number of bedrooms
  - subsidized or not
  - main heat source and who pays for it
  - who pays for electric
  - yes or no to portion to electric
3. Checks for the signature of the applicant and fee agent
4. Writes which month will be used for income
5. Writes how many are in the household
6. Notes if there are children under six
7. Writes her/his initials on page two

### **12.10.2 Preliminary HAS Review**

1. Inputs her/his initials in the case on HAS
2. Checks the addresses and spelling of names, Social Security Numbers and birthdates as entered in HAS. If the caseworker changes a name, a new file label must be printed.
3. Checks for physical address (Listing “same” to a P.O. Box or General Delivery Address is not an acceptable physical address unless the village has no street addresses.) and checks if residence community is different from the mailing address community.
4. Checks that the children-under-age-6-count is correct.

5. Enters an “F” in the office code if a fee agent assisted in filling out the application.
6. Follows up on any HAS Alerts and if the applicant comes up as a subsidized alert “SH” or “SR”, denies the application.

#### **12.10.3 EIS and DOL Review**

1. Checks EIS and DOL on each case for income information and to verify household composition.
2. Notes on the application that DOL and EIS was checked for all adults.
3. Print whatever is necessary in processing case (it is not necessary to print all screens).

#### **12.10.4 Child Support Services Division (CSSD) Review**

1. Checks Child Support Services Division database for income received by the household.
2. This review is required for single parent households not receiving income from TANF.
3. Print whatever is necessary in processing case.

#### **12.10.5 Determine Eligibility and Issue Grant**

1. Gets screen prints from printer or bin and puts them in the appropriate files.
2. Goes through the files one at a time and processes each case.
3. Enters a case note and notifies ET Supervisor if the application is incomplete and was signed by a fee agent (include a brief note about what was missing).
4. Documents in notes such items as: applicant checked none to electric, SSI amount verified on SVES, pension or retirement, SSI Disability, Social Security survivor’s benefits, rental income, house sharers, electric in someone else’s name, response to zero income inquiries, church paying utilities, etc.
5. Notes any questions about the case and sets the case aside.

#### **12.10.6 Clarification From Supervisor**

1. Gathers her/his cases with questions and brings them to the Casework Supervisor.
2. Leaves a voice or e-mail message with the Casework Supervisor if she is currently unavailable and sets the cases aside.

#### **12.10.7 Casework Follow-Up**

1. Follows up on pend responses in her/his in-basket,
2. Returns voice mail messages
3. Pulls another set of applications to begin processing.

#### ***12.11 Order of Paper Work in Case Files***

1. Fair Hearing paperwork or letters and Notice of Actions are placed in the front of the file in chronological order, with the most recent in front.
2. Heating Assistance Program application
3. Income verification, EIS screens, copies of bills, and any other supporting documentation should be placed behind the application.
4. Faxed copies of the application form if not shredded (the front page of a faxed application must be retained to preserve the application receipt date and time stamp)

### ***12.12 Case Notes***

It is important to carefully document anything unusual about a case. Use computer “case notes” <F9> to document:

- unusual situations,
- all phone contacts with the applicant,
- verification of regular unearned income which is not on EIS,
- returned NOAs,
- rent receipt or rent agreement information that verified the main source of heat or that the dwelling is not subsidized,
- communication with vendors regarding applicant accounts or refund of grant amounts,
- reasons for unusual grant distribution, and
- other communication concerning a customer’s application or grant.

Comments written in “case notes” should always be professional, objective, respectful and easy to understand. Remember that applicants have the legal right to read their files.

Initial all entries in computer case notes.

### ***12.13 Case File Maintenance***

Case files should be filed at the end of the day. Those that have been processed are put into alphabetical order in the accordion file on the front table.

If a caseworker has unprocessed files at the end of the day, they should be banded with the caseworker’s name on them and placed in front of file drawer #1, containing unprocessed applications; or placed in pending processing bins at the case workers desk as noted in <F9> case notes.

Do not leave case files on or in desks overnight except as noted above.

#### ***12.14 Returning Verification to the Applicant***

Return original supporting documents to the applicant.

Caseworkers can make copies of the verification returned and place the copies in the applicant's file or note that they saw it.

If an applicant has been denied assistance, a photocopy of all verification used to determine income totals should be kept in the case file.

After processing a case, original documents should be placed in a HAP envelope with a mailing label attached, to be sent to the applicant. The envelope is put in the front of the case file until the case is reviewed. The envelope will be removed by the person who adds the NOA to the case file.

#### ***12.15 Notices of Action Returned as Undeliverable***

When NOA's are returned as undeliverable the worker should check the address on the NOA against the address on the application. If the address needs correcting, the worker should do so and re-send the NOA.

If the address appears to be correct, the caseworker should look at other sources for an updated address. Check EIS and DOL for address information.

If a new address cannot be found and the NOA is a pend notice, the caseworker should file the NOA in the case file, make a note in computer case notes, and wait until the case comes up on their pend list. If there is no word from the applicant by that time, the case should be denied and the denial notice sent to the available address.

If the returned NOA is a grant notification and no new address can be found, the vendors should be contacted to see if the accounts are closed.

- If the accounts are closed, the balance of the grant (if any) should be refunded to the State.
- If the accounts are not closed, check with the vendor for a current address. Enter the new mailing address and request a new NOA. Indicate in case notes what was done.

### ***12.16 Calculation/Decision Trail***

Caseworkers must ensure that each application they process includes a clear calculation/decision trail. This is essential for quality control reviews, expedited service decisions and any time a worker must check the calculations and decisions that were made.

Including a calculator tape and a notation of “per EIS or DOL” on the application provides the trail to explain how income was calculated and verified.

### ***12.17 Quality Assurance***

A random sample of approved cases is reviewed daily by the Casework Supervisor prior to printing the vendor NOAs.

If errors are found, the Casework Supervisor will make the necessary changes and notify the caseworker. Errors are logged and are used to review work quality for the office. The person checking the file initials the file copy of the NOA to indicate that the case was reviewed.

### ***12.18 Tribal Organization Files***

Notification of the tribe is required when an application is approved for a household of mixed ethnic heritage from an area served jointly by the State and a Tribal Organization. The caseworker sends a copy of the front page of the application to the tribe with the words, “SERVED BY THE STATE” written on it.

When tribal LIHEAP service information is received by the HAP, the front desk worker enters the household members into the HAS ineligibles list through <F7> with the “AN” alert to signify Alaska Native. The information received from the tribes is filed into the appropriate tribal organization file kept at the reception desk.

### ***12.19 Caseworker Comments and Suggestions***

Caseworkers are encouraged to note comments, ideas and suggested changes to the application, program manual, and other HAP forms or procedures.

### ***12.20 Auto-attendant Telephone System and Voice Mail***

An auto-attendant telephone system is used to direct callers to specific information regarding HAP cases.

Heating Assistance Program employees have individual voice mail accounts.

- It is essential that caseworkers check their voice mail as they receive messages throughout the day. Workers are required to check their voice mail frequently and return messages.
- The front desk worker checks the expedite voice mail box (465-3097) regularly and returns messages, as possible. Expedite workers are not required to return all phone messages for expedited service requests. Applicants are often very difficult to contact due to message numbers, etc.
- Outgoing voice mail messages should be updated daily by HAP employees. The daily message should include the current day's date so that callers are reassured that the person they need to speak with is available that day. If a worker is not available on any given day, the voice mail message should be updated with the anticipated return date included in the message. The caller should be given the option to leave a message or press zero for immediate assistance. (Pressing zero transfers the call to the front desk at 465-3010).

### ***12.21 Assuming Another Caseworker's Cases***

When a caseworker assumes a case from another worker who has gone on seasonal leave, he or she will put their own initials in the case. The NOA will then list the name and phone number for the worker the applicant can contact for follow-up.

### **13 Heating Assistance Benefit Computation**

#### **Step 1 – Community fuel points**

The division has assigned heating cost points to each community in the state, based upon the community's annual fuel cost and climatic conditions. These points are listed in **Section 15**.

- If the household uses natural gas and another fuel type for heat, the division will use the community heating cost points for natural gas.
- If the household uses self-harvested wood or coal for heat, the division will use the community heating cost points for oil multiplied by 0.5.
- If the household uses purchased wood or coal for heat, the division will use the community heating cost points for oil multiplied by 0.8.

#### **Step 2 – Dwelling type**

The division will multiply the community heating cost points by the first one of the following factors that describes the household's dwelling. If more than one factor applies, the division will use the factor listed first:

- (0) The factor is 1.0 if the household resides 2-bedroom single family, duplex or triplex home; 3 or more bedroom unit in an apartment building of four or more attached units
- (1) the factor of 1.4 if the household resides in a mobile home with heated living space of 980 square feet or more;
- (2) the factor of 0.4 if the household resides in a travel trailer or mobile home less than 35 feet in length, or in an RV, tent or pickup camper;
- (3) the factor of 0.15 if the household resides in a one-room dwelling such as a studio apartment, hotel or boarding home;
- (4) the factor of 0.35 if the household resides on a boat;
- (5) the factor of 0.55 if the household resides in a one-bedroom dwelling, or a one-room house or cabin without bedrooms;
- (6) the factor of 1.3 if the household resides in a three-or-more-bedroom single family, duplex or triplex home;
- (7) the factor of 0.7 if the household resides in a two-bedroom unit in an apartment building of four or more attached units.

If the household resides in a single residence with one or more other households, the heating cost points are reduced to the household's proportionate share of the home heating expenses.

#### **Step 3 – Household size and income**

The division reviews and verifies each household's gross income for the month prior to application. Verification may be provided through: documentary evidence (wage stub, award letter, etc.); Division of Public Assistance and Department of Labor records; or impartial third parties such as fee agents, village council representatives, or social service agencies.

The division will assign each household the following percentage of heating cost points based upon the household's gross monthly income and family size, expressed as a percentage of the Alaska poverty level. The Alaska poverty level figures are included in Appendix A.

- 100 percent of points if the household's gross monthly income is no more than 25 percent of the Alaska poverty level;
- 90 percent of points if the household's gross monthly income is more than 25 percent but no more than 50 percent of the Alaska poverty level;
- 80 percent of points if the household's gross monthly income is more than 50 percent but no more than 75 percent of the Alaska poverty level;
- 70 percent of points if the household's gross monthly income is more than 75 percent but no more than 100 percent of the Alaska poverty level;
- 60 percent of points if the household's gross monthly income is more than 100 percent but no more than 125 percent of the Alaska poverty level;
- 50 percent of points if the household's gross monthly income is more than 125 percent of the Alaska poverty level but no more than the maximum allowable.

If the household's gross monthly income exceeds the maximum allowable poverty level the household is not eligible.

#### **Step 4 – Priority groups**

The division will add one point to the income adjusted heating cost points if the household includes one or more members 60 years of age or older, legally disabled, or under six years of age.

#### **Step 5 – Heating points of 2.0 or more**

Households must have heating cost points of 2.0 or more to be eligible for heating assistance.

#### **Step 6 – Round points**

The division will round the final total heating cost points to the nearest whole number. The total heating cost points may not exceed 35 points.

#### **Step 7 – Multiply by the benefit rate to determine household benefit**

The division will multiply by the benefit rate to determine the amount of the household's heating assistance.

The amount of heating assistance may be reduced by the amount of the unpaid balance that the household owes the division for previously awarded heating assistance to which the household was not entitled. The division will use this method of recoupment of overpayments only if the household has not responded to the division's request for repayment or the household defaults on its repayment agreement.

The following examples illustrate how a household's heating assistance benefit is determined using an \$85 benefit rate.

Example 1			<b>Benefit calculation:</b>
Step 1.	Community, Fuel	Anchorage, N Gas	5 points
Step 2.	Dwelling	3 bedroom house	5 points x 1.3 = 6.5 points
Step 3.	Household Size, Income	4, \$2,150	101-125% of poverty = 60% 6.5 points x 0.6 = 3.9 points
Step 4.	Household includes elderly, disabled or child under age 6	No	N/A
Step 5.	Heating points of 2.0 or more	Yes	3.9 points
Step 6.	Round points		Rounded = 4 points
Step 7.	Multiply by benefit rate		4 points x \$85 = <b>\$340</b>
Example 2			<b>Benefit calculation:</b>
Step 1.	Community, Fuel	Fairbanks, Oil	10 points
Step 2.	Dwelling	2 bedrm, 4+unit bldg	10 points x 0.7 = 7 points
Step 3.	Household Size, Income	2, \$ 1,650	126-140% of poverty = 50% 7 points x 0.5 = 3.5 points
Step 4.	Household includes elderly, disabled or child under age 6	Yes	3.5 points + 1 = 4.5 points
Step 5.	Heating points of 2.0 or more	Yes	4.5 points
Step 6.	Round points		Rounded = 5 points
Step 7.	Multiply by benefit rate		5 points x \$85 = <b>\$425</b>
Example 3			<b>Benefit calculation:</b>
Step 1.	Community, Fuel	Savoonga, Oil	27 points
Step 2.	Dwelling	2 bedroom house	No adjustment
Step 3.	Household Size, Income	5, \$1,680	76-100% of poverty = 70% 27 points x 0.7 = 18.9 points
Step 4.	Household includes elderly, disabled or child under age 6	Yes	18.9 points + 1 = 19.9 points
Step 5.	Heating points of 2.0 or more	Yes	19.9 points
Step 6.	Round points		Rounded = 20 points
Step 7.	Multiply by benefit rate		20 points x \$85 = <b>\$1,700</b>
Example 4			<b>Benefit calculation:</b>
Step 1.	Community, Fuel	Anchorage, N Gas	5 points
Step 2.	Dwelling	Studio apartment	5 points x 0.15 = 0.75 points
Step 3.	Household Size, Income	1, \$1,250	126-140% of poverty = 50% .75 points x 0.5 = 0.375 points
Step 4.	Household includes elderly, disabled or child under age 6	No	N/A
Step 5.	Heating points of 2.0 or more	No	0.375 points
Step 6.	Round points		N/A
Step 7.	Multiply by benefit rate		Ineligible

## **14 Service Providers**

### **14.1 Tribal LIHEAP**

	Phone	Fax
Karen Gonne' Harrell/Eugene Bourdukofsky Aleutian/Pribilof Islands Assoc. (A/PIA) 1131 W International Airport Blvd Anchorage, AK 99503	222-4231- Karen 222-4225-Eugene	279-4351
Pat Samson Assoc. of Village Council Presidents (AVCP) P.O. Box 219 Bethel, AK 99559	543-7471	543-7479
Rae Belle Whitcomb Bristol Bay Native Association (BBNA) P.O. Box 310 Dillingham, AK 99576	842-2262	842-3498
Roberta Turner Kenaitze Indian Tribe I.R.A. (KIT) P.O. Box 988 Kenai, AK 99611	283-3633	283-3052
Carolyn Smith Kodiak Area Native Association (KANA) 3449 Rezanof Drive E Kodiak, AK 99615	486-9800	486-9898
Patricia Murphy Kuskokwim Native Association (KNA) P.O. Box 127 Aniak, AK 99557	675-4456	675-4387
Samantha Michaels Orutsaramuit Native Council (ONC) P.O. Box 927 Bethel, AK 99559	543-2608	543-2639
Crystal Collier Seldovia Village Tribe (SVT) P.O. Drawer L Seldovia, AK 99663	234-7898	234-7865

Don Shircel Tanana Chiefs Conference (TCC) 122 First Avenue Fairbanks, AK 99701-4897	452-8251	459-3883
Louise Kadinger Tlingit & Haida Regional Housing Authority (THRHA) P.O. Box 32237 Juneau, AK 99803-2237	780-6868	1-866-681-2590
Shelley Bremner Yakutat Tlingit Tribe (YTT) P.O. Box 418 Yakutat, AK 99689	784-3070	784-3595

## 14.2 Housing Authority Contact Phone Information

Alaska Housing Finance Corporation (AHFC)	Anchorage Fairbanks Juneau	330-6100 1-800-478-2432 456-4290 586-3750
Association of Alaska Housing Authorities	Tony	338-3970
Aleutian Housing Authority	Wanda Watson	563-2146 1-800-478-5614
Association of Village Council Presidents (AVCP) Regional Housing Authority	Tom Hildreth	543-3121
Baranof Island Housing Authority	Marcie Hattan	747-5088
Bering Straits Regional Housing Authority	Shirley Bell	443-5256 1-800-478-5255
Bristol Bay Housing Authority	Anna Maria Ennis	842-5956
Cook Inlet Housing Authority-Subsidized Rentals Mutual Help	Mary Chouinard Diana Catalano	338-2211 276-8822
Copper River Basin Regional Housing Authority	Elaine Sam	822-3633 1-800-478-3633
Interior Regional Housing Authority	Dene Sommer	452-8315
Kodiak Island Housing Authority	Rhea Eisenhauer rheae@kiha.org	486-8111
North Pacific Rim Housing Authority	Brenda Christoffersen	562-1444 1-888-274-1444
Northwest Inupiat Housing Authority	Miranda Thomas or Rodney Snyder	442-3450 ext 4
Tagiugmiullu Nunamiullu Housing Authority (TNHA)	Kirk Brown	852-0290
Tlingit Haida Housing	Robert Cesar	780-6868

More information is available at: <http://www.alaska.net/~aaha/index.htm> and <http://www.ahfc.state.ak.us>

## 15 Community List

"\*" Indicates the tribe serves Alaska Native/American Indians only

"0" Indicates the tribe serves all residents

All remaining communities served by the state of Alaska

Zip Code	Community Name	Served By	Points
			Oil / N Gas
99502	Adak (Station)	/	06/00/
99615	Akhiok	*/KANA	08/00/
99551	Akiachak	0/AVCP	21/00/
99552	Akiak	0/AVCP	21/00/
99553	Akutan	*/APIA	11/00/
99554	Alakanuk	0/AVCP	21/00/
99790	Alatna	0/TCC	27/00/
99555	Aleknagik	0/BBNA	13/00/
99695	Alexander Creek	/	07/00/
99720	Allakaket	0/TCC	27/00/
99786	Ambler	/	35/00/
99721	Anaktuvuk Pass	/	16/00/
99556	Anchor Point	/	06/00/
99501	Anchorage	/	08/05/
99744	Anderson	*/TCC	11/00/
99820	Angoon	*/THRHA	08/00/
99557	Aniak	0/KNA	21/00/
99920	Annette	/	06/00/
99558	Anvik	0/TCC	19/00/
99722	Arctic Village	0/TCC	32/00/
99547	Atka	*/APIA	06/00/
99559	Atmautluak	0/AVCP	19/00/
99791	Atkasuk	/	24/00/
99821	Auke Bay	*/THRHA	05/00/
99723	Barrow	/	21/06/
99724	Beaver	0/TCC	24/00/
99695	Beluga	/	07/00/
99559	Bethel	0/ONC	16/00/
99790	Bettles	0/TCC	29/00/
99652	Big Lake	/	07/05/
99790	Birch Creek	0/TCC	27/00/
99790	Boundary	0/TCC	
99785	Brevig Mission	/	23/00/
99727	Buckland	/	33/00/
99729	Cantwell	/	11/00/
99790	Canyon Village	0/TCC	

99730	Central	0/TCC	23/00/
99788	Chalkyitsik	0/TCC	28/00/
99790	Chandalar	0/TCC	
99695	Chaniliut	0/AVCP	
99695	Chase	/	08/00/
99561	Chefornak	0/AVCP	20/00/
99790	Chena Hot Springs	/	11/00/
99574	Chenega Bay	/	08/00/
99563	Chevak	0/AVCP	25/00/
99674	Chickaloon	/	08/00/
99732	Chicken	0/TCC	19/00/
99564	Chignik	0/BBNA	09/00/
99565	Chignik Lagoon	0/BBNA	09/00/
99548	Chignik Lake	0/BBNA	09/00/
99615	Chiniak	/	06/00/
99586	Chistochina	/	12/00/
99566	Chitina	/	11/00/
99579	Chuathbaluk	0/KNA	21/00/
99567	Chugiak	/	07/05/
99733	Circle	0/TCC	23/00/
99734	Circle Hot Springs	0/TCC	23/00/
99568	Clam Gulch	/	07/00/
99569	Clarks Point	0/BBNA	16/00/
99704	Clear	*/TCC	11/00/
99950	Coffman Cove	/	06/00/
99571	Cold Bay	/	11/00/
99701	Coldfoot	/	19/00/
99708	College	/	10/00/
99572	Cooper Landing	/	09/06/
99573	Copper Center	/	11/00/
99574	Cordova	/	07/00/
99921	Craig	0/THRHA	05/00/
99575	Crooked Creek	0/KNA	26/00/
99736	Deering	/	31/00/
99737	Delta Junction	*/TCC	11/00/
99755	Denali Park	/	10/00/
99576	Dillingham	0/BBNA	11/00/
99762	Diomedes	/	27/00/
99737	Dot Lake	0/TCC	12/00/
99824	Douglas	*/THRHA	05/00/
99685	Dutch Harbor	*/APIA	06/00/
99738	Eagle	0/TCC	19/00/
99577	Eagle River	/	08/05/

99950	Edna Bay	/	11/00/
99578	Eek	0/AVCP	22/00/
99579	Egegik	0/BBNA	15/00/
99702	Eielson AFB	0/AFB	11/00/
99695	Eklutna	/	08/05/
99695	Ekuk	0/BBNA	16/00/
99580	Ekwok	0/BBNA	14/00/
99825	Elfin Cove	/	06/00/
99739	Elim	/	26/00/
99506	Elmendorf AFB	0/USA	08/05/
99581	Emmonak	0/AVCP	24/00/
99603	English Bay	/	19/00/
99725	Ester	/	11/00/
99726	Evansville	0/TCC	29/00/
99850	Excursion Inlet	/	07/00/
99701	Fairbanks	/	10/05/
99583	False Pass	*/APIA	11/00/
99695	Farewell	0/TCC	
99584	Flat	0/TCC	
99790	Fort Greely	0/USA	11/00/
99703	Fort Wainwright	/	10/00/
99740	Fort Yukon	0/TCC	23/00/
99585	Fortuna Ledge	0/AVCP	
99790	Fox	/	11/00/
99603	Fritz Creek	/	07/00/
99850	Funter Bay	/	07/00/
99586	Gakona	/	11/00/
99741	Galena	0/TCC	20/00/
99742	Gambell	/	27/00/
99742	Georgetown	0/KNA	26/00/
99587	Girdwood	/	08/05/
99588	Glennallen	/	11/00/
99762	Golovin	/	26/00/
99589	Goodnews Bay	0/AVCP	20/00/
99590	Grayling	0/TCC	22/00/
99586	Gulkana	/	11/00/
99826	Gustavus	/	06/00/
99827	Haines	*/THRHA /	06/00/
99603	Halibut Cove	/	07/00/
99790	Hamilton	0/AVCP	24/00/
99743	Healy	*/TCC	10/00/
99743	Healy Lake	*/TCC	13/00/
99950	Hollis	/	05/00/

99602	Holy Cross	0/TCC	21/00/
99603	Homer	/	07/00/
99829	Hoonah	0/THRHA	07/00/
99604	Hooper Bay	0/AVCP	25/00/
99605	Hope	/	07/00/
99694	Houston	/	07/05/
99745	Hughes	0/TCC	33/00/
99746	Huslia	0/TCC	30/00/
99922	Hydaburg	0/THRHA	05/00/
99923	Hyder	/	04/00/
99665	Iditarod	0/TCC	
99613	Igiugig	0/BBNA	12/00/
99606	Iliamna	0/BBNA	19/00/
99540	Indian	/	08/05/
99502	Ivanof Bay	/	12/00/
99801	Juneau	*/THRHA	05/00/
99830	Kake	0/THRHA	06/00/
99747	Kaktovik	/	24/00/
99626	Kalskag (lower)	0/KNA	23/00/
99607	Kalskag (upper)	0/KNA	23/00/
99748	Kaltag	0/TCC	22/00/
99608	Karluk	/	10/00/
99924	Kasaan	0/THRHA	05/00/
99609	Kasigluk	0/AVCP	19/00/
99610	Kasilof	/	07/00/
99611	Kenai	*/KIT	08/06/
99588	Kennicott	/	11/00/
99612	Kenny Lake (Tonsina)	/	11/00/
99901	Ketchikan	*/THRHA	04/00/
99749	Kiana	/	26/00/
99612	King Cove	*/APIA	11/00/
99613	King Salmon	0/BBNA	13/00/
99614	Kipnuk	0/AVCP	20/00/
99750	Kivalina	/	28/00/
99925	Klawock	0/THRHA	05/00/
99827	Klukwan	0/THRHA	08/00/
99695	Knik	/	07/05/
99751	Kobuk	/	35/00/
99615	Kodiak	*/KANA	06/00/
99606	Kokhanok	0/BBNA	19/00/
99790	Kokrines	0/TCC	
99576	Koliganek	0/BBNA	16/00/
99559	Kongiganak	0/AVCP	22/00/

99620	Kotlik	0/AVCP	24/00/
99752	Kotzebue	/	21/00/
99753	Koyuk	/	25/00/
99754	Koyukuk	0/TCC	20/00/
99621	Kwethluk	0/AVCP	20/00/
99622	Kwigillingok	0/AVCP	22/00/
99757	Lake Minchumina	0/TCC	27/00/
99624	Larsen Bay	*/KANA	07/00/
99625	Levelock	0/BBNA	12/00/
99668	Lime Village	0/AVCP	26/00/
99712	Livengood	/	14/00/
99950	Loring	*/THRHA	05/00/
99756	Manley Hot Springs	0/TCC	13/00/
99628	Manokotak	0/BBNA	16/00/
99695	Marshall	0/AVCP	25/00/
99588	McCarthy	/	11/00/
99627	McGrath	0/TCC	22/00/
99755	Mckinley Park	/	10/00/
99629	Medfra	0/TCC	
99630	Mekoryuk	0/AVCP	21/00/
99780	Mentasta Lake	/	12/00/
99926	Metlakatla	0/THRHA	06/00/
99757	Miller House	0/TCC	
99758	Minto	0/TCC	16/00/
99705	Moose Creek	/	11/00/
99631	Moose Pass	/	06/00/
99835	Mount Edgecumbe	*/THRHA	06/00/
99632	Mountain Village	0/AVCP	25/00/
99903	Myers Chuck	/	05/00/
99633	Naknek	0/BBNA	13/00/
99603	Nanwalek	/	08/00/
99634	Napakiak	0/AVCP	11/00/
99559	Napaskiak	0/AVCP	20/00/
99950	Naukati	/	06/00/
99571	Nelson Lagoon	*/APIA	08/00/
99760	Nenana	0/TCC	11/00/
99636	New Stuyahok	0/BBNA	16/00/
99606	Newhalen	0/BBNA	19/00/
99559	Newtok	0/AVCP	25/00/
99690	Nightmute	0/AVCP	21/00/
99635	Nikiski	*/KIT	07/06/
99556	Nikolaevsk	/	06/00/
99691	Nikolai	0/TCC	27/00/

99638	Nikolski	*/APIA	06/00/
99639	Ninilchik	/	08/00/
99761	Noatak	/	32/00/
99762	Nome	/	17/00/
99640	Nondalton	0/BBNA	19/00/
99763	Noorvik	/	26/00/
99705	North Pole	/	11/00/
99764	Northway	0/TCC	12/00/
99789	Nuiqsut	/	20/00/
99765	Nulato	0/TCC	24/00/
99666	Nunam Iqua (Sheldon Pt)	0/AVCP	24/00/
99641	Nunapitchuk	0/AVCP	19/00/
99695	Ohogamiute	0/AVCP	25/00/
99643	Old Harbor	*/KANA	07/00/
99695	Oscarville	0/AVCP	20/00/
99644	Ouzinkie	/	06/00/
99645	Palmer	/	07/05/
99737	Paxson	/	12/00/
99647	Pedro Bay	/	19/00/
99832	Pelican	*/THRHA	07/00/
99648	Perryville	/	09/00/
99567	Peters Creek	/	08/05/
99833	Petersburg	*/THRHA	05/00/
99649	Pilot Point	0/BBNA	12/00/
99650	Pilot Station	0/AVCP	25/00/
99649	Pitka's Point	0/AVCP	25/00/
99651	Platinum	0/AVCP	20/00/
99712	Pleasant Valley	/	11/00/
99927	Point Baker	/	11/00/
99766	Point Hope	/	23/00/
99790	Point Lay	/	18/00/
99836	Port Alexander	/	11/00/
99653	Port Alsworth	/	19/00/
99603	Port Graham	/	08/00/
99549	Port Heiden	0/BBNA	12/00/
99550	Port Lions	*/KANA	08/00/
99950	Port Protection	/	11/00/
99695	Portage	/	08/05/
99576	Portage Creek	0/BBNA	14/00/
99655	Quinhagak	0/AVCP	20/00/
99767	Rampart	0/TCC	20/00/
99656	Red Devil	0/KNA	26/00/
99505	Richardson (Fort)	0/USA	08/05/

99768	Ruby	0/TCC	19/00/
99657	Russian Mission	0/KNA	25/00/
99660	Saint George	*/APIA	11/00/
99658	Saint Marys	0/AVCP	25/00/
99659	Saint Michael	/	23/00/
99660	Saint Paul	*/APIA	11/00/
99714	Salcha	/	11/00/
99661	Sand Point	*/APIA	08/00/
99769	Savoonga	/	27/00/
99950	Saxman	0/THRHA	04/00/
99662	Scammon Bay	0/AVCP	22/00/
99770	Selawik	/	29/00/
99663	Seldovia	*/SVT	09/00/
99664	Seward	/	06/00/
99665	Shageluk	0/TCC	24/00/
99771	Shaktoolik	/	21/00/
99666	Sheldon Point-Nunam Iqua	0/AVCP	24/00/
99772	Shishmaref	/	29/00/
99773	Shungnak	/	35/00/
99835	Sitka	*/THRHA	06/00/
99840	Skagway	*/THRHA	08/00/
99667	Skwentna	/	11/00/
99586	Slana	/	12/00/
99668	Sleetmute	0/KNA	26/00/
99669	Soldotna	*/KIT	09/06/
99790	Solomon	/	26/00/
99670	South Naknek	0/BBNA	13/00/
99671	Stebbins	/	21/00/
99672	Sterling	*/KIT	09/06/
99774	Stevens Village	0/TCC	23/00/
99673	Stony River	0/KNA	26/00/
99695	Susitna	*/TCC	10/00/
99674	Sutton	/	07/05/
99675	Takotna	0/TCC	20/00/
99676	Talkeetna	/	08/00/
99776	Tanacross	0/TCC	12/00/
99777	Tanana	0/TCC	20/00/
99677	Tatitlek	/	11/00/
99627	Telida	0/TCC	27/00/
99778	Teller	/	23/00/
99841	Tenakee	*/THRHA	07/00/
99779	Tetlin	0/TCC	16/00/
99919	Thorne Bay	/	05/00/

99678	Togiak	0/BBNA	17/00/
99780	Tok	*/TCC	12/00/
99637	Toksook Bay	0/AVCP	21/00/
99695	Tonsina	/	11/00/
99683	Trapper Creek	/	08/00/
99679	Tuluksak	0/AVCP	21/00/
99680	Tuntutuliak	0/AVCP	20/00/
99681	Tununak	0/AVCP	20/00/
99678	Twin Hills	0/BBNA	17/00/
99716	Two Rivers	/	11/00/
99682	Tyonek	/	07/00/
99683	Ugashik	/	12/00/
99684	Unalakleet	/	21/00/
99685	Unalaska	*/APIA	06/00/
99787	Usibelli	*/TCC	10/00/
99686	Valdez	/	08/00/
99781	Venetie	0/TCC	23/00/
99782	Wainwright	/	21/00/
99783	Wales	/	27/00/
99928	Ward Cove	/	04/00/
99687	Wasilla	/	07/05/
99950	Whale Pass	/	06/00/
99784	White Mountain	/	26/00/
99693	Whittier	/	08/05/
99688	Willow	/	07/00/
99790	Wiseman	/	19/00/
99929	Wrangell	*/THRHA	05/00/
99689	Yakutat	0 /YTT	06/00/

## **16 Caseworker Tools and Resources**

### ***16.1 Fee Agent Manual***

The Fee Agent Manual is located at:

H:\users\hap\shared\wp\forms\feeagent\Fee Agent Manual.doc

### ***16.2 General Relief Assistance***

Alaska's General Relief Assistance (GRA) program is an emergency assistance program designed to meet immediate basic needs of Alaskans experiencing extreme financial crisis. It provides limited assistance on behalf of eligible applicants to meet emergency subsistence needs for shelter, utilities, food, and clothing. It also provides funds for funeral and burial expenses of deceased persons. To qualify for assistance, applicants need to show they have an emergency need, such as an eviction notice from their landlord or a cutoff notice from the electric company. Payments are always provided to the vendor, never to the applicant. The program is primarily used for burials and to prevent evictions. Only a very small portion is used for utilities.

State law limits GRA payments paid on behalf of eligible applicants to a maximum of \$120 per person. For example, if there are three persons in the applicant's household, assistance may be provided to meet the emergency need up to a maximum of \$360.

The GR program is 100% state-funded. The program is designed to be used as a last resort for financially eligible individuals and families who have exhausted all other possible resources. It is the responsibility of each DPA case manager to insure that all possible resources and alternative forms of assistance have been explored prior to approving applications for GRA.

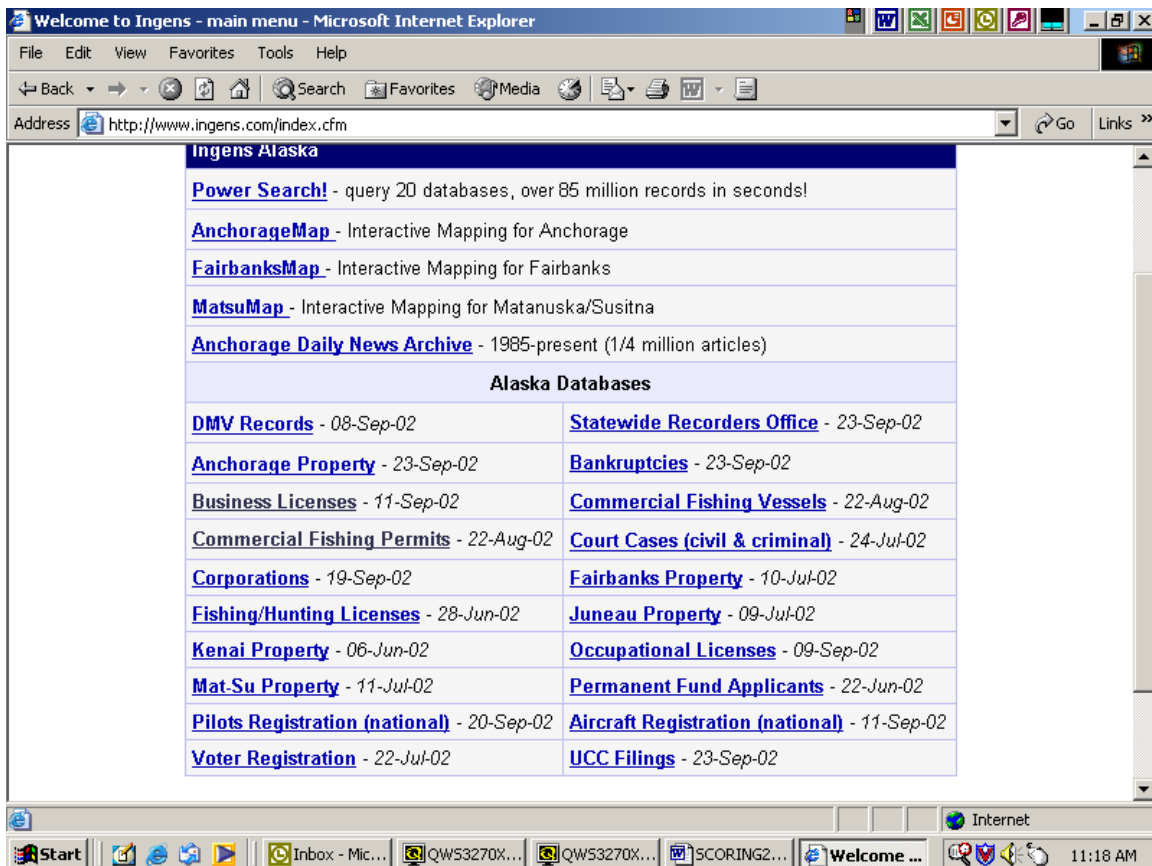
### ***16.3 Ingens***

Ingens use is ONLY for State business. There is no allowed personal use of Ingens. Access is limited to employees of the Division of Public Assistance for research directly related to the administration of DPA State Business. Caseworkers are to access Ingens when needed, and then immediately exit the site. Do not leave an Ingens window open or minimized when not in use

Ingens is used to find information on individuals with business licenses, commercial fishing permits or vessels, or property. This research is done when there is no income listed by the applicant, with no explanation and a pattern of little or no income recorded

over several years. Research is also done if the applicant lists self-employment as their only income or if income is missing and applicant lives in a fishing community.





## 16.4 Interpreter Providers

Effective immediately (September 2004) Optimal Telephone Interpreters will be the new service provider to assist staff with interpreter services. Staff can contact Optimal Telephone Interpreters by calling **1-877-746-4674**. Staff will need to know the language they need assistance with and provide their first name for billing purposes. If you need further assistance, please contact Terri Gagne in Field Services.

## 16.5 Lifeline and Linkup Programs

The Lifeline and Linkup programs offer discounts to qualified telephone customers for both basic monthly residential telephone service and telephone service installation. The Telecommunications Act of 1996 provides federal funding to ensure that quality telephone services are available to all consumers at affordable rates. A portion of each consumer's bill goes to this fund and telephone providers are required to use the funds to extend affordable access to phone services through the Lifeline and Linkup programs.

Lifeline provides reductions in participants' monthly, local residential phone charges. The reductions can amount to as much as \$20 per month for monthly use. Depending on the provider, Linkup services can reduce the cost of installing phone service by up to \$70.

Telephone companies providing Lifeline may not disconnect qualifying low-income consumers' local service for non-payment of toll charges. In addition, toll blocking is available to Lifeline customers free of charge. Toll blocking allows customers to block incoming and outgoing long distance calls.

The HAP prints the following text on all Notices to applicants determined eligible for heating assistance:

“Your household income qualifies you for a reduced rate for local telephone service. If you are interested in a discount on your telephone bills, bring this notice to your phone company and ask about Linkup and Lifeline telephone service.”

More information on Lifeline and Linkup is available at:

<http://www.ausac.org/lifeline%20brochure.pdf>

## ***16.6 Regulatory Commission of Alaska***

Caseworkers may refer any applicant that would like some help or intervention with their heat or electric utility (regardless of the weather), to the Regulatory Commission of Alaska, Consumer Protection and Information Section, at: **272-6222 in Anchorage** or toll free at **1-800-390-2782**.

When working with someone that is being disconnected in cold weather, or being threatened with being disconnected, invite him or her to call the RCA if they would like RCA intervention. The Commission wants to be aware that this is happening and how often.

Consider “cold weather” to be anything below zero up north, and probably anything below freezing in Southeast.

## ***16.7 Vendor Manual***

The Vendor Manual is located at:

H:\users\hap\shared\wp\forms\vendor\Vendor Manual.doc

## ***16.8 Veterans Benefits***

The local Veteran's Administration office contact person, Clifford Dean, at 586-7472, can verify VA benefits for applicants statewide from his Juneau office.

All VA benefits are gross. This is in contrast to military retirement, which is subject to deductions (i.e. child support, IRS etc.).

## 16.9 The Work Number®

The Work Number is a means of obtaining income information from over 600 companies including Wal-Mart, K-Mart, and Fred Meyer.

Go to [www.theworknumber.com](http://www.theworknumber.com) and Click on Social Services (bottom, left center of screen)



The screenshot shows the homepage of The Work Number. At the top, there is a navigation bar with links: HOME, PRIVACY POLICY, and TERMS & CONDITIONS. Below this is a main banner area with a large image of a family and text stating: "The Work Number is America's leader in automated employment and income verifications." It also mentions being selected by more than 1,000 employers. To the right of the banner, there are two boxes: "New Employers: Associated Bank" and "Growing Strong! Now 80 million records available." Below the banner, there are four columns with headings: "verifiers", "social services", "employees", and "employers". Each column contains a brief description of the service and an "ENTER" button.

Enter: Your Fax Number, click on GO



The screenshot shows the "social services" page of The Work Number. The page has a sidebar on the left with links: About Social Services, Changes to Your Account, Participating Employers, Security, Why The Work Number, Contact Us, Site Search, and Social Services Home. The main content area features a large image of a family and text: "For human service workers involved with TANF, food stamps, housing & Title IV-D: Find out how to verify employment and income". Below this, there is a "Login" section with a "Fax Number" field (containing 9074653319) and a "GO" button. There is also a "Remember Me" checkbox and a note about the system recognizing over 22,450 public sector fax numbers. To the right of the login section, there is a "New Users!" box with a "REGISTER NOW" button. At the bottom, there is a "California, Read This!" section with a link to a memo to all California County Welfare Directors and CalWorks Specialists. The footer contains links for Terms & Conditions, Privacy Policy, and Contact Us, along with a copyright notice for 2003 TALX Corporation.

Select: Employer Code (select from the drop-down menu)  
Enter: Employee Social Security Number  
Enter: Caseworker's Name

The screenshot shows the 'THE WORK NUMBER' website interface. At the top, there is a navigation bar with links: HOME, EMPLOYEES, VERIFIERS, SOCIAL SERVICES, EMPLOYERS, TALX CORP, and HELP. The date 10/10/2003 is displayed. On the left, a sidebar menu lists: About Social Services, Changes to Your Account, Services, Participating Employers, Security, Why The Work Number, Contact Us, Site Search, and Social Services Home. The main content area is titled 'Request a Social Services Verification To Be Faxed'. It contains three input fields: 'Company Code' with a 'Find your company code' link, 'Social Security Number', and 'Fax Attention' with a '(Your Name)' label and a 'Remember Me' checkbox. A 'Submit Request' button is at the bottom. On the right, a 'Top Questions' section lists: 'How quickly will I receive the verification?', 'What will the verification look like?', and 'Where does The Work Numbers data come from?', with a 'Log Out' link below.

Verification will be faxed within 5 business days.

The following page is an example of the information provided by The Work Number®

**THE WORK NUMBER®**

---

The following information was provided by the employer to The Work Number to act as their official agent for issuing employment verifications. Information not provided by the employer is left blank. Any inconsistency between the most recent start date and the total time with the company is due to prior work period. For any questions about the service, call **1-800-9-WORK-NO (800-996-7566)**.

The following information is provided in response to  
your request for an employment verification on:  
5/15/03

Information was current as of:	5/10/03
Employer:	Enterprise USA
Employee:	RANDY W DOE
Social Security Number:	111-00-3341
Address:	1545 ORANGEDALE LANE SOUTH HAMPTON , NY 63211
Employment Status:	Active
Most Recent Start Date:	2/01/01
Total Time with Employer:	2 years 3 months
Current Position:	CUSTOMER RELATIONS
Rate of Pay:	\$7.10 hourly

Average Hours per Pay Period:	80
-------------------------------	----

	<u>Current YTD</u>	<u>Last Year</u>	<u>Two Years Past</u>
Total Pay:	4100.20	14769.77	13756.45

<u>Pay Period Date</u>	<u>Pay Date</u>	<u>Hours Worked</u>	<u>Gross Earnings</u>
05/04/2003	05/10/2003	74.00	525.40
04/20/2003	04/26/2003	74.00	525.40
04/06/2003	04/12/2003	20.50	145.50
03/23/2003	03/29/2003	80.00	568.00
03/09/2003	03/15/2003	80.00	568.00
01/26/2003	02/01/2003	80.00	568.00
01/12/2003	01/18/2003	80.00	568.00

MEDICAL COVERAGE:	Y	Enterprise Medical
DENTAL COVERAGE:	Y	Enterprise Dental

Reference Number for this verification: 10639911

\* Gross Earnings include Gross Base Wages, Bonuses, Commissions, Overtime, Reported Tips and any other form of reported compensation.

*The Work Number database is always growing.*

Sample Social Services

To receive a free up-to-date list of companies on The Work Number,  
call our Client Service Center at 1-800-996-7566.  
Or visit our web site at [www.theworknumber.com](http://www.theworknumber.com)

## 16.10 Postal Pay Dates

### 2009 Pay Dates and Leave Year

The following chart lists the pay periods for 2009. For the convenience of timekeepers, each biweekly pay period appears as two separate weeks, with the beginning and ending dates indicated for each week.

The leave year always begins the first day of the first full pay period in the calendar year. The 2009 leave year begins Pay Period 2, January 3, 2009, and extends for 26 full pay periods, ending January 2, 2010 (Pay Period 01-10). *source: Postal Bulletin*

### 2009 Pay Period Inclusive Dates

Pay Period	Week One	Week Two	Pay Date	Holidays
01	12-20 to 12-26	12-27 to 01-02	01-09	12-25, 01-01
02	01-03 to 01-09	01-10 to 01-16	01-23	
03	01-17 to 01-23	01-24 to 01-30	02-06	01-19
04	01-31 to 02-06	02-07 to 02-13	02-20	
05	02-14 to 02-20	02-21 to 02-27	03-06	02-16
06	02-28 to 03-06	03-07 to 03-13	03-20	
07	03-14 to 03-20	03-21 to 03-27	04-03	
08	03-28 to 04-03	04-04 to 04-10	04-17	
09	04-11 to 04-17	04-18 to 04-24	05-01	
10	04-25 to 05-01	05-02 to 05-08	05-15	
11	05-09 to 05-15	05-16 to 05-22	05-29	
12	05-23 to 05-29	05-30 to 06-05	06-12	05-25
13	06-06 to 06-12	06-13 to 06-19	06-26	
14	06-20 to 06-26	06-27 to 07-03	07-10	07-04
15	07-04 to 07-10	07-11 to 07-17	07-24	
16	07-18 to 07-24	07-25 to 07-31	08-07	
17	08-01 to 08-07	08-08 to 08-14	08-21	
18	08-15 to 08-21	08-22 to 08-28	09-04	
19	08-29 to 09-04	09-05 to 09-11	09-18	09-07
20	09-12 to 09-18	09-19 to 09-25	10-02	
21	09-26 to 10-02	10-03 to 10-09	10-16	
22	10-10 to 10-16	10-17 to 10-23	10-30	10-12
23	10-24 to 10-30	10-31 to 11-06	11-13	
24	11-07 to 11-13	11-14 to 11-20	11-27	11-11

<b>25</b>	<b>11-21 to 11-27</b>	<b>11-28 to 12-04</b>	<b>12-11</b>	<b>11-26</b>
<b>26</b>	<b>12-05 to 12-11</b>	<b>12-12 to 12-18</b>	<b>12-24</b>	

### **2010 Pay Periods Begin**

<b>Pay Period</b>	<b>Week One</b>	<b>Week Two</b>	<b>Pay Date</b>	<b>Holidays</b>
<b>01</b>	<b>12-19 to 12-25</b>	<b>12-26 to 01-01</b>	<b>01-08</b>	<b>12-25, 01-01</b>
<b>02</b>	<b>01-02 to 01-08</b>	<b>01-09 to 01-15</b>	<b>01-22</b>	

### 16.11 Worker's Compensation Report

**EMPLOYEE:**

**This report is for your information. Keep it for your records. Read important information about your rights on back.**

Alaska Department of Labor and Workforce Development  
Alaska Workers' Compensation Board  
P.O. Box 25512, Juneau, Alaska 99802-5512

## COMPENSATION REPORT

(FOR INJURY DATES JULY 1, 1988 & AFTER)

AWCB Case Number Only

1 Employee's Last Name		First Name		Initial		2 Insurer's Claim Number		3 Injury Date	
4 Address				5a <input type="checkbox"/> Single <input type="checkbox"/> Married		5b No. of Dependents		6 Social Security Number	
City		State		Zip		(AWCB use only)		7 Birthdate	
8 Employer				9 Insurer/Adjusting Company					
10 Address				11 Address					
City		State		Zip		Telephone			

**12 COMPENSATION RATE—COMPLETE FOR INITIAL PAYMENT OR RATE CHANGE**

Employee's wages were calculated \_\_\_\_\_ Documents received \_\_\_\_\_

☐ a Weekly = \$ \_\_\_\_\_ gross weekly earnings at time of injury (attach wage documents).

☐ b Monthly = \$ \_\_\_\_\_ x 12/52 = \$ \_\_\_\_\_ gross weekly earnings (attach wage documents).

☐ c Yearly = earnings \$ \_\_\_\_\_ - 52 = \$ \_\_\_\_\_ gross weekly earnings (attach wage documents).

☐ d Day, hour, or output = most favorable 13 consecutive calendar weeks within the 52 calendar weeks immediately before the injury  
\$ \_\_\_\_\_ - 13 = \$ \_\_\_\_\_ gross weekly earnings (attach wage documents).

☐ e Worked less than 13 calendar weeks immediately before injury = \$ \_\_\_\_\_ earnings - 13 = \$ \_\_\_\_\_ gross weekly earnings (attach wage documents).

☐ f Wages not fixed at time of injury; explain how earnings determined \_\_\_\_\_

☐ g Seasonal/Temporary ☐ After 7/1/00 earnings for 12 months immediately preceding date of injury \$ \_\_\_\_\_ ÷ 50 = gross weekly earnings;  
Seasonal/Temporary ☐ Before 7/1/00 earnings for calendar year preceding date of injury \$ \_\_\_\_\_ ÷ 50 = gross weekly earnings.

☐ h 2 employers or more, use applicable methods above \_\_\_\_\_

☐ i Minor, apprentice, or trainee \_\_\_\_\_

☐ j Volunteer policeman, etc. \_\_\_\_\_

☐ k Offset: Social Security (#35) or 155(i) (#40) \_\_\_\_\_

☐ l Paid \$10 minimum, explain \_\_\_\_\_ use this as weekly rate

☐ m 13 Date of injury before 9/4/95—2 year gross earnings = \$ \_\_\_\_\_

☐ n 14 Room, board or pension \_\_\_\_\_

15		a Alaska TTD, PTD, death	b Gross Earnings	Gross Weekly Earnings	Weekly Rate *	Maximum or Minimum
		\$ _____	\$ _____	- Tax & FICA x 80% = \$ _____	\$ _____	\$ _____
		c Alaska TPD Offset 41K	d Weekly ITDRate	Weekly Earning Capacity	Weekly Rate *	Maximum or Minimum
		\$ _____	( \$ _____ )	- Tax & FICA x 80% = \$ _____	\$ _____	\$ _____
		e Out-of-state TTD, PTD or death	f Alaska TTD Rate	State Ratio	COLA Weekly Rate	Date left Alaska / /
		\$ _____	x _____	% = \$ _____		

16 ☐ a INITIAL PAYMENT ☐ b RESUMPTION Knowledge Date / / ☐ c TERMINATION ☐ d SUSPENSION ☐ e RATE CHANGE ☐ f TYPE CHANGE

☐ g OTHER (Explain) \_\_\_\_\_

17 a Payment Date	b Type	c From	d Through	e Weeks & Days	f Weekly Rate	g Total Amount
Payment Date					\$ _____	\$ _____ Total
					\$ _____	\$ _____
					\$ _____	\$ _____
					\$ _____	\$ _____
					\$ _____	\$ _____
					\$ _____	\$ _____

(If additional space is needed, use chart on reverse.) TOTAL

18 Impairment Rating \_\_\_\_\_ % of \$135,000 Whole Person (Prior to 7/1/2000) = \$ \_\_\_\_\_ After 7/1/2000, \_\_\_\_\_ % of \$177,000 Whole Person = \$ \_\_\_\_\_

19 ☐ Permanent impairment compensation was paid in a lump sum. (Enter amount in No. 17 and 18)  
☐ If permanent impairment benefits not paid in a lump sum, enter date Employee requested reemployment benefits. Date \_\_\_\_\_

20 a Date Disability Began / / b First Payment Date / / c Date Disability Ended / /

**22 TURN OVER AND COMPLETE ITEM 22 ON REVERSE**

**REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NONPAYMENT**

23 <input type="checkbox"/> Returned to Work / / <input type="checkbox"/> At New Job <input type="checkbox"/> At Same Job Occupation _____ Weekly Pay/Rate \$ _____	24 <input type="checkbox"/> Released for Work Date / / <input type="checkbox"/> Regular Work <input type="checkbox"/> Modified Work	25 <input type="checkbox"/> Medical Stability 26 <input type="checkbox"/> C.O.L.A. 29 <input type="checkbox"/> Reemployment 31 <input type="checkbox"/> Other	27 <input type="checkbox"/> Compromise and Release 28 <input type="checkbox"/> Controversy (Attach 07-6105) 30 <input type="checkbox"/> Board Order
--	--	--	---

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

32 Name and Title of Person Submitting Report (Type or Print)	33 Signature	34 Date
35 Address (if different from No. 11)	City	State Zip Telephone

Form 07-6104b (Rev. 9/00)

EXPLANATIONS AND INSTRUCTIONS ON BACK

\*From AWCB Tables

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