



Association of Village Council Presidents
Social Services Department
Energy Assistance Program
PO Box 219
Bethel, AK 99559
(800) 478-3521 / (907) 543-7300
Fax (907) 543-7479

2020 AVCP Weatherization Assistance Program APPLICATION



BEFORE YOU BEGIN!



Only one (1) AVCP Weatherization Assistance Program award is allowed per household per program year after you have been approved for the Energy Assistance Program.

1. If your household has already applied between October 1, 2019 and July 31, 2020, and was approved, do not apply again.
2. If your household applied between October 1, 2019 and July 31, 2020 but was denied due to being over the income guidelines, please reapply in a new month if your income decreases.

IMPORTANT NOTICE ABOUT YOUR RIGHTS OF FAIR HEARING

Any person whose application is denied or not acted upon with reasonable promptness, or whose benefits are reduced or terminated, has the right to a fair hearing before an AVCP select committee. If you desire a hearing you may request one by calling 1(907)543-8641 or write to: AVCP Social Services Director, PO Box 219, Bethel, Alaska 99559. At the hearing you may represent yourself, be represented by legal counsel, or another person of your choice. You must request the hearing within thirty (30) days after receiving a notice.

Title VI of the 1964 Civil Rights Act states “NO PERSON IN THE UNITED STATES SHALL, ON THE GROUNDS OF RACE, COLOR, OR NATIONAL ORIGIN, BE EXCLUDED FROM PARTICIPATION IN, BE DENIED THE BENEFITS OF, OR BE SUBJECTED TO DISCRIMINATION UNDER ANY PROGRAM OR ACTIVITY RECEIVING FEDERAL FINANCIAL ASSISTANCE.” If you feel you have been discriminated against under this provision, you may file a complaint with the U.S. Department of Health and Human Services or the U.S. Department of Justice.

SERVICE AREA

The Association of Village Council Presidents administers the Energy Assistance Program (EAP) for select villages in the Yukon and Kuskokwim Delta Region. This program is funded by the Low Income Home Energy Assistance Program (LIHEAP). The purpose of the program is to assist eligible households pay the cost of home heating and electrical payments. We also provide Crisis Heating Assistance (see below), and Weatherization Assistance through separate applications.

What is Waste, Fraud, and Abuse?

Waste is applying for and receiving assistance even though it is not needed. Receiving assistance when not needed takes away funding for other eligible households in need.

Fraud is withholding or providing false information in order to become eligible for assistance, such as not including income from all working adults in the household on an application.

Abuse is improper use of government assistance, such as:

1. selling, bartering/trading or giving fuel from one's EAP account
2. using EAP or CHAP benefit for subsistence or recreational use.

EAP and CHAP benefits are awarded for use only by the recipient for the purpose of home heating or assisting with electricity bills. We take reports of Waste, Fraud, and Abuse seriously.

PENALTIES INCLUDE, BUT ARE NOT LIMITED TO:

- Refund of **ALL** EAP credit balances from fuel and electricity accounts
- Repayment of **ALL** used benefits
- Notification to other AVCP departments/programs of **waste, fraud, and abuse** activity
- Prohibited participation in the EAP, CHAP, and WAP programs for a period of one year or more

To report suspected **Waste, Fraud, or Abuse** of Energy Assistance funds, please call an AVCP Energy Assistance Program representative toll free at: 1-800-478-3521 or direct at 1-907-543-7300.

Fax to: (907) 543-7479

**Or mail to: AVCP Social Services Department
Weatherization Assistance Program
PO Box 219, Bethel, AK 99559**

Filing Deadline: July 31, 2020

| | | | |
|---|----------------------|---|-------------------------|
| Head of Household (First, M.I., Last Name): | | Date of Birth: | Social Security Number: |
| Mailing Address: | Village, State, Zip: | Daytime Phone #: <input type="checkbox"/> Message <input type="checkbox"/> Cell: | |

HOUSING TYPE

***Select only one from GRAY row, and answer related questions**

| | | |
|---|--|--|
| <input type="checkbox"/> Own House ↓ | <input type="checkbox"/> HUD ↓ | Rental: <input type="checkbox"/> House <input type="checkbox"/> Apt ↓ |
| Owner: | Are you still making monthly house payments other than insurance payments? <input type="checkbox"/> Yes <input type="checkbox"/> No | Attach a copy of your rental agreement. Landlord's Name: _____ |
| Is the owner living in this house? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, how much do you pay each month? House payment: \$ _____ | Address: _____ |
| If no, please explain: | Insurance payment: \$ _____ | Daytime Phone: _____ |

What is the size of your house in either measurements or square feet?

Example: 30 ft. X 30 ft. or 900 ft.²

WEATHERIZATION ASSISTANCE PROGRAM REQUEST, CHOOSE ONE OPTION:

OPTION 1: STOVE REPLACEMENT

What type of stove are you requesting a replacement for?

| Select only one | AVCP will replace only once every: | Have you received a stove from us before? | What is wrong with your stove? |
|-------------------------------------|------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Toyo Stove | Ten (10) years. | <input type="checkbox"/> Yes, when? <input type="checkbox"/> No | |
| <input type="checkbox"/> Wood Stove | Fifteen (15) years. | <input type="checkbox"/> Yes, when? <input type="checkbox"/> No | |

Does your home currently have stove pipes installed for a wood stove? Yes, what size? No

OPTION 2: HEATING UNIT PARTS OR REPAIR

What type of heating unit are you requesting parts or repair for?

| Select only one | Current Model | Model Year | What is wrong with the heating unit? What parts or repair are you requesting? | |
|--------------------------------------|--|------------|---|--|
| <input type="checkbox"/> Toyo Stove | | | | |
| <input type="checkbox"/> Boiler | | | | |
| <input type="checkbox"/> Furnace | | | | |
| <input type="checkbox"/> Wood Stove | | | | |
| <input type="checkbox"/> Stove Pipes | Pipes used for: | Pipe size: | Vertical length needed: | What is wrong with pipes? We'll need Tribal Office verification on pipe replacement. |
| | <input type="checkbox"/> Furnace or Boiler | | | |
| | <input type="checkbox"/> Wood Stove | | | |

BROKEN ARCTIC ENTRY DOOR

Limited assistance with replacement of broken Arctic Entry door that is causing a cold draft.

| | |
|--------------------------|---|
| Our house is in need of: | <input type="checkbox"/> Arctic Entry Door (limited to one) |
|--------------------------|---|

AVCP Weatherization Assistance Program Application

| FOR OFFICE USE ONLY: | | | | | |
|--|--|----------------|------|---|-------------------|
| EAP Case #: _____ | | EAP Rep: _____ | | | |
| WX Case #: | | WX Rep: | | Date Processed: | |
| Heating Unit Replacement | | Stove Type | | Cost: | Ship: |
| Repair/Parts | | | | Cost: | Ship: |
| Pipes | | Dia. In. | | Cost: | Ship: |
| | | Qty | | | |
| Arctic Entry Door Replacement | | | | Cost: | Ship: |
| Notes: | | | | | Sub-Total: |
| | | | | | Total WAP: |
| Eligibility Verified By: (P) | | (S) | | Date: | |
| <p align="center"><u>Release of Information (ROI)</u></p> <p>Your signature on this application gives the Association of Village Council Presidents, Social Services Department, Weatherization Assistance Program permission to request:</p> <ul style="list-style-type: none"> Information about your Weatherization Assistance needs <p>This information is only used in the administration of the Weatherization Assistance Program and will not be released to any other person or agency outside of AVCP; or any other agency we are working with on your behalf as it relates to your Weatherization Assistance application.</p> <p>The people or organizations that may be contacted include, but are not limited to: fuel and electric companies, your Tribal Administrator and their staff, the AVCP Regional Housing Authority, and heating unit parts and repair vendors.</p> <p align="center"><u>Statement of Truth and Agreement</u></p> <p>To receive assistance you must agree to all of the statements below and sign this form.</p> <ul style="list-style-type: none"> I understand that an AVCP Social Services Department representative may call my home, work, and other people in order to verify my eligibility for assistance. I authorize the AVCP Social Services Department to communicate with my vendor(s) and other agencies on my behalf as it relates to the Weatherization Assistance Program. I understand that I must be currently living in the home for which I am applying. I agree not to misuse any assistance merchandise received for the purpose of home heating; this includes selling, bartering/trading, or giving away merchandise from this program. I understand that knowingly withholding or giving false information in order to qualify for assistance is fraud and may result in more than \$5,000.00 in fines, imprisonment for five (5) years or more, or both, and that I must pay back any benefits received as a result of fraud. <p>I certify under penalty of perjury, or of unsworn falsification in violation of AS 11.56.210, that the statements made regarding the persons in my home, income, and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge.</p> | | | | | |
| Signature of Adult listed on Page 1 | | | Date | Signature of Witness, if signed with an "X" <small>(Legal guardians provide documentation)</small> | |
| X | | | | | |
| Tribal Administrator Verification (delegated signer understands and assumes responsibility for this role) | | | | | |
| <ul style="list-style-type: none"> By signing this I verify that this household is in need of Weatherization Assistance This application will not be processed without this signature. | | | | | |
| Print Name: | | | | Signature: | |
| | | | | X | |
| Date: | | Title: | | Phone Number: | |
| | | | | | |