



**Aleutian Pribilof Islands Association, Inc.**  
 Department of Education & Workforce Development  
*Weaving Traditional Knowledge with Western Education*  
 Employment, Training & Related Services Division  
 1131 East International Airport Road  
 Anchorage, AK 99518  
 907.276.2700 or 1.800.478.2742  
 Fax 907.222.9711

## Application for Services

**1. Please Select ALL Services You are Requesting – (Check ALL that apply to your immediate needs.)**

### Direct Assistance Programs

- Energy Assistance   
  General Assistance   
  Adult Care Assistance   
  Child Assistance  
 Disaster Assistance   
  Emergency Assistance   
  Burial Assistance   
  Child Care Assistance

To Process your application for Direct Assistance, please include the following:

- ✓ A completed *Application for Services* including signatures and all questions answered
- ✓ Release of Information section signed and dated
- ✓ Tribal Card (For Burial Assistance, include Tribal Card of Deceased)
- ✓ Proof of wages for the last 30 days or attached *Section 9* of this application completed by your employer.
- ✓ Rent or Mortgage Receipt (ALL Programs **EXCEPT Energy Assistance, Burial Assistance & Child Care Assistance**)
- ✓ Bank Statement (ALL Programs **EXCEPT Energy Assistance & Burial Assistance**)
- ✓ W-9 (ALL Programs **EXCEPT Energy Assistance & Burial Assistance**)
- \* **Child Care Assistance:** Please fill out ONLY Sections 1, 2 & 3 of this application

### Employment and Training Programs

- Job Placement & Training Assistance   
  Employment Services   
  Higher Education  
 Youth Employment Program   
  AANG Program – Tribal Vocational Rehabilitation

To Process your Employment & Training application, please include the following:

- ✓ A completed *Application for Services* including signatures and all questions answered
- ✓ Release of Information section signed and dated
- ✓ Tribal Card
- ✓ Proof of wages for the last 30 days or attached *Section 9* of this application completed by your employer.
- ✓ W-9
- \* **Higher Education:** Enrollment Verification, Class Schedule, Budget Forecast from Financial Aid Office, Proof of FAFSA Application
- \* **Higher Education:** Applications are **DUE December 15** for Spring Semester courses & **June 15** for Fall Semester courses

**To report FRAUD or ABUSE of Energy Assistance funds, please call APIA's Department of Education and Workforce Development, ETR Division at 907.276.2700 or toll free at 1.800.478.2742**

#### Where Can I apply?

Completed applications and all supporting documents need to be mailed, faxed or dropped off at the following locations:

#### All Other

##### Communities:

APIA  
 1131 E. International  
 Airport Rd.  
 Anchorage, AK 99518  
 Fax: 907.222.9711

##### Unalaska

APIA  
 59 Broadway Avenue  
 P.O. Box 588  
 Unalaska, AK 99685  
 Fax: 907.581.6473

##### Sand Point

APIA  
 (City Building, #9)  
 P.O. Box 464  
 Sand Point, AK 99661  
 Fax: 907.383.5832

##### King Cove

ATC  
 249 Uptown Loop  
 P.O. Box 249  
 King Cove, AK 99612  
 Fax: 907.497.2803

##### King Cove

Belkofski  
 Belkofski Tribal Office  
 P.O. Box 57  
 King Cove, AK 99612  
 Fax: 907.497.3123

#### When Can I apply?

Completed applications including all supporting documents for Energy Assistance will be accepted beginning November 1. Higher Education applications are due by December 15<sup>th</sup> for the Spring Semester and June 15<sup>th</sup> for the Fall Semester. Applications for **ALL** other services can be turned in year-round.

#### How long will my application take to process?

It may take up to 30 days to process your application. Incomplete applications will be notified of missing information. Incomplete applications will be returned by mail if there is no contact 7 days after notification.

**2. It is important that you tell us about your situation, needs, and how we may assist you.**

--

**3. Required Information for ALL Services**

First Name	Middle Name	Last Name	Social Security Number
Physical Address	City	State	Zip
Mailing Address (If Different)			Email Address
Tribal Affiliation <input type="checkbox"/> Agdaagux <input type="checkbox"/> Nelson Lagoon <input type="checkbox"/> St. George <input type="checkbox"/> Atka <input type="checkbox"/> Nikolski <input type="checkbox"/> St. Paul <input type="checkbox"/> Akutan <input type="checkbox"/> Pauloff Harbor <input type="checkbox"/> Unga <input type="checkbox"/> Belkofski <input type="checkbox"/> Qagan Tayagungin <input type="checkbox"/> Other: _____ <input type="checkbox"/> False Pass <input type="checkbox"/> Qawalangin			Home/Message Phone
			Cell Phone
Who can we contact if we cannot reach you at the number above?			
Name: _____ Phone Number: _____			

**4. Other Household Members - List all persons living in your household at time of application**

Name (First, M.I., Last)	Relation to Applicant	Date of Birth	Alaska Native or American Indian	Social Security Number
	<b>SELF</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you or does anyone in your household have a physical or mental condition that limits a person's movements, senses or activities of daily living\*?  Yes  No

\*Examples include **but are not limited to**: alcoholism, mental and emotional conditions, learning disabilities, orthopedic and hearing impairments, cardiovascular disease, hypertension, and chronic pulmonary disease.

Is anyone in your household a single parent?  Yes  No

Is there a child in your household between the ages of 3 and 5?  Yes  No

**IF YES** to any questions, would you be interested in learning more about potential services?  Yes  No

## 5. Applicant Information

Highest Level of Education Completed:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 8 <sup>th</sup> Grade or Below | <input type="checkbox"/> 11 <sup>th</sup> Grade | <input type="checkbox"/> Some College              |
| <input type="checkbox"/> 9 <sup>th</sup> Grade          | <input type="checkbox"/> 12 <sup>th</sup> Grade | <input type="checkbox"/> College Graduate          |
| <input type="checkbox"/> 10 <sup>th</sup> Grade         | <input type="checkbox"/> GED                    | <input type="checkbox"/> Vocation/Technical School |

Military Experience:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Current Active Duty | <input type="checkbox"/> Veteran          | <input type="checkbox"/> National Guard |
| <input type="checkbox"/> Reserves            | <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> None           |

Have you registered for selective service?

- Yes  No

Do you hold a valid driver's license?  Yes  No

\_\_\_\_\_ State and License Number

Are you currently employed? (If yes, please explain below):  Yes  No

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  Full Time  Part Time

How long have you been with your current employer? \_\_\_\_\_ Years \_\_\_\_\_ Months

Have you ever been convicted of a crime (If yes, please explain below):  Yes  No

Date \_\_\_\_\_ Offense \_\_\_\_\_

Additional Information \_\_\_\_\_

## 6. Household or Shelter Expenses (Last 30 Days)

Rent	\$	Water	\$
Mortgage (Payment/Taxes/Insurance)	\$	Sewer	\$
Electricity	\$	Heating (Household Oil/Fuel/Wood)	\$
Telephone (Cell)	\$	Other:	\$
Telephone (Landline)	\$	Other:	\$

### 6a. Other Monthly Expenses (last 30 days)

Vehicle Payment	\$	Medical/Dental	\$
Gas for Vehicle	\$	Legal Dues (Fines, Fees, Court Costs, etc.)	\$
Vehicle Insurance	\$	Prior Tax Payments	\$
Child Support/Alimony	\$	Student Loans	\$
Food (Groceries, Dining Out)	\$	Entertainment (Movies, Bingo, etc.)	\$
Personal Hygiene	\$	Cable TV/Internet	\$
Clothing	\$	Other:	\$
Other:	\$	Other:	\$

## 7. Asset Information

Checking Account (current balance)	\$	Savings Account (current balance)	\$
---------------------------------------	----	--------------------------------------	----

## 8. Entire Household Income

- Provide **ALL NET** income (after taxes and business expenses) and **ALL** income received in the last **30 days** for your **ENTIRE HOUSEHOLD**. This is required for energy assistance.
- You must provide proof of income and attach it to the application.
- If you are applying for Burial Assistance, please fill out household income for the deceased.
- Without proof of income, your application may be delayed or denied. Acceptable proof includes wage stubs showing check date, net and gross income, year-to-date figures, an employer statement (Page 5) or signed letter from your employer. Year-end statements or award letters are required for Social Security and retirement benefits. <http://www.ssa.gov/> | 1.800.772.1213 | TTY 1.800.325.0778

### 8a. Types of Household Income

Wages	TANF	Dividends
Seasonal Employment	Child Support/Alimony	Rental Income
Self-Employment Earnings	Alaska Temporary Assistance	Adult Public Assistance Program
Unemployment	General Assistance	Retirement/Pension
Social Security	Fishing Wages & Crew Shares	Veteran's Benefits
Supplemental Security Income	Food Stamps	Survivor's Benefits
Bingo/Pull Tab Winnings	Tips and Gratuities	Senior Benefits
General Relief	Foster Care Payments	Worker's Compensation
Student Loan/Grants	Pension (other)	Other

Household Member Name (First, MI, Last)	Income Type (from list above)	Monthly Net Income (after taxes from past 30 days)
		\$
		\$
		\$
		\$
		\$

### 8b. No Income Statements

Each member of your household age 18 and over without income must provide a written statement as to how they support themselves. Please be as detailed as possible. Attach additional statements if necessary.

Household Member Name and Signature (First, MI, Last)	No Income Statement
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Printed Name</div> <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; margin-bottom: 5px;"> <span>Signature</span> <span>Date</span> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div>
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Printed Name</div> <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; margin-bottom: 5px;"> <span>Signature</span> <span>Date</span> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div>
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Printed Name</div> <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; margin-bottom: 5px;"> <span>Signature</span> <span>Date</span> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div>

## 8. Entire Household Income – continued

### 8c. Fishing, Self-Employment, and Other Income

**Did anyone in your household have fishing income in the past 12 months?**

Yes  No **IF YES:**

**Option A (PREFERRED):** have your employer (ship captain or fish processing plant) complete Form A which is attached to the back of this application, for each ticket season worked in the last 12 months.

**Option B:** include proof by attaching detailed fishing settlement statements for all ticket seasons worked in the last 12 months. **WARNING:** Processing time may be delayed while staff verify fishing settlement income.

I understand that my application may take longer than normal to process by choosing Option B. \_\_\_\_\_  
Initial

**Did anyone in your household have self-employment or wages without supporting documentation?**

Yes  No **IF YES,** your employer will need to fill out the next section.

### 8d. Self-Employment and Other Seasonal Income Statement

**Examples of Other Seasonal Work:**

construction, fish processing, logging, mining, trapping, tourism related, firefighting, and oil field occupations.

Employee Name: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

#### For Employer Use (those self-employed may fill in this section for themselves)

Name of Employer: \_\_\_\_\_

Date Employment Ended (if employee is no longer working for you): \_\_\_\_\_

Please provide the paycheck information for the **last 30 days** issued or attach a copy of a computer printout.

**For self-employed:** please provide the information for the **last 12 months**.

Net Pay <small>(income after tax and business expenses)</small>	Issue Date	Pay Period <small>(time period of work that the paycheck covers)</small>
\$		
\$		
\$		
\$		

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payroll Contact Number: \_\_\_\_\_ **\*Note: The Employer Must Sign this Statement\***

## 9. Energy Assistance

- **APIA will begin accepting Energy Assistance Program applications on November 1.**
- **A household may only receive ONE heating benefit per year.**

The Employment, Training & Related Services Division will process applications in the following priority order:

1. **Crisis (requires a shut off notice or out-of-fuel statement from your vendor)**
2. Households with elderly over 60 years of age, disabled, or children 5 years of age or under
3. All other households

Eligibility is based on a point system that takes into account several factors including the community you reside in, the type of dwelling you live in, the household size, combined household net income, and whether or not the household contains a member who is over 60 years of age, 5 years of age or under, or is disabled. Each of these items has a point value.

### How long will my application take to process?

It may take up to 30 days to process your application. Continue to pay your bills while you are waiting for a decision on your application. If your bills are overdue or you are in danger of running out of fuel, contact your heat or utility company to set up a payment arrangement. Remember, awards are subject to the availability of energy assistance specific funds.

Incomplete applications will be notified of missing information. Incomplete applications will then be returned by mail if there is no contact 7 days after notification.

### In case of emergency or if you need crisis energy assistance:

If you are in danger of running out of fuel or have a notice from your energy vendor stating that you will be disconnected within 48 hours, contact your heat or utility company immediately to see if you can make payment arrangements. **Send in a complete application to APIA with all required attachments including your disconnect or shut-off notice, utility bills, and proof of income. Your application will be reviewed for emergency processing.**

*APIA reserves the right to review further documentation as needed.*

### 9a. Crisis Processing

Is your household in a CRISIS situation?      Yes    No

**IF YES**, please include a disconnect notice, a shut-off notice, or have your energy vendor representative sign the statement below: Crisis applications will be processed in 18 business hours or less, from time of complete application.

**This applicant is out of energy or will be out of energy within the next 48 hours.**

Energy Vendor Representative Signature	Date	Energy Vendor	Vendor Contact Information
--	------	---------------	----------------------------

### 9b. Residence Information

Please mark the dwelling type that best matches your residence:

- |   |  |
|---|--|
| <input type="checkbox"/> One-room dwelling such as a studio apartment, hotel or boarding home<br><input type="checkbox"/> One-bedroom dwelling, or a one-room house or cabin without bedrooms<br><input type="checkbox"/> Two-or-more-bedroom unit in an apartment building of four or more attached units<br><input type="checkbox"/> Two-bedroom single family home<br><input type="checkbox"/> Three-or-more-bedroom single family, duplex or triplex home | <input type="checkbox"/> Mobile home with <b>less than</b> 980 square feet of heated living space, regardless of the number of bedrooms<br><input type="checkbox"/> Mobile home with <b>more than</b> 980 square feet of heated living space<br><input type="checkbox"/> Recreational vehicle, tent, or pickup camper<br><input type="checkbox"/> Boat with heated living space <b>less than</b> 980 square feet |
|---|--|
- Do you own or rent?**                       Own    Rent

If you rent, are utilities included in your rent?  Yes    No

### 9c. Household Members

Are you, or is anyone in your household:     Legally Disabled?    Yes    No   **IF YES**, please attach documentation of proof, **OR** a signature from your provider.

Age 5 or Under?    Yes    No

Age 60 or Over?    Yes    No

\_\_\_\_\_  
Provider Signature

Have you or any of the adults in your household applied for Heating Assistance with any other organization?  
 Yes    No

## 9. Energy Assistance - continued

### 9d. Fuel and Electric Information

What is your primary heating source?  Fuel Oil #1  Diesel Fuel #2  Other (Explain): \_\_\_\_\_

Who pays for your home heat?  Self  Landlord  Other (Explain): \_\_\_\_\_

Who pays for your home electricity?  Self  Landlord  Other (Explain): \_\_\_\_\_

Name of Fuel Company: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Do you have credit on your account?  Yes  No

Name of Electric Company: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Do you have credit on your account?  Yes  No

**\*\*\*You must attach your current utility bill to your Energy Assistance Application\*\*\***

If your fuel or electric account is under another name, please explain why: \_\_\_\_\_

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

Fuel: \_\_\_\_\_% Electricity: \_\_\_\_\_%

### 9e. Signature

- Energy Assistance awards are **ONLY** for the applicant's household, and cannot be sold, reissued, traded, or shared with family/friends outside of the household.
- Fuel purchased with an Energy Assistance award is **ONLY** for the applicant's household, and cannot be sold, reissued, traded, or shared with family/friends outside of the household.
- Improper use of an award is considered **FRAUD** and could result in loss of the award, suspension from APIA services, or garnishment of future awards.

Should I be found eligible, I agree to use the award for its intended purpose.

\_\_\_\_\_  
Applicant Signature

## 10. Burial Assistance

APIA wishes to help you during your time of sorrow so that you may celebrate the life and memory of your loved one. The Burial Assistance Program is a secondary or residual resource of assistance. It is available only to meet the immediate need at the time of death and may not be approved after the burial has occurred. Please contact APIA before signing any contract for the burial to find out if your loved one is eligible for this service.

**To be eligible:**

- **The deceased must be an enrolled Tribal member of a Tribe served by APIA. Provide a copy of the tribal enrollment card and/or tribal enrollment number.**
- **The deceased must not have the income or resources to pay for the burial.**
- **The deceased must have been an Alaskan resident for the past 6 months.**

The approved payment for burial services cannot exceed the maximum burial payment standard of \$2,500.00.

Upon determination that the deceased meets the basic eligibility conditions, a vendor payment to the mortuary will be made in the amount of the maximum standard amount minus any available resources.

For further information call 907-276-2700 or 1-800-478-2742 and ask to speak to our Burial Assistance staff.

Other Resources		
<b>State of Alaska</b> <b>Department of Public Assistance</b> Coastal Field Office 3601 C St. Suite 410 Anchorage, AK 99524 1-800-478-4372 or 269-8950	<b>US Veterans Administration</b> <b>Veterans Services Division</b> 2925 Debarr Road Anchorage, AK 99508 1-800-827-1000	<b>The Aleut Foundation</b> 703 W. Tudor Road, Suite 102 Anchorage, AK 99503 907-646-1929 1-800-232-4882

**\*\*\*You may also want to consider checking with the corporation of which the deceased may have been a shareholder. In some instances, if funding allows, they may be able to provide similar assistance.\*\*\***

10a. Burial Assistance Information		
Deceased's Name	Deceased's Date of Birth	Date Deceased
Total NET INCOME of deceased and/or spouse for the past 12 months: \$		
If the deceased had no income or has had no income for the past 12 months, please briefly explain how they met their needs:		
Does deceased and/or spouse own a home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the value of the home? \$	Does deceased and/or spouse own a fishing vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the estimated annual net income from fishing? \$	
Does deceased have any liquid assets? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list assets valued at over \$1,500: _____ _____		
Does deceased and/or spouse have a bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Financial Institution: _____ Account Balance: _____		



## 11. Statement of Truth

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

- I am requesting services from the Aleutian Pribilof Islands Association's Employment, Training & Related Services Division.
- I understand that information on this application will be used for determination of eligibility for programs in APIA's Employment, Training & Related Services Division.
- I understand that I must currently live in the home for which I am requesting energy assistance.
- I understand that I must notify APIA if I move, my household members change, or if there are changes to my income including assistance received from other agencies.
- I understand that an APIA representative may call my home and may contact other people in order to verify the information I have provided.
- I understand that information I give may be verified by computer cross-matching with other agencies.
- I understand that intentionally providing false information constitutes fraud and will result, at a minimum, in termination from any APIA programs for which I have been found eligible. As a result of fraud, I understand that I will be required to reimburse APIA for any funding it has provided to (or on behalf of) me.
- I understand that the following will be explained to me at the time of intake: eligibility requirements of the programs, the services available, my rights and responsibilities, confidentiality, and how to appeal a decision by the program.
- I authorize the Alaska Department of Labor to release information about my eligibility for Unemployment Insurance and work history to APIA.
- I authorize APIA to communicate with my vendor(s) and other agencies on my behalf as it relates to the Energy Assistance Program.
- I also understand that knowingly and willingly providing APIA with false, fictitious, or fraudulent information is subject to prosecution under 18 U.S.C. 1001, which is punishable by fine, imprisonment or both.

*I certify, under perjury, or of unsworn falsification in violation of AS11.56.210, that the statements made regarding the persons in my home and the income and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge.*

*I understand that awards are distributed for an individual or household. Trading or selling an award is fraud.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## 12. Release of Information

Your signature on this application gives the Aleutian Pribilof Islands Association, Inc. permission to ask for:

- Information about your finances and benefits
- Information about your utility/heating costs and usage and billing history with your utility or heating vendor
- Information about your citizenship and personal history

This information is only used in the administration of services within the Department of Education & Workforce Development's Employment, Training & Related Services Division at the Aleutian Pribilof Islands Association and will not be released to any other person or agency outside of the Employment, Training & Related Services Division, unless it directly relates to your application for services and benefits. This Release expires one year from signature date.

*I have read the Release of Information section of the application and I understand it, including fraud and penalty provisions, as described in this application.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### 13. Client Rights, Responsibilities & Grievance Procedures

#### Client Rights

- To participate fully in the development of an Individualized Plan for Employment (IPE).
- To be treated with dignity and respect.
- To have your eligibility for services determined within 60 days unless there are unforeseen circumstances and agreement is made to extend the time.
- To receive a fair and complete evaluation to determine eligibility.
- To have records and communication kept confidential. Information will not be released without written permission except under court order.
- To make informed choices during program participation.
- To appeal program decisions through an informal or formal review.

#### Client Responsibilities

- Take an active part in the development, implementation and completion of the IPE.
- To request disability related accommodations required to participate in employment services.
- To contribute financially to rehabilitation program services within reason and based on individual financial ability to pay for services.
- To apply for and secure other sources of funding for which the client may be eligible, including: financial aid (PELL Grants), insurance benefits, and tribal or shareholder scholarships.
- To actively participate and maintain regular contact with program staff.
- To actively seek and gain employment.

#### Disagreement Procedures (Appeal/Grievances)

If at any time a client disagrees with decisions made by Employment, Training & Related Services (ETR) Program staff:

1. Try to resolve the problem with the program staff directly.
2. If unsatisfied with the outcome, make a written complaint to the ETR Division Coordinator describing the problem; you will be contacted within 10 business days upon receipt of written complaint to schedule a meeting to try to find a resolution.
3. If unsatisfied with the outcome, make a written complaint to the Department of Education & Workforce Development Director describing the problem; you will be contacted within 10 business days upon receipt of the written complaint to schedule a meeting to try to find a resolution.
4. If unsatisfied with the outcome, make a written complaint to the President/CEO describing the problem; you will be contacted within 10 business days upon receipt of the written complaint to schedule a meeting to try to find a resolution. The President/CEO will appoint a 3-member Grievance Committee to hear your grievance.
5. You may take the grievance to an appropriate funding agency. A P.L. 102-477 Program client, participant, or staff personnel may file a grievance in writing to the U.S. Department of Interior, Workforce Development Division, after all above stated grievance procedures have been exhausted.

#### Client Statement

*I have read the Client Rights, Responsibilities & Disagreement Procedures as described in this application.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Form A: Fishing Income

Name:	
Ticket Season:	
Start Date:	
End Date:	

Line Item	Amount
Personal Share of Groceries Charges	
Settlement	
Advance	
Cash	
Draft	
Stock Room	
Personal Charges	
Net Due	

\_\_\_\_\_  
 Signature of authorized individual (i.e. payroll, ship captain, fish processing plant finance)      Date  
 or APIA ETR Staff

\_\_\_\_\_  
 Printed name

\_\_\_\_\_  
 Employer Contact number

Please attach one page for each ticket season worked in the past 12 months. Print additional pages as needed.

**Aleutian Pribilof Islands Association, Inc.**

1131 E. International Airport Rd.  
 Anchorage, AK 99518  
 Phone: 1.800.478.2742  
 Fax: 907.222.9711  
 Email: [jacobt@apiai.org](mailto:jacobt@apiai.org)