



Aleutian Pribilof Islands Association, Inc.
 Department of Family & Community 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

revised 09.25.2023

The number one goal of our Employment, Training and Related Services Division is to increase the self-sufficiency of the individuals, families and communities that we serve.

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

Services Specifically Provided for the Region

- ☐ Energy Assistance
 ☐ General Assistance
 ☐ Emergency Assistance
 ☐ Child Care

These services are for households with at least one member of **ANY** federally recognized tribe, who also reside in the Aleutian/Pribilof Island region.

APIA's Regional Communities: Akutan, Atka False Pass, King Cove, Nelson Lagoon, Nikolski, Sand Point, St. George, St. Paul, Unalaska.

Services Provided to Region, Anchorage and Other U.S. Cities

- ☐ AANG Program – Tribal Vocational Rehabilitation
 ☐ Higher Education
☐ Youth Employment Services
 ☐ Adult Employment Services
 ☐ Employment Support Services
☐ Vocational Training Assistance

These services are for individuals of **ANY** federally recognized tribe, who also reside in the Aleutian/Pribilof Island region.

These services can also be provided to members of APIA's 13 Tribes living in Anchorage and in some cases living in other U.S. cities.

APIA's 13 Tribes: Agdaagux, Atka, Akutan, Belkofski, False Pass, Nelson Lagoon, Nikolski, Pauloff Harbor, Qagan Tayagungin Tribe (QTT), Qawalangin, St. George, St. Paul and Unga.

Note: some of APIA's 13 Tribes operate their own employment, training, or child care programs. Members of these Tribes may be referred to their specific tribal office.

To report FRAUD or ABUSE of Energy Assistance funds, please call APIA's Department of Family and Community Development, Employment, Training and Related Services 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

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 may 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
Date of Birth			
Mailing Address (If Different)			Email Address
Tribal Affiliation			Home/Message Phone
☐ Agdaagux			Cell Phone
☐ Atka			
☐ Akutan			
☐ Belkofski			
☐ False Pass			
☐ Nelson Lagoon			
☐ Nikolski			
☐ Pauloff Harbor			
☐ Qagan Tayagungin			
☐ Qawalangin			
☐ St. George			
☐ St. Paul			
☐ Unga			
☐ Other: _____			
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
	SELF		☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

Do you or does anyone in your household experience a physical or mental health condition that affects day to day life and/or ability to work*? ☐ Yes ☐ No

*Examples include **but are not limited to:** hearing/vision impairment, chronic pain, arthritis, limited mobility, behavioral health conditions, alcohol/substance use disorders, learning disorders.

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:

- | | | | |
|---|---|---|--|
| ☐ 8 th Grade or Below | ☐ 11 th Grade | ☐ Vocation/Technical | ☐ Bachelor's Degree |
| ☐ 9 th Grade | ☐ 12 th Grade | ☐ Some College | ☐ Masters Degree |
| ☐ 10 th Grade | ☐ GED | ☐ Associates Degree | |

Military Experience:

- | | | |
|--|---|---|
| ☐ Current Active Duty | ☐ Veteran | ☐ National Guard |
| ☐ Reserves | ☐ Disabled Veteran | ☐ 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

Current or Last Employer _____ Job Title _____ ☐ Full Time ☐ Part Time

How long have/were you with the employer? ____ Years ____ Months What is/was the pay? \$_____ per hour

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

Date _____ Offense _____

Additional Information _____

6. 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 income**
- **Information about your employment**
- **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 Family & Community 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

7. 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 (Courtview, State of Alaska Public Assistance, Selective Service Registration, Alaska Permanent Fund Dividend, Tribal Enrollment).
- 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

8. Client Rights, Responsibilities & Grievance Procedures

Client Rights

- To participate fully in the program and services you are applying for.
- To be treated with dignity and respect.
- To have your eligibility for the services you applied for determined within the appropriate timeframe 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

- To keep appointments, be on time, and give proper notice if there is a need to cancel.
- To actively participate in the services you apply for and maintain regular contact with program staff.
- To treat program staff with dignity and respect.
- To follow through with recommendations and/or planned activities.

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 Administrator 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 Family & Community 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.

Client Statement

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

Signature of Applicant

Date

Entire Household Income (only needs to be completed once per application)

- Provide **ALL NET** income (after taxes and business expenses) and **ALL** income received in the last **30 days** for your **ENTIRE HOUSEHOLD**.
- **You must provide proof of income and attach it to the application.**
- 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 or signed letter from your employer.

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)
		\$
		\$
		\$
		\$
		\$

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
Printed Name Signature Date	
Printed Name Signature Date	
Printed Name Signature Date	

Entire Household Income – continued

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 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.

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

Employer Signature: _____ Date: _____

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

Signature

The income information provided is true and accurate to the best of my knowledge.

Applicant Signature

Date

COVID General Assistance Statement

Eligibility

To be eligible for the COVID-related portion of General Assistance, a household member must have lost income or had reduced income relating to the COVID-19 pandemic.

Assistance Amounts:

\$200 per month per household in addition to regular General Assistance amount, plus an additional \$50 per month per child in the household.

Client Statement

I attest that my household has lost income or had reduced income due to the COVID-19 pandemic, which may include the large-scale impacts of COVID that resulted in the economic downturns of industries (such as a closure of a fish processing plant). Month and Year of Income Loss/Reduction: _____

Signature of Applicant

Date

COVID General Assistance Statement

Eligibility

To be eligible for the COVID-related portion of General Assistance, a household member must have lost income or had reduced income relating to the COVID-19 pandemic.

Assistance Amounts:

\$200 per month per household in addition to regular General Assistance amount, plus an additional \$50 per month per child in the household.

Client Statement

I attest that my household has lost income or had reduced income due to the COVID-19 pandemic, which may include the large-scale impacts of COVID that resulted in the economic downturns of industries (such as a closure of a fish processing plant). Month and Year of Income Loss/Reduction: _____

Signature of Applicant

Date

COVID General Assistance Statement

Eligibility

To be eligible for the COVID-related portion of General Assistance, a household member must have lost income or had reduced income relating to the COVID-19 pandemic.

Assistance Amounts:

\$200 per month per household in addition to regular General Assistance amount, plus an additional \$50 per month per child in the household.

Client Statement

I attest that my household has lost income or had reduced income due to the COVID-19 pandemic, which may include the large-scale impacts of COVID that resulted in the economic downturns of industries (such as a closure of a fish processing plant). Month and Year of Income Loss/Reduction: _____

Signature of Applicant

Date

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name , if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. ☒ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional) Aleutian Pribilof Islands Association - ETR 1131 E. International Airport Road Anchorage, AK 99518
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
------------------	-----------------------------------	---------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.