

## SDC-Community Development Services

Home Utilities Assistance Program  
Website: [www.skagwaydevelopment.org](http://www.skagwaydevelopment.org)  
Email: [sdccommunitydevelopment@gmail.com](mailto:sdccommunitydevelopment@gmail.com)  
Phone/Fax: 907-983-3414  
Mailing: PO Box 1236, Skagway AK 99840

# Application for Utilities Assistance Program

## When can I apply?

Applications for Utility Assistance must be received by SDC-CDS by the 2nd Friday of each month (January - April) for assistance with utility bills received during the previous month.

## What are the income guidelines?

The Skagway Utilities Assistance program will follow the income guidelines outlined below:

Household Size	Max Eligible <u>Gross</u> Income/ Month
1.....	\$4,133
2.....	\$4,721
3.....	\$5,313
4.....	\$5,900
5.....	\$6,375
6.....	\$6,846

*For each additional household member add \$471*

## How is the benefit calculated?

Eligibility and max. funding amount is based on gross income compared to four different income categories: Extremely Low, Very Low, 60% Limit and Low Income. Funding priority is calculated using a point system based on: if you have used this program previously, household size, income category, household member demographics such as age or disabilities, and income. Each item has a value associated with it. Due to limited funding, even if you qualify, you may not receive funding if funds are exhausted.

**How do I apply?** You can mail, drop off, email or fax your application to Skagway Development Corporation office. Office contact information can be found at [www.skagwaydevelopment.org](http://www.skagwaydevelopment.org)

**Note: If you have received SDC-CDS Utility Assistance in a previous month and are applying again, you will be required to submit proof of having applies for the State of Alaska's Heating Assistance program and/or, if eligible, the Skagway Traditional Council's Direct Assistance program with your application.**

## Program

### Utility Assistance

Helps households pay all or a portion of home heating, home electric or home water and sewer expenses. Eligible household may receive up to \$700 each time assistance is requested.

Applicants must provide utility account information and a copy of the invoices and/or charge statements for those costs listed on the application with the application.

## How long will it take?

Applications must be received between the Monday and Friday of the third full week of each month. Emails to applicants indicating approval or denial, award amount and payment plan, as well as payment/s to the utility providers for approved utilities will be sent out by the first Wednesday of each month. **Continue to pay your bills while 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 deferred payment agreement. Let them know you have applied for SDC-CDS's Utility Assistance.

## How can I check on my application?

You can check to see if we received your application or find out your grant amount by calling the Skagway Development Corporation office, you will be asked:

- ✓ Your case number. This number was listed on your Notice of Receipt of Utility Assistance Application.
- ✓ Your security code is the last four digits of your social security number.

**Read and Keep this Page**

## How often can I receive Utility Assistance?

You can receive utility assistance benefits each month the program is offered. Note that funding is limited each month and though you may be determined eligible to receive it, you may not receive funds due to exhausted funds.

## Are the benefits sent directly to me?

Unless the utility expense is included in your rent, your benefit is paid directly to your heat vendor, water/sewer vendor and/or electric company and credited to your account.

## Can I apply for Utility Assistance if my a utility is included in my rent?

If a utility is included in your rent, you **may** qualify for Utility Assistance. Please include a copy of your lease and your latest rent payment receipt showing the cost of included qualifying utilities.

## Do I qualify if I live in Section 8 or subsidized rental housing?

**Utility Assistance: If all utilities are included in your rent, you do not qualify for Utility Assistance.** If you live in subsidized housing and pay for your heat, electric or water/sewer, you **may** qualify for utility assistance. If you receive a utility allowance, your benefit will be reduced.

## Can I apply for Utility Assistance if I do not live in the home?

No. You must be currently living in the home to qualify.

## How do I report income? (Please provide proof of all income with your application.)

**List all your income received the month prior to the date we receive your application including wages and/or additional income sources for the month prior.** Without proof, your application may be delayed or denied. Acceptable proof includes wage stubs showing: Check date, gross income and year-to-date figures, an employer work statement (Form B) or signed letter from your employer. Year-end statements or award letters are required for Social Security and retirement benefits. **Bank statements are not adequate proof. If you are a self-employed, or work a variable schedule, go to Form C or A to determine your income.**

## Do I report my Social Security Benefits?

As part of a household's anticipated income, SS income is counted towards your eligibility for Utility Assistance.

## Do I report my Unemployment Benefits?

As part of a household's anticipated income, UI income is counted towards your eligibility for Utility Assistance, this includes both State unemployment and unemployment offered by the Municipality of Skagway.

## What if I have a disconnect notice or am out of heat or Electricity?

If you have run out of heat or electricity or have a notice that you will be disconnected in 48 hours, contact your utility company immediately to see if you can make payment arrangements. If they cannot make an arrangement with you, you may get emergency processing if you send in a complete application and attach copies of your disconnect notice, home heating and electricity bills, and proof of income for all household members. Your application will be reviewed for emergency processing. If you do not meet the expedite criteria, your application will be processed in the date order it was received.

## Can I transfer or share my benefit?

Once you have received your benefit, it cannot be transferred unless you have moved to an area that is served by a different heat/electric company. Contact our office if you move so we can help you transfer your benefit. In addition, You cannot sell, barter or share your benefit. The benefit is for your household only. If you are unable to pick up your oil and want to designate another person do to so, you must make that request to the vendor, in writing, stating the date, name of person picking up the fuel, how much fuel is to be picked up, and that the fuel is for your home. Sign the letter. The person picking up fuel must provide ID to prove they are the person you designated.

## Is Income based on gross or net values?

Income is calculated based on Gross, not net payment values. Gross income is an individual's total earnings (from wages, self employment, and other income sources) before taxes or other deductions. This includes income from all sources, not just employment, and is not limited to income received in cash

## Does this assistance count as income?

Most likely, yes but neither SDC or SDC-CDS staff can provide financial advice. If you receive or plan to apply for other assistance programs that base assistance on income levels, you are advised to check with them before applying for the SDC-CDS Utility Assistance Program. SDC-CDS is a 501(c)3 non-profit.

## How do I avoid delays?

Providing all the information requested (no additional) on the application will avoid delays.

- Complete (print carefully), sign and date the application, and send it in immediately.
- Attach copies of pay stubs of current employers received in the month before we receive your application for anyone in the household who worked. If you cannot locate all of your pay stubs, have your employer(s) fill out Form B.
- If you have been self-employed, provide an itemized listing of all business related income and expenses received during the last month using Form A.
- Provide a copy of your ID (Example: social security card, license, state ID, BIA/Tribal enrollment card, passport)
- Attach copies of your most recent heat, sewer/water **and** electricity bill(s). **You must show a cost to be eligible.**
- If heat, electricity or water/sewer is included in your rent, attach a copy of your rental agreement and most recent rent receipt showing the item/s are included in your rent.
- Attach a copy of your disconnect notice if it is within 48 hours and you are requesting emergency processing.
- If you live in Section 8 or subsidized housing, attach a copy of your rental housing worksheet.
- **It is your responsibility to provide all required documentation to process your application.**

## Can I pick my own vendor or do I have to use an approved vendor?

Due to the limited service options in Skagway, you may pick your own vendor.

## What if I need assistance with my application?

If you need help with your application, the SDC staff is available to help and can be reached at [sdcpprograms@aptalaska.net](mailto:sdcpprograms@aptalaska.net) or 907-983-3414.

## Is Internet and/or telephone a qualifying utility?

For this program, no. Due to limited funding, utilities have been limited to heat, electric and water/sewer.

## What is the maximum amount a house might be eligible for?

The maximum amount a household may receive is \$700 each month assistance is requested. This amount is reduced depending on the Gross Income of the household and is as follows: Extremely Low Income= Max. \$700; Very Low Income = Max \$630; 60% Limit Income= Max. \$560 & Low Income = Max \$490 in assistance. The determined max assistance amount will be fully applied to the indicated primary need. Any leftover funds of an award amount will be applied to the applicant's secondary and tertiary utility need until funds have been exhausted. Credits will not be placed on accounts for an amount greater than the combine costs of the listed utility expenses.

## If I need continued assistance, do I have to reapply each month the program is offered?

Yes. An application is needed by 5pm on the 3rd Friday of each month to be considered for that months assistance.

## Can I receive SDCDS Utility Assistance for utility costs I am already receiving Federal, State, local, tribal or other private assistance to cover?

No. If you are currently receiving assistance from a separate source to cover your residential water/ sewer, heat and/or electricity costs for the month you are applying for Skagway Utility Assistance, you cannot receive Skagway Utility Assistance for that utility expense. You may still receive utility assistance for the Skagway Utility Assistance program for other costs not covered by a second program.

## Would you like to lower the cost of heating your home?

Weatherization programs may be able to help lower your heating cost by installing energy efficient improvements. For your local weatherization program go to <https://www.ahfc.us/efficiency/energy-programs/weatherization/> or call:

Phone	Weatherization provider	Service area
800-478-8080	Alaska Community Development Corp.	Mat-Su, Kenai-Penn, Copper River, Kodiak
907-452-5323	Interior Weatherization	Interior Alaska
800-478-7227	RurAL Cap Statewide	Anchorage, Juneau, western and northern Alaska
907-279-2511	RurAL Cap Anchorage	Southeast Alaska except Juneau

# Your Rights and Responsibilities

## What if I disagree with your decision?

Any person whose application is denied or not acted upon with reasonable promptness, or whose benefits are reduced or terminated, has a right to an appeal. You must request an appeal in writing with the SDC's Executive Director. Appeal requests must be made within 5 days after you are emailed a notice of a decision on your Utility Assistance case.

## How are my rights protected?

No person who is residing within the Borough of Skagway between December 15, 2021 - April 30, 2022, on the ground of race, color, national origin, or disability, shall be excluded from participation or be denied the benefits of this assistance. If you feel you have been discriminated against, you may file a complaint with the Skagway Development Board of Directors.

## Do I need to tell you if something changes?

**Yes.** Not having current information may delay your benefit. **It is very important that you report changes in your address, phone number or in household members moving into or out of the home within 10 days.** Report changes to the SDC-CDS Utility Assistance program at 1-907-983-3414.

## What happens if I do not follow the rules?

You may be prosecuted if you knowingly give false or incorrect information to try to get utility assistance benefits you are not eligible for, or to help someone else get benefits for which they are not eligible.

It is illegal to sell, barter or trade any heating fuel purchased with heating assistance benefit dollars. If you break these rules, you may be prosecuted and will have to repay the benefits.

# Release of Information

Your signature on this application gives the Skagway Development Corporation-Community Development Services permission to ask for:

- o Information about your finances; and
- o Information about your utility costs and usage and billing history with your utility vendor/s (including the Municipality of Skagway in regards to water and sewer.

This information is only used in the administration of the Utility Assistance program and will not be released to any other person or agency outside of the Skagway Development Corporation-Community Development Corporation except when requested by the applicant in order to share information with another agency on your behalf as it relates to your utility assistance application and benefits.

The people or organizations that may be contacted on your behalf include, but are not limited to: heating and electric companies, the Alaska Housing Finance Corporation, Department of Labor and Workforce Development, Department of Law, Department of Military and Veterans Affairs, Department of Corrections, Department of Revenue, U.S. Immigration Services, employers, landlords, Native corporations, private individuals, Social Security Administration, and tax assessors.

**Read and Keep this Page**

# Application for Utility Assistance

Office Use Only

Date Received

## 1. Which program are you applying for? (Check what is applicable)

- Utility Assistance to pay a portion of home heating, home electric and/or home water/sewer costs.
- I am requesting expedite processing, available after February 1, and have completed the questions below.
  - A.** Are you out of fuel or is your electricity or natural gas service or water/sewer service CURRENTLY SHUT OFF?  Yes  No (If No, go to question 2). **If you answered YES you must include proof of your account and vendor with this application.**
  - B.** Do you expect to be out of fuel (oil/propane/wood) **or** to be disconnected from electricity/natural gas/water/sewer within 48 hours?  Yes  No **If YES, you must include a copy of your shut-off notice showing a scheduled disconnect date within 48 hours of today with this application.**
  - C.** Are your costs for rent/mortgage/utilities more than your monthly gross income?  Yes  No **If you answered NO, you DO NOT QUALIFY for expedited processing.** Your application will be processed in the order it was received.
  - D.** Have you included a copy of your shut-off notice?  Yes  No

Only those individuals at risk of losing services may apply for expedited consideration.

## People in Your Household

### 1. Head of household/ Applying Individual (Please Print)

Name (First, MI, Last)		Older than 65? <input type="checkbox"/> Yes <input type="checkbox"/> No		Birthdate
Mailing Address	City	State	Zip Code	US Citizen or qualified alien <input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address	City	State	Zip Code	
Daytime Phone	Message and/or Cell Phone			
Email	Receive income last month? <input type="checkbox"/> Yes <input type="checkbox"/> No			

\*Please include a copy of a photo ID, Social Security card, BIA card or tribal enrollment card for all adult members of the household.\*

2. Tell us about other people living in your home or are responsible for your utility costs. If you need more space, attach another sheet of paper.

Household Members (First, MI, Last)	Birthdate	Older than 65?	How Related?	US Citizen or legal alien (Yes/ No)	Eligible for Tribal Assistance (Yes/No)	Receive income last month?
<b>Example: Joe D Jones</b>	<b>2/10/74</b>	<b>N</b>	<b>Husband</b>	<b>Y</b>	<b>N</b>	<b>N</b>

3. Are there any other persons living with you at this residence who are not listed above?  Yes  No  
\*If Yes, list names of other persons living at this residence and describe how rent and utility expenses are shared.

4. Are you or anyone in your household Legally Disabled  Yes  No

5. Has anyone in your household received Utility Assistance from this program already?  Yes  No

6. If YES, what month/s was assistance received?  December  January  February  March

## Questions About Your Residence

7. Are you currently\* residing in Skagway?  Yes  No \*\*Currently Residing" means your primary residential address is Skagway and you have not been/ are not absent from Skagway for more than 30 days for any reason other than medical for the last two months prior to having submitted this application.

8. Do you rent or own?  Rent  Own

9. How much rent or mortgage do you pay each month? Rent: \$\_\_\_\_\_ Mortgage: \$\_\_\_\_\_

10. Who pays for your home heat?  Self  Landlord  
 Other (If other, please explain) \_\_\_\_\_

11. Who pays for your electricity?  Self  Landlord  Other (If other, please explain) \_\_\_\_\_

12. Who pays for your water/sewer?  Self  Landlord  Other (If other, please explain) \_\_\_\_\_

**Remember, if your heat, water/sewer and/or electricity is included in your rent, attach a copy of your rental agreement and your most recent rent receipt or a statement from your landlord showing the item/s are included in your rent and the cost of the utility service.**

13. Will you be receiving additional assistance for utility costs from a separate Federal, State, Local, Tribal or Private program?  Yes  No

14. If yes, for which utility type?  Electricity  Heat  Water/ Sewer

15. Are your housing costs based on a percentage of your income (subsidized or Section 8)?  Yes  No

If YES, attach a copy of your rental housing worksheet and utility allowance breakdown.

16. We may need to contact your landlord or manager to get information to process your application.

Landlord Name: \_\_\_\_\_ Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

## Tell us the name of your utility company/s

17. In the order you would like them to be paid until your awarded grant funds are exhausted, please Identify utility type and provide Name of Vendor, your Account Number with the Vendor, the Name on Account, and Amount of Current Bill: Utility Types: E = Electricity W/S= Water and Sewer H= Heat

Utility Type	Name of Utility Company	Account Number	Name on Account	Amount of Current Bill
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____

**You must attach copies of your most recent heating, water/sewer and/or electric bill for utility costs being included in this application. If you heat with wood, you must attach at least \$200 in vendor receipts for wood purchased to heat your home or receipts for wood cutting supplies such as a saw, chain saw blades, or two-cycle oil if you cut your own wood.**

18. If your account for fuel, electric, or water/sewer is in someone else's name, please explain

# Income in Your Household

## Example of what income to report

Application received in:	Provide proof of all income received:
January →	November 16 - December 15
February →	December 16 - January 15

XYZ company 123 Lane Anchorage, AK 99501						Earnings Statement	
EMPLOYEE NO.	EMPLOYEE NAME	SOCIAL SECURITY NO.	PERIOD BEG.	PERIOD END	CHECK DATE		
045345	JOHN J. DOE	xxx-xx-9898	01/18/2011	02/01/2011	02/04/2011		
EARNINGS	HOURS	RATE	CURRENT AMOUNT	WITHHOLDINGS/DEDUCTIONS	CURRENT AMOUNT	YEAR TO DATE	
REGULAR PAY	87.60		2307.69	STATE TAX AMT DEFERRED CMP FED TAX AMT HI TAX OASDI	0.00 0.00 281.54 33.46 96.92	0.00 0.00 1126.15 133.85 387.69	
CURRENT AMOUNT	CURRENT DEDUCTIONS	NET PAY	YTD EARNINGS	YTD DEDUCTIONS	YTD NET PAY	CHECK NO.	
2307.69	499.62	1808.08	9230.77	1998.46	7232.31	48974	

19. Income is based off of **Gross** Income and an **off-month** time-frame for income received (please reference table above for examples). List all your income from the "month" prior. Without proof, your application may be delayed or denied. Acceptable proof includes wage stubs showing check date, gross income and year-to-date figures, an employer work statement (Form B) or signed letter from your employer. Year-end statements or award letters are required for Social Security and retirement benefits. Check stubs for Skagway's Unemployment. **For UI Benefits only, bank statements are acceptable proof but must be accompanied with the State of AK Monetary Determination Letter.** If you're a seasonal worker or self-employed, use Form C or A to determine your monthly income.

### Type of Income Codes

AD	Adoption Subsidies	GR	General Relief	SL	Student Loans/Grants not used on tuition
APA	Adult Public Assistance Program	IN	Interest	SSI	Supplemental Security Income
ATAP	Alaska Temporary Assistance	ND	Native Dividends	TI	Tips and Gratuities
BIA	BIA General Assistance	PE	Pension (other than Veteran's benefits)	UI	Unemployment Insurance
BP	Bingo/Pull Tab Winnings	PFD	Permanent Fund Dividend	VB	Veteran's Benefits
CO	Cash Outs of Retirement/Pension	RI	Rental Income	WA	Wages
CS	Child Support and Alimony	SEA	Seasonal Work	WC	Worker's Compensation
DI	Dividends	SE	Self-Employment	TT	Tribal TANF
FLS	Family Support (Please Explain)	SB	Senior Benefits	SUI	Municipality of Skagway Unemployment
FC	Foster Care Payments	SSA	Social Security	OT	Other (Please Explain)_____

Household member	Income Type (See above)	Employer's Name	Employer's Phone Number	Last Month's Gross Income	Last day of work	Weekly? Monthly?
<b>Example: Susan Jones</b>	<b>WA</b>	<b>XYZ Grocery</b>	<b>907-555-5555</b>	<b>800.00</b>	<b>January 31</b>	<b>Weekly</b>

20. Does anyone have income from seasonal/self-employment? (farming, fishing, home party sales, etc)  Yes  No  
See Form C or A for examples, how to calculate gross income and what to send as proof of income.

21. Does anyone in your house receive rental income from property?  Yes  No

Owner: \_\_\_\_\_ Monthly Rental Income: \_\_\_\_\_

22. If your household income doesn't cover basic living expenses, explain how you are paying these costs.

Rent: \_\_\_\_\_ Utilities: \_\_\_\_\_ Food: \_\_\_\_\_

**Please Read and Sign the Next Page** 

# Please Review and Check Boxes

<ul style="list-style-type: none"><li><input type="checkbox"/> Answer all 22 questions.</li><li><input type="checkbox"/> Provide complete information for each household member.</li><li><input type="checkbox"/> Include a copy of your latest home heating and electric bill, or wood vendor receipts. Please include wood vendor receipts showing at least \$50 of out-of-pocket costs.</li><li><input type="checkbox"/> Include a copy of your ID.</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Include a copy of Power of Attorney (if applicable).</li><li><input type="checkbox"/> Include proof of income or have your employer complete Form B or Form C.</li><li><input type="checkbox"/> Include a copy of your latest rent receipt and rental agreement if any of the utilities included with your rent.</li><li><input type="checkbox"/> Sign and date the application with today's date.</li><li><input type="checkbox"/> Include a copy of your shut-off notice if you are requesting expedited processing.</li></ul>
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## Signature

I, \_\_\_\_\_ (print name) of \_\_\_\_\_ (print address) give the Skagway Development Corporation- Community Development Services permission to ask for:

- Information about my finances as well as the finances of other household members listed on this application.
- Information about my utility/heating costs including usage and billing history with my primary fuel & electric vendors.

**I understand:**

- That I must notify Skagway Utility Assistance within 10 days if I move or change household members.
- That a corporate representative may call my home, and may contact other people in order to verify my eligibility for assistance. I also understand that information I give may be verified by computer cross-matching with other agencies.
- That I must be currently living in the home for which I am applying.

**I authorize:**

- The Skagway Development Corporation- Community Development Services to communicate with my vendor(s) and other agencies on my behalf as it relates to the Heating Assistance Program.
- The Alaska Department of Labor to release to the Skagway Development Corporation- Community Development Services information about my eligibility for unemployment insurance and work history.

**I have read the Program Rules, Rights and Responsibilities and the Release of Information sections of the application packet and I understand them, including fraud and penalties, as described in this application. I understand that I am not entitled to or guaranteed any assistance through this program, any and all funding will be based on available funds and the determination of SDC-CDS program manager. Funding amount may be increased or decreased based on any future changes made to the program as a whole in order to better serve the community or based on funding levels available.**

**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, including U.S. citizenship or lawful immigrant status, income, and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge.**

X \_\_\_\_\_  
Signature of Adult listed on Page 1, Question 2                      Date

X \_\_\_\_\_  
Signature of other listed adult(s) on application                      Date

X \_\_\_\_\_  
Signature of other listed adult(s) on application                      Date

### Fee Agent and Office Use Only

- I certify that I have checked the information on the application carefully and that it is a true and complete statement of facts according to the best of my knowledge.
- I understand that it is against the law to make false statements and that I am subject to prosecution if I do.
- I certify that I have been hired by the applicant to assist in the completion of this application.

Date \_\_\_\_\_ Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address: \_\_\_\_\_



# Self-Employment Income and Expenses - Form A

**Examples of self-employment include: commercial or charter fishing, carving, trapping, baby-sitting or day care, crafts, home party sales, cosmetic sales, taxi driving, owning your own business and rental income.**

Please provide an itemized Profit and Loss Statement listing of all business related income and expenses received between the 16th day of the prior month and the 15th day of the current month.

- Allowable business expenses are those expenses that are necessary, non-personal costs of doing business.
- Non-allowable business expenses are depreciation, amortization and the principal portion of payments on business debt, personal or home expenses which the household would incur regardless of the business.

Your total monthly self-employment income, less allowable business related expenses, and any other earned and unearned income, will be considered your self-employed earned wages for the month you are applying for. Attach additional pages as necessary.

If you are self-employed through fishing, please send a copy of your entire fishing settlement for the past 12 months. If you have computerized records, you may provide a copy of your ledger documenting your business related income and expenses for the previous 12-month period. Please sign and date the ledger.

Name of Self-Employed Person: \_\_\_\_\_ Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Business Address: \_\_\_\_\_

You may be asked to provide additional documentation such as: copies of ledger books, trip tickets or letters from people who have paid you.

Itemized Business Income			Itemized Business Expenses		
Date	Source	Amount	Date	Source	Amount
	1-Month Income Total			1-Month Expenses Total	

Attach additional pages as necessary.

I certify under penalty of perjury, or of unsworn falsification in violation of AS11.56.210, that this income and expenditure information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Employment Statement - Form B

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

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

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

Business Name (Please Print): \_\_\_\_\_ Please complete, sign, and fax or mail this form to the address above. Your assistance is appreciated.

## For Employer Use Only

Month: \_\_\_\_\_

Number of paycheck's issued between the 16th of the prior month and 15th of current month: \_\_\_\_\_

Provide the information below for paychecks issued the 16th of the prior month and 15th of current month or attach a copy of a computer print out.

Gross Pay	Issue Date	Tips Received

Employer Address: \_\_\_\_\_

Employer Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Payroll Contact Number: \_\_\_\_\_

**\*\*\*\*Note: The Employer Must Sign this Statement\*\*\*\***

# Seasonal Work Statement - Form C

**Examples of seasonal employment may include: construction, fishing, fish processing, logging, mining, trapping, firefighting, oil field and school district occupations. WE ARE EXCLUDING TOURISM RELATED INCOME. Be sure to submit verification of income from all sources. Your total income for the previous 12 months will be divided by 12 to arrive at a monthly average.**

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

Employee Signature: \_\_\_\_\_ Occupation: \_\_\_\_\_

EMPLOYER: This form is to be used to verify seasonal employment income for the past 12- month period. Please complete, sign, and mail or fax this form to the address above. Your assistance is appreciated.

### For Employer use only

Date Employment Began: \_\_\_\_\_ Date first paycheck issued: \_\_\_\_\_

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

Date last paycheck was issued: \_\_\_\_\_ Gross amount issued: \_\_\_\_\_

Circle the past 12 months of seasonal employment:      20\_\_ JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC  
20\_\_ JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Provide the information below for the past 12-month period.

Gross Pay/ Issue Date

Gross Pay/ Issue Date

Gross Pay/ Issue Date

Gross Pay/ Issue Date	Gross Pay/ Issue Date	Gross Pay/ Issue Date

Business name (Please Print): \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Payroll Contact Number: \_\_\_\_\_

\*\*\*\* **Note: The Employer Must Sign This Statement** \*\*\*\*