



Alaska Community Development Corporation

Affordable Housing • Energy Conservation • Housing Rehabilitation • Weatherization

Application Packet

January 20, 2012

Alaska Community Development Corporation (Alaska CDC) is a private non-profit agency that has administered state- and federally-funded energy efficiency and housing programs in Alaska, since 1979. We currently administer the following **home improvement programs: Weatherization, Senior Access, Housing Accessibility Improvement (HAIP), and Owner-Occupied Rehabilitation (ORP).**

Please note that these programs cannot help you buy or build a home. Alaska CDC also administers the Rural Self-Help Housing Program in the Mat-Su Borough, which offers a unique way to establish home ownership. See the back of this letter to learn how to build and buy a home through Self-Help Housing.

- **Program information fliers are attached.** They briefly explain where a program is available, the type of help it offers, and the *primary* eligibility guidelines. Other guidelines and restrictions may apply.
- **Answer all questions on the attached application even if you don't think they apply to your situation.** This information helps us better understand the condition of your home and improvement needs, and it helps us prioritize your application according to program guidelines. Also, the state and federal funding sources require information from households in their programs.

That said, there are a few questions in the packet that are noted as pertaining only to one program (one question on pg. 2 for ORP and all of pg. 6 for Weatherization). You do not have to answer a program-specific question if you are not applying for that particular program.

Different programs have different income, ownership, and age guidelines. Your household may qualify for one program but not another, which can be confusing. **Our contact information appears below if you need help answering a question.**

- **Signatures are required on pp. 7 and 8. For Weatherization, signatures also are required on pg. 6.**
- **Submit all requested proofs described in the application.**

Note: There are no income guidelines for the HAIP grant. *If you are ONLY applying to HAIP, you do not have to provide any income information or documentation with your application.*

- **Submit your application to Alaska CDC.** Alaska CDC accepts applications year-round. However, there are always wait lists for our programs, because most work is done during the construction season. The sooner you apply, the sooner you may be served.

After we receive your application and proofs, we might need more information from you. However, submitting an application is the first step toward receiving assistance.

Due to the volume of applications received, application processing may take 3-4 months. We have increased staff to help address this need. We will inform you of your status for a program by mail. Your patience is appreciated.

Application Packet Contents:

This cover letter; five program fliers: Rural Self-Help Housing (on the back of this letter), Weatherization (2 pp.), Senior Access, ORP, HAIP; Application (8 pp.); Reasonable Accommodation Request form; postage-paid return envelope

If any part of this Application Packet is missing or to make sure you have the most current version, contact Alaska CDC at 907 746-5680 x 100 (Palmer), 800 478-8080 x 100, or www.alaskacdc.org.

RURAL SELF-HELP HOUSING PROGRAM

Funded through the U.S. Department of Agriculture, Rural Development)



The Rural Self-Help Housing Program is a group-method of home construction available to limited-income households. Alaska CDC administers Self-Help Housing in the Mat-Su Borough. Alaska CDC purchases available lots that meet program guidelines and are suitable for a group construction project. Participant-households are given a choice of pre-selected house plans that meet program guidelines. Available choices will depend on household size, total loan available, availability of regular income, configuration of the lot, and other factors.

House plans: ranch style; 2-, 3-, or 4-bedroom homes with an attached garage; energy efficient design and construction—5 Star Energy Rating

An eligible participant-household must qualify for a low-interest loan. Six to ten participant-households are put together to form a group. As a group, these participant-households work together to build each other's homes. Approximately 65% of the construction labor is provided by the group under the direction of a construction coordinator. The remaining labor is subcontracted to professionals.

Each participant-household must contribute at least 30 hours per week toward construction of all participant-household homes. Since most participants work during the day, most of the construction work is done on weekends and early evenings during the week. Schedules vary according to climate and group participant makeup. Homes will be built throughout the year. A typical construction schedule would be 3:00 p.m. to 9:00 p.m., Tuesday through Saturday. This schedule is subject to change based on the group's mutual agreement. One member of each participant-household also must attend periodic group meetings.

Self-Help Housing is available to qualified households in the low-income and very low-income categories. Income guidelines appear below. Priority will be given to very low-income households. Priority also may be given to special needs housing for households with elderly or disabled residents.

Mat-Su Borough Income Guidelines 7/1/2011

	<u>1 person</u>	<u>2 person</u>	<u>3 person</u>	<u>4 person</u>	<u>5 person</u>	<u>6 person</u>
Very Low Income	\$28,950	\$33,050	\$37,200	\$41,350	\$44,650	\$47,950
Low Income	\$46,300	\$52,900	\$59,550	\$66,150	\$71,450	\$76,750

Self-Help Housing provides a unique opportunity for low-income households to build and own their own homes. Successful applicants will have dependable regular income, good credit, the ability to qualify for sufficient funds to build a home that meets program guidelines, and the ability to work well with others.

Alaska CDC accepts applications year-round. However, interested applicants should apply right away. **Lot choice is given on a first-come, first-qualified basis.** Furthermore, applicants with imperfect credit may need some time to clean-up their history.

For a Self-Help Housing application, contact Alaska CDC at 907 746-5680 (Palmer), 800 478-8080, or www.alaskacdc.org

ALASKA WEATHERIZATION ASSISTANCE PROGRAM

Funded through the State of Alaska, Alaska Housing Finance Corporation, the U.S. Department of Energy, and the U.S. Department of Health and Human Services

- Alaska CDC provides Weatherization assistance in Copper River Basin, Kenai Peninsula Borough, Kodiak, Lake and Peninsula Borough, Mat-Su Borough, many Southeast Alaska communities, the Taylor Highway System, and the Tok area. If you live in a home currently controlled by a housing authority, contact your housing authority for Weatherization assistance. Other providers serve the rest of the state.
- Weatherization helps low-to-moderate-income households who own or rent eligible homes: **apartments, cabins, condominiums, houses, mobile homes, and multi-family dwellings** (duplexes and larger).
- Weatherization improvements are designed to help reduce energy use in the home, help reduce heating bills, and help make the home more comfortable for residents. This is not a fuel bill subsidy.
- Eligible Weatherization improvements include: **air sealing, caulking, insulation, and weatherstripping; replacement windows and entry doors; exterior skirting; clock thermostats; heating cleaning and repair; ventilation measures; moisture and mildew control; and efficient lighting**. Major home rehabilitation and repairs are not eligible under Weatherization.
- Trained Weatherization assessors conduct visual inspections and diagnostic tests on each home to identify eligible Weatherization improvements. **Based on the assessment findings, test results, and state and federal Weatherization guidelines, Weatherization staff will determine the improvements to be made to the home.** The Weatherization grant is not given to households to spend. The Weatherization grant directly pays specially-trained contractors who have undergone a competitive bid process to provide materials and to make eligible weatherization improvements to homes.
- There is **no cost to eligible residents of owner-occupied homes or to eligible tenants**. Landlords must authorize recommended improvements and may be asked to contribute matching funds, if needed.
- **Priority is given to households with** seniors (55+), residents who experience disabilities, children under 6 years old, and/or households with income at or below 200% of the poverty level established for Alaska by the U.S. Dept. of Energy. Applicants also may be prioritized for assistance if multiple funding sources or programs can be used for greater cost-effectiveness or if necessary measures are defined as emergencies per Weatherization Assistance Program guidelines.
- **Restrictions** include but are not limited to:
 - The home may not have been weatherized by an agency after April 14, 2008.
 - An Alaska Housing Finance Corporation (AHFC) Home Energy Rating Rebate may not have been awarded *for improvements made to the home* after May 1, 2008. (Receipt of a rebate for the cost of an as-is rating is allowed as long as the household subsequently withdraws from the AHFC rebate program.) Households may not receive home improvement assistance from the Weatherization and the AHFC rebate programs. Households that violate this guideline may be cancelled.
 - The home may not be currently marketed for sale or rent or scheduled for demolition.
 - The home must be the household's primary residence. The household must be available throughout the Weatherization assessment, installation, and inspection process. This process can take 4-6 months. Households that routinely leave the state more than 30 days a year may find their schedules conflict with the program's installation schedule and may be denied assistance. Households that do not spend the heating season in their homes may be denied assistance.
 - The household's combined income may not exceed income guidelines.
- **Household income is reviewed for the most recent 12 months before the application date.**

- **A household automatically meets income eligibility requirements if** (1) an occupant receives ATAP, TANF, SSI, Food Stamps, federally-funded Low-Income Home Energy Assistance, SeniorCare benefits, subsidies from qualifying affordable housing programs (such as Section 8, Section 202, Section 811, Low-Income Housing Tax Credit, etc.); **or** (2) the applicant lives alone and receives APA/IA.
- Households that do not automatically meet income eligibility requirements must undergo a full income review and meet the income limits below.
 - **Household income includes** gross money received by all residents, including non-taxable income.
 - **Household income does not include:** any assets drawn down as withdrawals from a bank; capital gains; Child Support; Combat Pay (Hostile Fire); dependent student income (i.e., earnings of full-time high school students or post-secondary students enrolled for at least 12 credit hours); dividends from a Native Corporation less than \$2,000/year per resident; Federal Economic Stimulus Payments; federal non-cash benefits such as Medicare, Medicaid, Food Stamps, school lunches, and housing assistance; food or housing received in lieu of wages, including the value of food and fuel produced and consumed on farms; gifts; loans; lump-sum inheritances; non-cash benefits such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits; one-time insurance payments or compensation for injury; one-time payments from a welfare agency to a family or person who is in temporary financial difficulty; emergency one-time withdrawals from an investment account (note why the money was withdrawn; e.g., “high medical bills,” “down payment for home,” “lost job and couldn’t pay bills,” etc.); payment for foster children/adults or adoption subsidies; sale of assets such as property, house, or vehicle; scholarships for college or university; and tax refunds.

Program Year June 24, 2011—March 2012 Income Limits

AREA	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Haines Borough	49,100	56,100	63,000	70,100	75,800	81,400	87,000	92,600
Kenai Peninsula Borough	51,400	58,800	66,100	73,400	79,300	85,200	91,100	96,900
Ketchikan Gateway Borough	53,900	61,600	69,300	77,000	83,200	89,400	95,500	101,700
Kodiak Island Borough	52,100	59,500	66,900	74,300	80,300	86,200	92,200	98,100
Lake and Peninsula Borough	49,000	56,100	63,100	70,100	75,800	81,400	87,000	92,600
Matanuska-Susitna Borough	55,600	63,500	71,400	79,300	85,700	92,000	98,400	104,700
Petersburg	52,800	60,400	67,900	75,400	81,500	87,500	93,500	99,600
Sitka City and Borough	55,200	63,100	71,000	78,800	85,200	91,500	97,800	104,100
Skagway	52,800	60,400	67,900	75,400	81,500	87,500	93,500	99,600
Valdez-Cordova Area	53,500	61,200	68,800	76,400	82,600	88,700	94,800	100,900
Tok	49,100	56,100	63,000	70,100	75,800	81,400	87,000	92,600
Wrangell	49,100	56,100	63,000	70,100	75,800	81,400	87,000	92,600

- **Weatherization is not an emergency response program.** The majority of work is performed during the construction season. **Households wait 1-2 years after their applications are approved to receive assistance, including priority households.** (Non-road-connected communities may wait longer. They are scheduled to be served after a minimum number of applications are received from them and as funding allows. The more applications received from remote areas, the sooner they can be served.)
- Funding is limited. Many areas have a minimum one-year wait list. **Interested households should complete the attached application and submit required proofs to Alaska CDC as soon as they hear about the program to secure their places on the wait list.**

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Call Alaska CDC if an application packet did not accompany this flier.

SENIOR HOUSING ACCESSIBILITY MODIFICATION PROGRAM

“Senior Access” *Funded by Alaska Housing Finance Corporation (AHFC)*



We provide home rehabilitation grants without regard to race, color, religion, sex, national origin, handicap, or familial status.

- Alaska CDC serves the Mat-Su Borough, Kenai Peninsula Borough, Copper River Valley, Tok area, and Southeast Alaska. Assistance is provided on a first-come, first-serve basis except when it is most cost-effective to blend funds from several sources or in the case of an emergency per Program guidelines.
- This grant improves the accessibility of homes so that qualifying seniors (55 years and older) who experience disabilities may reside safely at home as long as possible. Home repairs are not eligible.
- Eligible housing units are **houses, cabins, condominiums, mobile homes, apartment dwellings, and small state-licensed assisted living facilities (five or fewer beds).**
- The home to be modified must be the **current, principal residence of the qualifying senior** and the qualifying senior must agree to live in the home up to three years after the work is completed.
- Accessibility modifications must be recommended by a qualified third-party** such as a doctor, nurse, caseworker involved with the senior’s care, or caregiver who is familiar with the senior’s needs. However, assisted living home operators whose properties would be improved by the program cannot act as the third-party providing the recommendation on behalf of the senior.
- Household gross income must meet current guidelines.** (For assisted living homes, each “renter” is considered a separate household.) The household must show that it does not have funds of its own or from other sources to complete the modifications. Applicants cannot be behind on paying Child Support.
- This program is **free to the senior and the legal owner(s) of the property.** No more than the amount necessary to complete required accessibility improvements will be awarded. Maximum grant awards are:
 - \$15,000 if the qualifying senior is the legal owner of the property.
 - \$15,000 if the home is privately owned and the qualifying senior is related to the legal owner of the property and the legal owner of the property resides in the home.
 - \$10,000 if the qualifying senior rents the property.
 - \$7,000 if the qualifying senior resides in a state-licensed assisted living facility (five or fewer beds).
- If the home is a rental or a small state-licensed assisted living facility, the legal owner(s) of the property must authorize any work to be completed under the program.

Income Guidelines as of 7/13/11

CENSUS AREA	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person
Haines Borough	49,100	56,100	63,100	70,100	75,800	81,400	87,000
Juneau City and Borough	65,100	74,400	83,700	92,900	100,400	107,800	115,200
Kenai Peninsula Borough	51,400	58,800	66,100	73,400	79,300	85,200	91,100
Ketchikan Gateway Borough	59,300	61,600	69,300	77,000	83,200	89,400	95,500
Kodiak Island Borough	52,100	59,500	66,900	74,300	80,300	86,200	92,200
Matanuska-Susitna Borough	55,600	63,500	71,400	79,300	85,700	92,000	98,400
Prince of Wales (outer Ketchikan)	49,100	56,100	63,100	70,100	75,800	81,400	87,000
Sitka City and Borough	55,200	63,100	71,000	78,800	85,200	91,500	97,800
Skagway-Hoonah-Angoon	52,800	60,400	67,900	75,400	81,500	87,500	93,500
Southeast Fairbanks (includes Tok)	49,100	56,100	63,100	70,100	75,800	81,400	87,000
Valdez-Cordova (area south of Tok)	53,500	61,200	68,800	76,400	82,600	88,700	94,800
Wrangell-Petersburg	52,800	60,400	67,900	75,400	81,500	87,500	93,500
Yakutat Borough	52,800	60,400	67,900	75,400	81,500	87,500	93,500

Contact Alaska CDC if an application packet did not accompany this flier.

OWNER-OCCUPIED REHABILITATION PROGRAM



Funded by Housing and Urban Development (HUD), Sponsored by Alaska Housing Finance Corporation (AHFC)

We provide home rehabilitation loans without regard to race, color, religion, sex, national origin, handicap, or familial status.

- **Alaska CDC serves** the Mat-Su Borough, Kenai Peninsula Borough, Copper River Valley, Tok area, City of Kodiak, and Southeast Alaska. All areas are not served every year. There currently is a minimum one-year wait for all areas. Most applications will require periodic updating.
- Assistance includes **repair** of the following: roof, ceilings, foundation, flooring, electrical and plumbing, water and waste systems, heating systems, windows, and doors. **Energy conservation** measures are prioritized. Accessibility improvements for residents who experience disabilities can be made if sufficient funding remains after addressing rehabilitation needs.
- **Assists low-income households who own and occupy eligible homes year-round and do not own other residential property.** Household income is defined as all money received by owners and residents, except Child Support, gifts, inheritances, life insurance proceeds received as a result of death, and adjusted gross income deductions on IRS Form 1040. Furthermore, **homeowners cannot be behind in making Child Support payments. Homeowner's insurance must be current.**
- This is a **"forgivable" loan** program. **A lien is placed on the property.** For loans up to \$50,000, the entire loan is "forgiven" if the household lives in the home at least one year AND owns the home at least four years after the work is done. Any amount over \$50,000 must be repaid upon transfer of ownership. Because a lien must be recorded with the State, a current resident must submit a copy of a **recorded Deed for land** ownership and/or a copy of a **Vehicle Title for mobile home** ownership.
- Gives priority to seniors (55+), residents who experience disabilities, and/or children under 7 years old. Applicants also may be prioritized for assistance if multiple funding sources or programs can be utilized for greater cost-effectiveness or if necessary repairs are defined as emergencies per guidelines.
- **Restrictions include but are not limited to the following:**
 - Homes must meet minimum standards established by HUD and AHFC after rehabilitation. If the standards cannot be met within the allowable budget, the project will not proceed.
 - After-rehab value of the home and land may not exceed current limits: \$200,160—all Alaska CDC service areas (see below), except \$242,250—City of Kodiak; \$263,600—Mat-Su, \$327,750—Sitka, and \$240,264—Yakutat City.
 - Structures of two or more units are not eligible. (However, condominiums are eligible.) Mobile homes built before June 15, 1976, are not eligible. Travel trailers are not eligible. Homes under the control of housing authorities are not eligible. The property cannot have any remaining loan due under the Home Opportunity Program (HOP). There cannot be an outstanding Notice of Default or Notice of Sale against the property or excessive liens filed against it. Property tax payments must be current.

Income Guidelines as of 2/9/12

CENSUS AREA	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Haines Borough	29,880	34,140	38,400	42,660	46,080	49,500	52,920	56,340
Kenai Peninsula Borough	31,260	35,760	40,200	44,640	48,240	51,840	55,380	58,980
Ketchikan Gateway Borough	32,760	37,440	42,120	46,800	50,580	54,300	58,080	61,800
City of Kodiak	29,880	34,140	38,400	42,660	46,080	49,500	52,920	56,340
Matanuska-Susitna Borough	34,980	39,960	44,940	49,920	53,940	57,960	61,920	65,940
Prince of Wales Island-Outer Ketchikan	29,880	34,140	38,400	42,660	46,080	49,500	52,920	56,340
Sitka Borough	31,800	36,360	40,920	45,420	49,080	52,740	56,340	60,000
Skagway-Hoonah-Angoon	33,240	37,980	42,720	47,460	51,300	55,080	58,860	62,700
Southeast Fairbanks (includes Tok)	29,880	34,140	38,400	42,660	46,080	49,500	52,920	56,340
Valdez-Cordova (area south of Tok)	31,080	35,520	39,960	44,340	47,940	51,480	55,020	58,560
Wrangell-Petersburg	29,880	34,140	38,400	42,660	46,080	49,500	52,920	56,340
Yakutat Borough	33,240	37,980	42,720	47,460	51,300	55,080	58,860	62,700

Contact Alaska CDC if an application packet did not accompany this flier.

HOUSING ACCESSIBILITY IMPROVEMENT PROGRAM GRANT

Funded through the State of Alaska, Department of Health & Social Services
in cooperation with the **Alaska Mental Health Trust Authority**

Eligible Improvements

HAIIP grants may be used for **accessibility** improvements to existing homes to mitigate functional limitations imposed by qualifying disabilities. The requested improvements must be necessary due to a related disability of a full-time resident (e.g., we will replace stairs with a ramp for a resident who depends on a wheelchair but not for a resident whose disability who does not make using stairs difficult).

- Stairway modification or ramp installation or modification;
- Widening of doorways and hallways;
- Adjustments and adaptations to improve mobility within the interior living space;
- Adjustments to the levels of countertops and other usable surfaces;
- Installation of appropriate bathroom fixtures;
- Mitigation of any functional losses due to traumatic head injuries;
- Adapting the environment to manage behavioral issues associated with Alzheimer's Disease or Related Disorders;
- Installation of permanent technological features designed to improve accessibility and independent living;
- Amplification, visual devices, and/or signaling devices to assist hearing and/or visually impaired beneficiaries, such as special equipment necessary for operation of stoves, ovens, thermostats, and other devices in the home which would otherwise require visual observation;
- Therapeutic equipment and devices, including the leasing of equipment for the purpose of trial use from the Assistive Technology Library of Alaska (ATLA);
- Modifications that assist in performing daily tasks that mitigate the functional limitations that result from the qualifying disability;
- Other improvements specifically related to the eligible beneficiary's qualifying disability and approved by the Department of Health & Social Services.

Home repairs and non-ADA-related items (such as air purifiers, water heaters, fences, heating systems, wells, septic, home maintenance, etc.) **are not eligible.**

Who May Apply

Alaskan residents who experience verifiable disabilities that fall under the following categories:

- Alzheimer's Disease and Related Disorders
- Chronic Alcoholism with Psychoses
- Developmental Disability
- Mental Illness
- Traumatic Brain Injury
- and other Special Needs populations

Households must agree to pay back the grant, if the intended beneficiary does not live in the home 3 years after the work is done. Annual residency reviews will be conducted.

Tenants and landlords also are required to sign lease agreements to ensure the beneficiary may remain in the home and benefit from the improvements. The lease term will depend on the amount of funding awarded for the project.

Funding Availability

Funding for this program is very limited and generally will be allocated to households on a first-come, first-serve basis. In some cases when combining funds from several sources will provide cost savings to the program, households might be moved up the wait list. The wait list is currently 1-2 years.

The maximum grant available for owner-occupied homes is \$15,000, \$12,000 for rentals. (Landlord cooperation is required.) Maximum grant awards may be reduced by project coordination costs.

Assisted Living Homes cannot be served by this program.

Alaska CDC serves the Kenai Peninsula Borough, Mat-Su Borough, and the Valdez-Cordova Census **area**

There is a 1-2 year wait list for all areas.

Contact Alaska CDC if an application packet did not accompany this flier.

List all people living in the home. Start with the Head of Household. Note an unborn child's due date.

Attach another page if necessary.

VOLUNTARY Race and Ethnicity (Mark all that apply.)												
Name (include last name if different)	Gender (circle)	Birth Date (mm/dd/yy)	Disabled (circle)	Hispanic	African-American	American Indian / Alaska Native	Asian	Caucasian	Latino	Multi-Racial	Native Hawaiian / Other Pacific Islander	Other: (Please print.)
	M F		Y N									
	M F		Y N									
	M F		Y N									
	M F		Y N									
	M F		Y N									
	M F		Y N									

• For the Owner-Occupied Rehab Program Only: EXPLAIN if any residents are not U.S. citizens or do not have permanent resident alien status: _____

- ✓ **SUBMIT COPIES OF PROOF OF AGE FOR ANYONE 55 YEARS OR OLDER** (driver's license, tribe- or state-issued ID, birth certificate, etc.)
- ✓ **PROVIDE QUALIFIED REFERRALS** (health care professionals, government assistance agencies, VA, care coordinators, etc.) **who can verify each disability.** Attach another page if necessary.

Contact Person (First & Last Name)	Business / Agency Name	Phone / Fax (include Area Code if not 907)
_____	_____	_____ / _____
_____	_____	_____ / _____
_____	_____	_____ / _____

✓ **WRITE YOUR HOUSEHOLD'S COMBINED GROSS YEARLY INCOME.** This is required from ALL households for statistical purposes. (Include ALL residents' PFDs even if garnished.)

\$ _____

• If anyone did not receive the entire PFD, please explain why: _____

✓ **SUBMIT complete copies of Federal Tax Returns filed by ALL adults who were required to file for the previous calendar year and copies of ALL W2s, 1099s, etc. received by the household.**

✓ **An adult who is not required to file tax returns MUST SUBMIT copies of MOST RECENT check stubs, statements, profit/loss statements, or bank statements that show direct deposits of ALL GROSS INCOME RECEIVED TO DATE IN THE CURRENT YEAR, including but not limited to:**

- ASSISTANCE such as: **APA/IA, ATAP, TANF, federally-funded Heating Assistance** (ask your funding source if the funds were state or federal, if you don't know), **SeniorCare, affordable housing subsidies** (e.g., Section 8), **and/or, Supplemental Security Income received during the most recent 12 months** (not calendar year). **The proof must include the recipient's name and the most recent date the benefit was received/awarded.** You can give your caseworker permission to fax proof to us at 907 746-5681 (Palmer) or 800 478-1530.

- **Has your household applied for any loans or other assistance to meet your home repair, energy efficiency, or accessibility needs?** (e.g., Home Energy Rating Rebate, Medicaid Waiver, NAHASDA, etc. from housing authorities, USDA Rural Development, tribal organizations, VA, Dept. of Education Voc. Rehab., Public Assistance, Independent Living Centers, Medicaid or Medicare Waivers, etc.) **Indicate below.** Attach another page if necessary.

Contact Person	Agency	Phone / Fax (include Area Code if not 907)
_____	_____	_____ / _____
_____	_____	_____ / _____
_____	_____	_____ / _____

- **What is the status of each application (pending, denied, approved, etc.)?** _____

- **Describe any improvements to the structure or the land funded by an assistance program in the past. Please also indicate what year the work was done.** Attach another page if necessary.

- **If your household has not applied for assistance from other sources, please explain why not:** _____

- **Please explain why your household cannot afford to improve the home:** _____

Your responses to the next questions will help identify which program(s) will best meet your needs. **Please answer all of the questions**, even if you don't think they relate to your specific improvement request(s). For example, if you ask for an accessible shower, we need to know if the home has water and waste systems. **Restrict each answer to the specific question being asked.** Attach another page if necessary.

- **List accessibility modification needs and write which resident(s) would benefit from them.** Attach another page if necessary. **Write "N/A"** if no one needs accessibility modifications made to the home.

- **Current value of the structure*:** \$ _____ **Current value of the land*:** \$ _____

* Do not write a loan amount. Write the value that appears on an appraisal or property tax assessment. Write the full value, even if a portion is tax-exempt. If you own the land, also provide that value.

• **Year built:** _____ **Total square feet:** _____ **# of stories:** _____ **# of bedrooms:** _____

• **Indicate the following:** (circle or write a response)

Electricity source: None Generator Utility Other: _____
Water source: None Catchment System Utility Well Other: _____
Waste system: None Septic (type, if known: _____) Sewer Other: _____
Water Heater: None Electric Natural Gas Oil Propane Other: _____
Range: None Electric Natural Gas Propane Other: _____
Clothes Dryer: None Electric Natural Gas Propane Other: _____

• **Indicate the condition of the major components of the home.** Attach another page if necessary.

Component	Good	Average	Poor	None	Specific Problems / Deficiencies / Requested Repairs
Overall Structure					
Foundation Answer "1" below.					
Floor					
Ext. Walls/Siding					
Roof					
Plumbing					
Electrical					
Insulation Levels					
Windows/Doors					
Int. Walls/Ceiling					
Main Heat Source Answer "2" below. Answer "3" below.					
2nd Heat Source Answer "2" below. Answer "3" below.					

1 **Circle type(s):** all-weather wood, concrete footing or block, pilings, post & pad, slab, other: _____

2 **Circle type(s):** boiler, drip pot, baseboard, fireplace, forced-air (has duct work? yes no), furnace, radiators, Toyo stove (or similar), wood stove, other: _____

3 **Circle type(s):** coal, electricity, natural gas, oil, propane, wood, other: _____

✓ If you are requesting repair of a heat source, **SUBMIT copies of inspection reports / repair estimates / verification of carbon monoxide poisoning, etc. Also, briefly describe the problem and when it began.**

• **Write all fuel and electricity used by your household during the most recent 12 months** (or since you moved in if you have not lived in this structure at least 12 months). **Do not write dollar amounts.** If you don't know how much you have used, ask your utilities and fuel providers for quantities.

Electricity: _____ KWHs Oil: _____ gallons Propane: _____ gallons
 Natural Gas: _____ CCFs Wood: _____ cords Other: _____

THIS PAGE IS ONLY REQUIRED FOR THE WEATHERIZATION PROGRAM

- If you use oil or propane, does the fuel provider automatically refill your tank? Oil: Yes No
Propane: Yes No

Completion of a Fuel Information Release for each supplier is **REQUIRED** for Weatherization assistance. In the future, the Weatherization funding sources may ask utilities and fuel providers for data to check that energy efficiency improvements made by the program have been effective.

- **ONE CUSTOMER MUST SIGN THE RELEASE FOR EACH SUPPLIER.** (A customer is the person whose name appears on the bills—even if someone else pays the bills.) **If your household supplies its own wood, write “self.”**
- If a customer is not available to sign a release, explain why: _____

FUEL INFORMATION RELEASE FOR PROPERTY LOCATED AT:

Street Address or Legal Description **City**

I hereby authorize you to release any information on my fuel bills, both past and future, to Alaska Housing Finance Corporation (AHFC) and/or Alaska Community Development Corporation (Alaska CDC). I agree that a photocopy of this release may be used for the purpose stated.

I understand that this information will be used only to provide data for AHFC and/or Alaska CDC, and no information obtained through this release shall be made public in such a manner that the dwelling or occupants can be identified.

Electricity Supplier Release:

Company Name:
Mailing Address:
Account Number (REQUIRED):
Customer's Name:
Customer's Signature (REQUIRED):
Customer's Mailing Address:

Primary Fuel Supplier Release:

Company Name:
Mailing Address:
Account Number (REQUIRED for Natural Gas):
Customer's Name:
Customer's Signature (REQUIRED):
Customer's Mailing Address:

Secondary Fuel Supplier Release:

Company Name:
Mailing Address:
Account Number (REQUIRED for Natural Gas):
Customer's Name:
Customer's Signature (REQUIRED):
Customer's Mailing Address:

Consent

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Alaska Community Development Corporation (Alaska CDC) any information needed to complete and verify my application for assistance under the Weatherization Assistance, Senior Access, Owner-Occupied Rehabilitation, and/or Housing Accessibility Improvement Programs. I further authorize and direct Alaska CDC to release information to other entities for the purpose of determining my household's eligibility for Alaska CDC's programs and/or to assist my household with making application to other assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by Alaska CDC, the State of Alaska, the Alaska Housing Finance Corporation (AHFC), and the State of Alaska-Department of Health and Social Services (DHSS) in administering and enforcing program rules and policies.

Information Covered

I understand that previous and current information regarding me and my household may be needed. Verifications and inquiries that may be requested include but are not limited to assets (including real estate); property ownership and residency; employment and income; disability; past, current and future fuel and electricity use; and public assistance.

Resources

The groups or individuals that may be asked to release the above information to Alaska CDC or who may require the above information from Alaska CDC to access their programs, include but are not limited to:

- | | |
|--|---------------------------------------|
| Banks and other Financial Institutions | Public Assistance Agencies |
| Child Care Providers | Recording Offices and Title Companies |
| Child Support and Alimony Providers | Retirement Systems |
| Drug and Alcohol Treatment Personnel | Social Security Administration |
| Employers, Past and Present | State Unemployment Agencies |
| Family and/or State-Appointed Guardians | Utilities and Fuel Providers |
| Internal Revenue Service | Veterans Administration |
| Medical and Psychiatric Personnel and Care Providers | Workers Compensation Providers |

Computer Matching Notice and Consent

I understand and agree that AHFC or Alaska CDC may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. AHFC or Alaska CDC may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies, State welfare and food stamp agencies, and Social Security.

Conditions

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file at Alaska CDC. I understand I have a right to review my file and correct any information that is incorrect.

Signatures Required: (If any adult is unable to sign this authorization, contact Alaska CDC for instructions.)

_____ Applicant's Signature	_____ Printed Name of Applicant	_____ Social Security Number	_____ Date
_____ Adult Member's Signature	_____ Printed Name of Adult Member	_____ Social Security Number	_____ Date
_____ Adult Member's Signature	_____ Printed Name of Adult Member	_____ Social Security Number	_____ Date
_____ Adult Member's Signature	_____ Printed Name of Adult Member	_____ Social Security Number	_____ Date

- The **HEAD OF HOUSEHOLD** must read the applicable program certification(s) below and sign the application.

WEATHERIZATION

Permission is granted to perform weatherization work on my residence. I understand that funds for weatherization assistance are being provided by Alaska Housing Finance Corporation (AHFC). Therefore, AHFC may monitor dwellings on a random basis for the sole purpose of determining that weatherization was accomplished and that program funds were properly expended. This monitoring does not include an inspection or in any way addresses compliance with fire, building, or any other safety codes. According to the terms of the contract between AHFC and Alaska Community Development Corporation (Alaska CDC), responsibility for weatherization work performed on my dwelling must comply with existing applicable codes and/or manufacturers' instruction as appropriate. Alaska CDC is solely responsible to assure this compliance. This responsibility in no way extends to work or conditions not associated with the performance of weatherization work. Accordingly, I understand that it is the dwelling occupant/owner's responsibility to discover and correct unsafe or out-of-compliance conditions which might otherwise exist.

I certify that (1) the information provided in this application is true and correct to the best of my knowledge; (2) I have submitted proofs (as required) for ownership, age, disability, and income; (3) my household meets program guidelines; (4) I have read the program flier attached to this application; and (5) I have read the Federal Privacy Act below.

Privacy Act Provisions: Under section 3(e)(3) of the Privacy Act 1974, [5 USC 552a(e)(3)], each agency that maintains a system of records shall inform each individual from whom it solicits information of the authority which permits the solicitation of the information; whether disclosure is voluntary; the principal purpose for which the information is intended to be used; the routine uses which may be made of the information; and the consequences, if any, resulting from failure by the individual to provide the requested information. This statement is required by the Privacy Act to be furnished prior to the collection and use of the information requested on the application for weatherization. You may retain this statement for your records.

Program Authority: The specific authority for the maintenance of weatherization client information is sections 416 and 417 of the Energy Conservation and Production Act, Pub. L. 94-385. These sections direct the U.S. Department of Energy (DOE), which is a sponsor of this program, to monitor the effectiveness of this program and to require a weatherization agency implementing this program to keep records for DOE monitoring. Alaska Housing Finance Corporation (AHFC) is the recipient of weatherization funds from both DOE and the State of Alaska Department of Health and Social Services, and is required by 10 CFR 440 to document the eligibility of every dwelling unit weatherized and to maintain records for program monitoring and evaluation.

Voluntary Disclosure: Your responses to the request for information on the Weatherization Assistance Application, Authorization for Release of Information form, and Fuel Information form are entirely voluntary.

Principal Purpose of Information: The information will be used by the local weatherization agency to implement the weatherization program. It will be used by the DOE and AHFC to monitor the effectiveness of this program.

Routine Uses: The information which you provide may be used in monitoring, evaluating, and planning housing programs. In addition, the information may be used in investigative, enforcement or prosecutorial proceedings. Your application information is kept confidential.

Effects of Not Providing Information: Should you decline to provide the information requested on the Application and forms, your dwelling cannot be considered for weatherization assistance.

SENIOR ACCESS and/or OWNER-OCCUPIED REHABILITATION and/or HOUSING ACCESSIBILITY

(These three programs require #1 & #2. Senior Access and Housing Accessibility also require #3.)

I/We certify that (1) the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et.seq. and liability for monetary damages to AHFC, DHSS, their agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application; (2) I/We certify that the above-named property is my/our household's current primary, permanent residence; and (3) I/We further certify that my/our household does not have the resources to complete the accessibility improvement(s) requested from the Senior Access Program or Housing Accessibility Improvement Program.

HEAD OF HOUSEHOLD Signature

Date

Applicant:

If you are applying to the **Owner-Occupied Rehabilitation** or **Senior Access** program and cannot fill out the application due to a disability, you may complete and submit the form below to request reasonable accommodation to apply to either program. If you have specific *home accessibility improvement requests*, write them where indicated on **Page 4** of the attached application. **(Most applicants do not need to submit this form and discard it, which helps reduce return postage fees for the program(s).)**



Owner-Occupied Rehabilitation Program Senior Access Program



Sponsoring Organization:

Alaska Community Development Corporation
1517 S. Industrial Way, #8, Palmer, Alaska 99645-6791
907 746-5680, 800 478-8080 Fax: 907 746-5681, 800 478-1530
www.alaskacdc.org

Reasonable Accommodation Request Form

People with disabilities are entitled to reasonable accommodation. It is the applicant's responsibility to prove the disability and to request reasonable accommodation. It is the sponsoring organization's responsibility to grant accommodations that are reasonable. Reasonable is defined as not too expensive or difficult to arrange. If necessary, the sponsoring organization will help the requestor with comprehension and completion of the Reasonable Accommodation Request Form.

I or a person in my household has a disability that I believe requires reasonable accommodation.

1. The accommodation I request is:

2. You can verify the need for the accommodation requested by contacting:

Name _____ Phone _____

Agency _____

Address _____

Signature of Head of Household

Date