



# Alaska Community Development Corporation

Affordable Housing • Energy Conservation • Housing Rehabilitation • Weatherization

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## Application Packet

September 2009

Alaska Community Development Corporation (Alaska CDC) is a private non-profit agency that has administered state- and federally-funded programs in Alaska, since 1979. We currently administer the following **home improvement programs: Weatherization, Senior Access, and Owner-Occupied Rehabilitation.** (Please note that these programs cannot help you buy or build a home. Alaska CDC also administers the 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.) We also offer credit counseling to help meet housing-related needs. You can call our office for more information about available counseling services.

- **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 restrictions may apply.
- **Answer all questions on the attached application** even if you don't think they apply to your specific request. This information helps us better understand the condition of your home and improvement needs.

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.**

- **Submit all requested proofs described in the application.**
- **Signatures are required on pp. 6, 7, and 8.** Signatures may be required on pg. 2.
- **Submit your application to Alaska CDC.** Alaska CDC accepts applications year-round. However, there are wait lists for all of our programs, because most work is performed during the construction season.

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 recent state and federal increases to funding for the Weatherization program, application processing now takes 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:

- Page 1: Cover Letter (front), Self-Help Housing flier (back)
- Page 2: Weatherization Assistance Program flier (front and back)
- Page 3: Senior Access Program flier (front), Owner-Occupied Rehabilitation Program flier (back)
- Pages 4-8: Application
- Page 9: Reasonable Accommodation Request form
- One: 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](http://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 3/19/08**

	<u>1 person</u>	<u>2 person</u>	<u>3 person</u>	<u>4 person</u>	<u>5 person</u>	<u>6 person</u>
<b>Very Low Income</b>	<b>\$28,200</b>	<b>\$32,250</b>	<b>\$36,300</b>	<b>\$40,300</b>	<b>\$43,550</b>	<b>\$46,750</b>
<b>Low Income</b>	<b>\$45,150</b>	<b>\$51,600</b>	<b>\$58,050</b>	<b>\$64,500</b>	<b>\$69,650</b>	<b>\$74,800</b>

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.

***Free Credit Counseling is available, contact Alaska CDC.***

**For a Self-Help Housing application or to request credit counseling, contact Alaska CDC at 907 746-5680 (Palmer), 800 478-8080, or [www.alaskacdc.org](http://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 administers Weatherization assistance in Bristol Bay, Copper River Basin, Kenai Peninsula Borough, Kodiak, Mat-Su Borough, Southeast Alaska (except Juneau), the Taylor Highway System, and the Tok area. Other providers serve the rest of the state. If you live in a home currently controlled by a housing authority, contact your housing authority for Weatherization assistance.
- Weatherization assists low-income households who own or rent eligible homes: apartments, cabins, condominiums, houses, mobile homes, and multi-family dwellings.
- Weatherization improvements are designed to reduce energy consumption in the home, help reduce heating bills, and help make the home more comfortable for residents. This is not a fuel cost subsidy.
- Eligible Weatherization improvements include: air sealing, caulking, insulation, and weatherstripping; replacement windows and entry doors; exterior skirting; clock thermostats; heating safety and repair; ventilation measures; moisture and mildew control; and efficient lighting. Non-energy-efficiency measures cannot be addressed with these funds. Therefore, major home rehabilitation and/or repairs are not eligible.
- Trained Weatherization program assessors conduct visual inspections and diagnostic tests on each home to identify eligible Weatherization improvements. Program personnel order materials, and trained contractors provided by the program make the improvements to each home.
- There is no cost to eligible residents of owner-occupied homes or to eligible tenants. However, landlords must authorize recommended improvements and may be asked to contribute matching funds, if needed.
- Weatherization gives priority to households with seniors (55+), residents who experience disabilities, children under 6 years old, and/or households with income at or below 60% of the median for its size. 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 guidelines.
- Restrictions include but are not limited to:
  - The home may not have been weatherized by an agency after April 14, 2008.
  - The household may not have received an AHFC Home Energy Rebate after May 1, 2008.
  - 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'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, Low-Income Home Energy Assistance (Heating 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.

**(Continued)**

- 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); compensation for injury; 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; 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 on a 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 April 2009—March 2010 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	63,100	70,100	75,700	81,300	86,900	92,500
Kenai Peninsula Borough	49,100	56,200	63,200	70,200	75,800	81,400	87,000	92,700
Ketchikan Gateway Borough	53,900	61,600	69,300	77,000	83,200	89,300	95,500	101,600
Kodiak Island Borough	53,200	60,800	68,400	76,000	82,100	88,200	94,200	100,300
Lake and Peninsula Borough	49,100	56,100	63,100	70,100	75,700	81,300	86,900	92,500
Matanuska-Susitna Borough	51,000	58,300	65,600	72,900	78,700	84,600	90,400	96,200
Petersburg	49,100	56,100	63,100	70,100	75,700	81,300	86,900	92,500
Prince of Wales Island	49,100	56,100	63,100	70,100	75,700	81,300	86,900	92,500
Sitka City and Borough	56,400	64,500	72,500	80,600	87,000	93,500	99,900	106,400
Skagway	49,100	56,100	63,100	70,100	75,700	81,300	86,900	92,500
Valdez-Cordova Area	54,700	62,600	70,400	78,200	84,500	90,700	97,000	103,200
Tok	49,100	56,100	63,100	70,100	75,700	81,300	86,900	92,500
Wrangell	49,100	56,100	63,100	70,100	75,700	81,300	86,900	92,500

- 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. (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 communities, 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.
- Improves the accessibility of existing homes so that qualifying seniors (55 years and older) who experience disabilities may reside safely at home for 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, recommendations cannot be accepted from assisted living home operators whose properties would be improved by the program.
- Household income must meet current guidelines. (For assisted living homes, each “renter” is considered a separate household.) The household also must show that it does not have sufficient funds of its own or from other sources to complete the accessibility modifications.
- 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:
  - \$12,000 if the qualifying senior is the legal owner of the property.
  - \$12,000 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.
  - \$8,000 if the qualifying senior rents the property.
  - \$5,000 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 4/09

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	75,700	81,300	86,900
Juneau City and Borough	64,100	73,000	82,400	91,500	98,800	106,100	113,500
Kenai Peninsula Borough	49,100	56,100	63,100	70,100	75,700	81,300	86,900
Ketchikan Gateway Borough	53,900	61,600	69,300	77,000	83,200	89,300	95,500
Kodiak Island Borough	53,200	60,800	68,400	76,000	82,100	88,200	94,200
Matanuska-Susitna Borough	51,000	58,300	65,600	72,900	78,700	84,600	90,400
Prince of Wales (outer Ketchikan)	49,100	56,100	63,100	70,100	75,700	81,300	86,900
Sitka City and Borough	56,400	64,500	72,500	80,600	87,000	93,500	99,900
Skagway-Hoonah-Angoon	49,100	56,100	63,100	70,100	75,700	81,300	86,900
Southeast Fairbanks (includes Tok)	49,100	56,100	63,100	70,100	75,700	81,300	86,900
Valdez-Cordova (area south of Tok)	54,700	62,600	70,400	78,200	84,500	90,700	97,000
Wrangell-Petersburg	49,100	56,100	63,100	70,100	75,700	81,300	86,900
Yakutat Borough	49,100	56,100	63,100	70,100	75,700	81,300	86,900

**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 (except Juneau). 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 can be made if sufficient funding remains after addressing rehabilitation and energy efficiency needs.
- Assists low-income households who own and live in eligible homes year-round. 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.**
- Recapturable loan program. A lien is placed on the property. (For loans up to \$35,000, the entire loan is “forgiven” if the household owns and resides in the home at least five years after the work is done. Any amount over \$35,000 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. **Property tax payments must be current.**
- 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.

### Income Guidelines as of 4/09

CENSUS AREA	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Haines Borough	29,460	33,660	37,860	42,060	45,420	48,780	52,140	55,500
Kenai Peninsula Borough	29,460	33,660	37,860	42,060	45,420	48,780	52,140	55,500
Ketchikan Gateway Borough	32,340	36,960	41,580	46,200	49,920	53,580	57,300	60,960
Kodiak Island Borough	31,920	36,480	41,040	45,600	49,260	52,920	56,520	60,180
Matanuska-Susitna Borough	30,600	34,980	39,360	43,740	47,200	50,760	54,240	57,720
Prince of Wales Island-Outer Ketchikan	29,460	33,660	37,860	42,060	45,420	48,780	52,140	55,500
Sitka Borough	33,840	38,700	43,500	48,360	52,200	56,100	59,940	63,840
Skagway-Hoonah-Angoon	29,460	33,660	37,860	42,060	45,420	48,780	52,140	55,500
Southeast Fairbanks (includes Tok)	29,460	33,660	37,860	42,060	45,420	48,780	52,140	55,500
Valdez-Cordova (area south of Tok)	32,820	37,560	42,240	46,920	50,700	54,420	58,200	61,920
Wrangell-Petersburg	29,460	33,660	37,860	42,060	45,420	48,780	52,140	55,500
Yakutat Borough	29,460	33,660	37,860	42,060	45,420	48,780	52,140	55,500

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



List all people living in the home, starting with the Head of Household.

Attach another page if necessary.

Name (include last name if different) Gender Age Disabled

VOLUNTARY Ethnicity (Mark all that apply.)									
Hispanic	African-American	American Indian / Alaska Native	Asian	Caucasian	Latino	Multi-Racial	Native Hawaiian / Other Pacific Islander	Other: (Please specify.)	

- ✓ **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.)

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- If anyone did not receive the entire PFD, please explain why: \_\_\_\_\_

- ✓ **SUBMIT copies of proof of APA/IA, ATAP, TANF, Heating Assistance, SeniorCare, affordable housing subsidies, 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. Receipt of any of these types of assistance may help us approve your application faster.

- ✓ **ANY ADULT who was not required to file a Federal Income Tax Return for the previous calendar year must complete the certification below.** Attach another page if necessary.

*I certify that my income was too low to require filing a Federal Income Tax Return for the previous calendar year:*

_____	_____	_____
Printed Name	Signature	Today's Date
_____	_____	_____
Printed Name	Signature	Today's Date
_____	_____	_____
Printed Name	Signature	Today's Date



- **If your household owns the home, what do you own?** (circle one)      Structure only      Structure & land

Your responses to the next questions will help Alaska CDC coordinate with other funding sources to make the best use of all available funds for your eligible requests. Applicants may be prioritized for assistance if it is most cost-effective to combine multiple funding sources.

- **Has your household applied for any loans or other assistance to meet your home repair, energy efficiency, or accessibility needs?** (Other assistance could come 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 are requesting an accessible bathroom, 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:** all-weather wood, concrete footing or block, pilings, post & pad, slab, other: \_\_\_\_\_

**2 Circle type:** boiler, drip pot, baseboard, forced-air furnace, furnace, Toyo stove (or similar), wood stove, other: \_\_\_\_\_

**3 Circle type:** 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: \_\_\_\_\_

- **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:**

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**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:
Customer's Name:
Customer's Signature (REQUIRED):
Customer's Mailing Address:

**Primary Fuel Supplier Release:**

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

**Secondary Fuel Supplier Release:**

Company Name:
Mailing Address:
Account Number:
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 Owner-Occupied Rehabilitation, Senior Access, and/or Weatherization Assistance 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 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 certification(s) below and sign the application.

**WEATHERIZATION ASSISTANCE PROGRAM**

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 no household member listed in this application holds a Temporary Resident Status granted under section 245A or 210A of the Immigration and Nationality Act as amended under the Immigration and Control Act of 1986 (Pub. L. 99-603).

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; and (4) 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 PROGRAM AND/OR OWNER-OCCUPIED REHABILITATION PROGRAM**

*(These use the same certification (#1 & #2). #3 also is required for Senior Access.)*

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, its 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.

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**HEAD OF HOUSEHOLD Signature**

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**Date**

**Applicant:**

If you are applying to the **Owner-Occupied Rehabilitation** or **Senior Access** programs 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 is fine and helps reduce return postage fees.)**



## 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:

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

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\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date