Alaska Community Development Corporation

Affordable Housing ● Energy Conservation ● Housing Rehabilitation ● Weatherization

Application Packet May 28, 2015

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 two **home *improvement* programs: Weatherization and Senior Access**.

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.
- **Please 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 current condition of your home and its improvement needs, which helps us prioritize your application according to program guidelines. Also, the state and federal funding sources require information from households in their programs.
- **However, if you only are applying for Senior Access assistance, you can skip all of pg. 6.**
- **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.**
- **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.

Application processing takes about 30 days. We will inform you of your status for a program by mail. Your patience is appreciated.

Application Packet Contents: This cover letter with the Rural Self-Help Housing flier on the back, the Application (8 pp.); a Reasonable Accommodation Request form (for Senior Access only); Weatherization flier (2 pp.); Senior Access flier; and a 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.

Don't hesitate to ask for help completing the application. Our contact information appears below and on the first page of the application.

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

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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 4/1/2015

	1 person	2 person	3 person	4 person	5 person	6 person
Very Low Income	**$30,300**	**$34,650**	**$38,950**	**$43,300**	**$46,750**	**$50,250**
Low Income	**$48,500**	**$55,400**	**$62,350**	**$69,300**	**$74,800**	**$80,350**

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 enough funding 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

Rev. 5/15

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Application **CONFIDENTIAL**

Please tell us how you heard about our program(s): _____

_____

1. Read the attached cover letter and the flier for each program that interests you.
2. Missing information may delay approval of your application. **Call Alaska CDC at 800 478-8080 if you have questions about how to answer a question or what proofs to submit.**
3. **Submit your complete application and proofs** (as described in the application) **to Alaska CDC.**

- **Circle the program(s) your household is applying for: Weatherization Senior Access**

HEAD OF HOUSEHOLD: _____ Single Married Other
First Name **Last Name** **(circle one)**

_____
Mailing Address **City** **State** **Zip Code**

(_____) _____ (_____) _____ (_____) _____
Home Phone **Work Phone** **Message Phone**

_____ _____
Email Address **Best way and time(s) to contact you**

_____
Street Address (Number, Street Name, Apt. #, Mobile Home Park Name, Space #, etc.) **City**

_____
Legal Property Description (Lot, Block, Subdivision, Tract, Plat No. etc.)

- **Draw a map or write directions to your home.** If we can't find your home, we may not be able to help you.

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.

Name (**include last name** if different)	**Gender** (circle)	**Birth Date** (mm/dd/yy)	**Disabled** (circle)	**VOLUNTARY** Race and Ethnicity (Mark all that apply.)								
				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									

✓ **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)**
_____	_____	_____/_____
_____	_____	_____/_____

✓ **Answers to these questions are REQUIRED from ALL households for STATISTICAL PURPOSES.**

- **Write the total number of residents who received the PFD: _____. If anyone did not receive the entire PFD, please explain why: _____**

  _____

- **WRITE YOUR HOUSEHOLD'S COMBINED GROSS YEARLY INCOME.** Do NOT include PFDs. **$ _____**

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

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

- ASSISTANCE such as: **APA/IA, ATAP, TANF, <u>federally</u>-funded Heating Assistance** (ask your funding source if the funds were state or federal, if you don't know)**, Alaska Senior Benefits, affordable housing subsidies** (e.g., Section 8), **Medicaid Waiver, and/or, Supplemental Security Income <u>received during the most recent 12 months</u>** (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.

- **OTHER INCOME such as wages; <u>net</u> self-employment and/or rental income** (You can request a form from us if you don't keep your own profit/loss statements.)**; investment, dividend*, and/or interest earnings; Social Security, VA, pensions, unemployment benefits, Workers Comp, and/or other types of income.** * We do <u>not</u> count the first $2,000/year of Native Dividends received per person.

- **Structure Type: (Circle one.)**

Apartment	Duplex	Mobile home (must be at least 40' long), Serial #: _____
Cabin	House	Multi-family building (3 or more units), Total units: _____
Condominium	Modular	Other*: _____

* Some structures cannot be served, such as buses, recreational vehicles, fishing or pleasure boats, tents, yurts, and temporary residences. When more than 25% of a home is used for business, the home *might* not be eligible. Other restrictions may apply. If you're not sure your home qualifies, contact Alaska CDC.

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

* If you don't live where property taxes are assessed, write your best guess or leave blank.

- **Is this an Assisted Living Home?** Yes No **If yes, number of beds:** ____ **State-licensed?** Yes No
- **Did BIA, HUD, or a housing authority <u>build</u> the home?** Yes No Don't Know
- **How long has your household lived <u>in this structure</u> full-time?** _____
- **Explain why any resident has been gone more than 30 days during the last 12 months or plans to be away from home more than 30 days during the next 12 months—especially during winter:** (for example: shared custody of children, at college, foster care, live-in aide, just moving in, snowbirds, seasonal job, etc.)

_____

_____

_____

- **Is your household buying the home? (Circle one.)** Paying Mortgage Paid Off
- **What are you buying? (Circle one.)** Structure only Structure and Land
- **Does your household rent the home? (Circle one.)** Rent or Lease Rent-to-Own or Lease-Purchase
- **Does your household pay rent?** Yes No **If yes, how much per month?** $_____
- **If your household does not pay rent and the owner does not live in the home, are any residents related to the owner? Please explain:** _____

_____

- **If none of the residents' names are on the proof of ownership, please provide contact information for the owner(s) below.**

_____
First and Last Name(s) of Owner(s)

_____
Mailing Address City State Zip Code

(_____)_____ (_____)_____ (_____)_____
Day Phone Fax Phone Message Phone

✓ **SUBMIT A COPY OF PROOF OF OWNERSHIP.** (Tenants, ask your landlord for this proof.) **Acceptable proofs are copies of recorded deeds, patents, etc. for land ownership and Vehicle Titles for mobile homes.** If you do not have an acceptable proof, contact Alaska CDC.

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

_____

_____

_____

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

_____

_____

_____

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?* Indicate below.** Attach another page if necessary.

Agency Name	Status of Application (Approved, Denied, Pending)	Phone / Fax (include Area Code if not 907)
		/
		/
		/

* For example, AHFC's Home Energy Rating Rebate; Weatherization or NAHASDA from a housing authority; Tribal organizations; loans or grants through USDA Rural Development; VA; Dept. of Education Voc. Rehab.; Medicaid Waiver; Independent Living Centers, 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.

_____

_____

_____

Please answer the question below and all the questions on Page 5, even if you don't think they relate to your specific improvement request(s). *Your answers will help Alaska CDC determine which program(s) will best meet your needs. For example, if you ask for an accessible bathroom, we need to know if the home has water and waste systems.*

- **List <u>accessibility</u> modification needs** (for example: ramp, walk-in shower, grab bars, widen doors for wheelchair, etc.) **and write which resident(s) would benefit from them.** Attach another page if necessary. **Write "N/A"** if no one needs accessibility modifications

_____

_____

_____

_____

_____

_____

_____

_____

- **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					Type: _____ (See "1" below for examples.)
Floor					
Ext. Walls/Siding					
Roof					
Plumbing					
Electrical					
Insulation Levels					
Windows/Doors					
Int. Walls/Ceiling					
Main Heat Source (See "2" and "3" below for examples.)					Type: _____ Fuel: _____
Secondary Heat Source (See "2" and "3" below for examples.)					Type: _____ Fuel: _____

1 Foundation Type: all-weather wood, concrete footing or block, pilings, post and pad, slab, etc.

2 Heat Source Type: boiler, drip pot, baseboard, radiators, furnace (no ducts), furnace with ducts, Toyo stove (or similar), wood stove, fireplace, etc.

3 Heat Source Fuel Type: coal, electricity, natural gas, oil, propane, wood, etc.

✓ 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 <u>all</u> fuel and electricity used by <u>your household</u> during the most recent 12 months** (or since you moved in if you have not lived in this structure at least 12 months). **Do <u>not</u> 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:	**Primary Fuel** Supplier Release:	**Secondary Fuel** Supplier Release:
Company Name:	**Company Name:**	**Company Name:**
Mailing Address:	**Mailing Address:**	**Mailing Address:**
Account Number (REQUIRED):	**Account Number (REQUIRED for Natural Gas):**	**Account Number (REQUIRED for Natural Gas):**
Customer's Name:	**Customer's Name:**	**Customer's Name:**
Customer's Signature (REQUIRED):	**Customer's Signature (REQUIRED):**	**Customer's Signature (REQUIRED):**
Customer's Mailing Address:	Customer's Mailing Address:	Customer's Mailing Address:

Alaska Community Development Corporation
1517 S. Industrial Way, #8, Palmer, AK 99645
(907) 746-5680, (800) 478-8080
(907) 746-5681, (800) 478-1530 Fax

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 and/or Senior Access 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, and the Alaska Housing Finance Corporation (AHFC) 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
- Child Care Providers
- Child Support and Alimony Providers
- Drug and Alcohol Treatment Personnel
- Employers, Past and Present
- Family and/or State-Appointed Guardians
- Internal Revenue Service
- Medical and Psychiatric Personnel and Care Providers
- Public Assistance Agencies
- Recording Offices and Title Companies
- Retirement Systems
- Social Security Administration
- State Unemployment Agencies
- Utilities and Fuel Providers
- Veterans Administration
- 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.

All Adults Sign Here: (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 Resident's Signature	Printed Name of Adult Resident	Social Security Number	Date
Adult Resident's Signature	Printed Name of Adult Resident	Social Security Number	Date
Adult Resident's Signature	Printed Name of Adult Resident	Social Security Number	Date

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

HEAD OF HOUSEHOLD Signature	Date

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

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, 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.

Applicant:

If you are applying to the **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 this 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.)**

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

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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 Island Borough, Lake and Peninsula Borough, Mat-Su Borough, many Southeast Alaska communities, the Taylor Highway System, and the Tok area. 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. The grant does not pay fuel/electricity bills.
- 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 give permission to enter the premises and assess the home, as well as authorize recommended improvements. Landlords also 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 or housing authority 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 of the home is allowed as long as the household subsequently withdraws from the AHFC rebate program.)
  - 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**.

(Continued on back.)

- **A household automatically meets income eligibility requirements if** (1) an occupant receives APA/IA, ATAP, TANF, Supplemental Security Income (This is different from Social Security.), Food Stamps, federally-funded Low-Income Home Energy Assistance, Alaska Senior Benefits, subsidies from qualifying affordable housing programs (such as Section 8, Section 202, Section 811, Low-Income Housing Tax Credit, etc.); **or** (2) a resident *currently is receiving services* under the Medicaid Waiver.

- Households that do not automatically meet income eligibility requirements must undergo a full income review and meet the income limits below.
  - **Household income is based on the Adjusted Gross Income received by all residents.**
  - **Household income does not include**: Alaska Permanent Fund Dividend; any assets drawn down as withdrawals from a bank; capital gains; Child Support; Combat Pay (Hostile Fire) and Military Family Allotments; 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; one-time withdrawal from an investment account (You must certify it was a one-time withdrawal.); 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 2015 – March 2016 Income Limits

AREA	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Haines Borough and Gustavus	52,800	60,300	67,800	75,300	81,400	87,400	93,400	99,400
Hyder and Pelican	52,800	60,300	67,800	75,300	81,400	87,400	93,400	99,400
Kenai Peninsula Borough	53,900	61,600	69,300	77,000	83,200	89,400	95,500	101,700
Ketchikan Gateway Borough	62,300	71,200	80,100	88,900	96,100	103,200	110,300	117,400
Kodiak Island Borough	54,700	62,500	70,300	78,100	84,400	90,600	96,900	103,100
Lake and Peninsula Borough	52,800	60,300	67,800	75,300	81,400	87,400	93,400	99,400
Matanuska-Susitna Borough	58,200	66,500	74,800	83,100	89,800	96,400	103,100	109,700
Sitka City and Borough	55,700	63,600	71,600	79,500	85,900	92,300	98,600	105,000
Skagway	64,600	73,800	83,000	92,200	99,600	107,000	114,400	121,800
Valdez-Cordova	60,300	68,900	77,500	86,100	93,000	99,900	106,800	113,700
Tok	52,800	60,300	67,800	75,300	81,400	87,400	93,400	99,400
Wrangell	52,800	60,300	67,800	75,300	81,400	87,400	93,400	99,400

- **Weatherization is not an emergency response program.** The majority of work is performed during the construction season. **Households could wait 6 months or more after their applications are approved to receive assistance, including priority households.** (Non-road-connected communities might 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 an area, the sooner it can be served.)

- Funding is limited. **Interested households should complete the attached application and submit required proofs to Alaska CDC as soon as they hear about the program to be put on the wait list**.

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

Alaska Community Development Corporation (Alaska CDC)
1517 S. Industrial Way, #8, Palmer, AK 99645-6791

Office: (907) 746-5680 or (800) 478-8080
Fax: (907) 746-5681 or (800) 478-1530
www.alaskacdc.org

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 Kenai, Kodiak, and Mat-Su Boroughs, Copper River Basin, Tok area, and Southeast Alaska (except Juneau). Grants are awarded on a first-come, first-serve basis except when it is most cost-effective to blend funds from several sources or for an emergency per Program guidelines.
- This grant improves the accessibility of homes so that qualifying seniors (**55 years and older**) who experience **disabilities** may live safely at home as long as possible. Home repairs are not eligible. **Requested accessibility modifications must meet program guidelines** (e.g., ramps, grab bars, barrier-free showers, lighting improvements, stair lifts, etc.).
- Eligible housing units are **houses, cabins, condominiums, mobile homes, apartment dwellings, and small assisted living homes (five or fewer beds and licensed as required by the State)**. There cannot be a Notice of Default, Notice of Sale, or student loan lien filed against the property.
- 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.
- **Household income must meet current guidelines.** This program uses the same guidelines as the Weatherization Assistance Program. (For assisted living homes, call Alaska CDC to determine how to calculate income.) 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 an assisted living home, the legal owner(s) of the property must authorize any work to be completed under the program.

Guidelines as of 3/19/2015—Adjusted gross income on last year's tax return can't exceed:

CENSUS AREA	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person
Haines Borough	52,800	60,300	67,800	75,300	81,400	87,400	93,400
Hoonah-Angoon Census Area	52,800	60,300	67,800	75,300	81,400	87,400	93,400
Kenai Peninsula Borough	53,900	61,600	69,300	77,000	83,200	89,400	95,500
Ketchikan Gateway Borough	62,300	71,200	80,100	88,900	96,100	103,200	110,300
Kodiak Island Borough	54,700	62,500	70,300	78,100	84,400	90,600	96,900
Matanuska-Susitna Borough	58,200	66,500	74,800	83,100	89,800	96,400	103,100
Petersburg	58,900	67,300	75,700	84,100	90,900	97,600	104,300
Prince of Wales-Hyder	52,800	60,300	67,800	75,300	81,400	87,400	93,400
Sitka City and Borough	55,700	63,600	71,600	79,500	85,900	92,300	98,600
Skagway	64,600	73,800	83,000	92,200	99,600	107,000	114,400
Southeast Fairbanks (includes Tok)	52,800	60,300	67,800	75,300	81,400	87,400	93,400
Valdez-Cordova (area south of Tok)	60,300	68,900	77,500	86,100	93,000	99,900	106,800
Wrangell City and Borough	52,800	60,300	67,800	75,300	81,400	87,400	93,400
Yakutat Borough	56,300	64,300	72,300	80,300	86,800	93,200	99.600

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

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