



# Alaska Community Development Corporation

Affordable Housing • Energy Conservation • Housing Rehabilitation • Weatherization

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## HAIP Application Packet

December 2018

Alaska Community Development Corporation (**Alaska CDC**) is a private non-profit agency that has administered state- and federally-funded housing programs in Alaska, since 1979. We currently administer several home improvement programs, including the **Housing Accessibility Improvement Program (HAIP)**.

### Application Instructions

- **Read the HAIP information flier attached.** It briefly explains where the 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 your household's accessibility and/or independent living needs.
- **List ALL residents on the application.** HAIP guidelines do NOT view households residing in the same home separately as some other programs do.
- **Include an estimate of household income** (money from ALL sources; e.g., wages, self-employment, Social Security, pensions, Public or Native assistance, dividends, etc.) Do NOT include the income of a live-in aide, who is NOT related to the household.
- **Submit proof of ownership as described in the application.**
- **Signatures are required on pp. 3 and 4.** Submit a copy of Power of Attorney or Guardianship/Conservatorship for an adult, who cannot sign paperwork.
- **Our contact information appears below if you need help answering a question.**
- **Submit your application to Alaska CDC by June 30, 2019.** Alaska CDC may close intake prior to the deadline once the number of applications received exceeds available funding. Check [alaskacdc.org](http://alaskacdc.org) or Alaska 2-1-1 for updates on the intake period.

After we receive the application and verify ownership, we will ask for more information as we process your grant request. For now, submitting the application is the first step toward receiving assistance.

Initial application processing may take up to 30 days. We inform applicants of their status by mail. Your patience is appreciated. *Funding is limited. Applicants may wait one to three years before being served.*

### Application Packet Contents:

This cover letter, HAIP flier (1 pg.), application (4 pp.), and postage-paid return envelope

**Visit our website below to learn about our other assistance programs.**

## HOUSING ACCESSIBILITY IMPROVEMENT PROGRAM (HAIP) GRANT

Funded through the State of Alaska Department of Health & Social Services (DHSS)  
in cooperation with the Alaska Mental Health Trust Authority (AMHTA)

### Eligible Improvements

HAIP grants fund **accessibility**, aging-in-place, and independent living improvements to existing homes to mitigate daily functional limitations imposed by a resident's related disability. Examples:

- Stairway modification or ramp installation or modification
- Widening of doorways and hallways
- Installation of appropriate bathroom fixtures
- Adjustments to the levels of countertops and other usable surfaces
- Mitigation of any functional losses due to brain injury
- Adapting the environment to manage behavioral issues associated with Alzheimer's Disease or Related Dementia Conditions
- Amplification, visual devices, and/or signaling devices to mitigate hearing and/or vision loss, such as special equipment necessary for operation of stoves, ovens, thermostats, and other devices in the home which would otherwise require hearing or vision

### Restrictions

- Home repairs are **not** eligible.
- Emergency exits are **not** eligible.
- Assisted Living Homes **cannot** be served by this program.
- Other restrictions may apply.

### Who May Apply

Residents of any age with disabilities or frail elderly that fall under or one more of the following categories:

- Alzheimer's Disease and Related Dementia Conditions
- Brain Injury
- Chronic Alcoholism
- Intellectual/Developmental Disability
- Mental Illness
- Other individuals with disabilities and/or special needs

A third party may apply on behalf of an applicant who cannot complete a HAIP application.

### Service Areas

Alaska CDC serves the Kenai Peninsula and Mat-Su Boroughs.

Funding is limited. Applicants may wait 1-3 years before being served.

### Other Guidelines

Primary guidelines appear below. Other guidelines may apply.

- Ownership and the need for the requested accessibility improvement(s) must be verified.
- Households must comply with all program guidelines and complete all required paperwork before, during, and after any assistance is provided.
- **Households must sign a Promissory Note, agreeing to pay back the grant** if the intended beneficiary does not live in the home up to 3 years after the work is done. Annual residency reviews will be conducted for 3 years.
- Landlord cooperation is required for rentals. Tenants and landlords are required to sign lease agreements to ensure the beneficiary may remain in the home to benefit from the improvements. The lease term will depend on the amount of funding awarded for the project.
- Funding for this program is very limited and generally will be allocated on a first-come, first-served basis with consideration for the neediest households.
- A household might be prioritized ahead of others, when combining funds from several sources will provide cost savings to the program.
- The program will only pay as much as necessary for each project. *Average* grant award is \$12,000 less project management costs. HAIP staff approve tasks and materials. Improvements are builders grade quality from readily available local stock. No upgrades or luxury finishes.

**Apply today! Deadline is 6/30/2019 or as soon as all funds are encumbered.**

Our website and Alaska 2-1-1 will be updated when intake is closed.

Rev. 12/2018

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

**HAIP Application**

**CONFIDENTIAL**

The **RESIDENT**, who will be the **PRIMARY CONTACT** on behalf of the household for this grant, is the **Head of Household (HOH)**. The HOH does NOT have to be the resident who needs this assistance.

**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 can't help you.

List ALL people living in the home. Start with the Head of Household. Do NOT omit anyone living in the home. Attach another page if necessary. Contact Alaska CDC if you have questions.

Name (include last name if different)	Gender (circle)	Birth Date (mm/dd/yy)	Disability (circle)
	M F		Y N
	M F		Y N
	M F		Y N
	M F		Y N
	M F		Y N

- Write an estimate of ALL\* RESIDENTS' combined NET (after taxes) annual income: \$ \_\_\_\_\_  
\* Exclude the income of a live-in aide, who is not related to any residents.

- List **accessibility** modification needs and write which resident(s) would benefit from them. Attach another page if necessary.

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- If a resident who would benefit from the requested accessibility modification(s) is not a full-time resident, please explain below. Attach another page if necessary.

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- ✓ **PROVIDE QUALIFIED REFERRALS** (health care professionals, government assistance agencies, VA, care coordinators, etc.) who can verify each disability and the need for the requested improvement(s). Attach another page if necessary.

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

**STRUCTURE:**

Apartment      Duplex      Mobile home, Serial # (if known): \_\_\_\_\_

Cabin            House

Condominium    Modular      Other\*: \_\_\_\_\_

\* Some structures **cannot** be served such as boats, buses, recreational vehicles, temporary residences, tents, and/or parts of buildings used for business (including Assisted Living Homes). Other restrictions may apply. If you're not sure your home qualifies, contact Alaska CDC.

- Year built: \_\_\_\_\_ (Write your best estimate, if unsure.)

- 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: _____

- How long has your household lived **in this structure** full-time? \_\_\_\_\_
- Is this an Assisted Living Home or in the process of being licensed as one?    Yes    No
- If your household owns the home, what do you own? (circle one)    Structure only    Structure & land

- ✓ **SUBMIT A COPY OF PROOF OF OWNERSHIP.** (Tenants, ask your landlord for this proof.) **Acceptable proofs are property tax notices, recorded deeds or patents, etc. (a Vehicle Title or Bill of Sale for a mobile home on leased land).** If you do not have an acceptable proof, contact Alaska CDC.
- **If the legal Owner of Record does not live in the home, please provide contact information below.**

\_\_\_\_\_  
First and Last Name(s) of Owner(s)

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Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Day Phone Fax Phone Message Phone

- **If you lease a space in a trailer park and are requesting exterior improvements, please provide contact information for the park management below.** This is not required for interior improvements.

\_\_\_\_\_  
First and Last Name of Manager

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Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Day Phone Fax Phone Message Phone

Your responses below will help us 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 accessibility needs?** (e.g., loans/funding from housing authorities, USDA Rural Development, tribal organizations, VA, Dept. of Education Voc. Rehab., Public Assistance, Independent Living Centers, Medicaid Waiver, 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.)?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **The HEAD OF HOUSEHOLD must read the certification below and sign the application.**

I certify that: **(1)** the information provided in this application is true and correct; **(2)** the above-named property is my/my household’s current primary, permanent residence; **(3)** I have read the flier attached to this application, which explains the primary guidelines for the program; **(4)** I understand that additional eligibility guidelines may apply; **(5)** and my household will comply with all program guidelines and complete all paperwork required to receive assistance.

\_\_\_\_\_  
**HEAD OF HOUSEHOLD Signature**

\_\_\_\_\_  
**Date**

- **Signatures also are required on the next page. If an adult cannot sign, submit a copy of Power of Attorney or contact Alaska CDC to discuss other suitable documentation.**

**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 Housing Accessibility Improvement Program. 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-Department of Health and Social Services (DHSS) and the Alaska Mental Health Trust Authority (AMHTA) 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; disability; and other assistance programs.

**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:

- |  |                                       |
|--|---------------------------------------|
| Assistance Agencies                                  | Property Assessment Offices           |
| Banks and other Financial Institutions               | Recording Offices and Title Companies |
| Care Coordination Providers                          | Retirement Systems                    |
| Drug and Alcohol Treatment Personnel                 | Social Security Administration        |
| Family and/or State-Appointed Guardians              | Veterans Administration               |
| Medical and Psychiatric Personnel and Care Providers | Workers Compensation Providers        |

**Computer Matching Notice and Consent**

I understand and agree that 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. DHSS 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 adult residents must complete this form. (Submit a copy of POA for any adult, who cannot sign.)**

_____	_____	_____	_____
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