Alaska Community Development Corporation

Affordable Housing ● Energy Conservation ● Housing Rehabilitation ● Weatherization

HAIP Application Packet **November 2023**

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 <u>required</u> on pp. 4 and 5.** 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 December 31, 2024.** Alaska CDC may close intake prior to the deadline once the number of applications received exceeds available funding. Check 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 (6 pp.), and postage-paid return envelope

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

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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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)

Service Area

Road-connected homes in the Mat-Su Borough.

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.

Eligible Improvements

HAIP grants fund **accessibility**, aging-in-place, and independent living improvements to current 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 accessible 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.
- One-time grant per household
- One-time grant per property.
- Other restrictions may apply.

Primary 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 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 $13,000 including 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 12/31/2024 or when all funds are encumbered.

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

Rev. 11/2024

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

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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 <u>estimate</u> of ALL* RESIDENTS' combined NET (after taxes) annual income: $**_____
  * Exclude the income of a live-in aide, who is <u>not</u> related to any residents.

- **If a resident who needs this assistance is not a full-time resident, please explain below.** Attach another page if necessary.

_____

_____

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

_____

_____

_____

_____

✓ **Read "Definition of Eligible Beneficiaries" on Page 6, and write how many (0, 1, 2, 3, etc.) residents fall in each category** (a resident can fall in more than one category)**:**

1) _____ ADRD 2) _____ CAP 3) _____ IDD 4) _____ MI 5) _____ TABI 6) _____ SNP

✓ **PROVIDE 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. **If you do not provide any referrals, you must attach documentation to support each qualifying disability.**

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

- **Please briefly describe below any assistance any residents currently receive** (e.g., care coordination, meal delivery, chore provider [help with shopping, laundry, housecleaning, reviewing mail, etc.], personal care attendant [help with toileting, bathing, dressing, etc.], in-home therapy, transportation, equipment rental or donations [ramps, wheelchairs, walkers, etc.], etc. Attach another page if necessary.

_____

_____

_____

_____

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., 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.)?** _____

_____

_____

_____

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 <u>in this structure</u> 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.)

- For homes located in areas without property tax assessments, submit a copy of an acceptable proof such as a **recorded Warranty or QuitClaim Deed, patent, etc. for land ownership; a Vehicle Title or Bill of Sale for a mobile home**. If you do not have an acceptable proof, contact Alaska CDC.
- **If your home is located in a City or Borough that assesses property taxes, you do NOT have to submit proof of ownership.** We will print proof from the assessment office's online database. If we cannot find your property record online, we may send a request to you to submit an acceptable proof (see above bullet).

✓ **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)

_____
Mailing Address City State Zip Code

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

✓ **If you live in a MOBILE HOME ON LEASED SPACE or in a CONDOMINIUM, please provide contact information for the manager of the leased space or condo association:**

_____
First and Last Name of Manager

_____
Mailing Address City State Zip Code

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

✓ **The <u>HEAD OF HOUSEHOLD</u> 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)** my household will comply with all program guidelines and complete all paperwork required to receive assistance.

HEAD OF HOUSEHOLD Signature	**Date**

✓ **Adult residents also are required to sign the next page.**

✓ **If an adult cannot sign, submit a copy of Power of Attorney or contact Alaska CDC to discuss other suitable documentation.**

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

DEFINITIONS OF ELIGIBLE BENEFICIARIES

If you're not sure which categories residents' diagnoses fall in, ask their health care providers.

1) ADRD—Alzheimer's Disease and Related Dementia – Functional Definition:

"As a result of adult onset cognitive impairment that is progressive and degenerative in nature, supervision and cueing from other individuals is required in order to adequately and routinely perform activities of daily living (ADL) and instrumental activities of daily living (IADL) tasks. A person with ADRD may also need protection from the consequences of his/her impaired judgment, fluctuations in decision making capacity and frequent impulsive, inappropriate or disruptive behaviors when this behavior poses health or safety hazards to self or others."

This definition encompasses diagnoses such as Alzheimer's Disease, Pick's Disease, Parkinson's dementia, multi-infarct dementia, senile dementia, presenile dementia, and other severe progressive cognitive disorders.

2) CAP—Chronic Alcoholics with Psychoses includes persons with the following disorders:

1. alcohol withdrawal delirium (delirium tremens);
2. alcohol hallucinosis;
3. alcohol amnestic disorder;
4. dementia associated with alcoholism;
5. alcohol-induced organic mental disorder;
6. other severe and persistent disorders associated with a history of prolonged or excessive drinking or episodes of drinking out of control and manifested by behavior changes and symptoms similar to those manifested by persons with disorders listed in this subsection.

3) IDD—Intellectual and Developmental Disabilities includes persons with the following neuralgic or mental disorders (onset before age 22):

1. cerebral palsy;
2. epilepsy;
3. mental retardation;
4. autistic disorder;
5. severe organic brain impairments;
6. significant development delay during early childhood indicating risk of developing a disorder listed in this subsection;
7. other severe and persistent mental disorders manifested by behaviors and symptoms similar to those manifested by persons with disorders listed in this subsection.

4) MI—Mental Illness includes persons with the following mental disorders:

1. schizophrenia;
2. delusional (paranoid) disorder;
3. mood disorders;
4. anxiety disorders;
5. somatoform disorders;
6. organic mental disorders;
7. personality disorders;
8. dissociative disorders;
9. other psychotic or severe and persistent mental disorders manifested by mental disorders listed in this subsection; and
10. persons who have been diagnosed by a licensed psychologist, psychiatrist, or physician licensed to practice medicine in the state, and as a result of the diagnosis, have been determined to have a childhood disorder manifested by behavior or symptoms suggesting risk of developing a mental disorder listed in this subsection.

5) TABI—Traumatic or Acquired Brain Injury include persons with traumatic brain injury.

6) SNP—Special Needs Populations include persons who experience disabilities that do not fall in the above categories, including frail elderly.