



# Alaska Community Development Corporation

Affordable Housing • Energy Conservation • Housing Rehabilitation • Weatherization

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## Weatherization Application Packet

July 2019

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. This application packet is for the Alaska Weatherization Assistance Program.

- **General information about the program starts on the back of this letter**, such as where we administer the program, the type of help available, 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 helps us understand the condition of your home and its improvement needs and helps us prioritize your application according to program guidelines. In addition, the state and federal funding sources require this information from households in their programs.
- **Signatures are required on pp. 6-8.**
- **Submit all requested proofs described in the application.**

• **Tenants, request a Landlord-Tenant Agreement (LTA)** from Alaska CDC or download it from our website. An LTA is required if you are not the legal owner of the home—even if you don't pay rent.

- **Submit your application to Alaska CDC.** Alaska CDC accepts applications year-round. However, there always is a wait list, 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 by mail. Your patience is appreciated.

### Weatherization Application Packet Contents:

- This cover letter with three pages of program information, starting on the back of this page.
- Weatherization Application (8 pp.)
- Postage-paid return envelope

Please note that Weatherization 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 enclosed flier to learn how to build and buy a home through Self-Help Housing.

We also offer the Senior Access Program, which makes accessibility modifications to homes of eligible seniors. General information for that program is on the back of the Self-Help Housing flier.

**If any part of the Weatherization 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). Tenants also should contact Alaska CDC for an LTA (per box above).**

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

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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, some 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 is a one-time grant to improve a home.** 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 heating or electricity bills.
- Eligible Weatherization improvements include **air-sealing, caulking, insulation, and weatherstripping; replacement windows and entry doors; exterior skirting; clock thermostats; ventilation measures; moisture and mildew control; and efficient lighting.** General home repairs are not eligible.
- Trained Weatherization assessors conduct visual inspections and diagnostic tests on each home to identify Weatherization needs. **Based on the assessment 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 for our trained work crews (or trained contractors who have undergone a competitive bid process) to purchase materials and to make eligible weatherization improvements to homes.
- There is **no cost to eligible residents of owner-occupied homes or to eligible tenants.** The residents of the home to be weatherized complete the application. Landlords will be asked to complete a separate form to 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.
- **Weatherization is not an emergency response program.** The majority of work is performed during the construction season. **Households may wait a year 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.**
- **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.

### Alaska Weatherization Assistance Program Federal Funding Income Guidelines

Households that meet the guidelines for federal funding are placed higher on the wait list than households that don’t. For federal funding, households must meet the income guidelines under A or B below.

**A. Household income is reviewed for the most recent 12 months before the application date.**

**A household automatically meets income eligibility requirements if an occupant receives ATAP/TANF, federally-funded Low-Income Home Energy Assistance, or Supplemental Security Income (SSI). (Other forms of Social Security benefits are **NOT** the same as SSI.)**

**B. Households that do not automatically meet the FEDERAL income eligibility guidelines per “A.” above must undergo a full income review and meet the income limits below.**

- **Household income is based on gross\* income received by all residents for the most recent 12 months or the most recent calendar year.**

\* except net receipts from self-employment, rental income, royalties, gambling, and/or lottery winnings after expenses are deducted from gross income received

- **Household income does not include:** any assets drawn down as withdrawals from a bank; capital gains; Child Support received; Combat zone pay to the military; depreciation for farm or business assets; dividends from a Native Corporation less than \$2,000/year per resident; 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. It cannot be an annual one-time withdrawal.); payment for care of foster children; reverse mortgages; sale of assets such as property, house, or vehicle; scholarships for college or university; and tax refunds.

#### Program Year April 1, 2019 – March 31, 2020 Income Limits for FEDERAL Funding

AREA	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Hyder, Kenai Peninsula Borough, Ketchikan Gateway Borough, Kodiak Island Borough, Lake and Peninsula Borough, Matanuska-Susitna Borough, Pelican, Sitka Borough, Skagway, Southeast Fairbanks Census Area (road-connected communities), Valdez-Cordova Census Area, Wrangell	31,200	42,260	53,320	64,380	75,440	86,500	97,560	108,620

Add 11,060 per additional resident.

**If your household does not meet the guidelines above, you might still qualify for State funding for the program. Income guidelines for State funding appear on the next page. Households that qualify for State funding are placed lower on the wait list than households that meet the guidelines for Federal funding.**

## Alaska Weatherization Assistance Program State Funding Income Guidelines

If your household does not meet the income guidelines for Federal funding on the preceding page, it might qualify for State funding. For State funding, households must meet the income guidelines under A or B below.

**A. 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 Alaska Senior Benefits, APA/IA, ATAP/TANF, federally-funded Low-Income Home Energy Assistance, Food Stamps, subsidies from qualifying affordable housing programs (such as Section 8, Section 202, Section 811, Low-Income Housing Tax Credit, etc.) Supplemental Security Income (Other forms of Social Security benefits are **NOT** the same as SSI.); **or** (2) a resident *currently is receiving services* under the Medicaid Waiver.

**B. Households that do not automatically meet the STATE income eligibility guidelines per “A.” above must undergo a full income review and meet the income limits below.**

- **Household income is based on Adjusted Gross Income received by all residents for the most recent 12 months or the most recent calendar year.**
- **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. It cannot be an annual 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 1, 2019 – March 2020 Income Limits for State Funding**

AREA	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Haines Borough and Gustavus Hyder and Pelican Kenai Peninsula Borough Ketchikan Gateway Borough Lake and Peninsula Borough Matanuska-Susitna Borough Sitka Borough Skagway Tok Wrangell	65,940	75,360	84,780	94,200	101,736	109,272	116,808	124,344
Kodiak Island Borough	63,700	72,800	81,900	91,000	98,280	105,560	112,840	120,120
Valdez-Cordova	66,500	76,000	85,500	95,000	102,600	110,200	117,800	125,400

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



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

Attach another page if necessary.

**VOLUNTARY** Race and Ethnicity (Mark all that apply.)

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

✓ **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. \$ \_\_\_\_\_

If your household's gross income exceeds the FEDERAL income limit for your household size, we will calculate your adjusted gross income (minus the PFDs) to see if your household qualifies under the STATE income limit. See the attached flier for income limits.

✓ **PROVIDE COPIES OF PROOF OF INCOME FOR YOUR HOUSEHOLD PER "A" OR "B" BELOW.**

**A. A household automatically meets income eligibility requirements if** (1) a resident receives APA/IA, ATAP, TANF, Supplemental Security Income (This is different from Social Security.), Food Stamps, federally-funded Low-Income Home Energy Assistance (ask your funding source if the funds were state or federal, if you don't know), 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.

- **SUBMIT a copy of a proof that shows a resident received one of these types of assistance 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 (toll-free).

**B. Households that do not automatically meet income eligibility requirements per "A" above must undergo a full income review.**

- **SUBMIT copies of ALL pages of Federal Tax Returns (including Schedules and Statements) filed by ALL adults who were required to file for the previous calendar year, including copies of ALL W2s, 1099s, etc. received by the household.**
- **An adult who is not required to file tax returns MUST SUBMIT copies of MOST RECENT check stubs, statements, or bank statements that show direct deposits of ALL GROSS INCOME RECEIVED TO DATE IN THE CURRENT YEAR, including but not limited to:**

**wages; net 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 not 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.

- **How long has your household lived in this structure 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.)

\_\_\_\_\_

\_\_\_\_\_

- **REQUIRED: I certify the year the home was built is: \_\_\_\_\_ How do you know? \_\_\_\_\_**

\_\_\_\_\_

- **Is this an Assisted Living Home?** Yes No **If yes, number of beds:** \_\_\_\_\_ **State-licensed?** Yes No

- **Did BIA, HUD, or a housing authority build the home?** Yes No Don't Know

- **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.)
  - For homes located where property taxes are NOT assessed, submit 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 a proof from the assessment office's online database. If we are not able to find your property record online, then we might send a request to you later to submit an acceptable proof (see above).
- **Please explain why your household cannot afford to improve the home:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 energy efficiency 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; 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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



• **Total square feet:** \_\_\_\_\_ **Total stories:** \_\_\_\_\_ **Total 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					
<b>Circle your type(s) of foundation:</b> all-weather wood, concrete footing or block, pilings, post and pad, slab					
Floor					
Ext. Walls/Siding					
Roof					
Plumbing					
Electrical					
Insulation Levels					
Windows/Doors					
Int. Walls/Ceiling					
<b>Main Heat Source</b> (See "1" and "2" below for examples.)					Type: _____ Fuel: _____
<b>Secondary Heat Source</b> (See "1" and "2" below for examples.)					Type: _____ Fuel: _____
<b>1 Heat Source Type:</b> boiler, drip pot, baseboard, radiators, furnace (no ducts), furnace with ducts, Toyo stove (or similar), wood stove, fireplace, etc. <b>2 Heat Source Fuel Type:</b> coal, electricity, natural gas, oil, propane, wood, etc.					

• **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:**

Street Address or Legal Description

City

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

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

**Electricity Supplier Release:**

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

**Primary Fuel Supplier Release:**

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

**Secondary Fuel Supplier Release:**

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

**Consent**

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Alaska Community Development Corporation (Alaska CDC) any information needed to complete and verify my application for assistance under the Alaska Weatherization Assistance 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 program 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               | 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.

**ALL Adult Residents Must Complete and Sign Below:** (If an adult can't, 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 HEAD OF HOUSEHOLD must read the certifications below and sign the application.

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**HEAD OF HOUSEHOLD Signature**

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**Date**

**Weatherization Application Certification**

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) all residents have U.S. citizenship or satisfactory immigration status; (4) my household meets program guidelines; (5) I have read the program flier attached to this application; (6) I have read the Federal Privacy Act below; (7) I understand this grant is a one-time grant per structure; and (8) I and my household will comply with all program guidelines and processes (eligibility determination, home assessment and testing, installation of improvements, and final inspections) in a timely manner.

**Weatherization Program Certification**

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.

**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.



## 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 6/13/2018**

	<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>\$32,700</b>	<b>\$37,350</b>	<b>\$42,000</b>	<b>\$46,700</b>	<b>\$50,450</b>	<b>\$54,150</b>
<b>Low Income</b>	<b>\$52,300</b>	<b>\$59,750</b>	<b>\$67,250</b>	<b>\$74,700</b>	<b>\$80,700</b>	<b>\$86,650</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 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](http://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 Peninsula, Kodiak Island, and Mat-Su Boroughs, Valdez-Cordova Census Area, Tok area (road-connected communities), Fairbanks, and the Municipality of Anchorage. Grants are awarded on a first-come, first-served 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 income guidelines used for Weatherization Assistance Program *STATE Funding (See pg. 3 of the Weatherization program flier.)*. (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 eligible 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 7/9/19—Adjusted Gross Income on 2018 Tax Return Cannot Exceed:

CENSUS AREA	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person
Anchorage Municipality	73,440	83,920	94,410	104,900	113,292	121,684	130,076
Fairbanks Kenai Peninsula Borough Matanuska-Susitna Borough Tok	65,940	75,360	84,780	94,200	101,736	109,272	116,808
Kodiak Island Borough	68,950	78,800	88,650	98,500	106,380	114,260	122,140
Valdez-Cordova	74,340	84,960	95,580	106,200	114,696	123,192	131,688

Contact Alaska CDC and ask for a **Senior Access** application.