Alaska Community Development Corporation

Affordable Housing ● Energy Conservation ● Housing Rehabilitation ● Weatherization

Senior Access Program Application Packet June 2026

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. This application packet is for the Senior Access Program grant.

- **General information about the program is attached**, such as where we administer the program, the type of improvements available, 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 accessibility improvement needs. In addition, the state funding source requires information from households in its program.
- **Signatures are required on pp. 4 and 5.**
- **Submit all requested proofs described in the application.**
- **Submit your application to Alaska CDC.** Alaska CDC currently accepts applications year-round. However, there always is a wait list, because most work is done during the construction season. Most households are waiting 2-3 years for assistance. 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 the program by mail. Your patience is appreciated.

Application Packet Contents: This cover letter, Senior Access Program flier (2-sided), the Application (5 pp.); Verification of Access Modification Assistance form (1 pg.), a Reasonable Accommodation Request form (1 pg.), 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 0 (Palmer), 800 478-8080 x 0, 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 NMLS#358478 Monday-Thursday 9:00-5:00, Friday by appointment only

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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 Copper River Basin (Mentasta Lake to Cordova); Kenai Peninsula, Kodiak Island, and Mat-Su Boroughs; the Municipality of Anchorage; and Whittier. 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. General home maintenance and 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 two years after the work is completed.
- **Household income must meet current guidelines**, as explained in this flier. Required proofs are explained in the application. (For assisted living homes, call Alaska CDC to determine how to calculate income.) The household also 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 resident 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.
  - $15,000 if the qualifying senior rents the property.
  - For a qualifying senior in a state-licensed assisted living facility (five or fewer beds), the maximum award varies depending on the number of qualifying beds, not to exceed $20,000 per home.
- 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.

Income Guidelines

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 the 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 (SSI) [Other forms of Social Security benefits are **NOT** the same as SSI.]; **or** (2) a resident *currently is receiving services* under the Medicaid Waiver; **or** (3) the household qualifies for the Alaska Weatherization Assistance Program.

B. Households that do not automatically meet the income eligibility guidelines per "A." 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.

Guidelines as of 6/18/2026—Adjusted Gross Income on 2025 Tax Return Cannot Exceed:

AREA	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Anchorage Municipality	94,750	108,080	121,590	135,100	145,908	156,716	167,524	178,332
Copper River Basin (Mentasta Lake to Cordova), Kenai Peninsula Borough, Kodiak Island, Matanuska-Susitna Borough	84,210	96,240	108,270	120,300	129,924	139,548	149,172	158,796

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

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CONFIDENTIAL **Senior Access Application**

Please tell us how you heard about the Senior Access program: _____

_____

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 it, we can't help you. Attach another page if necessary.

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, and note if someone is a non-relative paid live-in aide)	**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
	M F		Y N

- **Is anyone a Veteran?** Yes No **If yes, who:** _____

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

✓ **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 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 (SSI** not SSA or SSDI**) <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** (SSA, SSDI, Survivor's Benefits, etc.)**, VA, pensions, unemployment benefits, Workers Comp, and/or other types of income.**

  * We do <u>not</u> count any PFDs or first $2,000/year of Native Dividends received per person.

✓ **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. **$** _____

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.

- **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?**

  _____

- **If you are buying the home, CIRCLE what you buying:** 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 none of the residents' names is 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:** _____

  _____

  _____

- **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 questions below, even if you don't think they relate to your specific improvement request(s). *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:** _____ (Write your best estimate, if you're not sure.)
- **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: _____

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

_____ _____

HEAD OF HOUSEHOLD Signature **Date**

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.

- **All adults also must sign page 5.**
- **The Head of Household also must complete the attached Verification of Access Modification Assistance form.**

Alaska Community Development Corporation
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(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 Senior Access 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, and the Alaska Housing Finance Corporation (AHFC) in administering and enforcing program rules and policies. I give my permission to be contacted by any of these organizations regarding any of this information.

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 Adult Residents Must Complete and Sign Below: (If any adult cannot, 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

Senior Access Program

Sponsored by: Alaska Community Development Corporation
(907) 746-5680 • Fax: (907) 746-5681 1517 S. Industrial Way, #8, Palmer, AK 99645

EQUAL HOUSING OPPORTUNITY

VERIFICATION OF ACCESS MODIFICATION ASSISTANCE

In order to coordinate services, the Senior Access Program asks that you report if you have received assistance or have applied to any of the following programs listed below in the *past two years.*

Have you applied or received assistance from any of the following programs in the past two years for housing modifications?
Note: Applying or receiving assistance from other programs does not automatically exclude applicants from the Senior Access Program.

Applied	Received Assistance	
☐	☐	**Home Modification Program, Anchorage Neighborhood Housing Services** Lori Nealley, 480 West Tudor Road, Anchorage, AK 99503 (907) 677-8490
☐	☐	**Home and Vehicle Modification or Home Improvement Program, ACCESS Alaska** Serena Dowling, 121 West Fireweed Lane, Suite 105, Anchorage, AK 99503 (907) 248-4777
☐	☐	**Housing Accessibility Improvement Program** Alaska Community Development Corporation 1517 S. Industrial Way #8, Palmer, AK 99645 907-746-5680 x 100 Outside of Mat-Su 800-478-8080 x 100
☐	☐	**Independent Living Center** Sitka 747-6859 Soldotna 262-6333 Seward 224-8711 Haines 766-3297 Ketchikan (888) 452-7245 Juneau (800) 478-7245 Homer 235-7911
☐	☐	**NAHASDA Program through your local Housing Authority**
☐	☐	**Safe and Healthy Home Program, Cook Inlet Housing Authority** 3510 Spenard Rd, Ste. 201, Anchorage, AK 99503 (907) 276-8822
☐	☐	**USDA Rural Development** Mat-Su Valley 761-7786 Southeast 747-3506 Kenai Peninsula & Kodiak 283-8732
☐	☐	**Division of Vocation Rehabilitation** 801 W. 10th Street, Suite A, Juneau, AK 99801 (907) 465-2841
☐	☐	**CHOICE Medicaid Waiver** 3601 C Street, Suite 310, Anchorage, AK 99503 (907) 269-3666
☐	☐	**Veterans Administration Loan Guarantee Program** 1-800-827-1000
☐	☐	**Veterans Administration Home Improvement Structural Alterations Grant** Nick Carlos, 2925 DeBarr Rd., Anchorage, AK 99508, (907) 257-4930

Signature of Applicant _____ Date _____

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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