



## Alaska Community Development Corporation

Affordable Housing • Energy Conservation • Housing Rehabilitation • Weatherization

---

### **ATTENTION SENIOR ACCESS PROGRAM APPLICANTS**

#### **NEW! Homeowner Assistance Fund Program (HAF)**

**Available in 2026 Only**

**APPLY TODAY!**

The Senior Access Program application is attached. We also want to inform you of a one-time opportunity to apply for additional home modification assistance.

This May, the State of Alaska added **Homeowner Assistance Fund Program (HAF)** funds to supplement the Senior Access Program. The HAF grant can pay for critical home repairs and health and safety improvements, but it is only available during the 2026 construction season.

Read the program fliers to learn the guidelines for both programs. There are differences. For example, HAF cannot improve rentals or multifamily homes. Senior Access can.

To apply for HAF funding, you must submit

1. a **Senior Access Program application** as it also collects most of the information required for HAF; and
2. a supplemental **HAF application and attestation**, which collect additional information. Information about the HAF grant and eligibility guidelines is included with the HAF application.

If you're not interested in applying for the HAF grant, you only need to submit the Senior Access Application and proofs requested therein.

This page intentionally left blank.



# Alaska Community Development Corporation

Affordable Housing • Energy Conservation • Housing Rehabilitation • Weatherization

---

## Senior Access Program Application Packet

May 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](http://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.**

This page intentionally left blank.

## 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 5/12/2025—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	90,300	103,200	116,100	129,000	139,320	149,640	159,960	170,280
Chugach Census Area (Cordova, Valdez, Whittier), Copper River Census Area, Kodiak Island Borough, Kenai Peninsula Borough	80,010	91,440	102,870	114,300	123,444	132,588	141,732	150,876
Matanuska-Susitna Borough	84,420	96,480	108,540	120,600	130,248	139,896	149,544	159,192

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

**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 <small>(Include last name, if different, and note if someone is a non-relative paid live-in aide)</small>	Gender <small>(circle)</small>	Birth Date <small>(mm/dd/yy)</small>	Disability <small>(circle)</small>
	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 complete copies of Federal Tax Returns filed by ALL adults who were required to file for the previous calendar year and 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, 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, federally-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) received 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.
    - **OTHER INCOME such as 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** (SSA, SSDI, Survivor's Benefits, etc.), **VA, pensions, unemployment benefits, Workers Comp, and/or other types of income.**
- \* We do not 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 build the home?** Yes No Don't Know





**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               | 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 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



## 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? <i>Note: Applying or receiving assistance from other programs does not automatically exclude applicants from the Senior Access Program.</i>		
Applied	Received Assistance	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Home Modification Program, Anchorage Neighborhood Housing Services</b> Lori Nealley, 480 West Tudor Road, Anchorage, AK 99503 (907) 677-8490
<input type="checkbox"/>	<input type="checkbox"/>	<b>Home and Vehicle Modification or Home Improvement Program, ACCESS Alaska</b> Serena Dowling, 121 West Fireweed Lane, Suite 105, Anchorage, AK 99503 (907) 248-4777
<input type="checkbox"/>	<input type="checkbox"/>	<b>Housing Accessibility Improvement Program</b> 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
<input type="checkbox"/>	<input type="checkbox"/>	<b>Independent Living Center</b> Sitka 747-6859 Soldotna 262-6333 Seward 224-8711 Haines 766-3297 Ketchikan (888) 452-7245 Juneau (800) 478-7245 Homer 235-7911
<input type="checkbox"/>	<input type="checkbox"/>	<b>NAHASDA Program through your local Housing Authority</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Safe and Healthy Home Program, Cook Inlet Housing Authority</b> 3510 Spenard Rd, Ste. 201, Anchorage, AK 99503 (907) 276-8822
<input type="checkbox"/>	<input type="checkbox"/>	<b>USDA Rural Development</b> Mat-Su Valley 761-7786 Southeast 747-3506 Kenai Peninsula & Kodiak 283-8732
<input type="checkbox"/>	<input type="checkbox"/>	<b>Division of Vocation Rehabilitation</b> 801 W. 10 <sup>th</sup> Street, Suite A, Juneau, AK 99801 (907) 465-2841
<input type="checkbox"/>	<input type="checkbox"/>	<b>CHOICE Medicaid Waiver</b> 3601 C Street, Suite 310, Anchorage, AK 99503 (907) 269-3666
<input type="checkbox"/>	<input type="checkbox"/>	<b>Veterans Administration Loan Guarantee Program</b> 1-800-827-1000
<input type="checkbox"/>	<input type="checkbox"/>	<b>Veterans Administration Home Improvement Structural Alterations Grant</b> 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

This page intentionally left blank.



# Alaska Community Development Corporation

Affordable Housing • Energy Conservation • Housing Rehabilitation • Weatherization

---

## **NEW! Homeowner Assistance Fund Program (HAF)**

From the U.S. Department of Treasury

Administered through the Alaska Housing Finance Corporation Senior Access Program

**Available in 2026 Only    APPLY TODAY!**

This May, the State of Alaska added **Homeowner Assistance Fund Program (HAF)** funds to supplement the Senior Access Program. The HAF grant can pay for critical home repairs and health and safety improvements. It is only available during the 2026 construction season.

Homes must be on the road system in the Chugach Census Area (including Cordova), Copper River Census Area, Kenai Peninsula Borough, City of Kodiak, and Mat-Su Borough.

### **HAF funds must be spent by September 30, 2026.**

- HAF grants will be awarded first-come, first-served.
- Read the HAF eligibility guidelines below and on the back of this letter.
- To apply for a HAF grant, complete the attached HAF application and attestation form with your Senior Access Program application.

### **HAF Eligibility Guidelines**

- **The household experienced material financial hardship after January 21, 2020, due to the coronavirus pandemic.**

Hardship is defined as a material reduction in income or material increase in living expenses associated with the coronavirus pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displacement for a homeowner. (Examples are but not limited to: job loss or reduced wages, increased health care costs or for caring for a family member, costs for personal protection equipment (masks, gloves, disinfectants, cleaning supplies), increased costs due to fuel increases, increased materials/labor/shipping costs for home maintenance/repair)

- **The home needs critical repairs and/or health and safety improvements** such as roof leaks, failing stairs; foundation/footings; failing siding where water intrusion occurs; weatherproofing around openings; unsafe or inoperable heating system, fix or add ventilation; heat recovery/vent fans to address moisture/mold; electrical panel/service upgrade to remedy hazards; plumbing burst/frozen lines, failed water heater, active leaks; repair/replace failed septic or well components; correct documented code violations; bring building components up to code; replace components at the end of their usable life; accessibility ramp, grab bars, walk-in shower, etc.

- It must be feasible to provide the requested home improvements during the grant period, and the household must be available throughout the HAF project to give access to workers.
- The home is a **single-family cabin, house, or mobile home**.
- The **household owns and occupies the home as its primary residence** and will continue to live there after receiving HAF assistance.
- The home is **not actively being marketed for sale or rent**.
- At least one resident is **55 years or older**.
- The household's **adjusted gross income must be equal to or less than 150% of area median income**. See limits below. We may already have proof of your household's income eligibility on file. **HAF guidelines require reviewing income of any non-resident homeowners along with the residents' income**.
- **Co-owners may not separately apply for HAF Program assistance**.
- Other guidelines may apply.

**Combined Household Adjusted Gross Income Cannot Exceed**

<b>Service Area</b>	<b>1 Person</b>	<b>2 Person</b>	<b>3 Person</b>	<b>4 Person</b>	<b>5 Person</b>	<b>6 Person</b>
Chugach Census Area	120,150	137,250	154,350	171,450	185,200	198,900
Copper River Census Area	112,050	127,950	144,000	159,900	172,800	185,550
Kenai Peninsula Borough	117,300	133,950	150,750	167,400	180,900	194,250
City of Kodiak	118,800	135,750	152,700	169,650	183,300	196,800
Mat-Su Borough	119,400	136,350	153,450	170,550	184,200	197,850

**Priority** may be given to homes with emergency needs or severe health and safety risks.

HAF grants are not paid to homeowners. Our agency will coordinate the assessment, bid, installation, and inspection and will pay contractors and suppliers directly on your behalf.

**A HAF application and attestation are attached. These supplement your household's Senior Access application. A postage-paid return envelope is enclosed for your convenience. If you have any questions, you may contact us at (907) 746-5680 x 0 (Palmer), (800) 478-8080 x 0, or [acdc@alaskacdc.org](mailto:acdc@alaskacdc.org).**

After processing your HAF application, we will contact you if we need additional information.

---

## HOMEOWNER ASSISTANCE FUND PROGRAM (HAF)

*Under the Alaska Housing Finance Corporation and U.S. Department of Treasury*

### CONFIDENTIAL Supplement to Senior Access Program Application

This HAF application supplements the Senior Access Program application you submitted. Proofs collected by the Senior Access Program may be enough to show income and home ownership eligibility for the HAF Program. This HAF application collects information specifically for the HAF grant.

1. **Read the attached cover letter with the HAF eligibility guidelines.**
2. **Complete this 2 page HAF application.**
3. **Complete the attached HAF Attestation and Agreement.**
4. **Apply to Alaska CDC as soon as possible.** HAF funds are limited.

After we review your HAF application, we may request additional information or proofs.

---

#### Head of Household:

---

First Name	Last Name	Phone
------------	-----------	-------

- **Did the coronavirus pandemic cause your household financial hardship?** Yes No
  - **If yes, ALL homeowners must complete this application.**
  - If not, STOP. Your household is not eligible to apply for the HAF grant.

- **SUBMIT COPIES OF PHOTO ID FOR ALL HOMEOWNERS.**

- **Is the home the primary residence of ALL homeowners?** \_\_\_\_\_

- **Explain why any resident or non-resident homeowner 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.)  
\_\_\_\_\_  
\_\_\_\_\_

- **How long do ALL the homeowners intend to live in this home?** \_\_\_\_\_

- Did the coronavirus pandemic make it difficult for you to maintain or repair your home? **YES NO**

#### Read the certifications below and sign the application.

##### HAF Application Certification

I certify that (1) the information provided in this application is true and correct to the best of my knowledge; (2) I understand that the HAF Program is operated primarily under the guidelines of the Senior Access Program; (3) I understand that this HAF application supplements the Senior Access application and proofs submitted by my household; (4) I have read the HAF guidelines attached to this application; (5) my household meets HAF program

guidelines; (6) I have read the HAF Program Certification below; (7) I, my household, and non-resident homeowners will comply with all program guidelines and processes (eligibility determination, home assessment and testing, bid process, installation of improvements, and final inspections) in a timely manner; and (8) I understand and agree that photographs or video of myself or other residents may be used to promote successful outcomes of the HAF Program.

**HAF Program Certification**

Permission is granted to perform HAF work on my residence. I understand that funds for HAF 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 HAF assistance 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 HAF 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 HAF 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.

Effects of Not Providing Information: Should you decline to provide the information requested on the HAF application and other HAF Program forms, your home cannot be considered for HAF assistance.

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

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

**ALL HOMEOWNERS ALSO MUST COMPLETE  
THE ATTACHED  
HAF ATTESTATION AND AGREEMENT**

## Homeowner Assistance Fund Attestation and Agreement

Agency: Alaska Community Development Corporation  
1517 S Industrial Way, Suite 8, Palmer, Alaska 99645-6791  
907-746-5680 x 0, 800-478-8080 x 0, email: acdc@alaskacdc.org, alaskacdc.org

Date: _____
Homeowner Name(s): _____
Property Address _____
Mailing Address: _____
Email Address: _____ Phone: _____

The Homeowner Assistance Fund (HAF) provides eligible home improvements for homeowners who have been negatively impacted by the coronavirus pandemic to ensure that they can stay in their home and afford their monthly housing costs. This HAF Attestation and Agreement is an executed agreement between the Agency and the Homeowner experiencing deferred home maintenance problems, which have caused health and/or safety risks to the home, have diminished habitability, or have caused high home utility costs.

**Homeowner home improvement/repair requests:** (List repair, energy efficiency and accessibility requests. Attach another page if necessary. Note: The Agency will determine eligible improvements HAF may address.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### Homeowner Attestation of Experiencing Financial Hardship due to the Coronavirus Pandemic and Certification of Understanding and Accepting HAF grant terms:

- A. I attest that I experienced material financial hardship after January 21, 2020, because of the coronavirus pandemic due to:
- Job loss (temporary or permanent)
  - Reduction in income (e.g., reduced hours or pay for one or more household members)
  - Increased costs (e.g., healthcare or need to care for a family member)
  - Other: \_\_\_\_\_
- B. I own and occupy the above home as my primary residence.
- C. I understand that the Agency has relied upon my representations, verbal and written, regarding my household's eligibility for the HAF Program and certify the accuracy and validity of all information and documentation provided to the Agency for this grant.
- D. I agree to provide any additional information or documentation that HAF Program staff may need to verify eligibility and/or to provide HAF assistance.
- E. I understand that failure to cooperate with HAF Program staff may result in cancellation of my household's application and termination of HAF assistance.

- F. I understand that providing false information about my household's eligibility for the HAF grant or withholding relevant information from HAF Program staff will result in the recapture of all funds provided to my household because of my participation in the HAF Program.
- G. I understand the Agency will determine eligible HAF assistance and its associated costs.
- H. Upon request, I will provide the Agency and/or the funding source access to grant-related records.
- I. I agree that the Agency may include information regarding a grant awarded to my household in Agency outreach and reporting to illustrate and highlight successful outcomes.
- J. I agree to defend and hold harmless the Agency and officers, employees, agents, and representatives, and funding sources from and against any claim, including the expenses of investigation and defense of such claim, arising out of or in any way connected with the grant or the expenditure of grant funds.
- K. I understand the Agency reserves the right to cancel my household's HAF grant request and require a total or partial refund of any grant funds, if The Agency determines such action is necessary because my household has not fully complied with the terms and conditions of the HAF grant.

**Homeowner, by signing below, you certify your attestation of financial hardship due to the Coronavirus pandemic and acceptance of the terms of the HAF Program grant.**

I understand and agree to the foregoing terms of this grant and hereby certify my authority to execute this agreement.

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Homeowner Printed Name

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Homeowner Printed Name

*For Agency Staff Use:*

HAF Eligibility Specialist Signature: \_\_\_\_\_

Date: \_\_\_\_\_

HAF Program Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_