



Alaska Community Development Corporation

Affordable Housing • Energy Conservation • Housing Rehabilitation • Weatherization

NEW! Homeowner Assistance Fund Program (HAF) Available in 2026 Only APPLY TODAY!

Date: _____

Client# _____ / TBD

Name: _____

This notice is being sent to households approved for Weatherization during the last two years and new Weatherization applicants.

This April, the State of Alaska added **Homeowner Assistance Fund Program (HAF)** funds to supplement the Alaska Weatherization Assistance 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.

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.
- Submit the attached HAF application immediately to be considered for a HAF grant. If you're not interested, you don't have to apply.

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.**
- 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.**

- 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.

4/1/2025 Combined Household Adjusted Gross Income Cannot Exceed

Service Area	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
Mat-Su Borough	119,400	136,450	153,500	170,550	184,200	197,850
Bristol Bay Borough	123,100	140,650	158,250	175,800	189,900	203,950
Chugach Census Area	120,050	137,200	154,350	171,450	185,200	198,900
Copper River Census Area	111,950	127,950	143,950	159,900	172,700	185,500
Haines Borough	115,850	132,400	148,950	165,450	178,700	191,950
Kenai Peninsula Borough	117,200	133,950	150,700	167,400	180,800	194,200
Ketchikan Gateway Borough	125,300	143,200	161,100	178,950	193,300	207,600
Kodiak Island Borough	118,800	135,750	152,700	169,650	183,250	196,800
Petersburg Borough	107,550	122,900	138,250	153,600	165,900	178,200
Sitka City & Borough	128,100	146,400	164,700	183,000	197,650	212,300
Skagway Municipality	123,400	141,000	158,650	176,250	190,350	204,450
Dillingham Census Area, Hoonah-Angoon Census Area, Lake & Peninsula Borough, Prince of Wales-Hyder Census Area, Southeast Fairbanks Census Area, Wrangell City & Borough	104,200	115,600	130,050	144,450	156,050	167,600
Yakutat City & Borough	115,300	131,800	148,250	164,700	177,900	191,100

Eligible Improvements

Assistance provided will be in the form of home improvements paid for by our agency that:

- increase the energy efficiency and durability of the home
- improve the health and safety of the home
- improve the habitability of a home, including the reasonable addition of habitable space to alleviate severe overcrowding
- accessibility measures so that household residents are able to age in place

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 is attached. It supplements your household’s Weatherization 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.

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

HOMEOWNER ASSISTANCE FUND PROGRAM (HAF)

Under the 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

CONFIDENTIAL Application

This HAF application supplements the Weatherization application you submitted. Proofs collected by the Weatherization 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. **Answer every question.** Please do not respond, "See application on file." Missing information may delay processing of your HAF application.
3. **Contact Alaska CDC if you're not sure how to answer a question.**
4. **Submit your complete application to Alaska CDC as soon as possible.** HAF funds are limited.

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

HEAD OF HOUSEHOLD: _____ Single Married Other
First Name Last Name (circle one)

_____ City State Zip Code
Mailing Address

() _____ () _____ () _____
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.)**

List ALL people living in the home and ALL homeowners who don't live there. 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.)									
Hispanic	African- American	American Indian / Alaska Native	Asian	Caucasian	Latino	Multi-Racial	Native Hawaiian / Other Pacific Islander	Other: (Please print.)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Name (include last name if different)	Gender (circle)	Birth Date (mm/dd/yy)	Disabled (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

- ✓ 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 YEARLY ADJUSTED GROSS INCOME. INCLUDE NON-RESIDENT HOMEOWNER'S ADJUSTED GROSS INCOME.** \$ _____

- **Structure Type: (Circle one.)** Cabin House Modular
Mobile home (must be at least 40' long), Serial #: _____
- Has the floorplan been remodeled after you applied for Weatherization? _____

- Has ownership changed after you applied for Weatherization? _____

- 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? _____

- Is this an Assisted Living Home? Yes No If yes, number of beds: ____ State-licensed? Yes No
- ✓ Did the coronavirus pandemic cause your household financial hardship? Yes No If yes, ALL homeowners must complete the next question.
- ✓ I attest that I experienced material financial hardship after January 21, 2020, because of the coronavirus pandemic. Check all that apply:
 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: _____

Signature of Homeowner (1)	Printed Name
Signature of Homeowner (2)	Printed Name
Signature of Homeowner (3)	Printed Name

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

✓ What major improvements does your home need? Check all that apply. Attach another page if necessary.

- Health & Safety (active roof leaks, repair/replace failing stairs or ramp)
- Structural (repair of foundation/footings; failing siding where water intrusion occurs; weatherproofing around openings)
- Heating & Ventilation: repair/replace unsafe or inoperable boiler/furnace, fix or add ventilation; heat recovery/vent fans to address moisture/mold
- Electrical (Life-Safety): panel/service upgrade to remedy hazards
- Plumbing & Water Heating: Fix burst/frozen lines, replace failed water heater; repair active leaks
- Water/Sewer/Septic/Wells: repair/replace failed septic or well components
- Code Compliance: Correct documented code violations; bring elements up to code
- Other (describe problems, including accessibility needs (grab bars, a walk-in shower, etc.):

✓ **The HEAD OF HOUSEHOLD must 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 Alaska Weatherization Assistance Program; (3) I understand that this HAF application supplements the Weatherization application and proofs submitted by my household; (4) all residents have U.S. citizenship or satisfactory immigration status; (5) I have read the HAF guidelines attached to this application; (6) my household meets HAF program guidelines; (7) I have read the HAF Program Certification below; (8) 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 (9) 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 AND ADULT RESIDENTS ALSO MUST COMPLETE THE AUTHORIZATION FOR RELEASE OF INFORMATION ON THE NEXT PAGE.**

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 and Homeowner Assistance Fund Programs. 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, the Alaska Housing Finance Corporation (AHFC), and the U.S. Department of Energy 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 | Medical and Psychiatric Personnel and Care Providers |
| Child Care Providers | Public Assistance Agencies |
| Child Support and Alimony Providers | Recording Offices and Title Companies |
| Drug and Alcohol Treatment Personnel | Retirement Systems |
| Employers, Past and Present | Social Security Administration |
| Family and/or State-Appointed Guardians | Utilities and Fuel Providers |
| Housing Authorities and Native organizations | Veterans Administration |
| Internal Revenue Service | 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 Homeowners and Adult Residents Must Complete and Sign Below: (If any adults are unable to sign this form, contact Alaska CDC for instructions.)**

_____ Signature	_____ Printed Name	_____ Social Security Number	_____ Date
_____ Signature	_____ Printed Name	_____ Social Security Number	_____ Date
_____ Signature	_____ Printed Name	_____ Social Security Number	_____ Date
_____ Signature	_____ Printed Name	_____ Social Security Number	_____ Date