



# Alaska Community Development Corporation

Affordable Housing • Energy Conservation • Housing Rehabilitation • Weatherization

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## Application Packet

September 23, 2013

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. We currently administer the following **home improvement programs: Weatherization, Senior Access, Housing Accessibility Improvement (HAIP), and Owner-Occupied Rehabilitation (ORP)**.

Please note that these programs 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 back of this letter to learn how to build and buy a home through Self-Help Housing.

- **Program information fliers are attached.** They *briefly* explain where a program is available, the type of help it offers, and the *primary* eligibility guidelines. Other guidelines and restrictions may apply.
- **Answer all questions on the attached application even if you don't think they apply to your situation.** This information helps us better understand the current condition of your home and its improvement needs, which helps us prioritize your application according to program guidelines. Also, the state and federal funding sources require information from households in their programs.

That said, there are a few questions in the packet that are noted as pertaining only to one program (one question on pg. 2 for ORP and all of pg. 6 for Weatherization). You do not have to answer a program-specific question if you are not applying for that particular program.

Different programs have different income, ownership, and age guidelines. Your household may qualify for one program but not another, which can be confusing. **Our contact information appears below if you need help answering a question.**

- **Signatures are required on pp. 7 and 8. For Weatherization, signatures also are required on pg. 6.**
- **Submit all requested proofs described in the application.**

**Note: There are no income guidelines for the HAIP grant.** *If you are ONLY applying to HAIP, you do not have to provide any income information or proofs of income with your application.*

- **Submit your application to Alaska CDC.** Alaska CDC accepts applications year-round. However, there are always wait lists for our programs, 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 for a program by mail. Your patience is appreciated.

### Application Packet Contents:

This cover letter; five program fliers: Rural Self-Help Housing (on the back of this letter), Weatherization (2 pp.), Senior Access, ORP, HAIP; Application (8 pp.); Reasonable Accommodation Request form; 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 100 (Palmer), 800 478-8080 x 100, or [www.alaskacdc.org](http://www.alaskacdc.org).**

## 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 2/7/2013**

	<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>\$29,700</b>	<b>\$33,950</b>	<b>\$38,200</b>	<b>\$42,450</b>	<b>\$45,850</b>	<b>\$49,200</b>
<b>Low Income</b>	<b>\$47,550</b>	<b>\$54,300</b>	<b>\$61,100</b>	<b>\$67,900</b>	<b>\$73,350</b>	<b>\$78,750</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 sufficient funds 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**

## 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, many 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 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 fuel/electricity bills.
- Eligible Weatherization improvements include: **air-sealing, caulking, insulation, and weatherstripping; replacement windows and entry doors; exterior skirting; clock thermostats; heating cleaning and repair; ventilation measures; moisture and mildew control; and efficient lighting**. Major home rehabilitation and repairs are not eligible under Weatherization.
- Trained Weatherization assessors conduct visual inspections and diagnostic tests on each home to identify eligible Weatherization improvements. **Based on the assessment findings, test results, 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 specially-trained contractors who have undergone a competitive bid process to provide materials and to make eligible weatherization improvements to homes.
- There is **no cost to eligible residents of owner-occupied homes or to eligible tenants**. Landlords must 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.
- **Restrictions** include but are not limited to:
  - The home may not have been weatherized by an agency 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 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.
- **Household income is reviewed for the most recent 12 months before the application date.**

(Continued on back.)

- **A household automatically meets income eligibility requirements if** (1) an occupant receives ATAP, TANF, SSI, Food Stamps, federally-funded Low-Income Home Energy Assistance, SeniorCare benefits, subsidies from qualifying affordable housing programs (such as Section 8, Section 202, Section 811, Low-Income Housing Tax Credit, etc.); **or** (2) the applicant lives alone and receives APA/IA.
- Households that do not automatically meet income eligibility requirements must undergo a full income review and meet the income limits below.
  - **Household income includes gross money received by all residents, including non-taxable income.**
  - **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; emergency one-time withdrawals from an investment account (note why the money was withdrawn; e.g., “high medical bills,” “down payment for home,” “lost job and couldn’t pay bills,” etc.); 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 2013 – March 2014 Income Limits**

AREA	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Haines Borough	52,000	59,400	66,800	74,200	80,200	86,100	92,100	98,000
Hyder and Pelican	51,700	59,100	66,500	73,800	79,800	85,700	91,600	97,500
Kenai Peninsula Borough	53,100	60,700	68,300	75,800	81,900	88,000	94,000	100,100
Ketchikan Gateway Borough	57,400	65,600	73,800	81,900	88,500	95,100	101,600	108,200
Kodiak Island Borough	51,700	59,100	66,500	73,800	79,800	85,700	91,600	97,500
Lake and Peninsula Borough	51,700	59,100	66,500	73,800	79,800	85,700	91,600	97,500
Matanuska-Susitna Borough	57,800	66,000	74,300	82,500	89,100	95,700	102,300	108,900
Sitka City and Borough	52,800	60,300	67,800	75,300	81,400	87,400	93,400	99,400
Skagway	58,100	66,400	74,700	83,000	89,700	96,300	103,000	109,600
Valdez-Cordova Area	54,300	62,000	69,800	77,500	83,700	89,900	96,100	102,300
Tok	51,700	59,100	66,500	73,800	79,800	85,700	91,600	97,500
Wrangell	51,700	59,100	66,500	73,800	79,800	85,700	91,600	97,500

- **Weatherization is not an emergency response program.** The majority of work is performed during the construction season. **Households could wait a year after their applications are approved to receive assistance, including priority households.** (Non-road-connected communities may 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 remote areas, the sooner they can be served.)
- Funding is limited. Some areas have a minimum one-year wait list. **Interested households should complete the attached application and submit required proofs to Alaska CDC as soon as they hear about the program to secure their places on the wait list.**

This publication was developed and printed through the support of the Alaska Housing Finance Corporation and the U.S. Department of Energy (DOE) Low-Income Weatherization Assistance Program, grant number R021676. The opinions, findings, and conclusions expressed in this publication are those of the author(s) and are not necessarily those held by the Alaska Housing Finance Corporation or the U.S. DOE.

## 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, Kodiak, and Mat-Su Boroughs, Copper River Valley, Tok area, and Southeast Alaska. Grants are awarded on a first-come, first-serve basis except when it is most cost-effective to blend funds from several sources or in the case of an emergency per Program guidelines.
- This grant improves the accessibility of homes so that qualifying seniors (55 years and older) who experience disabilities may reside 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, etc.).
- Eligible housing units are **houses, cabins, condominiums, mobile homes, apartment dwellings, and small assisted living facilities (five or fewer beds and licensed as required by the State).** There cannot be a Notice of Default or Notice of Sale 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 gross income must meet current guidelines.** This program uses the same guidelines as the Alaska Weatherization Assistance Program. (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 required 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 facility, the legal owner(s) of the property must authorize any work to be completed under the program.

### Income Guidelines as of 2/14/13

CENSUS AREA	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person
Haines Borough	52,000	59,400	66,800	74,200	80,200	86,100	92,100
Juneau City and Borough	65,900	75,300	84,700	94,100	101,700	109,200	116,700
Kenai Peninsula Borough	53,100	60,700	68,300	75,800	81,900	88,000	94,000
Ketchikan Gateway Borough	57,400	65,600	73,800	81,900	88,500	95,100	101,600
Kodiak Island Borough	51,700	59,100	66,500	73,800	79,800	85,700	91,600
Matanuska-Susitna Borough	57,800	66,000	74,300	82,500	89,100	95,700	102,300
Prince of Wales (outer Ketchikan)	51,700	59,100	66,500	73,800	79,800	85,700	91,600
Sitka City and Borough	52,800	60,300	67,800	75,300	81,400	87,400	93,400
Skagway-Hoonah-Angoon	58,100	66,400	74,700	83,000	89,700	96,300	103,000
Southeast Fairbanks (includes Tok)	51,700	59,100	66,500	73,800	79,800	85,700	91,600
Valdez-Cordova (area south of Tok)	54,300	62,000	69,800	77,500	83,700	89,900	96,100
Wrangell-Petersburg	51,700	59,100	66,500	73,800	79,800	85,700	91,600
Yakutat Borough	58,100	66,400	74,700	83,000	89,700	96,300	103,000

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

## OWNER-OCCUPIED REHABILITATION PROGRAM



Funded by Housing and Urban Development (HUD), Sponsored by Alaska Housing Finance Corporation (AHFC)

We provide home rehabilitation loans without regard to race, color, religion, sex, national origin, handicap, or familial status.

- **Alaska CDC serves** the Mat-Su Borough, Kenai Peninsula Borough, Copper River Valley, Tok area, City of Kodiak, and Southeast Alaska. All areas are not served every year. There currently is a minimum one-year wait for all areas. Most applications will require periodic updating.
- Assistance includes **repair** of the following: roof, ceilings, foundation, flooring, electrical and plumbing, water and waste systems, heating systems, windows, and doors. **Energy conservation** measures are prioritized. Accessibility improvements for residents who experience disabilities can be made if sufficient funding remains after addressing rehabilitation needs.
- **Assists low-income households who own and occupy eligible homes year-round and do not own other residential property.** Household income is defined as all money received by owners and residents, except Child Support, gifts, inheritances, life insurance proceeds received as a result of death, and adjusted gross income deductions on IRS Form 1040. Furthermore, **homeowners cannot be behind in making Child Support payments. Homeowner's insurance must be current.**
- This is a **"forgivable" loan** program. **A lien is placed on the property.** For loans up to \$50,000, the entire loan is "forgiven" if the household lives in the home at least one year AND owns the home at least four years after AHFC closes the project. Any amount over \$50,000 must be repaid upon transfer of ownership. Because a lien must be recorded with the State, a current resident must submit a copy of a **recorded Deed for land** ownership and/or a copy of a **Vehicle Title for mobile home** ownership.
- Gives priority to seniors (55+), residents who experience disabilities, and/or children under 7 years old. Applicants also may be prioritized for assistance if multiple funding sources or programs can be utilized for greater cost-effectiveness or if necessary repairs are defined as emergencies per guidelines.
- **Restrictions include but are not limited to the following:**
  - Homes must meet minimum standards established by HUD and AHFC after rehabilitation. If the standards cannot be met within the allowable budget, the project will not proceed.
  - After-rehab value of the home and land may not exceed current limits: \$200,160—all Alaska CDC service areas (see below), except \$242,250—City of Kodiak; \$263,600—Mat-Su, \$327,750—Sitka, and \$240,264—Yakutat City.
  - Structures of two or more units are not eligible. (However, condominiums are eligible.) Mobile homes built before June 15, 1976, are not eligible. Travel trailers are not eligible. Homes under the control of housing authorities are not eligible. The property cannot have any remaining loan due under the Home Opportunity Program (HOP). There cannot be an outstanding Notice of Default or Notice of Sale against the property or excessive liens filed against it. Property tax payments must be current.

### Income Guidelines as of 3/15/13

CENSUS AREA	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Haines Borough	31,200	35,640	40,080	44,520	48,120	51,660	55,260	58,800
Kenai Peninsula Borough	31,860	36,420	40,980	45,480	49,140	52,800	56,400	60,060
Ketchikan Gateway Borough	34,440	39,360	44,280	49,140	53,100	57,060	60,960	64,920
City of Kodiak	31,020	35,460	39,900	44,280	47,880	51,420	54,960	58,500
Matanuska-Susitna Borough	34,680	39,600	44,580	49,500	53,460	57,420	61,380	65,340
Prince of Wales Island-Outer Ketchikan	31,020	35,460	39,900	44,280	47,880	51,420	54,960	58,500
Sitka Borough	31,680	36,180	40,680	45,180	48,840	52,440	56,040	59,640
Skagway-Hoonah-Angoon	34,860	39,840	44,820	49,800	53,820	57,780	61,800	65,760
Southeast Fairbanks (includes Tok)	31,020	35,460	39,900	44,280	47,880	51,420	54,960	58,500
Valdez-Cordova (area south of Tok)	32,580	37,200	41,880	46,500	50,220	53,940	57,660	61,380
Wrangell-Petersburg	31,020	35,460	39,900	44,280	47,880	51,420	54,960	58,500
Yakutat Borough	34,860	39,840	44,820	49,800	53,820	57,780	61,800	65,760

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

## HOUSING ACCESSIBILITY IMPROVEMENT PROGRAM GRANT

Funded through the State of Alaska, Department of Health & Social Services  
in cooperation with the **Alaska Mental Health Trust Authority**

### Eligible Improvements

HAIIP grants may be used for **accessibility** improvements to existing homes to mitigate functional limitations imposed by qualifying disabilities. The requested improvements must be necessary due to a related disability of a full-time resident (e.g., we will replace stairs with a ramp for a resident who depends on a wheelchair but not for a resident whose disability who does not make using stairs difficult).

- Stairway modification or ramp installation or modification;
- Widening of doorways and hallways;
- Adjustments and adaptations to improve mobility within the interior living space;
- Adjustments to the levels of countertops and other usable surfaces;
- Installation of appropriate bathroom fixtures;
- Mitigation of any functional losses due to traumatic head injuries;
- Adapting the environment to manage behavioral issues associated with Alzheimer's Disease or Related Disorders;
- Installation of permanent technological features designed to improve accessibility and independent living;
- Amplification, visual devices, and/or signaling devices to assist hearing and/or visually impaired beneficiaries, such as special equipment necessary for operation of stoves, ovens, thermostats, and other devices in the home which would otherwise require visual observation;
- Therapeutic equipment and devices, including the leasing of equipment for the purpose of trial use from the Assistive Technology Library of Alaska (ATLA);
- Modifications that assist in performing daily tasks that mitigate the functional limitations that result from the qualifying disability;
- Other improvements specifically related to the eligible beneficiary's qualifying disability and approved by the Department of Health & Social Services.

**Home repairs and non-ADA-related items** (such as air purifiers, water heaters, fences, heating systems, wells, septic, maintenance, etc.) **are not eligible.**

### Who May Apply

Alaskan residents who experience verifiable disabilities that fall under the following categories:

- Alzheimer's Disease and Related Disorders
- Chronic Alcoholism with Psychoses
- Developmental Disability
- Mental Illness
- Traumatic Brain Injury
- and other Special Needs populations

Households must agree to pay back the grant, if the intended beneficiary does not live in the home 3 years after the work is done. Annual residency reviews will be conducted.

Tenants and landlords also are required to sign lease agreements to ensure the beneficiary may remain in the home and benefit from the improvements. The lease term will depend on the amount of funding awarded for the project.

### Funding Availability

Funding for this program is very limited and generally will be allocated to households on a first-come, first-serve basis. In some cases when combining funds from several sources will provide cost savings to the Program, households might be moved up the wait list.

The maximum grant available for owner-occupied homes is \$15,000, \$12,000 for rentals. (Landlord cooperation is required.) Maximum grant awards may be reduced by project coordination costs.

Assisted Living Homes cannot be served by this program.

**Alaska CDC serves the Kenai Peninsula Borough, Mat-Su Borough, and the Valdez-Cordova Census area.**

**There is a 1-2 year wait list for all areas.**

**Contact 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.

Name (include last name if different)	Gender (circle)	Birth Date (mm/dd/yy)	Disabled (circle)	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.)	
	M F		Y N										
	M F		Y N										
	M F		Y N										
	M F		Y N										
	M F		Y N										
	M F		Y N										

• For the Owner-Occupied Rehab Program Only: EXPLAIN if any residents are not U.S. citizens or do not have permanent resident alien status: \_\_\_\_\_

✓ 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. \$ \_\_\_\_\_

✓ 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 GROSS 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), **SeniorCare, affordable housing subsidies** (e.g., Section 8), **and/or, Supplemental Security Income 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.



Your responses to the next questions will help Alaska CDC coordinate with other funding sources to make the best use of all available funds for your eligible requests. Applicants may be prioritized for assistance if it is most cost-effective to combine multiple funding sources.

- **Has your household applied for any loans or other assistance to meet your home repair, energy efficiency, or accessibility needs?** (e.g., AHFC Home Energy Rating Rebate; Weatherization or NAHASDA from a housing authority; Medicaid Waivers; loans or grants through USDA Rural Development; tribal organizations; VA; Dept. of Education Voc. Rehab.; Public Assistance; Independent Living Centers, etc.) **Indicate below.** Attach another page if necessary.

Contact Person	Agency	Phone / Fax (include Area Code if not 907)
_____	_____	_____ / _____
_____	_____	_____ / _____
_____	_____	_____ / _____

- **What is the status of each application (pending, denied, approved, etc.)?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- **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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- **If your household has not applied for assistance from other sources, please explain why not:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- **Please explain why your household cannot afford to improve the home:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your responses to the next questions will help identify which program(s) will best meet your needs. **Please answer all of the questions**, even if you don't think they relate to your specific improvement request(s). For example, if you ask for an accessible shower, we need to know if the home has water and waste systems. **Restrict each answer to the specific question being asked.** Attach another page if necessary.

- **List accessibility modification needs and write which resident(s) would benefit from them.** Attach another page if necessary. **Write "N/A"** if no one needs accessibility modifications made to the home.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- **If known: Current value of the structure\*:** \$\_\_\_\_\_ **Current value of the land\*:** \$\_\_\_\_\_

\* Do not write a loan amount. Write the value that appears on an appraisal or property tax assessment. Write the full value, even if a portion is tax-exempt. If you own the land, also provide that value.

• **Year built:** \_\_\_\_\_ **Total square feet:** \_\_\_\_\_ **# of stories:** \_\_\_\_\_ **# of 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 Answer "1" below.					
Floor					
Ext. Walls/Siding					
Roof					
Plumbing					
Electrical					
Insulation Levels					
Windows/Doors					
Int. Walls/Ceiling					
Main Heat Source Answer "2" below. Answer "3" below.					
2nd Heat Source Answer "2" below. Answer "3" below.					

1 **Circle type(s):** all-weather wood, concrete footing or block, pilings, post & pad, slab, other: \_\_\_\_\_

2 **Circle type(s):** boiler, drip pot, baseboard, fireplace, forced-air (has duct work? yes no), furnace, radiators, Toyo stove (or similar), wood stove, other: \_\_\_\_\_

3 **Circle type(s):** coal, electricity, natural gas, oil, propane, wood, other: \_\_\_\_\_

✓ If you are requesting repair of a heat source, **SUBMIT copies of inspection reports / repair estimates / verification of carbon monoxide poisoning, etc. Also, briefly describe the problem and when it began.**

• **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: \_\_\_\_\_

**THIS PAGE IS ONLY REQUIRED FOR THE WEATHERIZATION PROGRAM**

- 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 Weatherization Assistance, Senior Access, Owner-Occupied Rehabilitation, and/or Housing Accessibility Improvement 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 State of Alaska-Department of Health and Social Services (DHSS) 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.

**Signatures Required:** (If any adult is unable to sign this authorization, 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 applicable program certification(s) below and sign the application.

**WEATHERIZATION**

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.

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) my household meets program guidelines; (4) I have read the program flier attached to this application; and (5) I have read the Federal Privacy Act below.

**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.

**SENIOR ACCESS and/or OWNER-OCCUPIED REHABILITATION and/or HOUSING ACCESSIBILITY**

*(These three programs require #1 & #2. Senior Access and Housing Accessibility also require #3.)*

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, DHSS, 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 or Housing Accessibility Improvement Program.

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**HEAD OF HOUSEHOLD Signature**

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**Date**

**Applicant:**

If you are applying to the **Owner-Occupied Rehabilitation** or **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 either 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(s).)**



# Owner-Occupied Rehabilitation 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