

# Alaska Community Development Corporation

Affordable Housing ● Energy Conservation ● Housing Rehabilitation ● Weatherization

## **Weatherization Application Packet**

May 2024

Alaska Community Development Corporation (Alaska CDC) is a private non-profit agency that has administered state- and federally-funded housing programs in Alaska, since 1979. This application packet is for the Alaska Weatherization Assistance Program.

- General information about the program starts on the back of this letter, such as where we administer the program, the type of help available, and the primary eligibility guidelines. Other guidelines and restrictions may apply.
- Answer all questions on the attached application even if you don't think they apply to your situation. This helps us understand the condition of your home and its improvement needs and helps us prioritize your application according to program guidelines. In addition, the state and federal funding sources require this information from households in their programs.
- Signatures are required on pp. 6-8.
- Submit all requested proofs described in the application.
- Tenants, request a Landlord-Tenant Agreement (LTA) from Alaska CDC or download it from our website. An LTA is required if you are not the legal owner of the home—even if you don't pay rent.
- Submit your application to Alaska CDC. Alaska CDC accepts applications year-round. However, there always is a wait list, because most work is done during the construction season. The sooner you apply, the sooner you may be served.

After we receive your application and proofs, we might need more information from you. However, submitting an application is the first step toward receiving assistance.

Application processing takes about 30 days. We will inform you of your status by mail. Your patience is appreciated.

#### **Weatherization Application Packet Contents:**

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

Please note that Weatherization cannot help you buy or build a home. Alaska CDC also administers the Rural Self-Help Housing Program in the Mat-Su Borough, which offers a unique way to establish home ownership. See the enclosed flier to learn how to build and buy a home through Self-Help Housing.

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

If any part of the Weatherization Application Packet is missing or to make sure you have the most current version, contact Alaska CDC at 907 746-5680 x 1 (Palmer), 800 478-8080 x 1, or www.alaskacdc.org. Tenants also should contact Alaska CDC for an LTA (per box above).

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

## 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, Mat-Su Borough, Southeast (except Juneau), 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 <u>reduce energy use in the home</u>, help reduce heating bills, and help make the home more comfortable for residents. The grant does <u>not</u> pay heating or electricity bills.
- Eligible Weatherization improvements include air-sealing, caulking, insulation, and weatherstripping; replacement entry doors; exterior skirting; clock thermostats; ventilation measures; moisture and mildew control; and efficient lighting. General home repairs are not eligible.
- Trained Weatherization assessors conduct visual inspections and diagnostic tests on each home to
  identify Weatherization needs. Based on the assessment and state and federal Weatherization
  guidelines, Weatherization staff will determine the improvements to be made to the home. The
  Weatherization grant is not given to households to spend. The Weatherization grant directly pays for our
  trained work crews (or trained contractors who have undergone a competitive bid process) to purchase
  materials and to make eligible weatherization improvements to homes.
- There is no cost to eligible residents of owner-occupied homes or to eligible tenants. The residents
  of the home to be weatherized complete the application. Landlords will be asked to complete a separate
  form to give permission to enter the premises and assess the home, as well as authorize recommended
  improvements. Landlords also may be asked to contribute matching funds if needed.
- Priority is given to households with seniors (55+), residents who experience disabilities, children under 6 years old, and/or households with income at or below 200% of the poverty level established for Alaska by the U.S. Dept. of Energy. Applicants also may be prioritized for assistance if multiple funding sources or programs can be used for greater cost-effectiveness or if necessary measures are defined as emergencies per Weatherization Assistance Program guidelines.
- Weatherization is <u>not</u> an emergency response program. The majority of work is performed <u>during the construction season</u>. Households may wait a year or more after their applications are <u>approved</u> to receive assistance, including priority households. (Non-road-connected communities might wait longer. They are scheduled to be served after a minimum number of applications are received from them and as funding allows. The more applications received from an area, the sooner it can be served.)
- Funding is limited. Interested households should complete the attached application and submit required proofs to Alaska CDC as soon as they hear about the program to be put on the wait list.
- Restrictions include but are not limited to:
  - The home may not have been weatherized by this program within the last 15 years.
  - The home may not be currently marketed for sale or rent or scheduled for demolition.

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- The home must be the household's primary residence. The household must be available throughout the Weatherization assessment, installation, and inspection process. This process can take 4-6 months. Households that routinely leave the state more than 30 days a year may find their schedules conflict with the program's installation schedule and may be denied assistance. Households that do not spend the heating season in their homes may be denied assistance.
- The household's combined income may not exceed income guidelines.

## Alaska Weatherization Assistance Program Federal Funding Income Guidelines

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

- A. Household income is reviewed for the most recent 12 months before the application date.
  - A household automatically meets <u>income</u> eligibility requirements <u>if</u> an occupant receives ATAP/TANF, <u>federally</u>-funded Low-Income Home Energy Assistance, or Supplemental Security Income (SSI). (Other forms of Social Security benefits are <u>NOT</u> the same as SSI.)
- B. Households that do not automatically meet the FEDERAL income eligibility guidelines per "A." above must undergo a full income review and meet the income limits below.
  - Household income is based on <u>gross</u>\* income received by all residents for the most recent
     12 months <u>or</u> the most recent calendar year.
    - \* except net receipts from self-employment, rental income, royalties, gambling, and/or lottery winnings after expenses are deducted from gross income received
  - Household income does <u>not</u> include: any assets drawn down as withdrawals from a bank; capital gains; Child Support received; Combat zone pay to the military; depreciation for farm or business assets; dividends from a Native Corporation less than \$2,000/year per resident; federal non-cash benefits such as Medicare, Medicaid, Food Stamps, school lunches, and housing assistance; food or housing received in lieu of wages, including the value of food and fuel produced and consumed on farms; gifts; loans; lump-sum inheritances; non-cash benefits such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits; one-time insurance payments or compensation for injury; one-time payments from a welfare agency to a family or person who is in temporary financial difficulty; one-time withdrawal from an investment account (You must certify it was a one-time withdrawal. It cannot be an annual one-time withdrawal.); payment for care of foster children; reverse mortgages; sale of assets such as property, house, or vehicle; scholarships for college or university; and tax refunds.

Income Limits for FEDERAL Funding as of 01/14/2024

AREA	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Statewide	37,620	51,080	64,540	78,000	91,460	104,920	118,380	131,840

For larger households, add 13,460 per additional resident.

#### If your household income does not meet the above Federal income limits:

You might qualify for State funding for the program. Income guidelines for State funding appear on the next page. State funding is very limited, and households eligible for State funding are placed lower on the wait list than households that meet the Federal income limits. Households eligible for State funding may wait 1-2 years longer to receive assistance.

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## Alaska Weatherization Assistance Program State Funding Income Guidelines

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

- A. Household income is reviewed for the most recent 12 months before the application date.
  - A household automatically meets <u>income</u> eligibility requirements <u>if</u> (1) an occupant receives Alaska Senior Benefits, APA/IA, ATAP/TANF, <u>federally</u>-funded Low-Income Home Energy Assistance, Food Stamps, subsidies from qualifying affordable housing programs (such as Section 8, Section 202, Section 811, Low-Income Housing Tax Credit, etc.) Supplemental Security Income (Other forms of Social Security benefits are <u>NOT</u> the same as SSI.); <u>or</u> (2) a resident *currently is receiving services* under the Medicaid Waiver.
- B. Households that do not automatically meet the STATE income eligibility guidelines per "A." above must undergo a full income review and meet the income limits below.
  - Household income is based on <u>Adjusted Gross Income</u> received by all residents for the most recent 12 months <u>or</u> the most recent calendar year.
  - Household income does <u>not</u> 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.

Income Limits for State Funding as of 5/15/2024

AREA	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Chugach Census Area (Cordova, Valdez, Whittier), Copper River Census Area, Kenai Peninsula Borough, Kodiak Island Borough, Matanuska-Susitna Borough, Southeast (excluding Juneau), Taylor Highway, and Tok areas	78,260	89,440	100,620	111,800	120,744	129,688	138,632	147,576
Ketchikan Gateway Borough	78,400	89,600	100,800	112,000	120,960	129,920	138,880	147,840
Sitka City and Borough	80,220	91,680	103,140	114,600	123,768	132,936	142,104	151,272
Skagway Municipality	82,390	94,160	105,930	117,700	127,116	136,532	145,948	155,364

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. 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.

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

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# Alaska Weatherization Assistance Program CONFIDENTIAL Application

- 1. Read the attached cover letter and the eligibility guidelines on the attached flier.
- 2. Submit your complete application and proofs (as described in the application) to Alaska CDC.
- 3. Missing information may delay approval of your application. Contact Alaska CDC if you have questions about how to answer a question or what proofs to submit.

HEAD OF HOUSEHOLD:			Singl	
	First Name	Last Name		(circle one)
Mailing Address		City	State	Zip Code
( ) Home Phone	( <u>)</u> Work Phone		( <u>)</u> Message Pl	none
Email Address		Best way and time(s)	to contact you	
Street Address (Number, Street I	Name, Apt. #, Mobile Ho	me Park Name, Space #	ŧ, etc.)	City
·	•	•	t, etc.)	City
	Block, Subdivision, Tra	ct, Plat No. etc.)		
Legal Property Description (Lot,	Block, Subdivision, Tra	ct, Plat No. etc.)		·
Legal Property Description (Lot,	Block, Subdivision, Tra	ct, Plat No. etc.)		·
Legal Property Description (Lot,	Block, Subdivision, Tra	ct, Plat No. etc.)		·
Legal Property Description (Lot,	Block, Subdivision, Tra	ct, Plat No. etc.)		·
Street Address (Number, Street I  Legal Property Description (Lot,  REQUIRED: Draw a map o	Block, Subdivision, Tra	ct, Plat No. etc.)		

<b>List ALL</b> people living in the home. Start with the Head of Household. <b>Note</b> an unborn child's due date.					VOLU			ce and	l Ethni	city (N	lark al	that apply.)	
Attach another page if neces  Name (include last name if different)	Gender (circle)	Birth Date (mm/dd/yy)	Disabled (circle)	Hispanic	African- American	American Indian / Alaska Native	Asian	Caucasian	Latino	Multi-Racial	Native Hawaiian / Other Pacific Islander	Other: (Please print.)	
	M F		ΥN										
	M F		ΥN										
	M F		ΥN										
	M F		ΥN										
	M F		ΥN										
	M F		ΥN										
✓ PROVIDE QUALIFIED R coordinators, etc.) who c	an verify e	ach disabili	ty. Attach	ano	ther p	oage		cessa	ary. F	Phone	e / Faː	x	
(First & Last Na	me)	Busi	Business / Agency			ncy Name			(include Area Code if not 907)				
											/		
										,	/		
<ul><li>Answers to these ques</li><li>Write the total number</li></ul>												POSES. e the entire	

•	Write the total number of residents who received the PFD: If anyone did not receive the entire
	PFD, please explain why:

WRITE YOUR HOUSEHOLD'S COMBINED GROSS YEARLY INCOME. Do NOT include PFDs.

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

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

A. A household automatically meets income eligibility requirements if (1) a resident receives APA/IA, ATAP, TANF, Supplemental Security Income (This is different from Social Security.), Food Stamps, federally-funded Low-Income Home Energy Assistance (ask your funding source if the funds were state or federal, if you don't know), Alaska Senior Benefits, subsidies from qualifying affordable housing programs (such as Section 8, Section 202, Section 811, Low-Income Housing Tax Credit, etc.); or (2) a resident currently is receiving services under the Medicaid Waiver.

- SUBMIT a copy of a proof that shows a resident received one of these types of assistance during the most recent 12 months (not calendar year). The proof must include the recipient's name and the most recent date the benefit was received/awarded. You can give your caseworker permission to fax proof to us at 907 746-5681 (Palmer) or 800 478-1530 (toll-free).
- B. Households that do not automatically meet income eligibility requirements per "A" above must undergo a full income review.
  - SUBMIT copies of <u>ALL</u> pages of Federal Tax Returns (including Schedules and Statements)
    filed by ALL <u>adults</u> who were required to file for the previous <u>calendar</u> year, <u>including</u> copies
    of ALL W2s, 1099s, etc. received by the <u>household</u>.
  - An adult who is not required to file tax returns MUST SUBMIT copies of MOST RECENT check stubs, statements, or bank statements that show direct deposits of ALL GROSS INCOME RECEIVED TO DATE IN THE CURRENT YEAR, including but not limited to:

wages; <u>net</u> self-employment and/or rental income (You can request a form from us if you don't keep your own profit/loss statements.); investment, dividend\*, and/or interest earnings; Social Security, VA, pensions, unemployment benefits, Workers Comp, and/or other types of income.

\* We do not count the first \$2,000/year of Native Dividends received per person.

•	Structure Typ	e: (Circle or	ne.)		
	Apartment	Duplex	Mobile home (mus	st be at least 40' long	), Serial #:
	Cabin	House	Multi-family buildir	ng (3 or more units),	Total units:
	Condominium	Modular	Other*:		
	yurts, and temp	orary residence	es. When more than 25	5% of a home is used	fishing or pleasure boats, tents, d for business, the home <i>might</i> not lifies, contact Alaska CDC.
•	How long has yo	our household	lived <u>in this structur</u>	<u>e</u> full-time?	
•	away from home	e more than 30	days during the nex	t 12 months—espec	e last 12 months or plans to be cially during winter: (for example: n, snowbirds, seasonal job, etc.)
•	REQUIRED: I ce	rtify the year tl	he home was built is:	: How 0	do you know?
•		•	ne? Yes No If yes,		State-licensed? Yes No
•		•	<u> </u>	er res no bon	t Know
•	Is your househo	old buying the	home? (Circle one.)	Paying Mortgage	Paid Off
•	What are you bu	ıying? (Circle d	one.)	Structure only	Structure and Land
•	Does your hous	ehold rent the	home? (Circle one.)	Rent or Lease	Rent-to-Own or Lease-Purchase
•	Does your hous	ehold pay rent	:? Yes No <b>If yes</b>	, how much per mo	nth?\$

	ne of the residents' name owner(s) below.	es are on the proof o	f ownership, pleas	e provide co	ntact information t
F	irst and Last Name(s) of Own	ner(s)			
Ī	Mailing Address		City	State	Zip Code
_	( ) Day Phone	()		( )	
	Day Phone	Fax Phone		Message Phon	ie
UB	MIT A COPY OF PROOF	<b>OF OWNERSHIP.</b> (Te	enants, ask your lan	dlord for this p	roof.)
r S • li s r	For homes located where pecorded Warranty or Qui Sale for a mobile home. If If your home is located in Submit proof of ownershing able to find your proper acceptable proof (see above	itClaim Deed, patent, you do not have an a a City or Borough to p. We will print a proof ty record online, then	etc. for land owner acceptable proof, con that assesses proper form the assessment	ership; a Vehi ntact Alaska C erty taxes, yo ent office's onl	cle Title or Bill of DC.  u do NOT have to ine database. If we
		sehold cannot afford	i to improve the no	me:	
	nts may be prioritized for				ultiple funding
ces. las	nts may be prioritized for	assistance if it is mo	ost cost-effective t	o combine m	
ces. las	nts may be prioritized for	assistance if it is motor of the chanother page if necestrates of the chance of the ch	ost cost-effective t	o combine m	
ces. las j	nts may be prioritized for your household applied f ls?* Indicate below. Attac	assistance if it is mo for any loans or othe th another page if nec Status of (Approved,	ost cost-effective ter assistance to me essary.	o combine m	e energy efficiency
ces. las j	nts may be prioritized for your household applied f ls?* Indicate below. Attac	assistance if it is most or other handther page if necessity (Approved,	er assistance to me essary. of Application Denied, Pending)	o combine me	e energy efficiency
ces.	nts may be prioritized for your household applied f ls?* Indicate below. Attac	assistance if it is most any loans or other hand her page if necessity (Approved,	er assistance to me essary. of Application Denied, Pending)	o combine me	e energy efficiency
Has need	nts may be prioritized for your household applied f ls?* Indicate below. Attac	assistance if it is more for any loans or other than the page if necessity (Approved,	er assistance to me essary. of Application Denied, Pending)	o combine me	Phone / Fax Area Code if not 907

otal square feet:		<u> </u>	Total	stories:			Total	bedrooms:	:
ndicate the followin	g: (circl	e or write a	a respons	se)					
Electricity source:	No	ne Ge	enerator		Utili	ty		Other:	
Water source:	No	ne Ca	atchment	System	Utili	ty	Well	Other:	
Waste system:	No	ne Se	eptic (type	, if known	:	)	Sewer	Other:	
Water Heater:	No	ne El	ectric	Natura	l Gas	Oil	Propane	Other:	
Range:	No	ne El	ectric	Natura	l Gas		Propane	Other:	
Clothes Dryer:	No	ne El	ectric	Natura	l Gas		Propane	Other:	
ndicate the condition	n of th	e major co	omponer	nts of the	e home	. Attach a	nother page	if necessar	y.
Component	Good	Average	Poor	None	Specifi	c Problem	s / Deficienci	es / Reques	ted Rep
Overall Structure									
Foundation									
Circle your type(s)	of found	ation: all-w	eather wo	od, concr	ete footir	ng or block,	pilings, post	and pad, slal	b
Floor									
Ext. Walls/Siding									
Roof									
Plumbing									
Electrical									
Insulation Levels									
Windows/Doors									
Int. Walls/Ceiling									
Main Heat Source (See "1" and "2" below for examples.)					Type:			Fuel:	
Secondary Heat Source (See "1" and "2" below for examples.)					Type:			Fuel:	
1 Heat Source Type	:	boiler, dri Toyo stov					e (no ducts),	furnace wit	th ducts
	Type:	•	•	,		opane, wo			

• If you use on or propane, does the fuel provider automatically ren	ii your tuiik.	OII.	res	INO
		Propane:	Yes	No
Completion of a Fuel Information Release for <u>each</u> supplier is REQUII In the future, the Weatherization funding sources may ask utilities and fuel efficiency improvements made by the program have been effective.				
ONE <u>CUSTOMER</u> MUST SIGN THE RELEASE FOR EACH SUPPLIE name appears on the bills—even if someone else pays the bills.) If you 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		Cit	y	
I hereby authorize you to release any information on my fuel bills, both Finance Corporation (AHFC) and/or Alaska Community Development Corporation of this release may be used for the purpose stated.  I understand that this information will be used only to provide data for information obtained through this release shall be made public in such a mean be identified.	OORATION (Alaska AHFC and/or A Danner that the	a CDC). I aç laska CDC, dwelling or	gree th and n occupa	o ants
Company Name:  Primary Fuel Supplier Release:  Company Name:  Company Name:	Company Nar	<b>ry Fuel</b> Supp me:	oller Re	iease:
Mailing Address:  Mailing Address:	Mailing Addre	ess:		
Account Number (REQUIRED):  Account Number (REQUIRED for Natural Gas):	Account Num	nber (REQUIRED	for Natur	al Gas):
Customer's Name:  Customer's Name:	Customer's N	lame:		
Customer's Signature (REQUIRED):  Customer's Signature (REQUIRED):	Customer's S	ignature (REQUI	IRED):	
Customer's Mailing Address:  Customer's Mailing Address:	Customer's Ma	ailing Address:		

# Authorization for Release of Information

Alaska Community Development Corporation 1517 S. Industrial Way, #8, Palmer, AK 99645

(907) 746-5680, (800) 478-8080 (907) 746-5681, (800) 478-1530 Fax

#### Consent

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Alaska Community Development Corporation (Alaska CDC) any information needed to complete and verify my application for assistance under the Alaska Weatherization Assistance Program. I further authorize and direct Alaska CDC to release information to other entities for the purpose of determining my household's eligibility for Alaska CDC's program and/or to assist my household with making application to other assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by Alaska CDC, the State of Alaska, 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
Child Care Providers
Child Support and Alimony Providers
Drug and Alcohol Treatment Personnel
Employers, Past and Present
Family and/or State-Appointed Guardians
Housing Authorities and Native organizations
Internal Revenue Service

Medical and Psychiatric Personnel and Care Providers Public Assistance Agencies Recording Offices and Title Companies Retirement Systems Social Security Administration Utilities and Fuel Providers Veterans Administration Workers Compensation Providers

#### **Computer Matching Notice and Consent**

I understand and agree that AHFC or Alaska CDC may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. AHFC or Alaska CDC may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies, State welfare and food stamp agencies, and Social Security.

#### **Conditions**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file at Alaska CDC. I understand I have a right to review my file and correct any information that is incorrect.

#### ALL Adult Residents Must Complete and Sign Below: (If an adult can't, contact Alaska CDC for instructions.)

Applicant's Signature	Printed Name of Applicant	Social Security Number	Date
Adult Resident's Signature	Printed Name of Adult Resident	Social Security Number	Date
Adult Resident's Signature	Printed Name of Adult Resident	Social Security Number	Date
Adult Resident's Signature	Printed Name of Adult Resident	Social Security Number	Date

•	The <u>HEAD OF HOUSEHOLD</u> must read the certifications below a	nd sign the application.
	HEAD OF HOUSEHOLD Signature	 Date

#### **Weatherization Application Certification**

I certify that (1) the information provided in this application is true and correct to the best of my knowledge; (2) I have submitted proofs (as required) for ownership, age, disability, and income; (3) all residents have U.S. citizenship or satisfactory immigration status; (4) my household meets program guidelines; (5) I have read the program flier attached to this application; (6) I have read the Federal Privacy Act below; and (7) I and my household will comply with all program guidelines and processes (eligibility determination, home assessment and testing, installation of improvements, and final inspections) in a timely manner.

#### **Weatherization Program Certification**

Permission is granted to perform weatherization work on my residence. I understand that funds for weatherization assistance are being provided by Alaska Housing Finance Corporation (AHFC). Therefore, AHFC may monitor dwellings on a random basis for the sole purpose of determining that weatherization was accomplished and that program funds were properly expended. This monitoring does not include an inspection or in any way addresses compliance with fire, building, or any other safety codes. According to the terms of the contract between AHFC and Alaska Community Development Corporation (Alaska CDC), responsibility for weatherization work performed on my dwelling must comply with existing applicable codes and/or manufacturers' instruction as appropriate. Alaska CDC is solely responsible to assure this compliance. This responsibility in no way extends to work or conditions not associated with the performance of weatherization work. Accordingly, I understand that it is the dwelling occupant/owner's responsibility to discover and correct unsafe or out-of-compliance conditions which might otherwise exist.

**Privacy Act Provisions:** Under section 3(e)(3) of the Privacy Act 1974, [5 USC 552a(e)(3)], each agency that maintains a system of records shall inform each individual from whom it solicits information of the authority which permits the solicitation of the information; whether disclosure is voluntary; the principal purpose for which the information is intended to be used; the routine uses which may be made of the information; and the consequences, if any, resulting from failure by the individual to provide the requested information. This statement is required by the Privacy Act to be furnished prior to the collection and use of the information requested on the application for weatherization. You may retain this statement for your records.

**Program Authority:** The specific authority for the maintenance of weatherization client information is sections 416 and 417 of the Energy Conservation and Production Act, Pub. L. 94-385. These sections direct the U.S. Department of Energy (DOE), which is a sponsor of this program, to monitor the effectiveness of this program and to require a weatherization agency implementing this program to keep records for DOE monitoring. Alaska Housing Finance Corporation (AHFC) is the recipient of weatherization funds from both DOE and the State of Alaska Department of Health and Social Services, and is required by 10 CFR 440 to document the eligibility of every dwelling unit weatherized and to maintain records for program monitoring and evaluation.

**Voluntary Disclosure:** Your responses to the request for information on the Weatherization Assistance Application, Authorization for Release of Information form, and Fuel Information form are entirely voluntary.

**Principal Purpose of Information:** The information will be used by the local weatherization agency to implement the weatherization program. It will be used by the DOE and AHFC to monitor the effectiveness of this program.

**Routine Uses:** The information which you provide may be used in monitoring, evaluating, and planning housing programs. In addition, the information may be used in investigative, enforcement or prosecutorial proceedings. Your application information is kept confidential.

**Effects of Not Providing Information:** Should you decline to provide the information requested on the Application and forms, your dwelling cannot be considered for weatherization assistance.

## RURAL SELF-HELP HOUSING PROGRAM

Funded through the U.S. Department of Agriculture, Rural Development)



The Rural Self-Help Housing Program is a group-method of home construction available to limited-income households. Alaska CDC administers Self-Help Housing in the Mat-Su Borough. Alaska CDC purchases available lots that meet program guidelines and are suitable for a group construction project. Participant-households are given a choice of pre-selected house plans that meet program guidelines. Available choices will depend on household size, total loan available, availability of regular income, configuration of the lot, and other factors.

**Typical house plans:** ranch style 3- or 4-bedroom homes with an attached garage; energy efficient design and construction—5 Star Plus Energy Rating

**Lot Locations 2023-2024 Program:** Mat-Su (final lots not selected as yet). Lot selection will be on first eligible, first select basis. Additional projects are planned.

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 5:00 p.m. to 9:00 p.m. on weekdays and 9:00 a.m. to 5:00 p.m. on weekends. 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 July 13, 2023 (maximum income)

	<u>1 - 4 person</u>	<u>5 person</u>		
Very Low Income	\$54,050	\$71,350		
Low Income	\$86,500	\$114,150		

Self-Help Housing provides a unique opportunity for low-income households to build and own their own homes. Successful applicants will have dependable regular income, good credit, the ability to qualify for enough funding to build a home that meets program guidelines, and the ability to work well with others.

Alaska CDC accepts applications year-round. However, interested applicants should apply right away. **Lot choice is given on a first-come, first-qualified basis.** Furthermore, applicants with imperfect credit may need some time to clean-up their history.

For a Self-Help Housing application, contact Alaska CDC at 907 746-5680 (Palmer), 800 478-8080, or www.alaskacdc.org

## SENIOR HOUSING ACCESSIBILITY MODIFICATION PROGRAM

"Senior Access" Funded by Alaska Housing Finance Corporation (AHFC)



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



- Alaska CDC serves the Kenai Peninsula, Kodiak Island, and Mat-Su Boroughs, Valdez-Cordova Census Area, Tok area (road-connected communities), Fairbanks, and the Municipality of Anchorage. Grants are awarded on a <u>first-come</u>, <u>first-served</u> basis <u>except when it is most cost-effective to blend funds from</u> several sources or for an emergency per Program guidelines.
- This grant improves the <u>accessibility</u> of homes so that <u>qualifying seniors</u> (55 years and older) <u>who</u> <u>experience disabilities</u> may live safely at home as long as possible. Home repairs are <u>not</u> 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 <a href="mailto:small">small</a> assisted living homes (five or fewer beds and licensed as required by the State). There cannot be a Notice of Default, Notice of Sale, or student loan lien filed against the property.
- The home to be modified must be the **current**, **principal residence of the qualifying senior** and the qualifying senior must agree to live in the home up to three years after the work is completed.
- Household income must meet current guidelines. This program uses the same income guidelines used for Weatherization Assistance Program STATE Funding (See pg. 3 of the Weatherization program flier.). (For assisted living homes, call Alaska CDC to determine how to calculate income.) The household must show that it does not have funds of its own or from other sources to complete the modifications. Applicants cannot be behind on paying Child Support.
- This program is **free to the senior and the legal owner(s) of the property**. No more than the amount necessary to complete eligible accessibility improvements will be awarded. Maximum grant awards are:
  - \$25,000 if the qualifying senior is the legal owner of the property.
  - \$25,000 if the home is privately owned <u>and</u> the qualifying senior is related to the legal owner of the property and the legal owner of the property resides in the home.
  - \$20,000 if the qualifying senior rents the property.
  - \$10,000 if the qualifying senior resides in a state-licensed assisted living facility (five or fewer beds).
- If the home is a rental or an assisted living home, the legal owner(s) of the property must authorize any work to be completed under the program.

#### Guidelines as of 5/15/2024—Adjusted Gross Income on 2023 Tax Return Cannot Exceed:

AREA	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Anchorage Municipality	84,770	96,880	108,990	121,100	130,788	140,476	150,164	159,852
Chugach Census Area (Cordova, Valdez, Whittier), Copper River Census Area, Fairbanks, Kenai Peninsula Borough, Kodiak Island Borough, Matanuska-Susitna Borough, and Tok	78,260	89,440	100,620	111,800	120,744	129,688	138,632	147,576

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