



Weatherization / Rehabilitation Programs

Overview: The Weatherization program provides FREE home improvement assistance to homeowners, landlords, renters, mobile homes and condos. The Rehabilitation program, however, only provides assistance to single family dwelling homeowners. Landlords, renters, and mobile homes do not qualify. Condos may qualify, but program limitations make this difficult. The goal of both programs is to reduce energy costs, increase occupant comfort and safety, and increase the dwelling's durability and marketability. For the rehabilitation program, replacing aging or damaged elements of the home is possible. CIHA will determine which program the applicant is most suited for. Neither program can be used to complete unfinished construction. The Weatherization program applies only to the Anchorage area. The Rehabilitation program applies to the entire Southcentral, Alaska region (CIRI Corporation's region).

Applicant Eligibility:

Applicant's household annual income may not exceed 100% of area median income (AMI) for the Weatherization Program or 80% AMI for the Rehabilitation Program. AMI is determined by the Department of Housing and Urban Development (HUD).

The current Area Median Income Limits for the Anchorage region are:

100% AMI							
<u>1 Person</u>	<u>2 Persons</u>	<u>3 Persons</u>	<u>4 Persons</u>	<u>5 Persons</u>	<u>6 Persons</u>	<u>7 Persons</u>	<u>8 Persons</u>
\$69,650	\$79,600	\$89,550	\$99,500	\$107,460	\$115,420	\$123,380	\$131,340
80% AMI							
<u>1 Person</u>	<u>2 Persons</u>	<u>3 Persons</u>	<u>4 Persons</u>	<u>5 Persons</u>	<u>6 Persons</u>	<u>7 Persons</u>	<u>8 Persons</u>
\$50,350	\$57,550	\$64,750	\$71,900	\$77,700	\$83,450	\$89,200	\$94,950

Notes: 1) Households that have received Weatherization assistance after April 14, 2008 or the AHFC Energy Rebate after May 1, 2008 do not qualify for CIHA's Weatherization Assistance. 2) Areas outside of Anchorage have slightly different Income Limits as determined by that specific area.

Application Processing: Provide the documents listed on the following pages. CIHA's Intake/Certification staff will review the documents and determine eligibility. Failure to provide all necessary documents will delay approval for participation in our programs.

Weatherization Program Priority Categories: Priorities will be given to the elderly, persons with disabilities, households with children under six years of age, and extremely low-income households.

Have Questions? Contact CIHA at 793-3706 and ask to speak with the Residential Renovation Programs Intake Coordinator or stop by our office located at 3510 Spenard Road, Suite 100, Anchorage, Alaska 99503.



WEATHERIZATION / REHABILITATION PROGRAM CHECKLIST

Applicant Name (print): _____ Date: _____

Please complete the application, including all attached forms, and provide copies of the following documentation that applies to your household (*any documentation missing will delay the application process*). If you are receiving any **"Automatic Qualifiers"** as listed below please inform the Intake Coordinator.

Required Income Documentation

**A household that receives any other income not listed below must provide the most current proof of type of income with the application.*

Household Members 18 years of age or older must provide the following, as applicable:

- _____ **Photo ID:** copies Driver license, state ID, etc....
- _____ **Tax Returns:** two years signed income tax returns, including attached Tax forms, W2's, and 1099's for all household members receiving an income.
- _____ **Unemployment Benefits:** current check stub or statement showing total received, number of weeks benefits received, and remaining balance of benefits.
- _____ **Employment:** 3 most recent pay stubs showing Year to Date earnings.
- _____ **Self-Employment:** current tax information such as Schedule C, Form 1065, and Form 1120 (more documents may be required).
- _____ **Pension and Retirement:** current check stub, statement, letter, etc...
- _____ **Automatic Qualifiers:** APA, ATAP, TANF; current check stub, statement, letter, etc...
- _____ **VA Benefits:** current check stub, statement, letter, etc...
- _____ **Verification of employment:** date started working at current job.

All Household Members including children must provide the following:

- _____ **Bank Statements:** for current Interest-Bearing Accounts.
- _____ **Automatic Qualifiers:** SSI, SSDI, SSA; current check stub, statement, letter, etc...
- _____ **Native Corporation Dividends:** received for the past 12 months.
- _____ **Disability:** SSI, Doctors Statement, or VA letter.

Landlords and Renters (applies to weatherization program only)

- Copy of lease or rental agreement.
- Proof of ownership from landlord or proof of right to manage if a management company.
- Landlord-Tenant Agreement form (LTA) – provided by CIHA.
- Landlord receipts for work done in last 6 months if "in kind contribution" is checked on LTA.
- Landlord-occupied multifamily building must also include profit/loss information from rentals
- Approval from Condo Association (and contact information) for work to be done.

Homeowners

- Copy of property ownership, i.e., deed of trust, warranty deed, DMV title, bill of sale, mortgage coupon, property tax assessment or contract (circle one)
- Utilities- Contact your utility companies and request the following items, ask that your name be included on the printout.
 - Enstar- call 277-5551 to request a Location **Consumption** History Inquiry.
 - Electric- call your electric company and request a 12 month Utility **Usage** Printout.
- Approval from Condo Association (and contact information) for work to be done.



Weatherization or Rehabilitation Programs Assistance Application

Client No. _____

Applicant Name	Email _____
	Home _____
	Work/Msg _____

Site Address	Street	City	State	Zip
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Mailing Address

Directions to Home

Type of Residence Owner Occupied Rental Unit Mobile Home: Serial # _____
 (Check appropriate) Single Family Multiple Family (Apartment) Subsidized Housing

Rental Unit

Complete Landlord-Tenant Agreement	Owner Name _____ Owner Address _____	Phone _____
Heat paid by: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant		

Total Number in Household List the names, social security numbers, sex and age for all members of the household. List income received by each member 18 or older who is not a full-time student.

Name and Social Security Number	Sex	Age	Source of Income	Amount of Income	
				Calculations	Annual Total
Name _____ SSN _____	M F		_____	_____	_____
Name _____ SSN _____	M F		_____	_____	_____
Name _____ SSN _____	M F		_____	_____	_____
Name _____ SSN _____	M F		_____	_____	_____
Name _____ SSN _____	M F		_____	_____	_____
Name _____ SSN _____	M F		_____	_____	_____
Name _____ SSN _____	M F		_____	_____	_____
Name _____ SSN _____	M F		_____	_____	_____
Name _____ SSN _____	M F		_____	_____	_____
Name _____ SSN _____	M F		_____	_____	_____

Total Income _____

Weatherization or Rehabilitation Programs Assistance Application

Number of residents in household who are:

55 years of age or older _____ under 6 years of age _____ 6-18 years of age _____ Disabled ____

been provided to make me eligible for this assistance.

Applicant Affirmation

I subscribe and affirm, under the penalties of law that the statements made in this application for weatherization or rehabilitation assistance (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. Prior to any work, I agree to notify the agency of any changes in the information in this application. I understand that by signing this application, I consent to any other inquiry to verify or confirm the information I have given.

I certify that no household member has received an
- AHFC Home Energy Rebate after May 1, 2008.
- Weatherization Assistance after April 14, 2008.
I certify that no household member holds a Temporary Resident Status granted under the Immigration and Nationality Act as amended under the Immigration and Control Act of 1986 (Public Law 99-603).

This assistance has no affect upon my Social Security, Public Assistance or any other income I have. The weatherization work done will not obligate me financially and no lien or mortgage will be held on the property, unless false or inaccurate information has

For the Rehabilitation Program, however, a limited deed restriction applies for 5 years after work is complete. This restriction is reduced at the rate of 1/60 of the total construction cost per month.

I will not be held liable for any injury or damage occurring on my property which is not a result of my negligence or malfeasance. I certify that I have given my permission to allow work and monitoring of work on the property listed in this application. I understand that it is the dwelling occupant and/or owner's responsibility to discover and correct unsafe or out-of-compliance conditions which exist apart from the weatherization or rehabilitation work.

I understand that this application for assistance does not guarantee that assistance will be granted but will be used in determining eligibility for the programs. Whether or not an eligible applicant will be provided assistance will depend in part upon the number of applications received, the funds available and the priorities to be met by the program.

I have read and understand the provisions of the Federal Privacy Information Act.

Applicant's Signature _____ **Date** _____

Homeowner Certification For Rentals Only

(If applicant is a renter, CIHA will always ask for permission to enter premises. A Landlord-Tenant Agreement form may also be required)

I / We, _____, certify that I / we am / are the owner(s) of the property at

(print address)

Applicant's Signature _____ **Date** _____

OFFICE USE ONLY

Ownership Verified by: Examination of deed
 Tax Assessment
 Other

List income documentation verified:

CHIA Representative's Signature _____ Date _____

WEATHERIZATION or REHABILITATION ASSISTANCE PROGRAM

AUTHORIZATION for Release of Information

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to CIHA any information needed to complete and verify my application for assistance under the Alaska Low-Income Weatherization Assistance Program (WAP) or the Federal Home Loan Bank's Affordable Housing Program's Rehabilitation Program (AHP). I understand and agree that this authorization or the information obtained with its use may be given to and used by the Alaska Housing Finance Corporation (AHFC) and the AHP in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that previous and current information regarding me and my family unit may be needed. Verifications and inquiries that may be requested include but are not limited to:

Employment and Income
Public Assistance payments

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include but are not limited to:

Banks and other Financial Institutions
Medical and Child Care Providers
Past and Present Employers
Retirement Systems
Social Security Administration
State Unemployment Agencies
Support and Alimony Providers
Veterans Administration
Welfare Agencies

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that AHFC or CIHA 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 CIHA 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 the Federal Social Security Administration.

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 with CIHA . I understand I have a right to review my file and correct any information that is incorrect.

SIGNATURES (All adult residents must sign.)

Please request another copy if necessary.)

 X
Applicant Signature Date

Applicant Printed Name SSN#

 X
Adult Household Member Signature Date

Adult Household Member Printed Name SSN#

 X
Adult Household Member Signature Date

Adult Household Member Printed Name SSN#

 X
Adult Household Member Signature Date

Adult Household Member Printed Name SSN#

 X
Adult Household Member Signature Date

Adult Household Member Printed Name SSN#

 X
Adult Household Member Signature Date

Adult Household Member Printed Name SSN#

Reason(s) for missing signatures: _____



Weatherization or Rehabilitation Programs

Certification of Non-Filing of IRS Tax Returns

I/We, _____, do hereby certify that during the year of _____ I/We did not file Federal Income Tax Returns because my/our income was below the level required to file Federal Income Tax Returns.

This grant requires that household income not exceed the U.S. Department of Housing and Urban Developments established income limits, according to family size. These income limits are adjusted on an annual basis. The current income limits are listed on the first page of this application package.

Certification:

I certify that the household income for this application does not exceed the income limits as stated above. I have read the above information and certify this information to be true and correct.

Penalty for False or Fraudulent Statements: USC Title 18, Section 1001 provides that: *“Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or documents knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years, or both.*

Applicant's Printed Name

Applicant's Signature

Today's Date



**Weatherization or Rehabilitation Program
Non-Employment Statement**

If you have not worked in the past 12 months, please sign below.

Applicant's Printed Name

Applicant's Signature

Today's Date

If you have worked in the past 12 months, please complete the following:

Are you currently receiving unemployment benefits?

- Yes If yes-submit a benefit history printout from the unemployment office.
- No Benefits ran out on (date) _____.
- No Not eligible because..._____
- Did not work long enough to accrue benefits
- Did not apply for benefits
- Other (Please describe) _____

Applicant's Printed Name

Applicant's Signature

Today's Date



FUEL INFORMATION FORM

Type of Primary heating system: (circle type) # 1 oil # 2 oil Natural Gas Electric
 Wood (specie) _____ Propane
 Other _____

Type of domestic water heater: (circle type) # 1 oil # 2 oil Natural Gas Electric
 Propane
 Other _____

Type of cook top/oven: (circle type) Natural Gas Electric Propane
 Wood (specie) _____
 Other _____

Is there an alternative supplementary heating source? NO YES, percent of time used _____%.

If yes, state type: _____

Last time primary heating serviced: _____

Estimated annual fuel use: _____ gallons of oil _____ gallons of propane _____ cords of wood

Please provide a copy of at least the last 24 months of your energy billings for your primary space heating system, water heating system, cooking stove plus electricity usage.

You can obtain copies of billings/energy use information from your utility if you have not kept copies of your billings.

I understand that this information will be used only to compare energy use before and after construction upgrades. No information obtained through this release shall be made public in such a manner that the dwelling or occupants can be identified.

Printed Applicant's Name

Applicant's Signature

Date

Home Address



Health and Safety Policy

During the course of performing assessments, inspections, and/or the construction work, each dwelling will be monitored for potential hazards to workers and dwelling occupants. All work will be completed consistent with the provisions of CIHA's weatherization and AHP grant agreements and all applicable laws, ordinances, regulations, industry standards, and other applicable authority as amended from time to time. CIHA will comply with OSHA and other safety standards imposed by other laws, ordinances, regulations, the weatherization and dwelling rehabilitation industries, or other applicable authorities. Provisions that are most restrictive or impose higher standards or requirements shall govern.

I understand the above stated Health and Safety Policy as witnessed by my signature below.

Applicant's Signature

Date

Walk Away Policy

CIHA reserves the right to walk away from and not assist a building if: 1) site conditions exist where repairs are beyond the scope of the Weatherization Assistance Program or the Affordable Housing Program, or 2) site conditions are such that workers health or safety would be jeopardized, or 3) construction activities in or around the building may aggravate an unsafe situation or the durability of the home, or 4) new construction materials installed could be rendered useless or damaged by existing site conditions. Note also that neither the weatherization program nor the AHP program is intended to complete unfinished construction.

If a walk away condition exists, written notification to the client will be provided that explains the conditions which must be remedied before CIHA will start or resume work. Such notice may also specify a reasonable time frame for resolving such conditions. If the client does remedy the unacceptable condition(s) within the time frame specified, CIHA will walk away from the site and close-out the project.

I understand the above stated Walk Away Policy as witnessed by my signature below.

Applicant's Signature

Date



Removal & Disposal of Materials Policy

Through the course of work, some parts of a home are may be replaced. Typical items include, but are not limited to:

Doors	Toilets
Windows	Bathtubs
Furnaces	Sink/Faucets
Boilers	Vanity
Woodstoves	Insulation
Space Heaters	Pipes
Water Heaters	Wires
Refrigerators	Light Fixtures
Bathroom Fans	Range Hoods
Range top/oven	

The Policy regarding replaced materials is:

All material being replaced will be taken from the jobsite and disposed of. No material shall be left behind under any circumstance.

CIHA and/or their designated subcontractor(s) shall remove all replaced items; no item will be left for the homeowner to dispose of.

I certify that I have read and understand the above replaced materials policy and authorize all replaced materials to be disposed of by CIHA. If you do not agree with this policy, do not sign below. You are then required to contact CIHA's Weatherization Program immediately.

Printed Owner's Name

Owner's Signature

Date

Address



Work will be done only as funding, cost effectiveness and safety allows per the funding agency. Further, some improvements may not be possible due to budget limitations and/or safety concerns.

Homeowner Responsibilities for Conditions of Work Area

- I understand and agree to provide a safe and sanitary work environment for all workers at all times. This includes, but is not limited to:
 - Clear interior and exterior work areas of obstacles and debris (furniture, stored items, toys, rubbish, pet waste, vehicles, etc.); this includes attics and crawlspaces.
 - Provide access to the property for work vehicles, equipment, materials, and workers.
 - Restrain pets and keep them away from workers and work areas.
 - Yield to workers and equipment. (Remind your guests to give workers room to work.)
 - Supervise children at all times and keep them out of work areas.
- I understand and agree to remove from sight and secure valuables such as jewelry, cash, medicine, firearms, ammunition, and other important items prior to the arrival of any worker/inspector.
- I understand and agree to have a responsible adult (age 21 or older) representative present during the entire period when workers or inspectors are on site.
- I understand and agree that windows and doors may be removed for extended periods of time while being replaced and I will plan accordingly. Similarly, windows and doors may be opened for extended periods of time when required for other work to take place such as when extension cords or hoses are used or when equipment and materials are being moved into or taken out of the home.
- I understand and agree that CIHA representatives will not be responsible for damages that occur during the course of normal work if such work is hindered by the household failing to comply with the conditions of this document.
- I understand and agree that work performed on my house may be for safety or building longevity reasons, and not solely to reduce energy consumption.
- I understand that while CIHA's construction efforts may reduce energy usage, costs per unit of energy is controlled by utility providers and total energy used is controlled by homeowners. Therefore, CIHA makes no claim that energy improvements work done on my home will reduce the cost of my utility payments.
- I understand and agree that my household will meet all the conditions stated herein and understand that failure to meet these conditions may result in denial of CIHA assistance.

Please indicate any concerns you may have regarding construction activities so that we may accommodate your needs as best we can:

Please explain: _____

Applicant Signature

Date



Requirements for Homeowner Presence and Construction Schedule

CIHA, or contractors engaged for this project, will schedule with you a date and time for work to begin at your home. You or your designated representative (an adult 21 years of age or older) must be present each time work is in progress at your house. Please keep in mind that workers will be in and out of your home multiple times during the entire course of construction. Your presence is required each time. While our goal is always to minimize the days and time of disruption, the nature of the work usually requires multiple visits to your home.

When CIHA or our contractors schedule work for your house, the entire day is set aside just for you. This makes it very difficult to redirect crews to a different home that has not been scheduled for that day. When you cancel at the last minute or forget the appointment date, the entire day is often lost and crew costs for your project increases substantially. To balance this cost increase, we have to decrease the amount of work we do in your home or other people's homes. Therefore, if you need to cancel and reschedule an appointment, please call the CIHA contact person listed below at least 3 days before your scheduled appointment.

If you or your designated representative are not home on the appointed day or at the appointed time, or you cancel scheduled work three times, your project will be cycled to the bottom of the wait list or may be cancelled altogether.

By your signature below you acknowledge you have read, understand and agree to the policy stated above.

Please provide 2 or more contact numbers. These numbers are vital to ensure we do a good job for you.

Applicant Name: _____ **Date:** _____

Applicant Signature: _____

Phone number #1: _____ **Phone number #2:** _____ **Phone number #3:** _____

CIHA Contact Names: Terry Pedersen Phone: (907) 301-3927 OR Darwin Balatbat Phone: (907) 793-3013
Organization: Cook Inlet Housing Authority City: Anchorage
Street: 3510 Spenard Road Zip: 99503

**FEDERAL PRIVACY ACT INFORMATION
FOR APPLICANTS TO CIHA'S
WEATHERIZATION AND AFFORDABLE HOUSING ASSISTANCE PROGRAMS**
ALASKA HOUSING FINANCE CORPORATION, FEDERAL HOME LOAN BANK

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 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 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 CIHA to implement the Weatherization Program and the Affordable Housing Program. It will also be used by the granting agencies to monitor the effectiveness of these programs.

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 housing upgrade assistance.