



AHP / Home Rehabilitation Program

Overview: The Affordable Housing Program (AHP) provides FREE home improvement assistance to qualified homeowners. The goal of the program is to repair/replace aging or damaged elements of the home, reduce energy cost, increase occupancy comfort, and improve health and safety. Unfinished homes not fully constructed are not eligible. Program requirements limit our clients to owner occupied single family homes. Zero-lot-lines and duplexes may also qualify under certain conditions. Homes located within the Anchorage, Eagle River, Girdwood, Palmer and Wasilla areas are eligible for service.

Applicant Eligibility: Participant household annual income may not exceed 80% of area median income relative to their household size, as determined by the Department of Housing and Urban Development (HUD).

<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>
\$52,850	\$60,400	\$67,950	\$75,500	\$81,550	\$87,600	\$93,650	\$99,700

Application Processing: Provide the documents listed on the following pages. CIHA's AHP Rehabilitation Intake Coordinator will review the documents and determine eligibility. Failure to provide all necessary documents will delay approval for participation in the program.

Priority Categories: Waiting list priority shall be given on a first come first serve bases.

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



AHP / HOME REHABILITATION PROGRAM CHECKLIST

Applicant's Name: _____ 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*).

Required Income Documentation

**A household that receives any other income not listed below must provide income documentation with the application.*

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

_____ **Photo ID:** Copy of driver's license, state ID

_____ **Employment:** 3 most recent consecutive pay stubs showing year to date earnings

_____ **Verification of employment:** Hire letter from your employer. Hire letter should include date, employer name, address, contact information, date of hire, and signature from employer's representative

_____ **Tax Returns:** Two years signed income tax returns

_____ **Social Security, Supplemental Social Security:** Social Security benefit letter, Supplemental Social Security benefit letter

_____ **Pension/Retirement/Annuities:** Benefit statement, benefit letter

_____ **Native dividends:** Native dividends distribution/confirmation documentation, covering a two-year period (e.g. 01/01/2017 – 12/31/2018)

_____ **Disability:** SSI, VA benefit letter, medical professional documentation

_____ **Unemployment:** Unemployment statement

_____ **Self-Employment:** Two years signed income tax returns, including Schedule C

_____ **Property ownership:** Deed of trust, warranty deed



**Affordable Housing Program
Home Rehabilitation Assistance Application**

Client No. _____

Applicant Name _____	Date _____	Phone Number Home _____ Work/Msg _____
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Site Address _____	Street _____	City _____	State _____	Zip _____
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Mailing Address _____

Directions to Home _____

Type of Residence Single Family Zero-lot-line Duplex
(Check appropriate)

Rental Unit

Complete Landlord-Tenant Agreement	Heat paid by: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	Owner Name _____ Owner Address _____	Phone _____
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Total Number in Household List the names, social security numbers, sex, age, DOB, and each source of income received for each person living in the household.

Name and Social Security Number	Sex	Age	DOB	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					
					Total Income	

Office Use Only

Income Guidelines for a Household of _____ Members: \$ _____ Documentation Attached

Categorical Eligibility SSI Recipient LIHEAP Recipient

On the basis of the above information, Household IS IS NOT Eligible for Assistance

Intake Worker's Signature _____ Date _____

AHP / Home Rehabilitation Application

Number in household who are: 62 years of age or older under 6 years old Disabled

Applicant Affirmation

I subscribe and affirm, under the penalties of law, that the statements made in this application for home 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 home rehabilitation 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.

This assistance has no affect upon my social security, public assistance or any other income I have. 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 home rehabilitation work.

I understand that this application for home rehabilitation assistance does not guarantee that assistance will be granted but will be used in determining eligibility for the program. 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 **X** _____ Date _____

AHP / HOME 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 Home Rehabilitation Assistance Program. I understand and agree that this authorization or the information obtained with its use may be given to and used by Cook Inlet Housing Authority (CIHA) 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 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. 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 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: _____



AHP / Home Rehabilitation Program

Certification of Non-Filing of IRS Tax Returns

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

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

Date



AHP / Home Rehabilitation Program
Non-Employment Statement

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

Applicant's Printed Name

Applicants' Signature

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

Date



Health and Safety Policy

During the course of performing energy assessments and/or Home Rehabilitation work each dwelling will be monitored for potential hazards to CIHA workers and dwelling occupants. All work will be completed consistent with the provisions of CIHA's grant agreement with Affordable Housing Program (AHP) 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 law, ordinance, regulation, the Home Rehabilitation Program or other applicable authority. 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 and not do any Rehabilitation work on a building if: 1) site conditions exist where repairs are beyond the scope of the Rehabilitation Assistance Program, or 2) site health and safety conditions are such that CIHA workers would be jeopardized, or 3) activities in or around the building may aggravate an unsafe situation or the durability of the home, or 4) materials may be rendered useless or damaged by existing site conditions. 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 resume work. Such notice may also specify a reasonable time frame for resolving such conditions. If the client does not 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 Rehabilitation work some parts of a home are often replaced. Typical items include (but not limited to):

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

:

Any material being replaced will be taken from the jobsite and disposed of; no materials are to be left behind.

CIHA or their designated subcontractor shall remove all replaced items; no item will be left for the owner to dispose of.

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

Applicant's Printed Name

Applicant's Signature

Date

Address



DESCRIPTION OF HOUSE CONDITIONS/POSSIBLE REPAIRS

Please describe the current conditions of the home that require repair. In addition, please note any equipment (furnace, boiler, water heater, garage unit heater, bathroom exhaust fans, range hood exhaust fan)

Please note:

The Affordable Housing Program (AHP) is funded by Federal Home Loan Bank and has a wide scope of work possible but also has different requirements and limitations. The most notable limitations are: home ownership only, single family homes, income limit requirements, and a 5 year deed restriction upon completion of work.



Home Rehabilitation 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 also includes attic and crawlspaces.
 - Provide access to the property for work vehicles, equipment, materials, and workers.
 - Secure all firearms and ammunition prior to the start of the project.
 - Restrain pets and keep them away from workers and work areas.
 - Yield to workers and equipment (please remind your guest/s to give workers room to work).
 - Supervise children at all times and keep them out of work areas.

- I understand and agree to secure valuables such as jewelry, cash, medicine and other important items prior to the start of the project.

- I understand and agree to have a responsible adult representative present during the entire course of construction and during mandatory inspections.

- I understand and agree that windows and doors may be removed for extended periods of time and will plan accordingly.

- I understand and agree that CIHA's 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 Rehabilitation 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 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 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's home rehabilitation services.

- Indicate any concerns you may have regarding construction activities:

Please explain: _____

Applicant's Signature

Date



Requirements for Homeowner Presence and Construction Schedule

CIHA will schedule a date and time for work to begin at your house. We will notify you of that date and time by phone, mail, or in person.

You or your designated adult representative must be present each time work is in progress at your house. Please keep in mind that CIHA 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 construction, 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 often 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 other people's homes. So if you need to 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 that 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 great job for you.

Applicant Name: _____ **Date:** _____

Applicant Signature: _____

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

CIHA Contact Name: Darwin Balatbat/Terry Pedersen	Phone: (907) 793-3000	Fax: 793-3070
Organization: Cook Inlet Housing Authority	City: Anchorage	
Street: 3510 Spenard Road, Suite 100	Zip: 99503	

FEDERAL PRIVACY ACT INFORMATION FOR APPLICANTS HOME REHABILITATION ASSISTANCE PROGRAM

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

Cook Inlet Housing Authority is the recipient of the Home Rehabilitation Assistance Program. A program by Affordable Housing Program under Federal Home Loan Bank, Des Moines.

Voluntary disclosure

Your responses to the request for information on the Home Rehabilitation Assistance Program 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 Cook Inlet Housing Authority to implement the Home Rehabilitation 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 Home Rehabilitation Assistance Program.