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## Weatherization Program

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**Overview:** The Weatherization Program provides assistance to homeowners, landlords, and renters to help make their residence more energy-efficient. The goal is to reduce energy costs, increase comfort, and increase the durability of the dwelling.

**Participant Eligibility:**

Participant household annual income may not exceed 100% of area median income, adjusted for family size, as determined by the Department of Housing and Urban Development (HUD).

The 2011 Income Limits for the Anchorage Borough are:

| <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> |
|-----------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| \$58,800        | \$67,200         | \$75,600         | \$84,000         | \$90,800         | \$97,500         | \$104,200        | \$110,900        |

\*Households that have received Weatherization assistance after April 14, 2008 or the AHFC Energy Rebate after May 1, 2008 do not qualify for Weatherization Assistance.

**Application Processing, Tenant Selection & Screening:** Applicants must complete a CIHA Weatherization Assistance Application, sign income verification paperwork and provide all necessary documentation that will be reviewed by staff for eligibility determination.

**Priority Categories:** Priorities shall be given to the elderly, persons with disabilities, households with children under six years of age, low-income households, and emergencies, as defined by CIHA.

**Have Questions?** Contact CIHA Housing Services at 793-3000 and ask to speak to the Weatherization Program staff member, or stop by our office, located at 3510 Spenard Road, Suite 100, Anchorage, Alaska 99503.





# WEATHERIZATION PROGRAM CHECKLIST

Applicant 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 the most current proof of type of income with the application*

### Household Members 18 years of age or older must provide the following:

- \_\_\_\_\_ Photo ID copies - Driver license, state ID, etc.....
- \_\_\_\_\_ Current year Signed Income Tax Returns, including attached Tax forms, W2's, and 1099's
- \_\_\_\_\_ Unemployment Benefits – Current check stub or statement showing total received, number of weeks and remaining balance
- \_\_\_\_\_ Employment – 2 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.....
- \_\_\_\_\_ APA, ATAP, TANF – Current check stub, statement, letter, etc.....
- \_\_\_\_\_ VA Benefits - Current check stub, statement, letter, etc.....

### All Household Members including children must provide the following:

- \_\_\_\_\_ Current Bank Statements for Interest-Bearing Accounts
- \_\_\_\_\_ 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

### Renters

- Copy of lease or rental agreement
- Proof of ownership from landlord, or proof of right to manage if 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
- Owner-occupied multi family dwelling MUST include profit/loss information from rentals
- Approval from Condo Association

### Homeowners

- Copy of ownership, i.e., deed of trust, warranty deed, DMV title, bill of sale, mortgage coupon, property tax assessment or contract (circle one)
- Condo Homeowners will need to provide the condo association's contact information
- 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.

# Weatherization Assistance Application

Client No. \_\_\_\_\_

|                |                |
|----------------|----------------|
| Applicant Name | Email _____    |
|                | Home _____     |
|                | Work/Msg _____ |

|              |        |      |       |     |
|--------------|--------|------|-------|-----|
| Site Address | Street | City | State | Zip |
|--------------|--------|------|-------|-----|

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 _____   | Phone _____ |
|                                    | Owner Address _____  |             |
|                                    | 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 _____<br>SSN _____         | M<br>F |     | .....<br>.....<br>..... |                  |              |
| Name _____<br>SSN _____         | M<br>F |     | .....<br>.....<br>..... |                  |              |
| Name _____<br>SSN _____         | M<br>F |     | .....<br>.....<br>..... |                  |              |
| Name _____<br>SSN _____         | M<br>F |     | .....<br>.....<br>..... |                  |              |
| Name _____<br>SSN _____         | M<br>F |     | .....<br>.....<br>..... |                  |              |
| Name _____<br>SSN _____         | M<br>F |     | .....<br>.....<br>..... |                  |              |
| Name _____<br>SSN _____         | M<br>F |     | .....<br>.....<br>..... |                  |              |
| Name _____<br>SSN _____         | M<br>F |     | .....<br>.....<br>..... |                  |              |
| Name _____<br>SSN _____         | M<br>F |     | .....<br>.....<br>..... |                  |              |
| <b>Total Income</b>             |        |     |                         |                  |              |

# Weatherization 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 \_\_\_\_\_

### Applicant Affirmation

I subscribe and affirm, under the penalties of law, that the statements made in this application for weatherization 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 weatherization 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 been provided to make me eligible for this assistance. 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 work.

I understand that this application for weatherization 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 \_\_\_\_\_

Applicant's  
Representative X \_\_\_\_\_ Date \_\_\_\_\_  
Relationship \_\_\_\_\_

### Homeowner Certification

(If applicant is renter, agency must use Permission To Enter Premises form and may require Landlord-Tenant Agreement)

I / We, \_\_\_\_\_, certify that I / we am / are the owner(s) of the property at \_\_\_\_\_  
(print address)

Owner's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Office use only

|   |                                     |
|---|-------------------------------------|
| Ownership verified by: <input type="checkbox"/> Examination of deed<br><input type="checkbox"/> Tax Assessment<br><input type="checkbox"/> Other: | List income documentation verified: |
| Agency Signature  | Date                                |



**WEATHERIZATION ASSISTANCE PROGRAM**

Client No. \_\_\_\_\_

STATE OF ALASKA, ALASKA HOUSING FINANCE CORPORATION, WEATHERIZATION 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 Low-Income Weatherization Assistance Program (WAP). 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) 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 the Weatherization agency 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: \_\_\_\_\_



**Weatherization Program**

**Certification of Non-Filing of IRS Tax Returns**

I, \_\_\_\_\_, do hereby certify that during the year of \_\_\_\_\_ that I have not filed Federal Income Tax Returns, and my income was below the required level 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. Listed below are Weatherization's 2011 income limits.

|                 |          |          |          |          |
|-----------------|----------|----------|----------|----------|
| Family Size:    | 1        | 2        | 3        | 4        |
| Maximum Income: | \$58,800 | \$67,200 | \$75,600 | \$84,000 |

|                 |          |          |           |           |
|-----------------|----------|----------|-----------|-----------|
| Family Size:    | 5        | 6        | 7         | 8         |
| Maximum Income: | \$90,800 | \$97,500 | \$104,200 | \$110,900 |

**Certification:**

I certify that the household income for this application does not exceed the above income limits. 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."*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Weatherization Program  
Non-Employment Statement**

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
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) \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Alaska Housing Finance Corporation & Cook Inlet Housing Authority, Weatherization Assistance Program

### FUEL INFORMATION FORM

Type of Primary heating system:  # 1 oil     # 2 oil     Natural Gas     Electric  
 Wood     Propane     Other \_\_\_\_\_

Type of domestic water heater:  # 1 oil     # 2 oil     Natural Gas     Electric  
 Propane     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: \_\_\_\_\_ gallon oil    \_\_\_\_\_ gallon propane    \_\_\_\_\_ cords

*Please provide a copy of at least the last 12 months of energy used for your primary heating system, water heating system and electricity usage.*

I understand that this information will be used only to provide data for the above-named agency, and no information obtained through this release shall be made public in such a manner that the dwelling or occupants can be indentified.

\_\_\_\_\_  
Printed Owner's Name

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

For CIHA's use only:  
Client #: \_\_\_\_\_



## Health and Safety Policy

During the course of performing energy assessments and/or weatherization work each dwelling will be monitored for potential hazards to weatherization workers and dwelling occupants. All work will be completed consistent with the provisions of CIHA's weatherization grant agreement with Alaska Housing Finance Corporation 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 weatherization industry 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.

\_\_\_\_\_  
Weatherization Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
CIHA Auditor/Estimator

\_\_\_\_\_  
Date

## Walk Away Policy

CIHA reserves the right to walk away and not weatherize a building if: 1) site conditions exist where repairs are beyond the scope of the Weatherization Assistance Program, or 2) site health and safety conditions are such that weatherization workers would be jeopardized, or 3) weatherization activities in or around the building may aggravate an unsafe situation or the durability of the home, or 4) weatherization 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 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.

\_\_\_\_\_  
Weatherization Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
CIHA Auditor/Estimator

\_\_\_\_\_  
Date



## Removal & Disposal of Materials Policy

Through the course of weatherization 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          |
| Refrigerators  | Light Fixtures |
| Bathroom Fans  | Range Hoods    |
| Range top/oven |                |

Alaska Housing Finance Corporation and CIHA's policy concerning replaced materials is:

***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. 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

|  |
|--|
| For CIHA use only:<br><br>Client#: _____ |
|--|



Weatherization work will be done only as funding, cost effectiveness and safety allows per the funding agency, Alaska Housing Finance Corporation (AHFC). 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 areas of obstacles and debris (furniture, stored items, toys, rubbish, pet waste, vehicles, etc.); this includes attic and crawlspaces.
  - 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. You may need to arrange for child care while workers are on site.
- I understand and agree to provide sufficient access to the property for work vehicles, equipment, materials, and workers.
- 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 Weatherization 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 weatherization work performed on my house may be for safety or building longevity reasons, not solely to reduce energy consumption.
- I understand that utility costs are controlled by utility providers and the homeowner themselves. While CIHA's weatherization efforts may reduce energy usage, utility costs per unit of energy used may increase as a result of utility rate increases. Therefore, CIHA makes no claim that weatherization 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 Weatherization services.
- Indicate any concerns you have regarding construction activities:  Health  Security  Children  Disabled Person  Dust  Noise  Structural  Electrical  
Please explain: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Weatherization Client

\_\_\_\_\_  
Date



## Homeowner Presence While Work Is Performed

In order for our crews and contractors to work on your home, it is very important to have good communications with our personnel and be present when you promise to be there. This requires that we have at least two good phone numbers for you.

If you personally cannot be home on the day of your appointment, you must arrange for another adult to be your representative and for that person to be present at your home while the crew is there. If you must cancel an appointment please do so at least 48 hours before, so that our crews can reschedule with another homeowner.

Our contractors and crews will call you to schedule a time for the work to be done. **Thereafter, it is important that you to call CIHA at 8:00 a.m. the morning of the appointment to confirm that you will be home and ready for the scheduled work to begin.** We will not work on your home if you or someone you designate will not be there. Your project may then be cycled to the bottom of the list.

Please sign below that you understand the policy stated above:

Client \_\_\_\_\_ Date \_\_\_\_\_

|   |                              |
|---|------------------------------|
| <b>Name:</b> Terry Pedersen               | <b>Phone:</b> (907) 793-3019 |
| <b>Organization:</b> CIHA                 | <b>City:</b> Anchorage       |
| <b>Street:</b> 3510 Spenard Road Ste #100 | <b>Zip:</b> 99503            |

**FEDERAL PRIVACY ACT INFORMATION FOR APPLICANTS**  
**WEATHERIZATION ASSISTANCE PROGRAM**  
ALASKA HOUSING FINANCE CORPORATION, AFFORDABLE HOUSING AND ENERGY EFFICIENCY DEPARTMENT

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**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 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 Alaska Housing Finance Corporation 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.