



Weatherization Assistance Program

ONLY COMPLETE APPLICATION PACKETS WILL BE PROCESSED

Overview: The Weatherization Assistance Program of Cook Inlet Housing Authority (CIHA) provides assistance to homeowners and renters in the Anchorage area to help make their residences more energy efficient. The goal of the program is to reduce energy costs, increase occupancy comfort, and improve health and safety.

Participant Eligibility:

Participants' household annual income may not exceed 100% of the area median income relative to their household size, as determined by the Department of Housing and Urban Development (HUD).

The 2022 Income Limits for the Anchorage Municipality 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>
\$81,500	\$93,000	\$104,700	\$116,300	\$125,700	\$135,000	\$144,300	\$153,600

*Households that have received Weatherization assistance after April 14, 2008, or the AHFC Home Energy Rebate Program 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: Priority shall be given on a first come first serve bases; unless elderly, persons with disabilities, and households with children under six years of age.

Have Questions? Contact CIHA Weatherization department at (907) 793-3049 and ask to speak with the Residential Rehabilitation Administrator, or stop by our office, located at 3510 Spenard Road, Suite 100, Anchorage, Alaska 99503.



Weatherization Assistance 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). Please inform the Residential Rehabilitation Administrator if you receive any **“Automatic Qualifiers”** listed below.

Required Income Documentation

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

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

- _____ Photo ID copies - Driver's license, state ID, etc.
- _____ Two 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 the 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 – **Automatic Qualifiers** 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 – **Automatic Qualifier** 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 the 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
- _____ Owner-occupied multi-family dwellings **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 (907) 277-5551 to request a Location **Consumption** History Inquiry.
 - Electric- call your electric company and request a 12 months Utility **Usage** Printout.



Alaska Housing Finance Corporation

Confidential

Weatherization Assistance Program Application

Client No.

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

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

Rental Unit

Complete Landlord-Tenant Agreement Heat paid by: Owner Tenant

Owner Name _____ Phone _____
 Owner Address _____

Total Number in Household List the names, social security numbers, sex, DOB 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	DOB	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					
					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 _____



Weatherization Assistance Program Application

Number in household who are: 55 years of age or older Native American 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 for *improvements made to the home* and that my household is not on the wait list for the rebate.

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 Privacy Information Act.

Applicant Signature X _____ Date _____

Applicant 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 Signature X _____ Date _____

Office use only

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

Return application to:
Cook Inlet Housing Authority
3510 Spenard Road Suite 100
Anchorage, AK 99503

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 Weatherization 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 Assistance 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 Development’s established income limits according to family size. These income limits are adjusted on an annual basis. Listed below are Weatherization’s 2022 income limits.

Family Size:	1	2	3	4
Maximum Income:	\$81,500	\$93,000	\$104,700	\$116,300

Family Size:	5	6	7	8
Maximum Income:	\$125,700	\$135,000	\$144,300	\$153,600

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.

Applicant Signature

Date



Weatherization Assistance Program

Non-Employment Statement

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

Applicant 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) _____

Applicant Name

Signature

Date



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 identified.

Applicant Name

Signature

Date

Address



Weatherization Assistance Program

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 (AHFC) and all applicable laws, ordinances, regulations, industry standards, and other applicable authorities as amended from time to time. CIHA will comply with OSHA and other safety standards imposed by other laws, ordinances, regulations, the weatherization industry, 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 Name

Signature

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.

Applicant Name

Signature

Date



Weatherization Assistance Program

Removal and Disposal of Materials Policy

Through the course of weatherization work, some parts of a home are often 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	

Alaska Housing Finance Corporation and CIHA’s policies concerning replaced materials are:

**Any material being replaced will be taken from the job site 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 Assistance Program immediately.

Applicant Name

Signature

Date

Address



Weatherization Assistance Program

Weatherization work will be done only as funding, cost-effectiveness, and safety allow 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 always provide a safe and sanitary work environment for all workers. 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 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. (Remind your guests to give workers room to work.)
 - Always supervise children 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 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 and not solely to reduce energy consumption.

- I understand that while CIHA's weatherization efforts may reduce energy usage, costs per unit of energy are controlled by utility providers, and total energy used is controlled by homeowners. 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 the denial of CIHA Weatherization services.

- Indicate any concerns you may have regarding construction activities:

Please explain:

Applicant Name

Signature

Date



Weatherization Assistance Program

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, insulation, installation of smoke alarms, and carbon monoxide detectors).

Please note the requirements and limitations of CIHA’s Weatherization Assistance Program are energy efficiency improvements and a few life and health safety improvements. Energy efficiency repairs must meet or exceed a minimum energy savings level set by the Alaska Housing Finance Corporation, the funding agency for the program. Also, CIHA’s Weatherization Assistance Program only applies to homes within the boundaries of the Municipality of Anchorage.



Weatherization Assistance Program

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 representative (an adult) must be present each time work is in progress at your house. Please keep in mind that weatherization 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 contractor 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 increase 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 canceled 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 good job for you.

Applicant Name: _____ **Date:** _____

Signature: _____

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

CIHA Contact Name: Jane Ramos	Phone: (907) 793-3049	Fax: (907)793-3070
Organization: Cook Inlet Housing Authority	City: Anchorage	
Street: 3510 Spenard Road, Suite 100	Zip: 99503	

**FEDERAL PRIVACY ACT INFORMATION FOR APPLICANTS
WEATHERIZATION ASSISTANCE PROGRAM**

ALASKA HOUSING FINANCE CORPORATION, AFFORDABLE HOUSING, AND ENERGY EFFICIENCY DEPARTMENT

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 a 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 Assistance 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.