



## Weatherization Program

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### **ONLY COMPLETE APPLICATION PACKETS WILL BE PROCESSED**

**Overview:** The Weatherization Program provides FREE assistance to homeowners, landlords, and renters to help make their residence more energy-efficient. The goal of the program is to reduce energy costs, increase occupancy comfort, and improve health and safety.

### **Participant Eligibility:**

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

The 2026 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>
<b>\$90,300</b>	<b>\$103,200</b>	<b>\$116,100</b>	<b>\$129,000</b>	<b>\$139,320</b>	<b>\$149,640</b>	<b>\$159,960</b>	<b>\$170,280</b>

\*Households that have received Weatherization assistance after May, 14, 2011 or the AHFC Home Energy Rebate Program after May 1, 2010 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 will be given on a first-come, first-served basis, except for the following groups:

- Elderly individuals (55 and older)
- Persons with disabilities
- Households with children under six years of age
- The lowest income households
- Health, safety, and emergency concerns

**Have Questions?** Contact CIHA Weatherization department at 793-1360 and ask to speak with the Residential Renovation Program Administrator, or stop by our office, located at 3510 Spenard Road, Suite 100, Anchorage, Alaska 99503.

**Return application to:  
Cook Inlet Housing Authority  
3510 Spenard Road  
Anchorage, AK 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*). If you are receiving any “**Automatic Qualifiers**” as listed below, please inform the Residential Renovation Program Administrator.

## 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 - Current driver's license, state ID, or passport
- \_\_\_\_\_ Two Years of 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, bank deposit statement, letter, 1099, Grantee prepared and notarized form with current benefit amount information
- \_\_\_\_\_ APA, ATAP, TANF – **Automatic Qualifiers** Current check stub, statement, letter
- \_\_\_\_\_ VA Benefits - Current check stub, statement, letter from VA

## 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
- \_\_\_\_\_ 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 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  
**Weatherization Assistance Application**

**Confidential**

Applicant Name					Client No. _____
Site Address					Phone Number
Street				Home _____	
City				Work/Msg _____	
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	Owner Name _____	Phone _____
Landlord-Tenant Agreement	Owner Address _____	
Heat paid by:	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	

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	M					
SSN	F					
Name	M					
SSN	F					
Name	M					
SSN	F					
Name	M					
SSN	F					
Name	M					
SSN	F					
Name	M					
SSN	F					
Name	M					
SSN	F					
					<b>Total Income</b>	

Office Use Only

Income Guidelines for a Household of _____ Members: \$ _	Documentation Attached
Categorical Eligibility <input type="checkbox"/> SSI Recipient <input type="checkbox"/> LIHEAP Recipient	
On the basis of the above information, Household: <input type="checkbox"/> IS <input type="checkbox"/> IS NOT Eligible for Assistance	
Intake Worker's Signature _____	Date _____

**Weatherization Assistance 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, 2010 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'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 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

**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 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 Developments established income limits, according to family size. These income limits are adjusted on an annual basis. Listed below are Weatherization’s 2026 income limits.

Family Size:	1	2	3	4
Maximum Income:	90,300	103,200	116,100	129,000

Family Size:	5	6	7	8
Maximum Income:	139,320	\$149,640	\$159,960	\$170,280

**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 Assistance Program

### Non-Employment Statement

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

\_\_\_\_\_  
**Print Applicant Name**

\_\_\_\_\_  
**Applicant Signature**

.....

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      Did not work long enough to accrue benefits
  - Did not apply for benefits
  - Not eligible because:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Print Applicant Name**

\_\_\_\_\_  
**Applicant 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 of wood

***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.

\_\_\_\_\_  
**Printed Applicant Name**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**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.

