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**APPLICATION PACKET Cover Letter**

**ALASKA WEATHERIZATION ASSISTANCE PROGRAM**

Funded through the State of Alaska  
ALASKA HOUSING FINANCE CORPORATION

Dear Applicant:

The Bristol Bay Housing Authority is accepting applications for weatherization assistance. Please contact our office to request the Weatherization application

Priority shall be given to elderly persons with disabilities , and families with children under six who meet income guidelines

Please note that BBHA's Weatherization program cannot help build or buy you a home.

Please complete the attached application and answer all questions. Once we review the application we may require more information from you. If necessary, please respond to our request for additional information promptly. Allow 30-60 days to process you application from the time of receipt.

**Application Packet Contents:**

- 1) Cover Letter
- 2) AHFC Weatherization Program Factsheet
- 3) Income guidelines
- 4) Application
- 5) Homeowner Certification
- 6) Federal Privacy Act
- 7) Release if information(each household member over 18 must sign)
- 8) Fuel Information Form
- 9) Disability Determination
- 10) Property Ownership Authorization(only BBHA homes)

# AHFC Weatherization Program Factsheet

## **Saving Energy:**

- The Weatherization Program is for individuals who meet certain income guidelines for eligibility.
- It provides free weatherization assistance for homes, rentals, and multifamily dwellings.
- The program has been in existence almost 30 years and has contributed to substantial energy savings throughout the state.

## **How It Works:**

- Individuals should do an initial check of income guidelines based on community/region to see if they qualify.
- An individual or family with income less than the listed HUD requirements may qualify.
- Individuals should call the weatherization provider for their area of the state to check full eligibility requirements and apply for the program.
- Once accepted in the program, the client is put on a waiting list, and the home is scheduled for a weatherization assessment. The assessment determines the weatherization measures to be performed on the home.
- When they come to the top of the waiting list, the client's home is scheduled for the weatherization work.
- Once completed by the weatherization crew, the work is verified by the weatherization assessor.

## **2008 Legislation & Regulations:**

- The legislature provided AHFC with \$200 million for the Weatherization program.
- Income eligibility requirements were expanded from 60% of median income to 100% of median income. Priority is still given to elderly, disabled, young children, and families under 75% of median income.
- The five weatherization providers throughout the state have been expanded to include 15 state-designated housing authorities to do the weatherization work.
- A person may not participate in both the weatherization program and the home energy rebate program.

## **More Information:**

Check our web site for the latest updates at [www.ahfc.state.ak.us/energy](http://www.ahfc.state.ak.us/energy) or call the hotline at 1-877-325-2508 statewide or 330-8300 in Anchorage.

**Note:** This document is copied from AHFC WXfactsheet dated August 5, 2008. Change to include Priority from 60% to 75% of median income as noted in February, 2009 Revision 1 of the AHFC WOM.

**Weatherization Assistance Application**

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

<b>Applicant Name</b>	<b>Phone Number</b> Home _____ Work/Msg _____
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<b>Site Address</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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**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	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 16 or older who is not a full-time student.

Name and Social Security Number	Sex	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				
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 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.

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 \_\_\_\_\_ I/We attest that the following is true

Was this home weatherized after 4/14/08? Yes No  
Did this home receive an AHFC Home Energy rebate after 5/01/08? Yes No

**Owners Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Office use only

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

Return application to:

**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.

**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 BBHA 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 BBHA 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 BBHA. 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Bristol Bay Housing Authority Disability Verification

Date: Client No.

For BBHA Use Only

\_\_\_\_ Completed by source and returned

\_\_\_\_ Completed via phone with source on

by BBHA Representative

BBHA verifies all information used in determining an individual's eligibility for housing assistance, and/or allowances available to households who may include a person with a disability.

Please note that we will need this information returned within **ten (10) business days from date above**. We appreciate your assistance in helping us serve our clients more effectively.

Sincerely, I hereby authorize the release of the requested information (OR please see attached)

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BBHA Representative

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Title Signature of Participant,

Date

Participant Name	Social Security Number
<i>Printed name of Physician or Health Care Provider Qualified to Make a Diagnosis of Permanent Disability</i>	
<i>Phone</i>	
<i>Signature of the Physician or Health Care Provider</i>	<i>Address</i>

Does the participant meet one of the definitions of a person with disabilities as defined on Page 2?

Yes     No





For Program Eligibility purposes, a person with disabilities is defined as;

1. Having a disability as defined in 42.U.S.C. 423:

a. Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months; or,

b. In the case of an individual who has attained the age of 55 and is blind, has an inability to engage in a substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time. For the purposes of this definition, the term blindness means central vision acuity of 20/200.

1 Any adult having a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.

3. A person with a developmental disability as defined by the Developmental Disabilities Assistance and Bill of Rights Act (42 USC 6001), generally provided as follows:

a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;

b. Is manifested before the person attains age 22;

c. Is likely to continue indefinitely;

d. Results in substantial functional limitation in three (3) or more of the following areas of major life activity: Self-care, Receptive and expressive language, Learning, Mobility, Self-direction, Capacity for independent living, economic self-sufficiency; and

e. Reflects the person's need for a combination and sequence of special interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

2 A person with a chronic mental illness, i.e., person who has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.

3 Persons who are disabled as a result of infection with HIV.

Note: A person whose sole impairment is alcoholism or drug addiction is not considered disabled according to the U.S. Department of Housing and Urban Development definition used by BBHA for such determinations.