



# Rural Community Action Program, Inc. (RurAL CAP) Weatherization Assistance Program Municipality of Anchorage Application

## 2013\* Income Limit for Family Size of

	1	2	3	4	5	6	7	8	Each Additional Family Member
Municipality of Anchorage	\$61,500	\$70,300	\$79,100	\$87,800	\$94,900	\$101,900	\$108,900	\$115,900	\$7,024

\*Income guidelines are subject to change on an annual basis. Please visit our website [www.weatherizeme.org](http://www.weatherizeme.org) to see if income guidelines have been updated.

**SERVICE AREA-** Anchorage, North to Birchwood/Eklutna Valley, South to Girdwood/Portage Valley.

**WHO:** The program assists **low to moderate income households** in weatherization needs. The program is available to homeowners as well as renters and includes; single family homes, cabins, mobile homes, condominiums and multifamily dwellings.

**WHAT:** Weatherization improvements increase the energy efficiency, lower heating costs and improve the comfort of households for occupants. **Services *may* include improvements such as; air sealing, caulking and insulation, heating system test and tune, ventilation and moisture control.** Major home repairs are not classified under weatherization and thus are not eligible under the program. RurAL CAP employs trained weatherization assessors who conduct visual inspections as well as diagnostic tests to identify weatherization improvements that are eligible under this program. Using assessment findings and State and Federal guidelines, RurAL CAP's Weatherization Staff will determine the improvements to be made to each home.

**COSTS?** There is **NO COST** to you to participate in the program, however only low and moderate income families will qualify.

**PRIORITY STATUS** is given to households with seniors (55+), young children under the age of 6, persons with disabilities, and household incomes at or below 200% of the poverty level determined by the U. S. Department of Energy.

**PROGRAM RESTRICTIONS:** The home may ***not*** have been weatherized by an agency ***after*** April 14, 2008. An Alaska Housing Finance Corporation (AHFC) Home Energy Rating Rebate may ***not*** have been awarded for improvements made to the home ***after*** May 1, 2008. (Receipt of a rebate for the cost of an "as-is" rating is allowed as long as the household subsequently withdraws from the AHFC rebate program.) A complete application is required along with supporting documents verifying household income, home ownership/rental agreement, and past utility consumption information including gas, electric and heating fuel.

Thank you,  
RurAL CAP Weatherization Department  
557 E. Fireweed Lane, Suite D.  
Anchorage, AK 99503  
Phone: 907-771-7800  
Fax: 907-771-7890  
Toll Free #1-800-478-7227



Office Use Only		<b>RurAL CAP Weatherization</b>
<input type="checkbox"/> DOE <input type="checkbox"/> AHFC-Eligible	Wx # _____	557 E. Fireweed Lane, Suite D Anchorage, AK 99503 Phone: 907-771-7800 Fax: 907-771-7890 Toll Free #1-800-478-7227
Approved: _____ Date: _____	Denied: _____ Date: _____	
<input type="checkbox"/> Standard <input type="checkbox"/> Other <input type="checkbox"/> REWX		



Confidential

## Rural Alaska Community Action Program (RurAL CAP) Intake Application

First Name _____	M.I. _____	Last Name _____	Suffix _____
SSN _____ - _____ - _____	Date of Birth _____ / _____ / _____ <small>MM DD YYYY</small>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
What is your age? _____		Primary language? _____ Secondary Language _____	
Physical Address _____		Mailing Address _____	
City _____	City _____		
State _____	State _____		
Zip _____	Zip _____		
Primary Phone _____		Secondary Phone _____	
E-mail _____			

**Ethnicity:** Non-Hispanic ☐ Hispanic/Latino ☐

**Disabled** Yes ☐ No ☐

**Health Insurance** Yes ☐ No ☐

**Veteran** Yes ☐ No ☐

**Total # of people in household:** \_\_\_\_\_

**Marital Status**

<input type="checkbox"/> Married
<input type="checkbox"/> Single
<input type="checkbox"/> Widowed
<input type="checkbox"/> Divorced
<input type="checkbox"/> Separated
<input type="checkbox"/> Partner

**Race**

<input type="checkbox"/> White
<input type="checkbox"/> Black or African America
<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> Other
<input type="checkbox"/> Multi-Race (any two of the above)

**Family Type**

<input type="checkbox"/> Two parent household ( <i>living with children</i> )
<input type="checkbox"/> Single person ( <i>living alone</i> )
<input type="checkbox"/> Single parent female ( <i>living with children</i> )
<input type="checkbox"/> Single parent male ( <i>living with children</i> )
<input type="checkbox"/> Two adults ( <i>no children</i> )
<input type="checkbox"/> Other

**All Household Income Sources**

<input type="checkbox"/> TANF
<input type="checkbox"/> Social Security
<input type="checkbox"/> SSI-Supplemental Security Insurance
<input type="checkbox"/> Pension
<input type="checkbox"/> General Assistance
<input type="checkbox"/> Unemployment Insurance
<input type="checkbox"/> Employment + Other source
<input type="checkbox"/> Employment only
<input type="checkbox"/> Alimony / child support
<input type="checkbox"/> Educational Assistance
<input type="checkbox"/> Other

**Education**

<input type="checkbox"/> 0-8
<input type="checkbox"/> 9-12/Non-graduate
<input type="checkbox"/> High school Graduate/GED
<input type="checkbox"/> Some college
<input type="checkbox"/> Certificate/Trade
<input type="checkbox"/> 2 or 4 year college graduate
<input type="checkbox"/> Post graduate

**Housing**

<input type="checkbox"/> Own
<input type="checkbox"/> Rent (Unsubsidized)
<input type="checkbox"/> Rent (Subsidized – HUD, Section 8, etc.)
<input type="checkbox"/> Homeless
<input type="checkbox"/> Other

**Total annual household income** (including all Permanent Fund Dividends)

\$ \_\_\_\_\_



**Other Household Members** (Please list anybody that lives at the same address)

Name (First M.I. Last)	SSN XXX-XX-XXXX	Date of Birth & Age MM/DD/YYYY	Gender M/F	Education Level Please indicate by letter A. 0-8 B. 9-12/non-graduate C. High School Graduate/GED D. Some post-secondary E. 2 or 4 year college graduate	Ethnicity Please indicate by number 1. Non-Hispanic 2. Hispanic/Latino	Race Please indicate by letter A. White B. Black/African American C. Native American/Native Alaskan D. Asian E. Native Hawaiian/Pacific Islander F. Other G. More than one	Characteristics Please indicate by checking the appropriate box. 1. Disabled 2. Health Insurance 3. Veteran  Yes      No
		DOB:  Age:					1. <input type="checkbox"/> <input type="checkbox"/> 2. <input type="checkbox"/> <input type="checkbox"/> 3. <input type="checkbox"/> <input type="checkbox"/>
		DOB:  Age:					1. <input type="checkbox"/> <input type="checkbox"/> 2. <input type="checkbox"/> <input type="checkbox"/> 3. <input type="checkbox"/> <input type="checkbox"/>
		DOB:  Age:					1. <input type="checkbox"/> <input type="checkbox"/> 2. <input type="checkbox"/> <input type="checkbox"/> 3. <input type="checkbox"/> <input type="checkbox"/>
		DOB:  Age:					1. <input type="checkbox"/> <input type="checkbox"/> 2. <input type="checkbox"/> <input type="checkbox"/> 3. <input type="checkbox"/> <input type="checkbox"/>
		DOB:  Age:					1. <input type="checkbox"/> <input type="checkbox"/> 2. <input type="checkbox"/> <input type="checkbox"/> 3. <input type="checkbox"/> <input type="checkbox"/>
		DOB:  Age:					1. <input type="checkbox"/> <input type="checkbox"/> 2. <input type="checkbox"/> <input type="checkbox"/> 3. <input type="checkbox"/> <input type="checkbox"/>
		DOB:  Age:					1. <input type="checkbox"/> <input type="checkbox"/> 2. <input type="checkbox"/> <input type="checkbox"/> 3. <input type="checkbox"/> <input type="checkbox"/>
		DOB:  Age:					1. <input type="checkbox"/> <input type="checkbox"/> 2. <input type="checkbox"/> <input type="checkbox"/> 3. <input type="checkbox"/> <input type="checkbox"/>

*Please list any additional household members on extra pages.*

Rev. 8/31/12



Office use only

Income guidelines for a household of \_\_\_\_\_ members: \$DOE \_\_\_\_\_ State \_\_\_\_\_

## Income Verification Worksheet

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☐ ATAP / TANF

☐ Food Stamps

☐ Senior Benefits

☐ APA/IA

☐ LIHEAP (Heating Assistance)

☐ Section 8, Section 202, Section 811 Housing

☐ Low-Income Housing Tax Credit

☐ SSI – Supplemental Security Insurance

Name	Received AK PFD?	Full Time Student?	Source of Income *Include start & end dates with any employment from the last 12 months. If no income, please indicate NO INCOME.	Office Use Only	
				Calculations	Annual Total
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
				Total Income	

Please list any additional household members or income on extra pages.

### Property Information

Please indicate type of home below: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_ Year Built: \_\_\_\_\_

☐ Mobile Home

Serial Number: \_\_\_\_\_

☐ Multi-Plex/Apartment

Number of Units: \_\_\_\_\_

☐ Duplex

☐ Condominium

☐ Other (Single Family/ 0-Lot Line/Townhouse)

Do you currently have your home up for sale or is it in foreclosure? ☐ Yes ☐ No

Was your home built prior to 1978? ☐ Yes ☐ No If yes, you may be asked to read the booklet "Renovate Right" and you are required to sign a lead-based paint release form at your client education class or assessment.



**FUEL FORM**  
Weatherization Assistance Program

Type of primary heating fuel: ☐ Oil ☐ Natural Gas ☐ Electric  
☐ Wood ☐ Propane ☐ Other: \_\_\_\_\_

Heater type: ☐ Forced Air ☐ Boiler ☐ Other: \_\_\_\_\_

Type of domestic water heater fuel: ☐ Oil ☐ Natural Gas ☐ Electric  
☐ Wood ☐ Propane ☐ Other: \_\_\_\_\_

Is there an alternative supplementary heating source? ☐ No ☐ Yes, percent of time used: \_\_\_\_\_  
If yes, state type: \_\_\_\_\_

Name and contact information of service providers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your dwelling used as a business? ☐ Yes ☐ No

Did you receive heating assistance (LIHEAP) within the past 12 months? ☐ Yes ☐ No  
If yes, please attach documentation.

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**MUNICIPALITY OF ANCHORAGE CLIENTS WILL NEED TO PROVIDE UTILITY INFORMATION**

**Please contact your utility companies and supply us with the following items:**

- ☐ **ENSTAR – Call 334-7600 ext. #2 & request a Location Consumption History Inquiry for 3 full years.**  
**Location address (NOT resident name) is required indicating CCF amount per month, even if you have not resided in the home for the past three years.**
- ☐ **Electric –Call your electric provider & request a 12-month Consumer Usage History Printout.**  
**ML&P @ 263-5340 MEA @ 689-9600 AVEC @ 561-1818**  
**CHUGACH @ 563-7366 -12 month Transaction History**  
**Location address (NOT resident name) is required indicating dollar amount per month, even if you have not resided in the home for the past 12 months.**

*Please read the following statements carefully and sign on the following page.*

**I hereby declare** that the information provided in this application is accurate and complete to the best of my knowledge and belief, and is submitted for the purpose of obtaining housing rehabilitation assistance with RurAL CAP.

**I understand and agree to** adhere to the policies of the Weatherization Program.

**I agree** that should any of the above information change, I will notify this office of these changes before final agreements are signed between me and RurAL CAP.

#### **Authorization or Release of Information**

**I authorize and direct** any Federal, State or Local Agency, organization, business, or individual to release to RurAL CAP 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 RurAL CAP in administering and enforcing program rules and policies.

#### **Information Covered**

**I understand** that previous and current information regarding my family unit and me may be needed. Verifications and inquiries that may be requested and include but are not limited to:

Employment and Income  
Public Assistance Payments  
Utility Consumption

**I understand and agree** that photographs of myself and/or family may be used to promote the WX program.

#### **Groups or Individuals That May Be Asked**

The groups or individuals that may be asked to release the above information includes, 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  
Utility Companies (Gas & electric)  
Property Managers  
Native Corporations – dividend payouts  
Housing Authorities

#### **Computer Matching Notice and Consent**

**I understand and agree** that RurAL CAP 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. RurAL CAP 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.

#### **Permission to Perform Work**

**I grant permission** to RurAL CAP and its agents or contractors to perform weatherization work on my primary place of residence.

#### **Conditions**

**I agree** that a photocopy of this authorization may be used for the purposes herein stated. The original of this authorization is on file with RurAL CAP. I understand I have a right to review my file and correct any information that is incorrect.



**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 representation, or makes or uses any false writing or documents knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) year or both.**

**Signatures: All persons over 18 years residing in the household must sign.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_ SS#: \_\_\_\_\_

Signature of Household Member: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Household Member: \_\_\_\_\_ SS#: \_\_\_\_\_

Signature of Household Member: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Household Member: \_\_\_\_\_ SS#: \_\_\_\_\_

Signature of Household Member: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Household Member: \_\_\_\_\_ SS#: \_\_\_\_\_

Signature of Household Member: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Household Member: \_\_\_\_\_ SS#: \_\_\_\_\_

Signature of Household Member: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Household Member: \_\_\_\_\_ SS#: \_\_\_\_\_

Reason(s) for missing signatures: \_\_\_\_\_

**I certify that no household member has received an AHFC rebate after May 1, 2008. I also certify that my home was not weatherized after April 15, 2008.**

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



## 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 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.





## Completed Application Checklist

All additional documents must be submitted in order to process your application. Please review the list below and **submit copies of all documents that apply to your situation.** **All income for each household member must be accounted for.**

### Types of Verification Required-*Do not send originals!*

All Applicants	
<input type="checkbox"/> <b>Completed application</b>	Signed by all adults 18 or older residing in the household, including all social security numbers. Page 7 requires <b><i>two</i></b> signatures from the main applicant.
<input type="checkbox"/> <b>Photo ID</b>	<b>Needed for applicant only</b>
<input type="checkbox"/> <b>Proof of Home Ownership</b>	Municipality of Anchorage tax record or statement, Warranty Deed or Deed of Trust, copy of mobile home DMV title, Mortgage coupon, Bill of Sale, Sales Contract
INCOME ELIGIBILITY VERIFICATIONS- ALL HOUSEHOLD MEMBERS FOR <u>THE PAST 12 MONTHS</u>	
<input type="checkbox"/> <b>Last filed Income Tax Return &amp; most recent year's W-2's</b>	For each household member required to file
<input type="checkbox"/> <b>Last pay stubs</b> , with YTD (Year to Date) total listed	To verify most recent employment income for each household member employed that is not a full time student, <b><u>including last pay stub from each job that has ended in the last 12 months</u></b>
<input type="checkbox"/> <b>Unemployment Benefits</b>	Prior 12 month history for each household member unemployed & receiving benefits
<input type="checkbox"/> <b>Social Security Administration income history</b>	Letter from the SSA office stating monthly amount received, or most recent monthly bank statement showing Social Security/SSI deposit
<input type="checkbox"/> <b>Public Assistance</b>	APA, ATAP, TANF or food stamp proof of monthly benefit received for past 12 months
<input type="checkbox"/> <b>VA (Veteran's Benefits)</b>	Most recent letter from VA showing monthly amount, including % disabled.
<input type="checkbox"/> <b>Disability income</b>	Disability Pension income history. Social Security Disability or SSI (Supplemental Security Income) letter etc...
<input type="checkbox"/> <b>Senior Benefits</b>	Senior Benefits Program income history for prior 12 months for each eligible household member
<input type="checkbox"/> <b>Retirement Pension, IRA, &amp; Annuity income</b>	Income history of prior 12 months for each eligible household member
<input type="checkbox"/> <b>Native corporation dividends</b>	Total of prior 12 month history of Native Corp benefit statement
<input type="checkbox"/> <b>Alimony</b>	12 month Alimony income history
<input type="checkbox"/> <b>All other income not listed</b>	Other types of documentation may be accepted on a case by case basis
<input type="checkbox"/> <b>Profit &amp; Loss statement</b>	For all <b>self-employed</b> household members covering the last twelve months
<input type="checkbox"/> <b>Bank statements*</b>	Bank statements (copy of most current statement for each account) for each eligible household member <b><i>*ONLY if needed to support income</i></b>
<input type="checkbox"/> <b>"No income" statement</b>	Signed & notarized by any household member 18+ who is unmarried and is not a full-time student who receives absolutely no income of any kind. Form is not needed if Alaska PFD, child support or Native dividends are received.
Supplemental Documentation <i>as needed</i>	
<input type="checkbox"/> <b>Proof of disability*</b>	* If no income is received related to disability. Physician statement or VA letter specifying disability is sufficient.
<input type="checkbox"/> <b>Renters- Landlord Tenant Agreement</b>	Signed by owner or property management official and tenant.
<input type="checkbox"/> <b>Home Owners-Home Energy Rebate withdrawal form</b>	Regulations state Home Energy Rebate recipients <b><u>will not qualify</u></b> for Weatherization Assistance programs (see <b>Program Restrictions</b> on cover page). Complete the withdrawal form <b><i>only if</i></b> you are currently on the rebate list.

**If you have any questions regarding required documentation, call us at 771-7800.**

