



## 2010 WEATHERIZATION APPLICANTS:

To be considered for the FREE Weatherization Program please provide AHA your completed Weatherization Application with signatures as well as all other necessary documentation. Please review the below prior to completing and submitting your Weatherization Application:

### 1. You must be currently living at a permanent residence (year round).

Homeowners - provide a copy of your deed or other proof of ownership to your home (legal descriptive address is needed).

Tenants – must request and complete an LTA (Landlord-Tenant Agreement) from AHA and submit with all other documents.

### 2. Required Income Documentation (any one of the following):

-Alaska Permanent Funds and child support are not considered income for this program.

- Simplest method - Copies of 2009 tax forms (copies should be those submitted to the IRS w/ signature), Public Assistance, Department of Labor statements, or an employer's payroll report; or
- Copies of Pay Stubs (recipient must be identified by Name or Social Security Number) that indicate gross income; if most recent stub shows year-to-date gross income of 12 months that is all that is required; if not 2 pay stubs received during the income review period (12 months prior to the month submitted) may be used to annualize the income; or
- 2009 W-2 forms and a signed statement from your employer, must be on company letter head, and indicate the length of employment.

### 3. Signed receipt of the Lead Safety Brochure if your home was built before 1978.

**4. Verification of a priority in your household is recommended to allow prioritization to be applied to our application.** If someone in your home is an elder, disabled, or a child under 6 please include documentation that indicates this. For questions on proper documentation please contact the AHA Wx Coordinator.

If you have any questions or concerns please contact AHA Weatherization Coordinator, Teresa Olekszyk toll free at 1-800-478-5614 or by e-mail: [teresa@aleutian-housing.com](mailto:teresa@aleutian-housing.com).

Thank you,

Teresa M. Olekszyk  
Weatherization Coordinator

February 2010



520 E. 32<sup>nd</sup> Avenue  
 Anchorage, AK 99503  
 Phone: (907) 563-2146  
**Toll Free: 1-800-478-5614**  
 Fax: (907) 563-3105

**Questions? Contact us!**  
 E-mail: [teresa@aleutian-housing.com](mailto:teresa@aleutian-housing.com)

Funding for this program is provided through the Alaska Housing Finance Corporation (AHFC).

**WEATHERIZATION APPLICATION** \*Note: It is your responsibility to provide all necessary paperwork to qualify for this FREE program.

Client No: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Year Home was built: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Work / Message Telephone: \_\_\_\_\_

**I. FAMILY COMPOSITION:** if you need additional space, please list on the back of this page

FULL Name of Family Member(s) *Please include maiden name, if applicable	Relation to Family Head	Date of Birth	Birthplace	Sex	Social Security Number	Occupation
1	self	-- --			-- --	
2		-- --			-- --	
3		-- --			-- --	
4		-- --			-- --	
5		-- --			-- --	
6		-- --			-- --	

**II. TOTAL INCOME**

Family Member Name	Source of Income/ Employer Name unemployment, social security, public assistance, pensions, etc.	Address of Employer/Source of Income	Rate		Full Time	Hours Per Week
			\$____/hr	\$____/mo		
			\$____/hr	\$____/mo	Y / N	____ hrs
			\$____/hr	\$____/mo	Y / N	____ hrs
			\$____/hr	\$____/mo	Y / N	____ hrs
			\$____/hr	\$____/mo	Y / N	____ hrs
			\$____/hr	\$____/mo	Y / N	____ hrs

Please indicate & provide documentation if you have received any of the following within the last 12 months:

- LIHEAP    Supplemental Security Income or Senior Care Benefits    ATAP, TANF, or Food Stamps    APA/IA

I have enclosed documentation on the last 12 months of my household's income and the deed to my house or other proof of ownership.  Yes

**Periodic or Sporadic Income;** Please check those that apply, fill in amounts and which family member it applies to.

\_\_\_\_ Corporation Dividends in excess of \$2,000/person \$ \_\_\_\_\_ Name \_\_\_\_\_

**OFFICE USE ONLY:**  
 Total Household Income: \_\_\_\_\_ Income guidelines for a household of \_\_\_\_\_ members: \$ \_\_\_\_\_  
 Eligible: \_\_\_\_ NOT eligible: \_\_\_\_ documentation attached: yes / no  
 Intake Workers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Weatherization Assistance Application**

Number in household who are:  55 years or older  Disabled  Child under 6 yrs.  Child 6 - 18 yrs.

**To receive priority for any of the household members listed above, documentation must be submitted with application.**

**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.

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 certify that no household member has received an AHFC Home Energy Rebate after May 1, 2008.

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 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).

I have read and understand the provisions of the Federal Privacy Information Act.

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

**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 <input type="checkbox"/> Tax Assessment <input type="checkbox"/> Other:	List income documentation verified:
Agency Signature	Date

**Return application to:**  
The Aleutian Housing Authority  
520 E. 32nd Avenue  
Anchorage, AK 99503

Questions?  
Call: Teresa @AHA  
1-800-478-5614  
Fax: 907-563-3105

**Weatherization Assistance Program**

**Fuel Information For**

**Client No.**

If you have 12 consecutive months' receipts for all fuel purchases used to heat your home please make copies and submit them. These receipts should contain both gallons purchased and total price. The values from your receipts will be totaled and used as a comparison of household consumption pre-weatherization and post. If you do not have 12 consecutive months of receipts or your receipts do not indicate the needed values, please complete this page in its entirety, this will allow AHA to contact your fuel providers and obtain your records. Thank you!

Does your fuel supplier track your annual use and costs?  No  Yes

If No, **please estimate** your pre- weatherization annual: Usage: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Fuel tank size: \_\_\_\_\_ gallons.

<b>To: Fuel Supplier</b>	<b>Mailing Address</b>	
<b>City</b>	<b>FAX NUMBER:</b>	<b>Account No.</b>

<b>To: Electric Utility</b>	<b>Mailing Address</b>	
<b>City</b>	<b>FAX NUMBER:</b>	<b>Account No.</b>

Type of primary heating system  Oil  Natural Gas  Electric  
 Wood  Propane  Other \_\_\_\_\_

Type of domestic water heater  Oil  Natural Gas  Electric  
 Propane  Other \_\_\_\_\_

Is there an alternative supplementary heating source?  No  Yes, percent of time used \_\_\_\_\_%

If yes, state type: \_\_\_\_\_

**LAST HEATING SYSTEM MAINTENANCE (should be done annually, at the least):** \_\_\_\_\_

**\*AHA does not take responsibility for homeowner heating system maintenance.**

I hereby authorize you to release information on my fuel and / or electric bills, both past and future, to the following agency. I agree that a photocopy of this release may be used for the purpose stated.

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.

<b>Fuel Customer Name</b>	<b>Street Address/Mailing Address</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Aleutian Housing Authority Weatherization Program, funded by the Alaska Housing Finance Corporation

**Authorization for Release of Information**

**CONSENT**

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **The Aleutian Housing Authority** 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 **The Aleutian Housing Authority** 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 **The Aleutian Housing Authority**. 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#

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

**FEDERAL PRIVACY ACT INFORMATION FOR APPLICANTS**  
**ALEUTIAN HOUSING AUTHORITY WEATHERIZATION ASSISTANCE PROGRAM 2010**  
**FUNDING PROVIDED BY THE ALASKA HOUSING FINANCE CORPORATION**

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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.