

Weatherization Application Instructions

All of this information must be provided before your application can be processed

Page 1

Applicant Name:

Name, phone numbers.

Site Address:

Street name and number and/or lot, block and subdivision.

Mailing Address:

Where you receive your mail.

Directions to Home:

If no street address, tell us how to find your house.

Type of Residence: (Mark boxes that apply)

Owner Occupied—if you own the house.

Rental Unit—if the house, trailer, apartment belongs to someone else.

Single family—dwelling (house or mobile home) for one family.

Multiple family—duplex, triplex, apartment house.

Rental Unit:

If you are not the owner of the house provide the owner's name, phone number and complete address street or box, city, state, zip.

Total Number in Household:

Write the number of people actually living in the house.

Name and Social Security Number

List all the people that permanently live in the house. Fill in or circle the information for Social Security number, Sex, Date of Birth (DOB) and Sources of Income. Leave the calculation and annual total blank, this will be completed by RurAL CAP weatherization staff when income is verified.

Page 2

Applicant's Signature:

Read, affirm and sign the application.

Homeowner Certification:

If you own the house fill in your name and the property address (description) then sign as the Owner. If you are renting or someone else owns the house and does not live there, leave this section blank.

Page 3

Authorization for Release of Information

All adults (16 years and older) permanently living in the house need to print their name, social security number, then sign the form. Without signatures by all adults in the household, the application can not be evaluated.

Page 4

Fuel Information Release Form

- Check the appropriate boxes to describe the fuel you use for heat and hot water.
- Provide the name, phone, fax, address, account number for fuel and electric suppliers.
- Provide your name, address.
- Sign the release.

Request to Release Confidential Records/Information

- Each adult in the households needs to fill out the name and social security number spaces, then sign near the bottom. This form is required by the Department of Labor to verify employment and income information.

Weatherization Assistance 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 _____ Owner Name _____ Phone _____
 Landlord-Tenant _____ Owner Address _____
 Agreement Heat paid by: Owner 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 | 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 | | _____ | | |
| 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: 60 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.

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.

I certify that no household member has received an AHFC Home Energy Rebate after 5/1/2008.

I agree to allow photographs of myself and/or family to be used to promote the Wx program.

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 Owner 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: RurAL CAP WX
PO Box 200908

Fuel Information Form

Alaska Housing Finance Corporation, Weatherization Assistance Program

Primary heating fuel

Type _____ Oil Natural Gas Electric
 Wood Propane Other _____

Water heating fuel

Oil Natural Gas Electric
 Solar Propane Other _____

Alternative heating fuel

(Back-up system)

Type fuel _____ Percent of time used _____%

Type of system _____

Release of Information

| | | | | |
|-------------------|----|-----------------|-----------|-------|
| To: Fuel Supplier | | Mailing Address | | Phone |
| City | AK | Zip | Account # | Fax |

| | | | | |
|-------------------|----|-----------------|-----------|-------|
| To: Fuel Supplier | | Mailing Address | | Phone |
| City | AK | Zip | Account # | Fax |

| | | | | |
|----------------------|----|-----------------|-----------|-------|
| To: Electric Utility | | Mailing Address | | Phone |
| City | AK | Zip | Account # | Fax |

I hereby authorize you to release information on my fuel or electric bill, both past, present and future, to Rural Alaska Community Action Program, Inc. (RurAL CAP). 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 or Alaska Housing Finance Corporation to determine and compare fuel and electric useage before and after weatherization work. No information obtained through this release shall be made public in such a manner that the dwelling or occupants can be identified.

Signature _____ **Date** _____

| | | | | |
|---------------|----|-----------------|--|--|
| Customer Name | | Mailing Address | | |
| City | AK | Zip | | |

Return requested information to: RurAL CAP Wx
 P.O. Box 200908
 Anchorage, AK 99520

Call if questions:
 1-800-478-7227
 (907) 279-2511 Fax 278-2309

**Each adult in the family
Must complete this form
Request to Release Confidential Records/Information**

I, _____, Social Security No. _____
(print your name)

do hereby request the State of Alaska, Department of Labor Workforce Development, Employment Security Division, to release copies of documents and / or information, as specifically described hereon, from the confidential records maintained by the Employment Security Division to:

Recipient: Rural Alaska Community Action Program, Inc.
(print recipient's name—please use an extra sheet of paper if needed)

whose address, telephone number and fax number are:

Street Address: 731 E. 8th Ave.

Mailing Address: P.O. Box 200908

City: Anchorage **State:** AK **Zip Code:** 99520

Telephone: (907) 279-2511 **Fax:** (907) 865-7294

Records/Information to Release: (Please specifically describe the records and/or information you are requesting to be released to the recipient:

Three years report of Payroll Records, Amount of Benefits Paid, and Balance of Unpaid Benefits

Purpose: If approved by the Employment Security Division, the specific purpose (s) for which the requested records or information about me are to be released is / are (describe or explain what you intend the records to be used for by the recipient named above), and are not to be used for any other purpose by the recipient named above, nor are the records to be re-disclosed by the recipient to any other party for any purpose:

Eligibility for AHFC Weatherization Program
Funding provided by AHFC, USDA, and / or HUD

Authorization: (please sign your name below to authorize release of records and/or information to recipient named above for the purpose stated above)

(your signature) _____
(date)

My authorization for release of Records/Information expires on December 31, 2009
(date)

Please return the original signed copy of the Request to Release Confidential Records / Information form to:

**Alaska Department of Labor and
Workforce Development
Employment Security Division
PO Box 115509
Juneau, AK 99811-5509
Attn: UI Support Unit/Custodian of Records**

**You may FAX a copy of this signed request form to the UI Support Unit
Fax: (907) 465-2741**

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 552 a (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 collections 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 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.