

Tlingit-Haida Regional Housing Authority Weatherization Assistance Application



THRHA PO BOX 32237 Juneau, AK 99803
(907) 780-6868 fax: (907) 780-6253



Alaska Housing Finance Corporation

Tlingit-Haida Regional Housing Authority

NOTE: PLEASE MAKE SURE YOU COMPLETE THE ENTIRE APPLICATION AND TURN IN ANY REQUIRED DOCUMENTATION OR YOU WILL NOT BE CONSIDERED ELIGIBLE FOR WEATHERIZATION ASSISTANCE OR LOOSE PRIORITY STATUS ON WAITING LIST

Client #: _____ Community/Phase: _____ Date: _____

Automatic Qualifiers:
Is the home an owner-occupied, single-family Mutual Help Housing unit that has not been conveyed?
Please check one: yes no

Has anyone in the home received any of the following in the last 12 months? (Please check all that apply):

ATAP	<input type="checkbox"/>	Food Stamps	<input type="checkbox"/>	APA/IA	<input type="checkbox"/>
TANF	<input type="checkbox"/>	LIHEAP	<input type="checkbox"/>	(Provide a copy of a current Division of Public Assistance statement of benefits or statement of benefits from the Tribal TANF provider.)	
SSI	<input type="checkbox"/>	Senior Care Benefits	<input type="checkbox"/>		

A. APPLICATION INFORMATION:

1. Applicant's Name: _____
(Last name) (First Name) (Middle)

2. Current Mailing Address: _____
(Address) (City) (State) (Zip)

Current Street Address: _____
(Address) (City) (State) (Zip)

3. Date of Birth: _____ Social Security #: _____

4. Marital Status: Married Single Widowed * Other (Explain below)

* Other: _____ Phone Number: _____

Spousal Information:

5. Spouse's Name: _____
(Last Name) (First Name) (Middle)

6. Date of Birth: _____ Social Security #: _____

B. FAMILY INFORMATION:

7. Total Number of occupants in home: _____
List all other persons living in the household on a permanent basis starting with the eldest (attach extra page if needed):

Name(s)	Date of Birth	Relationship to Applicant	Tribe and Enrollment Number(s)

8. What was your Household's Combined Gross Yearly Income? \$ _____
(Household Gross Yearly Income is the total cash receipts received before taxes by all members of the household unit.)

C. DWELLING INFORMATION:

9. Dwelling Type: Single-Family Multi-Family Mobile Home Serial #: _____

10. Do you Own the home or Rent?: _____ If you own the home Submit a copy of Proof of Ownership.
(See instructions for Acceptable Proofs)

11. Heating System Type:(Circle all that apply) Boiler, Drip Pot, Baseboard, Forced-Air Furnace, Furnace, Toyo Stove(or similar), Wood Stove, Other: _____

12. Enter the total fuel and electricity used in the home during the past 12 months. Ask your utilities and/or fuel provider.

Electricity	_____ KWH	Oil	_____ Gallons	Propane	_____ Gallons
Natural Gas	_____ CCFs	Wood	_____ Cords	Other:	_____

D. SIGNATURES:

13. I certify that no occupant of the home has received an AHFC Home Energy Rebate after May 1, 2008:

_____	_____	_____
Applicant's Signature	Printed Name of Applicant	Date

14. I certify that all information on this application is true and correct to the best of my knowledge:

_____	_____	_____
Applicant's Signature	Printed Name of Applicant	Date



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Instructions/Definitions for THRHA WX Application

Acceptable Proofs for Income Documentation (Only one proof is required for each Income source, documents are listed below in order of preference.)

Employment: Most recent pay stub or copy of stub, indicating gross income. W-2 along with a signed statement verifying length of employment. Tax forms. Public Assistance and Department of Labor statement. Employers payroll report.

Self-Employment: Current IRS tax return. (Sole Proprietorship: form 1040 complete with Scheule C "Profit or Loss from Business or Profession. Partnership: Form 1040 with Form 1065 "Partner's Share of Income, Credits, Deductions, Etc." Corporation: Form 1120, :US Income Tax Return for an S Corporation," or Form 1040 with Form 1120 and Schedule K-1, if client is only shareholder.) Checkbook. Accounting Records. Business Records. Certified listing of type and date of work performed, names and addresses of who the work was done for and payments received.

Unemployment Benefits: Copy of most recent Department of Labor check stub showing total received, number of weeks, and remaining balance. A statement from Department of Labor indicated amount of benefits, date benefits began and terminated. A copy of Department of Labor claim record that indicates amount of benefits, length of benefits and dates received.

Military Family Allotments (Basic Allowance for Quarters, Basic Allowance for Subsistence, Cost of Living Allowance, Family Separation Allowance, and Variable Housing Allowance): Leave Earning Statement provided by Service Member.

Veteran's Administration (VA) Benefits: Copy of most recent check, check stub, bank statement, or bank direct-deposit slip indicating current amount of source. A dated letter from the VA indicating current amount of assistance. A form completed by VA indicating amount of assistance.

Worker's Compensation: Statement from the employer, insurance company, attorney or record, or union office indicating amount, frequency, and effective dates of payments.

Pension, Retirement: A copy of most recent check stub, bank statement, or bank deposit slip, indicated amount of source and any deductions. A current letter from the pension source stating type, amount, frequency, and effective dates of benefits. A copy of form completed and dated by authorized benefit official, containing current benefit information. A copy of 1099.

Social Security: A statement, letter, or SSI Administration generated printout that indicates gross monthly benefit, including Medicare. Call 1-800-772-1213 to request printout. A copy of a current check, plus Medicare premium withheld. A bank statement indicating amount and source of deposit, plus Medicare premium withheld. A copy of prior years 1099.

Public Assistance: A copy of current check, check stub, or bank statement, or bank direct deposit slip indicating amount and source of benefit. A copy of current Division of Public Assistance (DPA) statement of benefits or statement of benefits forms the Tribal TANF provider.

Alimony: Copy of current Alimony check, frequenc of receipt must be stated. A signed applicant-declaration attesting to the amount and frequenc of payments for a minimum of the last 13 weeks. A copy of current court order. A letter from the attorney of record or legal agency representing applicant, stating amount and frequency of payments.

Interest: A copy of recent check, check stub, or statement, indicating amount and source. A copy of 1099 or tax return.

No Income: Head of household or applicant must sign a certification to such and submit copies of taxpayers' most recent tax return ir sign IRS Form 4506T.

Proof of Ownership

1. AHFC Housing *Authority Property Ownership Certification* form for a dwelling unit currently controlled by Housing Authority.
2. Recorded Deed or Life Estate.
3. City or Borough tax assessment or bill.
4. Valid Mortgage Agreement.
5. Valid Purchase Agreement.
6. Vehicle Title (for mobile home)

Definitions:

Automatic Qualifier: A home that is owner-occupied, single family Mutual help unit constructed by a regional Housing Authority, which has not been conveyed. And/or an occupant of the home has received ATAP, TANF, SSI, Food Stamps, LIHEAP, or Senior/Care benefits or a single person living alone that has received APA/IA at least once during the 12 months preceding application approval.

Public Assistance: **ATAP:** Alaska Temporary Assistance Program; **TANF:** Tribal Temporary Assistance to Needy Families; **LIHEAP:** Low Income Home Energy Assistance Program;

APA/IA: Adult Public Assistance/Interim Assistance

SSI: Social Security Income

EASE MAKE SURE TO COMPLETE THE ENTIRE APPLICATION AND SUBMIT IT ALONG WITH ANY REQUIRED DOCUMENTATION.

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FUEL INFORMATION RELEASE FORM

Fuel Information Release Form:

Completion of a Fuel Information Release for each supplier is REQUIRED for Weatherization Assistance.
One Customer must sign the release for each supplier. (Customer is the person who's name appears on the bill)

THRHA WX Client # _____

FUEL INFORMATION RELEASE FOR PROPERTY LOCATED AT:

Street Address or Legal Description	City

I authorize the release of any information on my fuel bills, both past and future, to Tlingit-Haida Regional Housing Authority, on behalf of Alaska Housing Finance Corporation (AHFC) and/or Tlingit-Haida Regional Housing Authority. I agree that a photocopy of this release may be used for the purpose stated

I understand that the information obtained will be used to provide data for Weatherization Assistance. None of the information obtained will be made public in a manner that the homes occupants can be identified.

Electricity Supplier Release	
Company Name:	_____
Mailing Address:	_____
Customer's Name:	_____ Account Number: _____
Customer's Mailing Address:	_____
Customer's Signature:	_____

Primary Fuel Supplier Release	
Company Name:	_____
Mailing Address:	_____
Customer's Name:	_____ Account Number: _____
Customer's Mailing Address:	_____
Customer's Signature:	_____

Secondary Fuel Supplier Release:	
Company Name:	_____
Mailing Address:	_____
Customer's Name:	_____ Account Number: _____
Customer's Mailing Address:	_____
Customer's Signature:	_____

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THRHA WX Income Eligibility Work Sheet

Client Name: _____ **Client # :** _____
(First) (Last)

Reviewer: _____ **Date:** _____
(First) (Last)

Number Of People in Household: _____ **HUD 100% MFI for this size household:** _____
FY Year: _____

Income Checklist

Money, Wages, Salaries from employment before deductions	Year?	_____	Amount \$	_____
Unemployment Compensation	Year?	_____	Amount \$	_____
Military Family Allotments	Year?	_____	Amount \$	_____
Veterans' Payments	Year?	_____	Amount \$	_____
Workers' Compensation	Year?	_____	Amount \$	_____
Private Pensions	Year?	_____	Amount \$	_____
Railroad retirement	Year?	_____	Amount \$	_____
Government employee pensions (including Military retirement pay)	Year?	_____	Amount \$	_____
Regular Payments from Social Security	Year?	_____	Amount \$	_____
Alimony	Year?	_____	Amount \$	_____
Interest	Year?	_____	Amount \$	_____
Dividends over \$2000, except the Alaska Permanent Fund Dividend	Year?	_____	Amount \$	_____
Net gambling or lottery winnings	Year?	_____	Amount \$	_____
Periodic receipts from estates or trusts	Year?	_____	Amount \$	_____
Regular insurance or annuity payments	Year?	_____	Amount \$	_____
Rents (net rental income)	Year?	_____	Amount \$	_____
Royalties (net)	Year?	_____	Amount \$	_____
Strike Benefits from Union funds	Year?	_____	Amount \$	_____
Training Stipends	Year?	_____	Amount \$	_____

Total Gross Income for Household \$ _____

IS CLIENT BELOW HUD 100% MFI INCOME ELIGIBILITY LIMIT? YES **NO**

Any adult not required to file Federal Income Tax return for the previous calendar year must complete the certification below.
I certify that my income was too low to require filing a Federal Income Tax Return for the previous calendar year:

_____	_____	_____
Signature	Printed Name	Date
_____	_____	_____
Signature	Printed Name	Date



Tlingit-Haida Regional Housing Authority



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ADDENDUM TO WX APPLICATION VER 2-27-09

Client #: _____ **Community/Phase:** _____ **Date:** _____

1. Has your home received Weatherization Assistance in the past? **YES** **NO**
2. List names and ages of all adults in home 55+: (Provide a copy of current Driver's License or Alaska ID.)

Name	Age	WX Assessor Applicant ID Verification?

Prioritizing Applications

The Grantee shall rank eligible applicants. Priority shall be given to the elderly, persons with disabilities, children under six years old, the lowest income households, and emergencies.

"Elderly" is defined as 55 years of age or older. Acceptable verification of age includes:

- a copy of a current state-issued driver's license or ID card,
- a copy of a birth certificate,
- a copy of a senior property tax exemption, or
- an observation of the individual by a Grantee's staff or authorized representative noted in the client file.

Grantees may verify **disabilities** by:

- receiving a copy of a percentage of a disability letter from the Veteran's Administration that indicates at least a 50% disability; or,
- receiving a copy of a Social Security benefit verification that indicates payments are for a disability (SSDI/SSI); or,
- receiving a copy of a determination from a federal, State or other agency that provides assistance to persons with disabilities; or,
- receiving copies of documentation from a professional third party (professional clinician, care coordinator, case manager, etc.) indicating the nature and extent of the disability; or
- receiving a Grantee-prepared form completed by a professional third party that indicates the nature and extent of the disability; or
- an observation of an obvious visible long-term physical impairment by a Grantee's staff or authorized representative noted in the client file

Children are defined by AHFC in accordance with the definition used by LIHEAP. For priority purposes, children must be under six years old.

An applicant's listing of the child's name and age on the signed application is acceptable verification.

Emergencies are defined as Weatherization-related conditions that are life-threatening to the residents (e.g., no working heat source in winter) and/or significantly compromise the durability of a structure (e.g., major roof leaks or collapse). The home should be substantially complete. Copies of a red-tag notice from a utility, heating system repair/replacement estimates, hospital or emergency services reports of CO-poisoning, and/or verification by the Grantee of the severe conditions must be in the client file.

Priority Categories

1. The household includes a resident who is elderly, disabled, or a child under 6 years old, and the total household unit income is less than or equal to 60% of median income.
2. The household includes a child who is 6-18 years old, and the total household unit income is less than or equal to 60% of median income.
3. Other households with total household unit income that is less than or equal to 60% of median income.
4. The household includes a resident who is elderly, disabled, or a child under 6 years old, and the total household unit income is 61-100% of median income. Priority 4 also includes Priority 1 households that have been previously weatherized.
5. The household includes a child who is 6-18 years old, and the total household unit income is 61-100% of median income. Priority 5 also includes Priority 2 households that have been previously weatherized.
6. Other households with total household unit income that is 61-100% of median income. Priority 6 also includes Priority 3 households that have been previously weatherized.
7. Other households with total household unit income that is 61-100% of median income who live in previously weatherized homes.

Note:

Emergency circumstances may justify moving any household up the wait list. Justification must be fully documented in the client file. Grantees may not be able to serve all clients each year due to wait lists and the logistics of serving each community within their service areas. With prior approval from the AHFC Program Manager, Grantees may add other criteria to further prioritize applicants.

Wait List Progression

After a household has been wait-listed 24 months, the Grantee may move the household up one priority level. Thereafter, the Grantee may move the household up one priority level after every additional 12 months on the wait list.

Grantees also may move a household up the wait list when it reports a change that affects its priority. Such changes include:

- the birth of new resident (The client may submit a brief signed statement reporting the change, or a Grantee's intake person or assessor can document the change.);
- a resident turns 55 years old (proof required.);
- a resident has been determined to experience a disability (proof required.); and
- a change in the condition of the dwelling unit that the Grantee determines to be an emergency in accordance with program guidelines.

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FEDERAL PRIVACY ACT INFORMATION FOR APPLICANTS WEATHERIZATION ASSISTANCE PROGRAM

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.

THRHA 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.

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AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to THRHA 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 THRHA 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 THRHA. 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.)

Applicant Signature	Date
Applicant Printed Name	SSN#
Adult Household Member Signature	Date
Adult Household Member Printed Name	SSN#
Adult Household Member Signature	Date
Adult Household Member Printed Name	SSN#
Adult Household Member Signature	Date
Adult Household Member Printed Name	SSN#
Reason(s) for missing signatures:	

PLEASE MAKE SURE TO COMPLETE THE ENTIRE APPLICATION AND SUBMIT IT ALONG WITH ANY REQUIRED DOCUMENTATION.