



**RurAL CAP**  
Rural Alaska Community Action Program, Inc.

# Rural Community Action Program, Inc. (RurAL CAP) Mobile Home Repair Program Municipality of Anchorage Application

## 2024\* Income Limit for Family Size of

	1	2	3	4	5	6	7	8
Municipality of Anchorage	\$67,850	\$77,550	\$87,250	\$96,900	\$104,700	\$112,450	\$120,200	\$127,950

**\*\*\*No Construction activities can be conducted to the home while participating in this FREE program.**

**\*\*Property must pass HUD environmental review; no trash, junk, or unregistered vehicles present during project**

**\* DMV title is required to prove ownership.**

**SERVICE AREA-** Municipality of Anchorage, AK.

**WHO:** The Mobile Home Repair Program (MHRP) will assist low-income families who own and occupy a mobile home, in need of minor repairs.

**WHAT:** This assistance is in the form of a one-time grant and may be used for items that threaten the health or safety of the household, to increase energy efficiency, or to increase accessibility. Types of repairs that may be completed using this program include, but are not limited to, EPDM roof covering, heating system replacement, hot water tank replacement, and mobile home leveling and skirting. All activities shall be performed in compliance with the regulations listed at 24 CFR 570 – Community Development Block Grants.

**COSTS?** There is **NO COST** for you to participate in the program, however the total household income may not exceed United States Department of Housing and Urban Development's (HUD) established low- and moderate-income limits, set at 80% of Anchorage's median income and according to family size.

**PRIORITY STATUS** Properties exhibit conditions which are considered emergency in nature. (Examples may include a property in which a heating system failure during winter months, or other issues that constitute a severe and immediate threat to the health and safety of the occupants). Owner-occupants of mobile homes that have been forced to relocate due to closure or redevelopment of the mobile-home park. This preference contains a limited scope where the eligible activities consist of hook-up of electric, gas, sewer, and water; skirting, trailer leveling and tie-down. Mobile home relocation assistance counts as the applicant's one-time grant.

Thank you,  
RurAL CAP Home Improvement Workgroup

\*Income guidelines are subject to change on an annual basis.

731 E. 8<sup>th</sup> Avenue  
Anchorage, AK 99501  
Phone: 907-279-2511  
Fax: 866-835-9117





## Mobile Home Repair Program

**Confidential**

What type of repair(s) are you requesting? ☐ EPDM roof covering ☐ heating system replacement  
☐ mobile home leveling and skirting ☐ hot water tank replacement ☐ other

Office Use only: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

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

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

SSN \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male ☐ Female ☐  
MM DD YYYY

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 ☐

How did you hear about us? \_\_\_\_\_

Disabled Yes ☐ No ☐

Health Insurance Yes ☐ No ☐

Veteran Yes ☐ No ☐

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

#### Marital Status

- ☐ Married  
☐ Single  
☐ Widowed  
☐ Divorced  
☐ Separated  
☐ Partner

#### Race

- ☐ White  
☐ Black or African America  
☐ American Indian/Alaska Native  
☐ Asian  
☐ Native Hawaiian/Other Pacific Islander  
☐ Other  
☐ Multi-Race (any two of the above)

#### Family Type

- ☐ Two parent household (*living with children*)  
☐ Single person (*living alone*)  
☐ Single parent female (*living with children*)  
☐ Single parent male (*living with children*)  
☐ Two adults (*no children*)  
☐ Other

#### All Household Income Sources

- ☐ TANF  
☐ Social Security  
☐ SSI-Supplemental Security Insurance  
☐ Pension  
☐ General Assistance  
☐ Unemployment Insurance  
☐ Employment + Other source  
☐ Employment only  
☐ Alimony / child support  
☐ Educational Assistance  
☐ Other

#### Education

- ☐ 0-8  
☐ 9-12/Non-graduate  
☐ High school Graduate/GED  
☐ Some college  
☐ Certificate/Trade  
☐ 2 or 4 year college graduate  
☐ Post graduate

#### Housing

- ☐ Own  
☐ Rent (Unsubsidized)  
☐ Rent (Subsidized - HUD, Section 8, etc.)  
☐ Homeless  
☐ 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/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
		DOB: Age:					Yes No 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"/>
		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.

## Income Verification Worksheet

CONFIDENTIAL

☐ 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

Household Members	Received Alaska PFD? If no, please list why- garnished, not eligible, didn't apply	Full Time Student?	Source of Income *Include start & end dates with any employment or other income from the last 12 months. If no income, please indicate NO INCOME.	Office Use Only	
				Amount of income	
				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"/>			
Please list any additional household members or income on extra pages.				Total Income	

**Program Restrictions** Is your mobile home up for sale or in foreclosure? \_\_Yes \_\_NoDo you own any other residential property or land? \_\_Yes \_\_No **If yes, please describe.** \_\_\_\_\_  
Do you receive rental income from this property? \_\_Yes \_\_No

Have you or the mobile home ever been a Mobile Home Repair Program recipient or other HUD-funded rehabilitation project recipient? \_\_Yes \_\_No

Do you, along with your household members have more than \$10,000 in liquid assets? \_\_Yes \_\_No  
(Liquid assets include monies in checking and savings accounts, certificates of deposit, trust accounts, notes receivable etc .... Liquid assets do **NOT** include retirement accounts, personal & household goods, vehicles, college loans/grants etc....)**If yes, please describe.** \_\_\_\_\_

## Mobile Home Repair Program Non-Employment Statement

If you have not worked since before December 31, 20\_\_, please sign below.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*

If you have worked since December 31, 20\_\_, please complete the following:

Are you currently receiving unemployment benefits?

_____	Yes	If yes - submit a benefit history printout from the unemployment office.
_____	No	Benefits ran out on _____.
_____	No	Not eligible because ...
		_____ Did not work long enough to accrue benefits
		_____ Did not apply for benefits
		_____ Other (please describe)

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_





**Rural Alaska Community Action Program, Inc.**

731 East 8<sup>th</sup> Avenue

Anchorage, AK 99501

Phone: 279-2511 Fax: 865-7294

**Mobile Home Repair Program  
Certification of Non-Filing of IRS Tax Returns**

I, \_\_\_\_\_ do hereby certify that during the years of \_\_\_\_\_  
and \_\_\_\_\_ that I have not filed Federal Income Tax Returns, and my income was below the required  
level to file Federal Income Tax Returns.

*This grant requires that household incomes do not exceed 80% of the U.S. Department of Housing and Urban Development's established income limits according to family size. These income limits are adjusted on an annual basis. Listed below are HUD's 2024 income limits:*

<b>Family Size:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Maximum Income:</b>	<b>\$67,850</b>	<b>\$77,550</b>	<b>\$87,725</b>	<b>\$96,900</b>
<b>Family Size:</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Maximum income:</b>	<b>\$104,700</b>	<b>\$112,450</b>	<b>\$120,200</b>	<b>\$127,950</b>

**Certification:**

I certify that the household income for this application does not exceed the above income limits. I have read the above information and certify this information as true and correct.

*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 representations, 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) years, or both."*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**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.

**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 Mobile Home Repair Program. 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. **Groups or Individuals That May Be Asked** can include, but is not limited to: Banks and Other Financial Institutions, Past and present Employers, Retirement Systems, Social Security Administration, State Unemployment Agencies, Veterans Administration, Public Assistance Offices, Property Managers, Native Corporations – dividend payouts.

**I understand and agree** that photographs of myself, household members and home may be used to promote the Mobile Home program.

**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 18 years and older 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#: \_\_\_\_\_

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



\*Documents are required for each relevant Household Member.

- \_\_\_ Last 2 years Income Tax Returns.
- \_\_\_ Tax Exemption Statement if legally exempt from filing tax returns for last 2 years.
- \_\_\_ Copies of the 2 most current pay stubs for each place of employment.
- \_\_\_ Non-Employment Statement.
- \_\_\_ Verification of Unemployment Benefits if received.
- \_\_\_ Social Security Administration income history of prior 12 months from the agency.
- \_\_\_ Aid to the Disabled income history of prior 12 months from the agency.
- \_\_\_ Longevity Bonus income history of prior 12 months from the agency.
- \_\_\_ Retirement Pension income history of prior 12 months from the agency.
- \_\_\_ Native Dividend income history of prior 12 months from the agency.
- \_\_\_ Copies of the 2 most current Bank Statements for each account belonging to a household member.
- \_\_\_ **Copy of DMV Title for Mobile Home (no other forms of proof of ownership will be accepted)**
- \_\_\_ **Photo ID of applicant**