



RurAL CAP
Rural Alaska Community Action Program, Inc.

Rural Alaska Community Action Program, Inc. (RurAL CAP)

Weatherization Assistance Program

Municipality of Anchorage Application

Summary of services: The spirit of the Weatherization Assistance Program is to increase energy efficiency, and upgrade indoor air quality to reduce your utility bills and improve the health and comfort of your home. **Services may include upgrades such as furnace and/or hot water heater replacement; door and window repairs or upgrades, sealing or replacement; air sealing and insulation; whole household ventilation systems and moisture control; new smoke detectors and carbon monoxide detectors; and/or new fire extinguisher.**

Applicant eligibility: Participant household income:

| Household Size → | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Add'l Family Member add |
|-------------------------------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-------------------------|
| Federally Funded Income Limit | \$39,100 | \$52,860 | \$66,620 | \$80,380 | \$94,140 | \$107,900 | \$121,660 | \$135,420 | \$13,760 |
| State Funded Income Limit | \$90,300 | \$103,200 | \$116,100 | \$129,000 | \$139,320 | \$149,640 | \$159,960 | \$170,280 | \$10,320 |

In order to receive Weatherization, the home cannot have received Weatherization services by any grantee in the last 15 years.

The documents listed below must accompany your completed application for it to be processed. Please review the list below and submit copies of all documents that apply to your situation. **Income for each person living in the home at the time of applying for the Weatherization Assistance Program must be included.**

Completed Application Checklist

| |
|---|
| <input type="checkbox"/> Completed application (All adults 18 or older in home must include social security numbers and sign on page 8) |
| <input type="checkbox"/> Proof of homeownership |
| <input type="checkbox"/> Most recent filed income tax returns and W-2's for all household members that have filed |
| <input type="checkbox"/> Most recent pay advice |
| <input type="checkbox"/> All other income not listed |
| <input type="checkbox"/> Photo ID |
| <input type="checkbox"/> Renters – Landlord/Tenant agreement |

QUESTIONS? Please contact RurAL CAP Home Improvement Workgroup at (907) 279-2511 option 4, or email info@weatherizeme.org, or visit our website www.ruralcap.org



| | | | |
|--|--|--|---|
| Office Use Only ☐DOE ☐AHFC-Eligible WX# _____ Approved: _____ Date: _____ Denied: _____ Date: _____ Prior Weatherization _____ LIHEAP _____ | | | RurAL CAP Anchorage Weatherization 731 E. 8 th Avenue Anchorage, AK 99501 Phone: (907) 279-2511 option 4 Fax: (866) 835-9117 Toll Free: 1-800-478-7227 |
|--|--|--|---|

CONFIDENTIAL

| | | |
|---|--------------|---|
| Applicant Name: _____ | | Contact phone number: _____ |
| Physical Address: _____ | Street _____ | City _____ State _____ Zip _____ |
| Mailing Address: <input type="checkbox"/> Check if same as physical address | | |
| Email address: _____ | | |
| Type of residence <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Housing Authority <input type="checkbox"/> Single Family <input type="checkbox"/> Mobile Home Serial Number: _____ | | <input type="checkbox"/> Multi-Family (Apartment) |
| Property information: Do you currently have your home up for sale or is it in foreclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Was your home built prior to 1978? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Family Type: <input type="checkbox"/> Two parent household (living with children) <input type="checkbox"/> Single person (living alone) <input type="checkbox"/> Single parent female (living with children) <input type="checkbox"/> Single parent male (living with children) <input type="checkbox"/> Two adults (no children) <input type="checkbox"/> Multi-generational household <input type="checkbox"/> Other: _____ | | Utilities paid by: <input type="checkbox"/> Self <input type="checkbox"/> Landlord <input type="checkbox"/> Heating/Energy Assistance (LIHEAP) <hr/> Total # of people in household: _____ _____ |



All Household Members (Please list everyone that lives in the house at the time of application)

| | | | | | | |
|-------------------------|---------------------|--|------|--|--|--|
| Name (First M.I. Last) | SSN XXX-XX-XXXX | Gender <input type="checkbox"/> M <input type="checkbox"/> F | | Education level <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 non-graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some postsecondary <input type="checkbox"/> 2 or 4 year college graduate | Ethnicity <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic/Latino | Race <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> More than one |
| Source of income: | Annual amount \$ | Date of Birth: | Age: | Characteristics (please indicate by checking all that apply) <input type="checkbox"/> Disabled <input type="checkbox"/> Health Insurance <input type="checkbox"/> Veteran | Work Status (please check status) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal | Work Status (please check status continued) <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student |

| | | | | | | |
|-------------------------|---------------------|--|------|--|--|--|
| Name (First M.I. Last) | SSN XXX-XX-XXXX | Gender <input type="checkbox"/> M <input type="checkbox"/> F | | Education level <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 non-graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some postsecondary <input type="checkbox"/> 2 or 4 year college graduate | Ethnicity <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic/Latino | Race <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> More than one |
| Source of income: | Annual amount \$ | Date of Birth: | Age: | Characteristics (please indicate by checking all that apply) <input type="checkbox"/> Disabled <input type="checkbox"/> Health Insurance <input type="checkbox"/> Veteran | Work Status (please check status) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal | Work Status (please check status continued) <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student |



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*Use additional sheets of paper for additional household members



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: _____
(Example: Space heater, fireplace etc.) If yes, state type: _____

Name and contact information of service providers: _____

Is your dwelling used as a business? ☐ Yes ☐ No If yes, what percentage of the home? _____

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

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. 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.



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.



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 Weatherization Assistance with RurAL CAP.

I understand and agree to adhere to the policies of the Weatherization Assistance Program (WAP).

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 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 I 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 or video of myself and/or family may be used to promote the Weatherization Assistance 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:

Energy Assistance Program
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.



I hereby declare that the home has not been improved by any Grantee in the last 15 years.

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.

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): _____

