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

**Weatherization Assistance Program**

**Rural Alaska Application**

**2017* Income Limit for Family Size of**

<table>
<thead>
<tr>
<th>Community Name</th>
<th>1</th>
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<th>7</th>
<th>8</th>
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<tr>
<td>Bethel Census Area</td>
<td>$59,430</td>
<td>$67,920</td>
<td>$76,410</td>
<td>$84,900</td>
<td>$91,692</td>
<td>$98,484</td>
<td>$105,276</td>
<td>$112,068</td>
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<td>Nome Census Area</td>
<td>$59,430</td>
<td>$67,920</td>
<td>$76,410</td>
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<td>$91,692</td>
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<td>Northwest Arctic Borough</td>
<td>$59,430</td>
<td>$67,920</td>
<td>$76,410</td>
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<td>$91,692</td>
<td>$98,484</td>
<td>$105,276</td>
<td>$112,068</td>
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<tr>
<td>Wade Hampton Census Area</td>
<td>$59,430</td>
<td>$67,920</td>
<td>$76,410</td>
<td>$84,900</td>
<td>$91,692</td>
<td>$98,484</td>
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<td>$112,068</td>
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*Income guidelines are subject to change on an annual basis. Please visit our website [www.ruralcap.com](http://www.ruralcap.com) to see if income guidelines have been updated.

**WHO:** The program assists **low to moderate income households** in weatherization needs. The program is available to homeowners as well as renters and includes; single family homes, cabins, mobile homes, condominiums and multifamily dwellings.

**WHAT:** Weatherization improvements increase the energy efficiency, lower heating costs and improve the comfort of households for occupants. Services **may include improvements such as:** air sealing, caulking and insulation, doors and windows, exterior paint, heating system test and tune, ventilation and moisture control. Major home repairs are not classified under weatherization and thus are not eligible under the program. RurAL CAP employs trained weatherization assessors who conduct visual inspections as well as diagnostic tests to identify weatherization improvements that are eligible under this program. Using assessment findings and State and Federal guidelines, RurAL CAP’s Weatherization Staff will determine the improvements to be made to each home.

**COSTS?** There is **NO COST** to you to participate in the program, however only low and moderate income families will qualify.

**PRIORITY STATUS** is given to households with seniors (55+), young children under the age of 6, persons with disabilities, and household incomes at or below 200% of the poverty level determined by the U. S. Department of Energy.

**PROGRAM RESTRICTIONS:** The home may **not** have been weatherized by an agency after April 14, 2008. An Alaska Housing Finance Corporation (AHFC) Home Energy Rebate may **not** have been awarded for improvements made to the home after May 1, 2008. (Receipt of a rebate for the cost of an “as-is” rating is allowed as long as the household subsequently withdraws from the AHFC rebate program.) A complete application is required along with supporting documents verifying household income, home ownership/rental agreement, and past utility consumption information including gas, electric and heating fuel.

Thank you,
RurAL CAP Weatherization Department
731 E. 8th Avenue
Anchorage, AK 99501
Toll Free #1-800-478-7227 or (907) 279-2511
Fax: (907) 865-7294

Rev 05/17 Weatherization Application
First Name ___________________________ M.I. ___ Last Name ___________________________ Suffix ___

SSN _______–_______–_________ Date of Birth _____/ _____/ _______ Gender: Male ☐ Female ☐

What is your age? _____ Primary language? ___________________________________________ Secondary Language________

Physical Address ___________________________ Mailing Address ___________________________

City ___________________________ Mailing City ___________________________

State ___________________________ State ___________________________

Zip _________ Zip __________

Primary Phone ___________________________ Secondary Phone ___________________________

E-mail____________________________________ TOTAL # of people in household____

Ethnicity: Non-Hispanic ☐ Hispanic/Latino ☐

Disabled Yes ☐ No ☐

Health Insurance Yes ☐ No ☐

Veteran Yes ☐ No ☐

Marital Status Married ☐ Single ☐ Widowed ☐ Divorced ☐ Separated ☐ Partner ☐

Race White ☐ Black or African American ☐ American Indian/Alaska Native ☐ Asian ☐

Native Hawaiian/Other Pacific Islander ☐ Other ☐ Multi-Race (any two of the above)

Name of owner on record: Mr. Mrs. Ms. (First) _________ (Last name)________

Please list total # of people: 55+____

60+ ___ Disabled ___ Under age 6___

Ages 6-17 ___

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 ☐

Total annual household income (including all Permanent Fund Dividends)

Housing

- Own Lot#______ Block #____ (if known) ☐
- Rent (Unsubsidized) ☐
- Rent (Subsidized – HUD, Section 8, etc.) ☐
- Housing Authority: BSHA NIHA AVCP Lot#______ Block #____ (if known) ☐
- Heat/Electric paid by: Self ☐
- Landlord ☐ Energy Assistance/LIHEAP ☐
### Other Household Members

(Please list anybody that lives at the same address)

<table>
<thead>
<tr>
<th>Name (First M.I. Last)</th>
<th>SSN XXX-XX-XXXX</th>
<th>Date of Birth &amp; Age MM/DD/YYYY</th>
<th>Gender M/F</th>
<th>Education Level Please indicate by letter</th>
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<td></td>
<td>A. 0-8</td>
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<td>B. 9-12/non-graduate</td>
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<td>C. High School Graduate/GED</td>
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<td>D. Some post-secondary</td>
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<td>E. 2 or 4 year college graduate</td>
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<tr>
<th>Ethnicity Please indicate by number</th>
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<tr>
<td>1. Non-Hispanic</td>
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<td>2. Hispanic/Latino</td>
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<tr>
<th>Race Please indicate by letter</th>
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<tr>
<td>A. White</td>
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<td>B. Black/African American</td>
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<tr>
<td>C. Native American/Native Alaskan</td>
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<tr>
<td>D. Asian</td>
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<tr>
<td>E. Native Hawaiian/Pacific Islander</td>
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<td>F. Other</td>
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<td>G. More than one</td>
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</table>

| Characteristics Please indicate by checking the appropriate box. |
|==================================================================|
| 1. Disabled                                       |
| 2. Health Insurance                                |
| 3. Veteran                                       |

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<tr>
<th>Characteristics Yes</th>
<th>No</th>
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**DOB:**

**Age:**

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**DOB:**

**Age:**

Please list any additional household members on extra pages.
Income Verification Worksheet

| Name | Received Alaska PFD? | Full Time Student? | Source of Income
<table>
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<td>*Include start &amp; end dates with any employment from the last 12 months. If no income, please indicate NO INCOME.</td>
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Please list any additional household members or income on extra pages.

Property Information

Please indicate type of home below: Number of Bedrooms: _____ Year Built: _____

- [ ] Mobile Home Serial Number: ________________
- [ ] Duplex
- [ ] Condominium
- [ ] Other (Single Family/ 0-Lot Line/Townhouse)

Do you currently have your home up for sale or is it in foreclosure? [ ] Yes [ ] No

Was your home built prior to 1978? [ ] Yes [ ] No If yes, you may be asked to read the booklet “Renovate Right” and you are required to sign a lead-based paint release form at your client education class or assessment.

Office use only

Income guidelines for a household of _____ members: $DOE__________________State_________________

CONFIDENTIAL
Weatherization Assistance Program
Fuel Information Form

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 time heating system serviced: ________________ Estimated Annual Fuel Use: ___ gal.
Name and address of servicer:

Is this a business? ☐ Yes   ☐ No

Release

To: Fuel Supplier  Mailing Address
City  AK Zip Code  Account No.

To: Fuel Supplier  Mailing Address
City  AK Zip Code  Account No.

To: Electric Utility  Mailing Address
City  AK Zip Code  Account No.

I hereby authorize you to release information on my fuel 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.

Fuel Customer Name  Street Address/Mailing Address
City  State  Zip Code

Signature X  Date

If possible, attach copies of fuel consumption records (that show quantities used) to this form.
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 housing rehabilitation assistance with RurAL CAP.

I understand and agree to adhere to the policies of the Weatherization Program.

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 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 RurAL CAP in administering and enforcing program rules and policies.

Information Covered
I understand that previous and current information regarding my family unit and me 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 of myself and/or family may be used to promote the WX 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:

- 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.

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.
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 over 18 years residing in the household must sign.

Signature of Applicant*: ____________________________ Date: ________________
*Must sign bottom of page in addition, even if a renter.
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#: ________________

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 signatures: ____________________________________________

I certify that no household member has received an AHFC rebate after May 1, 2008. I also certify that my home was not weatherized after April 15, 2008.

Printed Name of Applicant: ____________________________

Signature of Applicant: ____________________________ Date: ________________

Rev 05/17 Weatherization Application 6
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.
Completed Application Checklist

All additional documents must be submitted in order to process your application. Please review the list below and submit copies of all documents that apply to your situation. All income for each household member must be accounted for.

Types of Verification Required - Do not send originals!

<table>
<thead>
<tr>
<th>All Applicants</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Completed application</td>
</tr>
<tr>
<td>□ Proof of Home Ownership</td>
</tr>
</tbody>
</table>

Income Eligibility Verifications - All Household Members for the Past 12 Months

| □ Last filed Income Tax Return & most recent year’s W-2’s | For each household member required to file |
| □ Last pay stubs, with YTD (Year to Date) total listed | To verify most recent employment income for each household member employed that is not a full time student, including last pay stub from each job that has ended in the last 12 months |
| □ Unemployment Benefits | Prior 12 month history for each household member unemployed & receiving benefits |
| □ Social Security Administration income history | Letter from the SSA office stating monthly amount received, or most recent monthly bank statement showing Social Security/SSI deposit |
| □ Public Assistance | APA, ATAP, TANF or food stamp proof of monthly benefit received for past 12 months |
| □ VA (Veteran’s Benefits) | Most recent letter from VA showing monthly amount, including % disabled. |
| □ Disability income | Disability Pension income history. Social Security Disability or SSI (Supplemental Security Income) letter etc… |
| □ Senior Benefits | Senior Benefits Program income history for prior 12 months for each eligible household member |
| □ Retirement Pension, IRA, & Annuity income | Income history of prior 12 months for each eligible household member |
| □ Native corporation dividends | Total of prior 12 month history of Native Corp benefit statement |
| □ Alimony | 12 month Alimony income history |
| □ All other income not listed | Other types of documentation may be accepted on a case by case basis |
| □ Profit & Loss statement | For all self-employed household members covering the last twelve months |
| □ Bank statements* | Bank statements (copy of most current statement for each account) for each eligible household member *ONLY if needed to support income |
| □ “No income” statement | Signed & notarized by any household member 18+ who is unmarried and is not a full-time student who receives absolutely no income of any kind. Form is not needed if Alaska PFD, child support or Native dividends are received. |

Supplemental Documentation as needed

| □ Photo ID | For elders 55 and older |
| □ Proof of disability* | * If no income is received related to disability. Physician statement or VA letter specifying disability is sufficient. |
| □ Renters- Landlord Tenant Agreement | If applicant is not the homeowner and home is NOT owned by a Housing Authority. Needed even if renter pays ZERO rent. |
| □ Home Owners-Home Energy Rebate withdrawal form | Regulations state Home Energy Rebate recipients will not qualify for Weatherization Assistance programs (see Program Restrictions on cover page). Complete the withdrawal form only if you are currently on the rebate list. |

If you have any questions regarding required documentation, call us at 1-800-478-7227, or (907) 279-2511.

Rev 05/17 Weatherization Application