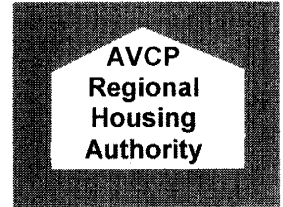


Funding provided by:



Weatherization Program Eligibility Application

Administered by:



Greetings Alaska Resident,

Enclosed are the forms necessary to apply for the Alaska Housing Finance Corporation Weatherization Program, in the AVCP Region. Please complete, sign, and submit the following eligibility forms:

- **Weatherization Assistance Application (2 pages)**
- **Fuel Information Form (1 page)**
- **Authorization for Release of Information (1 page)**
- **Department of Labor Workforce Development Release of Information (1 page)**

Please include a copy of any income documentation (i.e. paystubs, state or federal assistance payment documents, direct deposit receipts, etc.) **AND a copy of any fuel or utility receipts** to speed up the determination of your eligibility.

Once your completed application has been received, an AVCP Regional Housing Authority Representative will contact you to provide information and update you on the status of your application.

AVCP Regional Housing Authority is cooperating with Alaska Housing Finance Corporation and other agencies to help residents address their home energy needs through weatherization and installation of home energy efficiency products.

Your patience is encouraged, as there are limited resources to meet the great needs across our state.

Thank you for your cooperation. Quyanana!

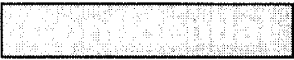
-AVCP Regional Housing Authority

All forms and documentation may be mailed or faxed to:

**AVCP Regional Housing Authority
Attn: Weatherization
PO Box 767
Bethel, AK 99559
Fax # (907) 543-2270 or 543-5357**

Questions? Please call: **1-800-478-4687** or **907-543-3121**

**Weatherization Director – John Agibinik
Residential Energy Coordinator – Nick Horras
Administration – Pauline Fox & Janet Mute**



Weatherization Assistance Application

Client No. _____

Applicant Name _____	Phone Number Home _____ Work/Msg _____
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Site Address _____	Street _____	City _____	State _____	Zip _____
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Mailing Address _____

Directions to Home _____

Type of Residence Owner Occupied Rental Unit Mobile Home: Serial # _____
 (Check appropriate) Single Family Multiple Family (Apartment) * Subsidized Housing / AVCP RHA home

***If AVCP RHA managed unit ONLY, Applicant may skip "Source of Income" lines**

Rental Units must submit Landlord-Tenant Agreement	Rental Unit info Owner Name _____ Phone _____ Owner Address _____ Heat paid by: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant
--	---

Total Number in Household List the names, dates of birth, 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 _____ Date of Birth (DOB): _____	M F			
Name _____ DOB: _____	M F			
Name _____ DOB: _____	M F			
Name _____ DOB: _____	M F			
Name _____ DOB: _____	M F			
Name _____ DOB: _____	M F			
Name _____ DOB: _____	M F			
Name _____ DOB: _____	M F			
Name _____ DOB: _____	M F			
Total Income					

Section Below for AVCP RHA Office Use Only

Income Guidelines for a Household of _____ Members: \$ _____ <input type="checkbox"/> Documentation Attached
Categorical Eligibility <input type="checkbox"/> SSI Recipient <input type="checkbox"/> LIHEAP Recipient <input type="checkbox"/> AVCP RHA Unit
On the basis of the above information, Household <input type="checkbox"/> IS <input type="checkbox"/> IS NOT Eligible for Assistance
Intake Worker's Signature: _____ WX APP PG 1 Date _____

Weatherization Assistance Application



Number in household who are: 55 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.

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 certify that no household member has received an AHFC Home Energy Rebate after May 1, 2008.

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 certify that no household member holds a Temporary Resident Status granted under the Immigration and Nationality Act as amended under the Immigration and Control Act of 1986 (Public Law 99-603).

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

I have read and understand the provisions of the Federal Privacy Information Act.

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 may require Landlord-Tenant 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:

AVCP Regional Housing Authority
Attn: Weatherization
PO Box 767
Bethel, AK 99559
Fax: 907-543-2270 or 543-5357

WEATHERIZATION ASSISTANCE PROGRAM

Client No. _____

STATE OF ALASKA, ALASKA HOUSING FINANCE CORPORATION, WEATHERIZATION ASSISTANCE PROGRAM

**AUTHORIZATION
for Release of Information**

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to AVCP Regional Housing Authority 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 AVCP Regional Housing Authority 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 AVCP Regional Housing Authority. 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.)

X

Applicant Signature Date

Applicant Printed Name SSN#

X

Adult Household Member Signature Date

Adult Household Member Printed Name SSN#

X

Adult Household Member Signature Date

Adult Household Member Printed Name SSN#

X

Adult Household Member Signature Date

Adult Household Member Printed Name SSN#

X

Adult Household Member Signature Date

Adult Household Member Printed Name SSN#

X

Adult Household Member Signature Date

Adult Household Member Printed Name SSN#

Reason(s) for missing signatures: _____

Request to Release Confidential Records/Information from the
Department of Labor Workforce Development

Each adult in the family must complete this form

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: AVCP Regional Housing Authority
(print recipient's name—please use an extra sheet of paper if needed)

whose address, telephone number and fax number are:

Street Address: 405 Ptarmigan St

Mailing Address: PO Box 767

City: Bethel **State:** AK **Zip Code:** 99559

Telephone: (907) 543-3121 **Fax:** (907) 543-2270

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)

X

(your signature)

(date)

My authorization for release of Records/Information expires on December 31, 2008
(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 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.

Applicant may retain this form for their records/information