

# NORTHWEST INUPIAT HOUSING AUTHORITY

1001 Turf Street • P.O. Box 331 • Kotzebue, Alaska 99752 • 1-888-285-3450 • Fax 907-442-3486

Wednesday, August 15, 2012

## Instructions to filling out Weatherization Assistance Program:

- Weatherization Assistance Application is two pages:
  - Page 1
    - Applicants Name – is you
    - Phone Numbers to contact you
    - Site Address is the physical street number with city, state, and zip;
    - Mailing Address is your post office box number address
    - Directions to home is a description to your house
    - Type of Residence is if you are a owner or renter etc...
    - IF RENTING DO – Rent Unit information to contact landlord
    - Name and SSN fill name as shown in sample; then go across with Sex, Age, Source of Income for each Name and SSN listed, and fill Amount of Income to reach the Total Income for total house
  - Page 2
    - Put a number in first box of occupants who are 55 years or older
    - Put an X in middle box if Native American
    - Put an X in last box if Disabled
    - Sign and date were it says Applicant's Signature and Date
    - Fill out Homeowner Certification (IF RENTING LANDLORD FILLS THIS OUT) with your name and address of property then sign and date
- Fill out Federal Privacy Act Information For Applicants Weatherization Assistance Program form, first page is Act and second page is consent form:
  - On the first line sign and date
  - On the second line print name and write SSN
  - THIS MUST BE DONE FOR EVERYONE 18 OR OLDER IN THE HOME
- Fuel Information Form:
  - Fill out that all applies
  - Sign and date
- Lead Brochure Signoff Form
  - Sign and date
- Mold Present Disclosure Form
  - Sign and date
- Disposal Form
  - Sign and date



Alaska Housing Finance Corporation  
**Weatherization Assistance Program**



## Application Review

**Program Year:** \_\_\_\_\_ **Client #:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Legal Description:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Map on File:** \_\_\_\_\_

**Eligible Dwelling Type:** Yes No **Year Built:** \_\_\_\_\_

**Owner-Occupied:** Yes No **If Rental, Client Given Copy of Signed LTA:** Yes n/a

**Leased Space:** Yes No **If Privately-Owned, Proof of Ownership:** Yes n/a

**Total Gross Income:** \$ \_\_\_\_\_ **Income Verified through: (mo/yr)** \_\_\_\_\_

**Income Eligibility Based on:**

APA/IA:	Yes	n/a	Annual Housing Recertification:	Yes	n/a
ATAP/TANF:	Yes	n/a	Tax Return(s) / YTD Income:	Yes	n/a
Food Stamps:	Yes	n/a	SeniorCare:	Yes	n/a
LIHEAP:	Yes	n/a	SSI:	Yes	n/a
			Affordable Housing Subsidy	Yes	n/a

**Proof of Age:** Yes n/a Yes No

**Proof of Disability:** Yes n/a **AHFC Home Energy Rebate::** Yes No

**Proof of Emergency:** Yes n/a **Prior Weatherized:** Yes No

**Date Approved:** \_\_\_\_\_ **Date Denied:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title

## SHPO Compliance Checklist

Job No. \_\_\_\_\_ Client Name \_\_\_\_\_

Year Built \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

### Dwelling Under 45 Years Old

Ground Disturbing Activities	GDA Exempt		Section 106 Review Required
No	Proceed with work		
Yes	Yes	Proceed with work	
	No		<b>YES</b>

### Dwelling 45 Years Old or Older

Ground Disturbing Activities	GDA Exempt	Other Activities Are Exempt	Section 106 Review Required
No		Yes	Proceed with work
		No	<b>YES</b>
Yes	Yes	Yes	Proceed with work
		No	<b>YES</b>
	No	Yes	<b>YES</b>
		No	<b>YES</b>

### Section 106 Review

Photos \_\_\_\_\_ Map \_\_\_\_\_ Scope \_\_\_\_\_

Date Sent \_\_\_\_\_

Date Received \_\_\_\_\_

SHPO Required Modifications to Scope No Yes

**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 # \_\_\_\_\_  
 (Circle appropriate)  Single Family  Multiple Family (Apartment)  Subsidized Housing

**Rental Unit**  
 Complete  Owner Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Landlord-Tenant  Owner Address \_\_\_\_\_  
 Agreement  Heat paid by:  Owner  Tenant

Total Number  in Household  List the names, social security numbers, sex and age for all members of the household. List income received by each member 18 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 _____ SSN _____	M F		----- ----- -----		
Name _____ SSN _____	M F		----- ----- -----		
Name _____ SSN _____	M F		----- ----- -----		
Name _____ SSN _____	M F		----- ----- -----		
Name _____ SSN _____	M F		----- ----- -----		
Name _____ SSN _____	M F		----- ----- -----		
Name _____ SSN _____	M F		----- ----- -----		
Name _____ SSN _____	M F		----- ----- -----		
Name _____ SSN _____	M F		----- ----- -----		
				<b>Total Income</b>	

Office Use Only  
 Income Guidelines for a Household of \_\_\_\_\_ Members: \$ \_\_\_\_\_  Documentation Attached

Categorical Eligibility  SSI Recipient  LIHEAP Recipient  
 On the basis of the above information, Household  IS  IS NOT Eligible for Assistance  
 Intake Worker's Signature \_\_\_\_\_ 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.

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 for *improvements made to the home* and that my household is not on the wait list for the rebate.

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.

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 or mortgage will be held on the property, unless false or inaccurate information has been provided

I have read and understand the provisions of the 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** X \_\_\_\_\_ 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:

**Northwest Inupiat Housing Authority**

1001 Turf Street

P.O. Box 331

Kotzebue, Alaska 99752

Phone: 1-888-285-3450 Fax: 1-907-442-3486

**FEDERAL PRIVACY ACT INFORMATION FOR APPLICANTS  
WEATHERIZATION ASSISTANCE PROGRAM**

ALASKA HOUSING FINANCE CORPORATION, AFFORDABLE HOUSING AND ENERGY EFFICIENCY DEPARTMENT

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**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.

**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 Northwest Inupiat 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 Northwest Inupiat 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 Northwest Inupiat 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

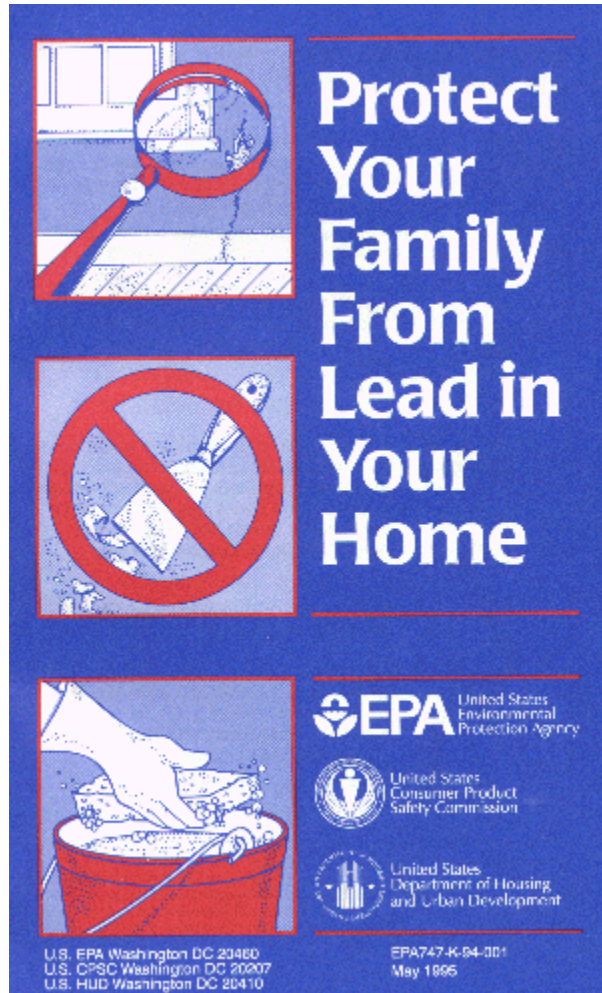
\_\_\_\_\_  
Adult Household Member Printed Name SSN#

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_







I acknowledge that I have received the brochure *Protect Your Family From Lead In Your Home*.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Client No. \_\_\_\_\_

# Mold Present During Weatherization Assessment Form

Mold can be a problem in any home, but especially in those where there is an excessive amount of moisture or humidity present, plumbing problems, roof problems and/or poor water drainage around the home. The weatherization assessment on your home was to document thermal properties of your home and is not a mold inspection and the person making this assessment is not a mold inspector.

During the weatherization assessment on \_\_\_\_\_ date, the assessor observed what appears to be mold growth in the following room(s) of your home located at: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Living/Bedroom Areas | <input type="checkbox"/> Bathroom Areas   |
| <input type="checkbox"/> Laundry Areas        | <input type="checkbox"/> Combustion Areas |
| <input type="checkbox"/> Crawlspace Areas     | <input type="checkbox"/> Attic Areas      |
| <input type="checkbox"/> Basement Areas       | <input type="checkbox"/> Other Location   |

Other Location: \_\_\_\_\_

**Moldy or musty odors are an indicator that there may be hidden mold growth.**

Moldy or Musty Odors                       Are present.                       Are not present.

The U.S. Department of Energy does not allow Weatherization agencies to remedy mold problems, but some actions associated with a cost effective energy saving measure may be taken to reduce moisture problems. We will take the following measures that may help to resolve existing moisture problems:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Moisture/Mold Disclaimer:** By signing below, I acknowledge that I have received information concerning moisture and mold conditions in my home prior to any weatherization work being done. I understand taking steps to reduce excessive moisture or fix water problems immediately – including drying out wet construction products helps prevent mold growth. I agree to hold Interior Weatherization, Inc., Alaska Housing Finance Corporation, and Department of Energy harmless for any existing and/or future moisture or mold problems.

\_\_\_\_\_  
Weatherization Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Auditor / Estimator

\_\_\_\_\_  
Date

## Removal & Disposal of Materials Policy

Through the course of weatherization work often parts of a home are replaced. Typical items include (but not limited to):

- Doors
- Windows
- Furnaces
- Boilers
- Woodstoves
- Space heaters (monitors, toyostoves or similar)
- Water heaters
- Refrigerators
- Bathroom fans
- Range hoods

Interior Weatherization's policy concerning replaced materials is:

**Any materials being replaced will be taken from the jobsite and disposed of.**  
**No materials are to be left behind.**

It is the installer's responsibility to remove any replaced items; no items will be left for owner to dispose of. If owner would like to retain replaced items, installer shall not proceed with replacement without approval from the Assessor or Executive Director.

I certify that I have read and understand the above replaced material policy. You are authorizing any replaced materials to be disposed of by signing below. If you do not agree with this policy, do not sign below and contact Interior Weatherization, Inc. immediately.

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Printed Owner's Name

Owner's Signature

Date

---

Job #

Address