



**KETCHIKAN INDIAN COMMUNITY
HOUSING AUTHORITY**
Weatherization Program Application

615 Stedman, Ketchikan, AK 99901 * 907-228-9222 * Fax: 1-800-821-4901

The purpose of the Ketchikan Indian Community Housing Authority (KICHA) Weatherization Program provides services for qualified applicants to improve the energy-efficiency of their homes. The Weatherization Program provides free assistance for homes, rental units and multifamily dwellings

Once accepted into the program your home will be scheduled for a weatherization assessment. The assessment determines which of the weatherization measures are needed to be performed on your home. Successful applicants will have their home assessed to determine the most cost-effective ways of making your home energy efficient. Trained KICHA work crews will address your issues with insulation, heat loss, inefficient heating systems, and moisture/mold issues. Priority will be given to eligible households with elderly, disabled, emergencies and/or children (age 6 and under).

Eligibility

The KICHA Weatherization Program is funded through the Alaska Housing Finance Corporation (AHFC). Eligibility requirements include:

- ❖ Family income of less than 100% of median income

Maximum Annual Household Income Limits (100% of Median Income)

These limits are revised annually

1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
54,600	62,400	70,200	78,000	84,300	90,500	96,800	103,000

* Income eligibility is determined by the annual household unit gross income for the 12 months prior to the month in which an application is completed.

**KICHA will determine eligibility and inform the client of their status within 30 days of their final application submittal.

KETCHIKAN INDIAN COMMUNITY HOUSING AUTHORITY
WEATHERIZATION ASSISTANCE PROGRAM

Weatherization Assistance Application		Client No. KI CHA -	
Applicant Name:		Home: _____ Work/Msg: _____ Cell: _____	
Site Address	Street	City	State
Mailing Address			
Directions to Home		Year Built	
Type of Residence <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rental Unit <input type="checkbox"/> Mobile Home: Serial # _____ (Check appropriate box) <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family (Apartment) <input type="checkbox"/> Subsidized Housing			
Rental Unit			
Did you receive weatherization assistance previous to April 14, 2008 <input type="checkbox"/> Yes <input type="checkbox"/> No	Owner Name _____ Phone _____		Owner Address _____
Heat paid by: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant			
Total number In the household <input style="width: 40px; height: 20px;" type="text"/>	List the names, social security numbers, 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	Date of Birth	Age	Source of Income	Gross Income Annual Total
Name	M				
SSN	F				
Name	M				
SSN	F				
Name	M				
SSN	F				
Name	M				
SSN	F				
Name	M				
SSN	F				

KETCHIKAN INDIAN COMMUNITY HOUSING AUTHORITY
WEATHERIZATION ASSISTANCE PROGRAM

Priority One Preference:

_____ # Children 5 years or younger
_____ # Seniors 55 or Older
_____ # Persons with a disability

Priority Two Preference:

_____ # Children 6-17 in home
Priority _____

Applicant Affirmation

I subscribe and affirm, under the penalties of the 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. I certify that no household member has received an Alaska Housing Finance Corporation (AHFC) Home Energy Rebate after May 1, 2008. 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 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 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 have read and understand the provisions of the Federal Privacy Information Act.

Applicant's Signature

Date

Applicant's Representative - (Relationship to applicant)

Date

KETCHIKAN INDIAN COMMUNITY HOUSING AUTHORITY
WEATHERIZATION ASSISTANCE PROGRAM

Homeowner Certification

If applicant is a renter, agency must use obtain permission to enter the premises and may require Landlord -Tenant Agreement.

I/We, _____, certify that I/we am/are the owner(s) of the property at:

(Print address)

I/We grant permission to the Ketchikan Indian Community Housing Authority to enter the premises for weatherization related activities.

Home 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 of income documentation verified:
Agency Signature	Date

Income Verification

This page must be completed with all income information before application will be considered, if you are not employed be sure to put N/A. Income earned by all household members must be reported. Submit copies of proof of all gross income received in the past 30 days and a copy of your last year's tax return. The proof must include the recipient's name.

Income

List all other sources of income such as social security, retirement pensions, and unemployment benefits, native dividends if over \$2,000, public assistance, TANF, Heating Assistance, VA, Survivor benefits, disability benefits, alimony, and workman's compensation. The Alaska Permanent Fund Dividends are NOT considered income in this program.

Applicant:

Source: _____ Monthly Income \$ _____

Source: _____ Monthly Income \$ _____

Is alimony received () Yes () No Monthly amount \$ _____

Co-Applicant:

Source: _____ Monthly Income \$ _____

Source: _____ Monthly Income \$ _____

Is alimony received () Yes () No Monthly amount \$ _____

Adult Household Member:

Source: _____ Monthly Income \$ _____

Source: _____ Monthly Income \$ _____

Is alimony received () Yes () No Monthly amount \$ _____

Total Gross Monthly \$ _____

Consent

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Ketchikan Indian Community (KICHA) any information needed to complete and verify my application for assistance under the KICHA Housing Programs. I further authorize and direct KICHA to release information to other entities for the purpose of determining my household’s eligibility for KICHA’s programs and/or to assist my household with making application to other assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by KICHA and the State of Alaska-Department of Health and Social Services in administering and enforcing program rules and policies.

Information Covered

I understand that previous and current information regarding me and my household may be needed. Verifications and inquiries that may be requested include but are not limited to assets (including real estate), property ownership and residency, employment and income, disability, and public assistance payments.

Resources

The groups or individuals that may be asked to release the above information to KICHA or who may require the above information from KICHA to access their programs, include but are not limited to:

- | | |
|--|---|
| Banks and other Financial Institutions | State Unemployment Agencies |
| Public Assistance Agencies | Family and/or State-Appointed Guardians |
| Child Care Providers | Utilities and Fuel Providers |
| Recording Offices and Title Companies | Workers Compensation Provider |
| Child Support and Alimony Providers | Employers, Past and Present |
| Retirement Systems | Social Security Administration |

Computer Matching Notice and Consent

I understand and agree that KICHA 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 the right to notification of any adverse information found and a chance to disprove incorrect information. KICHA 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 Social Security.

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 at KICHA I understand I have a right to review my file and correct any information that is incorrect.

Signatures Required: (If any adult is unable to sign this authorization, call KICHA for instructions.)

Applicant’s Signature	Printed Name	Date
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Weatherization Policies

The Ketchikan Indian Community Housing Authority (KICHA) Weatherization Program is funded through the Alaska Housing Finance Corporation (AHFC). KICHA Weatherization Program is subject to compliance with policies set forth by AHFC established within the HUD Weatherization Operations Manual.

Eligible Activities

Eligible Weatherization improvements are determined through KICHA initial home assessment and testing. Eligible activities are recommended per “individual dwelling” and may include: insulation, caulking, air sealing, weather-stripping, heating and ventilation measures, moisture control, efficient lighting, replacement of windows and entry doors. Only the most cost effective and efficient measures will be implemented to each eligible dwelling.

Priority Applications

Once an applicant is determined eligible, applications are categorized with the following priorities:

- Priority 1: The household includes a resident who is elderly 59+, disabled, or a child under 6 years old, and the total household unit income is less than or equal to 75% of median income.
- Priority 2: The household includes a child who is 6-18 years old, and the total household unit income is less than or equal to 75% of median income.
- Priority 3: Other households with total household unit income that is less than or equal to 75% of median income.
- Priority 4: The household includes a resident, who is elderly, disabled, or a child under 6 years old, and the total household unit income is 61-100% of median income. Priority 4 also includes Priority 1 house households in homes weatherized with DOE funds after September 30, 1993.
- Priority 5: The household includes a child who is 6-18 years old, and the total household unit income is 61-100% of median income. Priority 5 also includes Priority 2 households in homes weatherized with DOE funds after September 30, 1993.
- Priority 6: Other households with total household unit income that is 61-100% of median income. Priority 6 also includes Priority 3 households in homes weatherized with DOE funds after September 30, 1993.
- Priority 7: Other households with total household unit income that is 61-100% of median homes weatherized with DOE funds after September 30, 1993.

Note: Conditions of a home and/or fuel consumption may justify moving any household up the wait list, particularly emergency circumstances as described above. Justification must be fully documented in the client file.

Grantees may not be able to serve all clients each year due to wait lists and the logistics of serving each community within their service areas. With prior approval from the AHFC Program Manager, Grantees may add other criteria to further prioritize applicants.

Permission to Enter

Prior to conducting energy-related building inspections and assessments, repairs, and improvements, KICHA will need written permission to enter the premises. Permission will be obtained during the

application intake process. A completed Landlord-Tenant Agreement Permission to Enter Premises/Rental Agreement (LTA) satisfies this requirement. At least 24 hours advanced notice will be given to each tenant prior to assessing that unit.

Income Re-verification

Each household placed on the waitlist must provide updated income documentation every 365 days based on the date a completed application was received. If more than 365 days elapse since the date of the most recent proof of income was received and prior to the home assessment, the household income must be re-verified and documented again.

Eligibility Notification

KICHA will notify applicants of their eligibility/ineligibility determination in writing. Eligible applicant notification will include KICHA contact information and a scope of work plan.

Has your household applied for any loans or other assistance to meet your home repair, energy efficiency, or accessibility needs? (Other assistance could come from housing authorities, USDA Rural Development, tribal organizations, Independent Living Centers, other City, State or Federal Agencies, etc.) Indicate below. Attach another page if necessary.

<u>Contact Person</u>	<u>Agency</u>	<u>Phone/Fax (Include Area Code)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is the status of each application (pending, denied, approved, etc.)?

The HEAD OF HOUSEHOLD must certify the application. (If the Head of Household is not able to sign and date below, call KICHA 228-9222.)

I certify that the information provided in this application is true and correct to the best of my knowledge. I also certify that I have submitted the following (as required) to complete my household's application: proofs of age, disability, and income.

I certify that the information provided in this application is true and correct as of the date set forth opposite my signature on this application and acknowledge my understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et. seq. and liability for monetary damages to KICHA, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I have made on this application.

I certify that no household member listed in this application holds a Temporary Resident Status granted under section 245A or 210A of the Immigration and Nationality Act as amended under the Immigration and Control Act of 1986 (Pub. L. 99-603).

I further certify that all information furnished in support of this application is true and correct to the best of my knowledge, and that my household meets the Income Guidelines of the KICHA Program.

The applicant and co-applicant agree that should any of the above information change, the applicant or co-applicant will notify this office of these changes before final agreements are signed between applicant and this office.

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 \$10,000.00 or imprisoned not more than (5) five years, or both."

Applicants Signature

Date

Adult Member's Signature

Date

KETCHIKAN INDIAN COMMUNITY HOUSING AUTHORITY
WEATHERIZATION ASSISTANCE PROGRAM

FEDERAL PRIVACY ACT INFORMATION FOR APPLICANTS

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.

KIC Housing Authority is the recipient of weatherization funds from AHFC who receives 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 KIC Housing Authority 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.

KETCHIKAN INDIAN COMMUNITY HOUSING AUTHORITY
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 _____ The KIC 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 the KIC 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 KIC Housing Authority 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 ___ the KIC 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

Applicant Printed Name SSN#

X _____
Adult Household Member Signature Date

Applicant Printed Name SSN#

Reason(s) for missing signatures: _____

KETCHIKAN INDIAN COMMUNITY HOUSING AUTHORITY
WEATHERIZATION ASSISTANCE PROGRAM

Required Documents Check-Off List

- Completed Signed Application

- Copy of 30 days current income verification (e.g. payroll confirmation, W2's, Social Security statements, etc.)

- Copy of photo ID of each adult

- Copy of Prior Year Tax Return for Each Adult, if applicable

- Proof of Ownership