WEATHERIZATION APPLICATION FORM

Reducing Energy Costs for Southeast Alaskans

— Funding to make your home more energy efficient —

Alaska households with income up to 100% median family income (100% MFI) are eligible to apply for free home weatherization. Complete the following application or contact the weatherization service provider for your community. Home owners and renters may apply.

Include copies of documentation with your completed application:

Income verification
Rental agreement or home owner title / deed
Utility statements heat / electric
Alaska resident identification
Signatures on pages 2, 4, and 5

Approved applicants receive program services at no cost,

Individuals may not participate in both the Weatherization Program and the *AHFC Home Energy Rebate* after May 1, 2008. Or, if individuals received *Weatherization Assistance Program Services* after April 14, 2008.

THRHA Service Areas

(Northern S.E. Alaska)
Angoon -Hoonah - Juneau/Douglas
- Kake - Yakutat

(Southern S.E. Alaska)
Petersburg – Saxman - Craig –
Klawock – Hydaburg- Kasaan Cape Pole - Coffman Cove - Dora
Bay – Edna Bay – Hollis La`Brouchere Bay - Long Island
Naukati– Point Baker – Port
Protection – Thorne Bay – Whale
Pass
THRHA Juneau Office Contact:
Matthew Bell (907) 780-6868
P.O. Box 32237
Juneau, AK 99803-2237
(907) 780 3539 Fax

Qualifications

Individuals, Native or non-Native, who meet income guidelines, may apply for the Weatherization Program through THRHA. Homeowners and renters may apply. THRHA will provide program services at no cost to qualified applicants.

Does your household income qualify for the Weatherization Assistance Program?

THRHA WEATHERIZATION AND ENERGY EFFICIENCY PROGRAM INCOME LIMITS (Effective December 18,2014)

Community	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Hoonah & Angoon	52,800	60,300	67,800	75,300	81,400	87,400	93,400	99,400
Juneau	67,800	77,500	87,200	96,800	104,600	112,300	120,100	127,800
Saxman	62,300	71,200	80,100	88,900	96,100	103,200	110,300	117,400
Petersburg & Kake	58,900	67,300	75,700	84,100	90,900	97,600	104,300	111,100
Prince of Wales	52,800	60,300	67,800	75,300	81,400	87,400	93,400	99,400
Yakutat	56,300	64,300	72,300	80,300	86,800	93,200	99,600	106,000

To download an application form visit



www.AkWeatherization.org

To participate in the Weatherization Assistance Program submit your completed application to THRHA Fax (907) 780-3539 or mail to:
P.O. Box 32237 Juneau, AK 99803-2237



Weatherization Application Instructions

All of this information must be provided before your application can be processed

Page 1

Applicant Name:

Name, phone numbers

Site Address:

Street name and number and/or lot, block and subdivision, as well as age of home

Mailing Address:

Where you receive your mail

Directions to Home:

If no street address, tell us how to find your house.

Type of Residence: (Mark boxes that apply)

Owner Occupied—if you own the house.

Rental Unit—if the house, trailer, apartment belongs to someone else

Single family—dwelling (house or mobile home) for one family

Multiple family—duplex, triplex, apartment house

Rental Unit:

If you are not the owner of the house provide the owner's name, phone number and complete address street or box, city, state, zip

Total Number in Household:

Write the number of people actually living in the house

Name and Social Security Number

List all the people that permanently live in the house. Fill in or circle the information for <u>Social Security number</u>, <u>Sex</u>, <u>Date of Birth (DOB) and Sources of Income</u>. Leave the calculation and annual total blank, this will be completed by THRHA weatherization staff when income is verified

Page 2

Applicant's Signature:

Read, affirm and sign the application.

Homeowner Certification:

If you own the house fill in your name and the property address (description) then sign as the Owner. If you are renting or someone else owns the house and does not live there, leave this section blank.

Page 3

Authorization for Release of Information

All adults (18 years and older) permanently living in the house need to print their name, social security number, then sign the form. Without signatures by all adults in the household, the application cannot be evaluated.

Page 4

Request to Release Confidential Records/Information

x Each adult in the households needs to fill out the name and social security number spaces, then sign near the bottom. This form is required by the Department of Labor to verify employment and income information.

Page 5

Fuel Information Release Form:

- x Attach copies of fuel & electrical consumption records (that show quantities used) to this form.
- x Check the appropriate boxes to describe the fuel you use for heat and hot water.
- x Provide the name, phone, fax, address, account number for fuel and electric suppliers.
- x Provide your name, address.
- x Sign the release.

Weatherization Assistance Application				Confidential	Client No.		
Applicant Full Name					YEAR HOME WA	S BUILT:	
Phone Number	Home	:		Work/Msg:			
Site Address	Street			City	State	Zip	
Mailing Address							
Directions to Ho	ne						
Type of Residence	e Owner Oc	runied		Rental Unit Mobile Home:	Serial #		
(Circle appropriate)	Single	•		Multiple Family (Apartment)	Subsidized H	ousina	
Rental Unit		· •y		maniple i alimy (i spailine in)			
Complete	C	wner	Name		Phone		
Landlord-Tenant	Owi	ner Ad	dress				
Agreement	Heat paid by:	(Owner	Tenant			
Total Number		es, soc	ial sec	urity numbers, sex and age for all men	nbers of the		
in Household	household. L	ist inc	ome re	eceived by each member 18 or older w	ho is not a full-time	student.	
Name and	•				Amount	of Income	
Social Security N	lumber	Sex	Age	Source of Income	Calculations	Annual Total	
Name		М					
SSN		F					
Name		М					
SSN		F					
Name		М					
SSN		F					
Name		М					
SSN		F					
Name		М					
SSN		F					
Name		М					
SSN		F					
Name		М					
SSN		F					
Name		М					
SSN		F					
Name		М					
SSN		F					
Name		M					
SSN 		F					
Name		M					
SSN		F		<u> </u>	Total Income:		

Office Use Only: Requires signature and date by THRHA Employee for confirmation of receipt of application.

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. MAKE SURE YOU HAVE FILLED OUT THIS FORM IN ITS ENTIRETY AND THAT ALL NECESSARY ACCOMPANYING DOCUMENTS HAVE BEEN INCLUDED.

Wx Worker's Signature

Weatherization Assistance Application

Number in household who are: Applicant Affirmation	55 years of age or older	Native American	Disabled				
I subscribe and affirm, under the pe	analties of	or mortgage will be held on the	property				
law, that the statements made in th		unless false or inaccurate inforr					
tion for weatherization assistance (i							
·	_	provided to make me eligible fo I will not be held liable for any ir					
statements made in any accompan		-					
pers) have been examined by me a		occurring on my property which					
best of my knowledge and belief are		my negligence or malfeasance.	_				
correct. Prior to any weatherization		have given my permission to all					
agree to notify the agency of any ch	•	monitoring of work on the prope	•				
the information in this application.		• •	application. I understand that it is the dwelling				
stand that by signing this applicatio		occupant and/or owner's respo	•				
sent to any other inquiry to verify or	CONIIIM	cover and correct unsafe or out	•				
the information I have given.		conditions which exist apart from tion work.	m the weatheriza-				
I certify that no household member	has received an						
AHFC Home Energy Rebate after N	/lay 1, 2008.	I understand that this applicatio	n for weatheriza-				
0,		tion assistance does not guarar					
I certify that no household member	holds a	tance will be granted but will be					
Temporary Resident Status granted		ing eligibility for the program. W					
the Immigration and Nationality Act		eligible applicant will be provided assistance will					
amended under the Immigration and		depend in part upon the number of applications					
Act of 1986 (Public Law 99-603).		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 or		I have read and understand the	provisions of the				
come I have. The weatherization w		Federal Privacy Information Act.					
will not obligate me financially and r		,,,	•				
Applicant's							
Signature X		Date:					
Applicant's							
Representative X		Date:					
Relationship							
	Homeowner Ce						
(If applicant is renter, agency must u							
(I/We,)	, certify tha	t (I / we) (am / are) (the owner(s)	of the				
property at							
(print add	l <mark>ress)</mark>						
Owner's							
Signature		Date:					
Office use only							
Ownership verified by: Examina	ation of deed	List income documentation verif	ied:				
· · · · · ·	sessment						
Other:							
Agency Signature		Date					
	Return application to:	Date					

The nearest THRHA Weatherization Office in your community or mail this application to Tlingit-Haida Regional Housing Authority c/o Weatherization Processing P.O. Box 32237 Juneau, Alaska 99803-2237

FEDERAL PRIVACY ACT INFORMATION FOR APPLICANTS WEATHERIZATION ASSISTANCE PROGRAM

TLINGIT-HAIDA REGIONAL HOUSING AUTHORITY

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.

ALASKA HOUSING FINANCE CORPORATION

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.

TLINGIT-HAIDA REGIONAL HOUSING AUTHORITY

AUTHORIZATION for Release of Information

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to THRHA 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

THRHA
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.

ALASKA HOUSING FINANCE CORPORATION

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 THRHA. 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 X	SSN#
Adult Household Member Signature	Date
Adult Household Member Printed Name X	SSN#
Adult Household Member Signature	Date
Adult Household Member Printed Name X	SSN#
X Adult Household Member Signature	Date
Adult Household Member Printed Name X	SSN#
X Adult Household Member Signature	Date
Adult Household Member Printed Name Reason(s) for missing signatures:	

Weatherization Assistance Program Fuel Information Form

ien		

		ds (that show quantitie	
Signature X			Date
City		State	Zip Code
Fuel Customer Name		Street Address/Mailing A	ddress)
I understand that this information information obtained through this occupants can be identified.			or the above-named agency, and nuch a manner that the dwelling or
I hereby authorize you to release agency. I agree that a photocopy			
I haraby outborize you to release	information	n mufual billa bath r	aget and future, to the following
City		AK Zip Code	Account No.
To: Fuel Supplier		Mailing Address	
City		AK Zip Code	Account No.
To: Fuel Supplier		Mailing Address	
Release			
Is this a business? ··· Yes ··· N	lo		
Name and address of servicer:	u	Eoimate	cords
If yes, state type: Last time heating system service			
le the are on alternative avantages		··· Propane	
Type of domestic water heater	··· Oil	··· Natural Gas	
Type of primary fleating system	··· Wood		
Type of primary heating system	··· Oil	··· Natural Gas	··· Electric

Alaska Weatherization Assistance Program

LANDLORD - TENANT AGREEMENT

PERMISSION TO ENTER PREMISES / RENTAL AGREEMENT

Landlord, complete this page and the Landlord Certification on the back. Also, provide proof of ownership.

• Ter	nant, comple	te the Rent	er Certificati	on on the	e back.					
l,					, c	ertify that	I am th	e owner/	authorized agen	t, herein
	1	Name (Please	print.)							
referred	I to as "Owne	r" for the pr	operty locate	ed at:						
Street Ad	dress or Legal D	escription				City				State
The pro	perty is prese	ently rented	to the follow	/ing:						
Primary	tenant				_ for \$		rent	per	month	year.
Numbe	r of rental dwe	elling units i	n this struct	ure:	_•					
inspecti	Agent authori ons and asse he premises.	zes ssments, re	epairs, and i	s provide mproven	er of Weatl nents. Any	nerization materials	service installe	es to con ed under	duct energy relat this agreement s	ed building shall remain as
									ed \$4,000 per un wner is willing to	
Weathe Weathe	erization Provi erization asses per unit for b	der will mat ssor, not to	tch dollar-for exceed \$4,0	dollar ar	n Owner co eatherizati	ntributior on funds	n up to a per unit	an amoui for build	not-to-exceed lim nt estimated by t ings with four or e borne by the O	he fewer units
									ched to this agree h in-kind service	
			available or			dlords (no	t busine		the option you the consortiums) when structures	no own four or
a	match Owr	ner contribution of the W	ıtions dollar-	for-dollaı on provid	r, to an am er, this con	ount to be	e detern	nined by	eatherization Protection Weatherizatectly to a contract	ion assessor. At
b			be complete for the matc				nproven	nents wh	erever possible)	. Legitimate
C			ribution base es not excee						ider that <i>the Owi</i>	ner's gross
d									provider will prov five or more unit	
									ce Program sha Housing Finance	

(AHFC), and/or the U.S. Department of Energy (DOE). No undue enhancement shall occur to the value of the dwelling units as a result of Weatherization work performed. Undue enhancement is defined as any enhancement to a building that increases the value of the property and does not provide energy conservation or health and safety benefits to the

tenant.

Commencing on the date the Owner and/or tenant signs that work is complete and continuing for a period of eighteen (18) months, Owner agrees not to increase rents on units weatherized. If a lease in effect expires prior to the end of the eighteen-month period, a new lease may be signed, but rents will remain at the previous level until the expiration of the eighteen-month period, unless demonstrably related to matters other than Weatherization work. (10CFR 440.22(b)(3)(ii)) Demonstrably related to matters other than Weatherization work performed is defined as an increase in excess of 25% per year in (1) Fair Market Value of rental units, (2) an increase in property taxes, or (3) an increase in the rate of utilities paid by Owner. Any increases should be split equally between all units in the building.

Owner also agrees not to terminate or evict any covered tenants or any subsequent tenants, commencing on the date the Owner and/or tenant signs that work is complete and continuing for a period of eighteen (18) months. This provision is in effect provided the tenant complies with all obligations owed to the Owner in accordance with any leases or rental agreements between the Owner and tenants.

This agreement applies to present tenants and any subsequent tenants for the eighteen-month period.

If a tenant believes rents have increased contrary to the provisions of this agreement or has received an eviction notice without cause, the tenant may contact Alaska Legal Services.

This agreement shall run with the land and/or weatherized unit in the case of sale or transfer to other Owner(s)/agents. The Owner is responsible to give official notice of this agreement to any subsequent Owner(s).

Either party to this agreement may bring an action for specific performance of its terms. Tenants residing in dwelling units covered by this agreement are intended third-party beneficiaries of any of the provisions of the agreement related to rental increases, evictions, and terminations of tenancies.

	TENANT	Certification)		
<u>l,</u>		ertify that I am currently rent	ing a dwelling u	unit located at:
Name (Plea	se print.)			
Street Address or Legal Description		City		State
I have read and understand th	e terms of this agreement.			
Signature			Date	
	LANDLORD (Owner or Au	thorized Agent) Certificatio	n	
I have read and agree to the to	erms of this agreement.			
Signature of Owner or <u>Authorized</u> Age	ent *		Date	
Mailing Address		City	State	Zip
Phone No.:	Fax No.:	Msg. 1	No:	
* AGENT: INCLUDE A COPY O	OF YOUR AGENT AGREEMEN	IT WITH THE OWNER.		
	WEATHERIZATION SERV	ICE PROVIDER Certification	on	
I have read and agree to the to	erms of this agreement.			
Signature of Weatherization Service F	Provider Authorized Agent		Date	
	A .1 1.			

Tlingit-Haida Regional Housing Authority P.O. Box 32237 Juneau, AK 99803 (907) 780-6868(p) (907) 780-3539(f)



Tlingit-Haida Regional Housing Authority P.O. Box 32237 Juneau, Ak 99803 (907) 780-6868(p) (907) 780-3539(f)

Dear Landlord:

Attached is an Addendum to the *Landlord-Tenant Agreement Permission to Enter Premises/Rental Agreement* (LTA) that you signed to allow the Weatherization of your rental unit for the tenant named on that document. The Addendum must be signed and returned to our office before we can proceed with the Weatherization of the dwelling.

Landlords are required to contribute one half of the cost of Weatherization materials and labor in excess of \$4,000 per dwelling unit; or for multi-family buildings of five or more units, one half of the cost of Weatherization materials and labor in excess of \$3,000 per unit. The dollar-for-dollar match may not exceed \$4,000 for buildings of one to four units; \$3,000 for multi-family buildings of five or more units. In other words, the maximum amount of Weatherization funds allowed per eligible unit in a building of one to four units is \$8,000; the maximum per unit limit for an eligible unit in a multi-family building of five or more units is \$6,000.

Attached you will find a description of proposed Weatherization improvements.

If you cannot make the required payment, the job may still proceed without all of the items being completed. If you choose to contribute, please make your check or money order payable to **Tlingit-Haida Regional Housing Authority.** If a contribution is required, it must be received by *10 days of a signed agreement* before we will order materials and/or proceed with the work.

In order to complete our work in a timely manner, **please respond to this request within fifteen days of the mailing date.** Failure to respond within the allotted time frame may result in the cancellation of the project.

Thank you for your interest in this program. If you have any questions about the	nis matter, please feel free to
contact me at	
Sincerely,	

THRHA Representative



Tlingit-Haida Regional Housing Authority P.O. Box 32237 Juneau, Ak 99803 (907) 780-6868(p) (907) 780-3539(f)

Alaska Weatherization Assistance Program

Landlord-Tenant Agreement Permission to Enter Premises/Rental Agreement Addendum

Client #

otal Project Cost:	Total Landlord Contribution: \$
elephone:	Telephone:
ddress:	Location:
lailing	Residence
andlord:	Tenant:
	name/telephone
Pate:	Contractor:

This is an Addendum to the *Landlord-Tenant Agreement Permission to Enter Premises/Rental Agreement* (LTA) signed by the above-named Landlord and Tenant, and the Weatherization service provider known as THRHA. It becomes effective when the Weatherization service provider receives this Addendum, signed by the Landlord; any applicable Landlord contribution; and any other documentation required as specified in this Addendum or the scope of work.

Attached is a scope of work, which describes the Weatherization measures and materials proposed for the dwelling unit. The cost of any building permits shall be borne by the Owner of the building.

In addition to the provisions of the LTA, the following provisions shall apply:

- The Landlord may elect to pay the additional cost of the proposed Weatherization measures or may elect to have the job reduced to those measures that total less than the allowed limit.
- All materials installed in the dwelling shall become the property of the Landlord upon installation and remain with the building.
- The Landlord agrees not to increase rents commencing on the date the Landlord signs this Addendum and continuing eighteen (18) months after the date the Landlord and/or the Tenant sign(s) that the work is complete. If a lease in effect expires prior to eighteen (18) months after the date the work is completed, a new lease may be signed, but rents will remain at the previous level until the expiration of the eighteen month period, unless demonstrably related to matters other than Weatherization work.

"Demonstrably related to matters other than Weatherization work" is defined as increases in excess of 25% per year in (1) Fair Market Value of rental units, (2) an increase in property taxes, or (3) an increase in the rate of utilities paid by the owner. Any increases should be split equally between all units in the building.

- The Landlord also agrees not to terminate or evict any covered tenants or subsequent tenants, commencing on the date of signing this agreement, and continuing for a period of eighteen months after the Landlord and/or the Tenant sign(s) that the work is complete. This provision is in effect provided that the Tenant complies with all obligations owed to the Landlord in accordance with any leases or rental agreements between the Landlord and the Tenant.
- This agreement applies to present tenants and any subsequent tenants for the eighteen-month period, and the Owner agrees to provide subsequent tenants with a copy of this agreement.

In addition to the provisions outlined above, all provisions of the Alaska Uniform Landlord and Tenant Act (AS 34. 03.010-380) apply to the Landlord and Tenant(s) who are parties to this agreement.

Either party to this agreement may bring an action for specific performance of its terms. Tenants residing in dwelling units covered by this agreement are intended third-party beneficiaries of any provisions of the agreement related to rental increases, evictions, and termination of tenancies.

Landlord								
I have read and agree to the terms of this Addendum and do herebet to proceed with the proposed improvements. I elect to make	by authorize the Weatherization service provider							
() a cash contribution toward <u>improvements</u> in the amount noted above.								
() an in-kind contribution toward <u>improvements</u> in the amount noted above. [Note: Prior approval must be given for <u>all</u> in-kind contributions. Call this office <i>before</i> completing this Addendum to verify that your in-kind contribution qualifies. Once it has been approved, sign and date this Addendum and return it to this office <i>with copies of the invoices for your purchases if you have not already provided them.</i>]								
() no cash contribution toward improvements because the to keep the cost of improvements to less than the per ur								
If you do not elect to contribute the <u>total</u> owner contribution,	please contactat							
·								
Signature of Landlord	Date							
Amount of Check Bank Name on Check or Money Order Check Number								
Weatherization Service Provider								
I have read and agree to the terms of this agreement.								
Signature of Authorized Agent for Weatherization Service Provider Date								
Please respond to this request within thirty da	ays of the date of this Addendum.							
In order to complete our work in a timely manner, this request requires your prompt attention. Failure	For Office Use Only: Signed, completed copy sent to landlord and tenant:							
o respond within the allotted time frame will result n the cancellation of the project. Signed, completed copy sent to landlord and tenant:								