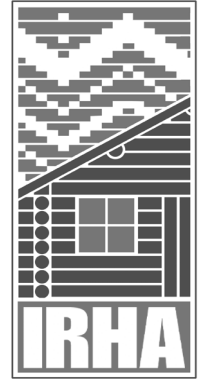


# INTERIOR REGIONAL HOUSING AUTHORITY

828 27<sup>TH</sup> Avenue □ Fairbanks, Alaska 99701

Phone: (907) 452-8315 □ 1-800-478-4742 □ Fax: (907) 452-8324



## WEATHERIZATION ASSISTANCE APPLICATION

1. Applicant/Homeowner must supply IRHA with the following copies:
  - ❖ Social Security Number
  - ❖ Copy of your picture I.D.
2. **List all sources of income** received by the household.  
Provide copies of last two pay stubs or direct deposit copies, or last year's tax return.
3. **Sign and date** all forms where signatures are required.
4. If you are a **Veteran Head of Household**, please send IRHA proof of military discharge.  
Or, if you are a **Person with a Disability**, please provide us with a written letter from your doctor.
5. **Proof of Ownership** (Quitclaim Deed, Warranty Deed) or signed renter agreement.

You will be placed on our Weatherization List after we have received all of the information requested.

**IRHA does not accept incomplete applications.**

**If we receive an incomplete application it will be sent back to you.**

**IT IS THE RESPONSIBILITY OF THE APPLICANT TO KEEP INTERIOR REGIONAL HOUSING AUTHORITY NOTIFIED OF ANY CHANGES IN ANNUAL INCOME AND/OR ADDRESS.**

**PLEASE TYPE OR PRINT CLEARLY ON YOUR APPLICATION**

### AHFC INCOME GUIDELINES FOR FY 2009 – FY 2010

Household size	100% median
1	\$49,100.00
2	\$56,100.00
3	\$63,100.00
4	\$70,100.00
5	\$75,700.00
6	\$81,300.00
7	\$86,900.00
8	\$92,500.00

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
<b>Street Address:</b>		<b>City, State, Zip Code:</b>
<b>Mailing Address (If different from above):</b>		<b>City, State, Zip Code:</b>
<b>Home Telephone:</b>		<b>Message Telephone:</b>
<b>Marital Status:</b>		<b>Property Legal Description:      Recording</b>
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<b>District:</b> _____ <b>Lot:</b> _____ <b>Block:</b> _____ <b>Subdivision:</b> _____

Type of Residence    Owner Occupied    Rental Unit    Mobile Home: Serial # \_\_\_\_\_  
 (please check all that apply)      Single Family Multiple Family (Apartment) Subsidized Housing

Rental Unit      Owner Name \_\_\_\_\_      Phone \_\_\_\_\_  
 Owner Address \_\_\_\_\_  
 Heat Paid by: Owner Tenant

What year was your house built? \_\_\_\_\_

Type of primary heating system: \_\_\_ Oil    \_\_\_ Wood    \_\_\_ Natural Gas    \_\_\_ Electric    \_\_\_ Other

Type of hot water heater: \_\_\_ Oil    \_\_\_ Wood    \_\_\_ Natural Gas    \_\_\_ Electric    \_\_\_ Other

Is there an alternative supplementary heating source? \_\_\_ No    \_\_\_ Yes, percentage of time used \_\_\_%  
 If yes, type: \_\_\_\_\_

Estimated Annual Fuel Usage: \_\_\_\_\_ gal.  
 Estimated Annual Wood Usage: \_\_\_\_\_ cords

**FAMILY COMPOSITION**

Total Number in household \_\_\_\_\_

Please list all household members, including yourself, who live with you. Members of the household include those who are temporarily absent due to military duty, attending school, or in foster care. If there are more than (6) household members, please use the back of this form.

Last Name	First Name	MI	Relationship	Date of Birth	Social Security Number	M/F
			SELF			

**INCOME INFORMATION**

List of all income that each household member receives. You must reveal **all** sources of income to IRHA.

Household Member Name	Sources of Income (Name and address)	Amount	Hr/Wk/Mo/Yr

Did all family members of your household receive the most recently distributed Alaska Permanent Fund Dividend (APFD)?

Yes       No      If No, Please list members who did not receive an APFD and the reason

Do you receive any of the following services: \_\_\_\_\_ ASAP \_\_\_\_\_ Energy Assistance \_\_\_\_\_ Food Stamps  
If yes, please list the amounts: \$ \_\_\_\_\_ ASAP \$ \_\_\_\_\_ Energy Assistance \$ \_\_\_\_\_ Food Stamps

Are you a Veteran Head of Household?  Yes       No      If Yes, please send IRHA proof of military discharge.

Are you an elder age 55 years and over?  Yes       No

Are you or any other member of your family disabled?  Yes       No      If Yes, please provide a copy of your medical letter from your doctor.

Is anyone in your immediate family related to any Employees or Board of Commissioners of IRHA?

No       Yes, who? \_\_\_\_\_

**EMERGENCY INFORMATION (IF APPLICABLE)**

Please give a brief explanation of your emergency situation:

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**Personal Declaration:** (All household members 18 years of age and older must sign the application and release of information forms):

I/we certify that the information given to Interior Regional Housing Authority on this application is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law. I/we also understand false statements or information is grounds for termination of assistance.

I/we understand that this is not a contract and does not bind either party. I have no objections to inquires made for purpose of verifying the statements made herein.

**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.

I certify that no household member has received an 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 of damage occurring on my property which is not as 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.

**Applicants Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Homeowner Certification – Please sign if you own your home**

(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 \_\_\_\_\_

**Applicant/Owner's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PERMISSION TO ENTER PREMISES**

I, owner/authorized agent of the building located at \_\_\_\_\_ have read and understand and grant permission for representatives of Interior Regional Housing Authority to enter the premises for the purpose of collecting eligibility documentation from residents and conducting a work plan which may include a blower door test, an infrared scan, testing of the air a combustion test and construction work necessary to weatherize the unit.

**Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Agency Representative** \_\_\_\_\_ **Title** \_\_\_\_\_

**Authorization for Release of Information**

I, \_\_\_\_\_ authorize the release of information requested by Interior Regional Housing Authority Weatherization Program. This information shall be used solely for the purpose of the assessment and determination of clients eligibility and will no be released to any other person or agency outside of Interior Regional Housing Authority.

**State of Alaska**  
Division of Public Assistance  
Department of Employment  
Division of Employment Insurance  
Division of Natural Resources  
Longevity Bonus

**United State Department of Interior**  
Supplemental Security Income  
Social Security Administration

**Tanana Chiefs Conference**  
ASAP Program  
Energy Assistance Program  
General Assistance Program  
CCDBG – Child Care Assistance  
Tribal Work Experience Program

**United Sate Department of Interior**  
**Doyon Limited**  
**Alaska Railroad – Retirement**

**Yourself:**  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_

**Your Spouse**  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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

SSN: \_\_\_\_\_