



**ENHANCED WEATHERIZATION ASSISTANCE PROGRAM
CHECK LIST**

ALL REQUESTED INFORMATION MUST BE ATTACHED TO YOUR APPLICATION FOR IT TO BE CONSIDERED A COMPLETE APPLICATION.

ELIGIBILITY WILL NOT BE DETERMINED IF DOCUMENTATION IS MISSING INFORMATION.

- APPLICATION FORM – COMPLETELY FILLED OUT AND SIGNED.
- PROOF OF AGE FOR ANYONE FIFTY-FIVE (55) YEARS OR OLDER (DRIVER'S LICENSE, TRIBAL OR STATE ISSUED ID, BIRTH CERTIFICATE, ETC.)
- PROOF OF DISABILITY IF APPLICABLE (HEALTH CARE PROFESSIONALS, GOVERNMENT ASSISTANCE AGENCIES, VA, CARE COORDINATORS, ETC.)
- PREVIOUS YEARS SIGNED INCOME TAX FORMS, WITH 1099'S AND W-2'S. **IF YOU DO NOT FILE YOU MUST HAVE A LETTER FROM IRS STATING THAT YOU ARE NOT REQUIRED TO FILE.**
- PROOF OF INCOME: FOR THE ENTIRE LAST TWELVE (12) MONTHS FOR ENTIRE HOUSEHOLD.
- PROOF OF OWNERSHIP (QUIT CLAIM, WARRANTY DEED, OR TITLE FOR HOME, TENANTS; ASK YOUR LANDLORD FOR PROOF)
- PROOF OF HEAT SOURCE IF APPLICABLE (IF YOU ARE REQUESTING REPAIR OF HEAT SOURCE, SUBMIT COPIES OF INSPECTION REPORT, REPAIR ESTIMATES, VERIFICATION OF CARBON MONOXIDE POISONING, ETC.)
- SIGNED RELEASE FOR EACH SUPPLIER (FUEL PROVIDER, UTILITIES, ETC.)
- INCOME GUIDELINES

FY 2013 HUD INCOME LIMITS FOR ALASKA 100% OF ADJUSTED MEDIAN INCOME EFFECTIVE DECEMBER 18, 2013	INCOME LIMIT 1 PERSON	INCOME LIMIT 2 PERSONS	INCOME LIMIT 3 PERSONS	INCOME LIMIT 4 PERSONS	INCOME LIMIT 5 PERSONS	INCOME LIMIT 6 PERSONS	INCOME LIMIT 7 PERSONS	INCOME LIMIT 8 PERSONS
VALDEZ-CORDOVA	57,000	65,100	73,200	81,300	87,900	94,400	100,900	107,400

PLEASE REMEMBER, IF INFORMATION IS NOT SUBMITTED, IT WILL ONLY DELAY THE APPROVAL PROCESS. IF YOU HAVE ANY QUESTIONS OR IF YOU NEED TO MAKE AN APPOINTMENT PLEASE CONTACT: COPPER RIVER BASIN REGIONAL HOUSING AUTHORITY AT (907) 822-3633.

I HAVE READ AND SUPPLIED THE ABOVE INFORMATION AND UNDERSTAND THAT PROVIDING FALSE INFORMATION WILL DISQUALIFY ME FROM RECEIVING ANY TYPE OF ASSISTANCE FROM COPPER RIVER BASIN REGIONAL HOUSING AUTHORITY AND CAN RESULT IN LEGAL ACTION.



**ENHANCED WEATHERIZATION ASSISTANCE PROGRAM
 APPLICATION**

- 1. REVIEW THE ATTACHED APPLICATION INSTRUCTIONS AND PROGRAM GUIDELINES.**
- 2. ANSWER ALL QUESTIONS ON ALL PAGES. FUNDS FROM MORE THAN ONE PROGRAM MAY BE REQUIRED TO PAY FOR ALL OF YOUR REQUESTS. ANSWERING ALL QUESTIONS NOW WILL AVOID PROCESSING DELAYS. INCOMPLETE APPLICATIONS MAY BE RETURNED FOR COMPLETION. CALL COPPER RIVER BASIN REGIONAL HOUSING AUTHORITY (CRBRHA), IF YOU'RE NOT SURE HOW TO COMPLETE ANY PART OF THE APPLICATION.**

HEAD OF HOUSEHOLD		
FIRST NAME	LAST NAME	STATUS CHECK ONE
		<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> OTHER
MAILING ADDRESS/CITY/STATE AND ZIP CODE		
HOME PHONE	WORK PHONE	MESSAGE PHONE
() -	() -	() -
E-MAIL ADDRESS	BEST WAY TO CONTACT YOU	BEST TIME(S) TO CONTACT YOU
		: AM TO : PM
PHYSICAL ADDRESS (MILE POST, HOME, AND/OR APT.)		
LEGAL PROPERTY DESCRIPTION (LOT, BLOCK, SUBDIVISION, TRACT, PLAT NO., ETC.)		

☞ **DRAW A MAP OR WRITE DIRECTIONS TO YOUR HOME. IF WE CAN'T FIND YOUR HOME, WE MAY NOT BE ABLE TO HELP YOU.**

LIST ALL PEOPLE LIVING IN THE HOME STARTING WITH THE HEAD OF HOUSEHOLD (ATTACH ANOTHER PAGE IF NECESSARY).

NAME INCLUDE LAST NAME IF DIFFERENT	GENDER	AGE	DISABLED	VOLUNTARY ETHNICITY (MARK ALL THAT APPLY)								OTHER PLEASE SPECIFY
				HISPANIC	AFRICAN - AMERICAN	AMERICAN INDIAN / ALASKA NATIVE	ASIAN	CAUCASIAN	LATINO	MULT-RACIAL	NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER	
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- SUBMIT COPIES OF PROOF OF AGE FOR ANYONE FIFTY-FIVE (55) YEARS OR OLDER (DRIVER'S LICENSE, TRIBE OR STATE ISSUED ID, BIRTH CERTIFICATE, ETC.).**
- PROVIDE QUALIFIED REFERRALS (HEALTH CARE PROFESSIONALS, GOVERNMENT ASSISTANCE AGENCIES, VA, CARE COORDINATORS, ETC.) WHO CAN VERIFY EACH DISABILITY. ATTACH ANOTHER PAGE IF NECESSARY.**

CONTACT PERSON (FIRST & LAST NAME)	BUSINESS / AGENCY NAME	PHONE / FAX (INCLUDE AREA CODE IF NOT 907)

- WRITE YOUR HOUSEHOLD'S COMBINED GROSS YEARLY INCOME. THIS IS REQUIRED FROM ALL HOUSEHOLDS FOR STATISTICAL PURPOSES. (INCLUDE ALL RESIDENTS PFD'S EVEN IF NOT RECEIVED.)**

\$ _____ .

↩ IF ANYONE DID NOT RECEIVE THE ENTIRE PFD, PLEASE EXPLAIN WHY:

- SUBMIT COPIES OF PROOF OF APA/IA, ATAP, TANF, HEATING ASSISTANCE, SENIORCARE, AND/OR, SUPPLEMENTAL SECURITY INCOME RECEIVED DURING THE MOST RECENT TWELVE (12) MONTHS. (NOT CALENDAR YEAR). THE PROOF MUST INCLUDE THE RECIPIENT'S NAME AND THE MOST RECENT DATE THE BENEFIT WAS RECEIVED/AWARDED. YOU CAN GIVE YOUR CASEWORKER PERMISSION TO FAX PROOF TO CRBRHA AT (907) 822-3662. RECEIPT OF ANY OF THESE TYPES OF ASSISTANCE MAY HELP US APPROVE YOUR APPLICATION FASTER.**
- ANY ADULT WHO WAS NOT REQUIRED TO FILE A FEDERAL INCOME TAX RETURN FOR THE PREVIOUS CALENDAR YEAR MUST COMPLETE THE CERTIFICATION BELOW. ATTACH ANOTHER PAGE IF NECESSARY.**

I CERTIFY THAT MY INCOME WAS TOO LOW TO REQUIRE FILING A FEDERAL INCOME TAX RETURN FOR THE PREVIOUS CALENDAR YEAR:

PRINT NAME

SIGNATURE

____ / ____ / ____
TODAY'S DATE

PRINT NAME

SIGNATURE

____ / ____ / ____
TODAY'S DATE

PRINT NAME

SIGNATURE

____ / ____ / ____
TODAY'S DATE

- SUBMIT COMPLETE COPIES OF FEDERAL TAX RETURNS FILED BY ALL ADULTS WHO WERE REQUIRED TO FILE FOR THE PREVIOUS CALENDAR YEAR AND COPIES OF ALL W2s, 1099s, ETC., RECEIVED BY THE HOUSEHOLD.**
- SUBMIT COPIES OF PROOFS OF ALL GROSS INCOME RECEIVED TO DATE IN THE CURRENT YEAR, INCLUDING BUT NOT LIMITED TO: CHECK STUBS FROM ALL JOBS; UNEMPLOYMENT BENEFITS; PROFIT AND LOSS STATEMENTS FOR NET SELF-EMPLOYMENT AND/OR RENTAL INCOME (YOU CAN REQUEST A FORM FROM CRBRHA IF YOU DON'T KEEP YOUR OWN STATEMENTS); STATEMENTS OF INVESTMENT, DIVIDEND (EXCEPT THE PFD), AND/OR INTEREST EARNINGS (WE DO NOT COUNT THE FIRST TWO THOUSAND DOLLARS (\$2,000) OF NATIVE DIVIDENDS RECEIVED PER PERSON.); CHECK STUBS, LETTERS, STATEMENTS, OR BANK STATEMENTS THAT SHOW DIRECT DEPOSITS OF SOCIAL SECURITY, VA, PENSION BENEFITS AND/OR OTHER TYPES OF INCOME.**

TYPE OF STRUCTURE:

APARTMENT DUPLEX CABIN HOUSE MODULAR

MOBILE HOME (MUST BE AT LEAST FORTY (40) FEET LONG), SERIAL #: _____

MULTI-FAMILY BUILDING (THREE (3) OR MORE UNITS), TOTAL UNITS: _____

OTHER: _____

- √ SOME STRUCTURES CANNOT BE SERVED, SUCH AS BUSES, RECREATIONAL VEHICLES, BOATS, TENTS, YURTS, TEMPORARY RESIDENCES, PARTS OF BUILDINGS USED FOR BUSINESS, AND HOMES CURRENTLY CONTROLLED BY HUD OR HOUSING AUTHORITIES. OTHER RESTRICTIONS MAY APPLY. IF YOU'RE NOT SURE YOUR HOME QUALIFIES, CALL CRBRHA.
- √ HOW LONG HAS YOUR HOUSEHOLD LIVED IN THIS STRUCTURE FULL TIME? _____
- √ EXPLAIN WHY ANYONE IS **NOT** A PERMANENT OR YEAR ROUND HOUSEHOLD MEMBER: (FOR EXAMPLE: SHARED CUSTODY, AT COLLEGE, FOSTER CARE, LIVE-IN AIDE, JUST MOVING IN, ETC.)

TYPE OF OWNERSHIP: FEE SIMPLE (I.E., HOUSEHOLD HOLDS LEGAL TITLE TO THE HOME AND MAY BE PAYING OFF A LOAN)

LIFE ESTATE LEASEHOLD OWNERSHIP RENT RENT-TO-OWN OTHER: _____

- √ IF THE LEGAL OWNER OR RECORD DOES NOT LIVE IN THE HOME, PLEASE PROVIDE CONTACT INFORMATION BELOW.

FIRST AND LAST NAME(S) OF OWNER(S)		
MAILING ADDRESS / CITY / STATE / ZIP CODE		
DAY PHONE	FAX PHONE	MESSAGE PHONE
() -	() -	() -

- √ DOES YOUR HOUSEHOLD PAY RENT? YES NO IF YES, HOW MUCH PER MONTH? \$ _____.
- √ IF YOUR HOUSEHOLD DOES NOT PAY RENT AND THE OWNER OF RECORD DOES NOT LIVE IN THE HOME, ARE ANY RESIDENTS RELATED TO THE OWNER? PLEASE EXPLAIN: _____

- √ IS THIS AN ASSISTED LIVING HOME? YES NO IF YES, NUMBER OF BEDS: _____
 STATE LICENSED? YES NO
- √ IF BIA, HUD, OR A HOUSING AUTHORITY **BUILT** THE HOME, HAS IT BEEN PAID OFF? YES NO N/A
- SUBMIT A COPY OF PROOF OF OWNERSHIP. (TENANTS, ASK YOUR LANDLORD FOR THIS PROOF.) ACCEPTABLE PROOFS ARE COPIES OF RECORDED DEEDS, PATENTS, ETC., FOR LAND OWNERSHIP AND VEHICLE TITLES FOR MOBILE HOMES. IF YOU DO NOT HAVE AN ACCEPTABLE PROOF, CONTACT: CRBRHA.**
 - √ IF YOUR HOUSEHOLD OWNS THE HOME, WHAT DO YOU OWN? (CHECK ONE)
 - STRUCTURE ONLY STRUCTURE & LAND
- √ YEAR BUILT: _____ TOTAL SQUARE FEET: _____ # OF STORIES: _____ # OF BEDROOMS: _____

√ INDICATE THE FOLLOWING: (CHECK OR WRITE A RESPONSE)

CHECK THE BOXES THAT APPLY	NONE	GENERATOR / SYSTEM ELECTRIC	NATURAL GAS	UTILITY	OIL	WELL/SEWER PROPANE	OTHER CHECK & LIST
ELECTRICITY SOURCE	<input type="checkbox"/>	<input type="checkbox"/> GENERATOR		<input type="checkbox"/>			<input type="checkbox"/>
WATER SOURCE	<input type="checkbox"/>	<input type="checkbox"/> CATCHMENTS SYSTEM		<input type="checkbox"/>		<input type="checkbox"/> WELL	<input type="checkbox"/>
WASTE SYSTEM	<input type="checkbox"/>	<input type="checkbox"/> SEPTIC (TYPE)			<input type="checkbox"/>	<input type="checkbox"/> SEWER	<input type="checkbox"/>
WATER HEATER	<input type="checkbox"/>	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> PROPANE	<input type="checkbox"/>
RANGE	<input type="checkbox"/>	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/>			<input type="checkbox"/> PROPANE	<input type="checkbox"/>
CLOTHS DRYER	<input type="checkbox"/>	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/>			<input type="checkbox"/> PROPANE	<input type="checkbox"/>

√ INDICATE THE CONDITION OF THE MAJOR COMPONENTS OF THE HOME. ATTACH ANOTHER PAPER IF NECESSARY.

COMPONENT	GOOD	AVERAGE	POOR	NONE	SPECIFIC PROBLEMS / DEFICIENCIES/REQUESTED REPAIRS
OVERALL STRUCTURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FOUNDATION ANSWER "1" BELOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FLOOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EXT. WALLS/SIDING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ROOF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PLUMBING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
INSULATION LEVELS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WINDOWS / DOORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
INT. WALLS/CEILING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MAIN HEAT SOURCE ANSWER "2" BELOW ANSWER "3" BELOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 ND HEAT SOURCE ANSWER "2" BELOW ANSWER "3" BELOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

1. CHECK TYPE: ALL WEATHER WOOD CONCRETE FOOTING OR BLOCK PILINGS POST & PAD SLAB OTHER _____

2. CHECK TYPE: BOILER DRIP POT BASEBOARD FORCED AIR FURNACE FURNACE TOYO STOVE (OR SIMILAR), WOOD STOVE OTHER: _____

3. CHECK TYPE: COAL ELECTRICITY NATURAL GAS OIL PROPANE WOOD OTHER: _____

IF YOU ARE REQUESTING REPAIR OF A HEAT SOURCE, **SUBMIT** COPIES OF INSPECTION REPORTS / REPAIR ESTIMATES / VERIFICATION OF CARBON MONOXIDE POISONING, ETC. ALSO, BRIEFLY DESCRIBE THE PROBLEM AND WHEN IT BEGAN.

WRITE ALL FUEL AND ELECTRICITY USED BY YOUR HOUSEHOLD DURING THE MOST RECENT 12 MONTHS (OR SINCE YOU MOVED IN IF YOU HAVE NOT LIVED IN THIS STRUCTURE AT LEAST 12 MONTHS). Do NOT WRITE DOLLAR AMOUNTS. IF YOU DON'T KNOW HOW MUCH YOU HAVE USED, ASK YOUR UTILITIES AND FUEL PROVIDERS FOR QUANTITIES.

ELECTRICITY: _____ KWHs	OIL: _____ GALLONS	PROPANE: _____ GALLONS
NATURAL GAS: _____ CCFs	WOOD: _____ CORDS	OTHER: _____

√ IF YOU USE OIL OR PROPANE, DOES THE FUEL PROVIDER AUTOMATICALLY REFILL YOUR TANK?
OIL: Yes No PROPANE: Yes No

COMPLETION OF A FUEL INFORMATION RELEASE FOR EACH SUPPLIER IS **REQUIRED** FOR WEATHERIZATION ASSISTANCE. THE WEATHERIZATION FUNDING SOURCES MAY ASK UTILITIES AND FUEL PROVIDERS FOR DATA TO CHECK THAT ENERGY EFFICIENCY IMPROVEMENTS MADE BY THE PROGRAM HAVE BEEN EFFECTIVE.

√ **ONCE ACCOUNTHOLDER MUST SIGN THE RELEASE FOR EACH SUPPLIER.** (AN ACCOUNTHOLDER IS THE PERSON WHOSE NAME APPEARS ON THE BILLS FROM A SUPPLIER EVEN IF SOMEONE ELSE PAYS THE BILLS) IF YOUR HOUSEHOLD SUPPLIES ITS OWN WOOD, WRITE "SELF."

√ IF AN ACCOUNTHOLDER IS NOT AVAILABLE TO SIGN A RELEASE, EXPLAIN WHY: _____

FUEL INFORMATION RELEASE FOR PROPERTY LOCATED AT:

STREET ADDRESS OR LEGAL DESCRIPTION

CITY



COPPER RIVER BASIN REGIONAL HOUSING AUTHORITY
 P.O. BOX 89 GLENNALLEN, ALASKA 99588



I HERBY AUTHORIZE YOU TO RELEASE ANY INFORMATION ON MY FUEL BILLS, BOTH PAST AND FUTURE, TO COPPER RIVER BASIN REGIONAL HOUSING AUTHORITY (CRBRHA). I AGREE THAT A PHOTOCOPY OF THIS RELEASE MAY BE USED FOR THE PURPOSE STATED.

I UNDERSTAND THIS INFORMATION WILL BE USED ONLY TO PROVIDE DATA FOR CRBRHA, AND NO INFORMATION OBTAINED THROUGH THIS RELEASE SHALL BE MADE PUBLIC SUCH A MANNER THAT THE DWELLING OR OCCUPANTS CAN BE IDENTIFIED.

ELECTRICITY SUPPLIER RELEASE	PRIMARY FUEL SUPPLIER RELEASE	SECONDARY FUEL SUPPLIER RELEASE
COMPANY NAME:	COMPANY NAME:	COMPANY NAME:
MAILING ADDRESS:	MAILING ADDRESS:	MAILING ADDRESS:
ACCOUNT NUMBER:	ACCOUNT NUMBER:	ACCOUNT NUMBER:
ACCOUNTHOLDER'S NAME:	ACCOUNTHOLDERS NAME:	ACCOUNTHOLDERS NAME:
ACCOUNTHOLDERS SIGNATURE (REQUIRED)	ACCOUNTHOLDERS SIGNATURE (REQUIRED)	ACCOUNTHOLDERS SIGNATURE (REQUIRED)
ACCOUNTHOLDERS MAILING ADDRESS:	ACCOUNTHOLDERS MAILING ADDRESS:	ACCOUNTHOLDERS MAILING ADDRESS:



COPPER RIVER BASIN REGIONAL HOUSING AUTHORITY
 P.O. BOX 89 GLENNALLEN, ALASKA 99588



AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I AUTHORIZE AND DIRECT ANY FEDERAL, STATE OR LOCAL AGENCY, ORGANIZATION, BUSINESS, OR INDIVIDUAL TO RELEASE TO COPPER RIVER BASIN REGIONAL HOUSING AUTHORITY (CRBRHA) ANY INFORMATION NEEDED TO COMPLETE AND VERIFY MY APPLICATION FOR ASSISTANCE UNDER THE OWNER OCCUPIED REHABILITATION, SENIOR ACCESS, AND/OR WEATHERIZATION ASSISTANCE PROGRAMS. I FURTHER AUTHORIZE AND DIRECT CRBRHA TO RELEASE INFORMATION TO OTHER ENTITIES FOR THE PURPOSE OF DETERMINING MY HOUSEHOLD'S ELIGIBILITY FOR CRBRHA 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 CRBRHA, THE STATE OF ALASKA, THE ALASKA HOUSING FINANCE CORPORATION (AHFC), 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, FUEL AND ELECTRICITY USE, AND PUBLIC ASSISTANCE PAYMENTS.

RESOURCES

THE GROUPS OR INDIVIDUALS THAT MAY BE ASKED TO RELEASE THE ABOVE INFORMATION TO CRBRHA OR WHO MAY REQUIRE THE ABOVE INFORMATION FROM CRBRHA TO ACCESS THEIR PROGRAMS, INCLUDE BUT ARE NOT LIMITED TO:

- | | |
|--|---------------------------------------|
| BANKS AND OTHER FINANCIAL INSTITUTIONS | PUBLIC ASSISTANCE AGENCIES |
| CHILD CARE PROVIDERS | RECORDING OFFICES AND TITLE COMPANIES |
| CHILD SUPPORT AND ALIMONY PROVIDERS | RETIREMENT SYSTEMS |
| DRUG AND ALCOHOL TREATMENT PERSONNEL | SOCIAL SECURITY ADMINISTRATION |
| EMPLOYERS, PAST AND PRESENT | STATE UNEMPLOYMENT AGENCIES |
| FAMILY AND/OR STATE APPOINTED GUARDIANS | UTILITIES AND FUEL PROVIDERS |
| INTERNAL REVENUE SERVICE | VETERANS ADMINISTRATION |
| MEDICAL AND PSYCHIATRIC PERSONNEL AND CARE PROVIDERS | WORKERS COMPENSATION PROVIDERS |

COMPUTER MATCHING NOTICE AND CONSENT

I UNDERSTAND AND AGREE THAT CRBRHA 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 DISPUTE INCORRECT INFORMATION. CRBRHA 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 PURPOSE STATED ABOVE. THE ORIGINAL OF THIS AUTHORIZATION IS ON FILE AT CRBRHA. I UNDERSTAND I HAVE A RIGHT TO REVIEW MY FILE AND CORRECT ANY INFORMATION THAT IS INCORRECT.

SIGNATURE REQUIRED: (IF ANY ADULT IS UNABLE TO SIGN THIS AUTHORIZATION, CALL CRBRHA FOR INSTRUCTIONS.)

_____	_____	- -	/ /
APPLICANT SIGNATURE	PRINT NAME OF APPLICANT	SOCIAL SECURITY #	DATE
_____	_____	- -	/ /
ADULT MEMBERS SIGNATURE	PRINT NAME OF ADULT MEMBER	SOCIAL SECURITY #	DATE
_____	_____	- -	/ /
ADULT MEMBERS SIGNATURE	PRINT NAME OF ADULT MEMBER	SOCIAL SECURITY #	DATE
_____	_____	- -	/ /
ADULT MEMBERS SIGNATURE	PRINT NAME OF ADULT MEMBER	SOCIAL SECURITY #	DATE

✓ **THE HEAD OF HOUSEHOLD MUST READ THE APPLICABLE CERTIFICATION(S) BELOW AND SIGN THE APPLICATION.**

ENHANCED WEATHERIZATION ASSISTANCE PROGRAM

PERMISSION IS GRANTED TO PERFORM WEATHERIZATION WORK ON MY RESIDENCE. I UNDERSTAND THAT FUNDS FOR WEATHERIZATION ASSISTANCE ARE BEING PROVIDED BY COPPER RIVER BASIN REGIONAL HOUSING AUTHORITY (CRBRHA). THEREFORE, CRBRHA MAY MONITOR DWELLINGS ON A RANDOM BASIS FOR THE SOLE PURPOSE OF DETERMINING THAT WEATHERIZATION WAS ACCOMPLISHED AND THAT PROGRAM FUNDS WERE PROPERLY EXPENDED. THIS MONITORING DOES NOT INCLUDE AN INSPECTION OR IN ANY WAY ADDRESSES COMPLIANCE WITH FIRE, BUILDING, OR ANY OTHER SAFETY CODES. ACCORDING TO THE TERMS OF THE CONTRACT BETWEEN CRBRHA, RESPONSIBILITY FOR WEATHERIZATION WORK PERFORMED ON MY DWELLING MUST COMPLY WITH EXISTING APPLICABLE CODES AND/OR MANUFACTURER'S INSTRUCTION AS APPROPRIATE. CRBRHA IS SOLELY RESPONSIBLE TO ASSURE THIS COMPLIANCE. THIS RESPONSIBILITY IN NO WAY EXTENDS TO WORK OR CONDITIONS NOT ASSOCIATED WITH THE PERFORMANCE OF WEATHERIZATION WORK. ACCORDINGLY, I UNDERSTAND THAT IT IS THE DWELLING OCCUPANT/OWNER'S RESPONSIBILITY TO DISCOVER AND CORRECT UNSAFE OR OUT-OF-COMPLIANCE CONDITIONS WHICH MIGHT OTHERWISE EXIST.

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 CONTRACT ACT OF 1986 (PUB. L. 99-603).

I CERTIFY THAT (1) THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE; (2) I HAVE SUBMITTED PROOFS (AS REQUIRED) FOR OWNERSHIP, AGE, DISABILITY, AND INCOME; (3) MY HOUSEHOLD MEETS PROGRAM GUIDELINES; AND (4) I HAVE READ THE FEDERAL PRIVACY ACT BELOW.

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 DOD 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 DOE AND CRBRHA 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.

SENIOR ACCESS PROGRAM AND/OR OWNER OCCUPIED REHABILITATION PROGRAM

(THESE USE THE SAME CERTIFICATION (#1 & #2). #3 ALSO IS REQUIRED FOR SENIOR ACCESS.)

I/WE CERTIFY THAT (1) THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT AS OF THE DATE SET FORTH OPPOSITE MY/OUR SIGNATURE(S) ON THIS APPLICATION AND ACKNOWLEDGE MY/OUR 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 CRBRHA, ITS AGENTS, SUCCESSORS AND ASSIGNS, INSURERS AND ANY OTHER PERSON WHO MAY SUFFER ANY LOSS DUE TO RELIANCE UPON ANY MISREPRESENTATION WHICH I/WE HAVE MADE ON THIS APPLICATION; (2) I/WE CERTIFY THAT THE ABOVE NAMED PROPERTY IS MY/OUR HOUSEHOLD'S CURRENT PRIMARY, PERMANENT RESIDENCE; AND (3) I/WE FURTHER CERTIFY THAT MY/OUR HOUSEHOLD DOES NOT HAVE THE RESOURCES TO COMPLETE THE ACCESSIBILITY IMPROVEMENT(S) REQUESTED FROM THE SENIOR ACCESS PROGRAM.

HEAD OF HOUSEHOLD SIGNATURE

____/____/_____
DATE

SPOUSE / SIGNIFICANT OTHER SIGNATURE

____/____/_____
DATE