

## 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.

**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 Social Security number, Sex, Date of Birth (DOB) and Sources of Income. Leave the calculation and annual total blank, this will be completed by RurAL CAP 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 (16 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 can not be evaluated.

Page 4

**Fuel Information Release Form**

- Check the appropriate boxes to describe the fuel you use for heat and hot water.
- Provide the name, phone, fax, address, account number for fuel and electric suppliers.
- Provide your name, address.
- Sign the release.

**Request to Release Confidential Records/Information**

- 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.

**Federal Privacy Act Information for Applicants**  
Weatherization Assistance Program  
Alaska Housing Finance Corporation, Affordable Housing and Energy Efficiency Department

**Privacy Act Provisions**

Under section 3(e)(3) of the Privacy Act 1974, (5 USC 552 a (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 collections 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 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.

**Confidential**

**Weatherization Assistance Application**

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

Applicant Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Home \_\_\_\_\_  
 Work/Msg \_\_\_\_\_

Site Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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  Landlord-Tenant Agreement  Heat paid by:  Owner  Tenant

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Owner Address \_\_\_\_\_

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 16 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				
				Total Income	

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 \_\_\_\_\_

**Confidential**

**Weatherization Assistance Application**

Number in household who are:  60 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.

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.

**I certify that no household member has received an AHFC Home Energy Rebate after 5/1/2008.**

**I agree to allow photographs of myself and/or family to be used to promote the Wx program.**

**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 Owner Agreement)

I / We, \_\_\_\_\_, certify that I / we am / are the owner(s) of the property at \_\_\_\_\_  
(print address)

**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 income documentation verified:
Agency Signature	Date

Return application to: BSRHA Wx Assistance  
P.O. Box 995  
Nome, AK. 99762



Primary heating fuel

Type \_\_\_\_\_  Oil  Natural Gas  Electric  
 Wood  Propane  Other \_\_\_\_\_

Water heating fuel

Oil  Natural Gas  Electric  
 Solar  Propane  Other \_\_\_\_\_

Alternative heating fuel

(Back-up system)

Type fuel \_\_\_\_\_ Percent of time used \_\_\_\_\_ %

Type of system \_\_\_\_\_

**Release of Information**

To: Fuel Supplier		Mailing Address		Phone
City	AK	Zip	Account #	Fax

To: Fuel Supplier		Mailing Address		Phone
City	AK	Zip	Account #	Fax

To: Electric Utility		Mailing Address		Phone
City	AK	Zip	Account #	Fax

I hereby authorize you to release information on my fuel or electric bill, both past, present and future, to Bering Straits Regional Housing Authority (BSRHA). I agree that a photocopy of this release may be used for the purpose stated.

I understand that this information will be used only to provide data for the above-named agency or Alaska Housing Finance Corporation to determine and compare fuel and electric useage before and after weatherization work. No information obtained through this release shall be made public in such a manner that the dwelling or occupants can be identified.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Customer Name		Mailing Address		
City	AK	Zip		

Return requested information to BSRHA Wx Assistance  
P.O. Box 995  
Nome, AK. 99762

Call if questions:  
1-800-478-5255 EXT. 8605  
(907) 443-8605 Fax 443-8648