

Buckland Healthy Homes Project Application

Introduction

The Native Village of Buckland (Tribe) has received funding to launch the Buckland Healthy Homes Project. The Buckland Healthy Homes Project will provide comprehensive home-based healthy homes intervention services to low-income families who occupy privately-owned housing. The primary purpose of the project is to improve the quality of life, health, and safety of homeowners within the Native Village of Buckland. The project will target the assessment (pre-survey) of qualifying homes, in Buckland, and remediation of up to 30 homes. The Native Village of Buckland is working with the Cold Climate Housing Research Center (CCHRC) to implement the project.

Program Manager and Authorizing Official: Fred (Bing) Armstrong, Tribal Administrator, Native Village of Buckland

Project Director: Sterling DeWilde, CCHRC

Environmental Monitor: Shannon Melton, Native Village of Buckland

Fiscal Officer/Administrator: Betsy Thomas, Native Village of Buckland

CCHRC Project Managers: Vanessa Stevens and Aaron Cooke, CCHRC

CCHRC Financial Support: Michele Doyle-Brewer, CCHRC

Objective

The primary objective of this project is to identify health hazards and remediate up to 30 homes in Buckland, Alaska.

Other objectives within the scope of this project are:

- Train at least two community members in home health remediation activities (positions and application process to be announced by Tribe).
- Educate the occupants of homes receiving remediation activities on healthy home practices and any O&M requirements of retrofits.
- Perform community outreach on healthy homes topics.

Pre-Survey Eligibility Requirements

Every eligible applicant will receive a pre-survey of their home. The applicant must meet all eligibility requirements, below, to be considered for the pre-survey portion of this project.

Income and household demographic information will be verified by the Tribe. If you are eligible, you will be notified within fourteen days after the application deadline with a determination of your qualification for the pre-survey portion of this project.

- Household income less than 80% of Area Median Income for the Northwest Arctic Borough, at the time of the application Reference table below or go online to <https://www.huduser.gov/portal/datasets/il/il2020/2020summary.odn>

FY 2020 Low (80%) Income Limits for Northwest Arctic Borough, Alaska								
Persons in family	1	2	3	4	5	6	7	8
Income Limit	\$48,450	\$55,400	\$62,300	\$69,200	\$74,750	\$80,300	\$85,850	\$91,350

- Completeness of application.
- Submittal before deadline (June 3, 2021).

Application Timeline

1. Application Post Date: May 3, 2021
2. Application Due Date: June 3, 2021
3. Applicant Notification Date: June 17, 2021

Remediation Priorities

Project staff will analyze the data from the pre-surveys and present the results of the data analysis and a written retrofit plan to the Tribe for review. The Tribe, Program Manager, and the Fiscal Officer, with assistance from CCHRC, will review and approve the final plan for remediations.

The project will prioritize homes with elders over the age of 55 years and children under the age of 7 years. Other factors that may affect prioritization of remediation(s) are the number of vulnerable residents, type/severity of hazards or issue(s) present, cost/benefit analysis in relation to project scope.

Below are some examples of healthy homes issues that may qualify for remediation:

- Cold Floors
- Cold Windows
- Cold Walls (e.g., insulation that has slid down and gathered at the bottom of the walls)
- Other Energy Deficiencies
- Demographic Issues (e.g., age, pregnancy, handicap needs, life/health complexities)
- Mold
- Allergens
- Sinking/Settling
- Gaping Holes
- Restricted or Lacking Ventilation
- Dangerous Electrical Wiring or Household Appliances
- Other Home Safety Hazards.

Participation Requirements

1. Meet all eligibility requirements.
2. Submit to a pre-survey of your home. A pre-survey will be necessary to assess needed remediations. The survey must be conducted in your home with at least one adult representative present. The survey will be conducted to assess the presence of hazards in and around the home. Potential hazards of consideration are outlined in Priorities, above.
3. Selection for remediations. Up to 30 homes will be chosen for remediations, based on the priorities agreed upon by the Tribe.
4. Submit homeowner's authorization. Before remediation begins, applicants will be required to submit an informed consent agreement, signed by the owner of the home/property. The agreement will cover the following:
 - a. Safety policies to be followed during remediation activities.
 - b. The specific remediation activities that will occur in the home along with an estimate for the time for remediation.
 - c. Any pre-remediation work that must be completed by home occupants.
 - d. The need to learn and follow the operation and maintenance requirements of any retrofits.
 - e. Appointment of homeowner representative(s) to aid in coordinating site-visits, remediations, and other required activities.
 - f. Where residents will be staying if they cannot be in the home during remediation.

Application Checklist

1. Income verification paperwork (Buckland Healthy Homes Project Income Verification Worksheet, [release of information for income verification process], and income or unemployment documentation (i.e. paystubs, letter from employer, unemployment affidavit, Form 1040/1040A, and/or signed letters showing rent/child care/hospital/physician expenses).
2. Completed and signed application.
3. Submittal before deadline (June 3) via method (a) or (b) below:
 - a. Paper copy to the Tribal Office, 100 Beluga Street, Buckland, Alaska.
 - b. Paper copy mailed to the Native Village of Buckland, PO Box 67, Buckland, AK 99727
4. For more information or questions,
 - a. Project website <http://cchrc.org/buckland-healthy-homes/>
 - b. Call the Tribal office 907-494-2171 and ask to speak with project staff.
 - c. Visit the Tribal Office in person and ask to speak with project staff.

Healthy Homes Project Application

Applicant Information

Name (First, Middle, Last): _____

Today's Date: _____

Current Physical Address:

 911 Street Address City State ZIP

Mailing Address (if applicable):

 P.O. Box City State ZIP

Telephone: _(_____) _____ **Cell Phone:** _(_____) _____

Work Phone: _(_____) _____ **Email:** _____

Spouse Name (First, Middle, Last): _____

Spouse Phone: _(_____) _____

Family Information

Table 1: Home Residents (must list all household members)

No.	Name	Date of Birth	Relationship to Applicant	Tribal Enrollment Number	Social Security Number
1			Self		
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Table 2: Designated Household Representative(s) (include self, if able)

No.	Name of Household Representative(s)	Relationship to Owner	Phone #
1			
2			
3			

Home Deficiency

Please check all areas negatively impacting or threatening occupant(s) livelihood in and around the home.

- | | | |
|---|---|---|
| <input type="checkbox"/> Fire/Heat Damage | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Accessibility |
| <input type="checkbox"/> Weatherization | <input type="checkbox"/> Roof Damage | (handicap) |
| <input type="checkbox"/> Mold | <input type="checkbox"/> Water Damage | <input type="checkbox"/> Safety Equipment |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Erosion | <input type="checkbox"/> Other |
| <input type="checkbox"/> Allergens/Dust | <input type="checkbox"/> Climate Change | _____ |
| <input type="checkbox"/> Radon | <input type="checkbox"/> Foundation | _____ |
| <input type="checkbox"/> Ventilation | Damage | |

Describe Issues in Detail (provide attachment, if necessary):

Home Description

Describe House Construction.

- Log House
- Frame House
- Atco (single or doublewide)
- HUD Home
- Modular Home
- Other _____

Age of Home: _____ Square Footage: _____

Number of Rooms: _____ Number of Bathrooms: _____

Number of Windows: _____ Type of Windows: Single Sheet Double Sheet

Foundation Type: Post & Pad On Grade Driven Pile Other

Heating Appliance: Electric Wood Fuel (provide additional information, below)

Last maintenance date: _____ Fuel tank age: _____ Tank stand secured to building: Y / N

Acknowledgement

Sign below, prior to submittal.

I, _____, understand that to be eligible for the Buckland Healthy Homes Project, I must complete the above application and submit all required documentation.

I, _____, certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive assistance, and that false or misleading statements may constitute disqualification of this application.

Applicant's Signature: _____ Date: _____

Spouse's Signature (if appropriate): _____ Date: _____