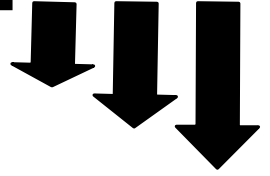




713 15th Avenue, Fairbanks, Alaska 99701 - (907) 452-5323

INTERIOR WEATHERIZATION, INC.



Enclosed is your 2010 application for the
Weatherization Program
Please fill out and include the following:

- 1 *If you are a homeowner; **proof of ownership** (tax payment slip, deed, etc. - (must contain legal description of property); or
*If you are a trailer owner; **Title** to your trailer, if it is available or proof of ownership, together with the serial number, if it is available; or
*If you are a renter, the enclosed **Landlord/Tenant agreement** completed by your landlord and yourself. If you are renting a trailer, also ask your landlord for the serial number.
*If you are buying your home through a Lease-Purchase or Rent-to-own Agreement, you are a renter.
- 2 **Income verification** for the past 12 months; **W-2's and I.R.S. Statement (1040) and most recent check stub**, payroll records, printout from unemployment, Social Security or Public Assistance printout, bank statement for direct deposited income, etc. (submit required proofs as described on page 2).
- 3 **A map** with accurate directions to your home.
- 4 **Energy usage documentation** for fuel and electric for the past 12 months or since you moved in. (printout from fuel or electric supplier or old fuel and electric bills).

No assessment will be scheduled until the entire application is complete and the client has attended the Client Education Workshop. (see enclosed flyer) All information submitted is confidential, and any documents you submit will be returned to you. We will do our best to see that your application is processed quickly and that your assessment and weatherization work are finished as soon as possible. Your cooperation completing the application and turning in all required documentation will assure that your home will be weatherized according to the program guidelines.

Applicant must be a permanent resident living in the dwelling at the time of application, assessment and completion of work to be eligible for weatherization services. Dwellings actively being marketed for sale are not eligible. Our top priorities are the elderly and handicapped. They will have work scheduled first. Dwellings must be finished so that they are habitable through an Interior winter. They must, at a minimum, have doors, windows, insulation and a permanent heating system to be eligible.

Also, it would be best if you returned your application in person to our office, if possible. If you have any questions, please feel free to call. 452-5323 (Ext. 0) or 1-800-478-5323.

CURRENT INCOME GUIDELINES FOR INTERIOR WEATHERIZATION'S REGIONS

Income is determined from date of application for the prior twelve (12) months

<i>Family Size</i>	<i>FNSB</i>	<i>Denali Borough</i>	<i>Delta Jct./ Nenana /to Circle</i>
1	\$53,800	\$65,800	50,400
2	\$61,500	\$75,200	57,600
3	\$69,200	\$84,600	64,800
4	\$76,800	\$94,000	71,900
5	\$83,000	\$101,600	77,700
6	\$89,100	\$109,100	83,500
7	\$95,300	\$116,600	89,200
8	\$101,400	\$124,100	95,000

All items replaced by Interior Weatherization will be removed from the premises.

DEFINITION OF INCOME

"Household Income" means the total cash receipts before taxes from all sources listed below, including non-taxable income. **Submit copies of required proofs for all types of income that your household receives.** (If you do not submit the required proof(s), this will delay processing of your application, as you will be asked *again* to submit the required proofs. If you cannot provide the required proof(s), call 452-5323 ext. 0 for help.

If anyone received the following income: Submit copies of the REQUIRED proof(s) below:

Alaska Permanent Fund Dividend	None; write the total received by each adult/child even if garnished.
Alimony	Divorce decree (and most recent amendments, if applicable)
Annuity payments	Statements or checks received during most recent 12 months, 1099's
Assistantships	Statements or checks received during most recent 12 months, 1099's
Cost-of-Living Allowance (COLA)	Most recent pay stub showing year-to-date gross allowance, w-2's
Dividend Income (investments)	Statements or checks received during most recent 12 months, 1099's
Employment income (wages, tips, overtime, bonuses, etc.)	Most recent check stubs from all employers showing year-to-date gross income, W-2's and IRS Tax return
Estate Income	Statements or checks received during most recent 12 months, 1099's
Fellowships	Statements or checks received during most recent 12 months, 1099's
Gambling or Lottery Winnings (net)	Statements or checks received during most recent 12 months, 1099's or a witnessed, signed statement of net income.
General Assistance	Ask your caseworker for a 12 month statement of benefits.
Government Employee Pensions	Most recent check stub*, 1099's
Grant Income	Statements or checks received during most recent 12 months, 1099's
Insurance Payments (not lump sum)	Statements or checks received during most recent 12 months, 1099's
Interest Income	Statements or checks received during most recent 12 months, 1099's
Longevity Bonus	None; just record total received during most recent 12 months
Military Family Allotments	Most recent check stub showing year-to-date gross allotments, W-2's.
Native Dividends (over \$2,000 per person)	Statements or checks received during most recent 12 months, 1099's
Private Pensions	Most recent check stub*, 1099's
Railroad Retirement	Most recent check stub*, 1099's
Rental Income (net)	Most recent tax return and Schedule E (signed and dated by taxpayer and a signed year-to-date Profit/Loss Statement for this year.
Royalties (net)	Statements received during most recent 12 months, 1099's
Self-Employment Income (net)	Most recent tax return and Schedule C (signed and dated by taxpayer and a signed year-to-date Profit/Loss Statement for this year.
Social Security (retirement or disability); no exception for dependent students	Most recent benefit notification letter or most recent check*, 1099's (Indicate whether or not Medicare premiums are deducted.)
Strike benefits from union funds	Statements or checks received during most recent 12 months, 1099's
Support from an absent family member (someone not living in the household)	A witnessed, signed statement from the person providing the support, indicating how much money was contributed.
Training Stipends (net)	Statements or checks received during most recent 12 months, 1099's
Trust Income	Statements received during most recent 12 months, 1099's
Unemployment Compensation	12-month benefit statement from the Department of Labor, 1099-G
Veterans Benefits & Disability Pmts.	Statements or checks received during most recent 12 months, 1099's
Workers Compensation	Statements or checks received during most recent 12 months, 1099's

* If you receive this income as a Direct Deposit to your bank account, you may submit a complete copy of your most recent bank statement.

Household income does not include: Federal non-cash benefits such as school lunches, food stamps, Medicare, Medicaid, housing assistance; dependent student income (earnings of full-time high school or college student enrolled in a minimum of 12 credit hours), grants or loans to a student, college scholarships, JTPA payments; LIHEAP payments; Native corp. dividends not exceeding \$2000 per individual; Child support; capital gains; any assets drawn down as withdrawals from a bank, sale of property, house or car; tax refunds; gifts; lump-sum inheritances; one-time insurance payments, or compensation for injury. Also excluded are non-cash benefits, such as employer-paid health insurance and other employee fringe benefits; and food or rent received in lieu of wages.

A household is automatically eligible if any household resident documents receipt of Supplemental Security Income (SSI), Low Income Home **Energy Assistance** (LIHEAP), cash assistance under Title IV (**ATAP or TANF**) or **Food Stamps** under the Food Stamp Act of 1977.



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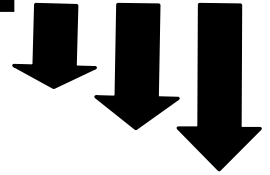
INTERIOR WEATHERIZATION, INC.



Funded By



Alaska Housing Finance Corporation, DOE, LIHEAP



WEATHERIZATION PROGRAM APPLICATION

A. **APPLICANT DATA:** Renter _____ Owner _____

Single Family _____ Multi-Family _____ Mobile Home _____ Serial # _____

NAME _____ HOME PHONE _____

RESIDENCE ADDRESS _____ CELL PHONE _____

MAILING ADDRESS _____ CITY _____ ZIP _____

SSN _____ - _____ - _____

NUMBER OF PEOPLE RESIDING IN THE DWELLING: _____

How many are:

1. Elderly (55 yrs. or older)* _____ 3. Native Americans _____

2. Disabled * _____ 4. Other _____

* All disabilities must be verified. Submit proof, such as a doctor's letter or report; a VA Letter of Disability; proof of SSI, SSDI, etc. * Age must be verified through drivers license or other doc.

B. HAS THIS HOME BEEN WEATHERIZED AT ANY PRIOR TIME? _____

If yes: date previously weatherized _____

C. Has anyone in the household received Heating Assistance, SSI, ATAP, TANF, APA/IA, Food Stamps or Sr. Benefits in the last 12 months? _____ (Please circle)

D. All income as listed in the State's "Definition of Income" must be declared.

<u>NAME</u>	<u>AGE</u>	<u>DOB</u>	<u>ANNUAL AMOUNT</u>
(List all permanent residents residing in this dwelling)			(Office use only)
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

TOTAL ANNUAL HOUSEHOLD INCOME \$ _____

(Last 12 months from date of application)

\$ _____

3 Income updated: _____ ()

APPLICANT CERTIFICATION

Permission is granted to perform weatherization work on my residence. I understand that funds for weatherization assistance are being provided by Alaska Housing Finance Corp. (AHFC). As such AHFC may monitor dwellings on a random basis for the sole purpose of determining that work was actually accomplished and that program funds were properly expended. This monitoring does not include an inspection for or in any way address compliance with fire, building, or any other safety codes. According to the terms of the contract between AHFC and Interior Weatherization, Inc. responsibility for weatherization work performed on your dwelling must comply with existing applicable codes and/or manufacturers' instructions as appropriate. The Weatherization contractor 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 all information furnished in support of this application is true and correct. I further certify that I meet the income guidelines of the Weatherization Program.

The number of permanent residents residing in my year round, primary household is _____ and the total annual household income is \$_____.

I certify that no household member " holds temporary resident status".

I certify that the residence referenced in Section A "has not received the AHFC Home Energy Rebate".

PRINT NAME

SIGNATURE

DATE

PRIVACY ACT PROVISIONS

Under section 3(e)(3) of the Privacy Act 1974, [5USC 522a(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.

The specific authority for the maintenance of this information is sections 416 and 417 of the Energy Conservation and Production Act, pub. L. 94-385. These sections direct the Department of Energy (DOE), which is sponsoring this program, to monitor the effectiveness of the program and to require the local weatherization subgrantee agency implementing the program to keep records to enable DOE monitoring. The Alaska Housing Finance Corporation (AHFC), is the recipient of weatherization funding from both DOE and the State of Alaska Dept. 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.

Your responses to the request for information on the attached sheets are entirely voluntary. The information will be used by Interior Weatherization, Inc. to implement the weatherization program. It may also be used by DOE and AHFC to monitor the effectiveness of this program. In addition, it may be used in investigative enforcement of prosecutorial proceedings.

Should you decline to provide the information requested on the application, your dwelling would not be considered for weatherization assistance.

Weatherization Assistance Program Fuel Information Form

Type of primary heating system: Oil Natural Gas Electric
 Forced Air Boiler Wood Propane Other _____

Type of domestic hot water heater Oil Natural Gas Electric
 Propane Other _____

Is there an alternative supplementary heating source? No Yes, percent of time used _____%
 If yes, state type: _____

Have you received Heating Assistance in the last year? _____

How many GALLONS of heating fuel _____ and/or cords of wood _____ used for the last 12 months?

Last time heating system serviced: _____

Release

To: Fuel Supplier	Mailing Address	
City	AK Zipcode	Account No.

To: Fuel Supplier	Mailing Address	
City	AK Zipcode	Account No.

To: Electric Utility	Mailing Address	
City	AK Zipcode	Account No.

I hereby authorize you to release information on my fuel bills, both past and future, to the following agency. I agree that a photocopy of this release may be used for the purpose stated.

Interior Weatherization Fairbanks, AK 99701
 713 15th Avenue 452-5323

I understand that this information will be used only to provide data for the above-named agency, and no information obtained through this release shall be made public in such a manner that the dwelling or occupants can be identified.

Fuel Customer Name	Street Address	Mailing Address
City	State	Zipcode

Signature **X** _____

Date _____

If possible, attach copies of fuel bills to this form.

