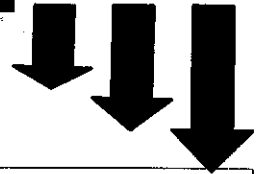




713 15th Avenue, Fairbanks, Alaska 99701 - (907) 452-5323

# INTERIOR WEATHERIZATION, INC.

Enclosed is your 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. Please denote color of home & if clearly marked.

- 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. 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)

## CURRENT INCOME GUIDELINES FOR INTERIOR WEATHERIZATION'S REGIONS

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

INCOME LIMITS FOR FEDERAL FUNDING AS OF 4/10/25								
AREA	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Statewide	\$39,100	\$52,860	\$66,620	\$80,380	\$94,140	\$107,900	\$121,660	\$135,420

There is limited State of Alaska funding available with higher income limits. Contact IWI for more information.

Any home that has participated in the Weatherization Program in the past 15 years is not eligible.

## 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, <b>W-2's and IRS Tax return</b>
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 <b>and</b> 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 <b>and</b> 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** in the past 12 months.

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



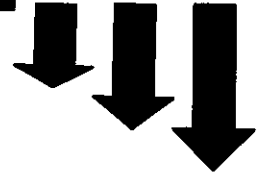
713 15th Avenue, Fairbanks, Alaska 99701 - (907) 452-5323

# 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 \_\_\_\_\_ E-MAIL: \_\_\_\_\_

NUMBER OF PEOPLE RESIDING IN THE DWELLING: \_\_\_\_\_

How many are:

1. Elderly (55 yrs. or older)\* \_\_\_\_\_ 3. AK Native/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. In the past 12 months, has any part of your home been used as a business? (ex: rental, Air bnb, barbershop, daycare, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_ What % \_\_\_\_\_

D. 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)

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

F. Are you related to any employee or board member at Interior Weatherization? Y\_\_ N\_\_

NAME _____	AGE _____	DOB _____	ANNUAL AMOUNT _____
(List all permanent residents residing in this dwelling)			(Office use only)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL ANNUAL HOUSEHOLD INCOME \_\_\_\_\_  
(Last 12 months from date of application)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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 are true and correct. Prior to any weatherization work, I agree to notify Interior Weatherization, Inc. (IWI) 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 the home listed on this application has not been weatherized by any agency in the past 15 years.

This assistance has no affect upon my social security, public assistance or any other income I receive. 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.

Upon completion of the project work of IWI, I agree to inspect all equipment installed by IWI or improvements made by IWI, to confirm that they are in good working order, and to approve and accept all said equipment/improvements made by IWI in their installed condition. I also agree that it is my obligation to, on an ongoing basis, inspect, maintain, service and test all equipment installed in my home and all improvements made to my home to insure that no hazardous conditions arise from my ongoing use of the home. I hereby release IWI from any liability or claims in any way related to my failure to properly operate, service, maintain, clean, inspect or test any equipment in my home.

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 below.

**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 \$ \_\_\_\_\_.**

\_\_\_\_\_  
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 Zip code	Account No.

To: Fuel Supplier	Mailing Address	
City	AK Zip code	Account No.

To: Electric Utility	Mailing Address	
City	AK Zip code	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.

IN ORDER TO ASSIST US IN YOUR HOME INSPECTION PLEASE ANSWER THE FOLLOWING QUESTIONS:

- 1.) Does your home have electricity? \_\_\_\_\_ yes \_\_\_\_\_ no
- 2.) Do you have more than one usable door? \_\_\_\_\_ yes \_\_\_\_\_ no
- 3.) Do you have an attached garage? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, how is it heated? \_\_\_\_\_
- 4.) Do you have a woodstove or fireplace? \_\_\_\_\_ yes \_\_\_\_\_ no
- 5.) Do you have an attic? \_\_\_\_\_ yes \_\_\_\_\_ no  
if yes is there access from :  
inside the house? \_\_\_\_\_ yes \_\_\_\_\_ no  
outside the house? \_\_\_\_\_ yes \_\_\_\_\_ no
- 6.) Do you have a basement? \_\_\_\_\_ yes \_\_\_\_\_ no
- 7.) If oil heat, do you have: Forced Air \_\_\_\_\_ yes \_\_\_\_\_ no  
Boiler \_\_\_\_\_ yes \_\_\_\_\_ no  
Other \_\_\_\_\_ yes \_\_\_\_\_ type
- 8.) How is your hot water heated? \_\_\_\_\_
- 9.) Size of house? \_\_\_\_\_ # of stories \_\_\_\_\_
- 10.) Year house was built? \_\_\_\_\_
- 11.) Who pays fuel costs? Owner \_\_\_\_\_ Tenant \_\_\_\_\_
- 12.) Who pays electric? Owner \_\_\_\_\_ Tenant \_\_\_\_\_
- 13.) How long have you lived at this address? \_\_\_\_\_
- 14.) To provide safe and effective services, it's necessary to have a sense of the health of occupants and knowledge of health concerns you have with your home. Weatherization often uses common building materials that contain chemicals that could negatively interact with sensitive occupants. Please document below & inform the auditor of any health concerns you may have with weatherizing your home:  
Chronic allergies \_\_\_\_\_ breathing problems \_\_\_\_\_  
High blood levels \_\_\_\_\_ mold/safety concerns \_\_\_\_\_  
Moisture problems \_\_\_\_\_ other concerns \_\_\_\_\_
- 15.) Where did you hear about the Weatherization Program? \_\_\_\_\_
- 16.) Assistance request. If you have specific problems that you think might need attention, please list them here.

## Alaska Pollution Source Occupant Survey

Client Name: \_\_\_\_\_

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

Address, City: \_\_\_\_\_

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

Assessor: \_\_\_\_\_

---

### High-Risk Household Members

Disclosing private health information is optional. Your responses are protected by HIPAA and considered as we develop the work plan for your home.

- 1) Family members less than 4 or more than 60 yrs old      Yes \_\_\_ No \_\_\_
- 2) Any household members with asthma, respiratory problems or flu like symptoms?      Yes \_\_\_ No \_\_\_
- 3) Is anyone living in the home pregnant?      Yes \_\_\_ No \_\_\_

---

### Source of Contaminants

How old is the home? \_\_\_\_\_

Comments: \_\_\_\_\_

- |  |                |       |
|--|----------------|-------|
| 4) Paint peeling or flaking on floors, walls, ceilings?        | Yes ___ No ___ | _____ |
| 5) Has carpet ever been water soaked?                          | Yes ___ No ___ | _____ |
| 6) Is carpet covering a concrete floor?                        | Yes ___ No ___ | _____ |
| 7) Any unvented combustion appliances in the home?             | Yes ___ No ___ | _____ |
| 8) Do household members smoke inside the home?                 | Yes ___ No ___ | _____ |
| 9) Do cars park in attached garage?                            | Yes ___ No ___ | _____ |
| 10) Seasonal water pooling in crawl space?                     | Yes ___ No ___ | _____ |
| 11) Plumbing leaks in crawlspace?                              | Yes ___ No ___ | _____ |
| 12) Noticeable leaks or water staining on ceilings or walls?   | Yes ___ No ___ | _____ |
| 13) Indoor pets?   | Yes ___ No ___ | _____ |
| 14) Paints, solvents, thinners, pesticides stored in home?     | Yes ___ No ___ | _____ |
| 15) Housekeeping problems? Clutter / Unsanitary                | Yes ___ No ___ | _____ |
| 16) Has this house been tested for Radon?                      | Yes ___ No ___ | _____ |
| 17) Are insecticides or rodenticides used in home or ductwork? | Yes ___ No ___ | _____ |

- 18) Evidence of pest infestation? Comment on location Yes \_\_\_ No \_\_\_ \_\_\_\_\_
- 19) Evidence of Radon mitigation? Yes \_\_\_ No \_\_\_ \_\_\_\_\_

---

---

### Strengths of Indoor Contaminants

Comments

- 20) Unusual odors in the home? Yes \_\_\_ No \_\_\_ \_\_\_\_\_
- 21) Is moisture noticeable on windows? Yes \_\_\_ No \_\_\_ \_\_\_\_\_
- 22) Visible mold anywhere in home? Yes \_\_\_ No \_\_\_ \_\_\_\_\_
- 23) Home temperature unusually warm or cold? Yes \_\_\_ No \_\_\_ \_\_\_\_\_
- 24) Humidity levels unusually high? Yes \_\_\_ No \_\_\_ \_\_\_\_\_
- 
- 

### Certifications

I certify that the information contained in this health condition screening is accurate and complete to the best of my knowledge.

As the occupant/owner of the above address, I certify that I have been informed that some types of work can affect certain health conditions. I agree with the Weatherization services in my home and understand that I can contact the Energy Auditor/Assessor if there are any questions related to Weatherization services that might impact an occupant's health.

I certify that I understand the issues identified above include only those observed by the Energy Auditor/Assessor.

I certify that I understand Weatherization services may not be able to correct all or any of the identified issues.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

As the Energy Auditor/Assessor, I have identified the actions above that may be necessary to assure the health and safety of clients based on the preexisting health conditions of the occupant(s). I have explained the planned use of spray foam or any other product that may cause a health hazard and the recommended manufacturer's precautions to be taken.

Assessor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

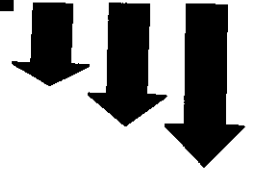
Name of Agency Point of Contact: \_\_\_\_\_ Phone: \_\_\_\_\_





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

# INTERIOR WEATHERIZATION, INC.



## Release of Information Form

Client Name: \_\_\_\_\_

I allow/give permission for the Interior Weatherization to release/share information pertaining to the weatherization of my home. This is inclusive of the scope of work on my home, any pictures associated with the weatherization of my home, and quotes I made verbally or written pertaining to the weatherization of my home.

This information may be used in Interior Weatherization's and/or Alaska Housing Finance Corporation's (AHFC) publications, media, electronically via website, or reports, and may be shared with the public.

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

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

IWI Representative Signature: \_\_\_\_\_

Client Feedback:

---

---

---

---