



ALASKA

2515 A Street, Anchorage, AK 99503
P: 907.677.8490 F: 907.677.8450 www.nwalaska.org

Home Modification & Accessibility Grant Program
(for Mental Health Trust Beneficiaries and/or individuals with special needs)

Applicant Information

(Please print a response to every question)

Name of grant recipient _____

Name of person completing the application _____

Mailing Address City State Zip

Residence Address or Physical Address City State Zip

Home Phone _____ Work Phone _____ Cell _____

Are you the Owner of Record for your home? Yes No If No, provide the information below.

Owner's Name _____ Phone _____

Mailing Address City State Zip

Household Information

List all household members, including Head of Household. Attach another page, if needed.

Name	Male	Female	Female Head of Household	Disabled	Age	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	Asian	Black or African American	White	Hispanic or Latino	Not Hispanic

Note: Ethnicity information is for government monitoring purposes only.

Education: Below High School High School Diploma or Equivalent Two-Year College
 Bachelors Degree Masters Degree Above Masters Degree

Are you a Veteran? Applicant: Yes No Co-Applicant: Yes No

Are you foreign born? Yes No What is your primary language? _____

If any household members are living in the home on a temporary basis, please explain:

Read “How do I Know if Someone is a Beneficiary of the Trust” on Page 5, and write the total number of household members who have disabilities that fall within each category:

- | | | | |
|---------|--------------------------|---------|--|
| 1)_____ | Mentally Ill | 3)_____ | Chronic Alcoholic with Psychoses |
| 2)_____ | Developmentally Disabled | 4)_____ | Alzheimer’s Disease or Related Disorders |
| | | 5)_____ | Disabled or Special Needs |

Provide a letter from a medical or rehabilitation professional stating that the proposed home improvements are necessary to improve accessibility for the disabled person living in the household or to mitigate the persons functional limitations that result from their condition. This letter may not be written by a household member.

Project Information ***Properties Must Be Located Within the Municipality of Anchorage***

Available Improvements--Housing Modification Grants may be used to improve accessibility or to mitigate the persons’ functional limitations that result from their condition in existing permanent or rental housing through facility modifications and improvements, including:

- Stairway modification or ramp installation or modification
- Widening of doors and/or hallways
- Adjustments to the levels of countertops and other usable surfaces;
- Installation of appropriate bathroom fixtures
- Adjustments and adaptations to improve mobility within the interior living space
- Adaptations to mitigate any functional losses due to traumatic head injuries
- Adaptations to manage behavioral issues associated with Alzheimer’s disease and related disorders
- Installation of permanent technological features designed to improve accessibility and independent living
- Amplification, visual devices, and/or signaling devices to assist hearing and/or visually impaired individuals
- Other housing modifications specifically approved by the Department of Health & Social Services.

Special Grant Conditions

- **Individuals who receive funds for personal housing modifications will be required to sign a Promissory Note for a period of three years as a security agreement. If the property is no longer occupied by a person with special needs relevant to the improvements which were made during the period, all grants funds used for the improvements must be repaid to NeighborWorks Alaska These recouped funds will be used for the purpose of assisting another qualifying applicant with modifications or repaid to the State of Alaska unless otherwise agreed to by both parties. Exceptions include but are not limited to: the death of the individual or they are no longer physically able to live in the property.**
- **Applicants will be required to limit expenditures for rental property to no more than \$12,000 per home. Improvements up to \$2,500 require the recipient to have in effect a minimum one-year lease. Improvements over \$2,500 require the recipient to have in effect a minimum two-year lease.**
- **A sample of the promissory note is attached as exhibit A to the application**
- **An annual occupancy letter will be sent to the recipient for a period of 3 years from the completion of the grant. The recipient will sign and return the occupancy letter to NeighborWorks Alaska upon receipt of the letter.**
- **The maximum grant amount for owner occupied properties is \$15,000 and \$12,000 for rental properties. The maximum grant amounts include the HomeMap Assessment, construction costs including project management.**

_____ Applicant has read, understands and agrees to the special grant conditions
Initials

Please explain what available improvement can meet your household's accessibility needs. Be as specific as possible and attach another page if necessary. Submit pictures of the area(s) to be improved so we can understand your needs.

Have you obtained any bids for the work identified above? If so, please provide copies.

Is there an emergency circumstance that threatens the ability of a household member to remain in the home? If so, please describe. Attach another page if necessary.

*****PLEASE NOTE WE CANNOT REIMBURSE FOR ITEMS ALREADY PURCHASED*****

Have you applied to any other agency for assistance in meeting these needs? If so, please provide the following contact information. Attach another page if necessary.

Agency Name	Contact Person	Phone

Referred by (please check all that apply):

- Print Advertisement Bus Advertisement Bank Government TV Realtor
 Staff/Board member Walk-In Friend Radio Newspaper Article

Walk Away Policy: The program administrator may exercise discretion, up to and including walking away from the project, in servicing clients when the scope of work exceeds the limitations set for this program or when other detrimental circumstances are associated with the project, location, or applicant. These circumstances may include, but are not limited to, the following.

- A. The program administrator may implement corrective actions including walking away when circumstances endanger workers or contractors.
- B. Remedial actions including walk-away may be engaged when encountering a hostile homeowner.
- C. Finally, measures may be taken, up to and including walking away, when criminal activities are encountered at or associated with the property, the applicant, or the applicant's household.

Applicant Certification

I certify that the above information is true and correct to the best of my knowledge and that all adult household members have completed the Authorization for Release of Information on Page 6.

Penalty for False or Fraudulent Statements: USC Title 18, Section 1001 provides that:
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(a) Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully—

(1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact;

(2) makes any materially false, fictitious, or fraudulent statement or representation; or

(3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry;

shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both. If the matter relates to an offense under chapter 109A, 109B, 110, or 117, or section 1591, then the term of imprisonment imposed under this section shall be not more than 8 years.

Reasonable Accommodation: If you or any person in your household needs additional accommodation because of a disability, please explain the accommodation needed on the “Reasonable Accommodation Request Form” provided by the sponsoring organization.

Signature of Head of Household

Date

Signature of Co-Applicant

Date

*****PLEASE NOTE WE CANNOT REIMBURSE FOR ITEMS ALREADY PURCHASED*****



How do I know if someone is a beneficiary of the Trust? Beneficiaries of The Trust include the following broad groups of individuals:

People with mental illness - Statutory definition [AS 47.30.056(d)]: Persons with the following mental disorders:

- Schizophrenia;
- Delusional (paranoid) disorder;
- Mood disorders; Anxiety disorders;
- Somatoform disorders;
- Organic mental disorders; Personality disorders; Dissociative disorders;
- Other psychotic or severe and persistent mental disorders manifested by behavioral changes and symptoms of comparable severity to those manifested by persons with mental disorders listed in this subsection; and
- Persons who have been diagnosed by a licensed psychologist, psychiatrist, or physician licensed to practice medicine in the state and, as a result of the diagnosis, have been determined to have a childhood disorder manifested by behaviors or symptoms suggesting risk of developing a mental disorder listed in this subsection.

People with developmental disabilities - Statutory definition [AS 47.30.056(e)]: People with the following neurological or mental disorders:

- Cerebral palsy; Epilepsy; Mental retardation; Autistic disorder;
- Severe organic brain impairment;
- Significant developmental delay during early childhood indicating risk of developing a disorder listed in this subsection;
- Other severe and persistent mental disorders manifested by behaviors and symptoms similar to those manifested by persons with disorders listed in this subsection.
- Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- Is manifested before the person attains age 22;
- Is likely to continue indefinitely;
- Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and
- Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

People with chronic alcoholism - *Statutory definition [AS 47.30.056(f)]*: People with the following disorders:

- Alcohol withdrawal delirium (delirium tremens);
- Alcohol hallucinosis; Alcohol amnesiac disorder;
- Dementia associated with alcoholism;
- Alcohol-induced organic mental disorder; Alcoholic depressive disorder;
- Other severe and persistent disorders associated with a history of prolonged or excessive drinking or episodes of drinking out of control and manifested by behavioral changes and symptoms similar to those manifested by persons with disorders listed in this subsection.

People with Alzheimer's disease and related dementia - *Statutory definition [AS 47.30.056(f)]*: People, who as a result of their senility, exhibit one or more of the following mental disorders:

- Primary degenerative dementia of the Alzheimer type;
- Multi-infarct dementia; Senile dementia; Pre-senile dementia;
- Other severe and persistent mental disorders manifested by behaviors and symptoms similar to those manifested by persons with disorders listed in this subsection.

For more information please see the following link: <http://www.mhtrust.org/index.cfm>

NeighborWorks® Alaska

2515 A Street
Anchorage, AK 99503
(907) 677-8490 Phone (907) 677-8450 Fax

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Authorization for Release of Information

Consent

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Anchorage Neighborhood Housing Services Inc. (ANHS) dba NeighborWorks Anchorage to complete and verify my application for assistance under the Home Modification Grant Program.

I understand and agree that this authorization or the information obtained with its use may be given to and used by ANHS dba NeighborWorks Anchorage, State of Alaska Department of Health and Social Services, Alaska Housing Finance Corporation, and the Alaska Mental Health Trust in administering and enforcing program rules and policies.

I understand that I will be required to sign a Promissory Note for a period of three years as a security agreement. Within the three year period, if the property is no longer occupied by a person with special needs relevant to the improvements made, all grant funds must be repaid to the State of Alaska, unless otherwise agreed to by both parties.

Information Covered

I understand that previous and current information regarding my household and me may be needed as it relates to this program. Groups of individuals that may be asked to release this type of information include but are not limited to:

Banks and other Financial Institutions	Medical and Psychiatric Personnel
Child Care Providers	Public Assistance Agencies
Child Support and Alimony Providers	Recording offices
Drug and Alcohol Treatment Personnel	Social Security Administration
Family and/or State-Appointed Guardians	Title Companies

Conditions

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file at ANHS dba NeighborWorks Anchorage. I understand I have a right to review my file and correct any information that is incorrect. If the modification can be made to help a minor child living in the parent or guardian's home, the parent or guardian would sign below.

Signatures Required

Applicant's Signature

Printed Name of Applicant

Social Security Number

Date

Adult Member's Signature

Printed Name of Adult Member

Social Security Number

Date

Adult Member's Signature

Printed Name of Adult Member

Social Security Number

Date



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Referral Form

Someone such as a physician, case manager, care provider or care coordinator, may complete this letter, it cannot be written by a household member.

Name of person applying for grant: _____

Name of person completing application: _____

Residence Address: _____

Physician/Referral Agency: _____

Phone _____ Fax _____

Please read, "How do I know if someone is a Beneficiary of the Trust" on Page 5 of the Home Modification Grant Program Application and indicate the eligible disability of the applicant below:

- 1) _____ Mentally Ill
2) _____ Developmentally Disabled
3) _____ Chronic Alcoholic with Psychoses
4) _____ Alzheimer's Disease or Related Disorders
5) _____ Disabled and/or Special Needs

The following proposed modification to the applicants property is directly related to that's persons disability. The home improvements are necessary to improve accessibility for the disabled person living in the household or to mitigate the person(s) functional limitations that result from their condition.

Proposed Modification: (Please Complete) _____

Signature

Referral Agency (if applicable)

Name (print or type)

Phone

Address

Date

rev. 07/17