



NMLS #1731415

Senior Access Program **Now Open for Applications!**

NeighborWorks® Alaska & Alaska Community Development Corporation (Alaska CDC) are pleased to announce our partnership to provide accessibility services to Alaska Seniors.

If you live in the **Municipality of Anchorage**, contact us
We have applications and are available to assist you.

NeighborWorks® Alaska (NMLS #1731415)
2515 A Street • Anchorage, AK 99503
(907) 677-8490 • Fax: (907) 677-8450

**If you live in one of the areas below,
complete the attached application and submit it to Alaska CDC.**

Kenai Peninsula Borough • Kodiak Island Borough
Mat-Su Borough • Valdez-Cordova Census Area
Tok area

Alaska CDC
1517 S. Industrial Way, #8 • Palmer, AK 99645
(907) 746-5680 • Fax: (907) 746-5681 • www.alaskacdc.org



Senior Housing Accessibility Modifications Checklist

The items listed below are **required** to process your application, please include these documents with your application:

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

- Warranty Deed or Mobile Home DMV Title (*Proof of Ownership*)
- Proof of Age (*Driver's License, I.D. Card, Birth Certificate*)
- A copy of your most recent 1 month bank statement (s)
- Referral Letter from Doctor or Care Provider certifying that the requested accessibility is directly related to the recipients needs
- If rental property, Landlord consent for repair is required
- If assisted living home, Assisted Living Home License
- Condo/Mobile Home Consent Form
- Other documentation necessary (conservatorship, POA, etc.)

If you file Income Tax Returns:

- *1 years of signed tax returns

*If you **DO NOT** file Income Tax Returns:*

- *1 years IRS Non-filing Status(From IRS Office)
- *1 years IRS Income & Wages Transcript (From IRS Office)
- *12 mth History of Income Received (Sen. Benefits, APA, etc.)

****Income documents are REQUIRED for each household member over the age of 18***

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



Alaska Community Development Corporation

Affordable Housing • Energy Conservation • Housing Rehabilitation • Weatherization

Senior Access Program Application Packet

July 2019

Alaska Community Development Corporation (Alaska CDC) is a private non-profit agency that has administered state- and federally-funded energy efficiency and housing programs in Alaska, since 1979. This application packet is for the Senior Access Program grant.

- **General information about the program is attached**, such as where we administer the program, the type of improvements available, and the *primary* eligibility guidelines. Other guidelines and restrictions may apply.
- **Please answer all questions on the attached application even if you don't think they apply to your situation.** This information helps us better understand the current condition of your home and accessibility improvement needs. In addition, the state funding source requires information from households in its program.
- **Signatures are required on pg. 4 of the application and on the attached Authorization for Release of information.**
- **Submit all requested proofs described in the application.**
- **Submit your application to Alaska CDC.**

Residents in the Municipality of Anchorage may choose to apply through our partner, but it is not required.

NeighborWorks® Alaska, 2515 A Street • Anchorage, AK 99503 • (907) 677-8490 •
Fax: (907) 677-8450 • info@nwalaska.org • NMLS #232595. They also have applications.

After you submit your application and proofs, more information may be needed from you. However, submitting an application is the first step toward receiving assistance.

Application processing takes about 30 days. You will be informed of your status for the program by mail. Your patience is appreciated.

Application Packet Contents: This cover letter, Senior Access Program flier (2-sided), the Application (4 pp.); Authorization for Release of Information (2 pp.); a Reasonable Accommodation Request form, and a postage-paid return envelope

If any part of this Application Packet is missing or to make sure you have the most current version, contact Alaska CDC at 907 746-5680 x 1 (Palmer), 800 478-8080 x 1, or www.alaskacdc.org. Residents in the Municipality of Anchorage, may choose to contact NeighborWorks® Alaska at (907) 677-8490 or info@nwalaska.org.



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 accdc@alaskacdc.org

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SENIOR HOUSING ACCESSIBILITY MODIFICATION PROGRAM “Senior Access”



Funded by Alaska Housing Finance Corporation (AHFC) Senior Citizen Housing Development Funds



We provide home rehabilitation grants without regard to race, color, religion, sex, national origin, handicap, or familial status.

- Alaska CDC serves the Kenai Peninsula, Kodiak Island, and Mat-Su Boroughs, Valdez-Cordova Census Area, Tok area, Fairbanks, and the Municipality of Anchorage. Grants are awarded on a first-come, first-served basis except when it is most cost-effective to blend funds from several sources or for an emergency per Program guidelines.
- This grant improves the accessibility of homes so that qualifying seniors (55 years and older) who experience disabilities may live safely at home as long as possible. Home repairs are not eligible. **Requested accessibility modifications must meet program guidelines** (e.g., ramps, grab bars, barrier-free showers, lighting improvements, stair lifts, etc.).
- Eligible housing units are **houses, cabins, condominiums, mobile homes, apartment dwellings, and small assisted living homes (five or fewer beds and licensed as required by the State).** There cannot be a Notice of Default, Notice of Sale, or student loan lien filed against the property.
- The home to be modified must be the **current, principal residence of the qualifying senior** and the qualifying senior must agree to live in the home up to three years after the work is completed.
- **Household income must meet current guidelines**, as explained in this flier. Required proofs are explained in the application. (For assisted living homes, call Alaska CDC to determine how to calculate income.) The household also must show that it does not have funds of its own or from other sources to complete the modifications. Applicants cannot be behind on paying Child Support.
- This program is **free to the senior and the legal owner(s) of the property.** No more than the amount necessary to complete required accessibility improvements will be awarded. Maximum grant awards are:
 - \$15,000 if the qualifying senior is the legal owner of the property.
 - \$15,000 if the home is privately owned and the qualifying senior is related to the legal owner of the property and the legal owner of the property resides in the home.
 - \$10,000 if the qualifying senior rents the property.
 - \$7,000 if the qualifying senior resides in a state-licensed assisted living facility (five or fewer beds).
- If the home is a rental or an assisted living home, the legal owner(s) of the property must authorize any work to be completed under the program.



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Income Guidelines

Households must meet the income guidelines under A or B below.

A. Household income is reviewed for the most recent 12 months before the application date.

A household automatically meets the income eligibility requirements if (1) an occupant receives Alaska Senior Benefits, APA/IA, ATAP/TANF, federally-funded Low-Income Home Energy Assistance, Food Stamps, subsidies from qualifying affordable housing programs (such as Section 8, Section 202, Section 811, Low-Income Housing Tax Credit, etc.) Supplemental Security Income (SSI) [Other forms of Social Security benefits are **NOT the same as SSI.]; or (2) a resident *currently is receiving services* under the Medicaid Waiver; or (3) the household qualifies for the Alaska Weatherization Assistance Program.**

B. Households that do not automatically meet the income eligibility guidelines per “A.” must undergo a full income review and meet the income limits below.

- **Household income is based on Adjusted Gross Income received by ALL residents for the most recent 12 months or the most recent calendar year.**
- **Household income does not include:** Alaska Permanent Fund Dividend; any assets drawn down as withdrawals from a bank; capital gains; Child Support; Combat Pay (Hostile Fire) and Military Family Allotments; dependent student income (i.e., earnings of full-time high school students or post-secondary students enrolled for at least 12 credit hours); dividends from a Native Corporation less than \$2,000/year per resident; Federal Economic Stimulus Payments; federal non-cash benefits such as Medicare, Medicaid, Food Stamps, school lunches, and housing assistance; food or housing received in lieu of wages, including the value of food and fuel produced and consumed on farms; gifts; loans; lump-sum inheritances; non-cash benefits such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits; one-time insurance payments or compensation for injury; one-time payments from a welfare agency to a family or person who is in temporary financial difficulty; one-time withdrawal from an investment account (You must certify it was a one-time withdrawal. It cannot be an annual one-time withdrawal); payment for foster children/adults or adoption subsidies; sale of assets such as property, house, or vehicle; scholarships for college or university; and tax refunds.

Senior Access Income Guidelines as of 7/9/2019

| AREA | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person |
|----------------------------|----------|----------|----------|----------|----------|----------|----------|
| Anchorage Municipality | 73,440 | 83,920 | 94,410 | 104,900 | 113,292 | 121,684 | 130,076 |
| Fairbanks | 65,940 | 75,360 | 84,780 | 94,200 | 101,736 | 109,272 | 116,808 |
| Kenai Peninsula Borough | 65,940 | 75,360 | 84,780 | 94,200 | 101,736 | 109,272 | 116,808 |
| Kodiak Island Borough | 68,950 | 78,800 | 88,650 | 98,500 | 106,380 | 114,260 | 122,140 |
| Matanuska-Susitna Borough | 65,940 | 75,360 | 84,780 | 94,200 | 101,736 | 109,272 | 116,808 |
| Valdez-Cordova Census Area | 74,340 | 84,960 | 95,580 | 106,200 | 114,696 | 123,192 | 131,688 |
| Tok | 65,940 | 75,360 | 84,780 | 94,200 | 101,736 | 109,272 | 116,808 |



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CONFIDENTIAL Senior Access Application

Designate an adult resident, who is available to answer questions, as the Head of Household.

HEAD OF HOUSEHOLD: _____ Single Married Other
 First Name Last Name (circle one)

Mailing Address _____ City _____ State _____ Zip Code _____

() _____ () _____ () _____
 Home Phone Work Phone Message Phone

Email Address _____ Best way and time(s) to contact you _____

Street Address (Number, Street Name, Apt. #, Mobile Home Park Name, Space #, etc.) _____ City _____

Legal Property Description (Lot, Block, Subdivision, Tract, Plat No. etc.) _____

- **Draw a map or write directions to your home.** If we can't find your home, we may not be able to help you. Attach another page if necessary.

List **ALL people living in the home**. Start with the Head of Household. **Note** an unborn child's due date. Attach another page if necessary.

| Name (Include last name, if different, and note if someone is a non-relative paid live-in aide) | Gender (circle) | Birth Date (mm/dd/yy) | Disability (circle) |
|--|--------------------|--------------------------|------------------------|
| | M F | | Y N |
| | M F | | Y N |
| | M F | | Y N |
| | M F | | Y N |
| | M F | | Y N |
| | M F | | Y N |

- ✓ **SUBMIT COPIES OF PROOF OF AGE FOR ANYONE 55 YEARS OR OLDER** (driver's license, tribe- or state-issued ID, birth certificate, etc.)
- ✓ **PROVIDE QUALIFIED REFERRALS** (health care professionals, government assistance agencies, VA, care coordinators, etc.) **who can verify each disability.** Attach another page if necessary.

| Contact Person (First & Last Name) | Business / Agency Name | Phone / Fax (include Area Code if not 907) |
|---------------------------------------|------------------------|---|
| _____ | _____ | _____ / _____ |
| _____ | _____ | _____ / _____ |

- ✓ **SUBMIT complete copies of Federal Tax Returns filed by ALL adults who were required to file for the previous calendar year and copies of ALL W2s, 1099s, etc. received by the household.**
- ✓ **An adult who is not required to file tax returns MUST SUBMIT copies of MOST RECENT check stubs, statements, profit/loss statements, or bank statements that show direct deposits of ALL INCOME RECEIVED TO DATE IN THE CURRENT YEAR, including but not limited to:**
 - ASSISTANCE such as: **APA/IA, ATAP, TANF, federally-funded Heating Assistance** (ask your funding source if the funds were state or federal, if you don't know), **Alaska Senior Benefits, affordable housing subsidies** (e.g., Section 8), **Medicaid Waiver, and/or, Supplemental Security Income (SSI not SSA or SSDI) received during the most recent 12 months** (not calendar year). **The proof must include the recipient's name and the most recent date the benefit was received/awarded.** You can give your caseworker permission to fax proof to Alaska CDC at 907 746-5681 (Palmer) or 800 478-1530. Residents of the Municipality of Anchorage should have their proofs faxed to NeighborWorks® Alaska at (907) 677-8450.
 - **OTHER INCOME** such as **wages; net self-employment and/or rental income** (You can request a form from us if you don't keep your own profit/loss statements.); **investment, dividend*, and/or interest earnings; Social Security** (SSA, SSDI, Survivor's Benefits, etc.), **VA, pensions, unemployment benefits, Workers Comp, and/or other types of income.**

* We do not count any PFDs or first \$2,000/year of Native Dividends received per person.

- ✓ **Answers to these questions are REQUIRED from ALL households for STATISTICAL PURPOSES.**
- **Write the total number of residents who received the PFD: _____.** If anyone did not receive the entire PFD, please explain why: _____
- **WRITE YOUR HOUSEHOLD'S COMBINED GROSS YEARLY INCOME.** Do NOT include PFDs. \$ _____

Structure Type: (Circle one.)

| | | |
|-------------|---------|---|
| Apartment | Duplex | Mobile home (must be at least 40' long), Serial #: _____ |
| Cabin | House | Multi-family building (3 or more units), Total units: _____ |
| Condominium | Modular | Other*: _____ |

* Some structures cannot be served, such as buses, recreational vehicles, fishing or pleasure boats, tents, yurts, and temporary residences. When more than 25% of a home is used for business, the home *might* not be eligible. Other restrictions may apply. If you're not sure your home qualifies, contact Alaska CDC.

- **Is this an Assisted Living Home?** Yes No **If yes, number of beds:** ____ **State-licensed?** Yes No
- **Did BIA, HUD, or a housing authority build the home?** Yes No Don't Know
- **How long has your household lived in this structure full-time?** _____
- **If you are buying the home, CIRCLE what you buying:** Structure only Structure and Land
- **Does your household rent the home? (Circle one.)** Rent or Lease Rent-to-Own or Lease-Purchase
- **Does your household pay rent?** Yes No **If yes, how much per month?** \$_____
- **If none of the residents' names is on the proof of ownership, please provide contact information for the owner(s) below.**

First and Last Name(s) of Owner(s)

| | | | |
|--------------------------|--------------------------|------------------------------|-------------------|
| _____ Mailing Address | _____ City | _____ State | _____ Zip Code |
| (____)_____ Day Phone | (____)_____ Fax Phone | (____)_____ Message Phone | |

- **If the home is in a mobile home park or condo association, please provide contact information for management below.**

First and Last Name of Contact

| | | | |
|--------------------------|--------------------------|------------------------------|-------------------|
| _____ Mailing Address | _____ City | _____ State | _____ Zip Code |
| (____)_____ Day Phone | (____)_____ Fax Phone | (____)_____ Message Phone | |

- ✓ **SUBMIT A COPY OF PROOF OF OWNERSHIP.** (Tenants, ask your landlord for this proof.)
 - If you own the land, submit an acceptable proof of ownership, such as a **City or Borough property tax assessment notice, recorded Warranty or QuitClaim Deed, patent, Life Estate, etc.**
 - For a mobile home (whether you own the land or not), submit an acceptable proof of ownership such as a **Mobile Home Vehicle Title or Bill of Sale.**
 - If you do not have an acceptable proof, contact Alaska CDC.
- **Please explain why your household cannot afford to improve the home:** _____

- **If your household has not applied for assistance from other sources, please explain why not:** _____

Applicants may be prioritized for assistance if it is most cost-effective to combine multiple funding sources.

- **Has your household applied for any loans or other assistance to meet your accessibility needs? Indicate below.** Attach another page if necessary.

| Agency Name | Status of Application (Approved, Denied, Pending) | Phone / Fax (include Area Code if not 907) |
|-------------|--|---|
| _____ | _____ | / |
| _____ | _____ | / |
| _____ | _____ | / |

- **Describe any improvements to the structure or the land funded by an assistance program in the past. Please also indicate what year the work was done.** Attach another page if necessary.

Please answer the questions below, even if you don't think they relate to your specific improvement request(s). For example, if you ask for an accessible bathroom, we need to know if the home has water and waste systems.

- **List accessibility modification needs** (for example: ramp, walk-in shower, grab bars, widen doors for wheelchair, etc.) **and write which resident(s) would benefit from them.** Attach another page if necessary.

- **Year built:** _____ (Write your best estimate, if you're not sure.)

- **Indicate the following:** (circle or write a response)

| | | | | | |
|----------------------------|------|--------------------------------|-------------|--------------|----------------------|
| Electricity source: | None | Generator | Utility | Other: _____ | |
| Water source: | None | Catchment System | Utility | Well | Other: _____ |
| Waste system: | None | Septic (type, if known: _____) | | Sewer | Other: _____ |
| Water Heater: | None | Electric | Natural Gas | Oil | Propane Other: _____ |

- **The HEAD OF HOUSEHOLD must read the program certification below and sign the application.**

_____ **HEAD OF HOUSEHOLD Signature** _____ **Date**

I/We certify that **(1)** the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et.seq. and liability for monetary damages to AHFC, their agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application; **(2)** I/We certify that the above-named property is my/our household's current primary, permanent residence; and **(3)** I/We further certify that my/our household does not have the resources to complete the accessibility improvement(s) requested from the Senior Access Program.

- **All adults also must sign the attached Authorization for Release of Information.**



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In partnership with:
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Authorization for Release of Information Page 1 of 2

Consent

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Alaska Community Development Corporation (Alaska CDC) or NeighborWorks® Alaska (NWAAlaska) any information needed to complete and verify my application for assistance under the Senior Access Program. I further authorize and direct Alaska CDC to release information to other entities for the purpose of determining my household's eligibility for Alaska CDC's programs and/or to assist my household with making application to other assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by Alaska CDC, NWAAlaska, the State of Alaska, and the Alaska Housing Finance Corporation (AHFC) in administering and enforcing program rules and policies.

Information Covered

I understand that previous and current information regarding me and my household may be needed. Verifications and inquiries that may be requested include but are not limited to assets (including real estate); property ownership and residency; employment and income; disability; past, current and future fuel and electricity use; and public assistance.

Resources

The groups or individuals that may be asked to release the above information to Alaska CDC or NWAAlaska who may require the above information from Alaska CDC or NWAAlaska to access their programs, include but are not limited to:

| | |
|--|---------------------------------------|
| Banks and other Financial Institutions | Public Assistance Agencies |
| Child Care Providers | Recording Offices and Title Companies |
| Child Support and Alimony Providers | Retirement Systems |
| Drug and Alcohol Treatment Personnel | Social Security Administration |
| Employers, Past and Present | State Unemployment Agencies |
| Family and/or State-Appointed Guardians | Utilities and Fuel Providers |
| Internal Revenue Service | Veterans Administration |
| Medical & Psychiatric Personnel and Care Providers | Workers Compensation Providers |

Computer Matching Notice and Consent

I understand and agree that AHFC, Alaska CDC, or NWAAlaska may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. AHFC, Alaska CDC, or NWAAlaska may in the course of



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Authorization for Release of Information Page 2 of 2

its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies, State welfare and food stamp agencies, and Social Security.

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 Alaska CDC or NWAAlaska. I understand I have a right to review my file and correct any information that is incorrect.

All Adult Residents Must Complete and Sign Below:

If any adult cannot sign below, contact Alaska CDC or NWAAlaska for instructions.

| | | | |
|----------------------------|--------------------------------|------------------------|------|
| Applicant's Signature | Printed Name of Applicant | Social Security Number | Date |
| Adult Resident's Signature | Printed Name of Adult Resident | Social Security Number | Date |
| Adult Resident's Signature | Printed Name of Adult Resident | Social Security Number | Date |
| Adult Resident's Signature | Printed Name of Adult Resident | Social Security Number | Date |

Applicant:

If you are applying to the Senior Access Program and cannot fill out the application due to a disability, you may complete and submit the form below to request reasonable accommodation to apply to this program. If you have specific *home accessibility improvement requests*, write them where indicated on **Page 4** of the attached application. **(Most applicants do not need to submit this form and discard it, which helps reduce return postage fees for the program.)**



Senior Access Program



Sponsoring Organization:

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Reasonable Accommodation Request Form

People with disabilities are entitled to reasonable accommodation. It is the applicant’s responsibility to prove the disability and to request reasonable accommodation. It is the sponsoring organization’s responsibility to grant accommodations that are reasonable. Reasonable is defined as not too expensive or difficult to arrange. If necessary, the sponsoring organization will help the requestor with comprehension and completion of the Reasonable Accommodation Request Form.

I or a person in my household has a disability that I believe requires reasonable accommodation.

1. The accommodation I request is:

2. You can verify the need for the accommodation requested by contacting:

Name _____ Phone _____

Agency _____

Address _____

Signature of Head of Household

Date

Applicant:

If you are applying to the Senior Access Program and cannot fill out the application due to a disability, you may complete and submit the form below to request reasonable accommodation to apply to this program. If you have specific *home accessibility improvement requests*, write them where indicated on **Page 4** of the attached application. **(Most applicants do not need to submit this form and discard it, which helps reduce return postage fees for the program.)**



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I or a person in my household has a disability that I believe requires reasonable accommodation.

1. The accommodation I request is:

2. You can verify the need for the accommodation requested by contacting:

Name _____ Phone _____

Agency _____

Address _____

Signature of Head of Household

Date

Senior Housing Accessibility Modification

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 _____

Referral Agency/Physician: _____

Phone _____ Fax _____

The following proposed modification to the applicant's property is directly related to the senior's needs. The home improvements are necessary to improve accessibility for the senior(s) living in the household and to allow current residents to remain safely at home for as long as possible.

Proposed Modification: (Please Complete)

Signature

Referral Agency (*if applicable*)

Name (print or type)

Phone

Address

Date





Senior Access Program

Sponsored by: Alaska Community Development Corporation
(907) 746-5680 • Fax: (907) 746-5681 1517 S. Industrial Way, #8, Palmer, AK 99645



Administered in Partnership with: NeighborWorks® Alaska
(907) 677-8490 • Fax: (907) 677-8450 2515 A Street • Anchorage, AK 99503

VERIFICATION OF ACCESS MODIFICATION ASSISTANCE

In order to coordinate services, the Senior Access Program asks that you report if you have received assistance or have applied to any of the following programs listed below in the *past two years*.

| Have you applied or received assistance from any of the following programs in the past two years for housing modifications? <i>Note: Applying or receiving assistance from other programs does not automatically exclude applicants from the Senior Access Program.</i> | | |
|--|--------------------------|---|
| Applied | Received Assistance | |
| <input type="checkbox"/> | <input type="checkbox"/> | Home Modification Program, NeighborWorks® Alaska Barb Worley, 2515 A Street, Anchorage, AK 99503 (907) 677-8490 |
| <input type="checkbox"/> | <input type="checkbox"/> | Home and Vehicle Modification or Home Improvement Program, ACCESS Alaska Serena Dowling, 121 West Fireweed Lane, Suite 105, Anchorage, AK 99503 (907) 248-4777 |
| <input type="checkbox"/> | <input type="checkbox"/> | Housing Accessibility Improvement Program Alaska Community Development Corporation 1517 S. Industrial Way #8, Palmer, AK 99645 907-746-5680 x 100 Outside of Mat-Su 800-478-8080 x 100 |
| <input type="checkbox"/> | <input type="checkbox"/> | Independent Living Center Sitka 747-6859 Soldotna 262-6333 Seward 224-8711 Haines 766-3297 Ketchikan (888) 452-7245 Juneau (800) 478-7245 Homer 235-7911 |
| <input type="checkbox"/> | <input type="checkbox"/> | NAHASDA Program through your local Housing Authority |
| <input type="checkbox"/> | <input type="checkbox"/> | Safe and Healthy Home Program, Cook Inlet Housing Authority 3510 Spenard Rd, Ste. 201, Anchorage, AK 99503 (907) 276-8822 |
| <input type="checkbox"/> | <input type="checkbox"/> | USDA Rural Development Mat-Su Valley 761-7786 Southeast 747-3506 Kenai Peninsula & Kodiak 283-8732 |
| <input type="checkbox"/> | <input type="checkbox"/> | Division of Vocation Rehabilitation 801 W. 10 th Street, Suite A, Juneau, AK 99801 (907) 465-2841 |
| <input type="checkbox"/> | <input type="checkbox"/> | CHOICE Medicaid Waiver 3601 C Street, Suite 310, Anchorage, AK 99503 (907) 269-3666 |
| <input type="checkbox"/> | <input type="checkbox"/> | Veterans Administration Loan Guarantee Program 1-800-827-1000 |
| <input type="checkbox"/> | <input type="checkbox"/> | Veterans Administration Home Improvement Structural Alterations Grant Nick Carlos, 2925 DeBarr Rd., Anchorage, AK 99508, (907) 257-4930 |

Signature of Applicant

Date

Senior Housing Accessibility Modification Household Needs Questionnaire

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

The purpose of this questionnaire is to determine and document your need for the Senior Access Program. In addition to answering the following questions, you may also be asked to provide additional documentation regarding your need for the program.

CONFIDENTIALITY:

Applicant's files, containing applicant documentation, and any other information concerning your application will be kept confidential. Only program staff and funding sources will have access to your application. No one will have access to your files unless you give prior written permission. You do not have to answer any question that you may not feel comfortable answering.

| | |
|--|--|
| APPLICANT'S Name: | |
| Caretaker Name and Relationship (if applicable): | |
| Physical Location: | |
| Date: | |

1. Applicant Location

Can you describe the geographic location of your home?

| | |
|---|--------------------------|
| A rural community (fewer than 2,500 people) | <input type="checkbox"/> |
| Small city or town that is not suburb of a larger city (2,500 to 50,000 people) | <input type="checkbox"/> |
| A medium sized city or suburb of large city (50,000 to 100,000 people) | <input type="checkbox"/> |
| A large city or suburb of large city (more than 100,000 people) | <input type="checkbox"/> |

2. Client Information

Do you:

| | |
|--|--------------------------|
| Live alone in a house or apartment | <input type="checkbox"/> |
| Live in a group environment with assistance (not a nursing home) | <input type="checkbox"/> |
| Other: _____ | <input type="checkbox"/> |

Please rate the following Major Life Activities you experience to the best of your knowledge. Feel free to provide additional information (1=not difficult, 2=some difficulty, 3=substantial difficulty):

| 1 | 2 | 3 | Caregiver assists (y/n) | Major Life Activity | Additional Information |
|---|---|---|-------------------------|--|------------------------|
| | | | | Eating | |
| | | | | Getting in and out of bed | |
| | | | | Getting around the house | |
| | | | | Dressing | |
| | | | | Bathing | |
| | | | | Using the bathroom | |
| | | | | Doing heavy housework | |
| | | | | Doing light housework | |
| | | | | Doing laundry | |
| | | | | Getting around outside | |
| | | | | Going places outside of walking distance | |
| | | | | Using the telephone | |
| | | | | Other: | |

Which of the following services do you and your caregiver (if applicable) currently use?

| | |
|---|--------------------------|
| Companion or friendly visitor | <input type="checkbox"/> |
| Supervision homemaker services | <input type="checkbox"/> |
| Chore services | <input type="checkbox"/> |
| Personal care services | <input type="checkbox"/> |
| Home health services | <input type="checkbox"/> |
| Adult day care center/adult day health | <input type="checkbox"/> |
| Respite in an adult nursing home, adult foster home, or someone else's home | <input type="checkbox"/> |
| Transportation services | <input type="checkbox"/> |
| Case management | <input type="checkbox"/> |
| Support groups | <input type="checkbox"/> |
| Caregiver training program | <input type="checkbox"/> |
| Counseling services | <input type="checkbox"/> |
| Group meals/home delivered meals | <input type="checkbox"/> |
| Other service(s) (please list): | <input type="checkbox"/> |

Which types of modifications do you want to have made to your home? Why?

| Modification | Requested | Explanation for why |
|---|--------------------------|---------------------|
| Stairway modification | <input type="checkbox"/> | |
| Ramp installation or modification | <input type="checkbox"/> | |
| Widening of doorways and hallways | <input type="checkbox"/> | |
| Bathroom | <input type="checkbox"/> | |
| Installation of permanent fixtures, appliances, or technological features | <input type="checkbox"/> | |
| Other modification(s) (please list): | <input type="checkbox"/> | |

3. Eligible senior or senior caregiver (if applicable) disclosure statement:

I declare that to the best of my knowledge and belief that all information provided in this document are correct and true concerning my eligibility for the Senior Access program. I understand that any material misstatement may result in denial of Senior Access program modifications.

Printed name of eligible senior or caretaker

Signature

Date

4. Grantee Recommendations (please check one of the following):

| | |
|---|--------------------------|
| I recommend based on this questionnaire that the qualifying senior become a recipient of the Senior Access program. | <input type="checkbox"/> |
| I recommend based on this questionnaire that the qualifying senior become a recipient of the Senior Access program and additional third party verification has been requested in order to support the findings of this questionnaire. | <input type="checkbox"/> |
| I recommend based on this questionnaire that this applicant not receive services under the Senior Access program because there is not sufficient documentation of need for the program. This senior has been offered the chance to appeal my determination by providing third party and other evidence of need. | <input type="checkbox"/> |

5. Signature of Grantee

Printed Name

Signature

Date



ALASKA



Client Information

Print Name: _____

Race:

- Alaskan Native
- American Indian
- Asian
- Native Hawaiian & Other Pacific Islander
- White
- Alaskan Native and White
- American Indian / and White
- Asian and White
- Black / African American and White
- American Indian / Alaskan Native and Black
- Other

Ethnicity:

- Hispanic
- Non-Hispanic

Gender: *(circle one)* **Male / Female / Other**

Primary Language: _____

Birth Country: _____

Marital Status: *(circle one)*

Single; Married; Divorced; Separated; Widowed

Education: _____ years

Active Military: Y N *(circle one)*

Date of Birth: _____

Privacy Policy

NeighborWorks® Alaska takes the privacy of its customers very seriously. We will only disclose the above demographic information to non-financial companies such as HUD (Housing and Urban Development) and Neighborhood Housing Services of America (NHTSA), but only for program review, auditing, research and oversight purposes.





ALASKA

Consent Form from the Condo Association Board for Senior Accessibility Program

I, _____, _____ of the
(Print Name) (Title)

Condo Board for _____
(Condominium Project Name)

located at _____ permit
(Address)

accessibility improvements to be constructed at the above mentioned address.

Signature

Date

** Please provide a letter from the management company or the president of the condo board approving this disability access improvement.





ALASKA

**CONSENT BY PROPERTY MANAGER /
OWNER for HOME REPAIR**

I, _____ owner / manager of the property
(home or trailer court) where the home of

_____ is located, will permit repairs at
(Name of Applicant)

(Address)

I also agree not to increase the rent for two years because of any increased value these repairs may have on this property, so long as the current tenant/ lot tenant complies with all ongoing obligations and responsibilities owed the property owner / manager. If I do increase the rent, it will be due to the fair market value of the home and will be applied to all tenants equally.

(Signature of Property Owner / Manager)

Date

(Signature of Lot Tenant / Applicant for Repaid)

Date

Phone # _____ Fax # _____





SENIOR HOUSING ACCESSIBILITY MODIFICATIONS:



SENIOR ACCESS PROGRAM

LANDLORD - TENANT AGREEMENT

PERMISSION TO ENTER PREMISES / RENTAL AGREEMENT

This **Landlord Tenant Agreement** (the "Agreement"), is made as of this ____ day of ____, 20____, by and between _____ (the "Tenant"), who reside(s) at _____ (the "Property") and _____ the "Owner" of the Property, and **Alaska Community Development Corporation** ("the Grantee"), having its principal offices 1517 S Industrial Way #8, Palmer, AK 99645

1. PURPOSE. The Grantee has applied for funds from the Alaska Housing Finance Corporation ("AHFC"), as administrator of the Senior Citizen Housing Development Fund according to the requirements in 15 AAC 154.100 and 15 AAC 151.950, and AHFC's rules for the Senior Housing Accessibility Modifications Program (Senior Access Program), all as may be amended and supplemented as needed. SCHDF funds are used, in part, to provide **grants** to senior households to make needed accessibility modifications to a qualifying senior's current principal residence.

2. REPRESENTATIONS AND WARRANTIES. The Owner, Grantee and Tenant have read and understand the Terms and Conditions identified below and agree to abide by such Terms and Conditions as part of this Agreement.

3. TERMS AND CONDITIONS.

(a) **PERMISSION TO ENTER.** Owner/Agent authorizes the Grantee or its contractor(s) to conduct related building inspections and assessments, repairs, and improvements related to the accessibility modifications included in the Scope of Work. Any materials installed under this Agreement shall remain as part of these premises.

(b) **AMOUNT OF GRANT.** The amount of materials and labor provided by the Senior Access Program Grantee will not exceed \$10,000 per rental unit.

(c) **SCOPE OF WORK.** An Addendum defining the Scope of Work to be accomplished on this building will be attached to this Agreement. The Grantee and the Owner agree that only accessibility modification work detailed Addendum, plus any written change orders as approved by the Grantee, is eligible under this project. The Tenant and Owner understand and agree that if the Tenant or Owner request a contractor to perform work not listed in the scope of work or on any approved change orders, the requester is solely responsible for the payment for such additional work.

(d) **INSPECTION.** The Grantee shall have the right to inspect the Property during reasonable hours throughout the course of this project. The Owner also authorizes the Grantee or AHFC to inspect the Property upon 24-hour notice and during normal working hours.

(e) **TENANT RENTS.** Commencing on the date the Owner and/or Tenant signs that work is complete and continuing for a period of 24 months, Owner agrees not to increase rents on units benefiting from the modifications. If a lease in effect expires prior to the end of the 24-month period, a new lease may be signed, but rents will remain at the previous level until the expiration of the 24-month period, unless demonstrably related to matters other than accessibility modification. Demonstrably related to matters other than accessibility modification work performed is defined as an increase in excess of 25% per year in (1) Fair Market Value of rental units, (2) property taxes, or (3) the rate of utilities paid by Owner. Any increases should be split equally between all units in the building. This Agreement applies to present tenants and any subsequent tenants for the 24-month period. If a tenant feels they have had rents increased contrary to the provisions of this Agreement, or feels they have received an eviction notice without cause, they may contact Alaska Legal Services or the Grantee.

(f) **TENANT TENURE.** Owner also agrees not to terminate or evict any covered tenants or any subsequent tenants, commencing on the date the Owner and/or tenant signs that work is complete and continuing for a period of 24 months. This provision is in effect provided the tenant complies with all obligations owed to the

Owner in accordance with any leases or rental agreements between the Owner and tenants. This Agreement applies to present tenants and any subsequent tenants for the 24-month period.

- (g) **LANDLORD TENANT LAW.** In addition to the provisions outlined above, all provisions of the Alaska Uniform Landlord and Tenant Act (AS 34.03.010-380) apply to the Owner and tenants who are parties to this Agreement.
- (h) **INDEMNIFICATION.** The Owner shall indemnify, hold harmless and defend Alaska Housing Finance Corporation, the State, the Grantee, their officers, agents, and employees from all liability, including costs and expenses, for all actions or claims resulting from injuries or damages by any person or property arising directly or indirectly as a result of any error, omission or negligent act of the Grantee, its contractors or anyone directly or indirectly employed by the Grantee in the completion of the project or the performance of this Agreement.
- (i) **VIOLATION OF AGREEMENT.** Upon violation of any of the provisions of this Agreement by the Owner, the Grantee shall give written notice thereof to the Owner, as provided below in NOTICES. If such violation is not corrected to the satisfaction of the Grantee within thirty (30) days after the date such notice is given, or within such further time as the Grantee in its sole discretion permits, the Grantee may declare a default under this Agreement, effective on the date of such declaration of default and notice thereof to the Owner, and upon such default the Grantee may: (1) terminate this Agreement; (2) exercise such other rights or remedies as may be available to the Grantee, at law or in equity.

Either party to this Agreement may bring an action for specific performance of its terms. Tenants residing in dwelling units covered by this Agreement are intended third-party beneficiaries of any of the provisions of the Agreement related to rental increases, evictions, and terminations of tenancies.

- (j) **AMENDMENT.** This Agreement shall not be altered or amended except in writing signed by the parties hereto.
- (k) **NOTICE.** Any notice, demand, request or other communication that any party may desire or may be required to give to any other party hereunder shall be given in writing, at the addresses set forth above, by any of the following means: (1) personal service; (2) electronic communication, whether by telegram or telecopier, together with confirmation of receipt; (3) overnight courier; or (4) registered or certified United States mail, postage prepaid, return receipt requested. Such addresses may be changed by notice to the other party given in the same manner as herein provided. Any notice, demand, request or other communication sent pursuant to either subsection constitute one and the same agreement.
- (l) **SALE OR TRANSFER OF PROPERTY OR CHANGE IN TENANT.** This Agreement shall run with the land and/or modified unit in the case of sale or transfer to other owner/agents. The Owner is responsible to give official notice of this Agreement to any subsequent owners.
- (m) **CHANGE IN TENANTS.** This Agreement applies to present tenants and any subsequent tenants for the 24-month period, and the Owner agrees to provide subsequent tenants with a copy of this Agreement.

[Tenant must fill out and sign below]

The Tenant represents and warrants as follows:

TENANT Certification

I, _____, certify my permanent residence is a dwelling unit located at:
Name (Please print.)

Residence or Physical Address

City

State

I further certify that I am a Senior Household, in need of the accessibility modifications covered under this Agreement, and do not have nor do I know of other resources that could fund these modifications. I have read and understand the terms of this Agreement.

Signature

Date

[Owner must fill out and sign below]

The Owner represents and warrants as follows:

OWNER / AUTHORIZED AGENT Certification

I, _____, certify that I am the Owner/authorized agent, herein
Name (Please print.)

referred to as "Owner" for the Property located at:

Residence or Physical Address _____ City _____ State _____

The Property is presently rented to the following Tenant(s) who will benefit from the accessibility modifications, herein referred to as "Tenant": _____ for \$_____ rent per month year (check one).

I have read and agree to the terms of this Agreement.

Signature of Owner / Authorized Agent * _____ Date _____

Mailing Address _____ City _____ State _____ Zip _____

Phone No.: _____ Fax No.: _____ Msg. No: _____

AGENTS: INCLUDE A COPY OF YOUR AGENT AGREEMENT WITH THE OWNER AND PROOF OF OWNERSHIP.

FOR OFFICE USE ONLY [Grantee must sign below]

The Grantee represents and warrants as follows:

SENIOR ACCESS PROGRAM GRANTEE AUTHORIZED AGENT Certification

I have read and agree to the terms of this Agreement.

Signature of Senior Access Program Grantees Authorized Agent _____ Date _____

[Grantee Name], [Grantee Address]
[Grantee Telephone]/ [Grantee Fax]