WEATHERIZATION ASSISTANCE APPLICANT CHECKLIST

Complete each page of this application packet as directed. Be sure that all adults (age 18 or older) in your household sign where instructed. If you own your home, and it is not a home from NPRHA, you need to provide proof of ownership. If you rent from a landlord, you will be given a tenant form to sign.

Return the packet to the NPRHA office in your village or to Brenda at the Anchorage office (8300 King Street, Anchorage, AK 99518) as soon as possible. Your application will be date and time stamped when received. Thank you for applying for assistance through the AHFC funded Weatherization program.

- 1. Federal Privacy Act Information (keep this for your records)
- 2. Weatherization Assistance (WA) Application (2 pages)
- 3. WAP Fuel Information Form (NPRHA staff will complete the section labeled **Release** to the Fuel Supplier)
- 4. WAP Authorization for Release of Information (IMPORTANT: <u>ALL</u> adults (18 years or older) MUST sign this form)
- 5. Request for Transcript of Tax Return, Form 4506-T (You may submit a copy of your 2007 tax return instead of this form!)

Remember, complete and return your application as soon as possible. Failure to sign or complete a form will delay your determination of eligibility. Any Housing Authority employee can answer your questions or assist you if needed.

FEDERAL PRIVACY ACT INFORMATION FOR APPLICANTS WEATHERIZATION ASSISTANCE PROGRAM

ALASKA HOUSING FINANCE CORPORATION, AFFORDABLE HOUSING AND ENERGY EFFICIENCY DEPARTMENT

Privacy Act Provisions

Under section 3(e)(3) of the Privacy Act 1974, (5 USC 552a(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.

Program Authority

The specific authority for the maintenance of weatherization client information is sections 416 and 417 of the Energy Conservation and Production Act, Pub. L. 94-385. These sections direct the U.S. Department of Energy (DOE), which is a sponsor of this program, to monitor the effectiveness of this program and to require a weatherization agency implementing this program to keep records for DOE monitoring.

Alaska Housing Finance Corporation is the recipient of weatherization funds from both DOE and the State of Alaska Department 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.

Voluntary disclosure

Your responses to the request for information on the Weatherization Assistance Application, Authorization for Release of Information form, and Fuel Information form are entirely voluntary.

Principal purpose of information

The information will be used by the local weatherization agency to implement the weatherization program. It will be used by the DOE and Alaska Housing Finance Corporation to monitor the effectiveness of this program.

Routine uses

The information which you provide may be used in monitoring, evaluating, and planning housing programs. In addition, the information may be used in investigative, enforcement or prosecutorial proceedings. Your application information is kept confidential.

Effects of not providing information

Should you decline to provide the information requested on the Application and forms, your dwelling cannot be considered for weatherization assistance.

Page 1

Weatherization Assistance Application						Client No.	
Applicant Name						Phone Number Home Work/Msg	
Site Address		Street			City	State	Zip
Mailing Addres	S						
Directions to H	ome						
Type of Reside	ence [Owner Occ	upied		Rental Unit Mobile Home:	Serial #	
(Circle appropriate)		☐ Single F			☐ Multiple Family (Apartment)	☐ Subsidized H	lousing
Rental Unit					, , , , , ,		
Complete	Ī	Ov	vner N	Name		Phone	
Landlord-Tenant				dress			
Agreement	Heat	paid by:)wner			
Total Number					curity numbers, sex and age for all men	nbers of the	
in Household					eceived by each member 16 or older w		student
Name and	•	110000110101	100 11.10	1	seemed by each member to at elact in		of Income
Social Security	Numb	er	Sex	Age	Source of Income	Calculations	Annual Total
Coolai Cocarry	TTGTTID	<u> </u>	OOX	rigo	Course of meeting	Calculations	7 tilliaar Total
Nama			М				
Name			I IVI				
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Name			М				
SSN			F			Ī	
			-	-		Total Income	
Office Use Only							
Income Guideline	es for a	Household of			Members: \$	□Docum	nentation Attached
Categorical Eligil	bility	SSI Red	ipient		LIHEAP Recipient		
On the basis of t	he ahov	e information	Hous	ehold	IS IS NOT Eligible for Assis	stance	
Intake Worker's			. 3 0				/X APP PG 1
michica violitoro	- griatul					Dal t	// ALL EG I

Page	2

Weatherization Assistance Application

Weatherization Assistan	cc Application				
Number in household who are:	55 years of age or older		Native American	Disabled	
Applicant Affirmation				<u> </u>	
I subscribe and affirm, under	the penalties of	or mort	gage will be held on th	ne property,	
law, that the statements made			alse or inaccurate info		
tion for weatherization assista		provide	d to make me eligible	for this assistance.	
statements made in any acco	mpanying pa-	•	t be held liable for any		
pers) have been examined by			ng on my property which		
best of my knowledge and be			ligence or malfeasanc		
correct. Prior to any weather	ization work, I	have gi	ven my permission to	allow work and	
agree to notify the agency of			ing of work on the pro		
the information in this applica	tion. I under-	application. I understand that it is the dwelling			
stand that by signing this app	lication, I con-	occupa	nt and/or owner's resp	ponsibility to dis-	
sent to any other inquiry to ve	erify or confirm	cover a	nd correct unsafe or o	ut-of-compliance	
the information I have given.	•	conditio	ns which exist apart fr	rom the weatheriza-	
_		tion wo	k.		
I certify that no household me	ember has received an				
AHFC Home Energy Rebate	after May 1, 2008.	I under	stand that this applicat	tion for weatheriza-	
		tion ass	istance does not guar	antee that assis-	
I certify that no household me	ember holds a	tance w	rill be granted but will b	oe used in determin-	
Temporary Resident Status gr	ranted under	ing eligi	bility for the program.	Whether or not an	
the Immigration and National	ity Act as	eligible	applicant will be provi	ded assistance will	
amended under the Immigrat	ion and Control	depend	in part upon the numb	oer of applications	
Act of 1986 (Public Law 99-6	03).	received, the funds available and the priorities to			
		be met	by the program.		
This assistance has no affect	upon my social				
security, public assistance or	any other in-	I have r	ead and understand th	ne provisions of the	
come I have. The weatherization work done			Privacy Information A	ct.	
will not obligate me financially	/ and no lien				
Applicant's					
Signature X			Da	te	
0.g			D u		
Applicant's					
Representative X			Da	te	
Relation	nship		·		
Homeowner Certification					
(If applicant is renter, agency must use Permission To Enter Premises form and may require Landlord-Tenant Agreement)					
I / We,, certify that I			am / are the ow	ner(s) of the	
property at					
(print address)					
Owner's					
Signature			Da	te	
Office use only					
Ownership verified by:	Examination of deed	List inco	ome documentation ve	erified:	
The state of the s	Tax Assessment		accamonation ve		
	Other:				
Agency Signature		Date			

Confidential

Return application to:

Fuel Information Form	gram 		Client No.
Type of primary heating system	□ Oil	☐ Natural Gas ☐ Propane	☐ Electric
Type of domestic water heater	□ Oil	☐ Natural Gas ☐ Propane	☐ Electric
Is there an alternative supplement			es, percent of time used%
Last time heating system serviced	d: :b	Estimate	d Annual Fuel Use: gal.
Name and address of servicer:		_	cords
Is this a business? ☐ Yes ☐ No	o		
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	
To. Liectric otimity		Mailing Address	
City		AK Zip Code	Account No.
I hereby authorize you to release agency. I agree that a photocopy			
I understand that this information and no information obtained throu dwelling or occupants can be iden	igh this relea		•
Fuel Customer Name		Street Address/Mailing Ad	ddress
City		State	Zip Code
Signature X			Date
If possible, attach copies of fuel cons	umption recor	rds (that show quantities	

AUTHORIZATION for Release of Information

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **North Pacific Rim Housing Authority** any information needed to complete and verify my application for assistance under the Low-Income Weatherization Assistance Program (WAP). I understand and agree that this authorization or the information obtained with its use may be given to and used by 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 family unit may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Employment and Income Public Assistance payments

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include but are not limited to:

Banks and other Financial Institutions Medical and Child Care Providers Past and Present Employers Retirement Systems Social Security Administration State Unemployment Agencies Support and Alimony Providers Veterans Administration Welfare Agencies

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that AHFC or **North Pacific Rim Housing Authority** 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 or the Weatherization agency may in the course of 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 the Social Security Administration.

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 with **North Pacific Rim Housing Authority**. I understand I have a right to review my file and correct any information that is incorrect.

SIGNATURES (All adult residents must sign. Please request another copy if necessary.)

X	
X Applicant Signature	Date
Applicant Printed Name	SSN#
X	
X Adult Household Member Signature	Date
Adult Household Member Printed Name	SSN#
Adult Household Member Signature	Date
Adult Household Member Printed Name	SSN#
X Adult Household Member Signature	Date
Adult Household Member Printed Name	
X Adult Household Member Signature	Date
Adult Household Member Printed Name	SSN#
X Adult Household Member Signature	Date
Adult Household Member Printed Name Reason(s) for missing signatures:	SSN#

Form 4506-T (Rev. 1-2008) Page **2**

Mail or fax to the

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

Note. You can also call 1-800-829-1040 to request a transcript or get more information.

Chart for individual transcripts (Form 1040 series and Form W-2)

and Form W-2)	
If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York,	RAIVS Team Stop 679 Andover, MA 05501
Vermont	978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O.	RAIVS Team Stop 6716 AUSC Austin, TX 73301
address	512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington,	RAIVS Team Stop 37106 Fresno, CA 93888
Wisconsin, Wyoming	559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania,	RAIVS Team Stop 6705–B41 Kansas City, MO 64999
West Virginia	816-292-6102

Chart for all other transcripts

If you lived in or

RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

859-669-3592

Virginia, Wisconsin

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

Form **4506-T**

(Rev. January 2008)

Department of the Treasury Internal Revenue Service

Request for Transcript of Tax Return

▶ Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.

► Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

OMB No. 1545-1872

1a Name shown on tax return. If a joint return, enter the name shown first. 1b First social security number on tax return or employer identification number (see instructions) 2a If a joint return, enter spouse's name shown on tax return 2b Second social security number if joint tax return 3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code 4 Previous address shown on the last return filed if different from line 3 5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information. 6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tom number per request. 6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tom number per request. 6 Transcript, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: From 1040 series, From 1050, From 1120, From 1120H, From 1120H, and From 1120H,		Use Form 4506-T to order a transcript or other return information free of charge. It a transcript. If you need a copy of your return, use Form 4506, Request for Copy						
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code 4 Previous address shown on the last return filed if different from line 3 5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information. 6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one to form number per request. * 7 Transcript in the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Raturn transcripts are valiable for the current year and returns processed during the prior 3 processing years. Most requests be account. Transcripts are valiable for the current year and returns processed during the prior 3 processing years. Most requests be account. Transcripts and subtable for the current year and returns processed during the prior 3 processing year. Most requests be account. Transcripts are valiable for the current year and returns processed during the prior 3 processing year. Most requests be account, panalty assessments, and adjustments made by you or the IRS after the return was flied. Return information is limited to items such as tax isability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 3 calender days. 7 Verification of Nonfilling, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 aciender days. 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5488 series transcript. The IRS can provide a transcript that includes data from these information returns. Site or local information is not included with the Form W-2 or form 1098 flied with your return, you must use Form 4506 and request a copy o	1a	Name shown on tax return. If a joint return, enter the name shown first.						
Title (filler 1a above is a corporation, partnership, estate, or fuse) If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information. Caution: DO NOT SIGN this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank. Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one to form number per request. Parturn Transcript, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series. Form 1080, Form 1120, Form 11204, F	2a	If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return					
Transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information. Caution: DO NOT SIGN this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank. Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one torm number per request. Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one torm number per request. The following returns: Form 1040 series, Form 1085, Form 1120, Form 1120A, Form 1120H, Form 1120L,	3	Current name, address (including apt., room, or suite no.), city, state, and	ZIP code					
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6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one to form number per request. 2 Return Transcript, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 businesse days b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days. c Record of Account, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days. 7 Verification of Nonfilling, which is proof from the IRS that you did not file a return for the year. Most requests will be processed within 10 business days. 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the tour transcript that includes with the Form W-2 information for put to 10 years. Information for the turnet year is generally not available until the year it is filed with the IRS. For example, W-2 information for 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you sh	Caut	ion: DO NOT SIGN this form if a third party requires you to complete Form	4506-T, and lines 6 and 9 are blank.					
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Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the taxinformation requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority execute Form 4506-T on behalf of the taxpayer. Telephone number of taxpayer on line 1a or 2a ()	9	years or periods, you must attach another Form 4506-T. For requests rela						
information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority execute Form 4506-T on behalf of the taxpayer. Telephone number of taxpayer on line 1a or 2a () Signature (see instructions) Date Title (if line 1a above is a corporation, partnership, estate, or trust)								
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