



Alaska Housing Finance Corporation
Weatherization Assistance Program



Application Review

Program Year: _____ **Client #:** _____

Client Name: _____

Street Address: _____

Legal Description: _____

City: _____ **Map on File:** _____

Eligible Dwelling Type: Yes No **Year Built:** _____

Owner-Occupied: Yes No **If Rental, Client Given Copy of Signed LTA:** Yes n/a

Leased Space: Yes No **If Privately-Owned, Proof of Ownership:** Yes n/a

Total Gross Income: \$ _____ **Income Verified through: (mo/yr)** _____

Income Eligibility Based on:

APA/IA:	Yes n/a	Annual Housing Recertification:	Yes n/a
ATAP/TANF:	Yes n/a	Tax Return(s) / YTD Income:	Yes n/a
Food Stamps:	Yes n/a	SeniorCare:	Yes n/a
LIHEAP:	Yes n/a	SSI:	Yes n/a
		Affordable Housing Subsidy:	Yes n/a

Proof of Age: Yes n/a **Prior Weatherized:** Yes No

Proof of Disability: Yes n/a

Proof of Emergency: Yes n/a

Date Approved: _____ **Date Denied:** _____

Signature of Authorized Representative

Date

Printed Name

Title