



RurAL CAP
Rural Alaska Community Action Program, Inc.

Mobile Home Repair Program

Municipality of Anchorage Application

2020* Income Limit for Family Size of

	1	2	3	4	5	6	7	8
Municipality of Anchorage	\$54,950	\$62,800	\$70,650	\$78,500	\$84,800	\$91,100	\$97,350	\$103,650

*****No Construction activities can be conducted to the home while participating in this FREE program.**

****Property must pass HUD environmental review; no trash, junk, or unregistered vehicles present during project**

*** DMV title is required to prove ownership.**

SERVICE AREA- Municipality of Anchorage, AK.

WHO: The Mobile Home Repair Program (MHRP) will assist low-income families who own and occupy a mobile home, in need of minor repairs.

WHAT: This assistance is in the form of a one-time grant and may be used for items that threaten the health or safety of the household, to increase energy efficiency, or to increase accessibility. Types of repairs that may be completed using this program include, but are not limited to, EPDM roof covering, heating system replacement, hot water tank replacement, and mobile home leveling and skirting. All activities shall be performed in compliance with the regulations listed at 24 CFR 570 – Community Development Block Grants.

COSTS? There is **NO COST** for you to participate in the program, however the total household income may not exceed United States Department of Housing and Urban Development's (HUD) established low- and moderate-income limits, set at 80% of Anchorage's median income and according to family size.

PRIORITY STATUS Properties that exhibit conditions which are considered emergency in nature. (Examples may include a property in which a heating system failure during winter months, or other issues that constitute a severe and immediate threat to the health and safety of the occupants). Owner-occupants of mobile homes that have been forced to relocate due to closure or redevelopment of the mobile-home park. This preference contains a limited scope where the eligible activities consist of hook-up of electric, gas, sewer, and water; skirting, trailer leveling and tie-down. Mobile home relocation assistance counts as the applicant's one-time grant.

Thank you,
RurAL CAP Home Improvement Workgroup
731 E. 8th Avenue
Anchorage, AK 99501
Phone: 907-279-2511
Toll Free #1-800-478-7227
Fax: 907-865-7294

*Income guidelines are subject to change on an annual basis.





Mobile Home Repair Program

Confidential

What type of repair(s) are you requesting? EPDM roof covering heating system replacement
 mobile home leveling and skirting hot water tank replacement other

Office Use only: Approved: _____ Denied _____ Date: _____

Rural Alaska Community Action Program (Rural CAP) MHRP Application

First Name _____	M.I. _____	Last Name _____	Suffix _____
SSN _____-_____-_____	Date of Birth _____/_____/_____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
What is your age? _____		Primary language? _____	Secondary Language _____
Physical Address _____		Mailing Address _____	
City _____		City _____	
State _____		State _____	
Zip _____		Zip _____	
Primary Phone _____		Secondary Phone _____	
E-mail _____			

Ethnicity: Non-Hispanic Hispanic/Latino

Disabled Yes No

Health Insurance Yes No

Veteran Yes No

Marital Status

<input type="checkbox"/> Married
<input type="checkbox"/> Single
<input type="checkbox"/> Widowed
<input type="checkbox"/> Divorced
<input type="checkbox"/> Separated
<input type="checkbox"/> Partner

Race

<input type="checkbox"/> White
<input type="checkbox"/> Black or African America
<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> Other
<input type="checkbox"/> Multi-Race (any two of the above)

How did you hear about us? _____

Total # of people in household: _____

Family Type

<input type="checkbox"/> Two parent household (<i>living with children</i>)
<input type="checkbox"/> Single person (<i>living alone</i>)
<input type="checkbox"/> Single parent female (<i>living with children</i>)
<input type="checkbox"/> Single parent male (<i>living with children</i>)
<input type="checkbox"/> Two adults (<i>no children</i>)
<input type="checkbox"/> Other

All Household Income Sources

<input type="checkbox"/> TANF
<input type="checkbox"/> Social Security
<input type="checkbox"/> SSI-Supplemental Security Insurance
<input type="checkbox"/> Pension
<input type="checkbox"/> General Assistance
<input type="checkbox"/> Unemployment Insurance
<input type="checkbox"/> Employment + Other source
<input type="checkbox"/> Employment only
<input type="checkbox"/> Alimony / child support
<input type="checkbox"/> Educational Assistance
<input type="checkbox"/> Other

Education

<input type="checkbox"/> 0-8
<input type="checkbox"/> 9-12/Non-graduate
<input type="checkbox"/> High school Graduate/GED
<input type="checkbox"/> Some college
<input type="checkbox"/> Certificate/Trade
<input type="checkbox"/> 2 or 4 year college graduate
<input type="checkbox"/> Post graduate

Housing

<input type="checkbox"/> Own
<input type="checkbox"/> Rent (Unsubsidized)
<input type="checkbox"/> Rent (Subsidized - HUD, Section 8, etc.)
<input type="checkbox"/> Homeless
<input type="checkbox"/> Other

Total annual household income (including all Permanent Fund Dividends)
\$ _____



Other Household Members (Please list anybody that lives at the same address)

Name (First M.I. Last)	SSN XXX-XX-XXXX	Date of Birth & Age MM/DD/YYYY	Gender M/F	Education Level Please indicate by letter A. 0-8 B. 9-12/non-graduate C. High School Graduate/GED D. Some post-secondary E. 2 or 4 year college graduate	Ethnicity Please indicate by number 1. Non-Hispanic 2. Hispanic/Latino	Race Please indicate by letter A. White B. Black/African American C. Native American/Native Alaskan D. Asian E. Native Hawaiian/Pacific Islander F. Other G. More than one	Characteristics Please indicate by checking the appropriate box. 1. Disabled 2. Health Insurance 3. Veteran Yes No	
		DOB: Age:					1. <input type="checkbox"/>	<input type="checkbox"/>
		DOB: Age:					1. <input type="checkbox"/>	<input type="checkbox"/>
		DOB: Age:					1. <input type="checkbox"/>	<input type="checkbox"/>
		DOB: Age:					1. <input type="checkbox"/>	<input type="checkbox"/>
		DOB: Age:					1. <input type="checkbox"/>	<input type="checkbox"/>
		DOB: Age:					1. <input type="checkbox"/>	<input type="checkbox"/>
		DOB: Age:					1. <input type="checkbox"/>	<input type="checkbox"/>
		DOB: Age:					1. <input type="checkbox"/>	<input type="checkbox"/>
		DOB: Age:					1. <input type="checkbox"/>	<input type="checkbox"/>

Please list any additional household members on extra pages.

Rev. 01/08/14

Income Verification Worksheet

CONFIDENTIAL

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> ATAP / TANF | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Senior Benefits | <input type="checkbox"/> APA/IA |
| <input type="checkbox"/> LIHEAP (Heating Assistance) | <input type="checkbox"/> Section 8, Section 202, Section 811 Housing | <input type="checkbox"/> Low-Income Housing Tax Credit | <input type="checkbox"/> SSI – Supplemental Security Insurance |

Household Members	Received Alaska PFD? If no, please list why- garnished, not eligible, didn't apply	Full Time Student?	Source of Income <small>*Include start & end dates with any employment or other income from the last 12 months. If no income, please indicate NO INCOME.</small>	Office Use Only	
				Amount of income	
				Calculations	Annual Total
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
				Total Income	

Please list any additional household members or income on extra pages.

Program Restrictions Is your mobile home up for sale or in foreclosure? Yes No

Do you own any other residential property or land? Yes No **If yes, please describe.** _____
 Do you receive rental income from this property? Yes No

Have you or the mobile home ever been a Mobile Home Repair Program recipient or other HUD-funded rehabilitation project recipient? Yes No

Do you, along with your household members have more than \$10,000 in liquid assets? Yes No
 (Liquid assets include monies in checking and savings accounts, certificates of deposit, trust accounts, notes receivable etc.... Liquid assets do **NOT** include retirement accounts, personal & household goods, vehicles, college loans/grants etc....)

If yes, please describe. _____

Mobile Home Repair Program Non-Employment Statement

If you have not worked since before December 31, 201_, please sign below.

Printed Name _____

Signature _____

Date _____

If you have worked since December 31, 201_, please complete the following:

Are you currently receiving unemployment benefits?

_____ Yes If yes - submit a benefit history printout from the unemployment office.

_____ No Benefits ran out on _____.

_____ No Not eligible because ...
_____ Did not work long enough to accrue benefits

_____ Did not apply for benefits

_____ Other (please describe)

Printed Name _____

Signature _____

Date _____





Rural Alaska Community Action Program, Inc.

731 East 8th Avenue
Anchorage, AK 99501

Phone: 279-2511 Fax: 865-7294

RurAL CAP
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**Mobile Home Repair Program
Certification of Non-Filing of IRS Tax Returns**

I, _____ do hereby certify that during the years of _____ and _____ that I have not filed Federal Income Tax Returns, and my income was below the required level to file Federal Income Tax Returns.

This grant requires that household incomes do not exceed 80% of the U.S. Department of Housing and Urban Development's established income limits according to family size. These income limits are adjusted on an annual basis. Listed below are HUD's 2019 income limits:

Family Size:	1	2	3	4
Maximum Income:	\$52,850	\$60,400	\$67,950	\$75,500
Family Size:	5	6	7	8
Maximum income:	\$81,550	\$87,600	\$93,650	\$99,700

Certification:

I certify that the household income for this application does not exceed the above income limits. I have read the above information and certify this information as true and correct.

Penalty for False or Fraudulent Statements: USC Title 18, Section 1001 provides that:

“Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or documents knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years, or both.”

Signature

Date

I hereby declare that the information provided in this application is accurate and complete to the best of my knowledge and belief, and is submitted for the purpose of obtaining housing rehabilitation assistance with RurAL CAP.

Authorization or Release of Information- I authorize and direct any Federal, State or Local Agency, organization, business, or individual to release to RurAL CAP any information needed to complete and verify my application for assistance under the Mobile Home Repair Program. I understand and agree that this authorization or the information obtained with its use may be given to and used by RurAL CAP in administering and enforcing program rules and policies. **Groups or Individuals That May Be Asked** can include, but is not limited to: Banks and Other Financial Institutions, Past and present Employers, Retirement Systems, Social Security Administration, State Unemployment Agencies, Veterans Administration, Public Assistance Offices, Property Managers, Native Corporations – dividend payouts.

I understand and agree that photographs of myself, household members and home may be used to promote the Mobile Home program.

PENALTY FOR FALSE OR FRAUDULENT STATEMENTS: USC TITLE 18, SECTION 1001 provides that:

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or documents knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) year or both.

Signatures: All persons 18 years and older residing in the household must sign.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____ SS#: _____

Signature of Household Member: _____ Date: _____

Printed Name of Household Member: _____ SS#: _____

Signature of Household Member: _____ Date: _____

Printed Name of Household Member: _____ SS#: _____

Signature of Household Member: _____ Date: _____

Printed Name of Household Member: _____ SS#: _____

Signature of Household Member: _____ Date: _____

Printed Name of Household Member: _____ SS#: _____

Reason(s) for missing signature(s): _____

*Documents are required for each relevant Household Member.

- Last 2 years Income Tax Returns.
- Tax Exemption Statement if legally exempt from filing tax returns for last 2 years.
- Copies of the 2 most current pay stubs for each place of employment.
- Non-Employment Statement.
- Verification of Unemployment Benefits if received.
- Social Security Administration income history of prior 12 months from the agency.
- Aid to the Disabled income history of prior 12 months from the agency.
- Longevity Bonus income history of prior 12 months from the agency.
- Retirement Pension income history of prior 12 months from the agency.
- Native Dividend income history of prior 12 months from the agency.
- Copies of the 2 most current Bank Statements for each account belonging to a household member.
- Copy of DMV Title for Mobile Home (no other forms of proof of ownership will be accepted)**
- Photo ID of applicant**

