



**ALASKA**

2515 A Street, Anchorage, AK 99503  
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**Home Modification & Accessibility Grant Program**

(Funded through the State of Alaska Department of Health in cooperation with Alaska Mental Health Trust Authority)

**Applicant Information**

*(Please print a response to every question)*

Name of grant applicant \_\_\_\_\_

Name of person completing the application \_\_\_\_\_

Property Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address if different from property address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day time contact #: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: (if not the applicant): \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**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.*



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 \_\_\_\_\_

Read "How do I Know if Someone is a Beneficiary of the Trust" on Page 6, and write the total number of household members who have disabilities that fall within each category:

- 1) Mental Illness \_\_\_\_\_
- 2) Developmental Disability \_\_\_\_\_
- 3) Chronic Alcoholism with Psychoses \_\_\_\_\_
- 4) Alzheimer's or Related Disorder \_\_\_\_\_
- 5) Disabled or Special Needs \_\_\_\_\_
- 6) Traumatic Brain Injury \_\_\_\_\_

***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.***

***A household member may not write this letter.***

### **Project Information**

#### ***Properties Must Be Located Within the Municipality of Anchorage***

**Available Improvements**--Housing Modification Grants fund accessibility, aging in place and independent living improvements to current single-family owner-occupied homes and rental units to mitigate daily functional limitations as a result of a disability. Examples of possible modifications:

- Stairway ramp installation or modification
- Chair lifts
- Widening of doors
- Adjustments to the levels of countertops and other usable surfaces.
- Installation of appropriate bathroom modifications
- 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.
- Amplification, visual devices, and/or signaling devices to assist hearing and/or visually impaired Individuals.



## Special Grant Conditions

- Household must sign a Promissory Note to pay back the entire grant if the beneficiary does not live in the home for home 3 years after the work is done. Tenants and landlords are also required to sign lease agreements to ensure the beneficiary may remain in the home to benefit from the modifications. The lease term is one year for grants less than \$2500 and two years for grants of \$2500 or more.
- 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 \$20,000 and \$15,000 for rental properties. The maximum grant amounts include program management costs.
- Program management costs consist of a HomeMap assessment, project management and administrative costs that equal \$5608.

**\_\_\_\_\_ 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.

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**\*\*\*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

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**Referred by (please check all that apply):**

- Print Advertisement    Care Provider    Government/State agency  
 Staff/Board member    Walk-In    Friend    Newspaper Article    Other \_\_\_\_\_
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**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. 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 7.

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

(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\*\*\***



## INFORMATION SHEET

### **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
- Person who has been diagnosed by a licensed psychologist, psychiatrist, or physician licensed to practice medicine in the state and, as a result of the diagnosis, has 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; Intellectual disabilities; 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.

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 is 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 like 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

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

**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 Alaska, any information required to complete and verify the information in my application for assistance under the Home Modification Grant Program.

I understand and agree that this authorization and/or the information obtained, will be used by ANHS dba NeighborWorks Alaska, and in addition maybe given to and used by, the State of Alaska Department of Health and Social Services, and the Alaska Mental Health Trust in administering and enforcing program rules and policies.

I understand that I must sign a Promissory Note, agreeing to pay back the grant, if the property is no longer occupied by the grant recipient for a period of 3 years after the work is completed. Exceptions may apply.

**Information Covered**

I understand that previous and current information regarding myself and my household 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:

Medical and Psychiatric Personnel	Care provider
Childcare Providers	Public Assistance Agencies
Child Support	Recording offices
Drug and Alcohol Treatment Personnel	Social Security Administration
Family and/or State-Appointed Guardians	

**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 Alaska. 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

