



MISSOURI LOW INCOME WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

FOR OFFICE USE ONLY	
COUNTY	
JOB NUMBER	

Answer every question on the application and provide the proper supporting documentation. Leaving questions blank on the application or failing to provide proper documentation will cause delays in processing this application.

APPLICANT INFORMATION

NAME		PHONE NUMBER WITH AREA CODE	
ADDRESS	CITY	STATE	ZIP CODE PLUS FOUR
HAS THE HOME PREVIOUSLY BEEN WEATHERIZED? <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____		SOCIAL SECURITY NUMBER	

HOUSEHOLD INFORMATION

TYPE OF HOME <input type="checkbox"/> House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Shelter <input type="checkbox"/> Multi-family	ESTIMATED AGE OF HOME
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If you own your home, please provide proof of home ownership. (deed, mortgage, title, etc.) If you rent your home, provide your landlord's name and/or business name, address, telephone number and fax number.

Household Members	TOTAL HOUSEHOLD MEMBERS	CHILDREN 19 AND UNDER	OVER 60	DISABLED	NATIVE AMERICAN
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List all household members. If additional space is needed, please attach list.

Household Member Name	Date of Birth	Native American	Handicap or Disabled
		<input type="checkbox"/>	<input type="checkbox"/>
<i>enter information on page 3</i>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Provide proof of income for the previous three months for all household members. If additional space is needed, please attach list.

INCOME INFORMATION

Income Source	Amount	Interval

FUEL CONSUMPTION INFORMATION

PRIMARY FUEL TYPE	
PRIMARY FUEL SUPPLIER	ACCOUNT NUMBER
PRIMARY ELECTRIC SUPPLIER	ACCOUNT NUMBER

TERMS AND CONDITIONS

I hereby apply for weatherization assistance through the Low-Income Weatherization Assistance Program, or LIWAP, administered by Missouri Department of Natural Resources' Division of Energy and implemented by the weatherization agency with whom I am filing this application. I authorize and direct any federal, state or local agency, organization, business or individual to release to the weatherization agency any information needed to verify my application for weatherization assistance. I further authorize and direct the weatherization agency to release information to other entities for the purpose of determining my household's eligibility for the LIWAP.

I authorize the release of my billing and utility consumption history from my utility vendors providing service to the residence for which I request weatherization assistance, and those vendors are hereby released from any liability for providing information to the weatherization agency.

I understand information relating to my eligibility application or participation in the program, such as name, address, or income information, are generally exempt from disclosure and requests for such information will be treated by the Department of Natural Resources' Division of Energy consistent with the federal government's treatment of information requested under the Freedom of Information Act (FOIA), 5 U.S.C. 552, including the privacy protections contained in Exemption (b)(6) of the FOIA. A request for release of my personal information including but not limited to my name, address, or income information requires the Department of Natural Resources' Division of Energy to balance a clearly defined public interest in obtaining this information against my legitimate expectation of privacy. If a legitimate, articulated public interest is found, the Department of Natural Resources' Division of Energy may release my information in the aggregate with other recipients' information.

I understand that funds for weatherization assistance for my residence may be provided by federal and state agencies, utility vendors, and other sources, and I hereby agree that my information, to the extent not specifically required to be kept confidential pursuant to the federal Privacy Act and Freedom of Information Act, and Missouri laws including the Sunshine Law, may be released by the Department of Natural Resources' Division of Energy to qualified personnel for research, audits, program evaluation or reports, with appropriate restrictions on the use of that information (i.e., not to be released to the public). If I receive LIWAP services, I specifically authorize the Department of Natural Resources' Division of Energy to release information regarding my identity, address, weatherization services performed on my residence and other pertinent information, to my utility vendors or other appropriate entities for use in analyzing the effects of weatherization on utility usage, for other research, or for required reporting purposes. This authorization does not constitute public release of my identity, and I understand the Department of Natural Resources' Division of Energy will not publicly release or permit public release of my personnel information, and will place appropriate restrictions on use of my personal information. Highly sensitive information such as Social Security numbers, income or medical information will be protected from disclosure under the Privacy Act and Freedom of Information Act, as well as the Missouri Sunshine Law.

Civil Rights Statement:

No person will be denied or discriminated against in connection with any program or activity receiving federal financial assistance from the U.S. Department of Energy because of race, color, national origin, age, sex or disability.

Access to Residence/Conditions:

I agree and understand the Department of Natural Resources' Division of Energy staff, weatherization technicians and contractors must be given access to all areas of my home during business hours and on a reasonable schedule.

My signature below authorizes the Department of Natural Resources' Division of Energy employees, the weatherization agency employees, contractors and subcontractors to enter my home as needed to perform energy audits, weatherization work and inspections of weatherization work and such persons will not be held liable for any injury or expense incurred by me while participating in this program.

I agree and understand that if my home is deemed unsafe or unacceptable for weatherization technicians, contractors or inspectors to perform their duties due to unsafe or dangerous conditions, presence of debris, clutter, mold, insect/rodent infestation, pets, threat of violence, etc., the project will be postponed until these conditions are corrected.

I agree to allow my home to be photographed for pre-and post-work documentation.

I understand that in order to weatherize my home, holes may be drilled in walls (particularly outside walls) to install insulation. I understand holes will be plugged as part of the weatherization service, but that it is my responsibility to paint the plugs used to fill these holes. I also understand that older vinyl or other siding may be damaged during this process.

Closing Certification:

My signature verifies this residence is not currently for sale, nor is it designated for acquisition, clearance or foreclosure by federal state or local programs, and has not been weatherized previously (unless work was performed prior to Sept. 30, 1994). Upon completion of work, I give permission for the contractor, subcontractor, the weatherization agency employees, the Department of Natural Resources' Division of Energy employees and federal officials to inspect that work.

I certify the information provided in this application is true, correct and complete to the best of my knowledge. I understand that I may be fined, imprisoned or both under state or federal law if I make false statements on this application in order to get benefits I am not eligible to receive. LIWAP service is free of charge, but I understand that if my home is served due to incomplete or incorrect information that would otherwise make my household ineligible, I accept responsibility for paying for services received.

My signature below indicates that I have read, understood and agree to the conditions of this application.

Applicant's Signature _____ Date: _____

Income and Eligibility Approved By:

Agency Staff's Signature _____ Date: _____

CERTIFICATION OF ZERO INCOME

(blank form can be copied)

This must be signed by each household member, 19 years old and over, that does not receive income.

I, _____, have not received income from any of the following sources:

- 1. Wages or salaries before deductions (including commissions, tips, bonuses, fees, etc).
- 2. Net receipts from non-farm or farm self-employment (minus business expenses).
- 3. Regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, worker’s compensation, veteran’s payments, training stipends, alimony, and military family allotments.
- 4. Private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments.
- 5. Dividends and/or interest.
- 6. Net rental income and net royalties.
- 7. Periodic receipts from estates or trusts.
- 8. Net gambling or lottery winnings.
- 9. Any income sources not listed above.

Under penalty of perjury, I hereby certify the above information is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud and could result in loss of weatherization services.

Signature *(must be signed in the presence of a Notary)*

Date

State of _____)

) ss

County of _____)

Sworn to before me, this _____ day of _____, 20____

Notary _____

My commission expires: _____

OACAC WEATHERIZATION ASSISTANCE PROGRAM

2012 Poverty Income Guidelines

<u>Size of Family Unit</u>	<u>Threshold 200%</u>
1.....	\$22,340
2.....	\$30,260
3.....	\$38,180
4.....	\$46,100
5.....	\$54,020
6.....	\$61,940
7.....	\$69,860
8.....	\$77,780
Each additional member add	\$ 7,920

Proof of household information must be attached to the application – see following requirements and acceptable documentation:

_____ **Proof of Income: wages** - proof of most recent 3 month’s gross income of everyone in the home; **fixed income** – letter of benefits for social security, SSI, pension, unemployment, VA benefits, dividends/interest from savings accounts; proof of benefits from TANF, child support, etc; **self-employed** – previous year’s income tax statement; **zero income** – anyone 19 years and older that doesn’t receive income must attach a signed, *Zero Income Form*. If **no one** in the household has income, a *Zero Income Form* must be signed by each member 19 years and older and *notarized* (see page 4). **The form must be signed in front of a Notary.**

_____ **SS Cards and Picture ID: copies of SS cards** must be for everyone living in the home and **picture ID** of everyone over 19 years old.

_____ **Proof of Ownership: client’s name and physical address must be on documentation.** Client must provide **ONE OF THESE ITEMS** – proof of recorded document from the County Recorder’s Office; proof real estate property taxes are paid (statement/receipt); copy of mobile home title; OR homeowner’s insurance.

_____ **Proof of Utilities:** copy of most recent electric bill and natural gas bill, if applicable.

_____ **Renters:** can qualify, but must provide landlord’s name, address, and phone number to contact for approval.

For questions concerning weatherization assistance, call 417-865-7797; regular office hours are Monday through Friday, 8:00 a.m. to 5:00 p.m.

Mail or submit application to: OACAC Weatherization Program
2643 W. College Road
Springfield, MO 65802