



Weatherization  
PO Box 69  
Richland, MO 65556

Phone- 800-876-3264

Dear Client,

Our records indicate that you have shown interest in the Weatherization Program. Enclosed you will find a copy of our current income guidelines, an application for Weatherization Assistance, instructions for filling out the application, an Authorization for Release of Fuel Information, and a Landlord Agreement form. In addition to these forms being completed, we will also need proof of income for the last 3 months. Social Security, wages, dividend's and/or interest, self-employment and unemployment are all considered wages. We will need copies of Social Security Cards for the applicant. We will need proof of ownership for those applications who own their homes. We will also need a copy of your electric bill and your propane bill.

The Landlord Agreement Form is only for those applicants who are renting their home. The state recognizes a potential for owners to receive undue enhancement benefits, therefore: the State of Missouri requires Missouri Ozarks Community Action, Inc., to require landlords to contribute 5% of the estimated cost to weatherize the rental unit. If the landlord is hesitant about signing this form, please have them contact our office for clarification.

When you have completed the application and have all requested items, you will need to return the application with all required information to the address listed above. Please make sure that you make it Attn: Weatherization Department.

If you know of anyone who would be interested in having their home weatherized, you may have them contact our office at the number listed above to request an application.

Please note that the Low-Income Weatherization Program is at no cost to you. This program is federally funded through the Department of Economic Development/Division of Energy.

Our goal is to make your home energy efficient to help reduce heating and cooling costs. If you have any questions, please call 800-876-3264.

AN EQUAL OPPORTUNITY EMPLOYER/SERVICE PROVIDER

**Weatherization Program Notice 15-3**

**2015 Poverty Income Guidelines Contiguous States U.S. Grantees**

**Effective February 6, 2015**

<b><u>Size of Family Unit</u></b>	<b><u>Income Levels – 200%</u></b>
<b>1.....</b>	<b>\$23,540</b>
<b>2.....</b>	<b>\$31,860</b>
<b>3.....</b>	<b>\$40,180</b>
<b>4.....</b>	<b>\$48,500</b>
<b>5.....</b>	<b>\$56,820</b>
<b>6.....</b>	<b>\$65,140</b>
<b>7.....</b>	<b>\$73,460</b>
<b>8.....</b>	<b>\$81,780</b>

**For families with more than 8 persons, 100% of poverty level increases \$4,160 each additional person. Therefore, for Weatherization at 200% of poverty level, add \$8,320 for each additional person.**



# MISSOURI LOW INCOME WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

MISSOURI OZARKS COMMUNITY ACTION INC  
 PO BOX 69 / 306 S PINE  
 RICHLAND, MO 65556

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.

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

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
If you own your home, please provide proof of home ownership. (deed, mortgage, title, etc.) If you rent your home, provide your landlord's address, telephone number and fax number.					
Own <input type="checkbox"/>					
Rent <input type="checkbox"/>					
<b>Household Members</b>	TOTAL HOUSEHOLD MEMBERS	CHILDREN 19 AND UNDER	OVER 60	DISABLED	NATIVE AMERICAN

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"/>
		<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 Economic Development' 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 Economic Development' 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 Economic Development' 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 Economic Development' 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 Economic Development' 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 Economic Development' 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 Economic Development' 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 Economic Development' 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 Economic Development' 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 Economic Development' 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: \_\_\_\_\_

## **ACCEPTABLE FORMS OF INCOME:**

- 1. Money, wages, and salaries before any deductions; gross pay per year to date.**
- 2. Self-employed: need full tax return for the year. Net receipts from non-farm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expense).**
- 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.**

## CLIENT AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby request and authorize any utility and or agency to furnish information which could affect my participation in the Low-Income Weatherization Assistance Program provided by Missouri Ozarks Community Action, Inc.

I understand that this form may be reproduced and the copies used to obtain information to determine my eligibility for the Weatherization Program. I further understand that the information obtained and will be kept and used only for the purpose stated above.

Clients Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_



