



Missouri Ozarks Community Action

Missouri Ozarks Community Action
Weatherization Department
PO Box 69 – Richland, MO 65556
weatherization@mocacaa.org
573-765-3263

Dear Customer:

Our records indicate that you have shown interest in the Weatherization Program to help reduce the energy burden in your home.

Enclosed you will find a copy of our Weatherization Application, our current income guidelines, instructions for filling out the application, and an Authorization for Release for Information. If you need a Landlord Agreement Form, for renters, please contact us at 573-765-3263 or email weatherization@mocacaa.org.

In addition to these forms, we will need income documentation for three months prior to the date of the application, and proof of ownership if you own your home, a copy of each household members social security card, and a copy of your utility bills to show your current accounts.

When the application is completed, you will need to return all information to the address listed above, ATTN: Weatherization Department. Or you can fax to 573-765-5624, or email to weatherization@mocacaa.org

If you know of anyone who may be interested in having their home weatherized, they can contact our office at 573-765-3263 or email weatherization@mocacaa.org and we can send them more information or an application.

The Landlord Agreement Form is only for those who are renting their home. NOTE FOR LANDLORDS: Please note that is no cost to you unless the applicant resides in a multi-family complex of five or more units per building. While there is no requirement to contribute on weatherizing rentals of up to four units per building, MOCA encourages you to consider a voluntary contribution that would be applied to your rental unit(s) being weatherized. This would allow MOCA to reduce the cost of your rental unit(s) being weatherized and stretch funding to weatherize additional homes in MOCA's service area.

Please note that the Low-Income Weatherization program is at NO COST to you, the customer. This program is federally funded through the Department of Natural Resources/Energy Center.

Our goal is to make your home energy efficient to help with heating and cooling costs. If you have questions or concerns, please call us at 1-800-876-3264 or email weatherization@mocacaa.org

Thank you.

Your Weatherization Team!

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WEATHERIZATION CHECKLIST

1. Proof of Income: For anyone in the home over the age of 19.
 - a. If you get Social Security, the Benefit Letter is the only document we can accept.
 - b. If you get Wages, we need three (3) month prior of the application date.
 - c. If you get a Pension, we need a statement from where your pension comes from.
 - d. If you are Self-Employed, we need a 1040 Form and a Schedule 1 Form.
 - e. If you receive Dividends and/or Interest, we need proof of receipts.
 - f. If you have received LIHEAP Energy Assistance to pay a utility bill in the past 12 months, complete the LIHEAP Release of Information Form

There are NO exceptions, we cannot take a bank statement for proof of income for any of the above.

2. Proof of Ownership: If you own a **House**:
 - i. Paid Real Estate Tax receipt (dated less than 1 year before application), or
 - ii. Complete copy of Homeowners Insurance, or
 - iii. A Recorded Deed with official notary AND Recorder of Deeds SealProof of Ownership: If you own a **Mobile Home**:
 - i. Title, or
 - ii. Paid Property Tax Receipt which has the mobile home listed or a paid Real Estate Tax Receipt, or
 - iii. A Recorded Deed with official notary AND Recorder of Deeds Seal, or
 - iv. Mobile Home Insurance documentation.

Mortgage papers are NOT acceptable as proof of ownership.

If you rent the LANDLORD AGREEMENT form needs to be filled out completely.

3. Copy of Social Security Cards for everyone listed on application.
4. Copy of Electric Bill.
5. Copy of Propane Bill. (if applicable)

BE SURE TO FILL THE APPLICATION OUT IN ITS ENTIRETY AND SIGN.

WEATHERIZATION INCOME GUIDELINES

The Weatherization Assistance Program (WAP) serves households with incomes at or below 200% of the federal poverty guidelines.

Size of Family Unit	Maximum Yearly Income
1	\$31,920
2	\$43,280
3	\$54,640
4	\$66,000
5	\$77,360
6	\$88,720
7	\$100,800
8	\$111,440
Each additional member add.....	\$11,360



MISSOURI LOW INCOME WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

MISSOURI OZARKS COMMUNITY ACTION INC
PO Box 69
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: _____			

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 include proof of home ownership. (deed, mortgage, title, etc.) If you rent your home, provide your landlord's address, telephone number and fax number.					
<input type="checkbox"/> Own Landlord Name: _____		<input type="checkbox"/> Rent Landlord Address: _____			
Household Members	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 six 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: _____



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
AUTHORIZATION FOR RELEASE OF INFORMATION

FROM	LIHEAP Worker Name	Telephone Number	Date
	LIHEAP Agency Name	LIHEAP Agency Address _____ _____ _____	
TO	Name		
	Address _____ _____ _____		
RE	Applicant Name	Applicant DCN	
<p>I authorize the release of information regarding my situation described below to representatives of the Missouri Family Support Division. (Circle the applicable situation and explain, if necessary)</p> <p>_____</p> <p>Weatherization _____</p> <p>Lifeline _____</p> <p>Safelink _____</p> <p>Other (Explain) _____ _____ _____ _____ _____</p>			
<p>I (we) hereby release any person, representative of the Missouri Family Support Division, or representative of the LIHEAP contract agency from any liability for information furnished pursuant to this authorization.</p>			
Applicant Signature		Date	
Signature of Other (If applicable)		Date	

MOCA - Customer Intake Form

(Revision 4/2025)

Name - Please print legibly <small>(Please list all adults in the household first. Then list all children in household)</small>	Complete Social Security #	Relation <small>(How are they related to you?)</small>	Date of Birth	Sex	Disabled	Veteran	Active Military	Marital Status	Education	Language	Race	Insured	Employed	Citizen	Current Housing Type	Household Type
		HH (Self)	/ /	M/F	Y/N	Y/N	Y/N	S M D W	1 2 3 4			Y/N	Y/N	Y/N	Circle One	Circle One Single parent female
			/ /	M/F	Y/N	Y/N	Y/N	S M D W	1 2 3 4			Y/N	Y/N	Y/N		Single parent male
			/ /	M/F	Y/N	Y/N	Y/N	S M D W	1 2 3 4			Y/N	Y/N	Y/N		Two parent household
			/ /	M/F	Y/N	Y/N	Y/N	S M D W	1 2 3 4			Y/N	Y/N	Y/N		Own
			/ /	M/F	Y/N	Y/N	Y/N	S M D W	1 2 3 4			Y/N	Y/N	Y/N		Homeless
			/ /	M/F	Y/N	Y/N	Y/N	S M D W	1 2 3 4			Y/N	Y/N	Y/N		Sheltered
			/ /	M/F	Y/N	Y/N	Y/N	S M D W	1 2 3 4			Y/N	Y/N	Y/N		Non-related adults w/ child
			/ /	M/F	Y/N	Y/N	Y/N	S M D W	1 2 3 4			Y/N	Y/N	Y/N		Two adults no children Multigenerational
Address:																
City:																
State:																
Zip Code:																
Phone Number:																

Circle any Health Insurance Services that you receive:

No Health Insurance	Medicare	Medicaid
Medical Services Employer Provided	Military Health COBRA Health Insurance	Private Purchase State
Children's Health Care Program	State Adult Health Care	Direct Purchase State
	VA Benefits	Indian Health Services

Marital Status:

S: Single
M: Married
D: Divorced
W: Widowed

Education:

1: 0-8 Grade
2: 9 - 12 Grade
3: HS Grad (GED)
4: 2-4 Yr College Grad

Circle any Non Cash Benefits that you receive:

Child Care Voucher	TANF Child Care
TANF Transportation	Other TANF Funds
WIC	SNAP
HUD or VASH	Housing Choice Voucher (Section 8)
Permanent Supportive Housing	

I certify that the information given on this application is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and I further realize that falsified or fraudulent information may result in the rejection of this application.

Under the terms of this Agreement, Client agrees to release to MOCA information that is confidential and proprietary to Client (Confidential Information), to be used solely for the Agency's related statistics, services, and programs. Confidential Information refers to any and all information of a confidential, proprietary, or secret nature which is or may be related in any way to the family, medical records, job history, present or future, of Client or any related data. Confidential Information includes, for example, but not limited to: spouses or other family members, ages, salaries, financial standings, criminal records, medical records, and all other pertaining to the family information. MOCA will consider all information received from Client to be strictly confidential, as required by the Privacy Act, and subject to the restrictions of this Agreement, except for information that is: (i) generally known to the public, (ii) in the possession of MOCA before receipt from Client, (iii) obtained later by the Agency from a third party without restriction or violation of Agreements.

MOCA will not disclose Client's Confidential Information to any other party without the prior written consent of Client. MOCA may, however, disclose Confidential Information to its employees and/or programs but only in the employee has a legitimate need to know and has agreed to terms similar to those in this Agreement. Community Action Agency may also disclose this Confidential Information (i) to medical personnel in an emergency; (ii) to qualified personnel for research, audits, or program evaluation, as long as Client identities are not identified; (iii) to a third party based on court orders; and (iv) to appropriate authorities in cases of suspected child abuse or neglect. MOCA will be responsible for any use or disclosure of Confidential Information by any of its employees or agents to third parties who should not share this information.

This Agreement may be amended only in writing and shall be governed by the laws of the State of Missouri. Please sign below to indicate that you have read this Consent and agree with its terms.

CLIENT CONFIDENTIALITY AGREEMENT/ Release of Information:

Client Signature: _____ Date: _____

Interviewer's Signature: _____ Date: _____

(Continued on reverse)

Please mark the best answer for your family:

(Please place a check mark by the statement that best represents your family or where you would rank on a scale of 1 - 5)

1. Would you describe your family's current housing situation?

- 1) Non subsidized – Own or Rent
- 2) Subsidized
- 3) Living with friends/relatives
- 4) At risk of homelessness (eviction notice/temporary)
- 5) Homeless

2. What is your family's current household income and how would you rate your money management practices?

- 1) Able to pay bills and save
- 2) Sufficient income to pay bills without subsidies
- 3) Income meets most financial obligations (may include subsidies)
- 4) Some income; budget includes subsidies
- 5) No income; no budget

3. How would you describe your family's current employment situation, including status, skill set, benefits, and how it meets basic needs?

- 1) Full employment above minimum wage
- 2) Full employment with minimum wage
- 3) Part Time employment
- 4) Unemployed with skill and/or previous work history
- 5) Unemployed with no skill and/or previous work history

4. How would you describe your family's current mode of transportation, including reliability, insurance, and licensing?

- 1) Public or private transportation always available
- 2) Public or private transportation is available most of the time
- 3) Public or private transportation available some of the time
- 4) Public or private transportation is rarely available
- 5) No available transportation

Applications needed:

- LHHEAP
- Housing
- Weatherization
- Head Start

Applications received:

- LHHEAP
- Housing
- Weatherization
- Head Start

5. How would you describe your family's current physical and oral health situation, including insurance, immunizations, and ability to pay for medications?

- 1) There are no physical health program needs for any family members at this time
- 2) A family member's physical health problem does not interfere with employment or other goals
- 3) A family member's physical health problem occasionally interferes with employment or other goals
- 4) A family member's physical health problem regularly interferes with employment or other goals
- 5) A family member's physical health problem s prohibit employment or other goal options.

6. Are mental health and/or substance abuse issues present in the family and if so, how are they being addressed?

- 1) Family has no mental health or substance abuse issues
- 2) Family is stable and has adequate coping skills, such as family/community support, utilizes stress management strategies, medications, etc.
- 3) Family is receiving services or a referral is in progress
- 4) Family has suspected or untreated mental illness and/or reports issues with substance abuse but unaware of resources, seeks referral
- 5) Family has suspected or untreated mental illness and/or reports issues with substance abuse but does not want a referral

7. How would you describe your family's regular food, nutrition, and clothing situation?

- 1) Able to afford food and necessities without food or other programs
- 2) Able to afford some food and necessities without food or other programs
- 3) Unable to afford food and necessities without food program assistance; uses SNAP, WIC, etc.
- 4) Unable to afford food and necessities without food program assistance; uses food bank
- 5) Unable to afford or obtain food or necessities

8. How would you describe your academic skill set and how it affects employment or other goal attainment?

- 1) Degree +
- 2) 2 or 4 year degree or certification
- 3) Some college tech training
- 4) High School/HSET (GED)
- 5) Less than High Scho