

WANT TO GET YOUR HOME WEATHERIZED?

Funds Are Limited!

Apply today – don't get stuck with high heating and cooling bills throughout the year.

The Missouri Weatherization Assistance Program is a **FREE** program to increase energy savings and air quality for income eligible households. Our goal is to **SAVE** you **MONEY** on your utility bills by sealing air drafts, installing insulation, and ensuring your furnace and water heater are running safely and efficiently. The repairs we do are based on a state-of-the-art energy audit that will be performed on your home. Every house is different so repairs and improvements vary depending on the audit results. Once installed, these energy saving measures will help to reduce your heating and cooling costs for years to come.

To apply for the weatherization program, complete and sign the *Missouri Low Income Weatherization Assistance Program Application* form and provide copies of the **following required** documents with your completed Application:

- Social Security card for head of household
- Your most recent gas and electric bills
- Proof of income for the **3 complete calendar months** prior to the month you are applying. Provide copies of pay stubs, Social Security Award letter, pensions, unemployment, alimony, etc. for everyone in the household, regardless of the wage earner's age.
- If you rent your home, provide your landlord's name, address, telephone number and fax number. You must also have your landlord complete the *Weatherization Assistance Program Owner/Landlord Agreement* form. (<http://www.caastlc.org/pdf/CAASTLC-Owner-Authorized-Agent-Certification.pdf>) You must include this form with your application.
- If no one in your household claims any income, you must complete, have notarized, and include the *Weatherization Certification of Household Claiming Zero Income* form. (<http://www.caastlc.org/pdf/Weatherization-Certification-of-Household.pdf>) CAASTLC has a notary in our office available free of charge. You must call in advance to schedule an appointment.
- If the household has 2 or more members, is claiming income, and any one of those household members age 20 and older is claiming zero income, then each such household member must complete a *Weatherization Certification of Individual Adult (over the age of 19) Claiming Zero Income* form. (<http://www.caastlc.org/pdf/Weatherization-Certification-of-Individual-Adult.pdf>) Do not include students living away from home as household members.

Application must be filled out completely and cannot be processed without the required documents. Apply while funding is still available. Once you have completed and signed the weatherization application and gathered copies of the required documents, please mail to: **Weatherization Intake, CAASTLC, 2709 Woodson Road, Overland, MO 63114. After receipt, we will call you to make an interview appointment. For an appointment or additional information, please call 314-446-4436.**

| Federal Eligibility Guidelines | | |
|---|---------------|----------------|
| 200 % of Poverty | | |
| Size of Family | Annual Income | Monthly Income |
| 1 | \$ 24,120 | \$ 2,010 |
| 2 | \$ 32,480 | \$ 2,707 |
| 3 | \$ 40,840 | \$ 3,403 |
| 4 | \$ 49,200 | \$ 4,100 |
| 5 | \$ 57,560 | \$ 4,797 |
| 6 | \$ 65,920 | \$ 5,493 |
| 7 | \$ 74,280 | \$ 6,190 |
| 8 | \$ 82,640 | \$ 6,887 |
| For families with more than 8 members, add \$8,360 for each person. | | |



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**Special Instructions for Completing the *Missouri Low Income
Weatherization Assistance Program Application* form
Detailed Instructions for Yellow Highlighted Application Information**

IF YOU DO NOT PROVIDE THE FOLLOWING INFORMATION, YOUR APPLICATION WILL BE DELAYED.

APPLICANT INFORMATION SECTION:

HAS THE HOME PREVIOUSLY BEEN WEATHERIZED?: If you **do not know** if your home has already been weatherized, check NO and leave the date blank.

If you know that your house has previously been weatherized, check YES and write the approximate date (year and month) that your home was weatherized.

HOUSEHOLD INFORMATION SECTION:

ESTIMATED AGE OF HOME: Write your best reasonable estimate of how many years old your home is. **Do not leave blank.**

IF YOU RENT YOUR HOME, PROVIDE YOUR LANDLORD'S ADDRESS, TELEPHONE NUMBER AND FAX:

Write your landlord's name, address, telephone number and fax, if applicable.

TOTAL HOUSEHOLD MEMBERS: Write the total number of people who currently live in your home. **Do not leave blank.**

CHILDREN 19 AND UNDER: Write the number of household members age 19 and under, if applicable.

OVER 60: Write the number of household members age 61 and over, if applicable.

DISABLED: Write the number of household members who are disabled, if applicable.

NATIVE AMERICAN: Write the number of household members who are Native American Indian, if applicable.

INCOME INFORMATION SECTION:

INCOME SOURCE: **Include** cash receipts earned or received during the 3 previous calendar months. Examples to include: money, wages, and salaries **before deductions**; self-employment net receipts; regular payments from social security, railroad retirement, unemployment compensation, worker's compensation, veteran's payments, training stipends, alimony, and military family allotments; pensions, insurance and annuity payments; dividends and interest; net rental income; net royalties; periodic receipts from estates or trusts; net gambling and lottery winnings.

Do NOT include: capital gains; assets withdrawn from bank; sale of property, house, or car; one-time payments from welfare agency due to temporary financial difficulty; tax refunds; gifts, loans, lump-sum inheritances; college scholarships; one-time insurance payments or compensation for injury; non-cash benefits such as health insurance, Medicare, Medicaid, **Food Stamps**, school lunches, housing assistance; combat zone pay; child support **received**.

AMOUNT AND INTERVAL: Write the gross dollar amount for each income source followed by how often that amount is earned or received. For example, \$300.00 every two weeks (bi-weekly), \$250.00 twice a month (semi-monthly), or \$500.00 once a month (monthly).

FUEL CONSUMPTION INFORMATION SECTION:

PRIMARY FUEL TYPE: Write the main source of heat for your house, for example, natural gas, propane gas, electric.

PRIMARY FUEL SUPPLIER: Write the name of the company that supplies the above fuel type, for example, Laclede Gas if natural gas above.

PRIMARY ELECTRIC SUPPLIER: Write the name of the company that supplies your electricity, for example, Ameren.

TERMS AND CONDITIONS SECTION (on backside of application form):

APPLICANT'S SIGNATURE, DATE: Sign your name and write the date you are signing the application. **Do not leave blank.**



MISSOURI LOW INCOME WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

COMMUNITY ACTION AGENCY OF ST LOUIS COUNTY
 2709 Woodson Road
 Overland, MO 63114

| 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"/> | | | | | |
| 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 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: _____