



MISSOURI LOW INCOME WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

OZARKS AREA COMMUNITY ACTION CORPORATION
2643 W. College Road
Springfield, MO 65802

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.					
<div>Own <input type="checkbox"/></div> <div>Rent <input type="checkbox"/></div>					
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	Veteran
		<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"/>
		<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: _____

Complete information on Head of Household and other members living in the home (whether related or not):

Name	Relation to Head of HH	SSN	DOB	Sex M / F	Hdcp/ Disabled	Military Veteran	Race	Native Amer.	Hispanic Y / N	Annual Income	Income Source

(attach sheet for additional members)

Are you or a family member employed with OACAC: _____ Employee's name: _____ Dept/Program: _____

Do you or a family member currently serve on the OACAC Board of Directors: _____ Board member's name: _____

Have you applied/received OACAC Energy Assistance? _____ Most recent date applied/assisted (approximately)? _____
(this application is for weatherization assistance only and cannot be used for utility assistance. To request an application for utility assistance call 417-864-3460)

Email address (optional): _____

Directions to home:

(blank form can be copied)

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

- 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.*

Date _____

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

My commission expires: _____

OACAC WEATHERIZATION ASSISTANCE PROGRAM

2017 Poverty Income Guidelines

<u>Size of Family Unit</u>	<u>Threshold 200%</u>
1.....	\$24,120
2.....	\$32,480
3.....	\$40,840
4.....	\$49,200
5.....	\$57,560
6.....	\$65,920
7.....	\$74,280
8.....	\$82,640
Each additional member add	\$ 8,360

Our office makes every effort to process your application in a timely manner; however, it cannot be completed until all required paperwork has been submitted. Please note that new applications may be denied if all information has not been received within a 3 month period of Date of Application.

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 return including the Schedule C; **zero income** – anyone 20 years old and over 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 and **notarized** for each member 20 years old and over (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 20 years old and over.

_____ **Proof of Ownership:** **client's name and physical address must be on documentation.** Client must provide **ONE OF THESE ITEMS: Site Built Home** – proof of recorded Missouri deed; a recorded mortgage agreement; proof of real estate property taxes (statement/receipt-must be paid for previous year); copy of current homeowner's insurance. **Mobile Home** - copy of mobile home title; recorded mortgage agreement for mobile home; personal property taxes (must include mobile home information and be paid for previous year); proof of current homeowner's insurance (mobile home information must be listed on policy).

_____ **Proof of Utilities:** copy of most recent electric bill; and natural or propane gas bill, if applicable. *Utility Company's* name must be on copy. The home physical address must be listed on bill.

_____ **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 Thursday except holidays, phone calls 8:00 a.m. to 5:30 p.m.

Mail or submit application to: OACAC Weatherization Program
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