

### **Ozarks Area Community Action Corporation**

#### Weatherization Program

Todd Steinmann, Director
2643 W. College Road
Springfield, MO 65802-2204
Office: 417-865-7797 [ Fax: 417-865-7542 www.oac.ac



#### Dear Applicant:

The Weatherization Assistance Program is funded through the Missouri Department of Natural Resources, Division of Energy (DNR/DE). Our goal is to install energy saving measures on low-income homes (caulking, weatherstripping, insulation, etc); as well as check your heating system and water heater for health and safety issues.

Enclosed is an application to fill out, sign, and return to the following address:

OACAC Weatherization Program 2643 W. College Road Springfield, MO 65802

PLEASE READ CAREFULLY: Enclosed are the annual gross income guidelines and instructions on what documentation must be attached to be eligible for assistance. If required information is not turned in with the application, a letter will be mailed asking for the remaining paperwork. Your application will not be processed until ALL required information is submitted.

#### Note:

Applicants MUST be living in the home; weatherization measures will not be performed on an unoccupied home/mobile home. Funding is not available for REHAB measures or major structural repairs including electrical, plumbing, or roof repairs.

Homes/mobile homes that received weatherization assistance less than 15 years ago will not be eligible for further assistance.

If you have recently filled out a weatherization application through your local OACAC Neighborhood Center office, DO NOT COMPLETE ANOTHER APPLICATION until contacting our office first.

The OACAC Weatherization Program operates in 10 counties. Based on current funding the waiting list for services is *approximately 12 to 18 months* from date of application. Funds change each year which can affect the waiting period.

For questions contact the Weatherization office, 417-865-7797; regular office hours are Monday through Thursday except holidays; calls received 8:00 a.m. to 5:00 p.m. Our office appreciates your interest in the Weatherization Program and hopes to provide you with assistance in the near future.

Todd Steinmann, Director Weatherization Program

Enclosures

## OACAC WEATHERIZATION ASSISTANCE PROGRAM 2024 Weatherization Income Guidelines

Size of Family Unit	Threshold 200%
1,	\$ 30,120
2	
3	\$ 51,640
4	\$ 62,400
5	\$ 73,160
6	\$ 83,920
7	\$ 94,680
8	•
Each additional member add	\$ 10,760
Our office makes every effort to process your application in a until all required paperwork has been submitted. Please note information has not been received within a 3 month period of Proof of household information must be attached to the application.	that new applications may be denied if all for the following of Application.
documentation	
from savings accounts; proof of benefits from TANF income tax return, Form 1040 and Schedule 1; zero i receive income must attach a signed, Zero Income Fo	ension, unemployment, VA benefits, dividends/interest, child support, etc; self-employed – previous year's ncome – anyone 20 years old or older that doesn't
SS Cards and Picture ID: copies of SS cards must everyone over 20 years old and over.	be for everyone living in the home and picture ID of
provide ONE OF THESE ITEMS: Site Built Home mortgage agreement; proof of real estate property tax copy of current homeowner's insurance. Mobile Ho agreement for mobile home; personal property taxes for previous year); proof of current homeowner's insupplicy).	e – proof of recorded Missouri deed; a recorded tes (statement/receipt-must be paid for previous year); me - copy of mobile home title; recorded mortgage (must include mobile home information and be paid
Proof of Utilities: copy of most recent electric bill an Company's name must be on copy. Your name (if did physical address and account number must be listed or	fferent, written explanation is required), homes
Renters: can qualify, but must provide landlord's nan	ne, address, and phone number to contact for approval.
For questions concerning weatherization assistance, call 417-8 Thursday except holidays, phone calls taken 8:00 a.m. to 5:00	
Mail or submit application to: OACAC Weatherization I	<del>-</del>

2643 W. College Road Springfield, MO 65802



#### MISSOURI LOW INCOME WEATHERIZATION ASSISTANCE **PROGRAM APPLICATION**

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

FOR OFFICE	USI	CIAL	Arrest a
COUNTY			
JOB NUMBER			

PPLICANT INFORMAT	FION			rental in the same			
ME .	,				PHONE NUMB	ER WITH	AREA CODE
DRESS		CITY			STATE	ZIP COD	E
HAS THE HOME PREVIOUSLY BEEN WEATHERIZED? . SSN  No Yes Date:			•	•			
INO ∐ Yes Daf OUSEHOLD INFORMA	· · · · · · · · · · · · · · · · · · ·						
реогноме ] House   П Mobile H	T Multi familie	Multi-family ESTIMATED AGE OF HOME		REFERRED BY			
you own your home, please andlord's address, telephone Own Rent	provide proof of home owner		tgage, title, etc	c.) If you	rent your ho	me, pro	vide your
lousehold Wembers	TOTAL HOUSEHOLD MEMBERS	CHILDREN 19 AND UN	DER OVER 60	Ĺ	DISABLED	N	ATIVE AMERICAN
st all household members.	If additional space is needed	I, please attach lis					
Household Me	ember Name	Date of Birt	Nati n Amer	E .	Handica or Disab		Veteran
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	•						
	•			1			П
rovide proof of income for th		all household mer		onal spac	ce is needed		e attach list.
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177							
				•			
FÜEL CONSUMPTION PRIMARY FUEL TYPE	NINFORMATION						
	N INFORMATION			ACCOUN	T NUMBER		

#### TERMS AND CONDITIONS

I hereby apply for weatherization assistance through the Low-Income Weatherization Assistance Program, or tilWAP, 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

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	m.

Applicant's Signature	Date:

Income Source (attach sheet for additional members) (this application is for weatherication assistance only and cannot be used for utility assistance. To request an application for utility assistance call 417-864-3460) Have you received OACAC Energy Assistance? Most recent date assisted (approximately).

If yes, see page 3b, Authorization for Release of Information form. Fill out all areas that have 2 asterisks (\*\*). Include LIHEAP Worker's name if possible. Income Annual Hispanic X/N Dept/Program: Native Amer. Y/N Race Board member's name:\_ Complete information on Head of Household and other members living in the home (whether related or not): Veteran Y/N Military Hdcp/ Disabled Y / N Sex M/F Employee's name: . Do you or a family member currently serve on the OACAC Board of Directors: DOB Are you or a family member employed with OACAC: \_ SSIN Relation to Head of HH Email address (optional):\_ Directions to home: Name





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

FROM	LIHEAP Worker Name	Telephone	Number	Date
	LIHEAP Agency Name	LIHE	AP Agency	Address
		Elgeri		
ТО	Name		•	
l:	Address	• •		
		·		,
RE	Applicant Name		Applicant I	DCN
	te the release of information re Family Support Division. (Cir			ibed below to representatives of the and explain, if necessary)
Weatheri	zation			, , , , , , , , , , , , , , , , , , , ,
Lifeline				, , , , , , , , , , , , , , , , , , , ,
Safelink				
Other (E	xplain)			
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		· · · · · · · · · · · · · · · · · · ·		
represen	ereby release any person, repre tative of the LIHEAP contract porization.			amily Support Division, or For information furnished pursuant to
Applica	nt Signature	Date		
Signatu	re of Other (If applicable)	Date		

# CERTIFICATION OF ZERO INCOME (blank form can be copied)

This must be signed by each household member, 20 years old and over, that does not receive income.

Ι,	, have not received incom	ne from any of the following			
sources:	**************************************	,			
1.	Wages or salaries before deductions (including con	missions, tips, bonuses, fees, etc).			
2.	Net receipts from non-farm or farm self-employment (minus business expenses).				
3.	Regular payments from social security, railroad reticompensation, strike benefits from union funds, we payments, training stipends, alimony, and military	orker's compensation, veteran's			
4.	Private pensions, government employee pensions (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.				
Signature	e (must be signed in the presence of a Notary)	Date			
State of	)				
County o	) ss of)				
S	Sworn to before me, this day of	, 20			
-					
	Notary				
Ŋ	My commission expires:				