



Empowering People, Enriching Communities

## 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.

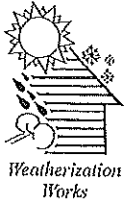
The OACAC Weatherization Program operates in 10 counties. Based on current funding the waiting list for services is *approximately 12 to 18 months* from date of application. Funds change each year which can affect the waiting period.

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





**MISSOURI LOW INCOME WEATHERIZATION ASSISTANCE PROGRAM APPLICATION**

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

<b>FOR OFFICE USE ONLY</b>	
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.

<b>APPLICANT INFORMATION</b>			
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	EMAIL	
<b>HOUSEHOLD INFORMATION</b>			
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	REFERRED BY
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	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.

<b>INCOME INFORMATION</b>		
Income Source	Amount	Interval

<b>FUEL CONSUMPTION INFORMATION</b>	
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	
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)			
<input checked="" type="radio"/> Weatherization			
<input type="radio"/> Lifeline			
<input type="radio"/> Safelink			
<input type="radio"/> Other (Explain) _____ _____ _____ _____			
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.			
Applicant Signature		Date	
Signature of Other (If applicable)		Date	

