Proof of Income:
Include three months income BEFORE the month the application is signed for ALL household members.
Include: Wages
AND/OR Social Security, SSSI (award letter showing current benefit amount)
AND/OR Unemployment
AND/OR TANF
AND/OR Retirement and/or Pension

No bank statements are accepted
AND/OR

Zero Income:
Anyone in the home who is over 19 with no income MUST fill out a Zero Income Form (request the form from weatherization).
If there is NO income in the home, this form must be signed by a notary.

Proof of Home Ownership-Site Built Home (choose one)
Paid Real Estate taxes from previous year
OR Monthly bill from mortgage company
OR Current Homeowner’s Insurance
OR Deed filed with county of residence (with physical address)
OR

Proof of Home Ownership- Mobile Home (choose one)
Paid person property tax showing mobile home
OR a copy of a recorded Missouri deed for the property the mobile home sits on
OR clear title in applicant’s name
OR Monthly Bill from mortgage company.
OR

Landlord name, address and phone number
All landlord contact information is required to contact your landlord for permission to weatherize the home.

Copy of Utility Bill
Copy of electric bill with the account number and service address
AND copy of heating fuel bill (gas, propane, etc.) with account number.

Social Security Card
For the person at the top of the application.

If you have questions about applying for weatherization, please call:
573-443-8706, ext. 1958, or email us at wx@cmca.us.
All information listed above must be sent with the application for your application to be accepted.
Mail or drop off of applications at:
CMCA – Weatherization Program | 800 N. Providence Rd, Suite 104 | Columbia, MO 65203
## Income Guidelines to Qualify for Weatherization

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$25,520</td>
</tr>
<tr>
<td>2</td>
<td>$34,480</td>
</tr>
<tr>
<td>3</td>
<td>$43,440</td>
</tr>
<tr>
<td>4</td>
<td>$52,400</td>
</tr>
<tr>
<td>5</td>
<td>$61,360</td>
</tr>
<tr>
<td>6</td>
<td>$70,320</td>
</tr>
<tr>
<td>7</td>
<td>$79,280</td>
</tr>
<tr>
<td>8</td>
<td>$88,240</td>
</tr>
</tbody>
</table>

For each additional household member (over 8 members) add an additional $8,960

---

Central Missouri Community Action  
800 N Providence Suite 104, Columbia, Mo 65203  
www.showmeaction.org/services/weatherization  
https://www.facebook.com/wxatshowmeaction.org/

Revised February 2020
MISSOURI LOW INCOME WEATHERIZATION ASSISTANCE
PROGRAM APPLICATION

CENTRAL MISSOURI COMMUNITY ACTION
800 N. Providence Road Ste 104
Columbia, MO 65203

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**

<table>
<thead>
<tr>
<th>NAME</th>
<th>PHONE NUMBER WITH AREA CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>CITY</td>
</tr>
<tr>
<td>HAS THE HOME PREVIOUSLY BEEN WEATHERIZED?</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Yes Date:</td>
</tr>
</tbody>
</table>

**HOUSEHOLD INFORMATION**

<table>
<thead>
<tr>
<th>TYPE OF HOME</th>
<th>ESTIMATED AGE OF HOME</th>
<th>REFERRED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>House</td>
<td>Mobile Home</td>
<td>Shelter</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Own</th>
<th>Rent</th>
</tr>
</thead>
</table>

Household Members

<table>
<thead>
<tr>
<th>TOTAL HOUSEHOLD MEMBERS</th>
<th>CHILDREN 19 AND UNDER</th>
<th>OVER 60</th>
<th>DISABLED</th>
<th>NATIVE AMERICAN</th>
</tr>
</thead>
</table>

List all household members. If additional space is needed, please attach list.

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Date of Birth</th>
<th>Native American</th>
<th>Handicap or Disabled</th>
<th>Veteran</th>
</tr>
</thead>
</table>

Provide proof of income for the previous three months for all household members. If additional space is needed, please attach list.

**INCOME INFORMATION**

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Amount</th>
<th>Interval</th>
</tr>
</thead>
</table>

**FUEL CONSUMPTION INFORMATION**

<table>
<thead>
<tr>
<th>PRIMARY FUEL TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIMARY FUEL SUPPLIER</td>
</tr>
<tr>
<td>PRIMARY ELECTRIC SUPPLIER</td>
</tr>
</tbody>
</table>
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, articulatd 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 personal 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: ____________
Conflict of Interest – Addendum
CMCA Weatherization Assistance Program Application

The Missouri Weatherization Assistance Program (WAP) defines a relative as an employee’s spouse, child, grandchild, parent, grandparent, brother or sister (including half-brother and half-sister), their spouses, and the parent, brother, sister or child of an employee’s spouse; or domestic partner (defined, for the purposes of this policy only, to mean; and adult (18 years of age or older) of the same or opposite sex who: (1) is not related to the employee under the definitions above; and (2) who shares primary residence, or otherwise is in a relationship of mutual financial support with the employee; and (3) who intends to remain in such relationship for the indefinite future.

☐ I certify that I am neither an employee of CMCA, nor a relative of a CMCA employee.
☐ I certify that I am neither a CMCA board member, nor a relative of a board member.
☐ I certify that I am neither a CMCA WAP contractor, nor a relative of a WAP contractor.
☐ I certify that there is a relationship with CMCA and I cannot check the above certification statements. Below is an explanation of my relationship with CMCA.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Having a relationship does not disqualify an applicant; however Missouri WAP requires that approval be granted prior to weatherization services being provided to the related party.

No preference may be given to related parties simply due to a relationship.

Printed Name (as shown on WAP application)

____________________________________________________________________________________

Signature

Date