

WEATHERIZATION DEPARTMENT

800 N. Providence, Suite 104 Columbia, MO 65203 573-443-3500 WWW.CMCA.US

Application Instructions - Answer all the questions on the application and return with copies of everything listed below that applies to you and your family. Check the boxes as you work through the application and gather documents. Income eligibility guidelines are listed on the next page.



Proof of Income:	1
Provide proof of income for ALL household members for the three months BEFORE the month you sign the	ı
application. Include any of the following that apply to you or any household member.	ı

- Wages (paychecks or cash)
- Social Security (SSI and SSDI) award letter showing current benefit amount
- Unemployment
- Temporary Assistance for Needy Families (TANF)
- · Retirement and/or Pension

NOTE: Bank statements are not acceptable as proof of income



Zero Income.....

- Anyone in the home who is over 19 (20 and up) with no income MUST complete a Zero Income Form (request form from CMCA Weatherization Program or download from www.cmca.us)
- If NONE of the household members have any income, the form must be signed by a notary



Proof of Site-Built Home Ownership (choose one)

- Paid real estate taxes from previous year
- · Current home owner's insurance
- Deed filed with county of residence (with physical address)
- · Monthly bill from mortgage company

OR



Proof of Mobile Home Ownership (choose one)

- Paid personal property tax from previous year listing mobile home
- · Current homeowner's insurance
- Clear title in applicant's name
- · Monthly bill from mortgage company



OR

Proof of Renting

- · Provide landlord's name, address, and phone number
- CMCA must contact your landlord for permission to weatherize the home



Utility Bill (provide both if applicable)

- Electric bill with account number and service address
- Heating fuel bill (gas, propane, etc.) with account number and service address

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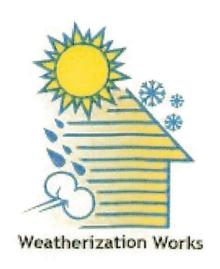
Social Security Card.....

For the person at the top of the Program Application

Conflict of Interest Form	
Complete this form so we are aware of your relationship to CMCA	

If you have any questions about applying for weatherization, please call: 573-443-3500, or email us at wx@cmca.us. Please submit all information listed above with your Program Application.

Completed Program Application with the required documents can be mailed or dropped off at the address above.



Income Guidelines to Qualify for Weatherization

Household Size	Income
1	\$25,520
2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240

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/



Missouri Low Income Weatherization Assistance Program **Application**

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

FOR OFFICE USE ONLY	,
COUNTY	
JOB NUMBER	

Answer every question on the application and provide the proper supporting documentation.

Leaving questions blank on the	e application or failing to pro	ovide pro	per documation	on will cau	se delays	•		
APPLICANT INFORMATION:								
NAME		<u></u>				PHONE NUI	MBER W	TH AREA CODE
ADDRESS		CITY		STATE	ATE ZIP CODE			
HAS THE HOME PREVIOUSLY BEEN WEAT		SSN			EMAIL			
HOUSEHOLDINFORM								
TYPE OF HOME House Mobile House		ESTIMATED I	REFERRED B	REFERRED BY				
If you own your home, please landlord's address, telephone	provide proof of home own		ulti-family deed, mortga	ge, title, et	c.) If you	rent your h	ome,	provide your
Rent Household Members	TOTAL HOUSEHOLD MEMBERS	CHILDRE	N 19 AND UNDER	OVER 60	C	DISABLED		NATIVE AMERICAN
				<u> </u>				
List all household members. If	additional space is needed	I. please	attach list.					
Household Me			e of Birth	Nati Amer		Handic or Disal		Veteran
Provide proof of income for the	previous three months for a	all house	hold members	s. If addition	onal space	e is needed	, pleas	se attach list.
INCOME INFORMATIO	8						etgare. Ja	
	Income Source			Amount Interval			Interval	
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FUEL CONSUMPTION I	NEORMATION							
PRIMARY FUEL TYPE								
PRIMARY FUEL SUPPLIER					ACCOUNT I	NUMBER		
PRIMARY ELECTRIC SUPPLIER					ACCOUNT I	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.

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Applicant's Signature	Date:



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Conflict of Interest Form

To ensure that Central Missouri Community Action (CMCA) is being fair and is not showing favoritism when considering your application, we need you to please answer the following questions. Checking YES to these questions does not make you ineligible for receiving services. But it is necessary for us to know and to get approval in your circumstance. Check or circle YES or NO to clearly identify your answer for each question.

Sign here	
Print your Name here	Today's Date
Thank you for your cooperation.	
If you circled yes to this last question, please write their name here:	
YES NO	
Do you have a relative that is a CMCA employee, board member or a weatherization contrac	tor?
YES NO	
Are you a CMCA weatherization contractor?	
YES NO	
Are you a CMCA board member?	
YES NO	
Are you a CMCA employee?	
approval in your circumstance. Check or circle YES or NO to clearly identify your answer for e	each question.



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What is Weatherization?

Weatherization is the sealing of air leaks and installing insulation to make a residence more energy efficient. But CMCA's weatherization actually goes beyond that. Of course, we help you conserve energy because that will save you money. But when CMCA weatherizes your home, we also make improvements that make your home safer and healthier. We are here to help the low-income and especially the elderly, families with children, those with physical disadvantages, and others hit hardest by high utility costs.

What do we actually do?

We start by certifying that you are income-eligible for our Weatherization Assistance Program. And when it is your turn, your home will get an Energy Audit. A certified professional Auditor will come and conduct an Energy Audit of your home. The Energy Audit includes an interview with you related to the home; an indoor and outdoor inspection throughout your home going into every room, the attic, crawlspace or basement; measuring and recording the dimensions of the home, windows and doors; a blower door test, and testing of the gas fired appliances. The Auditor is required to take many photographs of your home, inside and outside.

The Energy Auditor will check:

Air-leaks

Refrigerator

Furnace

Indoor Air Quality

Stove

Air conditioner

Insulation

Water heater

Exhaust fans

After the Energy Audit, the Auditor will create a list of work items that will improve the <u>energy efficiency</u> of your home and help ensure <u>health</u> and <u>safety</u>. An experienced Contractor will then be sent to make the improvements.

REASONABLE COST – Though the improvements we make are <u>free to you</u>, they have a cost. We can only make improvements that will save enough money to justify the expense. The savings are calculated over the expected life of the improvement. For example, if an improvement can save \$100 a year; and that improvement is expected to last 10 years; then the improvement is justified if it cost less than \$1,000 (10 years x \$100/year) to install.

Misunderstandings about Weatherization?

WINDOWS and DOORS - Many people think of weatherization as a window and door replacement service. They expect the program to provide new double paned insulated windows or new doors. HOWEVER, that is seldom the case. New windows and doors <u>cannot</u> typically be financially justified. Weatherization will ensure that a home's existing windows are caulked, weather tight and broken panes will be replaced. We will also ensure that the existing doors are weather stripped and have appropriate bottom seals.

LEAKING ROOF and STRUCTURAL REPAIRS – Any significant roof or structural repair will have to be made <u>before</u> weatherization work can proceed.

NEW FURANCE and AIR CONDITIONER – We examine existing equipment. When equipment is not functioning nor efficient, we can repair and sometimes replace. We cannot provide new equipment when there is none there to begin with.

PROMISES – We cannot guarantee that we will do ANYTHING until the Audit is made and the conditions are evaluated in the office. The home's condition will be evaluated in accordance with the latest guidelines and software provided by the Department of Energy. At this stage, we can make recommendations for improvements to your home.



Client Confidentiality Agreement/ Release of Information

Household Comments:	Individual Comments:
I certify that the information on this application is true and that such information is subject to verification and I further rejection of this application.	d accurate to the best of my knowledge and belief. I understand er realize that falsified or fraudulent information may result in the
be used solely for the Agency's related statistics, service information of a confidential, proprietary, or secret nature medical records, job history, present or future, of CLIENT example, but not limited to: spouses or other family mem medical records and all other pertaining to the family info CLIENT to be strictly confidential, as required by the Priv	or any related data. Confidential Information includes, for bers, ages, salaries, financial standings, criminal records, remation. CMCA will consider all information received from acy Act, and subject to the restrictions of this Agreement; except i) in the possession of CMCA before receipt from CLIENT, (iii)
CMCA may, however, disclose Confidential Information to legitimate need to know and has agreed to terms similar disclose this Confidential Information (i) to medical personaudits, or program evaluation, as long as CLIENT identition.	n to any other party without the prior written consent of CLIENT. to its employees and/or programs but only if the employee has a to those in this Agreement. Community Action Agency may also nnel in an emergency; (ii) to qualified personnel for research, es are not identified; (iii) to a third party based on court orders; child abuse or neglect. CMCA will be responsible for any use or yees or agents to third parties who should not share this
This Agreement may be amended only in writing and sha	Il be governed by the laws of the State of Missouri.
Please sign below to indicate that you h	ave read this Consent and agree with its terms.
Client Signature:	Date:
Interviewer's Signature:	Date:



Please fill out for all household members

Tanf/Food Stamps	month	1000			
	An				
Level of Type of Medical Education Insurance					
Level of Education					
Social Security Number					
ce DOB		_			
Gender Race					
Gen					
Name					