



MISSOURI
DEPARTMENT OF
NATURAL RESOURCES

Weatherization Program Application

Community Development Block Grant Administrator

100 North Main Street ♦ O'Fallon, MO 63366

636-379-5411 ♦ www.ofallon.mo.us

jhawkins@ofallon.mo.us

The Low Income Weatherization Program provides free energy-efficient improvements. Improvements may include insulation, repairing doors and windows, repairing or replacing furnaces and water heaters, caulking and weather stripping.

Application Checklist (requirements)

- Provide proof of ownership (recorded warranty deed or deed of trust) – may be obtained through the St. Charles County Recorder of Deeds office (636.949.7505).
- Provide proof of income – provide proof of all income (for the past 6 months) sources for all household members, including current pay stubs.
- Completely fill out the entire application – be sure to sign and date.
- Provide copies of all household members' drivers' licenses and social security cards.
- Proof of paid property tax.
- Title of a recorded mortgage agreement for mobile homes.
- Copy of most recent utility bill (primary heat source).

Renters are eligible to apply and receive assistance with the participation of their landlord. Eligible applications may become ineligible if conditions of the home are determined to be beyond the scope of departmental program guidelines.

Income Guidelines

Number of people in household/maximum yearly income

| | |
|-----------------------|-----------------------|
| One person \$21,660 | Five people \$51,580 |
| Two people \$29,140 | Six people \$59,060 |
| Three people \$36,620 | Seven people \$66,540 |
| Four people \$44,100 | Eight people \$74,020 |

(For each additional person, add \$7,480 per year)

Total income is calculated from all resources and is based on gross pay – before taxes and expenses are deducted.

Has the home owner ever been the recipient of the City of O'Fallon's Home Improvement Loan Program, Window Replacement Program, Christmas in July, or any program offered by NECAC? Yes No

If yes, please explain and provide the date: _____

Is your attic Insulated: Yes No

Are your walls Insulated: Yes No

Do you have storm windows: Yes No

Do you have caulking: Yes No

Do you have weather stripping: Yes No

Foundation: Partial Cracked Missing

Air Conditioner: Central Window How many? _____

Heating system working properly: Yes No

If no, please explain: _____

Primary Heat Source : Gas Oil Electric Wood Propane
 Kerosene Solar Coal Heat Pump Other

Type of Heating System: Forced Air Space Heater Steam Boiler Hot Water Boiler
 Gravity Gravity Coal Conversion
 Other _____

Heating system location: Attic Basement Crawl Space Living Area Outdoors

Age of heating system: _____ Age of Home/unit: _____

House structure: Brick Wood Frame Log Building Block
 Other

Type of Home: 1 Story 2 Story Mobile Home

Attic: Full Partial

Basement: Full Partial N/A

Access: Full Partial

Rooms in house, excluding bathrooms: _____ Number of bathrooms: _____

Amount of most recent gas/electric (include copy): \$ _____ Electric supplier: _____

Utilities paid by whom: You Landlord Both

Did you receive energy assistance from D.F.S.? Yes No

Did you receive energy conservation data? Yes No

Did you receive Client Counseling? Yes No



MISSOURI LOW INCOME WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

| | |
|----------------------------|--|
| 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 in processing this application.

APPLICANT INFORMATION

| | | | |
|---|------|-----------------------------|--------------------|
| NAME | | PHONE NUMBER WITH AREA CODE | |
| ADDRESS | CITY | STATE | ZIP CODE PLUS FOUR |
| HAS THE HOME PREVIOUSLY BEEN WEATHERIZED? <input type="checkbox"/> No <input type="checkbox"/> Yes Date: | | SOCIAL SECURITY NUMBER | |

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 name and/or business name, address, telephone number and fax number.

| | | | | | |
|--------------------------|-------------------------|-----------------------|---------|----------|-----------------|
| 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 |
|-----------------------|---------------|--------------------------|--------------------------|
| | | <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 six 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 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: _____