

WEST CENTRAL MISSOURI COMMUNITY ACTION AGENCY

The West Central Missouri Community Action Agency "West Central" Weatherization Assistance Program "WAP" is funded in part through the Missouri Department of Natural Resources, Division of Energy and utility providers. Our goal is to install or repair energy saving measures that will improve your home, saving low-income families on their utility costs. We also check your heating system, water heater, lead levels, mold, ect. For any heath and safety issues or concerns.

Enclosed are the annual gross income guidelines and instructions on what documentation must be provided 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.** Once your application is processed, you will be placed on our waiting list. You will be notified by phone to schedule your home assessment, so please include accurate contact information and update us when there are changes to your contact information.

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, roof repairs or homes under construction. Homes/Mobile Homes that received services from West Central's WAP within the past 15 years will not be eligible.

Occupied homes that report loss of heat from November 1- March 31 will receive priority selection from the waiting list.

The West Central Weatherization Assistance Program operates in 9 counties (Bates, Benton, Cass, Cedar, Henry, Hickory, Morgan, St. Clair, and Vernon.)

Enclosed is an application to complete, sign and return with all required documents. Our office appreciates your interest in the Weatherization Assistance Program and hopes to provide you with assistance in the near future!

Weatherization Assistance Program Income Guidelines

Effective January 13, 2021

Family Size	Gross Annual Income Limit
1	\$25,760
2	\$34,840
3	\$43,920
4	\$53,000
5	\$62,080
6	\$71,160
7	\$80,240
8	\$89,320

Required Documentation Checklist for a Complete Weatherization Application:

Our office makes every effort to process your application in a timely manner; however, this cannot be completed until all required paperwork has been submitted. Please note that new applications may be denied if all information has not been received within a **3-month** period from the date the application was **signed**.

_Proof of Income:

- Wages- proof of the most recent 3 months gross income of everyone in the home (paystubs)
- Fixed income- letter of current benefits for Social Security, SSI, pension, unemployment, VA benefits, proof of benefits from TANF, child support, ect.
- Self employed- previous year's income tax return including the Schedule C.
- Zero income- anyone 20 years old and over that doesn't receive income must attach a signed, Certification of Zero Income Form.

_Social Security Card(s):

- Copies of Social Security cards for everyone living in the home that is 20 years old and over.

_Proof of Ownership:

Client's name and physical address must be on the documentation. Client must provide one of these items:

- Site Built Home- proof of recorded Missouri deed; a recorded mortgage agreement; proof of a paid real estate property taxes; copy of current homeowner's insurance.
- Mobile Home- copy of mobile home title; recorded mortgage agreement for mobile home; proof of paid personal property taxes; proof of current homeowner's insurance (mobile home information must be listed on policy.)

_Proof of Utilities:

- Copy of most recent electric bill; and natural or propane gas bill, if applicable. The utility company name must be on the bill. The home's physical address must be listed on the bill.

Renters:

Qualify for WAP, but you must provide landlord's name, address, and phone number. We will contact the landlord for approval to complete work.

How to submit your application and documents:

Email: energyconservation@wcmcaa.org

Mail: 106 W 4th St., Appleton City, MO 64724

Fax: 660-476-6027



MISSOURI LOW INCOME WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

WEST CENTRAL MISSOURI COMMUNITY ACTION AGENCY
 106 West 4th Street
 Appleton City, MO 64724

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.

APPLICANT INFORMATION

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	

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	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"/>					
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	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.

INCOME INFORMATION		
Income Source	Amount	Interval

FUEL CONSUMPTION INFORMATION

PRIMARY FUEL TYPE	
PRIMARY FUEL SUPPLIER	ACCOUNT NUMBER
PRIMARY ELECTRIC SUPPLIER	ACCOUNT NUMBER

Additional Information

Are you and/or a family member a West Central Missouri Community Action Agency board member or employee now/within the last 12 months?

Yes: Name: _____ Relation: _____

No: If NO sign here: Signature: _____

Please note, being a West Central employee or relative of an employee/board member does not preclude you from receiving weatherization assistance.

Energy Assistance

Have you received Energy Assistance from West Central?

Most recent date assisted (approximately.) Date: ___/___/___

If **yes** please sign and date page **6** for authorization of release of information.

Health & Safety

Does your home currently have a working heating system? YES: ___ NO: ___

If no, do you know why your heating system is not working?

Does your home have any health and safety issues that you are aware of (pest, mold, septic, knob & tube wiring, lead, asbestos?)

Do you know of anyone who might be interested in our Weatherization Program?

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____



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 Request copy of LIHEAP Payment Screen - E1PY.			
Lifeline			
Safelink			
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	