WEST CENTRAL
MISSOURI COMMUNITY ACTION AGENCY

Fred R. Bunch, Board Chair
Christopher L. Thompson, Chief Executive Officer

112 W. 4th, Appleton City, MO 64724 ● www.wcmcaa.org ● 660-476-2185 ● info@wcmcaa.org

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, etc. for any health 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 major rehab measures or major structural repairs including homes under construction. Home/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. I would be more than happy to assist you in any way that I can in completing the application process. If you have any questions or need additional information, please reach out to me Monday through Thursday from 7:30 a.m. to 5:00 p.m. I enclosed a self-addressed stamped envelope for you to use to mail back your application. Our office appreciates your interest in the Weatherization Assistance Program and hopes to provide you with assistance in the near future!**

Thank you,

Madyson Bogart
Home Enrichment Administrative Coordinator
Phone: 660-476-2185 ext. 1506

**Weatherization Assistance Program Income Guidelines**

Effective March 2026

| Size of Family Unit | Annual Gross Income | Size of Family Unit | Annual Gross Income |
|---|---|---|---|
| **1** | $31,920 | **5** | $77,360 |
| **2** | $43,280 | **6** | $88,720 |
| **3** | $54,640 | **7** | $100,080 |
| **4** | $66,000 | **8** | $111,440 |

**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 the new application 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, etc.
- Self-employed – previous year's income tax return (Form 1040 and Schedule 1 for Form 1040). **Only allowed for household members who are self-employed.**
- Zero income – anyone 19 years old and over that doesn't receive income must attach a signed Certification of Zero Income Form.
- **Bank statements may not be used for income verification.**

__Social Security Card(s):

- Copies of Social Security cards for the head of household.

__Proof of Ownership (provide one document):

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 paid real estate property taxes, or copy of current homeowners' insurance.
- Mobile Home – copy of mobile home title; recorded mortgage agreement for mobile home, proof of paid personal property taxes, or proof of current homeowner's insurance (mobile home information must be listed on the policy). The vehicle identification number (VIN) must be listed on the document that is provided.

__Proof of Utilities:

- Copy of the most recent electric bill and natural gas bill (if applicable). The utility company must show the utility company name, service address, account number, and account holder name. The name on the account does not have to match the name on the WAP application.

Renters:

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

**How to submit your application and documents:**

Email: energyconservation@wcmcaa.org

Mail: 112 W 4th St., Appleton City, MO 64724

Fax: 660-476-6027

# MISSOURI LOW INCOME WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

**WEST CENTRAL MISSOURI COMMUNITY ACTION AGENCY**
**112 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 documation will cause delays.

## APPLICANT INFORMATION

| NAME | | PHONE NUMBER WITH AREA CODE | |
|---|---|---|---|
| ADDRESS | CITY | STATE | ZIP CODE |
| HAS THE HOME PREVIOUSLY BEEN WEATHERIZED? ☐ No ☐ Yes Date: | SSN | EMAIL | |

## HOUSEHOLD INFORMATION

| TYPE OF HOME ☐ House ☐ Mobile Home ☐ Shelter ☐ 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 ☐
Rent ☐

| 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 |
|---|---|---|---|---|
| | | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ |

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 |

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<br>_____<br>_____<br>_____ | |
| TO | Name | | |
| | Address<br>_____<br>_____<br>_____ | | |
| 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)

_____

(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 |

**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:_____

| **How did you hear about this program?** | |
|---|---|
| Social Media | |
| Website | |
| Radio | |
| Newspaper | |
| Referral/Friend | |
| Other | |

## 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: _____