

CENTRAL MISSOURI COMMUNITY ACTION

WEATHERIZATION APPLICATION INSTRUCTIONS

HOW TO APPLY FOR CMCA'S WEATHERIZATION PROGRAM AND DOCUMENTS NEED TO PROCESS YOUR APPLICATION.

1. **Answer every question on every page of the application.** Leaving things blank will cause delays.
2. **Provide copies of social security cards.** If you and every member of your household are listed on an open Family Support Division case (food stamps), you will not need to provide this information.
3. **Provide proof of income** for the entire household for the six month period prior to the month of your application (eg, if you apply in June, you will need to verify December through May income). This can be copies of paycheck stubs or a letter from your employer stating gross wages. **For unearned income**, such as social security or SSI, you can provide verification of just one month's income.
4. **Provide proof of homeownership if you own your home.** Acceptable proof of homeownership includes a homeowner's insurance policy, deed to a house, title to a mobile home, mortgage statement, real estate tax receipt for a house, or personal property tax receipt for a mobile home. Please be sure your proof of ownership corresponds to the type of home you own (house vs. mobile home).
5. **Provide your landlord's FULL name, address, and phone number if you rent.** There is a space for this information on the application.
6. **Provide your utility provider information** (both gas and electric as applicable). Please remember to include your account number.
7. **Sign and date the application.**
8. **Complete the utility release of information form.**
9. **Mail application to the address listed –OR- you may bring it to the nearest county office.**



Central Missouri Community Action

Missouri Low-Income Weatherization Assistance Program Application

1. Answer every question on both sides of the application and provide the proper supporting documentation. Leaving questions blank on the application or failing to provide proper documentation will cause delays.

Name: _____ Address: _____ City: _____ Zip: _____ Phone Number: _____ Phone Number: _____	For Office Use Only County: _____ Job #: _____ App #: _____ Priority: _____
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HOUSEHOLD INFORMATION:					
List all persons living in your home, starting with yourself. Attach additional list if more than six (6).					
Name	Social Security Number	Date of Birth	Relationship	Gender (M/F)	Race
			SELF		

Is anyone in your household receiving Food Stamps? Yes No _____

Please list your utility companies and indicate the type of service they provide (if Ameren UE please include account number):

Heating Fuel Supplier: _____ Type of Service: _____

Electricity Provider: _____ Type of Service: _____

Ameren UE Account Number: _____ Type of Service: _____

Have you received utility assistance from CMCA in the past 24 months? Yes No _____

Do you own your home? Yes No Do you rent to own? Yes No

If yes on any, please attach proof of homeownership (i.e. copy of title, tax receipt, homeowner's insurance)

Please check the type of home you live in: House Mobile Home Duplex Multi (more than 2 units)

If you rent your home, please provide your landlord's name, address, telephone number, and fax number (if applicable):

2. Provide proof of income for the previous six-months for everyone living in your household; do not include verification for the month you apply in, only for the previous six months.

- If you have wages, you may submit the last paycheck stub for the previous month if it shows ‘year-to-date’ wages. If you have had multiple jobs during the previous six months, be sure to include a copy of the last paycheck stub for all jobs held during the previous six months.
- If you receive unearned income such as TANF, Social Security, or SSI you need only to provide proof of one month’s income for those income sources. If you have earned income in addition to these unearned income sources, please continue to provide six-months verification for all other sources of income.

INCOME INFORMATION

Does anyone listed in your household have income from a job? Yes No _____

If yes, please list information for the household member below and attach copies of previous six-months income verification. If more than four people have wages please attach additional list of their pay with this application.

Household Member #1 Name	Employer	Timeframe of Income	Gross Pay
		Last Month	
		2 months ago	
		3 months ago	
		4 months ago	
		5 months ago	
		6 months ago	

Household Member #2 Name	Employer	Timeframe of Income	Gross Pay
		Last Month	
		2 months ago	
		3 months ago	
		4 months ago	
		5 months ago	
		6 months ago	

Household Member #3 Name	Employer	Timeframe of Income	Gross Pay
		Last Month	
		2 months ago	
		3 months ago	
		4 months ago	
		5 months ago	
		6 months ago	

Household Member #4 Name	Employer	Timeframe of Income	Gross Pay
		Last Month	
		2 months ago	
		3 months ago	
		4 months ago	
		5 months ago	
		6 months ago	

Does anyone listed in your household have unearned income (i.e. see sources below)? Yes No _____

If yes, please fill out below and attach proof of this income. Attach additional list if more room is needed.

SOURCE	WHO RECEIVED	AMOUNT	HOW OFTEN PAID
Social Security			
Supp Sec Income (SSI)			
TANF			
Alimony			
Unemployment Comp.			
Veterans Benefits			
Pensions			
Railroad Retirement			
Money received from relatives/organizations			
Other, Specify:			

I declare that the information I have given 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 statement(s) on this application in order to get benefits I am not entitled to receive.

Applicant Signature _____

Date: _____

CMCA Staff Signature _____

Date: _____

Please be sure you answer all questions, sign and date the application, finish reading the instructions, and attach all necessary documentation before mailing application.

3. Provide copies of social security cards or other verification of social security numbers. If you, and everyone in your household, are receiving assistance from Family Support Division, you will not need to provide this documentation.
4. Please provide your account number for utility service and indicate whether you receive electric or gas service.
5. If you own your home, please provide proof of homeownership. This can include a property tax receipt, copy of the title, or homeowners insurance. If you rent your home, please provide the name, address, telephone number, (and fax number if applicable) of your landlord so that proper forms can be sent to them for prior authorization.
6. Sign and date application. Mail your application and supporting documents to your local County Family Resource Center:
 1. Audrain, Callaway, Cole, and Osage: CMCA, Kara Yancey, 2010 William ST., Jefferson City, MO 65109
 - Boone, Cooper, Howard, Moniteau: CMCA, Karen Cline, 400 Wilkes, Columbia, MO 65201
7. CMCA programs and policies are consistent with pertinent federal and state laws and regulations and prohibit discrimination in programs. Applications are accepted all-year round for this program. More information about Central Missouri Community Action Weatherization Assistance Program can be found at <http://ShowMeAction.org>.



Weatherization Program

www.ShowMeAction.org

Utility/Fuel Release of Information

Head of Household Name: _____

Address: _____

City, State, Zip Code: _____

Utility Company Name: _____

Name on Utility Bill: _____

Account Number: _____

Utility Company Name: _____

Name on Utility Bill: _____

Account Number: _____

If the name of the person listed as 'head-of-household' differs from the name on the utility bill(s), have both parties sign below. If the name of the 'head-of-household' is the same as the name on the utility bill(s), only one signature is necessary. If the utilities are held in multiple names at the same address, please have each utility holder sign below.

By signing this energy release of information form, I am giving Central Missouri Community Action (CMCA) permission to contact and obtain information from my utility vendor(s) regarding my past and present utility consumption in reference to the address where I have applied for Energy assistance services. This information will be used by CMCA to evaluate utility usage to determine other services applicable. Programs include energy efficiency, weatherization, advocacy and appliance exchange programs. I understand that the confidentiality of my personal information will not be compromised and that only the utility consumption information will be obtained.

Name (printed)

Date

Signature

Signature