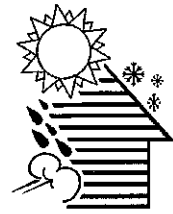




Weatherization Department
1924 West 4th Street
Joplin, MO 64801
(417) 781-4437 Fax (417) 781-1961



Thank you for your interest in the Weatherization Assistance Program operated by Economic Security Corporation. Our goal is to improve the energy efficiency of your home, which reduces your utility bills and makes your home more comfortable. This program is funded through the Missouri Department of Economic Development using state and federal money. There is absolutely no cost to you or your family to take advantage of these services. If your home is rented, your landlord must agree to the work. We require a landlord contribution 25% of the estimated project cost for multi-family dwellings with more than four units.

The first step is to fill out the attached application **completely** and provide the following documentation:

- Proof of income for the past 3 calendar months for you and all other members of your household. We need your current Social Security award letter, pay stubs, retirement/pension/VA statements. PLEASE NOTE: WE ARE UNABLE TO ACCEPT BANK STATEMENTS AS PROOF OF INCOME. **Please contact us for instructions regarding adult household members with zero income.**
- Copies of Social Security Cards for you and all other members of your household.
- Proof of home ownership – For site built homes we can accept a current mortgage statement, current paid property tax receipt, current homeowner's insurance declarations page, or deed with official County Recorder's seal. For a mobile home we can accept a copy of the title or official recorded deed to the property on which the mobile home sits.
- Copies of your most recent utility bills showing account number and service address – electric, propane, and natural gas.

If your home is rented, you must also have your landlord complete the page entitled Weatherization Assistance Program Owner / Landlord Agreement Owner / Authorized Agent Certification. The completed form should be returned with your application. The landlord contribution if applicable is not required at this time, but must be received before your home may receive services.

The completed application and documentation should be returned to the Weatherization Department at 1924 West 4th Street in Joplin or the Economic Security Corporation corporate office at 302 South Joplin Avenue in Joplin. You may also mail it to the attention of the Weatherization Department at Economic Security Corporation, 1924 West 4th Street, Joplin MO 64801.

Have a question about any of this? Please call our office at (417) 781-4437. Our office hours are Monday through Thursday 7:00 a.m. to 5:30 p.m. excluding holidays.

Eligibility for weatherization services is based on household income. To determine whether you may qualify, use the table below. Your gross household income must be equal to or less than the income shown for the number of people living in your home.

Number of People in the Household	Annual Income
1	\$24,980
2	\$33,820
3	\$42,660
4	\$51,500
5	\$60,340
6	\$69,180
7	\$78,020
8	\$86,860

Income may include:

- Money, wages, or salaries before deductions that you received from an employer
- Net receipts from a business you operate, either farm or non-farm
- Social Security payments
- Railroad retirement
- Unemployment Compensation
- Strike benefits paid by a union
- Workers' Compensation
- Veteran's Payments
- Alimony
- Military family allotments
- Private pensions
- Government employee pensions, including military retirement pay
- Interest and dividends

Income does NOT include:

- Child support - we must receive proof of child support payments, but they do not count toward your annual income.
- College scholarships
- Capital gains
- Sale of property such as a house or car
- Tax refunds
- Gifts and loans



MISSOURI LOW INCOME WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

ECONOMIC SECURITY CORPORATION OF SOUTHWEST AREA

1924 W. 4th Street

Joplin, MO 64801

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
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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
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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

Complete information on Head of Household and other members living in the home (whether related or not):

Name	Relation to Head of HH	SSN	Date of Birth	Gender M / F	Hdcp/ Disable	Race	Native Amer.	Hispanic Y / N	Annual Income	Income Source

(attach sheet for additional members)

Is anyone in your household or your landlord’s household employed by or serving on the board of Economic Security Corporation or related to anyone who is employed by or serving on the board of Economic Security Corporation? _____

If so, please explain who and how related. _____

Does your home currently have any roof leaks? _____

Directions to home:

TERMS AND CONDITIONS

I hereby apply for weatherization assistance through the Low-Income Weatherization Assistance Program, or LIWAP, administered by Missouri Department of Economic Development' 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 Economic Development' 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 Economic Development' 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 Economic Development' 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 Economic Development' 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 Economic Development' 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 Economic Development' 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 Economic Development' 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 Economic Development' 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 Economic Development' 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: _____



Economic Security Corporation of Southwest Area,
A Community Action Agency
P.O. Box 207; 302 Joplin
Joplin, MO 64802
(417) 781-0352
(417) 781-1234 (Fax)

Authorization for Use of Information For:

Name (if under 18, Parent or Guardian must sign):

I hereby consent for Economic Security Corporation to use above mentioned name, image and/or any photograph, drawing, picture or any other depiction of myself or my child (if over 18 years of age.)

I also grant Economic Security Corporation the right to edit, use and distribute said products for purposes including use in print, on the internet and all other forms of media, both internally throughout the four-county area and externally outside of the four-county area including local, statewide and nationally.

I understand that I will receive no financial consideration for the granting of this permission.

I understand that information disclosed to pursuant may be redisclosed to additional parties and no longer protected. I also understand that I may revoke this authorization at any time by signing a Revocation Form and returning it to the Resource Development Director, located in Economic Security Corporation's Central Office Building. I further understand that any such revocation does not apply to the extent that persons authorized to use or disclose my information have already acted in reliance of this authorization, except to the extent that action has already been taken.

Signature: _____

Parent or Guardian's Signature: _____

Date Signed: _____

**Weatherization Assistance Program Owner/Landlord Agreement
Owner/Authorized Agent Certification**

Check One: Single-Family Unit _____ # of Units
 Multi-Family (2 – 4 Units per Building) _____ # of Units
 Multi-Family Complex (Five or More Units per Building) _____ # of Units

I, _____ certify that I am the owner or authorized agent for the property located at (address) _____

and occupied by (tenant) _____

I authorize the (agency) _____ to weatherize the unit located above in

accord with the following provisions:

1. I agree not to raise the rent on the unit(s) weatherized for a period of two years after weatherization is complete without just cause. Normal just cause for rent increases (i.e. increased costs, other building improvements, etc) are allowable.
2. The tenant will not be evicted (during the two-year period after weatherization) due only to weatherization work completed. Eviction for lease violations is allowable.
3. To the best of my knowledge, the unit listed above has not been weatherized by the Missouri Weatherization Assistance Program.
4. I agree that tenant(s) with utility inclusive rent will receive reductions in rent when utilities are reduced as a result of weatherization.
5. Owner shall not sell premises unless the Buyer agrees to assume all obligations contained in this agreement.
6. If the property is a Multi-Family Complex (more than 5 units per building), I agree to provide a minimum of a twenty-five percent (25%) cash contribution of estimated labor and material project costs before weatherization work can begin on the unit(s)

I am contributing \$ _____ towards the labor and material costs incurred toward this Weatherization project.

Are the energy utilities included in the rent? YES NO

Please enter the totals for all vacant / ineligible units not applying individually:

_____ # of Units	
_____ # of Elderly (60 and older)	_____ # of Disabled
_____ # of Children (19 and younger)	_____ # of Other

Owner/Agent's Name: _____ **Telephone:** _____

Address: _____

Signature: _____ **Date:** _____
Owner or Authorized Agent

Signature: _____ **Date:** _____
Agency Representative