

WEATHERIZATION CHECKLIST

Copies/Proof of the following items 1-5 must be provided in order to be placed on our Weatherization waiting list.

1. A copy of the applicant's Social Security Card (only the applicant's).
2. Provide **proof** of income for **everyone** in the household for the last **THREE** months.

Example: If you signed the application on February 15th, please provide proof of each person's income in the household for all of November, December and January or a benefit letter for SS/SSI etc.

Absolutely no bank statements or tax returns unless you are self-employed.

Acceptable proof of income includes the following:

- _____ 1099 for Self Employed
- _____ Paycheck Stubs (please include ALL pay periods for the last three months)
- _____ Social Security/SSI Benefit Award Letter (The only acceptable form is the typewritten letter issued upon request from the Social Security Administration office. You can also print a benefit letter by creating an account online at www.ssa.gov/myaccount)
- _____ Pension Benefit Letter
- _____ Child Support/TANF Printout
- _____ Unemployment Printout
- _____ Zero Income Statement-signed by all household members over age 19 with *zero* income.

Notarize the form if and only if the *entire* household has zero income.

3a. Homeowners, provide a copy of **one** of the following as **Proof of Ownership**:

- _____ State Title in Applicants Name; for Mobile/Modular Home
- _____ Current Homeowner's Insurance; for **Stick Built Homes Only**
- _____ Real Estate Tax Receipt or Personal Property Tax Receipt for Mobile/Modular Homes
- _____ Recorded Missouri Deed or Mortgage Statement

3b. Renters provide: (*An unrecorded lease purchase/rent to own will be considered a rental agreement*)

- _____ Landlord's Name, Mailing Address and Phone Number

4. Utility Bill/s:

- _____ A copy of your Electric Bill **and** Gas/Oil/Wood or Kerosene bill, if used

5. Complete and return the Application, Release of Information form and all required **proof as listed above.**

- _____ Completed, signed and dated application
- _____ Signed and Dated release form

Please feel free to call 636-789-2686 option #2 or e-mail wx@jfcac.org with any questions. Thank you!



MISSOURI LOW INCOME WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

JEFFERSON-FRANKLIN COMMUNITY ACTION CORPORATION
#2 Merchant Dr.
Hillsboro, MO 63050

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	

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 address, telephone number and fax number.									
<table border="1"> <tr> <td>Own</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Rent</td> <td><input type="checkbox"/></td> </tr> </table>						Own	<input type="checkbox"/>	Rent	<input type="checkbox"/>
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

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: _____

**AUTHORIZATION
For Release of Information**

JEFFERSON FRANKLIN COMMUNITY ACTION CORPORATION
P.O. Box 920, Hillsboro, MO 63050
(636)789-2686 or (TDD) 1-800-735-2966
Fax - (636) 764-6060

CONSENT

I authorize and direct any Federal, State, or local agency, organization, or business, or individual to release to JEFFERSON FRANKLIN COMMUNITY ACTION CORPORATION, information or materials requested on back, needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Housing Assistance Program, Voucher Homeownership Program, and/or Weatherization Program. I understand and agree that this authorization or the information obtained with its use may be given to and used by JFCAC in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

- | | |
|---------------------------------|---------------------------------|
| Identity and Marital Status | Employment, Income, and Assets |
| Medical or Child Care Allowance | Credit and Criminal Activity |
| Residences and Rental Activity | Education Records of Child(ren) |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for participation in the Housing Assistance Program, Voucher Homeownership Program, and/or Weatherization Program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

- | | |
|--------------------------------------------------------|-------------------------------------|
| Previous Landlords (including Public Housing Agencies) | Past and Present Employers |
| Courts and Post Offices | Welfare Agencies |
| Schools and Colleges | State Unemployment Agencies |
| Law Enforcement Agencies | Social Security Administration |
| Support and Alimony Providers | Medical and Child Care Providers |
| Retirement Systems | Veterans Administration |
| Banks and other Financial Institutions | Credit Providers and Credit Bureaus |
| Utilities Companies | Lenders and Realtors |

CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose stated above. This authorization will stay in effect for a year and one month for the date signed.

"
"

Print Name

"Uki pcwtg"....."O qdkg'Rj qpg"%....."F cvg

Primary Email Address

Check here if you wish to opt out of emails

Check here if you wish to opt out of text messages



SECTION 1

HOUSEHOLD MEMBERS AGE 20 & OVER – ZERO INCOME

***By signing this document, you are declaring that you have not received any income within 90 days prior to the date of this application**

Household Member 1	_____	_____	Age: _____	Date: _____
	Print	Signature		
Household Member 2	_____	_____	Age: _____	Date: _____
	Print	Signature		
Household Member 3	_____	_____	Age: _____	Date: _____
	Print	Signature		
Household Member 4	_____	_____	Age: _____	Date: _____
	Print	Signature		

SECTION 2

If the entire household has zero income,
the following “Applicant attestation statement” must be notarized.

I, the applicant for weatherization services, confirm the following statement with my signature:

“To the best of my knowledge, no person/persons residing at the listed address, either earns or receives any income in any form from any source.”

Applicant Name: _____ Signature: _____

Address: _____

Notary:

State of _____ County of _____

Sworn to before me, this _____ day of _____, 20_____

Notary _____

My commission expires: _____





Jefferson Franklin

COMMUNITY ACTION CORPORATION

Release Form

P: (636) 789-2686

Community Services:
Option 4

Energy Assistance:
Option 4

Housing Assistance:
Option 3

Weatherization
Assistance: Option 2

WIC Services:
Option 5

Head Start:
Option 6

W: jfcac.org

E: info@jfcac.org

Mailing Address:
P.O. Box 920
Hillsboro, MO 63050

Jefferson County Office:
#2 Merchants Drive
Hillsboro, MO 63050

Franklin County Office:
1020 Plaza Ct., Suite B
St. Clair, MO 63077

Relay Missouri TTY
Service:
800-737-2966

**EQUAL
OPPORTUNITY
EMPLOYER**

I hereby grant Jefferson Franklin Community Action Corporation (JFCAC) permission to use my likeness and/or story in photographs and/or videos in any and all of JFCAC's publications, including, without limitation, its website and any and all other media of any nature controlled by JFCAC, whether now known or hereafter existing, and for any such other appropriate use by JFCAC, in perpetuity. I further agree that I will not make any monetary or other claim of any nature against JFCAC for its use of the aforementioned photographs, stories and/or videos as described above.

Name (print full name)_____

Signature_____

Date_____

Parent's Signature (if the releasing party is under 18 years of age)

Name (print full name)_____

Signature_____

Date_____





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)			
Weatherization			
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	