



P.O. Box 69 Richland, MO 65556 573-765-3263

Weatherization
PO Box 69
Richland, MO 65556

Phone- 800-876-3264

Dear Client,

Our records indicate that you have shown interest in the Weatherization Program. Enclosed you will find a copy of our current income guidelines, an application for Weatherization Assistance, instructions for filling out the application, an Authorization for Release of Fuel Information, and a Landlord Agreement form. In addition to these forms being completed, we will also need proof of income for the last 3 months. Social Security, wages, dividend's and/or interest, self-employment and unemployment are all considered wages. We will need copies of Social Security Cards for the applicant. We will need proof of ownership for those applications who own their homes. We will also need a copy of your electric bill and your propane bill.

The Landlord Agreement Form is only for those applicants who are renting their home. Please note that there is no cost to you unless the applicant resides in a multi-family complex of five or more units per building. While there is no requirement to contribute on rentals of up to four units per building, MOCA encourages you to consider a voluntary contribution that would be applied to your rental unit(s) being weatherized. This would allow MOCA to reduce the cost of your rental unit(s) being weatherized and stretch funding to weatherize additional homes in MOCA's service area.

When you have completed the application and have all requested items, you will need to return the application with all required information to the address listed above. Please make sure that you make it Attn: Weatherization Department.

If you know of anyone who would be interested in having their home weatherized, you may have them contact our office at the number listed above to request an application.

Please note that the Low-Income Weatherization Program is at no cost to you. This program is federally funded through the Department of Economic Development/Division of Energy.

Our goal is to make your home energy efficient to help reduce heating and cooling costs. If you have any questions, please call 800-876-3264.

AN EQUAL OPPORTUNITY EMPLOYER/SERVICE PROVIDER

COORDINATION
CASE MANAGEMENT
EMERGENCY SERVICES
WEATHERIZATION

HEAD START
FAMILY SUPPORT
LOCAL INITIATIVE
COMMUNITY SERVICES
SECTION 8

WEATHERIZATION PROGRAM NOTICE 24-3

2024 POVERTY INCOME GUIDELINES CONTIGUOUS STATES U.S. GRANTEES EFFECTIVE JANUARY 25, 2024 INCOME LEVELS

SIZE OF FAMILY UNIT	200%
1	\$30,120
2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440

For families with more than 8 persons, 100% of poverty level increases \$5,380 for each additional person. Therefore, for weatherization at 200% of poverty level, add \$10,760 for each additional person.

WHAT YOU WILL NEED TO COMPLETE THE WEATHERIZATION APPLICATION

CHECKLIST

_____ 1. PROOF OF INCOME: FOR ANYONE IN THE HOME OVER THE AGE OF 19.

- A. IF YOU GET SOCIAL SECURITY- THE BENEFIT LETTER IS THE ONLY THING WE CAN TAKE.
- B. IF YOU GET WAGES- WE NEED 3 MONTHS PRIOR OF APPLICATION DATE.
- C. IF YOU GET A PENSION- WE NEED A STATEMENT FROM WHERE YOUR PENSION COMES FROM.
- D. SELF-EMPLOYMENT-A COPY OF YOUR COMPLETE TAX RETURN.
- E. PROOF OF ANY DIVIDENDS AND/OR INTEREST

THERE ARE NO EXCEPTIONS AND WE CANNOT TAKE A BANK STATEMENT FOR PROOF OF INCOME FOR ANY OF THE ABOVE INCOME.

_____ 2. PROOF OF OWNERSHIP: HOUSE-PROVIDE ONE OF THE FOLLOWING:

- A. PAID REAL ESTATE TAX RECEIPT
- B. COMPLETE COPY OR HOMEOWNERS INSURANCE
- C. A RECORDED DEED

MOBILE HOME-PROVIDE ONE OF THE FOLLOWING:

- A. TITLE
- B. PAID PROPERTY TAX RECEIPT WHICH HAS THE MOBILE HOME LISTED.
- C. A RECORDED DEED
- D. MOBILE HOME INSURANCE

NO MORTGAGE PAPERS WILL BE ACCEPTED.

IF YOU RENT THE LANDLORD AGREEMENT FORM NEEDS TO BE FILLED OUT COMPLETELY.

_____ 3. COPY OF APPLICANTS SOCIAL SECURITY CARD.

_____ 4. COPY OF ELECTRIC BILL

_____ 5. COPY OF PROPANE BILL (IF APPLICABLE)

BE SURE YOU SIGN AND FILL THE APPLICATION OUT COMPLETELY



MISSOURI LOW INCOME WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

Missouri Ozarks Community Action, Inc
 PO Box 69/306 S Pine St
 Richland, MO 65556

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					
<input type="checkbox"/> Own <input type="checkbox"/> 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
		<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 _____

CLIENT AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby request and authorize any utility and/or agency to furnish information which could affect my participations in the Low-income Weatherization Assistance Program provided by Missouri Ozarks Community Action, Inc.

I understand that this form may be reproduced and the copies used to obtain information to determine my eligibility for the Weatherization Program. I further understand that information obtained and will be kept and used only for the purpose stated above.

Clients Name (Printed) _____

Signature: _____

Social Security Number: _____

Please write detailed directions to your home in the space below. The directions begin at the town nearest you. Please be accurate and complete in giving these directions. Inaccurate and incomplete directions cause us a great deal of lost time and unnecessary miles.

COUNTY: _____

"IN ACCORDANCE WITH THE FEDERAL LAW AND U.S. DEPARTMENT OF AGRICULTURE POLICY, THIS INSTITUTION IS PROHIBITED FROM DISCRIMINATING ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, AGE, DISABILITY, RELIGION, SEX, FAMILIAL STATUS, SEXUAL ORIENTATION, AND REPRISAL. (NOT ALL PROHIBITED BASES APPLY TO ALL PROGRAMS). TO FILE A COMPLAINT OF A DISCRIMINATION, WRITE TO: USDA, ASSISTANT SECRETARY FOR CIVIL RIGHTS, OFFICE OF THE ASSISTANT SECRETARY FOR CIVIL RIGHTS, 1400 INDEPENDENCE AVENUE, S.W. STOP 9410, WASHINGTON, D.C. 20250-9410 OR CALL TOLL FREE AT (866) 632-9992 (ENGLISH) OR (800)877-8339 (TDD) OR (866) 377-8642 (ENGLISH FEDERAL-RELAY) OR (800)845-6136 (SPANISH FEDERAL-RELAY). USDA IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER.

MOCA - Customer Intake Form

(Revision 09/2020)

Name - Please print legibly (Please list all adults in household first. Then list all children in household)	Last 4 digits Social Security #	Relation (How are they related to you?)	Gender	Active Military	Marital Status	Education	Language	Race	Health Insurance	Employed	Citizen	Housing Type	Household Type
			M F O	Y N	S M D W	1 2 3 4			Y N	Y N	Y N	Circle One	Circle One
			M F O	Y N	S M D W	1 2 3 4			Y N	Y N	Y N	Rent	Single parent female Single parent male
			M F O	Y N	S M D W	1 2 3 4			Y N	Y N	Y N	Own	Two parent household
			M F O	Y N	S M D W	1 2 3 4			Y N	Y N	Y N	Homeless	Non-related adults w/ child Two adults no children
			M F O	Y N	S M D W	1 2 3 4			Y N	Y N	Y N	Sheltered	Multigenerational Other

Address: _____

State: MO **Zip Code:** _____

Phone Number: _____

Circle any Non Cash Benefits that you receive:
 Child Care Voucher TANF Child Care
 TANF Transportation Other TANF Funds
 WIC SNAP
 HUD or VASH Housing Choice Voucher (Section 8)
 Permanent Supportive Housing

Circle any Health Insurance Services that you receive:
 No Health Insurance Medicare Medicaid
 VA Medical Services Military Health Private Purchase
 Employer Provided COBRA Health Insurance Direct Purchase
 State Children's Health Care State Adult Health Care
 Indian Health Services Program

Marital Status:
 S: Single
 M: Married
 D: Divorced
 W: Widowed

Education:
 1: 0-8 Grade
 2: 9 - 12 Grade
 3: HS Grad (GED)
 4: 2-4 Yr College Grad

I certify that the information given on this application is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and I further realize that falsified or fraudulent information may result in the rejection of this application.

Under the terms of this Agreement, Client agrees to release to MOCA information that is confidential and proprietary to Client (-Confidential Information), to be used solely for the Agency's related statistics, services, and programs. - Confidential Information refers to any and all information of a confidential, proprietary, or secret nature which is or may be related in any way to the family, medical records, job history, present or future, of Client or any related data. Confidential information includes, for example, but not limited to: spouses or other family members, ages, salaries, financial standings, criminal records, medical records, and all other pertaining to the family information. MOCA will consider all information received from Client to be strictly confidential, as required by the Privacy Act, and subject to the restrictions of this Agreement: except for information that is: (i) generally known to the public, (ii) in the possession of MOCA before receipt from Client, (iii) obtained later by the Agency from a third party with out restriction or violation of Agreements.

MOCA will not disclose Client's Confidential Information to any other party without the prior written consent of Client, MOCA may, however, disclose Confidential Information to its employees and/or programs but only in the employee has a legitimate need to know and has agreed to terms similar to those in this Agreement, Community Action Agency may also disclose this Confidential information (i) to medical personnel in an emergency; (ii) to qualified personnel for research, audits, or program evaluation, as long as Client identities are not identified; (iii) to a third party based on court orders; and (iv) to appropriate authorities in cases of suspected child abuse or neglect. MOCA will be responsible for any use or disclosure of Confidential Information by any of its employees or agents to third parties who should not share this information.

This Agreement may be amended only in writing and shall be governed by the laws of the State of Missouri. Please sign below to indicate that you have read this Consent and agree with its terms.

CLIENT CONFIDENTIALITY AGREEMENT/ Release of Information:

Client Signature: _____ Date: _____

Please mark the best answer for your family:

(Please place a check mark by the statement that best represents your family or where you would rank on a scale of 1 - 5)

1. Would you describe your family's current housing situation?

- 1) Non subsidized – Own or Rent
- 2) Subsidized
- 3) Living with friends/relatives
- 4) At risk of homeless (eviction notice/temporary)
- 5) Homeless

2. What is your family's current household income and how would you rate your money management practices?

- 1) Able to pay bills and save
- 2) Sufficient income to pay bills without subsidies
- 3) Income meets most financial obligations (may include subsidies)
- 4) Some income; budget includes subsidies
- 5) No income; no budget

3. How would you describe your family's current employment situation, including status, skill set, benefits, and how it meets basic needs?

- 1) Full Time Employment above minimum wage
- 2) Full Time Employment with minimum wage
- 3) Part Time Employment
- 4) Unemployed with skill and/or previous work history
- 5) Unemployed with no skill and/or previous work history

4. How would you describe your family's current mode of transportation, including reliability, insurance, and licensing?

- 1) Public or private transportation always available
- 2) Public or private transportation available most of the time
- 3) Public or private transportation available some of the time
- 4) Public or private transportation rarely available
- 5) No available transportation

5. How would you describe your family's current physical and oral health situation, including insurance, immunizations, and ability to pay for medications?

- 1) There are no physical health program needs for any family members at this time
- 2) A family member's physical health problem does not interfere with employment or other goals
- 3) A family member's physical health problem occasionally interferes with employment or other goals
- 4) A family member's physical health problem regularly interferes with employment or other goals
- 5) A family member's physical health problem s prohibit employment or other goal options.

6. Are mental health and/or substance abuse issues present in the family and if so, how are they being addressed?

- 1) Family has no mental health or substance abuse issues
- 2) Family is stable and has adequate coping skills, such as family/community support, utilizes stress management strategies, medications, etc.
- 3) Family is receiving services or a referral is in progress
- 4) Family has suspected or untreated mental illness and/or reports issues with substance abuse but unaware of resources, seeks referral
- 5) Family has suspected or untreated mental illness and/or reports issues with substance abuse but does not want referral

7. How would you describe your family's regular food, nutrition, and clothing situation?

- 1) Able to afford food and necessities without food or other programs
- 2) Able to afford some food and necessities without food or other programs
- 3) Unable to afford food and necessities without food program assistance; uses SNAP, WIC, etc.
- 4) Unable to afford food and necessities without food program assistance; uses food bank
- 5) Unable to afford or obtain food or necessities

8. How would you describe your academic skill set and how it affects employment or other goal attainment?

- 1) Degree +
- 2) 2 or 4 year degree or certification
- 3) Some college tech training
- 4) High School/HISET (GED)
- 5) Less than High School



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	