



Community Action Agency of Greater Kansas City

6323 Manchester Ave. Kansas City, MO 64133

Phone: 816-743-8328 or 8306

Website: caagkc.org

Fax: 816-356-0780

Home Weatherization Program Explanation

The Weatherization Program provides cost-effective energy-efficient home improvements to Missouri's low income households. The program's purpose is to lower utility bills and improve comfort while ensuring health and safety. Today, weatherization is the nation's largest residential energy-efficiency program.

Step One: Once the application and all required documents are received and processed, the client is determined eligible for the program.

Step Two: A CAAGKC energy auditor will conduct an energy audit/evaluation of the house to determine what steps will produce the greatest energy savings, which may include: *reducing air leaks, caulking & weather-stripping, increase insulation in attic, outside walls and/or foundation, and heating system clean & tune.*

Step Three: An agency approved contractor will install the energy efficient measures on the home.

Step Four: After the weatherization of the home is complete, a quality control inspector will examine the home to ensure the quality of the work and completeness. The Division of Energy monitors the work of the agencies to ensure state and federal guidelines are followed.

Please submit the following documents with your application form:

- **Provide Proof of Home Ownership** – Submit a Recorded deed stating yourself as “Grantee” along with your Application. This document can be obtained through your County Courthouse in Jackson, Clay or Platte counties.
- **Proof of Income** – Provide income documentation for all members of the household 19 years of age and older for the 3 months prior to the application date to allow for accurate *Annual income calculations*. Proof of Income can consist of one or more of the following:
 - **Wage earners** provide a full 3 Months prior of the application date of paycheck stubs, if paid weekly we will need 13 paystubs or if paid bi-weekly 7 paystubs all consecutive or a currently dated Social Security Income Award letters, and/or a current Pension/Retirement statement.
 - **Self-employed**, your 2014 1040 Income Tax Return is acceptable proof of income.

Income documentation is required for all wage earners who reside in the home regardless of age.

- **Utility Bills** – Provide one copy each of a recent Gas and Electric Bills
- **Social Security card** – Provide a readable copy of the Social Security Card for the main applicant only.
- **Birth Dates** – List on the application form, dates of birth for yourself and everyone living in your house.
- **Phone Number** – Please ensure to provide at least one (preferably two) phone numbers on your application.
- **Sign & Date Application Form** – Read the reverse side of application. Thoroughly and legibly complete form.

Income Guidelines

Number of people in household, monthly income amount/maximum yearly GROSS Income:

# of People in Household	Annual Income	# of People in Household	Annual Income
1 person	\$23,760	5 people	\$56,880
2 people	\$32,040	6 people	\$65,160
3 people	\$40,320	7 people	\$73,460
4 people	\$48,600	8 people	\$81,780

(Add \$8,320 per year for each additional person in the household over 8 people.)

*Renters are eligible to apply and receive assistance with a participation agreement from their landlord.

**Applicants cannot receive assistance from this program, if the address has had weatherization service on or after Sept. 30, 1994.

(Form Rev 6/20/2015)



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Program Checklist

Missouri Low Income Weatherization Assistance Program Checklist:

_____ **Signed and Dated Application**

_____ **Copy of Social Security Card**

_____ **Copy of Recorded Deed**

_____ **Copy of current Gas and Electric Bills**

_____ **Proof of Income**

Office Use Only

Packet Collected By: _____

Date Collected: _____



MISSOURI LOW INCOME WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

UNITED SERVICES COMMUNITY ACTION AGENCY
 6323 Manchester Ave
 Kansas City, MO 64133

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			Alternate Phone Number:		
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.					
Own <input type="checkbox"/>					
Rent <input type="checkbox"/>					
Household Members	TOTAL HOUSEHOLD MEMBERS	CHILDREN 19 AND UNDER	OVER 60	DISABLED	NATIVE AMERICAN

Email Address _____

List all household members. If additional space is needed, please attach list.

Household Member Name	Date of Birth	Native American	Handicap or Disabled
		<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: _____