



Community Action Agency of Greater Kansas City

6323 Manchester Ave. Kansas City, MO 64133

RENTER APPLICATION

Phone: 816-358-6868 x2

Website: caagkc.org

Fax: 816-356-0780

Home Weatherization Program Explanation For Renters

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.

Step One: Once the application and all required documents are received and processed, the agency will determine if client is 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 and increasing insulation in attic, outside walls and/or foundation.* **See Terms and Conditions on the last page of the application.**

Step Three: An **agency approved contractor** will install the energy efficient measures for 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.

Please submit the following documents with your application form:

- **Application**--Fill out the front page completely and **sign & date** the back page.
- **Social Security Card** – Provide a readable copy of the Social Security Card for the **main applicant only**.
- **Landlord Agreement Form** – Provide the signed agreement (attached) from the landlord/property owner.
- **Proof of Income** – Provide income documentation for the 3 months prior to your application date (ex: if you apply in April, we need your proof of income for January-March).
 - **Income documentation is required for all wage earners who live in the home regardless of age.**
 - **Proof of income can consist of one or more of the following:** consecutive pay stubs, current Social Security award letter, current pension statement, unemployment letter, etc.
 - **Self-employed:** provide a current 1040 Income Tax Return as acceptable proof of income.
- **Utility Bills** – Provide a copy of your recent gas and electric bills.

****We must receive all of the application materials within 90 days of your application sign date, otherwise your application will be rejected.**

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	\$24,980	5 people	\$60,340
2 people	\$33,820	6 people	\$69,180
3 people	\$42,660	7 people	\$78,020
4 people	\$51,500	8 people	\$86,860

Add \$8,840 for each person over 8

***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.**

Community Action Agency of Greater Kansas City

6323 Manchester Ave. Kansas City, MO 64133

Phone: 816-358-6868 x2

Website: caagkc.org

Fax: 816-356-0780

Renter Program Checklist

Missouri Low Income Weatherization Assistance Program Checklist

Renter:

- _____ Signed & dated application (*see back of application*)
- _____ Copy of Applicant's Social Security Card
- _____ Copy of current Gas and Electric Bills
- _____ Utilities must be on
- _____ Proof of Income for everyone in the home

Owner/Landlord:

- _____ Owner/Landlord Agreement completed (last page of the application packet)

Office Use Only

Packet Collected By: _____

Date Collected: _____



MISSOURI LOW INCOME WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

COMMUNITY ACTION AGENCY OF GREATER KANSAS CITY

**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

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.

<u>Household Member Name</u>	<u>Date of Birth</u>	<u>Native American</u>	<u>Handicap or Disabled</u>	<u>Veteran</u>
		<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"/>
		<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

<u>Income Source</u>	<u>Amount</u>	<u>Interval</u>

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: _____

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

Check One: _____ Single-Family Unit
_____ 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) CAAGKC 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