



William W. Bunch, CCAP
Executive Director

EAST MISSOURI ACTION AGENCY, Inc.

(A Community Action Agency)

403 Parkway Drive • P.O. Box 308 • Park Hills, Missouri 63601

Telephone: (573) 431-5191

Fax: (573) 431-6773

Toll Free: (800) 392-8663

TDD: 1-800-735-2966



WEATHERIZATION ASSISTANCE PROGRAM

Funded by the American Recovery and Reinvest Act of 2009 and the U.S. Department of Energy

WEATHERIZATION PROCESS

- 1. FILL OUT APPLICATION FULLY AND SIGN**
- 2. SEND ALL REQUESTED INFORMATION, SIGN AND FILL OUT ALL APPLICABLE FORMS AND RETURN THEM DO NOT SEND COPIES**
- 3. IF ALL INFORMATION REQUESTED IS NOT RECEIVED WE WILL CONTACT YOU BY MAIL OR TELEPHONE THREE (3) TIMES AND IF WE STILL DO NOT RECEIVE THE REQUESTED INFORMATION YOUR APPLICATION WILL BE TERMINATED**
- 4. APPROVAL IS BASED ON INCOME**
- 5. YOU WILL BE NOTIFIED BY MAIL WITH AN APPROVAL OR DENIAL LETTER IF YOU DO NOT RECEIVE A LETTER THEN WE NEED ADDITIONAL INFORMATION TO PROCESS YOUR APPLICATION CALL US TO CHECK (573)431-5191 EXT 3901**
- 6. ONCE APPROVED YOU WILL BE PLACED ON A WAITING LIST**
- 7. THE WAITING LIST IS ONE TO TWELVE (1-12) MONTHS LONG**
- 8. YOU WILL NOT BE TAKEN OFF THE WAITING LIST ONCE APPROVED UNLESS WE FIND YOU HAVE HAD PRIOR SERVICES**
- 9. WE WILL CALL THE DAY BEFORE TO SCHEDULE AN ENERGY AUDIT**
- 10. THE ENERGY AUDIT WILL DETERMINE WHAT SERVICES THE HOME WILL RECEIVE IF ANY**

THANK YOU FOR YOUR PATIENCE AND COOPERATION DURING THIS PROCESS

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Serving the Counties of Bollinger, Cape Girardeau, Iron, Madison, Perry, St. Francois, Ste. Genevieve, Washington



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Head Start



Community
Services



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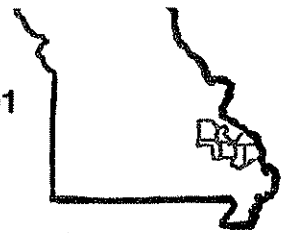
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APPLICATION FOR WEATHERIZATION SERVICES

County _____

Total number residing in Household _____

Name of members

Social Security #

Dates of Birth

Ages

Handicapped or Disabled

Name of members	Social Security #	Dates of Birth	Ages	Handicapped or Disabled

ADDRESS _____

City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____ Message _____

Directions to home be specific: _____

Do You Own Your Home? _____ Rent? _____ *If you own your home a copy of the General Warranty Deed or Deed of Trust must accompany this application. If you rent the Landlord Agreement must accompany this application.*

Age or approximate age of home _____ Age or approximate age of mobil home _____

INCOME INFORMATION

Name	Source of Income	Gross Per Month	Total

Type of Structure: House _____ or Mobile _____ or Incomplete structure _____

Year Built _____ Year of Mobile _____ (Must have title to Mobile Home)

Furnace Fuel Type: Electric _____ Natural Gas _____ LP _____ OIL _____ Wood _____ Space heater _____ Wall

Heater _____ Other _____

TYPE OF HEATING SYSTEM: Forced air _____ Floor Furnace _____ Baseboard or _____ Wood heat _____

Heat Fuel Supplier _____ ACCOUNT # _____

Has the home received Weatherization Services (other than plastic) prior to this application? _____ If yes, give approximate date _____

AGENCY USE ONLY

APPLICATION DATE _____	RECERTIFICATION DATE _____	JOB NUMBER _____
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Please turn over more on Back



No applicant shall on the grounds of race, color, religion, sex, national origin, political affiliation, belief, or handicap be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity operated directly by East Missouri Action Agency, Incorporated.

Federal Register, Department of Justice 8 CFR part 100 et al, July 12 1989 provides that, with certain exceptions, aliens granted lawful temporary resident status are not eligible for a period of (5) five years after such grant to receive benefits from programs of financial assistance furnished under Federal Law on the basis of financial need.

I certify that to the best of my knowledge, this home is not scheduled for acquisition or clearance (demolition).

All information and supporting information to this application is confidential and is only available to East Missouri Action agency, Incorporated and any of its contractors and/or subcontractors to complete weatherization services on my home. I release East Missouri Action Agency, Incorporated from any/and all liability which may arise as a result of any reason related to the weatherization of my home.

 APPLICANT SIGNATURE

 DATE OF APPLICATION

.....
 INCOME CALCULATION TO BE COMPLETED BY AGENCY STAFF ONLY

Approved _____ Denied _____ Reason Denied _____

**INCOME CALCULATION
 LAST SIX MONTHS ONLY**

MONTH	SS	SSI	TANF	WAGES	OTHER
TOTAL					

TOTAL: _____ x2 _____ ANNUAL INCOME

Total Household Income: _____
 Very-Low Income: _____
 Low Income Family: _____

Signature of Agency Official _____ Date _____

IF YOU HAVE ANY QUESTIONS OR NEED ADDITIONAL INFORMATION CALL 573-431-5191 EXTENSION 3901 *****

THIS FORM HAS TO BE NOTARIZED

CERTIFICATION OF ZERO INCOME

(To be signed by adult household member only)

I, _____ hereby certify that I do not receive income from any of the following sources:

1. Wages from employment (including commissions, tips, bonuses, fees, etc.)
2. Income from operations of a business.
3. Rental income from real or personal property.
4. Interest or dividends from assets.
5. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.
6. Unemployment or disability payments.
7. Public assistance payments.
8. Periodic allowances such as alimony or gifts received from persons not living in my household.
9. Sales from self-employed resources.
10. Any other source not named above.

There is no imminent change expected in my income during the next 12 months.
 Under penalty of perjury, I certify that the information in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud.

Signature

Date

State of _____)

County of _____)

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

Notary

My Commission Expires: _____

*All employees are subject to our privacy policy which is reinforced in our written guidelines. We maintain physical, electronic and procedural safeguards to guard your nonpublic information.



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CONSENT FOR RELEASE OF INFORMATION

I _____ certify that I am the legal occupant at

I authorize the release of the following information to Ameren UE, Atmos Gas, Laclede Gas and East Missouri Action Agency.

_____ Account Number for Ameren UE Electric

_____ Account Number for Ameren UE Natural Gas

_____ Account Number for Atmos Gas

_____ Account Number for Laclede Gas/MO Natural Gas

Authorized/Legal Occupant Signature

Date _____

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EMPLOYMENT VERIFICATION FORM

_____ has been employed by _____

_____ since _____

He/She works _____ hours per week at an hourly rate of _____

If hours vary from week to week, the average number of hours this employee works is at a rate of _____ per hour.

Employer/Supervisor Signature

Date

.....
*I hereby authorize my employer to release the above information concerning my income and employment history.

Employee Signature

Employee Social Security Number

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