



Dear Applicant:

Thank you for your interest in the Weatherization Assistance Program. The following is a checklist of items needed to process your application. If you need additional help with your application, please contact DAEOC for assistance. Failure to provide the required information may cause a delay in processing your application. If your mailing address is different than your physical address, please include BOTH addresses on the application.

CURRENT PROOF OF INCOME FOR MEMBERS OF YOUR HOUSEHOLD:

- **Employed** – Provide 3 months of pay stubs prior to your application date.
- **Social Security**- Provide current award letter.
- **No Income**- Certification of ZERO Income Form **MUST** be completed and notarized.

PROOF OF OWNERSHIP:

- Must be a Missouri Recorded Deed or most recent Paid Real Estate Tax Receipt from the home owner. (Must contain legal description of the property. If a deed is submitted, it must be recorded with the Recorder of Deeds' office.)

SOCIAL SECURITY NUMBER OF THE APPLICANT ONLY:

- Copy of the applicant's Social Security Card

COPY OF CURRENT UTILITY BILLS:

- Electric and/or Gas (must contain the account number and physical location of the home).

RENTERS ONLY:

- Owner/Landlord Agreement form must be completed by the owner/landlord

Please call with any questions or concerns regarding the required information.

Cortresia Evans

Weatherization Client Intake Specialist

Physical Address: 129 North Interstate Drive Sikeston MO, 63801

Mailing Address: P.O. Box 1608 Sikeston, MO 63801

Email: cortresiaevans@daeoc.com

Phone: 573-475-9372



MISSOURI LOW INCOME WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

DELTA AREA ECONOMIC OPPORTUNITY CORPORATION
 129 North Interstate Drive
 Sikeston, MO 63801

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	EMAIL	

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	REFERRED BY
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
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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



DAEOC

Delta Area Economic Opportunity Corporation

129 North Interstate Drive
Sikeston, MO 63801
Phone: (573)-475-9372 Email: www.daeoc.com

Conflict of Interest

DAEOC Weatherization Assistance Program Application

The Missouri Weatherization Program (WAP) defines a relative as an employee's spouse, child, grandparent, parent, grandchild, brother, or sister (including half-brother and half-sister), their spouses, and the parent, brother, sister or child of an employee's spouse or domestic partner (defines for the purpose of this this policy only, to mean; an adult (18 years of age or older) of the same sex or opposite sex who:

1. Is not related to the employee under the definition above.
 2. Who shares primary residence, or otherwise is in a relationship of mutual financial support with an employee.
 3. Who intends to remain in such relationship for the indefinite future.
- I certify that I am neither an employee of DAEOC, nor a relative of a DAEOC employee.
 - I certify that I am neither a DAEOC board member, nor a relative of a board member.
 - I certify there is a relationship with DAEOC and I cannot check both of the above clarification statements. Below is my explanation of my relationship with DAEOC.

Printed Name (as shown on WAP Application)

Signature

Date

TERMS AND CONDITIONS

I hereby apply for weatherization assistance through the Low-Income Weatherization Assistance Program, or LIWAP, administered by Missouri Department of Natural Resources' 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 Natural Resources' 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 Natural Resources' 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 Natural Resources' 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 Natural Resources' 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 Natural Resources' 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 Natural Resources' 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 Natural Resources' 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 Natural Resources' 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 Natural Resources' 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: _____

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 form 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 form 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 _____) ss

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

Notary

My Commission Expires: _____