

Dear Sir or Madam:

You have recently expressed interest in participating in the Urban League's Weatherization Assistance Program. We are pleased to inform you that we are accepting applications.

The program is designed to provide assistance to low and middle-income residents of St. Louis City, and is open to both homeowners and renters to improve the energy efficiency of your home.

If you would like to participate in the program, please complete the attached application, gather the information from the checklist and contact me at (314) 615-3612 to schedule an interview. It is crucial that you supply the following information before your application can be accepted and approved:

Picture ID / Identification for all occupants in the home
Proof of home ownership
Proof of income for everyone in the household
Current Gas Bill
Current Electric Bill

I look forward to assisting you with your Weatherization Project and improving our community.

Sincerely,

Shelley McClendon
Program Coordinator
Weatherization Assistance Program

(Homeowners Revised 7-20-10)

WEATHERIZATION GUIDELINES

- GAS MUST BE ON
- *TO QUALIFY:* THE ADDRESS MAY NOT HAVE BEEN WEATHERIZED AFTER SEPTEMBER 30, 1994
- THE ADDRESS WILL BE CHECKED IN OUR DATABASE TO VERIFY PRIOR WEATHERIZATION SERVICE BEFORE THE APPLICATION CAN BE PROCESSED
- HOME MUST BE LOCATED WITHIN THE ST LOUIS CITY LIMITS
- HOUSEHOLD MUST MEET THE INCOME GUIDELINES
- PROGRAM IS AVAILABLE TO HOMEOWNERS & RENTERS

Weatherization	
Income Guidelines	
Size of Family	Annual Income
1	\$ 21,660
2	\$ 29,140
3	\$ 36,620
4	\$ 44,100
5	\$ 51,580
6	\$ 59,060
7	\$ 66,540
8	\$ 74,020
9	\$ 81,500
10	\$ 88,980

URBAN LEAGUE OF METROPOLITAN ST. LOUIS
WEATHERIZATION ASSISTANCE PROGRAM
CHECKLIST FOR INTAKE FOR HOMEOWNERS

(MUST ATTACH COPIES OF DOCUMENTATION)

Home Owner Application Check List

Date _____

VERIFICATION OF INCOME AND IDENTITY:

_____ PHOTO ID (CURRENT WITHIN LAST 12 MONTHS) **
_____ ID FOR ALL OCCUPANTS

INCOME VERIFICATION (*One of the following*):

_____ TANF AWARD LETTER
_____ PAY CHECK STUBS (2 CURRENT PAY PERIODS IN A ROW)
_____ RETIREMENT/DISABILITY AWARDS LETTER
_____ CURRENT SSI AWARDS LETTER
_____ CURRENT SOCIAL SECURITY VERIFICATION
_____ UNEMPLOYMENT MAXIMUM BENEFIT LETTER
_____ OTHER

VERIFICATION OF UTILITY BILLS:

_____ MOST RECENT GAS BILL**
_____ MOST RECENT ELECTRIC BILL**

PROOF OF OWNERSHIP (*One of the following*):

_____ PROPERTY DEED
_____ CURRENT HOMEOWNER'S INSURANCE POLICY
_____ MORTGAGE AGREEMENT
_____ PAID REAL ESTATE TAX

AUTHORIZATION TO WEATHERIZE

_____ HOMEOWNER

** Required

Updated July 20, 2010



MISSOURI LOW INCOME WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

URBAN LEAGUE OF METROPOLITAN ST. LOUIS
 3701 Grandel Square
 St. Louis, MO 63108

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:			

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
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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.

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
		<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 six 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 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: _____

WEATHERIZATION ASSISTANCE PROGRAM
CLIENT INTERVIEW STATEMENT

(Revised July 20, 2010)

I/We have acknowledged and agreed to the following:

- I/We have met with a representative from the Weatherization Assistance Program who has explained to me/us the processing procedures to have energy conservation measures done on my apartment or home.
- I/We have been informed if I/We am/are eligible for the Weatherization Program.
- I/We was/were informed that the **GAS must be on**, in order to receive weatherization services.
- I/We agree to notify the Weatherization Assistance Program if my/our gas is disconnected prior to an assessment being made on the unit.
- I/We understand that I/We do not pay the contractor(s) for performing any part of the work done in my/our apartment or home through the Weatherization Assistance Program.
- I/We authorized the Weatherization Assistance Program to inspect the work done by the contractor(s) upon completion.

By my/our signature(s), I/We acknowledge and agree to the terms listed in the Client Interview Statement

Client Signature

Date

Urban League (Intake Staff/Volunteer)

Date

WEATHERIZATION ASSISTANCE PROGRAM
AGREEMENT FOR GAS CUSTOMERS

If Gas Service is Not On:

- We will not be able to audit your home.
- We cannot test your Furnace or Water Heater.
- We cannot repair or replace your Furnace or Water Heater.
- We cannot ensure the safety of those appliances.
- We cannot test for Carbon Monoxide or gas leaks.
- We cannot warranty the appliance if we cannot test it.

**If at ANY time during the Weatherization Process
your gas service is disconnected:**

- We will stop all Weatherization on your home.
- We cannot be held liable for safety issues arising from your gas appliances.
- All warranties will be null and void.

By my/our signature(s), I/We acknowledge and agree to the terms above and will ensure gas service is kept on during the entire Weatherization Process.

Client Signature

Date

Urban League (Intake Staff/Volunteer)

Date

Occupant Confirmation Pamphlet Receipt

- I have received a copy of the lead hazard information pamphlet informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

Owner-occupant Opt-out Acknowledgment

- I confirm that I own and live in this property, that no child under the age of 6 resides here, that no pregnant woman resides here, and that this property is not a child-occupied facility.
Note: A child resides in the primary residence of his or her custodial parents, legal guardians, foster parents, or informal caretaker if the child lives and sleeps most of the time at the caretaker's residence.
Note: A child-occupied facility is a pre-1978 building visited regularly by the same child, under 6 years of age, on at least two different days within any week, for at least 3 hours each day, provided that the visits total at least 60 hours annually.

If Box A is checked, check either Box B or Box C, but not both.

- (B) I request that the renovation firm use the lead-safe work practices required by EPA's Renovation, Repair, and Painting Rule; or
- (C) I understand that the firm performing the renovation will not be required to use the lead-safe work practices required by EPA's Renovation, Repair, and Painting Rule.

Printed Name of Owner-occupant

Signature of Owner-occupant

Signature Date

Renovator's Self Certification Option (for tenant-occupied dwellings only)

Instructions to Renovator: If the lead hazard information pamphlet was delivered but a tenant signature was not obtainable, you may check the appropriate box below.

Declined – I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below at the date and time indicated and that the occupant declined to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.

Unavailable for signature – I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit by sliding it under the door or by (fill in how pamphlet was left).

Printed Name of Person Certifying Delivery

Attempted Delivery Date

Signature of Person Certifying Lead Pamphlet Delivery

Unit Address

Note Regarding Mailing Option — As an alternative to delivery in person, you may mail the lead hazard information pamphlet to the owner and/or tenant. Pamphlet must be mailed at least seven days before renovation. Mailing must be documented by a certificate of mailing from the post office.

I have received a copy of the Booklet
Entitled "*A Brief Guide to Mold, Moisture and Your Home*"

Signature

Date