



EAST MISSOURI ACTION AGENCY, Inc.

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Executive Director

EAST MISSOURI ACTION AGENCY, Inc.

(A Community Action Agency)

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

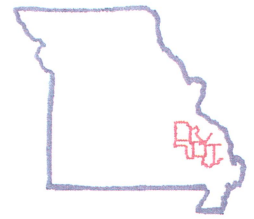
Telephone: (573) 518-0291

Fax: (573) 431-2032

Toll Free: (800) 392-8663

TDD: 1-800-735-2966

www.eastmoaa.org



WEATHERIZATION ASSISTANCE PROGRAM

Thank you for your inquiry for Weatherization Services. Below is the information you will need to provide to be placed on the Weatherization List. If you have questions PLEASE call 573-518-0291. Office hours are 7:30a-5:00p Mon-Thurs. We are closed Friday, weekends and holidays. Please leave a message for us to call you back. We must receive all information within (three) months of your application date or you will have to start over. **Please use the enclosed addressed envelope:** Please send the following that applies to your family:

- ___ Fill out the Weatherization Application **and sign and date.** (Return original)
- ___ Enclose a copy of **SOCIAL SECURITY CARD** and **ID/DRIVERS LICENSE.**
- ___ Enclose a copy of your **most recent utility bill** (both if you have Gas & Electric). *IF your furnace Is not working please note that on your application).
- ___ Fill out the Emergency Contact form, sign and date.
- ___ If you rent have the landlord fill out the **rental/landlord agreement.**
- ___ If you or anyone 18 years old or older and work have your employer send a print-out of **gross Wages** for the past three (3) months OR copies of check stubs. (Do not include month you Apply). **DO NOT send W-2's, year to date or BANK STATEMENTS.**
- ___ If **applicant or anyone else in the home is eighteen years old or older** and does not work or draw social security the **Zero Income form** must be filled out and notarized.
- ___ If you own your home send a copy of the **Recorded General Warranty Deed** OR **Recorded Contract for Deed** if buying home from an individual. If the spouse is deceased or divorced or separated and their name is on the deed or title; we need a copy of the death certificate/divorce/separation agreement. If the name on the DEED DOES NOT MATCH your current correct name then you will need to provide a marriage license showing the name change.
- ___ If you own a mobile home send a copy of the Title. (Will take a PAID personal property Tax receipt but it has to have year, make, model and serial number of mobile on it.)
- ___ If household members receive Social Security, Social Security Disability, Supplemental, Veterans Benefits, Worker's Compensation, or Retirement Benefits (**send past 3 months**) copies of Award letters for the monthly amount you receive. If you receive TANF, Alimony, Un-employment benefits send past three (3) months print-out on **gross** amounts received.
- ___ **We need a current telephone number, cell number, or both to contact you!**
- ___ Please sign and date enclosed Client Consent-Release of Information form.
- ___ Please sign and date enclosed Conflict of interest form.
- ___ If you own your own business please send income tax for 1040 showing gross income.

We CAN NOT take any unfinished applications. Please make sure you have everything on this checklist. If it is uncomplete you will receive the application back in the mail.

Weatherization Department (573)518-0291

PLEASE MARK ATTENTION: WEATHERIZATION DEPARTMENT ON ALL CORRESPONDENCE

HELP FOR TODAY - HOPE FOR TOMORROW

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



EQUAL HOUSING OPPORTUNITY

St. Francois County Housing Agency



Head Start



MISSOURI DEPARTMENT OF NATURAL RESOURCES



Women's Wellness Center



Community Services



MISSOURI LOW INCOME WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

EAST MISSOURI ACTION AGENCY INC.
 403 Parkway Dr
 Park Hills, MO 63601

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.					
<input type="checkbox"/> Own <input type="checkbox"/> Rent					
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.

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