

*Hammers of Hope is a program of:*



***Return the application ONLY and not the cover letter.***



# HAMMERS OF HOPE APPLICATION

## 2021 Air Conditioner Program

**Mission:** Hammers of Hope is intended to be a safety net that provides home repairs, focused on increased health and safety, increased independence, and greater accessibility issues to low-income families, seniors, and persons with disabilities.

[hammersofhope@jccp.org](mailto:hammersofhope@jccp.org)



## Air Conditioner Application

3875 Plass Road, Bldg. A  
Festus, MO 63028  
Phone: 636-465-0983  
Fax: 636-465-0987  
website: [www.hammersofhope.org](http://www.hammersofhope.org)

Dear Applicant,

Each summer when funds and or units are available, Hammers of Hope (HOH) conducts Cool Down-Jefferson County, Missouri, to give window air conditioning units to low-income families, seniors, and persons with disabilities to provide a safe place of heat relief in at least one room of their residence.

HOH is a nonprofit volunteer program that brings volunteers and communities together to improve the homes and lives of low-income homeowners. The mission of HOH is to assist those who do not have the means or ability to make home repairs themselves. Applicants must currently live in Jefferson County, Missouri, and only residents located within Jefferson County, Missouri are eligible to apply.

**The attached application MUST be signed by the principal resident(s), completed, and returned with all proof of income documents that apply to you and ALL those who live in your home.** A check list of documents needed has been provided, as well as the income guidelines.

Please understand that returning the application or a visit to your home by someone from HOH does **NOT** mean you will be accepted into the program. If you are selected to receive a window unit, if needed and available, volunteers may deliver and install the unit for you. You must sign a HOH **"Hold Harmless Agreement"** and once the unit is installed it becomes your property.

HOH reserves the right of refusal should a project be determined to not fit the program's mission parameters. Unfortunately, not everyone who applies to the program will be able to get assistance due to a limited number of units available. **Note: If you received an AC unit in the previous calendar year you will not be eligible to receive an AC unit in this calendar year. (Example: received one in 2020 = not eligible in 2021)**

Incomplete applications and those returned without the required documents, may disqualify you from receiving an AC unit. You will be notified by letter and/or a phone call, whether you have been selected or denied by HOH to receive an AC unit.

In order, to receive services, residents(s) must be also be willing to sign an Ameren "Hold Harmless Agreement" protecting the partnering agencies and their volunteers from any cause of action, claim, loss, demand, or suit arising from or related to: the presence of any HOH or Jefferson County Community Partnership Affiliate on or about the premises, any services provided by any HOH or Jefferson County Community Partnership Affiliate; negligence or any damages to personal or real property; or any injuries sustained by the homeowner, family members, or friends. This Hold Harmless Agreement shall also serve as a waiver that your story and any pictures taken can be used for fundraising, volunteer recruitment and promotional purposes.

If you have any questions, call 636-465-0983, press zero for assistance.

Sincerely,

*Tracy Smith*

Interim Program Coordinator

## HAMMERS OF HOPE- A/C

You may opt out of answering any part of this form; however, doing so may affect your ability to qualify for the program and its services.

Last revised 6/18/21 P:\Departments\Hammers of Hope\AC Program

HOH is intended to be a safety net that provides home repairs; focused on increased health, safety, increased independence, and greater accessibility issues. "Hammers of Hope" is a cooperative charitable effort made possible by **Jefferson County Community Partnership (JCCP)** and a coalition of home repair volunteers, contractors, funders and agencies.

**HOH would like to be able to help everyone who needs assistance, but services are available based on availability of funds and volunteers.**

## **ELIGIBILITY:**

1. Applicants must live in Jefferson County, Missouri and meet the low-income guidelines below.
2. Applicants must provide proof of residency in Jefferson County, Missouri.
3. Applicants must meet income eligibility guidelines and provide documentation of total household income for all persons living in the home.
4. Applicants must provide a copy of their state ID or driver's license.
5. Applicants must provide a list of any agencies contacted who referred applicant to HOH or denied the applicant services.

**All applicants must meet the current household income requirements of 200% of the 2021 Federal Poverty Guidelines.:**

<b>Family Size</b>	<b>Annual Income</b>	<b>Monthly Income</b>
One Person	\$25,760	\$2,147
Two Persons	\$34,840	\$2,903
Three Persons	\$43,920	\$3,660
Four Persons	\$53,000	\$4,417
Five Persons	\$62,080	\$5,173
Six Persons	\$71,160	\$5,930
Seven Persons	\$80,240	\$6,687
Eight Persons	\$89,320	\$7,443

## **APPLICATION CHECKLIST**

(please provide those items that **apply to you and those who live with you**):

**All *Benefit Letters* should be dated within the last two (2) months.**

- |   |  |
|---|--|
| <input type="checkbox"/> Disability benefit letter      | <input type="checkbox"/> Utility statement for proof of residency          |
| <input type="checkbox"/> Circuit breaker form           | <input type="checkbox"/> Two most recent bank statements                   |
| <input type="checkbox"/> SSI benefit letter             | <input type="checkbox"/> Copy of valid state ID or license                 |
| <input type="checkbox"/> TANF benefit letter            | <input type="checkbox"/> Signed application                                |
| <input type="checkbox"/> Pension/Annuity benefit letter | <input type="checkbox"/> Two most recent payroll stubs                     |
| <input type="checkbox"/> Unemployment benefit letter    | <input type="checkbox"/> No Income Affidavit (if over 18 and not employed) |
| <input type="checkbox"/> Veteran benefit letter         |  |
| <input type="checkbox"/> Child Support benefit letter   |  |
| <input type="checkbox"/> Food Stamp benefit letter      |  |



## Window Air Conditioner Application

Jefferson County Community Partnership  
3875 Plass Rd Bldg. A Phone: 636-465-0983  
Festus, MO 63028 Fax: 636-465-0987  
website: www.hammersofhope.org

### SECTION A RESIDENT INFORMATION *Please Print Clearly*

Name(s) of Homeowners:

Mr. Mrs. Ms.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Disabilities/Medical Conditions: \_\_\_\_\_

Office use-date received

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Referred \_\_\_\_\_

Case # \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

*Please check ethnicity:*

☐ White ☐ African-American

☐ Hispanic

☐ Native-American ☐ Asian

☐ Other: \_\_\_\_\_

Veteran: ☐ No ☐ Yes

☐ Spouse of Veteran

Branch: \_\_\_\_\_

Rank: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

How long have you lived in home? \_\_\_\_\_

Have you received an AC unit in previous years? ☐ Yes ☐ No If Yes what year? \_\_\_\_\_

Is the home your principal residence ☐ Yes ☐ No Is Home Rented? ☐ Yes ☐ No

**Total** Number of people living in the home? \_\_\_\_\_ (list names below)

Has Hammers of Hope ever done work/or provided services for you? ☐ Yes ☐ No

If yes, what year(s) \_\_\_\_\_

How did you hear about the program? ☐ Disability Resource Association ☐ Aging Ahead

☐ Jefferson/Franklin Community Action Corp. ☐ 211 ☐ St. Vincent DePaul ☐ Elected Official ☐ Flyer

☐ Radio/Newspaper ☐ Website ☐ Social Worker ☐ Friend/Relative ☐ Neighbor ☐ Facebook

☐ Salvation Army ☐ COMTREA ☐ Mercy ☐ Other: \_\_\_\_\_

#### List the names and current age of ALL other people living in the home

Full Name	Date of Birth	Relation to Resident	Gender	Veteran	Disability	List all disabilities/medical conditions
1.				<input type="checkbox"/>	<input type="checkbox"/>	
2.				<input type="checkbox"/>	<input type="checkbox"/>	
3.				<input type="checkbox"/>	<input type="checkbox"/>	
4.				<input type="checkbox"/>	<input type="checkbox"/>	
5.				<input type="checkbox"/>	<input type="checkbox"/>	
6.				<input type="checkbox"/>	<input type="checkbox"/>	
7.				<input type="checkbox"/>	<input type="checkbox"/>	
8.				<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION B PROVIDE INCOME FOR ALL HOUSEHOLD MEMBERS**

IF ANY MEMBER OF THE HOUSEHOLD 18 YEARS OR OLDER DOES NOT RECEIVE ANY INCOME OR BENEFITS, THEY MUST COMPLETE THE NO INCOME AFFIDAVIT.

**APPLICANT MUST PROVIDE COPIES FOR ALL DOCUMENTS LISTED BELOW THAT APPLY.**

**Input the dollar amounts in the appropriate boxes**

Monthly <b>GROSS</b> Income Amounts (before taxes)	<b>Primary Resident</b>	<b>Name Resident 2</b>	<b>Name Resident 3</b>	<b>Name Resident 4</b>	<b>Name Resident 5</b>	<b>Name Resident 6</b>
Employment Wages						
Social Security						
Disability/SS						
Pension/Annuities						
Unemployment						
TANF Benefits						
Child Support/ Alimony						
Food Stamps						
Veterans Benefits						
Other Income (i.e. rental, severance, court award)						
<b>Total Gross Monthly Income</b> (if ZERO, individual should sign No-Income Affidavit)						

List the amount of **EACH PERSON'S ASSETS**. If you do not have a certain asset, write "N/A."

Checking Account						
Savings Account						
Certificate of Deposit						
IRA/Mutual Funds/Stock						

**Acceptable Documents:**

Benefit letter dated within last 2 months for: Social Security, Disability, SSI, Pension/Annuities, Veteran Benefits, Child Support, Food Stamps and Unemployment. 2 most recent Payroll Stubs. Full Bank Statements for all accounts for last 2 months. **IF all income documents are not enclosed, your application cannot be processed.**

## Section C HOUSE INFORMATION

Check the one that applies:

☐ I live in a standard residence    ☐ I live in a Mobile Home    ☐ I live in an apartment

List other agencies contacted who referred you to us or denied you services: Put an ( R ) for referral and a (D) for denial

1. \_\_\_\_\_ 2. \_\_\_\_\_

I understand this application is to receive a window air conditioner only    ☐ Yes    ☐ No

**General Release Form:** I/we hereby authorize Hammers of Hope or its designated agents to obtain and receive all records and information pertaining to eligibility for the rehabilitation program, including employment, income (including IRS returns), credit, banking information, and residency and from all persons, companies, or firms holding or having access to such information. Hammers of Hope or its designated agents have the option to release this information for the purpose of processing this application, administering Hammers of Hope and for the purposes of volunteer education. This authorization, shown as original signature or photocopy, hereby gives Hammers of Hope the right to request all information it can or could obtain from any person, company or firm on any matter referred to above. I/we agree to have no claim for defamation, violation of privacy, or otherwise, against any person or firm or corporation by reason of any statement or information released by them to the Hammers of Hope for the purposes of the program. The term of this authorization shall commence on the date of signature(s) and be in force for a period of five (5) years.

My signature below indicates that the information provided herein is accurate and complete. I have read the information provided by Hammers of Hope and have an understanding of the program and its process. I give Hammers of Hope volunteers my permission to inspect my home for purposes of house selection and/or repair. **(I understand that HOH reserves the right of refusal should a project be determined to not fit our mission parameters, or for any reason whatsoever in their complete discretion.)** I give my permission for all information to be shared with other agencies or individuals that Hammers of Hope believes might be able to help me.

**I certify that all the information in this application (All section and any affidavits) is true and complete. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the program(s), and may be grounds for termination of assistance and civil penalties.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

RETURN APPLICATION and PROOF OF INCOME DOCUMENTS TO:  
**Hammers of Hope**  
**C/O Jefferson County Community Partnership**  
**3875 Plass Road, Bldg. A**  
**Festus, MO 63028**

## Homeowner Hold Harmless Agreement:

**Homeowner Hold Harmless Agreement:** I affirm that in consideration of the work to be performed by Hammers of Hope, a charitable effort coordinated by Jefferson County Community Partnership and community volunteers on and about the premises (as defined herein), I, as the owner/resident of the premises, for myself, my heirs, assigns, successors, executors, and administrators, hereby release and hold harmless Hammers of Hope, Jefferson County Community Partnership, their affiliates, officers, directors, employees, agents and volunteers (collectively "Hammers of Hope Affiliates") from any claims that may arise by reason of any negligence and any cause of action, claim, loss, demand, or suit including, but not limited to:

- (1) the presence of any Hammers of Hope Affiliate on or about the premises;
- (2) any services provided;
- (3) any damages to personal or real property; or
- (4) any injuries sustained by myself, any of my family members, or any of my invitees.

I also agree to have any pictures taken of me or my project to be used for promotional purposes by Hammers of Hope or Jefferson County Community Partnership. I further accept and agree that all work performed by Hammers of Hope, Jefferson County Community Partnership, their employees, agents, and volunteers is being provided in an "AS IS" condition and no warranties, express or implied, are being made with respect to the work performed or products being provided. I authorize Hammers of Hope to complete the work described in this application and to enter on to my property for that purpose. Further, I indemnify and hold harmless Hammers of Hope, Jefferson County Community Partnership, their employees, agents and volunteers against any loss and against any claim, demand, or action that may be brought against them arising out of this agreement.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Hammers of Hope is supported, in part, by charitable grants. These questions are a portion of what is required by funders to support the Hammers of Hope program. Thank you for taking the time to answer the following survey questions.

**Use the following scale to answer the questions below**

**1-No    2-Probably Not    3-Neither Yes or No    4-Probably Yes    5-Yes**

<b>1</b>	<b>Answer each of the following questions with a number from the scale above or insert n/a if not applicable.</b>	<b>Before Repair</b>	<b>After Repair</b>
A	I/We can live safely in my/our home...		
C	My/Our expenses are under 30% of household income...		
D	My/Our utilities are paid in full...		
<b>2</b>	<b>How well do the two oldest members of the home perform the following functions?</b>	<b>Before Repair</b>	<b>After Repair</b>
A	Getting in and out of your home		
B	Cooking for myself or family		
C	Accessing water from the kitchen tap		
D	Personal hygiene – showering/bathing		
E	Personal hygiene – toilet		
F	Personal hygiene – handwashing/teeth brushing		
G	Laundry – washing/drying		
H	Cleaning your home		
I	Do you feel you have safe accessibility to rooms in your home? If no, list the rooms you feel it is not safe to access in this box.		

**Use the following scale to answer the questions below**

**1-Very Poor    2-Poor    3-Neither Poor nor Good    4-Good    5-Very Good**

<b>3</b>	<b>Answer below for the two oldest members of the home?</b>	<b>Before Repair</b>	<b>After Repair</b>
A	My overall well-being is....		
B	How would you rate your quality of life?		
C	How safe is your physical environment?		
D	How healthy is your physical environment?		
E	How satisfying are the conditions of your living place?		