



Air Conditioner Application

3875 Plass Road, Bldg. A
Festus, MO 63028
Phone: 636-465-0983
Fax: 636-465-0987
website: 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 2021 = not eligible in 2022)**

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 5/2/2022 P:\Departments\Hammers of Hope\AC Program\AC Program Application (May 2022)

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 2022 Federal Poverty Guidelines as listed below:

Family Size	Annual Income	Monthly Income
One Person	27,180	2,265
Two Persons	36,620	3,052
Three Persons	46,060	3,838
Four Persons	55,500	4,625
Five Persons	64,940	5,412
Six Persons	74,380	6,198
Seven Persons	83,820	6,985
Eight Persons	93,260	7,772

APPLICATION CHECKLIST

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

All Benefit Letters should be the most recent letters.

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Disability benefit letter <input type="checkbox"/> Circuit breaker form <input type="checkbox"/> SSI benefit letter <input type="checkbox"/> TANF benefit letter <input type="checkbox"/> Pension/Annuity benefit letter <input type="checkbox"/> Unemployment benefit letter <input type="checkbox"/> Veteran benefit letter <input type="checkbox"/> Child Support benefit letter | <ul style="list-style-type: none"> <input type="checkbox"/> Food Stamp benefit letter <input type="checkbox"/> Utility statement for proof of residency <input type="checkbox"/> Two most recent bank statements <input type="checkbox"/> Copy of valid state ID or license <input type="checkbox"/> Signed application <input type="checkbox"/> Two most recent payroll stubs <input type="checkbox"/> No Income Affidavit (if over 18 and not employed) |
|---|--|



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: _____	<p><i>Please check ethnicity:</i></p> <input type="checkbox"/> White <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native-American <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____ Veteran: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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 GROSS Income Amounts (before taxes)	Primary Resident	Name Resident 2	Name Resident 3	Name Resident 4	Name Resident 5	Name Resident 6
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)						
Total Gross Monthly Income (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:

Most recent benefit letters: Social Security, Disability, SSI, Pension/Annuities, Veteran Benefits, Child Support, Food Stamps and Unemployment. Two most recent Payroll Stubs. Full Bank Statements for all accounts for last two 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

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 Safety & Living Environment Survey

Please respond to each section from two points in time:
before the repair was received and after the repair was finished.

Complete each section checked below. Use the following scale to answer.

1=No 2=Probably Not 3=Neither Yes nor No 4=Probably Yes 5=Yes N/A=Not Applicable

ALL CLIENTS: Answer questions using scale above.		Before Repair	After Repair
1	My home is a comfortable place to live ...		
2	My home is safe from problems leading to injury ...		
3	My home is a healthy place to live ...		
4	I am able to move around in my home with greater ease ...		
5	I am able to remain living independently in my home ...		
6	Overall, I am happy with where I live ...		

MOBILITY REPAIRS (Decks, Ramps, Stairs, Grab Bars): Answer questions using scale above.		Before Repair	After Repair
7	I can get in and out of my home safely...	N/A	N/A
8	I can remain in my home with good accessibility ...	N/A	N/A
9	I can remain in my home with good mobility ...	N/A	N/A

ALL OTHER REPAIRS: Answer questions using scale above.		Before Repair	After Repair
10	My home is in good working order ...		
11	The temperature in my home is pleasant ...		
12	My fixtures / appliances are in working order ...		
13	My floors / doors are in good condition ... (not including cosmetic needs)		
14	My home is free from water leaks ...		
15	I can manage home tasks (cooking/laundry/cleaning)		
16	I can manage personal hygiene (bathing/toilet/handwashing) ...		

Hammers of Hope is supported by charitable grants.

These questions are a portion of what is required by funders to support Hammers of Hope.

Thank you for your time answering these questions.

For office use:

Client Name:

Case No.:

Nature of Repair:

**HEAT UP ST. LOUIS UNIT A/C AND ENERGY EQUIPMENT
WAIVER OF LIABILITY, RELEASE, ACKNOWLEDGMENT AND
HOLD HARMLESS AGREEMENT
(CONTAINING STANDARD TERMS AND CONDITIONS)**

Owner Name _____

Owner Name _____

Address _____

Phone _____ Date: _____

E-mail Address _____

Alt Ph # _____

Pick-Up Date: _____

PLEASE READ ALL OF THE FOLLOWING CAREFULLY; IF YOU DO NOT UNDERSTAND ANY TERM, YOU HAVE THE OPTION OF CONSULTING AN ATTORNEY. THIS IS A LEGAL DOCUMENT WITH LEGAL CONSEQUENCES.

1. "Owner" and "you" means all Owners or lawful occupants of the above-described property ("Property"). The person(s) signing this Heat Up St. Louis Unit A/C and Energy Equipment Waiver, Release, Acknowledgment and Hold Harmless Agreement ("Agreement") and agreeing to the Standard Terms and Conditions herein *expressly represent that they are the Owners or are authorized by all Owners to sign on their behalf and bind them to these terms.* "HUSTL" means HEAT UP ST. LOUIS, INC., a Missouri nonprofit corporation, its successors and assigns, all HUSTL directors, officers, employees, attorneys, agents, members, representatives, including but not limited to all volunteers working or acting on behalf of HUSTL, and HUSTL Affiliates, and each of them. For this purpose, the term, "HUSTL AFFILIATES" means, any and all social service agencies now or in the future by or through which HUSTL distributes energy assistance grants and/or air conditioning units, light bulbs, and other energy equipment or materials (collectively, "Equipment") and other assistance to low-income, senior and disabled persons as and for HUSTL's exempt purposes, and shall also include AMEREN MISSOURI, sponsoring government entities and agencies including without limitation the City of St. Louis, and the respective successors, assigns, directors, officers, employees, agents, attorneys, representatives, elected officials, members and shareholders of each such HUSTL Affiliate, and each of them.

2. **IMPORTANT NOTE:** This is the complete agreement of the parties and there are no other implied or verbal agreements and all representations, statements, or other communications not written on this agreement are not part of this Agreement. HUSTL has not performed any load calculations and has not performed and is not qualified to, and will not, perform the work to determine proper sizing for Equipment being donated to Owner for the Property and usage thereof. Owner should obtain such information from a licensed HVAC professional, architect, engineer or other qualified professional of choice. Moreover, HUSTL does not provide installation work and does not replace, repair or modify your ductwork, HVAC or electrical or gas system or other repairs to the Property and equipment on the Property as related thereto as may be necessary from time to time. Owner acknowledges and agrees that proper installation is necessary and repairs may be necessary from time to time and Owner agrees to do so at her/his/their own expense. Owner further acknowledges that trained technicians may be required to perform this work.

3. **FOR AND IN CONSIDERATION OF THE Equipment donated to Owner by HUSTL, the receipt and sufficiency of which the parties hereby acknowledge, Owner fully waives all claims for damage** to the Property including any building or other structure thereon and contents therein that might occur in the course of installing and using the Equipment on the Property, together with any and all liabilities, claims, suits, damages, specialties, debts, accountings and other actions, at law or in equity, related to the installation and use of the Equipment on the Property. For this purpose, **Owner assumes all risk of potential damage to, but not limited to:** a) plumbing, utility wires and equipment, and anything buried or not visible; b) loose items, fixtures, pictures, ceiling fans, vents, and things in the Property interior; and c) furnace pipes, flues, stacks, drains, plumbing pipes, and roof protrusions becoming loose during installation. Moreover, Owner consents and agrees to use the Equipment only as intended and in compliance with applicable laws, rules, ordinances, indentures, agreements, and regulations, and shall **hold HUSTL harmless** from any claims of third parties related to or in connection with the installation and use of the Equipment on the Property. Owner represents to HUSTL that he/she has the lawful authority to accept the Equipment and install and use same on or about the Property.

4. Prior to entering this Agreement for donation and installation of the Energy Equipment with HUSTL, Owner represents to HUSTL that, with or without the aid of a licensed HVAC professional, architect or engineer, or other qualified professional, Owner fully informed himself/herself/themselves of the building dimensions, uses, moisture penetrations, load requirements and

other factors affecting the proper sizing and selection of the Equipment. HUSTL **makes no representations and no warranties regarding the selection of the Equipment and has no liability whatsoever** resulting from any losses, damages and costs caused, directly or indirectly, by the failure of the improper sizing or selection or installation of the Equipment.

5. Acknowledgments. In consideration of giving permission to allow HUSTL to access the Property for the purpose of delivering the Equipment, or as applicable, for Owner's ability to pick-up the Equipment at no charge, Owner hereby acknowledges, understands and agrees that in the event any HUSTL Representative visits the Property, or in the event Owner or Owner's agent shall pick-up the Equipment, there may be damage to the Property or personal injury or health (illness) risks to Owner and others in or about the Property or the pick-up point associated with these activities. In that connection, each HUSTL Representative may request social distancing to prevent or reduce the risks associated with disease and the transmission thereof, if Owner does not follow these requests or otherwise the social distance and other guidelines and recommendations as published or provided by the US CDC or Owner's health care provider, Owner assumes the risk of contracting communicable disease and related illnesses, and of spreading disease and illness to Owner's family, friends, workers, and others. Owner understands that HUSTL makes no warranties as to the health or infectious status of any of its representatives and that Owner assumes these health risks.

6. **Under no circumstance is HUSTL liable or responsible for incidental or consequential damages arising out of the donation of the Equipment or the installation or use thereof, including but not limited to dust, debris, water and interior damage. There are no warranties except those specifically provided by the manufacturers of the Equipment. ALL IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE ARE DISCLAIMED BY HUSTL. Under no circumstances shall HUSTL be responsible for any monetary damages.**

7. Owner shall obtain all building and any other types of permits necessary for the installation and ongoing use of the Equipment, at owner's sole cost, and holds HUSTL harmless therefor. Owner is free to make use of the Equipment elsewhere, but assumes all risks associated therewith, makes representations to HUSTL, and agrees to release, indemnify and hold HUSTL harmless, as with installation and use on or about the Property as stated and contemplated in this Agreement.

7. For regulatory and other qualification purposes, HUSTL may be required to obtain personal information from or about the Owner. Owner understands and agrees that HUSTL may need to share same with government agencies as required from time to time, and that any such information may be the subject of computer hacking or other theft. Owner agrees to assume all risk related thereto.

8. Owner understands that there will be energy costs related to the use of the Equipment, and that Owner is solely responsible for same.

9. If any provision of this Agreement is held unenforceable by a court of law, the remaining provisions shall remain fully valid and enforceable.

10. Owner acknowledges and agrees that the acceptance, delivery, pick-up, installation and use of the Equipment, whether in a sealed or unsealed box, new or slightly used, or otherwise, may carry incidental risks such as but not limited to the transmission of disease to Owner, family members and invited guests on or others on or about the Property or elsewhere, or wherever Owner uses the Equipment, and Owner agrees to assume such risks and agrees to release, indemnify and hold HUSTL harmless therefor. In assuming these risks, Owner specifically represents to HUSTL that Owner is familiar with the latest information on the transmission and the health effects of communicable diseases from the US CDC and other reliable sources.

NOTICE

FOR ANY DISPUTE REGARDING THIS AGREEMENT, THE PARTIES VOLUNTARILY, INTENTIONALLY AND KNOWINGLY WAIVE ALL THEIR RIGHTS TO A JURY TRIAL. VENUE AND JURISDICTION SHALL BE IN THE ST. LOUIS COUNTY, MISSOURI CIRCUIT COURT. OWNER ACKNOWLEDGES THAT A THIRD-PARTY INSTALLER OF THE EQUIPMENT MAY CHARGE FEES AND COSTS THEREFOR WHICH WILL BE SOLELY THE RESPONSIBILITY OF THE OWNER. IF THE INSTALLER FAILS TO PAY PERSONS SUPPLYING MATERIALS OR SERVICES TO COMPLETE ITS INSTALLATION CONTRACT IT CAN RESULT IN THE FILING OF A MECHANICS LIEN ON THE PROPERTY PURSUANT TO CHAPTER 429 RSMO or 735 ILCS 5/15-1501, et seq. TO AVOID THIS RESULT, YOU MAY ASK THE INSTALLER FOR "LIEN WAIVERS" FROM ALL MATERIAL OR SERVICE PROVIDERS FOR THE WORK DESCRIBED IN ITS CONTRACT. FAILURE TO DO SO MAY RESULT IN YOU PAYING FOR LABOR AND MATERIAL TWICE.

Owner Initials _____ **Owner Initials** _____

In witness whereof, the parties hereto sign and consent to this Agreement.

Date: _____

HUSTL Representative Signature _____

Name/Title _____

Owner Signature _____

Owner Signature _____