

Hammers of Hope is a program of:



Return the application ONLY and not the cover letter.



HAMMERS OF HOPE APPLICATION

2023 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

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.

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:

Applicants must live in Jefferson County, Missouri and meet the low-income guidelines below.

Applicants must provide proof of residency in Jefferson County, Missouri.

Applicants must meet income eligibility guidelines and provide documentation listed below.

Applicants must provide a copy of their state ID or driver's license, if available.

All applicants must meet the current household income requirements of 200% of the 2023 Federal Poverty Guidelines.:

Family Size	Annual Income	Monthly Income
One Person	29,160	2,430
Two Persons	39,440	3,287
Three Persons	49,720	4,143
Four Persons	60,000	5,000
Five Persons	70,280	5,857
Six Persons	80,560	6,713
Seven Persons	90,840	7,570
Eight Persons	101,120	8,427

APPLICATION CHECKLIST

You must bring/provide a copy of highlighted items that apply to your household.

- Disability benefit letter
- SSI benefit letter
- TANF benefits letter
- Pension/Annuity benefit letter
- Unemployment benefit letter
- Veteran benefit letter
- Child Support benefit letter
- Food Stamp award letter
- Two most Recent Payroll Stubs
- Two most recent bank statements
- A utility statement for proof of residency
- Copy of Valid State ID or License
- Signed Application
- No Income Affidavit (if not employed)



2023 Window Air Conditioner Application

Jefferson County Community Partnership
3875 Plass Rd Bldg. A
Festus, MO 63028

Phone: 636-465-0983

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: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Office use-date received _____

Approved _____

Denied _____

Referred _____

Case # _____

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 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)	Name	Name	Name	Name	Name	Name
Employment Wages	\$	\$	\$	\$	\$	\$
Social Security	\$	\$	\$	\$	\$	\$
Disability/SS	\$	\$	\$	\$	\$	\$
Pension/Annuities	\$	\$	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$	\$	\$
TANF Benefits	\$	\$	\$	\$	\$	\$
Child Support/Alimony	\$	\$	\$	\$	\$	\$
Food Stamps	\$	\$	\$	\$	\$	\$
Veteran Benefits	\$	\$	\$	\$	\$	\$
Other Income (i.e. rental, severance, court award)	\$	\$	\$	\$	\$	\$
Total Gross Monthly Income <small>(if ZERO, individual or head of household should sign No-Income Affidavit)</small>	\$	\$	\$	\$	\$	\$

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
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: _____

**HEAT-UP ST. LOUIS, INC.
PORTABLE AIR CONDITIONER DONATION AGREEMENT**

The undersigned ("Recipient") acknowledges his or her receipt of a portable air conditioner (the "Unit") provided to Recipient by Union Electric Company d/b/a Ameren Missouri ("Donor") DONATED to Heat-Up St. Louis, Inc., (d/b/a Cooldownstlouis.org and Cooldownmissouri.org) at no cost subject to the following terms:

1. Recipient accepts sole ownership of the Unit in its "AS IS" condition. Recipient assumes all liability for the Unit, including, but not limited to liability for any and all cost or damages arising out of, or resulting from, the ownership, maintenance and use of the Unit. DONOR DOES NOT WARRANT THAT THE UNIT IS OF MERCHANTABLE QUALITY OR THAT IT CAN BE USED FOR A PARTICULAR PURPOSE.
2. Recipient, on his or her behalf, and on behalf of Recipient's successors or assigns (including, without limitation, Recipient's heirs, personal representatives, guardians, and trustees) agrees to release, indemnify and hold harmless Donor, its parent and affiliates and their respective officers, employees and agents, from any liability, damages, loss, claims, demands, actions, expenses and costs, including reasonable attorney's fees and expense, for all damages and injuries, including bodily injury, personal injury, and property damage, in each case, arising out of or as may be associated with the handling, ownership and/or use of the Unit, regardless if such injury or damage results from the negligence of Donor. Recipient specifically agrees that Donor is not liable for any direct or consequential damages arising from the malfunction of or error in, or from condition of, the Unit at time of acceptance.

Recipient's Signature

Printed Name

Street Address

City/State/Zip Code

Date

Witnessed by a partnering agency or authority assisting Heat-Up St. Louis, Inc., in the distribution of a free donated A/C "As Is" Unit. All applicants MUST sign this hold harmless form issued by Heat-Up St. Louis, Inc. d/b/a Cooldownmissouri.org and Cooldownstlois.org prior to accepting an "As Is" donate air-conditioner. Issued on June 11, 2023.