

hammersofhope@jccp.org

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

***Hammers of Hope is a program of:***

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.

Hammers of hope application

2023 Air Conditioner Program

** 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 2022 = not eligible in 2023)**

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 103 for assistance

Sincerely,

Mary Maberry

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.

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)

****

Jefferson County Community Partnership

3875 Plass Rd Bldg. A  
Festus, MO 63028

Phone: 636-465-0983  
Fax: 636-465-0987

website: www.hammersofhope.org

**2023 Window Air   
Conditioner Application**

**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 #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please check ethnicity:* White African-American Hispanic   
Native-American Asian Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veteran: No Yes

Spouse of Veteran

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

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

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

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

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

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

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

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. |  |  | |  |  |  |  |
| 2. |  |  | |  |  |  |  |
| 3 |  |  | |  |  |  |  |
| 4. |  |  | |  |  |  |  |
| 5. |  |  | |  |  |  |  |
| 6. |  |  | |  |  |  |  |
| 7. |  |  | |  |  |  |  |
| 8. |  |  | |  |  |  |  |

**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.ENEFITS 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**  **(if ZERO, individual or head of household 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.** | $ | $ | $ | $ | $ | $ |

*Check the one that applies:*

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

**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**

*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

**Section C HOUSE INFORMATION**

# 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 ... | N/A | N/A |
| 13 | My floors / doors are in good condition … (not including cosmetic needs) | N/A | N/A |
| 14 | My home is free from water leaks … | N/A | N/A |
| 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: | |  |  |