



Air Conditioner Application 2026

3875 Plass Road, Bldg. A
Festus, MO 63028
Phone: 636-465-0983 x 103
Fax: 636-465-0987
website: www.hammersofhope.org
email: hammersofhope@jccp.org

Dear Applicant,

Each summer when funds and 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 people 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 lack 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 applicable proof of income documents for you and ALL those living in your home. A checklist of required documents has been provided, along with the income guidelines.

Please understand that returning the application or having someone from HOH visit your home does **NOT** mean you will be accepted into the program. If you are selected to receive a window unit, volunteers may, if needed and available, 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 not to 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 2025 = not eligible in 2026)**

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 must 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. “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 185% of the 2026 Federal Poverty Guidelines.:

Family Size	Annual Income	Monthly Income
One Person	\$29,528	\$2,461
Two Persons	\$40,034	\$3,336
Three Persons	\$50,542	\$4,212
Four Persons	\$61,050	\$5,088
Five Persons	\$71,588	\$5,963
Six Persons	\$82,066	\$6,839
Seven Persons	\$92,574	\$7,715
Eight Persons	\$103,082	\$8,590

APPLICATION CHECKLIST

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

- Disability benefit letter
- Social Security 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)



2026 Window Air Conditioner Application

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

Phone: 636-465-0983 x 103

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

Case # _____

HOH Eligible _____

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: _____ Ra
Dates of Service: _____

How long have you lived in home? _____

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

Total Number of people living in the home _____ (list names below)

Have you received an AC unit in previous years? Yes No If Yes what year? _____

Has Hammers of Hope ever provided an A/C or done work 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 COMPASS 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	Medicaid	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:

DRIVER'S LICENSE, Proof of Residency (Utility bill in your name at your address), 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: _____

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: Window Air Conditioning Unit