



## The Warm Neighbors, Cool Friends Weatherization Program

The Energy Assistance Foundation has partnered with the Ameren Illinois Act On Energy® program to launch a new weatherization program. The program is designed to help Ameren Illinois residential customers use less energy and spend less on their power bills.

### What kind of projects qualify?

Examples of eligible projects include:

- Replacing heating and cooling systems
- Air-sealing structural cracks, holes, air leaks
- Duct-sealing
- Installing insulation in ceilings and walls
- Installing ENERGY STAR® qualified energy-efficient lighting (CFLs)
- Installing high-efficiency shower heads and faucet aerators
- Installing hot water pipe insulation, where applicable

### How much funding is available?

Thousands of dollars are available for approved projects through the Energy Assistance Foundation and the Ameren Illinois Act On Energy programs. To qualify, the homeowner is required to contribute the greater of \$500 or 10% of total project costs.

### Who is eligible?

The program is available only to residential customers of Ameren Illinois who meet the income eligibility requirements noted below.

### 2011 – 2012 Income Eligibility Guidelines

*Applicants must show proof of income. Gross income **MUST BE BETWEEN** these amounts based on family size:*

Family Size	30-Day (Gross) Income Range
1	\$1,815 - \$2,723
2	\$2,452 - \$3,678
3	\$3,088 - \$4,633
4	\$3,725 - \$5,588
5	\$4,362 - \$6,543
6	\$4,998 - \$7,498
7	\$5,635 - \$8,453
8	\$6,272 - \$9,408

You may also **mail** your application to Susan Sams at:

Energy Assistance Foundation  
P.O. Box 1758  
Decatur, IL 62525

**For more information, call Susan Sams at 1-217-424-6424, email: [ssams@ameren.com](mailto:ssams@ameren.com) or fax your application to (217) 424-6575**

# Warm Neighbors, Cool Friends Program Application



Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Referred By: \_\_\_\_\_

Ameren Illinois Account No: \_\_\_\_\_ - \_\_\_\_\_

## Customer Information:

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## Mailing/Contact Information:

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

## Housing Information:

Do you own your own home? Yes  No  Single Family  One Story  Two Story  Other

**You must provide proof of home ownership.** Forms accepted include:

Copy of deed  Property tax bill  Mortgage payment  Authorized statement of executor of a trust

**Primary Heat Source:** Gas  Electric  Other

**Note: Energy bills are used to determine eligibility.**

## Proposed Scope of Work:

Check all that apply to your home:

- I have an old gas furnace       I have an old air conditioner       I do not have wall insulation  
 I do not have attic insulation       Ductwork in my home is not sealed       My home is drafty

Are you aware of any structural repairs that need to be made to your home? (Check all that apply)

- Broken doors/windows       Roof repair       Siding Repair       Mold/Mildew  
 Termite damage       Water damage       Asbestos       Moisture problems

Other \_\_\_\_\_

**Household Information:**

**How Many Adults Living in Household:** \_\_\_\_\_ **How Many Children Living in Household:** \_\_\_\_\_

**Name of Adult:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Number of Hours Worked Weekly:** \_\_\_\_\_ **Amount Paid (including tips) before taxes: \$** \_\_\_\_\_

**How Often Paid:** Weekly  Every Two Weeks  Monthly

**Name of Adult:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Number of Hours Worked Weekly:** \_\_\_\_\_ **Amount Paid (including tips) before taxes: \$** \_\_\_\_\_

**How Often Paid:** Weekly  Every Two Weeks  Monthly

**Name of Adult:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Number of Hours Worked Weekly:** \_\_\_\_\_ **Amount Paid (including tips) before taxes: \$** \_\_\_\_\_

**How Often Paid:** Weekly  Every Two Weeks  Monthly

**Household Income (proof of last 30 days income must be attached to this application):**

Does anyone on this form get money from any source other than employment (such as Social Security, child support, spousal support, rental property, unemployment benefits, pensions, retirement, trusts, etc...)?

**Yes**       **No**

If **yes**, complete the following and **attach proof of additional funds** for the last month:

**Name of Person:** \_\_\_\_\_ **Source:** \_\_\_\_\_ **Monthly Amount: \$** \_\_\_\_\_

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**Total Household Income for 30 days: \$** \_\_\_\_\_

**Applicant Statement:** I certify that all of the household members and information I have provided for purposes of determining eligibility is an accurate and complete disclosure of the requested information. I authorize this agency to verify the above information and to contact sources for verification or additional information and to exchange information contained in or otherwise used regarding my application and participation in the *Warm Neighbors, Cool Friends Program*. I understand that filling out this application does not guarantee that my household will receive assistance.

**The Warm Neighbors, Cool Friends Program requires that the homeowner is responsible for funding 10% or a minimum of \$500 for each project. Your homeowner contribution is required to be paid to the Conservation Services Group prior to the work being scheduled.**

**Signature of Homeowner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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