



Your natural gas company

THE SALVATION ARMY
KANSAS & WESTERN MISSOURI DIVISION
ATMOS ENERGY 2024 SHARING THE WARMTH APPLICATION
Submit to: The Salvation Army, P.O. Box 412577, Kansas City, MO 64141

Applicant Name: _____ Date: _____
Last First Middle Initial
Address: _____ City: _____ State: _____ Zip: _____
County: _____ Phone: _____ Email: _____ Last Four SSN: _____
Birth Date: _____ Age: _____ Gender: _____ Hispanic: ☐ Y ☐ N Race: _____

List all members in the household (including yourself):

Full Name	Last Four SSN	Gender/Race	Birth Date	Relationship
				SELF

HOUSEHOLD INCOME Please *provide verification*

Monthly Amount

TANF (Temporary Assistance to Needy Families/SRS):		ATMOS ENERGY	
Social Security Retirement/Disability:		Atmos Acct #	
Wages:		Assistance is only available to Atmos Energy customers.	
Pension:		For Office use Only: 1 st approved:	
OTHER:		2 nd approved:	
TOTAL:		3 rd approved:	

Please explain your need for utility assistance: _____

I certify that the information I have provided is true and correct. I consent to the release of pertinent information contained in the spaces above, in the MAACLink Computer system, or on the intake form used by The Salvation Army. I allow the pertinent information to be released to concerned social service agencies, the community MAACLink administrator(s), and vendors as necessary to complete services to my household, to provide statistics on emergency assistance, or as a guard against duplication of assistance. I hereby authorize my fuel supplier or other vendors related to my household to release information concerning my fuel or other accounts as necessary to insure timely processing of this application.

X _____
Applicant Signature

Date



ATMOS ENERGY

SHARING THE WARMTH

Heating Assistance Program

To Download an Atmos Energy Sharing the Warmth Application

Please Visit Our Website At:

<https://centralusa.salvationarmy.org/mokan/utility-assistance>

Or Call 816-756-5392 Option #4 To Have An Application Mailed To You

Atmos Energy - Sharing the Warmth Program Guidelines

- Applicant must be an **ATMOS ENERGY** customer.
- Applicant must be a permanent resident of the home for which the application is tendered.
- The utility bill must be in the applicant's name, ***NO LANDLORDS MAY APPLY***
- Assistance is subject to funding availability; completion of an application does not guarantee approval.
- Assistance is available up to three times in a twelve-month time period.
- A new application and supporting documents are required each time you request assistance.
- Applications and supporting documents must be submitted to:

**The Salvation Army
P.O. Box 412577
Kansas City, MO 64141**

**PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION
MISSING DOCUMENTS WILL DELAY APPROVAL
PLEASE DO NOT SEND ORIGINALS AS THEY WILL NOT BE RETURNED TO YOU**

Checklist:

- ☐ I have answered all questions, **signed and dated** the Application/Release of Information Statement
- ☐ I have included a photocopy of state issued **Photo ID**
- ☐ I have included a photocopy of my **bill** or **disconnect notice** in applicant's name
- ☐ I have included income documentation showing **proof of income** for all household members

ATMOS SHARING THE WARMTH PROGRAM INCOME GUIDELINES

200% of Federal Poverty Guidelines – January 2024

SIZE OF FAMILY	ANNUAL INCOME	GROSS MONTHLY INCOME	NET MONTHLY INCOME
1	\$30,120	\$2,510	\$1,765.53
2	\$40,880	\$3,406	\$2,396.25
3	\$51,640	\$4,303	\$3,026.96
4	\$62,400	\$5,200	\$3,657.68
5	\$73,160	\$6,096	\$4,288.40
6	\$83,920	\$6,993	\$4,919.11
7	\$94,680	\$7,890	\$5,549.83
8	\$105,440	\$8,786	\$6,180.54
For each additional family member; please add	\$10,760	\$896	\$630.72

Please allow 10-15 business days to receive notification of approval or denial.