



THE SALVATION ARMY
KANSAS & WESTERN MISSOURI DIVISION
2024 MIDWEST CUSTOMERS CARE 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 Address: _____ Last Four SSN: _____

Birth Date: _____ Age: _____ Gender: _____ Hispanic: _____ 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)		MIDWEST ENERGY	
Social Security Retirement			
Social Security Disability			
Wages		Account Number	
Pension		*Assistance is only available to Midwest Energy customers.	
Other			
TOTAL			

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



MIDWEST ENERGY CUSTOMERS CARE Heating Assistance Program

To Download a Midwest Energy Customers Care Application

Please Visit Our Website At:

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

Or Call 816-756-5392 Option #3 To Have an Application Mailed to You

Midwest Energy - Customers Care Program Guidelines

1. Applicant must be a **Midwest Energy Company** customer.
2. Applicant must be a permanent resident of the home for which the application is tendered.
3. The utility bill must be in the applicant's name, ***NO LANDLORDS MAY APPLY.***
4. Assistance is subject to funding availability; completion of an application does not guarantee approval.
5. Assistance is available one time per program period, ***January 1 through August 31.***
6. 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**

Checklist:

- ☐ I have answered all questions, **signed and dated** the application.
- ☐ I have included a photocopy of state issued **Photo ID**.
- ☐ I have included a photocopy of my **bill** or **disconnect notice** with account number in my name.
- ☐ I have included income documentation showing **proof of income** for all household members.

MIDWEST CUSTOMERS CARE 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.