



Your natural gas company

THE SALVATION ARMY
KANSAS & WESTERN MISSOURI DIVISION
ATMOS ENERGY 2020-2021 SHARING THE WARMTH APPLICATION
Submit to: The Salvation Army, P.O. Box 412577, Kansas City, MO 64141

Applicant Name: Last First Middle Initial Date:
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):

Table with 5 columns: Full Name, Last Four SSN, Gender/Race, Birth Date, Relationship. Row 1: SELF

HOUSEHOLD INCOME Please provide verification Monthly Amount

Table with 3 columns: Income Source, Monthly Amount, Verification/Notes. Includes rows for TANF, Social Security, Wages, Pension, OTHER, and 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.

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 Income Guidelines** **200% of Federal Poverty Guidelines – February 2021**

SIZE OF FAMILY	ANNUAL INCOME	MONTHLY INCOME
1	\$25,760	\$2,147
2	\$34,840	2,903
3	\$43,920	\$3,660
4	\$53,000	\$4,417
5	\$62,080	\$5,173
6	\$71,160	\$5,930
7	\$80,240	\$6,687
8	\$89,320	\$7,443
For each additional family member; please add	\$9,080	\$756

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