



# MOBILE HOME INITIATIVE INITIAL SCREENING FORM

## **Program Benefits**

The **Mobile Home Initiative**, provided by Ameren Illinois Energy Efficiency Program through a partnership with the East Central Community Action Agency, seeks to help mobile home residents in Ford, Iroquois, and Vermillion Counties reduce their energy bills. <u>This initiative is provided at nocost to the participating mobile home residents</u>. After an in-home energy inspection, the Program will provide participating mobile home residents with information on how to save energy and will provide energy saving products and equipment to help them reduce their energy use.

- ✓ Eligible mobile home residents will receive an Energy Savings Kit with easy-to-install products that help save energy such as LED lights, advanced power strips, low-flow showerheads and faucet aerators.
- ✓ Select mobile home residents will also receive energy-saving equipment, such as a new heating equipment (Furnace or Air Source Heat Pump), added insulation, a smart thermostat, and/or air & duct sealing. A program-approved licensed contractor will install the equipment.

To be considered for the Mobile Home Initiative, the applicant must complete and submit this form before the deadline provided below.

Pre-Screening Questions				
1. Do you own your mobile home?	□ YES □ NO			
2. Do you live in your mobile home?	□ YES □ NO			
3. Is your mobile home a single-wide or double-wide?	☐ Single-wide ☐ Double-Wide ☐ Other			
4. How would you describe the condition of your mobile home?	□ Excellent □ Good □ Fair □ Poor			
5. Are you an Ameren Illinois customer?	□ YES □ NO			
6. With what utility do you heat your home?	☐ Gas ☐ Electric ☐ Propane ☐ Other			

**General Inquiries:** 1.224.391.8889 Email: info@MobileHomeInitiative.com

## **Application Process**

1.	Applications will be accepted until September 30, 2025 at 4:30 PM, however, applications
	should be submitted as soon as you have completed them.

Ameren Customer	First Name		Last Name		
Street Address:	First Name		Last Name	Apt/Lot #:	
City:			Illinois	Zip Code:	
Phone Number:		Email:			

**Review Income Eligibility Guidelines.** If your total household gross income (amount before taxes) is at or below the identified threshold listed, then proceed with the application process. See the income chart "Program Eligibility" to determine your income eligibility.

2. If you live in a mobile home community or if you are a participant in the mobile home energy efficiency program, applicants may self-certify income eligibility (no documentation required). In some instances, documentation may be required.

### PROGRAM ELIGIBILITY

PROGRAM ELIGIBILITY						
	Number of Household Members					
	1	2	3	4		
Maximum Annual Household Income (Gross)	\$49,850	\$57,000	\$64,100	\$71,200		
	Number of Household Members					
	5	6	7	8		
Maximum Annual Household Income (Gross)	\$76,900	\$82,600	\$88,300	\$94,000		

<u>Self-Certification Statement</u>: I certify that my combined household income is at or below the income requirements outlined above.

Signature:	Date:	

#### **Proof of Home Ownership or Residence**

3. Collect the "Required Documentation" to include with your application.

Hard/ paper copies of the following must be submitted with your completed application:

**Proof of Home Ownership or Residence.** Acceptable documentation includes <u>ONE</u> of the following options:

- A copy of your mobile home Title (front and back)
- A copy of your current Mortgage documents
- A copy of your current County Real Estate Tax document.
- If you rent your mobile home, a Homeowner Consent Form (attached) must be completed by the owner.
- 4. Submit this Screening Form and all Required Documentation.

#### **Submit IN PERSON or MAIL to:**

Attn: Mobile Home Initiative Screening Form
East Central Illinois Community Action Agency
56 N Vermillion St
Danville, IL 61832

General Inquiries: 1.224.391.8889 Email: info@MobileHomeInitiative.com Page 3 of 4

# **MOBILE HOME INITIATIVE**

## **Homeowner Consent Form**



#### Instructions:

- 1. The resident should complete all information shown in Section 1.
- 2. The homeowner must complete all information shown in section 2.
- 3. The homeowner must email a copy of this form to <a href="mailto:info@MobileHomeInitiative.com">info@MobileHomeInitiative.com</a>
- 4. The homeowner signature must be an actual "wet" signature. Electronic signatures are not accepted for this form.

Section 1: Property Information					
Resident Name	Property Address				
City	State	Zip	Primary Phone		
Email					
Section 2: Homeowner Authorization					
Homeowner Name	Homeowner Address				
City	State	Zip	Primary Phone		
Email					
Homeowner authorizes work to be completed  Homeowner requests to be onsite for work performed  yes  no					
Indemnification and Waiver: Customer agrees to release, indemnify, defend and hold harmless Ameren Illinois, the Prime Implementer (Leidos, Inc.), and their respective affiliates, subsidiaries, parent companies, officers, directors, agents, subcontractors, and employees (collectively the "Indemnities"), against all claims, losses, damages, expenses, fees, costs and liability of any nature whatsoever arising from any program, design, consulting, measures, product, system, equipment, appliance, or the installation thereof. Customer agrees that such obligations under this section shall survive any expiration or termination of this Agreement and shall not be limited to any remunerations herein of required insurance coverage. To the maximum extent permitted by law, the Customer agrees to limit Indemnities' liability to the Customer for any reason to the total amount of payments identified in this Agreement. This limitation shall apply regardless of the cause of action or legal theory pled or asserted. Customer hereby expressly waives the right to specifically enforce this Agreement.  I, the undersigned, agree that the information above is representative of what has been discussed and proposed by the participating program ally (contractor). I understand that Ameren Illinois program incentives and financing are subject to qualification and not					
guaranteed.  Pocident Signature					
Resident Signature			Date		
Resident Print Name			Date		
Homeowner Signature Date					
Homeowner Print Name					

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