

To Download a Kansas Gas Service Share The Warmth Application
Please Visit Our Website At:

https://centralusa.salvationarmy.org/mokan/utility-assistance
Or Call 816-756-5392 Option #2 To Have An Application Mailed To You

Kansas Gas Service - Share the Warmth Guidelines

- 1. Applicant must be a permanent resident of the home for which the application is tendered
- 2. The utility bill must be in the applicant's name, NO LANDLORDS MAY APPLY
- 3. Assistance is subject to funding availability, completion of an application does not guarantee approval
- 4. Assistance is available one time per program period, November 15 through April 30
- 5. 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 or federal issued Photo ID
I have included a photocopy of current heating utility bill or disconnect notice in my name
I have included income documentation showing proof of income for all household members

KANSAS GAS SERVICE SHARE THE WARMTH INCOME GUIDELINES 200% of Federal Poverty Guidelines – February 2022

SIZE OF FAMILY	ANNUAL INCOME	MONTHLY INCOME
1	\$27,180	\$2,265
2	\$36,620	\$3,052
3	\$46,060	\$3,838
4	\$55,500	\$4,625
5	\$64,940	\$5,412
6	\$74,380	\$6,198
7	\$83,820	\$6,985
8	\$93,260	\$7,772
For each additional family member; please add	\$9,440	\$786

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



THE SALVATION ARMY KANSAS & WESTERN MISSOURI DIVISION 2022 -2023 KANSAS GAS SERVICE SHARE THE WARMTH APPLICATION Submit to: The Salvation Army, P.O. Box 412577, Kansas City, MO 64141



Applicant Name:Last		P! .		Date:						
		First				Middle Initial State: Zip:				
						State:Zip: Last Four SSN:				
	Age:									
List all members in t	he household (includin	g your	self):							
	ll Name		Last Four SSN		Gender/Race	Birt		Date	I	Relationship
								.3.	SELF	
					,					
								¥]		
	TE <u>Please provide verification</u>		Monthly Amo	unt		ONE P	RIMA	RY HEAT SO	URCE F	OR HOUSEHOLD
	istance to Needy Families/	SRS):			Natural Gas:					
Social Security Retirement/ Disability:				Electric:					,	
Wages:				Propane:					,	
Pension:										
Child Support:										
OTHER:										
TOTAL:										
Please explain your need	for utility assistance:							Ŷ		
in the MAACLink Con concerned social servic household, to provide s	nation I have provided is inputer system, or on the se agencies, the communitatistics on emergency a or my household to release	intake ity MA issistan	form used by AACLink admice, or as a gua	The inistant	Salvation Army. rator(s), and vender gainst duplication	I allow ors as n of assis	the pe ecessar stance.	rtinent inforn ry to complet I hereby aut	nation to e service horize m	be released to es to my ay fuel supplier or
X A Control Control										
Applicant Signature							Date			

KGS share the Warmth applications can be returned to us through the following avenues:

They can also contact their local Salvation Army corps office to receive an application or to be connected to additional resources available in their local area. To locate their local corps office they can visit our website at:

kwm.fuelfunds@usc.salvationarmy.org

https://centralusa.salvationarmy.org/mokan/ or call 816-756-0073 and enter their zip code to be connected. We also advise contacting United Way by dialing 211 to be connected to additional resources.