



APPLICATION FOR THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
HEATING AND/OR COOLING ASSISTANCE OCTOBER 1, 2015,
THRU SEPTEMBER 30, 2016

AGENCY USE ONLY

DATE STAMP

USE BLUE OR BLACK INK

PART 1 - CONTACT INFORMATION

HOME ADDRESS

MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)

COUNTY OF RESIDENCE

EMAIL

PHONE NUMBER

CELL NUMBER

IF FEASIBLE, WOULD YOU BE INTERESTED IN RECEIVING A TEXT MESSAGE CONCERNING YOUR APPLICATION STATUS? STANDARD TEXT MESSAGING RATES APPLY.

Yes No

PART 2 - HOUSEHOLD MEMBERS

List everyone living in your home, starting with yourself. If your household exceeds 5 people, use the area provided on the back of the instruction sheet for additional household members. Please print.

NAME	FOOD STAMP RECIPIENT YES/NO	SOCIAL SECURITY NUMBER	BIRTH DATE	RELATIONSHIP	SEX M/F	RACE	US CITIZEN YES/NO
				SELF			

PART 3 - UTILITY/HOUSEHOLD INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS CONCERNING YOUR UTILITIES AND HOME.

Do you own or are you buying your home? Yes No
 Has your home been weatherized by the local weatherization program? Yes No
 Is your home all electric? Yes No

What primary or main form of energy do you use to heat your home? Please check and supply the requested information.

Natural Gas Tank Propane Electric Wood Cylinder Propane Fuel Oil Kerosene
 Are you currently shut off or out of wood or propane? Yes No
 Do you or any household member suffer from a life threatening medical condition? (Attach Medical Statement) Yes No
 Are you currently in threat of disconnection or low on your primary fuel source? Yes No

If yes, please indicate the disconnection date or how much wood, propane or pre-paid electric you have. _____

List your main heat supplier's name: _____ City: _____

Whose name appears on the account? _____ Account # _____

What secondary or other form of energy do you use to heat your home? Please check and supply the requested information.

Natural Gas Tank Propane Electric Wood Cylinder Propane Fuel Oil Kerosene
 Are you currently shut off or out of wood or propane? Yes No
 Do you or any household member suffer from a life threatening medical condition? (Attach Medical Statement) Yes No
 Are you currently in threat of disconnection or low on your secondary fuel source? Yes No

If yes, please indicate the disconnection date or how much wood, propane or pre-paid electric you have. _____

List your secondary supplier's name: _____ City: _____

Whose name appears on the account? _____ Account # _____

PART 4 - LANDLORD INFORMATION**If your utility bill is in the Landlord's name and/or you do not pay the utility company directly, please complete this section.**

The account is in my Landlord's name and they bill me. Yes No
 I live in subsidized housing or receive Section 8 and my heat is included in the rent. Yes No
 Heat costs are included in my rent. Yes No Cooling costs are included in my rent. Yes No

Landlord's Name: _____ Phone # _____

Landlord's Address: _____

PART 5 - EARNED INCOME & ALLOWABLE DEDUCTIONS**List everyone in your home 18 or over that received income from a job last month. (Include all jobs.)**

NAME	EMPLOYER	HOW OFTEN PAID?	GROSS PAY	STILL EMPLOYED?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

*****Provide wage documentation for last month on everyone in the household that works.*****Does anyone in the household have income from self-employment? Yes No***If yes, provide a copy of the most recent Federal Income Tax Form 1040 for each person with self-employment.**Did anyone pay court ordered Child Support last month to someone outside of the home? Yes No

If yes, how much: _____ Please list your 8-digit Child Support Case Number: _____

PART 6 - UNEARNED INCOME**List all unearned income your household receives. This is money received from sources other than a job or business.*******Provide proof of all unearned income for anyone in the household that receives it.*****

SOURCES OF INCOME	WHO RECEIVES THIS INCOME?	AMOUNT RECEIVED	HOW OFTEN RECEIVED?
Social Security			
Supplemental Security Income (SSI)			
TANF, SAB, BP, SP, Foster Care			
Alimony			
Child Support List 8-digit Case Number:			
Unemployment Compensation			
Veterans Benefits			
Pensions			
Railroad Retirement			
Rent Received From Land or Buildings			
Money Received from Friends, Family or Organizations			
Armed Forces Allotment			
Union Funds or Strike Benefits			
Worker's Compensation or Temporary Private Disability			
Other Unearned Income Specify:			

PART 7 - RESOURCES

TYPE	HOW MUCH?	TYPE	HOW MUCH?
Checking: Single and/or Joint Accounts		Stocks/Bonds and Mutual Funds	
Savings: Single and/or Joint Accounts		IRA/KEOGH and/or Deferred Compensation Plans	
CDs, Annuities, and/or Money Markets			

PART 8 - FAIR HEARING NOTIFICATION

Applicants for the Low Income Home Energy Assistance Program (LIHEAP) may request a hearing for the following reasons:

1. Your LIHEAP application was denied.
2. Your LIHEAP application was not worked timely.

A request for hearing can be made in writing, by phone, by fax, or in-person.

PART 9 - CONSENT FOR PROCESSING

I hereby apply for assistance under the LIHEAP laws of the State of Missouri administered by the Department of Social Services (DSS). I declare that the information I have given is true, correct and complete to the best of my knowledge. **I realize that the information which I have given on this application will be subject to verification by the contracted agency.** If any household member declared on my application is currently receiving Food Stamps, TANF, or Child Support, I hereby authorize the contracted agency to use my Family Support Division (FSD) file to document income and resource eligibility for LIHEAP. I hereby authorize the contracted agency and FSD to release information relating to my application for LIHEAP to my fuel supplier to determine eligibility. I give permission to DSS to use information provided on this form for purposes of research, evaluation and analysis of the program. I understand that I may be fined, imprisoned, or both under state or federal law if I make false statement(s) on this application in order to get benefits I am not entitled to receive.

SIGNATURE (MUST SIGN IN BLUE OR BLACK INK)

DATE