

# Application for Financial Assistance for Home Energy Costs

## Low Income Home Energy Assistance Program (LIHEAP)

### How to apply for LIHEAP

1. Fill out the attached application. Answer every question. If your application is not complete, it will be delayed or returned.
2. Send your completed application and documents to the LIHEAP agency in the county you live in. You can find your LIHEAP agency on the back of this page.

### When to apply for LIHEAP – Energy Assistance (EA)

- **Send your application on or after October 1, 2026, if:** Any member of your household is age 60 or over, or if any household member is disabled.
- **Send your application on or after November 1, 2026, if:** Your household doesn't include a person age 60 or over, or who is disabled.
- The last day to apply for EA is May 31, 2027.

### When to apply for LIHEAP – Energy Crisis Intervention Program (ECIP)

- You can apply for Winter ECIP from November 1, 2026, to May 31, 2027, for elderly/disabled households, and December 1, 2026, to May 31, 2027, for all other households.
- All households can apply for Summer ECIP from June 1, 2027, to September 30, 2027.
- ECIP requires the household to provide a disconnect notice for energy payments.

### How to apply for ECIP (Crisis)

- If you have not received EA for this year, you must complete the entire application.
- If you received EA from October 1, 2026, to May 31, 2027, and there are no changes you do not need to complete a new application, contact your agency.

### After you send your application

The LIHEAP agency will review your application:

- You will receive notification of approval, denial, or requests for additional information from the Family Support Division.

### Important:

- Continue to make utility payments to your utility company.
- Benefits are dependent on available funding.
- 1 bill + 1 meter = 1 Household

| PROGRAM DESCRIPTION                                            |                                                                                             |                                                                                                                         |                                  |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| ENERGY ASSISTANCE (EA)                                         |                                                                                             | HOUSEHOLD                                                                                                               | MONTHLY INCOME AMOUNTS           |
| Below is the maximum payment amount your household can receive |                                                                                             | SIZE                                                                                                                    | 0%-60% STATE MEDIAN INCOME (SMI) |
| Natural Gas                                                    | \$326                                                                                       | 1                                                                                                                       | \$2,942                          |
| Tank Propane                                                   | \$495                                                                                       | 2                                                                                                                       | \$3,847                          |
| Electric                                                       | \$318                                                                                       | 3                                                                                                                       | \$4,752                          |
| Fuel Oil                                                       | \$326                                                                                       | 4                                                                                                                       | \$5,657                          |
| Wood                                                           | \$219                                                                                       | 5                                                                                                                       | \$6,562                          |
| Kerosene                                                       | \$153                                                                                       | 6                                                                                                                       | \$7,467                          |
| Cylinder Propane                                               | \$177                                                                                       | 7                                                                                                                       | \$7,637                          |
| ENERGY CRISIS INTERVENTION PROGRAM (ECIP)                      |                                                                                             | 8                                                                                                                       | \$7,806                          |
| Winter                                                         | Up to \$800 November 1 through May 31 <u>with a disconnect notice</u> for energy payments   | 9                                                                                                                       | \$7,976                          |
| Summer                                                         | Up to \$300 June 1 through September 30 <u>with a disconnect notice</u> for energy payments | 10                                                                                                                      | \$8,146                          |
|                                                                |                                                                                             | For households with more than 10 members, add \$170 to the maximum monthly income for each additional household member. |                                  |

# Where to send your LIHEAP Application

## *Search for your local office by referring to the county in which you live.*

### **Audrain, Boone, Callaway, Cole, Cooper, Howard,**

#### **Moniteau, Osage**

Central Missouri Community Action (CMCA)  
800 N Providence Rd Ste 104  
Columbia, MO 65203-4300  
Phone number: (573) 200-6655 Fax (573) 370-1212  
Website: <https://cmca.us/get-help/energy-assistance/>

### **St. Louis County**

Community Action Agency of St. Louis County (CAASTLC)  
2709 Woodson Rd  
Overland, MO 63114-4817  
Phone number: (314) 446-4420 Fax (314) 446-4480

### **Andrew, Buchanan, Clinton, DeKalb**

Community Action Partnership of Greater St. Joseph (CAPSTJOE)  
1322 N. 36th St.  
St. Joseph, MO 64506  
Phone number: (816) 233-8281 Fax (816) 233-8262  
IVR: (816) 693-6868

### **Atchison, Gentry, Holt, Nodaway, Worth**

Community Services, Inc. of Northwest Missouri (CSI)  
PO Box 328  
Maryville, MO 64468-0328  
Phone number: (660) 582-3113 Fax (660) 582-2965  
Email: [rleader@csinwmo.org](mailto:rleader@csinwmo.org)

### **Barton, Jasper, Newton, McDonald**

Economic Security Corporation of Southwest Area (ESC)  
PO Box 207  
Joplin, MO 64802-0207  
Phone number: (417) 781-0352 Fax (417) 781-2011  
Email: [liheap@escwa.org](mailto:liheap@escwa.org)

### **Bollinger, Cape Girardeau, Iron, Madison, Perry,**

#### **St. Francois, Ste. Genevieve, Washington**

East Missouri Action Agency (EMAA)  
403 Parkway Dr.  
PO Box 308  
Park Hills, MO 63601-0308  
Phone number: (800) 392-8663 Fax (573) 431-7377

### **Dunklin, Mississippi, New Madrid, Pemiscot, Scott, Stoddard**

Delta Area Economic Opportunity Corporation (DAEOC)  
99 Skyview Rd  
Portageville, MO 63873  
Phone number: (573) 379-3841 Fax (573) 379-9139  
Email: [eap@daeoc.com](mailto:eap@daeoc.com)

### **Caldwell, Daviess, Grundy, Harrison, Linn, Livingston,**

#### **Mercer, Putnam, Sullivan**

Green Hills Community Action Agency (GHCAA)  
1506 Oklahoma Ave  
Trenton, MO 64683-2587  
Phone number: (660) 359-3907 Fax (660) 359-2038

### **City of St. Louis, Wellston**

Urban League (ULSTL)  
1408 N. Kingshighway Blvd.  
St. Louis, MO 63113  
Phone number: (314) 615-3632 Fax (314) 615-3632

### **Jefferson, Franklin**

Jefferson-Franklin Community Action Corporation (JFCAC)  
PO Box 920  
Hillsboro, MO 63050-0920  
Phone number: (636) 789-2686 Fax (636) 789-2866

### **Camden, Crawford, Gasconade, Laclede, Maries, Miller, Phelps, Pulaski**

Missouri Ozarks Community Action, Inc. (MOCA)  
PO Box 69  
Richland, MO 65556-0069  
Phone number: (573) 765-3263 Fax (573) 232-1638

### **Carroll, Chariton, Johnson, Lafayette, Pettis, Ray, Saline**

Missouri Valley Community Action Agency (MVCAA)  
1415 S Odell Ave  
Marshall, MO 65340-3144  
Phone number: (660) 831-5331 Fax (660) 831-5039

### **Lewis, Lincoln, Macon, Marion, Monroe, Montgomery,**

#### **Pike, Ralls, Randolph, Shelby, St. Charles, Warren**

Northeast Community Action Corporation (NECAC)  
805 Business Highway 61 N  
Bowling Green, MO 63334-1351  
Phone number: (573) 564-4002 Fax (573) 213-4858

### **Adair, Clark, Knox, Schuyler, Scotland**

Community Action Partnership Northeast Missouri (CAPNEMO)  
PO Box 966  
Kirksville, MO 63501-0966  
Phone number: (660) 665-9855 Fax (660) 665-6557  
Email: [LIHEAP@capnemo.org](mailto:LIHEAP@capnemo.org)

### **Douglas, Howell, Oregon, Ozark, Texas, Wright**

Ozark Action, Inc. (OAI)  
710 E Main St  
West Plains, MO 65775-3307  
Phone number: (417) 256-6147 Fax (417) 256-0333

### **Barry, Christian, Dade, Dallas, Greene, Lawrence, Polk, Stone, Taney, Webster**

Ozarks Area Community Action Corporation (OACAC)  
215 S Barnes Ave  
Springfield, MO 65802-2204  
Phone number: (417) 864-3460 Fax (417) 864-3472

### **Butler, Carter, Dent, Reynolds, Ripley, Shannon, Wayne**

South Central Missouri Community Action Agency (SCMCAA)  
PO Box 6  
Winona, MO 65588-0006  
Phone number: (800) 325-4633 Fax (573) 325-4543

### **Jackson, Clay, Platte**

Mid America Assistance Coalition (MAAC)  
4001 Dr. Martin Luther King JR. Blvd., Suite 270  
Kansas City, MO 64130-2350  
Phone number: (816) 768-8900

### **Bates, Benton, Cass, Cedar, Henry, Hickory, Morgan,**

#### **St. Clair, Vernon**

West Central Missouri Community Action Agency (WCMCAA)  
112 W 4th Street  
Appleton City, MO 64724-1402  
Phone number: (660) 476-2185 Fax (660) 476-5901  
Text line: (660) 466-2134

# Application for Financial Assistance for Home Energy Costs

## Low Income Home Energy Assistance Program (LIHEAP)

**Agency Use Only**

Date Stamp

### Part 1 – Enter Contact Information

|                                                  |       |              |       |          |
|--------------------------------------------------|-------|--------------|-------|----------|
| Name                                             |       |              |       |          |
| Home Address (Or address you are moving to)      | Apt # | City         | State | Zip Code |
| Mailing Address (If different from home address) | Apt # | City         | State | Zip Code |
| County of Residence                              | Email | Phone Number |       |          |

### Part 2 – Complete All Household Members Information

List every person living in your household, starting with yourself. Fill in each box for every household member. If there are more than 10 people living in your home, list the others on a separate sheet of paper.

| Name | SNAP?<br>Yes/No | Social<br>Security<br>Number | Sex<br>M/F | Birth<br>Date | Disabled?<br>Yes/No | Relationship<br>to You | Race | U.S.<br>Citizen?<br>Yes/No |
|------|-----------------|------------------------------|------------|---------------|---------------------|------------------------|------|----------------------------|
|      |                 |                              |            |               |                     | SELF                   |      |                            |
|      |                 |                              |            |               |                     |                        |      |                            |
|      |                 |                              |            |               |                     |                        |      |                            |
|      |                 |                              |            |               |                     |                        |      |                            |
|      |                 |                              |            |               |                     |                        |      |                            |
|      |                 |                              |            |               |                     |                        |      |                            |
|      |                 |                              |            |               |                     |                        |      |                            |
|      |                 |                              |            |               |                     |                        |      |                            |
|      |                 |                              |            |               |                     |                        |      |                            |
|      |                 |                              |            |               |                     |                        |      |                            |
|      |                 |                              |            |               |                     |                        |      |                            |

Do you own your home or are you buying your home? ..... ☐ Yes ☐ No  
 Has your home been weatherized by the local agency weatherization program? ..... ☐ Yes ☐ No  
 Is your home all electric? ..... ☐ Yes ☐ No  
 Do you or a household member suffer from a life-threatening medical condition? ..... ☐ Yes ☐ No

### Part 3 – Enter Utility Information

- Indicate in the “Fuel Source For My Home” section below, DSS will only pay EA benefits for the fuel type selected under this section.

#### Fuel Source For My Home

☐ Natural Gas ☐ Tank Propane ☐ Electric ☐ Wood ☐ Cylinder Propane ☐ Fuel Oil ☐ Kerosene

### Part 3 – Enter Utility Information Continued

List your supplier's name

|      |                                    |
|------|------------------------------------|
| City | Whose name appears on the account? |
|------|------------------------------------|

Account Number

Are you currently without this energy source because it got disconnected or you're out of fuel? ☐ Yes ☐ No  
Are you currently in threat of not having this energy source selected above because it may be disconnected soon or you're low on fuel? ☐ Yes ☐ No  
If you answered yes to either question, please fill in the disconnection date or how much wood, propane, or prepaid electric you have:

If you have a disconnect notice, send it with this application.

**Additional Fuel Source For My Home** Leave empty if your home is all electric. If all electric, make sure electric information is listed in the "Fuel Source For My Home" section.

☐ Natural Gas ☐ Tank Propane ☐ Electric ☐ Wood ☐ Cylinder Propane ☐ Fuel Oil ☐ Kerosene

List your supplier's name

|      |                                    |
|------|------------------------------------|
| City | Whose name appears on the account? |
|------|------------------------------------|

Account Number

- If you or someone in your household suffers from a life threatening medical condition, send a medical statement from a qualified doctor or nurse. The statement should indicate the household member has a life-threatening medical condition, but does not have to state a diagnosis or condition.

### Part 4 – Enter Information if You Don't Pay the Utility Company Directly

The account is in my Landlord's name and I pay my Landlord for my heating or cooling costs. ☐ Yes ☐ No  
I live in subsidized housing or receive Section 8. ☐ Yes ☐ No  
Heating costs are included in my rent. ☐ Yes ☐ No  
Cooling costs are included in my rent. ☐ Yes ☐ No

|                 |              |
|-----------------|--------------|
| Landlord's Name | Phone Number |
|-----------------|--------------|

Landlord's Address

### Part 5 – Enter Household Income

If anyone in your household has income from a job or self-employment:

- Fill in this section to show all income anyone gets from tips, payments for service, and wages for all jobs, even if someone has more than one job. If you need to list additional income, provide it on a separate sheet of paper.
- Send copies of documents that shows all gross income received by anyone last month, such as paystubs. Gross income is income received before taxes are withheld. If anyone was employed in the last six (6) months, but did not receive income from that job last month, provide proof of final wages earned and last date worked from that employer.

List everyone in your household age 18 or older who received income from a job last month. (Include all jobs.)

| Name | Employer | How Often Paid? | Gross Pay | Still Employed? |
|------|----------|-----------------|-----------|-----------------|
|      |          |                 | \$        |                 |
|      |          |                 | \$        |                 |
|      |          |                 | \$        |                 |
|      |          |                 | \$        |                 |

Did anyone in the household get income from self-employment last month? ☐ Yes ☐ No  
If yes, send a copy of the most recent Federal Income Tax Form 1040, including Schedule 1, for each self-employed person along with your application.

## Part 6 – Enter Court Ordered Child Support (if applicable)

Court-ordered Child Support that is paid to someone outside your household can be deducted so that it doesn't count as income. To receive this deduction, complete the below.

|                                                                                                                                                      |                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Did anyone pay court-ordered Child Support last month to someone outside of your household? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                           |
| If yes, how much?<br>\$                                                                                                                              | Name of person who pays the Child Support |
| List the 8-digit Child Support Case Number                                                                                                           |                                           |

## Part 7 – Enter Other Income

- Send copies of documents showing income anyone received last month. If you need to list additional income for any household members, send a separate sheet of paper with the information.

| SOURCES OF INCOME                                     | WHO RECEIVES THIS INCOME? | AMOUNT RECEIVED | HOW OFTEN RECEIVED? |
|-------------------------------------------------------|---------------------------|-----------------|---------------------|
| Social Security                                       |                           | \$              |                     |
| Supplemental Security Income (SSI)                    |                           | \$              |                     |
| Temporary Assistance for Needy Families (TANF)        |                           | \$              |                     |
| Supplemental Aid to the Blind (SAB)                   |                           | \$              |                     |
| Blind Pension (BP)                                    |                           | \$              |                     |
| Supplemental State Payments (SSP)                     |                           | \$              |                     |
| Foster Care                                           |                           | \$              |                     |
| Alimony                                               |                           | \$              |                     |
| Child Support<br>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<br>Specify: _____               |                           | \$              |                     |

**Part 8 – Enter Resource Information – Split this for household members.**

Does anyone have or is anyone’s name on any checking or savings accounts, debit cards, CDs, IRAs, or any other type of retirement accounts, trusts, stocks, bonds, or digital cash accounts (Venmo, PayPal, Cash App, Chime, Etc.)? ☐Yes ☐No

| Account Type: | Balance/Cash Value | Bank Name | Who Owns:  |           |
|---------------|--------------------|-----------|------------|-----------|
|               |                    |           | First Name | Last Name |
|               | \$                 |           |            |           |
|               | \$                 |           |            |           |
|               | \$                 |           |            |           |
|               | \$                 |           |            |           |

**Part 9 – Notice That You Can Get A Fair Hearing – For Informational Purposes Only**

As an applicant for the Low Income Home Energy Assistance Program (LIHEAP), you may request a hearing for the following reasons:

- 1) If your LIHEAP application is denied.
- 2) If your LIHEAP application is not reviewed timely.

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

**Documents you must send with your application to avoid processing delays (send copies, originals will not be returned):**

- ☐ Application that is completely filled in, signed, and dated.
- ☐ Proof of Social Security Number for everyone in the household. (Such as social security card, award letter, W-2)
- ☐ Copies of utility and/or heating and cooling for your fuel sources, including any disconnection notices. The person listed on the fuel bill must be a member of the household who is age 18 or older.

**Documentation you must send if any member of your household had income last month:**

- ☐ Proof of all income from last month for all household members. Household members who are active SNAP recipients do not need to provide proof of incomes.
- ☐ Copies of the most recent Federal Income Tax Form 1040, including Schedule 1, for any household members who earned income from self-employment last month.

**Part 10 – Consent For The LIHEAP Agency To Process (Review) This Application**

Read the Consent for Processing in the box below and sign. **If you do not sign and date the application, your LIHEAP application will not be processed.**

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 need to be verified by the LIHEAP agency.**

If any household member declared on my application is currently receiving SNAP, TANF, or Child Support, I hereby authorize the LIHEAP agency to use my Family Support Division (FSD) file for LIHEAP eligibility. I hereby authorize the LIHEAP agency, FSD, and my fuel supplier to provide to one another any of my customer, application and account information (such as: service address, energy source, customer account number, past due amount, notice of disconnection, etc.) to determine my eligibility and to otherwise administer the program. 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 statements on this application in order to get benefits I am not entitled to receive.

☐ I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

|            |       |
|------------|-------|
| *Signature | *Date |
|------------|-------|

Be sure to save your application before submitting