

# Application for Financial Help to Heat or Cool Your Home

## Low Income Home Energy Assistance Program (LIHEAP)

### How to apply for LIHEAP

1. Fill out the application below. For each section, read the instructions carefully, answer every question, and gather the required documents (extra papers) you need to turn in with your application. If your application is not complete, it could be delayed or turned down.
2. Send your completed application and extra papers to the LIHEAP agency that processes applications in the county you live in. See "Where to Send Your LIHEAP Application". This is found on the last page of this application.

### When to apply for LIHEAP

- **Send your application to arrive October 1st or after if:** Any member of your household is age 60 or over, or if any household member is disabled. You may need to send extra papers with your application to show that your household has someone age 60 or over, or who is disabled.
- **Send your application to arrive November 1st or after if:** Your household doesn't include a person age 60 or over, or who is disabled.

### After you send your application

The LIHEAP agency will review your application and extra papers you provided:

- If your application is not considered a crisis, we'll review it within 30 working days after we receive it.
- We'll send you a letter by mail that tells if you qualify for LIHEAP and the amount you'll get. The amount you are approved for may be reduced if you owe the Missouri Department of Social Services, Family Support Division LIHEAP any overpayments from previous years.

### Important:

- Even after you apply for Energy Assistance, continue to pay your heating bill so you don't get disconnected or run out of bulk fuel such as propane, wood, or pre-paid electric.
- When you pay your heating or cooling bill, send it to the utility company that sent you the bill, not to the LIHEAP agency. LIHEAP agencies will only process your application. They will never accept utility payments, fees, or co-payments.

## Part 1 – Contact Information/Address Corrections

Fill in your current home address or make any necessary corrections if the home address on the application is not current. Also, if possible, please list a phone or message number so we can contact you if we have questions. This will help avoid delays as we review your application.

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

## Part 2 – Household Members

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. Must include all nine numbers of the social security number and the month, day, and year of the birth date(s) for all household members.

## Part 2 – Household Members (continued)

Name	Food Stamps? Yes/No	Social Security Number	Sex M/F	Birth Date	Disabled? Yes/No	Relationship to You	Race	U.S. Citizen? Yes/No
						SELF		

## Part 3 – Utility/Household Information

- **All applicants:** Fill in this section and send a copy of your most recent fuel statement and/or utility bill for both your primary (main) heat source and your secondary (other) heat source.
- **Applicants whose heat has been disconnected or may be disconnected soon:**
  - Send a copy of your disconnection notice along with the fuel statement or utility bill mentioned above, and
  - 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 say that the person has a life-threatening medical condition, but does not have to state a diagnosis or condition.

Do you own your home or are you buying your home? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your home been weatherized by the local agency weatherization program? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your home all electric? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you or a household member suffer from a life-threatening medical condition? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The type of furnace, wood stove, or heaters installed in your home determine what type of energy heats your home. For example, if you have a natural gas furnace, your primary (main) heat source would be natural gas. Your secondary (other) heat source would be electric because it's used to run the furnace blower.

If your home is **not** all electric and your primary (main) energy supplier is Natural Gas or Tank Propane, you are required to provide information about your electric supplier in the secondary (other) fields located below.

<b>What <u>primary (main)</u> form of energy heats your home?</b>	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Tank Propane <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Cylinder Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene	
Are you currently without a primary (main) heat source, because it got disconnected or you're out of fuel? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently in threat of not having a primary (main) heat source, because it may be disconnected soon or you're low on fuel? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered yes to either question, please fill in 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 Number

**What secondary (other) form of energy heats your home? (Required to provide your electric supplier if your PRIMARY (MAIN) supplier is Natural Gas or Tank Propane)**

Natural Gas    Tank Propane    Electric    Wood    Cylinder Propane    Fuel Oil    Kerosene

Are you currently without a secondary (other) heat source, because it got disconnected or you're out of fuel?    Yes    No

Are you currently in threat of not having a secondary (other) heat source, 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 pre-paid electric you have:

List your secondary supplier's name

City

Whose name appears on the account?

Account Number

### Part 4 – If You Don't Pay the Utility Company Directly

Fill in this section if you don't pay your heating or cooling bill directly to the utility company.

The account is in my Landlord's name and I pay my Landlord for my heating.

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 – Income You Earn or Pay For Child Support

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, and
- Send copies of papers that show 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, we may need proof of final wages earned and last date worked from that employer.

List everyone in your home 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.**

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, fill in your 8-digit Child Support case number below.

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

## Part 6 – Income That Isn't Earned

If anyone in your household receives income that does not come from a job or self-employment:

- Fill in this section, and
- Send copies of papers that show all unearned income anyone received last month.

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 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 – Savings and Other Accounts

If anyone in your household has savings or other accounts, fill in the total amounts of money everyone has in each type of account.

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 – 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.

### Papers 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 fuel bills for your primary (main) and secondary (other) 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.

### Papers you need to send if any member of your household got any income last month:

- Proof of all income (both earned and unearned) from last month for all household members who got it. Household members who are active food stamp recipients do not need to provide proof of these incomes.
- Copies of the most recent Federal Income Tax Form 1040, including Schedule 1, for any household members who earned money from self-employment last month.

## Part 9 – Your 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 Food Stamps, TANF, or Child Support, I hereby authorize the LIHEAP agency to use my Family Support Division (FSD) file to see if we qualify for LIHEAP. I hereby authorize the LIHEAP agency and FSD to release information relating to my application for LIHEAP to my fuel supplier to determine if I am eligible. 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

**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 200  
Columbia, MO 65203-4300  
Phone number: (573) 443-1100 Fax (573) 370-1212

**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)  
817 Monterey  
St. Joseph, MO 64503-3611  
Phone number: (816) 233-8281 Fax (816) 233-8262

**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

**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

**Bollinger, Cape Girardeau, Iron, Madison, Perry, St. Francois, St. Genevieve, Washington**

East Missouri Action Agency (EMAA)  
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 63873-9180  
Phone number: (573) 379-3851 Fax (573) 379-9139

**Caldwell, Daviess, Grundy, Harrison, Linn, Livingston, Mercer, Putnam, Sullivan**

Community Action Partnership North Central Missouri (CAPNCM)  
1506 Oklahoma Ave  
Trenton, MO 64683-2587  
Phone number: (660) 359-3907 Fax (660) 359-2038

**City of St. Louis, Wellston**

Urban League (ULSTL)  
3701 Grandel Square  
St. Louis, MO 63108-3627  
Phone number: (314) 615-3632 Fax (314) 531-7462

**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) 765-0026

**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**

North East Community Action Corporation (NECAC)  
805 Business Highway 61 N  
Bowling Green, MO 63334-1351  
Phone number: (573) 324-0120 Fax (573) 213-4858

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

Community Action Partnership North East Missouri (CAPNEMO)  
PO Box 966  
Kirksville, MO 63501-0966  
Phone number: (660) 665-9855 Fax (660) 665-6557

**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 Blue Parkway, Suite 270  
Kansas City, MO 64130-2350  
Phone number: (816) 768-8900 Fax (816) 768-8901

**Bates, Benton, Cass, Cedar, Henry, Hickory, Morgan, St. Clair, Vernon**

West Central Missouri Community Action Agency (WCMCAA)  
106 W 4<sup>th</sup> Street  
Appleton City, MO 64724-1402  
Phone number (660) 476-2185 Fax (660) 476-5901