

Name _____

County of Residence _____

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 Mail 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. Disabled means a person who is totally and permanently disabled or blind and gets payments from one or more of the following: Civil Service Disability, Medical Assistance, Railroad Retirement Disability Benefits, Social Security Disability Benefits, State Aid to the Blind, State Blind Pension, State Supplemental Payments, Supplemental Security Income Program, or Veterans Administration Disability Benefits. 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.

Describe your household:

Is anyone in your household age 60 or over? Yes No

Is anyone in your household disabled, as defined above? Yes No

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. USE BLUE OR BLACK INK.

Name				
Home Address		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.

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 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 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.

What <u>primary (main)</u> form of energy heats your home?	
<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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I live in subsidized housing or receive Section 8 and my heat is included in my rent.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heating costs are included in my rent.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cooling costs are included in my rent.	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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, not originals):

- Application that is completely filled in, signed, and dated.
- Copies of Social Security cards for everyone in the household. *Any household member who gets other types of assistance from the Family Support Division (such as TANF or Food Stamps) or who got LIHEAP in past years will not need to send copies, unless the household member's name or social security number has changed.*
- 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 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 in blue or black ink. **If you do not sign and date the application in ink, 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.

Signature (Must sign in blue or black ink)

Date

WHERE TO MAIL 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 103
Columbia, MO 65203-4300
Phone number: (573) 443-1100

St. Louis County

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

Andrew, Buchanan, Clinton, DeKalb

Community Action Partnership of Greater St. Joseph (CAPSTJOE)
817 Monterey
St. Joseph, MO 64503-3611
Phone number: (816) 233-8281

Atchison, Gentry, Holt, Nodaway, Worth

Community Services, Inc. of Northwest Missouri (CSI)
PO Box 328
Maryville, MO 64468-0328
Phone number: (660) 582-3113

Barton, Jasper, Newton, McDonald

Economic Security Corporation of Southwest Area (ESC)
PO Box 207
Joplin, MO 64802-0207
Phone number: (417) 781-0352

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

East Missouri Action Agency (EMAA)
PO Box 308
Park Hills, MO 63601-0308
Phone number: (573) 431-5191

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

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

City of St. Louis, Wellston

Urban League (ULSTL)
3701 Grandel Square
St. Louis, MO 63108-3627
Phone number: (314) 615-3640

Jefferson, Franklin

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

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

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

Missouri Valley Community Action Agency (MVCAA)
1415 S Odell Ave
Marshall, MO 65340-3144
Phone number: (660) 886-7476

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

Adair, Clark, Knox, Schuyler, Scotland

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

Douglas, Howell, Oregon, Ozark, Texas, Wright

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

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

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

South Central Missouri Community Action Agency (SCMCAA)
PO Box 6
Winona, MO 65588-0006
Phone number: (573) 325-4255

Jackson, Clay, Platte

Community Action Agency of Greater Kansas City (CAAGKC)
6323 Manchester Ave
Kansas City, MO 64133-4717
Phone number: (816) 358-6868

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

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